Adolescents with Turkish background in Norway and Sweden:
A comparative study of their psychological adaptation

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Using a questionnaire survey, this study compared psychological adaptation (self-esteem, life satisfaction, and mental health problems) of Turkish adolescents in Norway and Sweden, and examined to what extent ethnic and majority identities, acculturation strategies, and perceived discrimination accounted for adaptation among Turkish adolescents. The samples consisted of 407 Turks (111 in Norway and 296 in Sweden) with a mean age of 15.2 years and 433 host adolescents (207 in Norway, 226 in Sweden) with a mean age of 15.6 years. Turks in Norway reported poorer psychological adaptation than Turks in Sweden. Predictors of good adaptation were Turkish identity and integration, whereas poor adaptation was related to marginalization and perceived discrimination. The results indicated that the poorer adaptation of Turks in Norway compared to that of Turks in Sweden could be due to lower degree of Turkish identity and higher degree of perceived discrimination.

Key words: Acculturation, immigrants, adolescents, Turks, self-esteem, life satisfaction, mental health.

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Despite improved understanding of the acculturation of adolescents from immigrant families (see Fuligni, 1998; Zhou, 1997), a systematic body of knowledge that helping professionals can rely on when catering for the needs of these youth is still hard to come by (Ward, 2001). This is due, in part, to the haphazard nature of the research field (Cohon, 1981; Stein, 1986), where among other things it is difficult to generalize research findings across ethnic groups and across countries. For instance, it has been found that even within the same host country, different factors may predict the same adaptation outcome for different ethnic groups (Sam, 1998; Virta & Westin, 1999). With few exceptions (e.g., Bengli-Arslan, Verhulst & van der Ende 1997; Phinney, Horenczyk, Liebkind & Vedder, 2001), research efforts in the field are characterized by “one-shot” studies, involving one ethnic group in one society of settlement (see, e.g., Liebkind, 1996; Rosenthal, Ramieri & Klimidis, 1996). Therefore, a central question that this paper addresses is whether adolescents from immigrant families and of the same ethnicity, but living in two different countries, differ from each other with respect to psychological adaptation. Specifically, the study focuses on psychological adaptation of adolescents with a Turkish background in Norway and Sweden.

The psychological adaptation of adolescents with immigrant background is a complex and multifaceted phenomenon (Chung & Kagawa-Singer, 1993; Pernice & Brook, 1996). However, various reviews of the literature (e.g., Aronowitz, 1984; Berry, 1997; Rogler, Cortes & Malgady, 1991; Ward, 2001) have identified some intercultural factors that are important in the adaptation process. Two of these intercultural factors, identity (ethnic minority identity and majority identity) and acculturation strategies are examined in this study. A third intercultural factor examined in this study is perceived discrimination. Its role in the adaptation of immigrant adolescents has, however, been less systematically studied than that of ethnic and host national identity, and acculturation strategies (Ward, 2001).

A major task for adolescents is the development of identity (Erikson, 1968). Inability on the part of adolescents to develop identity may result in role confusion that may subsequently undermine the person’s psychological well-being (Bromley, 1988; Erikson, 1968; Lee, 1988). An aspect of identity that is important to adolescents with immigrant backgrounds is ethnic minority identity (Phinney, 1990; 1991). Closely linked to ethnic minority identity is majority identity, or host national identity, which refers to the individual’s identification with the majority or host society. Ethnic minority identity and majority (or host national) identity are viewed as two separate constructs, where it is possible to have high or low identification on both constructs, or a high identification on one construct, and a low one on the other (Phinney, 1990; Sanchez & Fernandez, 1993). It has been suggested that a strong sense of ethnic identity devoid of positive identification with the larger society may aggravate psychological conflict.

The different combinations of ethnic minority and majority identity have been given various names (see Birman, 1994) and have been found to affect one’s psychological adaptation.
For instance, immigrant adolescents who simultaneously report high ethnic minority identity and high majority identity were found to have better self-esteem than those who report low identity on both constructs simultaneously (Sam & Virta, 2001).

Berry (1990, 1997) has suggested that a central element of a successful adaptation is the manner in which individuals simultaneously deal with two issues: (1) cultural maintenance (dealing with the extent to which cultural characteristics are considered important, and their maintenance striven for), and (2) contact-participation (dealing with the extent to which an acculturating individual considers contact with the host society important, and partakes in its ways of life). On the basis of these issues, Berry and his colleagues (Berry, Kim, Power, Young & Bujaki, 1989; Berry & Sam, 1997) have identified four acculturation strategies that acculturating individuals may choose: assimilation, integration, marginalization, and separation.

