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Rethinking the Concept of Acculturation:

Implications for Theory and Research

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Abstract

This article presents an expanded model of acculturation among international migrants and their immediate descendants. Acculturation is proposed as a multidimensional process consisting of the confluence among heritage-cultural and receiving-cultural practices, values, and identifications. The implications of this reconceptualization for the acculturation construct, as well as for its relationship to psychosocial and health outcomes, are discussed. In particular, an expanded operationalization of acculturation is needed to address the “immigrant paradox,” whereby international migrants with more exposure to the receiving cultural context report poorer mental and physical health outcomes. We discuss the role of ethnicity, cultural similarity, and discrimination in the acculturation process, offer an operational definition for context of reception, and call for studies on the role that context of reception plays in the acculturation process. The new perspective on acculturation presented in this article is intended to yield a fuller understanding of complex acculturation processes and their relationships to contextual and individual functioning.

Keywords

acculturation; immigrant; cultural practices; cultural values; cultural identifications

Acculturation has become a well-recognized and important area of study (Berry, 1980, 2006b; Tadmor, Tetlock, & Peng, 2009). Broadly, as applied to individuals, *acculturation* refers to changes that take place as a result of contact with culturally dissimilar people, groups, and social influences (Gibson, 2001). Although these changes can take place as a result of almost any intercultural contact (e.g., globalization; Arnett, 2002), acculturation is most often studied in individuals living in countries or regions other than where they were born—that is, among immigrants, refugees, asylum seekers, and sojourners (e.g.,

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international students, seasonal farm workers; Berry, 2006b). Acculturation research generally focuses on immigrants, refugees, and asylum seekers, who are assumed to be permanently settled in their new home-land—although these three groups may be quite different from one another. As a result, we use the terms *migrants* or *international migrants* to refer to these three groups collectively, but where applicable, we discuss ways in which our hypotheses or propositions differ by type of migrant.

Rates of international migration have reached unprecedented levels in the United States and throughout the world. The United States, for example, is experiencing a massive wave of immigration larger than the great immigrant waves of the 19th and early 20th centuries, and in contrast to those earlier waves, the current wave is unlikely to be cut off by restrictive legislation in the near term (Portes & Rumbaut, 2006). Western Europe, Canada, and Australia are also undergoing one of the largest immigrant flows in recent history. On a worldwide scale, migrants in the current (post-1960s) wave, which occurred when many countries opened their borders to a more diverse array of migrants, originate largely from Latin America, Asia, Africa, the Caribbean, and the Middle East—regions where collectivism (focus on the well-being of the family, clan, nation, or religion) is emphasized over individualism (focus on the needs of the individual person; Triandis, 1995). These migrants are settling primarily in North America, Western Europe, and Oceania—regions where individualism is emphasized more than collectivism. As a result, there are gaps in cultural values between many migrants and the societies that are receiving them.

Not surprisingly, the large flow of migrants around the world has prompted increased scholarly interest in acculturation. At least three edited books on acculturation have been published since 2003 (e.g., Berry, Phinney, Sam, & Vedder, 2006; Chun, Organista, & Marín, 2003; Sam & Berry, 2006); and a cursory search of the PsycInfo literature database seeking journal articles with the word *acculturation* in the title returned 107 records from the 1980s, 337 from the 1990s, and 727 from the 2000s. However, there remain a number of important challenges regarding operational definitions, contextual forces, and relationships to psychosocial and health outcomes that must be addressed (Rudmin, 2003, 2009). Therefore, the purpose of this article is to raise some of these questions and issues and to propose an expanded, multidimensional model of acculturation and of the demographic and contextual forces that can influence the acculturation process. As part of this objective, we draw on and integrate various streams of literature on cultural adaptation (specifically on cultural practices, values, and identifications), on ethnicity, on discrimination and acculturative stress, and on context of reception. Further, because the bulk of acculturation research focuses on mental or physical health indicators as correlates or outcomes of acculturation, we draw on these prior studies to illustrate some of our points. Specifically, we use health outcomes as a way (a) to illustrate some of the limitations of the current acculturation literature, (b) to suggest ways of circumventing these limitations, and (c) to highlight potential ways to advance the conceptualization of acculturation so that we can better understand the health and well-being of international migrants.

There are many aspects of the acculturation literature that may require rethinking, and we focus on some of those here. First, we review and contrast major acculturation models that have been developed within cultural psychology, and we outline some of the strengths and weaknesses of these approaches. Second, we discuss the roles of ethnicity, and of similarity between heritage culture and receiving culture, in acculturation. Third, we delineate the ways in which acculturation is more or less salient, and may operate differently, for different groups or types of migrants. Fourth, we discuss the *immigrant paradox*, in which acculturation has been examined simplistically in relation to health outcomes, and we suggest addressing the immigrant paradox by expanding the conceptualization of acculturation. Fifth, we introduce such an expanded model of acculturation—including

cultural practices, values, and identifications—that has the potential to synthesize several existing literatures and to increase the theoretical, empirical, and practical utility of the acculturation construct. Finally, we delineate *context of reception* as the ways in which the receiving society constrains and directs the acculturation options available to migrants, and we frame acculturative stress and discrimination under the heading of an unfavorable context of reception.

Before we embark on our review and expansion of the acculturation literature, we should note that the issues we raise in this article may *not* apply to groups who experience involuntary subjugation, either on their own land (e.g., Native Americans) or after their ancestors were forced to migrate to another nation (e.g., African Americans). In these groups, acculturation likely interacts with a complex set of grievances that generally do not apply to immigrants, refugees, asylum seekers, and sojourners (e.g., Forman, 2006). As such, a discussion of involuntarily subjugated groups is beyond the scope of the present article.

Rethinking Models of Acculturation: Dimensions and Categories

Acculturation was originally conceptualized as a unidimensional process in which retention of the heritage culture and acquisition of the receiving culture were cast as opposing ends of a single continuum (Gordon, 1964). According to this unidimensional model, as migrants acquired the values, practices, and beliefs of their new homelands, they were expected to discard those from their cultural heritage. Indeed, many Americans assume that earlier waves of European immigrants to the United States followed this type of straight-line assimilation (Schildkraut, 2007), and newer migrants are often criticized for not doing so (Huntington, 2004).

Since the early 1980s, cultural psychologists have recognized that acquiring the beliefs, values, and practices of the receiving country does not automatically imply that an immigrant will discard (or stop endorsing) the beliefs, values, and practices of her or his country of origin (e.g., Berry, 1980). Berry developed a model of acculturation in which receiving-culture acquisition and heritage-culture retention are cast as independent dimensions. Within Berry's model, these two dimensions intersect to create four acculturation categories—*assimilation* (adopts the receiving culture and discards the heritage culture), *separation* (rejects the receiving culture and retains the heritage culture), *integration* (adopts the receiving culture and retains the heritage culture), and *marginalization* (rejects both the heritage and receiving cultures).

