Chapter 2
Latino Mental Health: Acculturation Challenges in Service Provision

Rose M. Perez

Abstract Acculturation and assimilation—terms used to describe the complex processes that immigrants go through as they incorporate into a host society's culture—are important considerations for mental health providers. Acculturation and assimilation include a range of contextual and individual-level factors that interact in ways unique to each immigrant. Hence, a "one-size-fits-all" approach for access to and provision of mental health services is inadequate for Latino immigrants. This chapter focuses on explaining the complexity of the acculturation and assimilation processes as they relate to mental health, particularly in terms of macro-level structural and micro-level individual effects. The chapter illustrates the influence of acculturation and assimilation on mental health and how these processes complicate the provision of services.

According to classical assimilation theory, immigrants become fully incorporated into US life—in the sense that they completely adopt the host culture and leave behind their culture of origin—in the first generation. This theory, however, does not seem to describe the incorporation of Latino immigrants. The standard used to evaluate whether immigrants to the United States are assimilating often refers to the ability of a group to achieve economic prosperity, learn English, and lose native cultural values and norms. Arguments about how today's Latinos are assimilating are often framed as comparisons with earlier waves of European immigrants; the popular belief is that Latinos are not assimilating (Huntington 2004a, b). However, concerns about the ability of the latest group of newcomers to assimilate are similar to those of earlier times. Invidious comparisons between different waves of immigrants over the course of this nation's history resonate with ongoing issues of inclusion and exclusion in a diverse society (Engstrom and Piedra 2006).

Compared to earlier waves of immigrants, Latino newcomers have similarly low-skill levels. However, because Latinos today enter into a far more technologically advanced and globally driven labor market than did immigrants of the nineteenth

R. M. Perez (✉)
Fordham University, New York, NY, USA
e-mail: roseperez2@gmail.com

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century, their path to economic success is much more difficult (Borjas 2001). Furthermore, Latinos' large group size, along with their continual population replenishment from Latin America (Jiménez 2008), and their transnational (Levitt 2003), circular (Massey 1987), and undocumented patterns of migration, contribute to Latinos retaining their native language and culture longer than other immigrant groups.

Although acculturation is now viewed as considerably more complex than it was earlier, economists and sociologists still attempt to understand Latinos in terms of general patterns—and to compare these patterns across immigrant cohorts. These analyses influence federal immigration policy, which often ignites arguments regarding the incorporation of immigrants at the local level. What is sometimes forgotten is that although many other immigrant groups were also once thought to be inassimilable, time in the United States proved naysayers wrong. In other words, immigration policy is subject to fundamental attribution errors in which personal-level factors (e.g., Latinos retaining native language and culture) are overvalued and contextual factors are undervalued (Ross 1977). Thus, before asking how the current Latino population will assimilate, we need to consider the contextual differences that help or hinder the incorporation of newcomers and that facilitate or obstruct the acculturation process. In light of the complex issues involved in acculturation, it is also worthwhile to reevaluate the standards by which groups of immigrants are compared, both across time and within the current climate.

Even though the presence of language and cultural retention rankles nativists who unwittingly support a classical—and outdated—theory of assimilation (in which the immigrant wholeheartedly adopts the host culture and abandons her or his culture of origin), it is possible that use of the native language and cultural retention are not necessarily incongruent with the social incorporation of newcomers into the host society; for some groups, in some regions, it may even aid acculturation. Latino newcomers to the United States vary in many aspects, including their demographics and reasons for migration. At the same time, the sociopolitical climate of the United States constantly changes, making it nearly impossible to predict how the current wave of Latino immigrants will acculturate. Furthermore, because most Latinos arrived in the United States after 1965, not enough time for evaluation has elapsed; full assimilation often requires several generations (Gans 1999).

The nuanced realities faced by Latinos in today's socioeconomic context complicate their incorporation into US life and challenge contemporary notions of service provision and institutional arrangements. Service providers struggle to understand and meet the needs of this heterogeneous population, who live in so many different types of regions and are at so many different levels of acculturation and social status. For the health and mental health of both immigrant families and the host society, it is critical that we understand the acculturation and assimilation processes of the many subgroups that make up the very broad "Latino" category, and devise ways to alleviate problems that arise during these processes. Thus, in this chapter I review traditional and modern theories of acculturation, elaborate on the complex nature of the acculturation process, and address ways in which the process complicates access to mental health services. I argue that although acculturation is important for understanding the mental health of immigrants, its complex, multifaceted nature does not allow for simple views or solutions to problems of service access. Rather, the evolving concept of acculturation

is best seen as a process that affects both the individual and larger society. The extent to which we change our existing mental health service structures to accommodate the incorporation of immigrants will reflect the way in which US society lives up to its democratic ideals (Torres 2006). In this context, I present suggestions for building infrastructures to improve the provision of mental health services.