Briefly defined, assimilation is a strategy where the individual devalues maintenance of his or her own cultural values and instead seeks an almost exclusive interaction with members of the majority/host society. In contrast, separation is a strategy in which an individual places a higher value on holding on to his or her original culture and minimal interaction with other groups, particularly with members of the host society. Integration entails a positive attitude towards the maintenance of one's cultural heritage as well as interaction with members of the majority/host society, whereas marginalization involves devaluation or rejection of one's own cultural heritage and avoidance of interaction with members of the larger host society. Although Berry (1997) acknowledges that in order to fully understand an acculturating individual's adaptation, and several other factors need to be considered, the four strategies just described have been found to be related to mental health outcomes among migrants (Krishnan & Berry, 1992; Sam, 1994, Sam & Berry, 1995). Previous research suggests that integration is the most adaptive of the four options and marginalization the least adaptive (Berry, 1997; Berry & Sam, 1997; Virta & Westin, 1999). Results concerning the role of assimilation and separation have been variable, depending on the mental health outcome in question, ethnic group, and socio-cultural context (Berry & Sam, 1997; Virta & Westin, 1999).

Although the role of perceived discrimination on the psychological adaptation of immigrants has not been well studied, there is evidence to suggest that racial and ethnic discrimination can cause psychological problems (Clark, Anderson, Clark & Williams, 1999; Meertens & Pettigrew, 1997; Pettigrew, 1997; Phinney, Madden & Santos, 1998).

Many ethnic minority members in Western industrialized countries have prototypical racial and cultural characteristics that make them easy targets for discrimination (Iman & Baron, 1996). Thus, it is reasonable to believe that adolescents with a Turkish background in Norway and Sweden may perceive situations as discriminatory, and thereby have their psychological adaptation undermined. This study therefore also examines the role of perceived discrimination on psychological adaptation of the adolescents with a Turkish background.

Berry and Kim (1988) have indicated that mental health among cultural groups is often altered because of the stress inherent in the acculturation process. Researchers in this area have identified depression, anxiety, and psychosomatic problems as the most common mental health consequences of acculturating individuals (Berry, 1997; Berry & Sam, 1997). Anxiety, depression and psychosomatic symptoms are generally considered as primary indices of mental health (Derogatis, Lipman, Rickels, Uhlenhuth & Covi, 1974). In this study, therefore, we examined anxiety, depression, and psychosomatic complaints collectively as mental health problems.

In addition to mental health problems, two other adaptation indicators, self-esteem and life satisfaction, were examined in this study. Self-esteem is generally considered to be a measure of psychological well-being and an indicator of mental health status, or psychological resilience, in minority group members (Berry & Kim, 1988; Fernando, 1994; Hocoy, 1997). Although self-esteem consistently correlates with mental health as a whole (Pilay, du-Plessis, Vawda & Pollock, 1994), and in particular negatively correlated with anxiety, depression, and psychosomatic symptoms, there is evidence that self-esteem and mental health do not necessarily co-vary in unison (Rosenberg, 1965). Consequently, in the present study we did not subsume self-esteem under the concept of mental health, but considered it as a separate variable.

Satisfaction with life, or life satisfaction, has been defined as the global evaluation of a person’s quality of life based on the person’s own chosen criteria (Shin & Johnson, 1978). In determining one’s life satisfaction, judgements are based on a comparison with a standard that each individual sets for him/herself. The above definition suggests that one’s life satisfaction is not a universally established criterion of quality of life, but based on the individual’s own evaluation. This is particularly important when the focus is on people of diverse ethnic backgrounds, and who may have different values and perceptions of what may characterize “the good life” (Sam, 2001).

In summary, the present study was interested in the psychological adaptation of adolescents with a Turkish background in Norway and Sweden, and in particular in these two issues:

1. Do adolescents with a Turkish background in Norway and Sweden differ from each other, and from their host counterparts with respect to psychological adaptation, in terms of self-esteem, life satisfaction, and mental health problems?

2. To what extent do intercultural factors of acculturation strategies, ethnic minority identity, majority identity, and perceived discrimination account for the psychological adaptation among the adolescents with a Turkish background in the two countries?
Our interest in focusing on adolescents with a Turkish background in the two countries is that Norway and Sweden share a common cultural heritage, albeit with some important differences when it comes to immigration and settlement policies (see Brochmann, 1999; Hammar, 1999). Ethnographic studies suggest that the degree of pluralism is higher and that the attitudes towards integration are more positive in Sweden than in Norway (Vedder, 2001). On the other hand, Turks in the two countries share a common migration history. Turks were recruited to Norway and Sweden primarily as labor immigrants at the time when the economy of both countries was booming. Thus, observed differences in adaptation outcome might be attributed to differences in the prevailing policy and attitudinal contexts in the two countries. In other words, the intercultural factors that may be implicated in the observed differences could have their origin in the differences in the socio-cultural contexts of the two societies.