Some recent research has suggested that Berry's integration category (also referred to as *biculturalism*; Benet-Martínez & Haritatos, 2005) is often associated with the most favorable psychosocial outcomes, especially among young immigrants (e.g., Coatsworth, Maldonado-Molina, Pantin, & Szapocznik, 2005; David, Okazaki, & Saw, 2009). Bicultural individuals tend to be better adjusted (e.g., show higher self-esteem, lower depression, prosocial behaviors; Chen, Benet-Martínez, & Bond, 2008; Schwartz, Zamboanga, & Jarvis, 2007; Szapocznik, Kurtines, & Fernandez, 1980) and are better able to integrate competing tenets from the different cultures to which they are exposed (Benet-Martínez & Haritatos, 2005; Tadmor et al., 2009). Of course, the degree of ease versus difficulty involved in integrating one's heritage and receiving cultures is, at least in part, determined by the degree of similarity (actual or perceived) between the heritage and receiving cultures (Rudmin, 2003). For example, when ethnicity is held constant, migrants coming from English-speaking countries, or who are otherwise proficient in English, may encounter less stress and resistance in the United States than may migrants who are not familiar with the English

language. Among Black Caribbean immigrants, for instance, many Jamaicans might experience less discrimination and acculturative stress than might many Haitians.

The bidimensional approach to acculturation, and our expansion of this approach, subsumes similar constructs such as assimilation and enculturation. *Assimilation* refers to one of Berry's (1980) categories—namely, adopting receiving-culture practices, values, and identifications and discarding those from the culture of origin. *Enculturation* has been used to refer to the process of selectively acquiring or retaining elements of one's heritage culture while also selectively acquiring some elements from the receiving cultural context (Weinreich, 2009). Within the constraints imposed by demographic and contextual factors, individuals are able to purposefully decide which cultural elements they wish to acquire or retain and which elements they wish to discard or reject (Huynh, Nguyen, & Benet-Martínez, in press).

The acculturation categories model, however, has been criticized on at least two fronts (Rudmin, 2003, 2009). First, creating the 2×2 matrix of acculturation categories requires classifying individuals as high or low on receiving-culture acquisition and on heritage-culture retention. The primary methods of classifying individuals as high or low in categories have involved using a priori values, such as the sample median (e.g., Giang & Wittig, 2006) or the midpoint on the range of possible scores (e.g., Coatsworth et al., 2005), as cut points. The use of a priori cut points increases the likelihood that equal numbers of participants will be classified as high and low on each dimension, and therefore that all four of Berry's categories will be well represented in the sample. However, the cut point between high and low is arbitrary and will differ across samples, making comparisons across studies difficult. The use of a priori classification rules assumes that all four categories exist and are equally valid (Rudmin, 2003). Indeed, research suggests that more empirically rigorous ways of classifying individuals (e.g., cluster analysis, latent class analysis) may not extract all of the categories or may extract multiple variants of one or more of the categories (e.g., Schwartz & Zamboanga, 2008). This seems to suggest that not all of Berry's categories may exist in a given sample or population, and that some categories may have multiple subtypes.

Second, the validity of marginalization as an approach to acculturation has been questioned (Del Pilar & Udasco, 2004). The likelihood that a person will develop a cultural sense of self without drawing on either the heritage or receiving cultural contexts is likely low. The marginalization approach may be viable only for the small segment of migrants who reject (or feel rejected by) both their heritage and receiving cultures (Berry, 2006b). Indeed, studies using empirically based clustering methods have found small or nonexistent marginalization groups (Schwartz & Zamboanga, 2008; Szapocznik et al., 1980; Unger et al., 2002), and scales that attempt to measure marginalization typically have poor reliability and validity compared with scales for the other categories (Cuellar, Arnold, & Maldonado, 1995; Unger et al., 2002).

Research has begun to address these criticisms, and some degree of validity for the acculturation categories model has been reported (e.g., Schwartz & Zamboanga, 2008). Using latent class analysis (DiStefano & Kamphaus, 2006) and a sample of Hispanic young adults in Miami, Schwartz and Zamboanga (2008) found that classes resembling three of Berry's four categories—integration, separation, and assimilation—emerged from analysis, along with two additional variants of biculturalism and an extremely small class resembling the marginalization category. Consistent with Rudmin's (2003) criticisms, the categories were not as well differentiated as would be expected given Berry's model, and multiple types of biculturalism were extracted, but three of the four categories proposed by Berry (1980) were well represented in the sample.

Rethinking the “One Size Fits All” Approach: The Roles of Migrant Type, Ethnicity, and Cultural Similarity in Acculturation

A further criticism of the acculturation literature is that it adopts a “one size fits all” approach (Rudmin, 2003). That is, according to Berry’s (1980) model, and other similar approaches, the same two acculturation processes, and the same four acculturation categories, characterize all migrants equally—regardless of the type of migrant, the countries of origin and settlement, and the ethnic group in question (Berry et al., 2006). Many psychological approaches to acculturation (e.g., Berry, 1980; Phinney, 2003) have examined migrants in isolation and used terms such as *acculturation strategies*, implying that individual differences in acculturation outcomes are the result of specific choices made by migrants. Although migrants likely *are* at choice regarding some aspects of their acculturation, other aspects are constrained by demographic or contextual factors. A more nuanced approach—based on Berry’s model but adjusting for the many variations among migrants and among their circumstances—may have more explanatory power and broader applicability than a “one size fits all” perspective (Chirkov, 2009).

Indeed, to understand acculturation, one must understand the interactional context in which it occurs (e.g., Rohmann, Piontkowski, & van Randenborgh, 2008; cf. Crockett & Zamboanga, 2009). This context includes the characteristics of the migrants themselves, the groups or countries from which they originate, their socioeconomic status and resources, the country and local community in which they settle, and their fluency in the language of the country of settlement. Two acculturation-relevant terms that may require some definition and clarification are *ethnicity* and *culture*. Because so many contemporary migrants to the United States and to other Western countries are from non-European backgrounds (Steiner, 2009; C. Suárez-Orozco, Suárez-Orozco, & Todorova, 2008), ethnicity has become an integral aspect of the process of acculturation and migrant reception—where *ethnicity* refers to membership in a group that holds a specific heritage and set of values, beliefs, and customs (Phinney, 1996).¹

Because acculturation refers to cultural change, it is essential to specify how culture is defined. *Culture* refers to shared meanings, understandings, or referents held by a group of people (Shore, 2002; Triandis, 1995). Rudmin (2003) contended that the similarity between the receiving culture and the migrant’s heritage culture can help to determine how much acculturation is needed to adapt to the receiving culture. Culture is sometimes, but not always, synonymous with nations and national boundaries.