Theories of Second-Culture Acquisition

Although *acculturation* is sometimes confused with *assimilation*, the terms differ slightly in meaning (Gans 1999). In general, both acculturation and assimilation describe social processes through which immigrants become incorporated into the host country to which they have migrated. Classically, *acculturation* is defined as the "phenomena which result when groups of individuals having different cultures come into continuous first-hand contact, with subsequent changes in the original cultural patterns of either or both groups" (Redfield et al. 1936, p. 149). Within the parameters of this definition, both the immigrant and the host culture could conceivably change, and no particular assumptions are made as to how or at what rates these changes might occur. *Assimilation*—specifically, "straight-line" assimilation—is a more restrictive concept than acculturation in that it refers to a unidirectional process whereby the immigrant accepts and integrates into US mainstream society and renounces her or his native culture. This classical definition was once heralded as the ideal mode of incorporation (Alba and Chamlin 1983; Gordon 1964; Sowell 1981; Warner and Srole 1945). In this view, assimilation necessarily follows acculturation (Gans 1999). However, the straight-line assimilation philosophy fails to acknowledge (a) the role of dominant social groups in allowing immigrants access to institutions in their new homeland (Gans 1999), (b) the improbability of giving up one's native culture in one or even two generations, and (c) the societal changes occurring over time that help or hinder immigrant incorporation. Furthermore, there is evidence that the host society does, in fact, accommodate immigrant ways. Take, for example, the incorporation of Mexican foods (e.g., tacos, hot sauce), Latino cultural traditions (e.g., Cinco de Mayo), and appreciation for their entertainers (e.g., Jennifer Lopez, Ricky Martin, and Shakira)—all of which have been embraced by many members of US society. The impractical expectations associated with assimilation suggest that acculturation should have been the preferred term all along (Gans 1999).

It is interesting that despite these conceptual and practical problems, classical assimilation continues to signify successful acculturation (Sam and Oppedal 2002). Considering the importance placed on immigrants' adaptation to US life (Gordon 1964), even a neutral term such as *acculturation* has come to be associated with the expectation that the immigrant will change to accommodate the host society, whereas the host society itself is subject to no such expectations. As a result, acculturation, despite its neutral nature, has come to be more commonly associated with the process of second-culture acquisition, at least in the United States (Rudmin 2009).

According to LaFromboise's (1998) extensive review of the literature, newer models describing the process by which immigrants adapt give greater recognition to the

United States as a diverse, socially stratified society in which cultural retention and even bilingualism can emerge as possible outcomes in the incorporation of immigrants (Portes and Rumbaut 2001). In the "alternation" model, individuals choose the extent to which they wish to associate with their native culture or the culture of the host society (LaFromboise 1998). Immigrants' ability to choose their acculturation level elevates their sense of agency, and therefore benefits their psychological well-being. Likewise, in a "multicultural" (pluralistic) model, immigrants are thought to have the ability to maintain distinct cultural identities while also subscribing to broader cultural norms and working toward shared societal goals (LaFromboise 1998). These newer models help explain the cultural phenomenon of ethnic enclaves that emerge as immigrants assimilate into the larger landscape. For example, cities such as Miami, and communities such as Little Village or Humboldt Park in Chicago, gain political prominence through the retention of native language and culture, demonstrating that multiculturalism can be a pathway to greater social inclusion. The last model posited by LaFromboise (1998), "fusion," resonates with the older melting-pot theory. With fusion as a strategy, formerly distinct cultures "fuse" together after sharing geographic, economic, and political realms, resulting in a new, shared culture (Zane and Mak 2003). The broad range of views on how immigrants become incorporated (whether by assimilation, acculturation, alternation, multiculturalism, or fusion), have implications for how immigrants are viewed and expected to conform. Regardless of which model is most popular at a given time or in a given context, use of the term *acculturation* has become a convention when describing the process of second-culture acquisition, and will be used in this chapter to guide the discussion of these multifaceted processes.

Modern conceptions of acculturation feature a complexity missing from early theories. The paradigm shift toward systemic or ecological thinking (Bronfenbrenner 1986) has more than likely facilitated a richer contextual understanding of the ways in which the actions of immigrants, like those of individuals in any society, are clearly influenced by broader societal factors (Blau 1994). In the case of immigrants, for example, factors such as the presence of a co-ethnic population living in their vicinity; broad social tolerance for cultural differences; and the economic, social, and human capital they possess all affect their adjustment to the broader society (Portes and Rumbaut 2001). This adjustment, in turn, affects the mental health of their children. Therefore, understanding the complexity inherent in acculturative processes is critical to the formation and delivery of services for immigrants.

To understand and assess the effects of acculturation in immigrant populations, we must develop a valid and reliable measure of acculturation and employ careful research designs. Acculturation is considered necessary in studies evaluating health outcomes (Hunt et al. 2004; Rudmin 2009). However, the complexity inherent in the acculturation process renders precise measurements difficult, and scholars struggle to find such measures (Rudmin 2009). Simpler proxy measures—language and length of stay—are easily accessible. Some argue that they are useful until more complex ones can be validated scientifically (Escobar and Vega 2000), whereas others claim that they miss important contextual factors. One individual-level proxy for acculturation, language acquisition, captures a complex process that includes affective, cognitive, and behavioral components (Cuéllar et al. 1995), and has been

shown to be influential in more complex acculturation measures (Rogler et al. 1991). The difficulty—indeed, the impossibility—of accurately capturing a complex and dynamic process such as acculturation with a single measure is likely to remain, considering the large number of multidirectional factors affecting the process. Also, degree of acculturation affects a society's ability to provide services, even as the conditions and circumstances of acculturation create their own mental health issues.

Factors Affecting Acculturation

As theories of acculturation have evolved and informed our understanding of the immigrant experience, our appreciation for the psychological stressors that frame the transition has deepened. In early studies, Park (1928) and Stonequist (1935) described the person undergoing the acculturation process as "the marginal man"—someone not quite acculturated to the new culture but no longer holding the values of the old. Because it was thought that the immigrant could never fully assimilate, the marginal-man condition was viewed as a permanent condition: The marginal man would never be wholly accepted by the host society and yet could not completely shed the culture of origin. The marginal-man concept, regardless of the validity of its assumptions, reveals real psychological tensions inherent in the acculturation process. It is not surprising, therefore, that many of the issues Latino immigrants present when they enter mental health services stem from tensions caused by acculturation processes (Caldwell et al. 2010). Unfortunately, the effects of acculturation on the mental health of Latinos are not well understood (Lara et al. 2004).