METHOD

Participants

As shown in Table 1, the Turkish samples were made up of 111 adolescents in Norway and 296 adolescents in Sweden, with a mean age of around 15 years, and with an even gender distribution. The two Turkish samples differed from each other with respect to the proportion of host-country born adolescents. In Norway, 50% of the Turks were born in Norway, while 75% of the Turks in Sweden were born in the host country. The parental socio-economic status (SES) of the Turks in Norway was generally lower than that among the Turks in Sweden. Also the proportion of parents without occupation was higher among Turks in Norway than in Sweden.

In addition to the Turkish adolescents, 207 Norwegian adolescents (mean age = 15.1) and 226 Swedish adolescents (mean age = 16.0 years) were recruited as reference groups for the study. Also among the two host national groups, the gender distribution was even. As seen in Table 1, the host nationals on the whole came from higher SES groups than the Turks, with 74% of the Norwegians, and 58% of the Swedish parents employed in either a white-collar or professional occupations.

Table 1. Demographic description of the samples in Norway and Sweden

<table>
<thead>
<tr>
<th></th>
<th>Norway</th>
<th>Sweden</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Turks ( n = 111 )</td>
<td>Norwegians ( n = 207 )</td>
</tr>
<tr>
<td>Age (range 12 to 19) ( M (SD) )</td>
<td>15.4 (1.8)</td>
<td>15.1 (1.6)</td>
</tr>
<tr>
<td>Age at arrival (Foreign born) ( M (SD) )</td>
<td>7.6 (4.2)</td>
<td>–</td>
</tr>
<tr>
<td>Years in host country (Host country born) ( M (SD) )</td>
<td>8.4 (3.9)</td>
<td>–</td>
</tr>
<tr>
<td>Host country born* in %</td>
<td>50.0</td>
<td>–</td>
</tr>
<tr>
<td>Gender: Females in %</td>
<td>46.9</td>
<td>47.8</td>
</tr>
<tr>
<td>Parental SES* in %</td>
<td>Unskilled workers</td>
<td>Skilled workers</td>
</tr>
<tr>
<td></td>
<td>44.6</td>
<td>6.3</td>
</tr>
<tr>
<td></td>
<td>4.8</td>
<td>11.0</td>
</tr>
<tr>
<td></td>
<td>12.9</td>
<td>12.8</td>
</tr>
<tr>
<td></td>
<td>10.6</td>
<td>18.1</td>
</tr>
</tbody>
</table>

Notes: * In pairwise comparisons with the Scheffé test, Swedes differed significantly \( p < 0.01 \) with respect to age from all the other groups, which in turn did not differ from each other.

The two Turkish groups differed significantly from each other with respect to the proportion of host country-born adolescents [Chi square \( 1 \) = 22.97, \( p < 0.001 \)].

When parents had different SES, the higher one was used. The groups differed significantly from each other with respect to SES [Chi square \( 6 \) = 328.03, \( p < 0.001 \)]. Because of low frequencies in some SES categories, this variable was merged into three categories in the Chi square test: (1) unskilled workers, (2) skilled workers, white collar, professionals, and (3) no occupation/unemployed.
from existing scales, as described below. Except for the demographic questions, all the items reported here were answered on a five-point Likert scale ranging from "strongly disagree" to "strongly disagree," or from "never" to "very often." Indices were calculated as scale means, based on 75% or more of responded items in each scale.

Demographics. Participants had to report on their gender, age, place of birth (whether Norwegian/Swedish or foreign-born), age of arrival in Norway/Sweden, their self-defined ethnicity as well as that of their parents. Participants also reported on their parents' current occupation, separately for mothers and fathers.

Ethnic minority (Turkish) identity was assessed using eight items drawn from Phinney's Multigroup Ethnic Identity Measure (1992). It included statements such as “I feel I am part of the Turkish culture”, and “Being part of the Turkish culture is embarrassing to me” (reversed scoring), and focused primarily on ethnic belonging and pride. Cronbach’s alphas for ethnic identity were 0.77 and 0.74 for Turks in Norway and Sweden respectively.