An additional factor that must be considered is *language*. Commentators (e.g., Huntington, 2004) and empirical studies (e.g., Barker et al., 2001; Schildkraut, 2005) contend that a shared language is part of the fabric of national identity and that migrants who speak other languages (or cannot speak the language of the country or region in which they are settling) are considered a threat to national unity. Permutations among language, ethnicity, and cultural similarity, among other factors, affect the ease or difficulty associated with the acculturation process. For example, a White, English-speaking Canadian person who moves to the United States will likely have much less acculturating to do than an indigenous migrant from Mexico or Central America. This is due not only to the common language shared by the United States and Canada but also to other cultural similarities (e.g., similar orientations toward individualism over collectivism) and to the ability of White migrants to blend into the American mainstream.

¹Panethnic groups, such as Black, Asian, or Middle Eastern, can serve either as racial or ethnic categories depending on the criteria used to assign group memberships to individuals (i.e., physical or cultural; Phinney, 1996).

Another important nuance that must be considered when studying acculturation is the types of migrants under consideration. Indeed, the acculturation options available to a migrant may vary according to the circumstances surrounding her or his migration (Steiner, 2009). Berry (2006b) enumerated four categories of migrants: voluntary immigrants, refugees, asylum seekers, and sojourners. *Voluntary immigrants* are those individuals who leave their homelands by choice in search of employment, economic opportunities, marriage, or to join family members who have immigrated previously. *Refugees* are those who are involuntarily displaced by war, persecution, or natural disasters and are resettled in a new country, usually by virtue of agreements between international aid agencies and the governments of those countries that have agreed to accept the refugees. *Asylum seekers* are those who, by their own choice, seek sanctuary in a new country because of fear of persecution or violence. *Sojourners* relocate to a new country on a time-limited basis and for a specific purpose, with full intentions to return to their countries of origin after that period of time is over. Examples of sojourners include international students, seasonal workers, and corporate executives who are sent overseas for professional reasons. Migrants who are seen as contributing to the receiving country's economy or culture—such as voluntary immigrants who work as doctors, engineers, or other professionals—may be welcomed with open arms, whereas refugees and asylum seekers, as well as immigrants from lower socioeconomic brackets and those who immigrate illegally, may be viewed as a drain on the receiving country's resources (Steiner, 2009) and may be more likely to face discrimination (Louis, Duck, Terry, Schuller, & Lalonde, 2007). Migrants who are rejected or discriminated against in the receiving society may have more trouble adapting following migration (Portes & Rumbaut, 2001, 2006) and may resist adopting the practices, values, and identifications of the receiving culture (Rumbaut, 2008). Moreover, asylum seekers and refugees are likely to have experienced considerable trauma in their homelands, which may influence their ability to adapt after they have arrived in the receiving country (Akhtar, 1999). Even the children of ethnic minority migrants may not be accepted as full members of the receiving society, which suggests that acculturative stressors and discrimination may remain salient beyond the first generation (C. Suárez-Orozco et al., 2008).

Migration does not occur at random, and the sociology of international migration has much to tell us about the receiving contexts in which migrants find themselves. For voluntary migrants—immigrants and asylum seekers—migration occurs because of the confluence of two general factors: (a) The desire or need to leave the country of origin (the “push”) is stronger than the desire to stay there (the “pull”); Sabates-Wheeler, Sabates, & Castaldo, 2008), and (b) the receiving country is in need of the type and class of labor that the migrants have to offer. For example, in the United States, the need for landscapers and domestic workers has attracted migrants—many of them undocumented—from Mexico and Central America (Hondagneu-Sotelo, 2007; Ramirez & Hondagneu-Sotelo, 2009). Further, the need for specific types of labor, such as computer scientists in Silicon Valley or agricultural workers in the southeastern United States, can play a role in determining which migrants will settle in specific regions of the receiving country. In some cases, countries may actually compete for certain types of migrants, such as doctors, scientists, and engineers, whereas immigrants, asylum seekers, and refugees from low socioeconomic and educational backgrounds may encounter the opposite problem, that is, they may have difficulty finding countries that will accept them (Steiner, 2009).

As we alluded to earlier, the cultural and/or ethnic background of newcomers is another important determinant of how the acculturation process will unfold. For example, a public opinion poll conducted in the United States in the early 2000s (Cornelius, 2002) indicated that native-born Americans regarded Hispanic migrants more negatively than migrants from other ethnic backgrounds and regarded European and Canadian migrants (most of whom are White) the most favorably. Another poll, conducted across a range of Western countries,

also indicated that ethnic minority migrants tend to be regarded less favorably than White migrants (Simon & Lynch, 1999). Not surprisingly, in many countries that receive migrants, those from ethnic minority groups may be more likely than White migrants to experience (or perceive) discrimination and hostility from members of the receiving society (Portes & Rumbaut, 2001). Perhaps not coincidentally, in the United States, despite the rapid population growth among minority groups, Whites have remained economically advantaged compared with other ethnic groups (U.S. Census Bureau, 2001, Table 764, p. 481), and health disparities have persisted between Whites and other ethnic groups regarding a number of health problems, including HIV/AIDS, heart disease, cancer, diabetes, and drug and alcohol abuse (see the Web page of the U.S. Department of Health and Human Services' Office of Minority Health, <http://minority-health.hhs.gov>). When migrants—especially those from ethnic minority groups—experience discrimination, the result is often what Rumbaut (2008) has termed *reactive ethnicity*. Reactive ethnicity refers to holding even more strongly onto one's cultural heritage and resisting adoption of the receiving culture. In other words, from Berry's (1980) perspective, discrimination encourages ethnic minority migrants and their descendants to remain separated from the mainstream receiving culture.

Focus on the United States as a Receiving Society

We should note that most of the examples we use in this article refer to the United States as a context for international migration and acculturation. We adopt this approach for consistency, focus, and clarity, although we do include occasional examples from other receiving countries. Within the acculturation literature, patterns and correlates of acculturative processes tend to be largely consistent across receiving countries (Berry et al., 2006), although some exceptions and discrepancies have emerged (e.g., Jasinskaja-Lahti, Liebkind, Horenczyk, & Schmitz, 2003). As a result, some caution should be taken when generalizing patterns of acculturation observed in the United States to other countries of settlement.