A higher number of variables affect the acculturation experience than had been previously acknowledged (Ward 1996). Both macro- and micro-level factors interact with each person to yield quite different behavioral, cognitive, and affective responses to acculturation across individuals (Ward 1996). Skilled or unskilled, young or old, English speaking or not, and adaptable or not, each individual experiences the process of acculturation differently. The following paragraphs discuss some of the macro- and micro-level factors thought to influence the effect of acculturation on the mental health of Latinos. The term *macro-level factors* refers to larger social structures that constrain and limit opportunities between social groups in society (Blau 1994); *micro-level factors* refer to the individual's traits such as skills, language(s) spoken, and personality.

Macro-Level Factors

At the macro level, the effect of acculturation on health outcomes can vary according to whether migration was voluntary or involuntary (Ogbu 1993), the extent to which an immigrant maintains ties to her or his home country (Drachman and Shen-Ryan 1991; Lambert and Taylor 1990; Portes and Mozo 1985; Rumbaut 1995), her or his length of time in the United States (Caplan 2007; Smokowski et al. 2009),

contextual factors pertaining to the sending and receiving countries, and conditions of the migration itself (Murphy 2009). Distinct differences in immigration status—such as that between immigrants and refugees—illustrate how macro-level factors influence the acculturation process.

Context of Reception

Currently, the US government makes provisions for the health of refugee aliens (i.e., those unable to return to their country of origin because of a well-founded fear of persecution) (Pine and Drachman 2005; Weissbrodt and Danielson 2005). This stance suggests that the United States welcomes refugees but not immigrants. Refugees qualify for health services immediately, under the provisions of the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) of 1996, bypassing the five-year minimum wait imposed on immigrants (Singer 2004). Such aid is considered meaningful for refugees, who are unable to return to their country of origin, at least in the short term. Thus, the refugee's experience of the acculturation process is thought to differ from that of the economic migrant, whose move is motivated by employment opportunities and who does not enjoy similar access to health care services (Donà and Berry 1994). Those who fled political strife in their homeland might be more susceptible to mental health problems such as depression and post-traumatic stress disorder (PTSD) (Engstrom and Okamura 2004). Resolving trauma may be a salient part of their acculturation experience and mental health treatment may be critical to that process. However, the experiences of individual immigrants making their way to the United States can be more or less severe, depending on many things. Consider that in the course of traveling through Mexico, many South and Central Americans face life-threatening challenges that may pose a threat to mental health (Nazario 2007). The policy distinction between political and economic migrants is driven by political forces and based on assumptions that do not necessarily reflect the individual realities of new entrants; hence, the policy that provides health benefits to refugees but not immigrants is not entirely justified.

For political reasons, the context of reception in the United States has been known to differ for groups with comparable reasons for migrating. For example, even when groups of people flee their home countries for political reasons, the decision as to which groups are subsequently deemed eligible for asylum is subject to current US immigration policy (Díaz Briquets 1995), and this has led to differential treatment of similar groups. The varied receptions given to Cubans and Central Americans—both groups that fled for politically motivated reasons—illustrates how the foreign policy regarding granting of asylum can affect acculturation.

Case Study: Cubans and Central Americans

Since Cubans began arriving in the United States following the 1959 revolution, they have had little difficulty gaining political asylum in the United States. In par-

ticular, a federally supported resettlement program served as a significant source of funds to assist the first wave of Cubans who relocated to Miami in their initial adaptation (Mitchell 1962). The trauma involved in fleeing the revolution could have resulted in serious health effects for many exiles (Suárez and Perez in press). However, these immigrants' ability to transcend much of their adversity can arguably be attributed to a favorable context of reception.

By comparison, Central Americans fleeing from civil wars suffered much political strife, yet initially were not granted asylum in the United States. In the decades leading up to the 1980s, increasing numbers of Central Americans came to the United States from countries with extreme political instability (Gzesh 2006). Many had witnessed atrocities such as murder, rape, and torture or were themselves victims of political violence (Engstrom and Piedra 2005). Yet, upon arrival in the United States, Nicaraguans (Portes and Stepick 1994), Guatemalans, and Salvadorians (Hernandez 2005) were not granted asylum, but remained here in a hostile atmosphere (Hernandez 2005). Because they were "undocumented," they were ineligible for the benefits accorded to those with refugee status (Hernandez 2005). More recently, though, many of these groups have been able to obtain temporary protection and refugee status. Given their immigration history, however, Central Americans have been found to experience higher levels of post-traumatic stress than Mexicans (Cervantes et al. 1989), and as a result of gender-specific terror in the contexts from which they migrated, many females experienced severe trauma (Aron et al. 1991).

For nonrefugees experiencing acculturation stresses and lacking resources, there is no choice but to wait the five years to qualify for health benefits under the PRWORA. As a result, they are forced to turn to informal sources of help at the community level, including religious institutions and support from family and peers (Skerry 2004). Understanding the macro-level factors as well as informal and formal supports at the local level has implications for infrastructure building. Collaborative agreements between formal and informal sources of support can range from disseminating relevant information and educating groups about preventative care, to providing public services that can help with various issues. Maneuvering through social structures to obtain services is difficult enough when one understands English; for those who do not, merely attempting to access services can add to the stress of acculturation.