Majority (Norwegian/Swedish) identity was assessed using four items adapted from Phinney and Devich-Navarro (1997). An example of items from this scale is “I am proud of being Norwegian/Swedish”. This scale had a Cronbach alpha of 0.85 for Turks in Norway and 0.89 for Turks in Sweden.

Acculturation strategies. Four 5-item scales were developed by the researchers to assess acculturation strategies, based on Berry's model (Berry et al., 1989). These scales assessed attitudinal aspects of the four acculturation strategies (assimilation, integration, separation, and marginalization) in five life domains: marriage, cultural traditions, language, social activities, and friends. Examples of items examining assimilation, separation, integration, and marginalization were, respectively: “I feel that Turks should adapt to mainstream Norwegian/Swedish society, and not maintain their own traditions”; “I would rather marry a Turk than a Norwegian/Swede”; “It is important for me to know both Norwegian/Swedish and Turkish language”; “I don't want to attend either Turkish or Norwegian/Swedish social activities”. The four sub-scales of acculturation strategies had varied reliabilities for the two groups. For Turks in Norway, the following reliabilities (alpha coefficients) were obtained: 0.48, 0.59, 0.52, and 0.65 for assimilation, separation, integration, and marginalization, respectively. For Turks in Sweden, these reliabilities were 0.61, 0.70, 0.40, and 0.68, respectively.

Perceived discrimination. This scale was developed by the researchers, and consisted of nine items. Five of the items assessed direct experience of discrimination – negative or unfair treatment from others (e.g., I have been teased or insulted because of my ethnic background), and the remaining four items assessed the sources of the negative treatment (e.g., teachers, pupils etc.). The internal consistency for this scale was 0.82 for Turks in Norway, and 0.86 for those in Sweden.

Mental health. This scale consisted of 15 items and was designed to measure depression, anxiety and psychosomatic symptoms. There were five items measuring each of the three areas. The items were taken from the following sources: Beiser and Flemming (1986); Kinzie, Manson, Vinh, Tolam, Anh and Pho (1982); Kovacs (1980/1981); Mollica, Wyshak, deMarneffe, Khuon and Lavelle (1987); Reynolds and Richmond (1985); and depression scales from Robinson, Shaver, and Wrightsman (1991). Sample items were "I feel tired"; "I feel tense or anxious"; and "I feel lonely even if I am with people", corresponding to psychosomatic symptoms, anxiety and depression, respectively. A factor analysis indicated that the 15 items constituted one factor, and were thus used as such. The Cronbach alpha for this scale was 0.90 for Turks in both countries, and 0.87 and 0.89 for Norwegians and Swedes, respectively.

Self-esteem was measured with a ten-item scale, adopted from Rosenberg's (1965) self-esteem inventory. Sample items in the scale were: “On the whole I am satisfied with myself,” and “at times I think I am no good at all”. The alpha values of this scale were 0.78 for Turks in Norway, 0.73 for Turks in Sweden, 0.87 for Norwegians, and 0.84 for Swedes.

Life satisfaction. The scale developed by Diener, Emmons, Larsen and Ruffin (1985) was used to assess life satisfaction. The scale consisted of five items. Sample items in the scale were: “I am satisfied with my life”; “The conditions of my life are excellent”. The alpha values were 0.75 for Turks in Norway, 0.78 for Turks in Sweden, and 0.80 for both of the host adolescent groups.

RESULTS

Demographics and adaptation

The four groups in this study differed from each other with respect to parental SES. Moreover, the two Turkish samples were different with respect to the proportions of foreign born and host-country born adolescents. The mean ages of the groups were equal, with the exception of the Swedish host national, whose mean age was somewhat higher than that of the other groups. The effects of these demographic variables were initially examined in order to find out the need to control for them in the subsequent comparative analyses.

In one-way ANOVAs, including both the Turkish and the host majority samples, no significant effects of parental SES were found on self-esteem [F(4, 813) = 1.18] and mental health problems [F(4, 813) = 1.19]. The only significant SES effect concerned life satisfaction [F(4, 813) = 4.35, p < 0.01]

Regarding country of birth among the Turkish samples, the host-country born Turkish adolescents reported significantly better psychological adaptation than their foreign born counterparts: Higher self-esteem [t(390) = 2.78, p < 0.01], better life satisfaction [t(387) = 4.55, p < 0.001], and less mental health problems [t(392) = –2.68, p < 0.01]. Consequently, country of birth was statistically controlled for in the subsequent comparisons of the two Turkish samples. Also parental SES was considered to be an important variable to control for, although an SES effect was detected only for life satisfaction.