To understand patterns of migration among various ethnic groups in the United States, one must consider the history of immigration in the country. The United States was founded by English-speaking Europeans, and the dominant cultural practices and values in the country (e.g., individualism, interpersonal distance) are largely drawn from Great Britain. Since the founding of the original British colonies, the United States has attracted successive waves of migrants from various parts of the world, starting with the Irish in the mid-18th century and continuing through the Germans and Scandinavians in the late 18th and 19th centuries, the Southern and Eastern Europeans in the late 19th and 20th centuries, and the “new” immigration (consisting largely of Latin Americans and Asians) that started when restrictive immigration quotas were lifted in 1965 (see Portes & Rumbaut, 2001, 2006, and Sterba, 2003, for more comprehensive reviews). In each case, the existing U.S. population was generally less than receptive—and in some cases overtly hostile—to the new cohort of immigrants, which suggests that discrimination against migrants perceived as different from the mainstream population is not a new phenomenon. For example, in the 18th and 19th centuries, Irish immigrants in Boston were marginalized from the largely British-descent population of the city (Galenson, 1997). During his presidency, Theodore Roosevelt directed a number of stern warnings toward German-speaking immigrants and demanded that they learn English (Schildkraut, 2005). During and after World War I, Polish, Italian, and Jewish immigrants were labeled as unassimilable and were subject to widespread discrimination (Sterba, 2003). The children of these waves of immigrants, however, looked and sounded like other Americans—so ethnicity largely tended to disappear after the first generation. However, this pattern has changed in the current wave of immigration, in which the majority of newcomers are from non-European backgrounds (Portes & Rumbaut, 2001, 2006). In the

“new” wave of international migration, ethnicity continues to matter beyond the first generation.

Migrants from non-European backgrounds also must come to terms with their *own* ethnicity after arriving in the United States or other Western countries. Individuals who belonged to the majority ethnic group in their countries of origin—such as those from China, India, and other Asian countries—may suddenly be cast in the role of ethnic minorities. For another example, the label *Hispanic* was invented by the U.S. Census to refer to individuals of Spanish-speaking Latin American descent, and this term is generally not used in Latin America. Indeed, individuals from 21 different countries are grouped under a single label and regarded as a monolithic group by many Americans (M. M. Suárez-Orozco & Pérez, 2002). As a result, new migrants from Latin America are suddenly faced with the task of deciding what it means to be Hispanic.

Theories of ethnic identity (e.g., Phinney & Ong, 2007) and of racial identity (e.g., Helms, 1994) may help to understand how migrants of color are challenged with, and adapt to, their new status as minority group members. Experiences of discrimination introduce the migrant to her or his role as a minority group member and to the reality that her or his ethnic group is regarded as unwanted, inferior, or unfairly stereotyped in the receiving society. Migrants of color therefore face the task of integrating themselves into a society that may never fully accept them (or their children).

Rethinking the “One Size Fits All” Assumption: To Whom Does Acculturation Apply?

Beyond ethnicity and cultural similarity, other factors may also determine which subgroups of migrants may face different types (and degrees) of acculturative challenges (Zane & Mak, 2003). Although there are countless permutations of factors that affect the degree of acculturative change that a migrant may face or experience, we can highlight several general patterns here.

First, individuals who migrate as young children are more likely to acquire receiving-culture practices, values, and identifications easily and fluidly than those who migrate at older ages. Portes and Rumbaut (2001) referred to migrants who arrive as young children as the “1.5 generation” and noted that these individuals are, in many ways, more similar to second-generation migrants (i.e., individuals born in the receiving country and raised by foreign-born parents) than to those who migrate as adolescents or as adults. Whereas individuals who migrate as adolescents or adults likely have vivid memories of life prior to migration, this may not be the case for those who migrated as young children (Portes & Rumbaut, 2006). Second, individuals who migrate as adults—and especially those who arrive as older adults—may experience the most difficulty (or unwillingness) in adopting the practices, values, and identifications of the receiving society (Schwartz, Pantin, Sullivan, Prado, & Szapocznik, 2006). Recent migrants (and those who arrived as adults) likely have had the most direct contact with their countries of origin—which may shape the ways in which they approach their interactions with the receiving culture and with other heritage-culture individuals. Their recognizable foreign accents, or inability to speak the receiving country’s language, identify them as migrants—and this may invite discrimination and scorn from native-born individuals (Yoo, Gee, & Takeuchi, 2009). The unwillingness or inability of some migrants to learn the language of the receiving country or region may be viewed as disrespectful in the eyes of many receiving-society members (e.g., the “English Only” movement in the United States; Barker et al., 2001). In some cases, such discrimination may be associated with chronic health problems, such as heart disease, high blood pressure, and stroke (Williams & Mohammed, 2009).

Third, acculturation is an issue for some, but not all, second-generation migrants. By definition, second-generation migrants are born in the country of settlement, and at least some of the problems and issues related to migration—such as premigration trauma, being undocumented, and not knowing the receiving country’s language—likely do not apply (Portes & Rumbaut, 2001). Moreover, ethnic identity and other aspects of acculturation may be optional for second-generation (and 1.5 generation) individuals who can “pass as White” (Devos & Banaji, 2005)—even if they were raised by Canadian, Italian, or Polish parents. Some individuals from other ethnic backgrounds may also fall into this category if they are light-skinned or if their ethnicity is difficult to pinpoint. However, for visible-minority individuals, acculturation issues may continue to be important beyond even the second generation. For example, some Hispanic or Asian Americans may be asked, “Where are you from?” or complimented on their English fluency even though they were born in the United States and may speak English as a first language—and these statements can be perceived as discriminatory (Lee, 2005). Visible-minority individuals may therefore be compelled to consider what their ethnicity means to them (Phinney, 1996).

Fourth, acculturation may be important for later-generation immigrants who reside in ethnic enclaves—areas where the vast majority of residents are from the same ethnic group. Examples include Miami, the South Bronx, East Los Angeles, and the Chinatown neighborhoods in various U.S. cities. In some of these enclaves, the heritage culture is preserved such that migrants—especially those who arrive as adults and have not attended formal schooling in the society of settlement—can function in their day-to-day lives without interacting with, or acquiring the practices, values, or identifications of, the receiving society (Schwartz, Pantin, et al., 2006). The presence of a large and influential heritage-culture community may also encourage young people to retain the heritage language, values, and identity at least into the second generation, if not beyond (Stepick, Grenier, Castro, & Dunn, 2003). So, indeed, acculturation—especially heritage-culture retention—may unfold differently in ethnic enclaves than in other types of contexts.