Geographic Effects and Local Tensions

Sociologists studying groups in society posit that group size and geographic concentration patterns between societal groups can influence the relationships between them (Blau 1994), and that this, in turn, can affect immigrants' acculturation patterns and their ability to become fully incorporated and assimilated (Cabassa 2003). For example, groups of immigrants from similar sending countries who settle in densely populated ethnic enclaves (e.g., Cubans in Miami) have more opportunities for cultural and linguistic retention; many will thus feel less of a need to acculturate on these dimensions (Rumbaut 1997). However, when a group becomes sizeable and therefore visible, other social groups may feel vulnerable, and social

tensions between less acculturated and more acculturated groups can develop (Sullivan 2000).

Analyzing settlement patterns can help us understand the ways in which immigrant and host society members relate to one another (Sullivan 2006) and how the quality of those relationships affects acculturation. An examination of how population differences contribute to social tensions provides interesting insights for building infrastructures for the provision of mental health services. Although immigrants are heavily concentrated in certain regions and meet local labor needs, in many communities (especially those with a large percentage of undocumented immigrants) the immigrants' contributions to the general economy are frequently overlooked (Fix 1999). Instead, the emphasis is on their use of public spaces and local resources such as schools, and this often creates tensions in the community. Local tensions can detract from the mental health of immigrants by hindering their ability to incorporate (Sullivan 2000).

Historically, sociologists have viewed living in enclaves, *barrios,* or ghettos as a form of segregation (Wilson and Portes 1980; Zhou and Logan 1989). As scholars continue to tease out the benefits and drawbacks of living in co-ethnic communities (Chiswick and Miller 2005; Chiswick et al. 2008; Jensen and Portes 1992; Portes and Jensen 1987), it is important to consider the psychological benefits to immigrants of living among fellow co-ethnics. Arguably, acculturative stressors such as the loss of homeland, family separation (Smart and Smart 1995), difficulties adjusting culturally and linguistically, and discrimination (Araújo Dawson and Panchanadeswaran 2010; Hovey 1999; Ward and Kennedy 1994) may be mitigated by living among co-ethnics who understand such stressors. By contrast, Latinos separated from others and who have little in common with other people in their new communities are more likely to experience the effects of linguistic and cultural isolation.

Take the mental health issue of loss of homeland (Ainslie 1998), which is common to many immigrant groups. The acculturation experience of mourning the loss and adaptation is different in ethnic enclaves than in places in which there are few co-ethnics. In addition to a sizable number of compatriots, established ethnic enclaves garner political, social, and economic strength in their larger community, which allows them to influence local policies and gain access to existing social or economic institutions. Frequently, the use of English is not a prerequisite for social inclusion. For example, to participate in the business sector in Miami, it is necessary to have knowledge of Spanish. Within such contexts, newcomers can easily access jobs and services in ways that allow them to continue speaking Spanish, to participate in their new society, and to gradually learn English. Living in an ethnic enclave permits immigrants to alternate between enculturation to their country of origin and acculturation to the host society (Suárez and Perez in press), a luxury not afforded to immigrants living in new settlements in the South and Midwest.

The ability of an immigrant group to create transitional spaces to facilitate the acculturation experience can hinge on geographic and regional differences and the sociopolitical context of reception. Immigrants are welcomed in some parts of the country and in some sectors of the economy more than in others. For example, in

some places employers prefer immigrant workers to US-born workers (Waldinger 1999). Also, many Americans hold the perception that undocumented immigrants wrongfully benefit from public services and do not contribute anything—either not recognizing or ignoring the fact that undocumented immigrants do indeed contribute to the tax base and spend money on consumer goods and services, thereby stimulating the economy. Anti-immigrant fears stemming from public misperceptions have led to policies aimed at excluding the undocumented population. For example, early in 2010, the state of Arizona passed an initiative to allow its law enforcement agencies to question individuals' immigration status. Before that, the state of California passed Proposition 187, which attempted to bar undocumented immigrants from accessing health care. More recently, a myriad of cities across the United States have also passed or considered local ordinances influenced by anti-immigrant sentiment stemming from local tensions. These local policies are reported on the national news and send strong anti-immigrant messages that can extend far beyond their intended audience. Immigrant groups for whom these ordinances were intended—in most cases undocumented Mexicans—may feel marginalized (Jiménez 2008). Individual immigrants, upon hearing such national local news reports, can come to internalize the message that they are not wanted in US society, in sharp contrast to the expectations they had prior to migrating. Especially in areas with few co-ethnics, available supports can be virtually nonexistent. Thus, the macro-level factors of the acculturation process can contribute to, exacerbate, and even initiate mental health issues.

Micro-Level Factors Affecting Acculturation

In addition to broad macro-level effects on acculturation, individual-level factors are part and parcel of the acculturation experience (Berry et al. 1992; Ward et al. 1996). Like macro-level factors, micro-level factors can influence affective, behavioral, and cognitive responses to the situations faced during acculturation. Providers need to understand these effects so that they can better meet the needs of constituents at different levels of acculturation. For example, the ability to understand or acquire knowledge of English is typically a first step in acculturation, but many Latinos' experiences show that it is not absolutely necessary. In addition, having sufficient skills to obtain meaningful work can also greatly enhance the acculturation experience. Newcomers who do not speak English and who lack basic skills may benefit from education outreach to facilitate their incorporation along these dimensions.