Age was found to be significantly related to poorer life satisfaction [r = –0.09, p < 0.05] and more mental health problems (r = 0.10, p < 0.05), but not to self-esteem (r = 0.06, n.s.). Because the mean age among the Swedish host nationals was somewhat higher than in the other groups, age was statistically controlled for in the comparisons involving the Swedes.

Gender was also found to be related to psychological adaptation, with females generally showing poorer adaptation than the males. However, the gender results are not
reported in detail here and are not dealt with in the paper, since the groups did not differ from each other in these respects, and because gender was not an issue of focus in this paper.

**Comparisons on psychological adaptation**

As can be seen in Table 2, significant differences between the groups were found in one-way ANOVAs on all three measures of psychological adaptation. The highest mean scores for self-esteem and life satisfaction were found among the Turks in Sweden and the lowest among the Turks in Norway. Furthermore, the Turks in Sweden also had the lowest levels of mental health problems, while most mental health problems were found among the Turks in Norway and the Swedes.

The group differences were further examined with ANCOVAs, controlling for the relevant demographic variables: parental SES in all comparisons, country of birth in comparisons between the two Turkish groups, and age in comparisons involving the Swedes. (SES and country of birth were dummy-coded into continuous variables.) The results are presented in Table 3.

Turks in Norway had a significantly lower self-esteem and more mental health problems than the Turks in Sweden, independently of parental SES and country of birth. However, the difference in life satisfaction, also in favor of the Turks in Sweden, was not significant. Turks in Norway did not differ from the Norwegian host nationals, when SES was controlled for. Neither did the Turks in Sweden differ from the Swedes, when SES and age were controlled for. No differences were found between Norwegians and Swedes, controlling for SES and age.

**Comparisons on intercultural variables**

Means scores of the intercultural variables (Turkish identity, host national identity, acculturation strategies, and perceived discrimination) are presented in Table 4, together with ANCOVAs to control for parental SES and country of birth.

Turkish adolescents in Norway reported significantly less Turkish identity, more marginalization, and more perceived discrimination than the Turks in Sweden, independently of SES and country of birth.

**Predicting psychological adaptation**

Hierarchical regression analyses in two blocks were performed for the two Turkish groups together, using the three different psychological adaptation outcomes as criteria. The effect of host country (Norway and Sweden) was controlled for by introducing it as a dummy variable in the first block of the regression, together with country of birth and parental SES (both dummy coded). The intercultural variables of Turkish identity, host national identity, acculturation strategies, and perceived discrimination were introduced in

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### Table 2. Mean scores and one-way ANOVAs on measures of adaptation

<table>
<thead>
<tr>
<th></th>
<th>Norway</th>
<th>Sweden</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Turks</td>
<td>Norwegians</td>
</tr>
<tr>
<td></td>
<td>n</td>
<td>M</td>
</tr>
<tr>
<td>Self-esteem</td>
<td>104</td>
<td>3.49</td>
</tr>
<tr>
<td>Life satisfaction</td>
<td>103</td>
<td>3.49</td>
</tr>
<tr>
<td>Mental health problems</td>
<td>107</td>
<td>2.45</td>
</tr>
</tbody>
</table>

**Note:** ***p < 0.001.

### Table 3. Main effects of group in ANCOVAs, controlling for demographic variables

<table>
<thead>
<tr>
<th>Groups compared</th>
<th>Variables controlled for</th>
<th>df</th>
<th>Self-esteem F</th>
<th>Life satisfaction F</th>
<th>Mental health problems F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Turks Norway/Sweden</td>
<td>SES, Country of birth</td>
<td>1,378</td>
<td>12.33***</td>
<td>2.75</td>
<td>7.01**</td>
</tr>
<tr>
<td>Turks Norway/Norwegians</td>
<td>SES</td>
<td>1,304</td>
<td>0.30</td>
<td>0.01</td>
<td>0.21</td>
</tr>
<tr>
<td>Turks Sweden/Swedes</td>
<td>SES, Age</td>
<td>1,502</td>
<td>0.36</td>
<td>0.50</td>
<td>0.74</td>
</tr>
<tr>
<td>Norwegians/Swedes</td>
<td>SES, Age</td>
<td>1,422</td>
<td>0.01</td>
<td>1.09</td>
<td>0.76</td>
</tr>
</tbody>
</table>

**Note:** SES and Country of birth were dummy-coded as follows: SES categories 2 to 4 (skilled workers, white collar, and professionals) = 1, Others = 0; Country of Birth: Host-Country born = 1, Foreign born = 0.