Rethinking Acculturation and Health: The Immigrant Paradox

Many studies on acculturation include some form of mental or physical health outcome, such as self-esteem, distress, drug and alcohol use, and chronic diseases. However, despite clear empirical evidence favoring bidimensional approaches to acculturation over unidimensional approaches (e.g., Phinney, 2003; Ryder, Alden, & Paulhus, 2000), many of the studies associating acculturation with health outcomes continue to utilize unidimensional models. Many large epidemiological studies, for example, used unidimensional markers of acculturation, such as nativity (Corral & Landrine, 2008), years spent in the United States (Alegría et al., 2007), and language use (Allen et al., 2008; Caetano, Ramisetty-Mikler, Wallisch, McGrath, & Spence, 2008). Many of those health studies that used validated measures of acculturation utilized unidimensional measures (e.g., Unger et al., 2004). Most of these studies reported that “greater” degrees of acculturation were associated with problematic health outcomes—a phenomenon known as the *immigrant paradox* (Alegría et al., 2008). For example, Hispanics born in the United States, or who have spent a considerable amount of time in the United States, are more likely to be diagnosed with psychiatric disorders than are Hispanics born abroad or who arrived more recently (Alegría et al., 2007, 2008). Hispanic adolescents who speak mostly Spanish, associate primarily with Spanish speakers, and engage in Hispanic cultural practices are less likely to use drugs and alcohol (Allen et al., 2008), more likely to be physically active (Corral & Landrine, 2008), less likely to consume fast food (Unger et al., 2004), and more likely to adhere to prescribed health regimens (e.g., in the case of individuals with diabetes; Mainous, Diaz, & Geesey, 2008) than their more acculturated peers. The message, more or less, is that acculturation may be hazardous to one’s health.

Because of their reliance on unidimensional conceptions of acculturation, most studies on acculturation and health outcomes are limited in that it is not clear whether the immigrant paradox is due to immigrants' acquisition of receiving-culture practices, loss of heritage-culture practices, or both. When overlain onto Berry's bidimensional acculturation categories model, the endpoints of the unidimensional model of acculturation represent separation and assimilation. Comparing assimilation and separation implies comparing categories that differ both on receiving-culture acquisition and on heritage-culture retention. As a result, it is not clear which dimension is responsible for the increase in risk for health-compromising behavior and whether the practical implication is that immigrants and their children should (a) be discouraged from acquiring the practices of their new homelands, (b) be encouraged to preserve practices and social ties from their countries of origin, or (c) both.

Studies using smaller, convenience-based samples and psychosocial or mental health outcomes may be more likely than large epidemiological studies to utilize bidimensional conceptualizations of acculturation (e.g., Chen et al., 2008; David et al., 2009; Sullivan et al., 2007). For example, Wang, Schwartz, and Zamboanga (in press) found that among a sample of Cuban American college students, Hispanic and American cultural practices were both linked with more favorable outcomes (e.g., higher self-esteem, lower depression and anxiety). Results of such studies generally suggest biculturalism as the most adaptive approach to acculturation. Given that biculturalism is not acknowledged within unidimensional views of acculturation (Phinney, 2003), it would be advisable for research—both social science and epidemiological—to utilize acculturation models and measures consistent with the most up-to-date research in cultural psychology. Following this recommendation may help researchers more clearly ascertain the associations between acculturation and health outcomes—and therefore better understand the immigrant paradox. It may also be helpful to consider acculturation as a multidimensional construct, as we discuss in the next section.

Rethinking the Multidimensionality of Acculturation: Practices, Values, and Identifications

Acculturation is multidimensional not only in terms of the independence of heritage-culture and receiving-culture orientations but also with respect to the components that are assumed to change (e.g., Berry et al., 2006). There are separate literatures on cultural practices (language use, media preferences, social affiliations, and cultural customs and traditions), cultural values (belief systems associated with a specific context or group, such as the value placed on the individual person versus the value placed on the family or other group), and cultural identifications (attachments to cultural groups, and the positive esteem drawn from these attachments). Given that cultural practices, values, and identifications are both conceptually (Chirkov, 2009; Rudmin, 2009) and empirically (Schwartz, Zamboanga, Rodriguez, & Wang, 2007) related, an expanded perspective on acculturation might be derived by integrating the literatures on these three constructs. Although some specific research questions may require the use of only one acculturation domain (e.g., studying language use patterns; Kang, 2006), we argue that, in these cases, what is being studied is only part of the whole. In these cases, the construct should be labeled appropriately—such as “behavioral acculturation,” “value acculturation,” or “identity-based acculturation.”

The vast majority of studies in the acculturation literature have focused on behavioral acculturation. Indeed, most widely used acculturation measures include primarily (or only) items assessing language use and other cultural practices (e.g., Cuellar et al., 1995; Stephenson, 2000; Szapocznik et al., 1980). However, cultural practices may provide only a fair proxy for cultural adaptation. For example, Portes and Rumbaut (2001) reported that many Asian American adolescents in their sample were not proficient in (or otherwise did

not use) their families' native languages, even though they still identified strongly with their countries of familial origin and retained many of their heritage values. Schwartz, Zamboanga, and Jarvis (2007) found that many Hispanic adolescents who spoke little or no Spanish nonetheless strongly endorsed items assessing Hispanic ethnic identity. Similarly, Unger, Ritt-Olson, Wagner, Soto, and Baezconde-Garbanati (2007) found that language use explained less than 20% of variability in behavioral and value-based indices of acculturation. So measuring only language use and other cultural practices may provide a misleading picture of acculturation.

Cultural Identifications

A largely separate literature has developed around *ethnic identity* (see Phinney & Ong, 2007, for a recent review). As conceptualized by Phinney (1990), ethnic identity refers to the extent to which the person (a) has explored what her or his ethnic group means to her or him (*exploration*) and (b) values and feels attached to her/his ethnic group (*affirmation*). Umaña-Taylor, Yazedjian, and Bámaca-Gómez (2004) added an additional component, *resolution*—having decided what one's ethnic group means following a period of exploration.

Ethnic identity has been associated largely with positive psychosocial outcomes, such as self-esteem (Umaña-Taylor, Gonzales-Backen, & Guimond, 2009) and subjective well-being (Rivas-Drake, Hughes, & Way, 2009) among ethnic minority adolescents. Ethnic identity may also be protective against delinquency (Bruce & Waelde, 2008), drug and alcohol use (Marsiglia, Kulis, Hecht, & Sills, 2004), and sexual risk taking (Beadnell et al., 2003). A smaller number of studies have found ethnic identity to be associated with *increased* risk for drug and alcohol use, unsafe sexual behavior, and other negative outcomes (e.g., Raffaelli, Zamboanga, & Carlo, 2005; Zamboanga, Raffaelli, & Horton, 2006)—a finding that has been difficult to explain.

However, far less work has been done on American identity—the “bicultural-model” counterpart to ethnic identity. *American identity* refers to the extent to which the person feels attached and committed to the United States and its history and traditions (Schildkraut, 2007). It should be recognized that, similar to ethnic identity, this construct is inherently subjective and will carry different meanings for different individuals. For example, research has found that, for some individuals, American identity may refer to physical characteristics such as being blond-haired and blue-eyed, whereas for others, it may refer to abstract and ideological characteristics such as freedom and bravery (L. Rodriguez, Schwartz, & Whitbourne, 2010).

Phinney, Cantu, and Kurtz (1997), using a single-item index of American identity, found that American identity was associated with self-esteem only for non-Hispanic Whites, but not for African Americans or Hispanics. Kiang, Yip, and Fuligni (2008) found that among a multi-ethnic sample of young adults, American identity was modestly related to self-esteem but was not significantly related to either positive or negative affect. In both of these studies, ethnic identity and American identity were positively interrelated, suggesting a type of biculturalism.