Language

The ability to learn English is an especially important factor in acculturation, and is related to an individual's age and the number of co-ethnics in the community. Chil-

dren are at different developmental stages than their parents and, because they participate in the US educational system, they quickly learn English, leaving their parents behind, culturally speaking. Generally, immigrant youth learn a host society's language rapidly. Older immigrants, by contrast, are less able to acquire a second language. Moreover, it is much easier to retain a language when the community has a high proportion of co-ethnics. An immigrant who settles in an immigrant enclave where her or his native language is the dominant language will probably have an experience different from that of an immigrant who settles in an English-dominant community. The former setting is likely to facilitate native-language retention, and the latter is likely to prompt a person to learn English. Those who live in a high co-ethnic enclave where they are able to retain their language and culture in a welcoming context have been reported to experience better psychological health (Cuéllar et al. 2004).

Skills

Another micro-level factor that influences the acculturation process is the immigrant's skill level. Although there are wide variations in skill level among the general immigrant population, low-skill levels and poor language ability combine to relegate an individual to the low-wage employment sector. Because the best-paying jobs require higher levels of formal education, the mismatch between the skill level needed for such work and the generally low-skill levels of today's Latino immigrants puts them at an economic disadvantage relative to other immigrant groups (Borjas 2001). Furthermore, second-generation Latinos—tomorrow's workforce—are less likely to have a high school diploma compared to other groups (Fry 2010). This has important implications for acculturation. Immigrants with higher skill levels and better-compensated employment can more effectively use resources to advance their children's social mobility (Portes and Rumbaut 2001). For instance, having a better-paying job enables a child to receive higher-quality child care and allows parents time to attend English as a second language (ESL) classes. Those without high-level skills or additional resources must weigh such tradeoffs as engaging in self-improvement or working a few extra hours.

In sum, at the level of the individual, behavioral changes occurring during acculturation do not occur uniformly for all individuals. Rather, it is believed that acculturation occurs in each person in different ways and at different rates. During the course of the acculturation process, the many contextual interactions in which immigrants' lives are embedded have significant and multifaceted effects on emotional experiences. Acculturation is inherently stressful because individuals must come to terms with different cultural norms, some of which compete with one another. Mental health ultimately depends on how the individual handles the stressors encountered. Person-level resources, including coping mechanisms, social supports, and adequate skills, greatly influence acculturation outcomes. Altogether, such complex person-level factors, together with the broader macro-level factors, result in hugely varied outcomes across people. To be optimally effective, providers

need to understand the growing knowledge base associating individual-level factors with different levels of acculturation.

Factors That Influence Acculturation Stress

Individual immigrants experience acculturation in different ways and have different coping styles. For example, among the personality types, neuroticism has been associated with acculturative stress (Mangold et al. 2007), and extraversion has predicted a person's ability to adapt socioculturally (Ward and Kennedy 1993). In short, who a person is and how he or she perceives the world contributes to his or her experience of acculturation. Several important factors begin to influence a person upon migration, such as the individual's (a) cultural frame of reference, (b) experiences of discrimination, (c) cultural assimilation or retention, (d) changing roles, (e) availability of family support, and (f) intergenerational status. These, in turn, can affect individual immigrants' roles, perceptions, and patterns of acculturation, as well as their experience of acculturation stress. Some of these factors, depending on how each is experienced, become risk factors, whereas others can insulate individuals from the stressors of the acculturation process. The following sections examine these factors more closely, to explain how they affect the acculturation of Latino immigrants. The last factor—intergenerational status during the process of assimilation—is discussed through the lens of segmented assimilation theory.

Cultural Frame of Reference

Depending on the level of acculturation, the type of stresses encountered will differ, as will the individual's experience of those stressors. For example, recent immigrants are more likely to face short-term linguistic and economic struggles than second- and later-generation immigrants. The recently arrived judge their well-being relative to people from their country of origin rather than to those in the host society. Assuming that recent immigrants left their home countries for a better life in the United States, this group might be optimistic regarding their future prospects in the United States and may be willing to overlook initial hardships, because the point of comparison between their current experiences and their past history relates to those in the country that they left. By contrast, the point of reference for second- and later-generation immigrants usually differs. Being further removed from the country of origin, second- and later-generation immigrants are more likely to judge their well-being by US mainstream cultural standards than by a referent group in the country of origin. Latinos who have been in the United States for generations might have experienced the effects of years of social and economic inequities common to many minority groups in this country. They may have given up on the American dream, synonymous with success through hard work, so often cherished by immigrants aspiring to a better life.

Discrimination

Some individuals attempt to blend in with the dominant societal groups in the host country. However, physical differences such as indigenous features or darker phenotypes may set them apart from others in ways they cannot control. Those separated by social inequality may feel a heightened awareness of their relatively slow advancement, and the resulting disillusionment may translate into reduced well-being. Some disparities in mental health outcomes between Latinos born in the United States and abroad are explained by protective factors associated with immigrant Latino culture (Chapman and Perreira 2005). For instance, cultural retention is considered a protective factor (Gonzales et al. 2004; LaFromboise 1998) that can mitigate the effects of stressors such as discrimination (Araújo Dawson 2009). Differences in how individuals and families experience discrimination can be attributed to variations in the places to which they migrate. For example, those migrating to areas with a large co-ethnic community may experience considerably more kinship support than those migrating to isolated communities; informal support often mediates the experience of discrimination.

Cultural Assimilation or Retention

Latino culture is frequently described as collectivist (interdependent), in contrast to US culture, which has been described as autonomist or individualist (Fuligni 1998; Kitayama 2006). In collectivist cultures, individuals derive a contextualized identity that reflects their social interdependence and how they relate to others. In contrast, people in autonomous cultures place more emphasis on their individuality than on their interrelatedness with others in the social context (Markus and Kitayama 1991). It is useful for providers to be aware of this difference in orientation, because as immigrants acculturate, family members may find some of the differences in these cultural orientations difficult to reconcile.