**p < 0.01; ***p < 0.001.

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Although this increase was significant (the total $R^2$ increase was only 0.07 (total $R^2$ being 0.23)). Regarding life satisfaction, however, the $R^2$ increase was only 0.07 (total $R^2 = 0.15$). Although this increase was significant ($p < 0.001$), it was smaller than the $R^2$ increase of 0.09 ($p < 0.001$) in the first block, which included host country, country of birth, and parental SES as predictors.

In the second block of the hierarchical regression, Turkish identity was a significant predictor of higher self-esteem, better life satisfaction, and less mental health problems, whereas perceived discrimination predicted lower self-esteem and more mental health problems. Integration was a predictor of higher self-esteem and better life satisfaction. Marginalization, in turn, predicted lower self-esteem.

**Explaining differences in adaptation between Turks in Norway and Sweden**

As seen previously, Turks in Norway scored lower than the Turks in Sweden on Turkish identity, which was a significant predictor of good adaptation, and higher than the Turks in Sweden on the significant predictors of poor adaptation: marginalization and perceived discrimination. Consequently, a question that arose was whether the significant differences in self-esteem and mental health problems between Turks in Norway and Sweden could be accounted for by differences in Turkish identity, marginalization, and perceived discrimination. This question was examined using these variables as covariates in a set of ANCOVAs on self-esteem and mental health problems. The hypothesis was that if the differences in adaptation between Turks in the two countries disappear in these analyses, then these differences could be seen as being accounted for by differences in Turkish identity, marginalization, and perceived discrimination. Comparisons in self-esteem and mental health problems, controlling for Turkish identity, marginalization, and perceived discrimination with ANCOVAs are presented in Table 6.

Introducing Turkish identity as a covariate in the ANCOVAs made the differences in self-esteem and mental health problems between the two Turkish groups disappear. Similarly, when perceived discrimination was introduced as a covariate, the differences in self-esteem and mental health problems between Turks in Norway and Sweden became non-significant. However, when marginalization was introduced as a covariate, the differences in adaptation between the two Turkish groups still remained significant. Thus, the lower self-esteem and the higher frequency of mental health problems of the Turks in Norway seemed to be accounted for by their weaker Turkish identity and higher frequency of perceived discrimination, but not by their higher degree of marginalization.

**DISCUSSION**

The results of this study suggest that adolescents with a Turkish background in Norway have a poorer psychological adaptation than their Turkish counterparts in Sweden. Specifically, Turks in Norway reported significantly lower self-esteem and more mental health problems than the Turks in Sweden, when differences in SES and country of birth were controlled for. However, Turks in Norway and in Sweden did not differ significantly from their respective host national peers, when demographic factors were controlled for.

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Table 4. Mean scores of intercultural variables for Turks in Norway and in Sweden, and effects of group in ANCOVAs, controlling for SES and Country of Birth

<table>
<thead>
<tr>
<th></th>
<th>Turks in Norway</th>
<th></th>
<th></th>
<th></th>
<th>Turks in Sweden</th>
<th></th>
<th></th>
<th></th>
<th>Effect of group controlling for SES and Country of birth</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$n$</td>
<td>$M$</td>
<td>$SD$</td>
<td></td>
<td>$n$</td>
<td>$M$</td>
<td>$SD$</td>
<td></td>
<td>$df$</td>
</tr>
<tr>
<td>Turkish identity</td>
<td>111</td>
<td>4.25</td>
<td>0.78</td>
<td></td>
<td>290</td>
<td>4.62</td>
<td>0.55</td>
<td></td>
<td>1, 393</td>
</tr>
<tr>
<td>Majority identity</td>
<td>104</td>
<td>2.42</td>
<td>1.09</td>
<td></td>
<td>283</td>
<td>2.34</td>
<td>1.21</td>
<td></td>
<td>1, 379</td>
</tr>
<tr>
<td>Assimilation</td>
<td>108</td>
<td>2.35</td>
<td>0.70</td>
<td></td>
<td>289</td>
<td>2.20</td>
<td>0.81</td>
<td></td>
<td>1, 389</td>
</tr>
<tr>
<td>Separation</td>
<td>107</td>
<td>2.95</td>
<td>0.81</td>
<td></td>
<td>291</td>
<td>2.84</td>
<td>0.97</td>
<td></td>
<td>1, 390</td>
</tr>
<tr>
<td>Integration</td>
<td>107</td>
<td>3.65</td>
<td>0.69</td>
<td></td>
<td>287</td>
<td>3.82</td>
<td>0.65</td>
<td></td>
<td>1, 386</td>
</tr>
<tr>
<td>Marginalization</td>
<td>103</td>
<td>2.08</td>
<td>0.84</td>
<td></td>
<td>289</td>
<td>1.71</td>
<td>0.76</td>
<td></td>
<td>1, 384</td>
</tr>
<tr>
<td>Perceived discrimination</td>
<td>106</td>
<td>2.41</td>
<td>0.78</td>
<td></td>
<td>290</td>
<td>1.91</td>
<td>0.71</td>
<td></td>
<td>1, 388</td>
</tr>
</tbody>
</table>

Notes: SES and Country of birth were dummy-coded as follows: SES categories 2 to 4 (skilled workers, white collar, and professionals) = 1, Others = 0; Country of Birth: Host country born = 1, Foreign born = 0.