More research is needed, however, concerning the relationship of American identity (or other receiving-culture identities—such as Canadian, Australian, etc.) to health outcomes. Ethnic identity appears to be protective in most (but not all) cases, but we do not yet understand the functions of receiving-culture identity vis-à-vis mental and physical health outcomes. One finding that has been replicated a number of times, however, in the United States is that self-identification as American is markedly higher in non-Hispanic Whites than in ethnic minority groups (e.g., Devos & Banaji, 2005; Tsai, Mortensen, Wong, & Hess, 2002). Indeed, many White Americans do not view themselves as members of an ethnic

group (L. Rodriguez et al., 2010; Schildkraut, 2007). It is possible, however, that Whites who reside in or near ethnic enclaves, or who otherwise associate with many minority group members, may be more likely to be conscious of their own ethnicity. The role of national, ethnic, and local contexts on acculturation processes and their relationships to psychosocial and health outcomes cannot be ignored—and we revisit the issue of context later in this article.

Cultural Values

Cultural values are also assumed to change as a result of acculturation (Schwartz, Montgomery, & Briones, 2006). These values include those that generalize across ethnic groups—such as individualism and collectivism (and similar constructs such as self-construal; Singelis, 1994)—as well as collectivist-type values thought to apply largely to specific ethnic groups. Such group-specific values include communalism in some African-descent contexts (Boykin, Jagers, Ellison, & Albury, 1997); familism, *machismo*, *marianismo*, *respeto*, and *simpatía* in many Hispanic contexts (Galanti, 2003); and filial piety, conformity, family recognition, emotional self-control, and humility in many Asian contexts (Park & Kim, 2008).

The effects of cultural values on health outcomes have received some empirical attention. Le and Kato (2006) found that among Asian Americans, individualism served as a risk factor for unprotected sex. Nasim, Corona, Belgrave, Utsey, and Fallah (2007) found that among African Americans, collectivist attitudes toward the family were protective against marijuana use. Oetzel, De Vargas, Ginossar, and Sanchez (2007) found that in adult Hispanic women, interdependent self-construal was associated with seeking breast health information. In an analysis of 64 countries on six continents, Johnson (2007) found that national-level individualism ratings (provided by Hofstede, 2001) were significantly and positively associated with per capita alcohol and drug use among adolescents and adults. Rudmin, Ferrada-Noli, and Skolbekken (2003) found a similar positive association between national-level individualism ratings and suicide rates among 33 European, North American, South American, and Asian countries. So it appears that individualistic attitudes and values may place the person at risk for health-compromising behaviors, whereas collectivist attitudes and values may be protective.

An Integrative Perspective

Some researchers (e.g., Chirkov, 2009) have proposed that cultural practices, identifications, and values can all be grouped under the heading of “what changes during the process of acculturation.” Indeed, although it has been clear that *something* is assumed to change as immigrants and their children adapt to life in the receiving cultural context (or straddle both their heritage and receiving cultures), exactly what that something is has been difficult to pin down. We contend that at least among voluntary immigrants, asylum seekers, and refugees, acculturation represents changes in cultural identity (Schwartz, Montgomery, & Briones, 2006), where *cultural identity* represents one’s cultural practices, values, and identifications. Moreover, if acculturation comprises distinct components—both in terms of heritage and receiving cultural dimensions and in terms of practices, values, and identifications—acculturation is likely not a singular process that occurs at a single pace. To say that a person is, or is not, “acculturated” is likely an oversimplification of a complex phenomenon. One would have to specify what one means by “acculturated” and to identify the dimensions in which this acculturation has, or has not, occurred.

Given the literature and arguments reviewed above, we propose six components of acculturation—including the practices, values, and identifications of the heritage culture as well as those of the receiving culture (see Figure 1). These processes may all change at

different rates, and for some migrants, some of these processes may not change at all. Changes in one dimension of acculturation may not mean that other dimensions are changing at the same rate or in the same direction, and the fact that one dimension is changing does not guarantee that others will change as well. For example, Hispanic and Asian migrants arriving in largely monocultural areas, such as the American Midwest, may have little choice but to learn English and to associate with White Americans. At the same time, however, they may not identify with, or hold the values of, their receiving community. Conversely, research suggests that—in terms of cultural practices—young people immigrating to ethnic enclaves are likely to be bicultural and adults immigrating to ethnic enclaves are likely not to acquire the practices of the receiving country (Schwartz, Pantin, et al., 2006). However, are there changes in cultural values or identifications, even in ethnic enclaves, that are not captured by measures of cultural practices? More research is clearly needed to delineate the ways in which heritage-culture and receiving-culture practices, values, and identifications are interrelated and change in similar or different ways—as well as the ways in which these patterns differ on the basis of characteristics of the migrants themselves, the context in which they have settled, and the extent of discrimination and other stressors that they have experienced.

Moving toward a more complex approach also raises the question of how to study the effects of acculturation on health outcomes. Which dimension of acculturation should be studied, and how should it be measured? Is acculturation best operationalized at a single point in time or as a longitudinal trajectory of cultural adaptation? These issues may introduce some theoretical and methodological complexity not present in simpler views of acculturation, but this complexity is likely necessary to capture the construct of acculturation accurately and to understand more precisely which aspects of acculturation may be linked to mental and physical health outcomes.

Given that cultural practices, values, and identifications tend to be at least modestly interrelated (e.g., Berry et al., 2006; Raffaelli et al., 2005; Schwartz, Zamboanga, & Jarvis, 2007; Zamboanga et al., 2006), we propose acculturation as simultaneously (a) a larger, higher order process *and* (b) a set of related but somewhat independent dimensions. For example, within the United States, receiving-culture acquisition may refer to an overall tendency to (a) speak English, eat American foods, associate with Americanized friends and romantic partners, and read American newspapers, magazines, and websites; (b) attend to one's own needs and strive to achieve and to compete with others; and (c) feel an attachment to and solidarity with the United States. At the same time, some migrants who speak English well and who associate with Americanized friends may not value competition and independence or may not think of themselves as American. Focusing exclusively on cultural practices, as much of the acculturation literature has done, overlooks much of this complexity. It may therefore be necessary to focus on the higher order construct of receiving-culture acquisition as well as on the individual dimensions of this higher order construct—practices, values, and identifications—when studying the associations of acculturation with health outcomes. Such an approach would allow us to examine the extent to which cultural identity, as a higher order construct, is associated with psychosocial and health outcomes—as well as the extent to which cultural practices, values, and identifications are uniquely associated with such outcomes. For example, Tseng (2004) found that attitudes and behaviors regarding family interdependence had opposing effects on academic outcomes in college students from immigrant families. Self-endorsed *attitudes* regarding obligations to family were positively related to academic motivation, but *behaviors* initiated in response to perceived family demands were negatively related to academic performance. This suggests, again, that the multidimensionality of acculturation needs to be incorporated explicitly into acculturation theory and research. The

multidimensionality of acculturation is simultaneously a theoretical, empirical, and applied concern.