Immigrants to the United States accommodate to policies based on values that in large part reflect the autonomous cultural orientation of this society. Latino parents more accustomed to a collective view of the family (e.g., one where the elders command respect) may be unfamiliar with the US stance that highlights and privileges the rights of the child. From the perspective of child welfare, it is difficult to argue against socialization of practices that are common in some Latin American families, such as corporal punishment. Yet, for an immigrant parent, to have an acculturated child call an emergency hotline to report abuse is unconscionable from the perspective of Latino parental culture. Such actions, which are determined by cultural attitudes and beliefs, could have adverse effects on families in which parents are unfamiliar with their legal obligations in the United States. This is but one of many differences in cultural values and norms. Therefore, it is of the utmost importance that newcomers be educated regarding practices that violate US laws.

Changing Roles

The acculturation experience challenges families to reexamine their behaviors and may alter family roles and expectations in unforeseen ways. Wives often become employed while husbands face long periods of unemployment (Hondagneu-Sotelo 1994). In this new context, some families are challenged by the reversal of traditional gender roles and expectations (Hondagneu-Sotelo 1994). The family may also be challenged by other differences between their culture of origin and that of their host country.

Family Support

Although *familismo* (familism)—the support systems within Latino families that extend beyond immediate kin (Keefe et al. 1979)—is widely recognized as a resource for immigrant Latino youth (Gil-Rivas et al. 2003), the acculturation experience has the potential to change family dynamics and threaten family bonds. For example, *respeto* (respect) is frequently violated when the acculturating Latino youth, having internalized US cultural norms that emphasize individual rights and autonomy, assert their independence from the family. The strength of family has been observed to weaken with acculturation (Sabogal et al. 1987). Conflicts within families stemming from acculturation gaps between parents and their children have been shown to reduce family cohesion (Szapocznik and Kurtines 1993; Szapocznik et al. 1978). Youth can acculturate in substantially different ways, depending on macro-level forces in the regions in which they live, and these same factors may mediate or even determine how acculturation differences between them and their parents are resolved.

Segmented Assimilation

Differences in parental and child acculturation are at the heart of Portes and Rumbaut's (2001) segmented assimilation theory. Segmented assimilation theory recognizes that the United States is both a diverse and a stratified society. By virtue of their low levels of education and low-wage employment options, Latino immigrants and their children often occupy the poorer sectors of society (Portes and Rumbaut 2006). Thus, the children of Latino immigrants are described as experiencing downward assimilation—that is, entry to social sectors leading to downward mobility—because the pathway to higher social mobility is fraught with formidable obstacles, including discrimination and suboptimal inner-city schools that do little to prepare them for the challenges of the labor market (Portes and Rumbaut 2001). Overcoming such obstacles requires a concerted effort by both youth and their fami-

lies. Toward this end, the pace of intergenerational differences in acculturation is an important factor in preservation of harmonious family relationships (Piedra and Engstrom 2009). Segmented assimilation theory describes three types of intergenerational acculturation patterns: dissonant, consonant, and selective.

Dissonant acculturation occurs when the youth rapidly learn English and adopt US mainstream ways at a much faster rate than their parents. In addition, knowledge of the original immigrant culture and language is lost, creating a gulf between the two generations that can undermine parental-child relationships (Hwang 2007). A role reversal occurs: instead of parents socializing their children, youth are the ones socializing their parents (Portes and Rumbaut 2006). *Consonant acculturation* occurs when there is congruence between the youth's rate of acculturation and that of their parents; that is, within a family, both parents and their offspring learn the new culture and language at the same pace. As parents and children adopt the new language, both simultaneously lose the home language. *Selective acculturation* occurs when youth and their parents are able to participate in both the native and the host cultures. This usually takes place when the acculturation process is embedded in a co-ethnic community with sufficient institutional diversity (e.g., Miami) to warrant retention of the native language and culture. In this context, parents and their offspring both go through a slower process of acculturation to the values and beliefs of the host society, but they are able to retain their native language and culture for much longer. This type of acculturation provides the greatest support for the social mobility of children, because parents and the wider co-ethnic community work jointly with the youth to overcome normative challenges that arise in the course of the acculturation process (Portes and Rumbaut 2001).

As the acculturation literature continues its rapid proliferation, one can hope that the effect of the numerous factors on acculturation outcomes will be better understood. The use of assessment scales upon intake can help providers to better administer agency staff and services, tailor outreach efforts, and develop interventions. Moreover, having a sense of the individual acculturation level of family members can help practitioners recognize the associated risks and protective factors at different points in the acculturation process (Lara et al. 2005).

Toward Greater Incorporation of Immigrants

Immigrants arriving in the United States from the late 1800s to the early 1900s from Southern and Eastern Europe had literacy levels comparable to those of today's Latino migrants and were also once considered inassimilable. Yet, over time, subsequent generations became incorporated into US life (Lieberson 1980). Unlike those earlier immigrants, today's immigrants face a labor market that presents a unique set of hurdles for economic advancement (Borjas 2001). Today's employment market is shaped like an hourglass, in which employment possibilities exist only for the most and the least skilled, and few or no possibilities exist for those in the middle (Sassen 1998); this allows Latinos with low skills and education little opportunity

for advancement. The willingness of the large and growing number of Latino immigrants and their native-born children to incorporate fully into life in the United States underscores the need for structures that will facilitate that process. We know that acculturation is a long-term process that can span generations (Piedra and Engstrom 2009), and that facilitating this process requires access to the institutions of the host society (Portes and Rumbaut 2001). However, the extent to which the United States is willing to change to accommodate the needs of this new group remains an open question. The onus of adequate adjustment to and integration with the host society currently falls almost entirely on the individual immigrant. For example, the lack of comprehensive immigration reform, despite the presence of more than 11 million undocumented persons, impedes the incorporation of those persons and their children. The Development, Relief and Education of Alien Minors Act, also known as the DREAM Act, which was intended to help incorporate undocumented youth reared and educated in the United States and who know no other country, remains unresolved. Regardless of the determination and will of these undocumented youth, without structural changes at the federal level, their incorporation to US society will remain marginal at best.