**$p < 0.01$, $***p < 0.001$.**

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The results also suggest that Turkish identity and integration predict good psychological adaptation of Turkish adolescents, whereas poor adaptation is related to perceived discrimination and marginalization. The effect of these intercultural variables was found to be stronger on self-esteem and mental health problems than on life satisfaction.

Turks in Norway reported less Turkish identity, more marginalization, and more perceived discrimination than the Turks in Sweden. Although integration was related to good adaptation and marginalization to poor adaptation, these variables did not seem to explain the differences in adaptation between the two Turkish groups.

Before discussing the results of this study, two methodological caveats need to be addressed. These are the comparability and representativeness of the Turkish samples, and the low internal consistencies for some of the acculturation strategy scales.

The samples differed from each other with respect to country of birth and parental SES. Since psychological adaptation was poorer among foreign-born than host-country-born adolescents, and the proportion of foreign-born adolescents was higher in Norway than in Sweden, country of birth was controlled for in all the analyses.

Regarding parental SES, the two Turkish samples differed from each other. For example, the proportion of skilled workers was lower among Turks in Norway than in Sweden. However, an SES effect was found only on life satisfaction, but not on self-esteem or mental health problems. Although the SES effect concerned only life satisfaction, SES was controlled for in all the analyses.

With respect to sample representativeness, none of the samples were drawn according to the rules for statistically random sampling to represent a cross-section of adolescents of Turkish origin in both countries. On the other hand, the samples in both countries were drawn in housing areas where Turks typically live, and they are in this respect representative for Turks in each country. While the Norwegian sample was drawn from five major cities, the Swedish sample was drawn from the greater metropolitan area of Stockholm. In this respect it can be argued that the Norwegian study had a better ecological validity. On the other hand, data collection in the Stockholm area was conducted in 35 schools in four municipalities in the region and various parts of the city of Stockholm. It is reasonable to argue that including respondents from other large cities in Sweden would not have altered the results.

Table 6. Main effects of group (Turks in Norway/Sweden) in ANCOVAs on self-esteem and mental health problems, controlling for Turkish identity, marginalization, and perceived discrimination

<table>
<thead>
<tr>
<th>Variable controlled for</th>
<th>df</th>
<th>Self-esteem F</th>
<th>Mental health problems F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Turkish identity</td>
<td>1, 380</td>
<td>0.09</td>
<td>1.88</td>
</tr>
<tr>
<td>Marginalization</td>
<td>1, 378</td>
<td>14.33***</td>
<td>5.45*</td>
</tr>
<tr>
<td>Perceived discrimination</td>
<td>1, 384</td>
<td>0.39</td>
<td>0.03</td>
</tr>
</tbody>
</table>

Note: *p < 0.05; ***p < 0.001.
The low alpha values for internal consistency for some of the acculturation strategy scales might be seen as undermining the conclusions of this study. However, this should not be the case, because the assumption underlying these scales is not based on classical test theory, but rather on **structural equation modeling theory**. While classical test theory and factor analysis view items as dependent on a latent variable, that is, as *effect* indicators, structural equation modeling views indicators as causing the latent variable, that is, *causal* indicators (Blalock, 1964). Based on this distinction, Bollen and Lennox (1991) have shown that moderate to high correlations must be the prerequisites among the indicators of an *effect* model if the scales are to be deemed internally consistent. However, when it comes to *causal* indicators, it is difficult to predict the correlation between any two indicators. This means that the causal indicators of the same concept can have positive, negative or zero correlations. Thus, a scale may have high or low alphas, and low alpha values should not be seen as indicative of poor measurement of a construct. We believe that the indicators of acculturation strategies are rather causal than effect indicators. Thus, the low alphas observed for some of the acculturation scales should not undermine our conclusions.

It should also be noted that the *marginalization* scale, that was a significant predictor of poor psychological adaptation, had moderate alpha values (0.65 in Norway, and 0.68 in Sweden).