Rethinking Integration: Multidimensional Biculturalism

Our expanded conceptualization of acculturation carries important implications for the study of biculturalism. Integration, as conceptualized by Berry (1980) to refer to endorsing both the heritage and receiving cultures, refers primarily to cultural practices (Berry et al., 2006). However, given our multidimensional conceptualization of acculturation, it is possible that biculturalism can manifest in terms of practices, values, and/or identifications. For example, a Latin American migrant 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 both with the United States and with her or his country of origin.

In keeping with our focus on context, biculturalism might be most common (and perhaps adaptive) in communities characterized by *ethnogenesis* (Flannery, Reise, & Yu, 2001)—that is, where both the heritage and receiving cultural streams are prominently endorsed (Schwartz & Zamboanga, 2008). Drawing on recent research in cultural psychology, we posit that biculturalism may take one of two forms. Some bicultural individuals prefer to keep their heritage and receiving cultural streams separate, often because they perceive conflict and incompatibility between these cultural streams (Chen et al., 2008). Other bicultural individuals prefer to synthesize their heritage and receiving cultural streams into a single combined culture. In this way, biculturalism may—for some individuals—represent more than simply endorsing both the heritage and receiving cultural streams. Biculturalism may involve combining and synthesizing aspects of the two cultures into a unique blend (Benet-Martínez & Haritatos, 2005). For example, some Cuban Americans in Miami celebrate the Thanksgiving holiday with a combination of traditional Thanksgiving food and Cuban cuisine (Cuevas De Caissie, 2005). Some cultural identifications, such as Chicano or “Niyorican,” represent combinations of heritage and American identities and are not generally found in the countries of origin (Mexico and Puerto Rico, in this case).

Benet-Martínez and colleagues found that “blended” bicultural individuals tended to report higher self-esteem and lower psychological distress than those who kept their heritage and receiving cultural streams separate (Chen et al., 2008). The blended type of biculturalism also may be associated with lower levels of acculturation-related stress (Schwartz & Zamboanga, 2008) because the consistent availability of both cultural streams within the person’s daily repertoire increases the ease of activating the correct cultural schema in any given situation. What is not known, however, is whether blended biculturalism is facilitative of other health outcomes as well. Might a blended bicultural approach help to resolve the immigrant paradox? That is, might preserving the heritage culture by integrating it with the receiving culture be associated with the most favorable mental and physical health profiles? Is it possible that with ethnicity held constant, the ability to display the most adaptive cultural repertoire in any given situation might result in lower levels of perceived discrimination than found with other acculturation approaches? Might a blended-bicultural approach help to counter some of the discrimination associated with being a minority group member, and is it the most adaptive approach across the various types of migrants? On the basis of the extant research on biculturalism, we hypothesize that the answers to these questions will be yes, but empirical research is needed.

Rethinking Context: Context of Reception and Its Effects on Acculturation

Another issue that requires examination is the extent to which patterns of acculturation, and their association with psychosocial and health outcomes, differ across migrant groups and

receiving societies. There is evidence, for example, that the attitudes of receiving-society members toward migrants—and receiving-society members' expectations of how immigrants should acculturate—interact with migrants' own acculturation patterns to determine the extent to which migrants are received favorably or unfavorably (Berry, 2006c; Rohmann et al., 2008). Receiving-society members may also have different attitudes toward migrants from different ethnic groups, migrants from different socioeconomic brackets, and migrants who migrated for different reasons, as reviewed earlier in this article. For example, a White business executive with a French or Italian accent may be regarded more favorably than a dark-skinned Mexican farm worker with a Spanish accent.

Sociologists and anthropologists have referred to this dynamic as *context of reception* (e.g., Portes & Rumbaut, 2006; Stepick et al., 2003). Along with perceptions of discrimination, perceptions of an unfavorable context of reception are hypothesized as being among the major sources of stress in the lives of immigrants (Segal & Mayadas, 2005). What is not known, however, are the effects that context of reception (actual or perceived) exerts on immigrants' psychosocial and health outcomes. As noted earlier, there is evidence that perceptions of discrimination are likely to negatively impact physical and mental health (Finch & Vega, 2003; Williams & Mohammed, 2009)—as well as to interfere with receiving-culture acquisition (Rumbaut, 2008)—among migrants. However, social-psychological research on mismatch between immigrant and receiving society and on receptivity toward migrants remains disconnected from clinical and epidemiological research on acculturation and migrant health. Integrative work involving social and cultural psychologists, health psychologists, and epidemiologists is needed to more fully explore the links among the dynamics of international migration and acculturation, psychosocial and health outcomes in migrants, and match and mismatch between the acculturating group and the receiving society. It might be hypothesized, for example, that migrants from ethnic, religious, or national groups perceived as unwanted would experience more discrimination than would those whose groups were not perceived in this way—but that match or mismatch between a given migrant's practices, values, and identifications and those that the local and national communities find most desirable in newcomers would either modulate or increase the extent of discrimination that that migrant would experience or perceive.

As specified within the sociological and anthropological literatures (e.g., Portes & Rumbaut, 2006; Stepick et al., 2003), an unfavorable context of reception includes not only discrimination and lack of access to jobs and other social resources but also being marginalized to poor and unsafe neighborhoods. For both social and economic reasons, some ethnic minority migrants—such as Mexicans, Central Americans, and Indochinese—are especially likely to settle in these types of areas (Portes & Rumbaut, 2006). Further, compared with voluntary immigrants, asylum seekers and refugees often tend to come from low socio-economic class backgrounds and are less likely to have existing support systems (e.g., family and friends who have already established themselves) in the country of settlement (Akhtar, 1999; Steiner, 2009). These conditions may increase stress and difficulties associated with acculturation (C. Suárez-Orozco et al., 2008).

Most broadly, the effects of context of reception on acculturation might be considered in much the same way that context affects many other social and developmental processes (e.g., Bronfenbrenner, 1979). That is, both distal and immediate contexts (in this case both national and local contexts of reception) help to elicit specific responses from migrants and migrant groups, and there is a certain goodness (or pooriness) of fit (cf. Windle & Lerner, 1986) between the individual and the context in which she or he is embedded. This proposition is consistent with social-psychological research demonstrating that the match—or lack thereof—between migrants' acculturation orientations (e.g., separated, assimilated, bicultural) and the expectations of receiving-society individuals serves as a contributing

factor to the extent of discrimination, stress, and hostility that migrants will experience as they acculturate (e.g., Rohmann et al., 2008). This goodness-of-fit principle serves as an indicator for perceived context of reception.