Thus, it is imperative that the federal government focus on full incorporation of the immigrants within its borders, and take seriously its role in protecting them and regulating the admission of new immigrants and refugees (Jiménez 2007). The US government's current approach leaves much to the individual immigrants and the local communities in which they reside. Given this context, the plight of Latinos who hope to become fully incorporated merits attention.

The Role of the Federal Government

The US government is solely charged with setting and enforcing immigration policy. However, decisions made at the federal level can create local tensions when immigrants cluster in discrete areas of the country, creating a visible presence and by so doing testing the limits of tolerance of dominant societal groups (Shweder 2003). To improve the infrastructure, the federal government can grant subsidies to local communities with large immigrant populations to facilitate the incorporation of newcomers (Jiménez 2007). Such efforts could help reduce community tensions, especially in areas most threatened by the influx of newcomers, such as towns along the southern border and places where the cultural distance between immigrants and the local communities are the greatest.

Currently, there is no concerted federal effort to incorporate newcomers, linguistically or otherwise, into US society (Engstrom and Piedra 2006; Jiménez 2007; Piedra 2006). At a national level, some have argued that a commission to oversee the incorporation of immigrant families would help to formalize newcomers'acclimation (Fix et al. 2001). Others argue for more active approaches, such as immediate eligibility for health benefits, which have heretofore been reserved to refugees (Engstrom 2006; Jiménez 2007). Jiménez (2007, p. 1) has argued

persuasively that "rather than dictate policy, the federal government should partner with state and local governments, NGOs, and the private sector in carrying out the business of integration." Such a partnership would go a long way toward reducing local community tensions that stem from sharing public space and institutional resources, such as when public school attendance by children of undocumented immigrants is perceived to occur at the expense of taxpayers.

Alternatively, federal funds—contributions from the taxes that immigrants are already paying—could be channeled into communities with high numbers of newcomers to assist in their settlement. These funds could be used to hire translators and teachers, and also to build or repair housing stock, create new businesses, and improve the existing structures of local communities. The public use of funds for the resettlement of Cuban refugees in the 1960s exemplifies this approach. These funds reduced public fears about what effect a sudden population influx would have on the local economy and contributed to the successful incorporation of that population. In the process, the city of Miami was transformed and today is recognized as a business gateway into Latin America. Resettlement plans for places such as Phoenix and border towns would go a long way toward alleviating local tensions brought on by sudden population changes (Jiménez 2007). The strength of such an approach would be in its national cohesion. By avoiding the patchwork efforts by states and local municipalities to resolve problems created by federal immigration policy, a carefully planned course of action by the federal government could mitigate local backlash.

At a minimum, the federal government can rethink its policies on the health benefits allowed to newcomers. Considering that Latino newcomers are healthier in the initial years of their arrival (Alegría et al. 2008; Escarce et al. 2006; Hernandez and Charney 1998; Nguyen 2006), it is ironic to think that the government coffers are much protected by barring these persons' eligibility for health benefits under PRWORA. Continuing to exclude recent immigrants from routine medical care creates an overuse of emergency medical services and, perhaps, a less healthy population in the long run—and this runs counter to national and local community interests.

Attention to immigrants who are more acculturated is equally important. Planned government efforts, including attention to corporate governance, can help Latinos who, by virtue of their higher education, meet the criteria for leadership but are not necessarily embraced by the institutions of majority society. Latinos have a long way to go to attain leadership positions in the private/corporate sector. According to a survey of 219 participating institutions by the only Democratic Latino senator, New Jersey's Robert Menendez (2010), Latinos represented only 3.4% of directors on corporate boards, and only 2.5% were found among the highest levels of management. In a country where so much of what occurs between minority and majority groups in society has to do with the voice given to particular social issues, it seems imperative that leadership be fostered, so that Latinos become full participants in the society to which they have dedicated their lives.

Building Stronger Infrastructures for Latino Mental Health at the Local Level

This chapter showed that acculturation level affects mental health, and that the precise relationship is unclear. Still, tailoring mental health services to accommodate each person's progress in the process of acculturation is warranted. The broad spectrum of acculturation levels along multiple dimensions (e.g., language, skills, education, immigration status), along with regional differences in the demand for services, complicate and hamper the ability of service providers to meet those needs. The problems are worse in areas where there are greater mismatches between providers and people in need.

One way to think about meeting the needs of Latinos in a given region is to understand the number of clients in need, according to their level of acculturation, compared to the ability of suppliers to meet those needs. Of course, estimating the number of people who need services could be particularly arduous in the mental health field, considering the stigma that such services carry and the lack of outreach characteristic of many communities. Still, in an ideal economic supply-and-demand graph, the optimal point occurs where suppliers of services are able to meet the demand for those services (Lewis and Widerquist 2001). In regions of the country with a high percentage of Latinos at low levels of acculturation, and also a high percentage of more acculturated compatriots who can meet their service needs through formal and informal helping systems (e.g., Miami), supply and demand do not suffer much of a mismatch. In other regions, where the demand for services exceeds supply or vice versa, more creative solutions must be found. For a start, programs could match informal helping networks with people in need. For instance, cultural brokers or Spanish-language speakers can be requested to volunteer to serve people in need in exchange for intangible rewards such as those associated with volunteerism (personal satisfaction and increased feelings of self-worth).

