

# Acculturation Unveiled

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Nearly 1 million new immigrants have entered the United States every year since 1990. Over 40 million U.S. residents are foreign born. Of these, approximately 18.1 million are naturalized citizens, 11 million are authorized noncitizens, and another 11 million are undocumented (APA, 2013). Immigrants often come to the United States to seek humanitarian refuge, reunite with family members, and search for work. When immigrants enter the United States, they begin the process of acculturation. Acculturation refers to changes that take place as a result of contact with culturally dissimilar people, groups, and social influences (Gibson, 2001). In this case, it involves changes in various aspects of immigrants' lives (e.g., cultural and ethnic identity, language, attitudes, and values).

Latin Americans and Asian Americans comprise the two largest and fastest growing ethnic groups in the United States (U.S. Census Bureau, 2010). Research indicates that transitioning to a new culture may have detrimental effects on one's mental health (Sodowsky & Lai, 1997). Factors such as separating from country of origin, family members, and familiar customs; exposure to a new physical environment; and navigating unfamiliar cultural contexts contribute to mental health challenges. The acculturation model may provide a useful paradigm for understanding the psychological stresses of immigrant clients (Lang, Munoz, Bernal, & Sorensen, 1982) and enhance our ability to be more responsive to their mental health needs.

## Models of Acculturation

Acculturation was originally conceptualized as a unidimensional process whereby retaining the heritage culture and acquiring the

host culture were on opposing ends of a single continuum (Gordon, 1964). According to this model, as migrants gained the values, practices, and beliefs of their new homeland, they abandoned those from their cultural heritage.

In 1980, Berry developed the Fourfold Model of Acculturation Strategies, in which acquiring the host culture and retaining the heritage culture are independent dimensions. These two dimension intersect to create four acculturation categories: *assimilation* (an immigrant adopts the receiving culture and discards the heritage culture); *separation* (an immigrant rejects the receiving culture and retains the heritage culture); *integration* (an immigrant adopts the receiving culture and retains the heritage culture) and; *marginalization* (an immigrant rejects both the heritage and receiving cultures). Some research has found Berry's integration category (also known as *biculturalism*) to be associated with the most favorable psychosocial outcomes, especially among young immigrants. For example, bicultural individuals tend to be better adjusted (e.g., show higher self-esteem, prosocial behaviors, and lower depression; Schwartz, Unger, Zambaoanga & Szapocznik, 2010).

Although Berry's model offers a more complex understanding of acculturation, it has received a number of criticisms. For example, the validity of the marginalization category has been questioned as there is a low likelihood that a person will develop a cultural sense of self without drawing on either the heritage or receiving

culture (Schwartz et al., 2010; Del Pilar & Udasco, 2004).

Expanding on Berry's model, Schwartz and his colleagues (2010) developed a multidimensional biculturalism model. Whereas Berry's acculturation model primarily focuses on cultural practices, the multidimensional biculturalism model incorporates cultural practices, values, and identifications. For instance, a Latin American immigrant in the United States might be fluent in both English and Spanish, endorse individualistic values in some contexts (e.g., at work), and collectivistic values in other contexts (e.g., at home), and identify with both the United States and with his or her country of origin (Schwartz et al., 2010).

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## Generational Differences and Acculturation

Clearly, acculturation is a complex phenomenon. It is a process that may involve several moderator variables such as generational status, education and income, age, years of residence in the United States, ethnic density of neighborhood, country of birth, job skills, religion, kinship structures, circumstances and purpose of immigration, language fluency, and encounters with racial discrimination (Sodowsky, Lai, & Plake, 1991; Bulut & Gayman, 2016). These factors may significantly impact immigrants' sense of well-being and belonging (APA, 2013).

In terms of the impact of generational status on acculturation,

Sodowsky et al. (1991) found that first-generation Latin and Asian immigrants perceived significantly more prejudice, were significantly less acculturated, and used significantly less English than those who were second, third, and fourth generations. A meta-analysis by Liu (2015) explored the impact of acculturation mismatch (incongruence between collectivism in traditional heritage culture versus individualism in American culture) on intergenerational cultural conflict and mental health outcomes of offspring of Asian and Latin Americans. Liu (2015) found that discrepant cultural values and practices within an immigrant family pose greater acculturative stress for Latin and Asian immigrants and disrupt family cohesion. Furthermore, greater intergenerational cultural conflict within Asian and Latin American families was related to poorer psychological functioning among offspring. Adult groups tended to experience greater intergenerational conflicts with their parents in comparison to adolescent groups, and conflicts focused on the offspring's adoption of adult roles (e.g., career choices, ethnicity of future spouses, and family responsibilities), which were incongruent with their parents' cultural expectations. For immigrant adolescent offspring, intergenerational conflicts may be a combination of cultural mismatch or simply normative parent-adolescent discord. The resulting negative family environment created by the intergenerational dissonance may have a deleterious effect on the offspring's mental health and adaptation.

### Clinical Implications

When working with immigrants, it is important to understand acculturation and its relation to mental health. This entails accounting for factors including culture of origin, level of acculturation, subgroup characteristics, individual characteristics, and values. For example, among Latino immigrants, subgroup values such as *familism* (importance of the family unit), *machismo* (masculine pride), and *simpatia* (agreement and harmony in relationships) may be crucial (Cano et al., 2016). Similarly, among Asian immigrants, values such as filial piety (respect for parents, elders, and ancestors), family recognition, and emotional self-control may be important (Park & Kim, 2008).

Awareness of the possible connection between acculturation mismatch

and intergenerational cultural conflict may help clinicians identify the sources of family conflict and distinguish development-based from cultural-based conflicts. Intergenerational conflict among adult immigrant offspring may indicate longer-lasting, culture-specific conflict due to acculturation mismatch, whereas intergenerational conflict among adolescent offspring may be a combination of both or simply normative conflict between adolescents and parents (Liu, 2015).

Clinicians are encouraged to think beyond traditional treatment approaches and incorporate acculturation factors and sociocultural and psychological perspectives. ▮

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### DOCUMENTING TRAUMA FOR ASYLUM SEEKERS

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asylum seekers, and for information about how to volunteer your services, please explore these websites:

Pennsylvania Immigration Resource Center (York): [pirclaw.org](http://pirclaw.org)

Hebrew Immigrant Aid Society (Philadelphia): [hiaspa.org](http://hiaspa.org)

Nationalities Service Center (Philadelphia): [nscphila.org](http://nscphila.org)

Friends of Farmworkers (Pittsburgh, Philadelphia): [friendsfw.org](http://friendsfw.org)

US Committee for Refugees and Immigrants (Erie): [refugees.org](http://refugees.org)

International Service Center (Harrisburg): [isc76.org](http://isc76.org)

Catholic Social Services (Scranton, Allentown): [cssdioceseofscranton.org](http://cssdioceseofscranton.org)

HealthRight International (National Network): [healthright.org](http://healthright.org)

Physicians for Human Rights (National Network): [physiciansforhumanrights.org](http://physiciansforhumanrights.org)

For training resources:

Center for Victims of Torture: [cvt.org](http://cvt.org)

National Partnership for Community Training: [gulfoastjewishfamilyandcommunity-services.org](http://gulfoastjewishfamilyandcommunity-services.org)

Physicians for Human Rights: [physiciansforhumanrights.org](http://physiciansforhumanrights.org) ▮

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