An unfavorable context of reception may result in what has been termed *acculturative stress*. Acculturative stress refers to adverse effects of acculturation such as anxiety, depression, and other forms of mental and physical maladaptation (see Berry, 2006a, and Rudmin, 2009, for reviews). A multidimensional perspective on acculturative stress (cf. N. Rodriguez, Myers, Mira, Flores, & Garcia-Hernandez, 2002) holds that such stressors can come from perceptions that either (a) receiving-culture individuals may scorn the person for not being sufficiently oriented toward the receiving culture and/or (b) the heritage-culture community may be displeased with the person for abandoning the heritage culture. One possible way to resolve the issue of acculturative stress is to become bicultural—that is, to endorse both the heritage and receiving cultural streams (Schwartz & Zamboanga, 2008). Indeed, Schwartz and Zamboanga (2008) found that among Hispanic young adults in Miami, which is a highly bicultural context, those who were categorized as blended-bicultural reported the lowest amounts of both types of acculturative stress. In some receiving-culture contexts, acculturative stressors and discrimination might be experienced as a result of the migrant's ethnicity, type (refugee or asylum seeker vs. voluntary immigrant), or country or region of origin. Again, it is not known whether a blended-bicultural approach would reduce these negative experiences and perceptions.

It is also worth noting that different locales within a given country can have vastly different contexts of reception, and these different contexts may present different types of supports and stressors. Large gateway cities such as New York, Los Angeles, San Francisco, Toronto, Sydney, London, Paris, and Amsterdam have long histories of receiving migrants, and indeed migrants comprise sizable shares of the populations of these cities. In some cases, these co-ethnic communities may represent sources of support. At the same time, the presence of a large heritage-culture community may create acculturative stressors, whereby the migrant is discouraged from adopting too much of the receiving society's cultural streams (N. Rodriguez et al., 2002; Schwartz, Montgomery, & Briones, 2006). On the other hand, more rural or monocultural areas may be more heavily "American," and there may be stronger pressures to adopt heritage-culture practices (but not necessarily values and identifications).

It is also important to note that contexts of reception change over time. Although Jewish and Italian influences are prominent and widely celebrated in New York, for example, this was not always the case. Indeed, during the late 19th and early 20th centuries, many Italian and Jewish immigrants in New York (and elsewhere) were labeled as unassimilable and experienced widespread discrimination (Sterba, 2003). More recently, Puerto Ricans migrating to New York in the 1950s and 1960s were met with harsh discrimination, but the city has since become considerably friendlier toward Hispanic immigrants (Block, 2009). However, global events can also influence local contexts of reception. Middle Eastern migrants in the United States and Europe, for example, have experienced more discrimination since the September 11, 2001 attacks than they experienced previously (Brüß, 2008; Critelli, 2008).

Given that context of reception shapes the acculturation process, it is important to examine ways in which context of reception influences and interacts with acculturation to predict psychosocial and health outcomes in immigrants and their immediate descendants. Like discrimination, context of reception is both objective and subjective—but subjective experiences are more closely linked with psychosocial and health outcomes (Finch & Vega, 2003; Williams & Mohammed, 2009). Valid measures of context of reception—both actual

and perceived— need to be developed. Studies are also needed to assess the agreement between migrants' perceptions of the context of reception and the perceptions of people in the receiving society. Migrants may perceive discriminatory acts that go unnoticed by members of the majority culture—and migrants may also perceive typical receiving-society behaviors (such as unfriendliness toward neighbors) as discriminatory.

Context of reception also includes support that migrants receive from members of the local community. Migrants may often be best able to integrate themselves into the receiving society when they receive help, encouragement, and tangible support resources (Akhtar & Choi, 2004). For example, immigrant and refugee children and adolescents (as well as children and adolescents from asylum-seeker families) may perform most successfully in school when they receive tutoring, mentorship, respect, and concern from adults outside their families (e.g., teachers and guidance counselors; Green, Rhodes, Hirsch, Suárez-Orozco, & Camic, 2008). Such support may help to counter the negative effects of discrimination and of feeling unwanted in the larger society (C. Suárez-Orozco et al., 2008).

Conclusion

In conclusion, our goal in this article has been to propose an extension and expansion of the acculturation construct while also raising a number of questions and critical issues that need to be addressed for this literature to fulfill its potential. The associations of acculturation with important health and psychosocial outcomes, which represent some of the practical and policy value of acculturation theory and research, also warrant closer study. We hope that the issues we have raised here can help to open a line of research on our expanded construct of acculturation and its effects on important outcomes in the lives of migrants.

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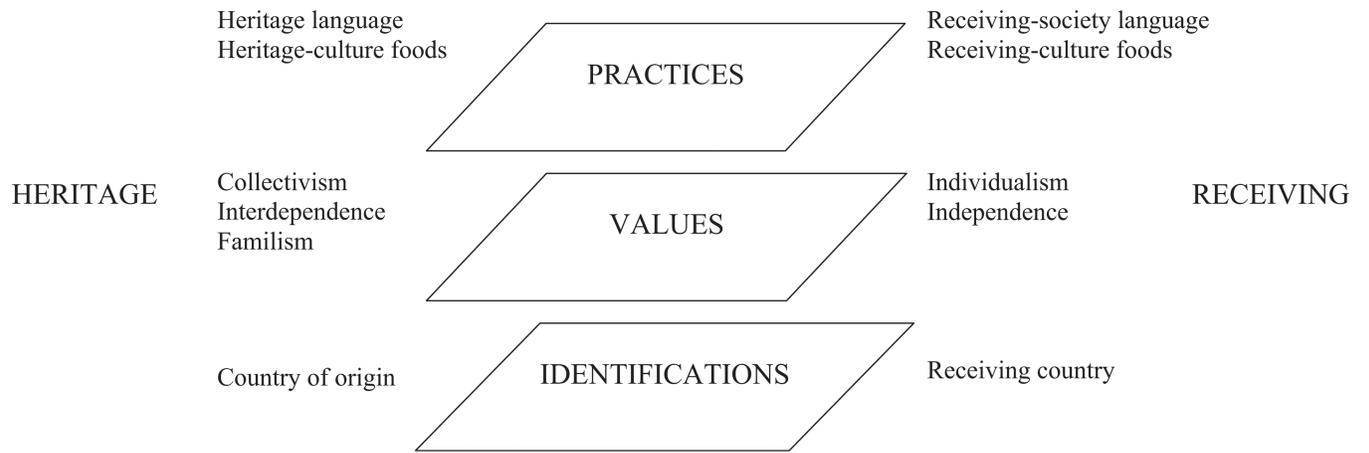


Figure 1.
Multidimensionality of Acculturation