Regions Where Supply Meets Demand

High-density areas are more likely to have a sufficient number of available service providers to tailor services in culturally and linguistically appropriate ways. In these regions, useful infrastructure building strategies include providing language-appropriate outreach; offering ongoing training on issues of acculturation, language, and cultural competence; and creating cross-institutional collaborations to achieve higher levels of specialization. For example, in places such as Miami, parts of New York, New Jersey, Texas, and Chicago, agencies have the luxury of specializing in particular types of services. Working collaboratively, agencies can direct clients to the places most appropriate for their particular problem.

Specialized services can include focused programs that vary according to level of acculturation. Newcomers can be served by agencies whose sole responsibility is to acclimate them, much as the settlement houses of the past century did (Ad-

dams 1910). Newcomers from Latin America typically face short-term linguistic and economic struggles and lack familiarity with basis customs, norms, and laws of the United States. In addition to taking care of basic necessities—finding employment, obtaining housing and food, learning English, and understanding a new social world—immigrant families may need help reconciling differences across cultures and coping with their effects on emotional states.

Family tensions that arise during adaptation to a new society sometimes require intervention. In such families, workers may help bridge acculturation gaps between parents and offspring, using approaches as involved as family therapy initiatives or as simple as parent/youth outreach programs that supply appropriate literature. In Miami, José Szapocznik et al. (1986) have worked on bridging the acculturation gap, and there is evidence that the interventions treating Latino teens and their parents have been successful. Among the tactics of their treatment, called Bicultural Effectiveness Training (BET), parents are helped to increase their acculturation level while adolescents are taught the benefits of cultural retention.

Regions Where Demand Exceeds Supply

The demand for services and the ability to meet service needs can conflict for any number of reasons. In regions where there is a sudden influx of immigrants, there will be an urgent need for providers—and there are no easy solutions. Demand for services may also exceed supply in regions with a low density of Latino immigrants. In such areas, the few providers can be overwhelmed with people in need. The lack of federal funds further impairs communities' ability to bridge any service gaps that arise.

When the supply of services is constrained and exceeded by demand, the health of vulnerable groups is compromised. In places where immigrants are spread out over vast geographic distances and an established co-ethnic community is absent, even informal supports may be nonexistent. Furthermore, these communities are often unfamiliar with the problems commonly faced by immigrants and have little appreciation of the challenges that acculturation and language difficulties pose. The lack of a bilingual workforce further compounds the problem.

The problem of securing interpreters remains an ongoing challenge. In these areas, service providers need to be highly creative if their efforts are to be fruitful. For instance, it is now common for agencies to use translation services by telephone to assist their customers. Thoughtful use and training of ad hoc interpreters would be critical to agencies caring for Latinos in low-density areas (Larrison et al. 2010).

Spaces in local schools and other public institutions could be used for larger-scale programming efforts, which can be publicized through local Spanish-language stations and by word of mouth. For families experiencing tensions from the acculturation experience, large-scale education nights at a local school or church could enhance bridging efforts to unify parents and offspring. Over time, the development of Latino leaders and cultural brokers from within the community may

enrich programming and could prove to be as rewarding to those who volunteer as to those in need.

Matching more acculturated Latinos with volunteer opportunities to help less acculturated Latinos can serve two purposes. Information and help given to low-acculturated individuals can be crucial to their incorporation. At the same, such work can be an important source of empowerment for more highly acculturated Latinos who feel disenfranchised or alienated. This chapter already noted that more-acculturated Latinos tend to compare their experiences to those of host-society members than to those of persons in their country of origin. At the same time, they are less protected by the native cultural factors (e.g., familism, respect for elders) to which their less acculturated kin still cling. Furthermore, by virtue of their ability to blend into host society and penetrate its institutions, more-acculturated Latinos are vulnerable to discrimination. Thus, agencies that play a role in helping acculturated Latinos to meet the needs of vulnerable less-acculturated populations can serve two purposes: essentially meeting the needs of each by putting them in contact with one another.

Conclusion

This chapter gave an overview of the many facets of the acculturation process, and the implications of this process for mental health. Certainly, institutions that provide mental health services to immigrants are well served by understanding how acculturation affects mental health; thus, this chapter also advances an argument for greater federal involvement in the settlement and incorporation of immigrants. Even so, as this chapter has demonstrated, acculturation tends to raise more questions than answers. The relationship between acculturation and mental health has been studied for some time and across a number of fields, but the effects and directions of influences remain unclear (Lara et al. 2005). We do not know the extent to which broad societal factors will hinder a person's ability to assimilate into the US mainstream. Likewise, for more-acculturated and educated Latinos, lack of representation in the higher levels of public and private institutions is an ongoing problem. Though all of these issues merit further investigation, this chapter has emphasized how, given these contextual factors, the processes of acculturation and subsequent assimilation—with all of their complexity and uncertainty—affect family relations and mental health services.

The provision of mental health services for Latinos rests on a keen appreciation for how the process of acculturation affects both the individual and the family. Such an understanding lays the groundwork for culturally appropriate assessments and services. However, greater governmental involvement is required to provide the policies and resources needed to assist communities in meeting the needs of Latinos. Through national policies and better-informed plans, the federal government can help local communities reduce social tensions spurred by the influx of people with dissimilar cultures and languages.

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