Furthermore, it is worth mentioning that in pan-cultural factor analyses, all the scales used in this study, including the four acculturation strategy scales, were found to be structurally comparable (van de Vijver, Liebkind & Vedder, 2000).

The findings in this study are in line with previous research on the relationship between ethnic minority identity and positive psychological adaptation among immigrant adolescents (Phinney, 1991; Phinney, Cantu & Kurtz, 1997; Sanchez & Fernandez, 1993; Sam, 2000; Virta & Westin, 1999). Moreover, the results of this study indicate that the poorer adaptation of the Turks in Norway can be partly attributed to their weaker Turkish identity.

Regarding the role of the acculturation strategies (assimilation, separation, integration, and marginalization) in the psychological adaptation of immigrants, the results of this study are also consistent with previous research. It has been shown that integration (combining both ethnic minority and host majority culture) is the most adaptive strategy, while marginalization (rejecting both cultures) is the least adaptive (Berry, 1997; Berry & Sam, 1997; Dona & Berry, 1994; Krishnan & Berry, 1992; Sam, 1994; Sam, 2000; Sam & Berry, 1995). In this study, integration was related to good adaptation and marginalization to poor adaptation. However, neither integration nor marginalization were found to account for the differences in psychological adaptation between the two Turkish groups.

Perceived discrimination was in this study strongly related to poor psychological adaptation among the Turkish adolescents. Also this finding is in line with previous results on negative effect of discrimination (Gil, Vega & Dimas, 1994; Gil & Vega, 1996; Jasinskaja-Lahti, 2000; Rogler et al., 1991; Sam, 1998; Vega, Khoury, Zimmerman, Gil & Warheit, 1995). Moreover, the results in the present study indicate that the poorer psychological adaptation of Turks in Norway is partly accounted for by the fact that they experience more discrimination than the Turks in Sweden.

In recent research, it has been recognized that adaptation outcomes vary for different ethnic groups (Berry & Sam, 1997; Sam, 1998, 2000). The present study demonstrates that the adaptation may also vary for the same ethnic group living in two neighboring countries, partly due to differences in ethnic minority identity and perceived discrimination.

The findings of this study also show that different areas of adaptation are not equally related to predictors of adaptation. This supports the view that self-esteem, life satisfaction, and mental health problems concern different aspects of psychological adaptation (Grob, 1998), and that several methods should be used simultaneously in studies of psychological adaptation (Jasinskaja-Lahti, 2000; Noels, Pon & Clement, 1996; Wentzel & Feldman, 1996).

In this study, the psychological adaptation among Turkish adolescents in Norway and Sweden was as good as among their host national peers. This result supports the view that adolescents with an immigrant background do not necessarily encounter more psychological problems than their host national peers, although many of them may have difficulties negotiating the challenges of living in two cultures (Berry, 1997; Mirsky, 1997; Ward, 2001; Jasinskaja-Lahti, 2000).

As to why Turks in Norway experience less Turkish identity, more marginalization, and more discrimination, we believe an explanation may be found in differences between Norway and Sweden with respect to immigrant policies and attitudes among host nationals towards immigrants. Norwegian immigrant policy may not have quite wavered from a stand in favor of assimilation, whereas Swedish immigrant policy has in a higher degree geared towards multiculturalism and supporting ethnic minority cultures, in spite of the fact that integration is the official national policy in both countries (Westin, 1999). Sweden has been more liberal than Norway with the practice of “freedom of choice” with respect to cultural heritage (Hammar, 1999). Sweden also has more experience of immigration than Norway. Ethnographic studies suggest that the attitudes towards immigrants, integration, and pluralism are more positive in Sweden than in Norway (Vedder, 2001). It has also been found that differences in perceived discrimination are closely related to the degree of immigration and level of pluralism in each host country (Sam, Virta, Berry & Kyunghwa, 2002). It is therefore not surprising that Turks in Sweden experience more Turkish identity, less marginalization, and less discrimination than the Turks in Norway.

This study has shown that people from the same ethnic group, the Turks, in two neighboring Scandinavian countries,
Norway and Sweden, may differ in their psychological adaptation. The study has also shown that the difference in psychological adaptation can be attributed to differences in ethnic minority identity and perceived discrimination. Furthermore, the results indicate that cultural integration is related to a positive psychological adaptation, whereas cultural marginalization seems to predict poor adaptation. Thus, these results underscore the importance of immigrant and minority policies that support ethnic minority identity and integration. In light of the results of this study, it is also important to take measures to reduce marginalization among immigrants and discrimination of people of foreign background among host nationals.

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