The Role of Acculturation in the Mental Health of Hispanics

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Introduction

Acculturation is a term of fluid use in a variety of social sciences, historical and even philosophical topics [1, 2]. Although preferentially incorporated in the literature related to migration phenomena and their resulting changes, adjustments and adaptations across time, location and context [3, 4], it is also the subject of journalistic inquiries, methodological documents, social policies, political debates, and even fiction masterpieces. From a predominantly psychiatric perspective, acculturation occupies significant spaces in diagnostic and therapeutic areas: it plays a pathogenic role as a precipitating factor of a number of clinical conditions [5], and can be the source of therapy-oriented approaches for a variety of emotional disorders in members of different ethnic or cultural groups.

In spite of its very long history as a unique process of human interactions, the systematic and consistent study of acculturation may have started only in the first decades of the twentieth century when social scientists fixed their research interests in the complex process of world migrations and their many modalities, causal factors, evolvement, and outcomes. Culture, traditionally defined as a repository of experiences, traditions, habits, religion, values, and identities of human groups or communities [6, 7], entails also as a dynamic process, a changeable scenario resulting from the growing interactions between migrant groups and host collectivities [8]. Such unavoidable interactions take place in a variety of circumstances, dressed up by a variety of emotions: curiosity, predisposing aversion, hatred, fear, resignation, wish to help or compassion, among the members of the host society; and expectations, hope, illusions, uncertainty, fear, defensiveness, or anxiety in the migrant population. The concept, practice, and study of acculturation, thus

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generated, defined it as the uniquely contextualized process of experiential exchanges between the two protagonist groups of the migratory encounter, the resulting set of habits, beliefs, customs and everyday life practices in migrants and hosts [9].

There are many approaches to the study of the acculturative phenomena, depending on a variety of methodologies and perspectives covering different magnitudes of change [4, 5, 10]. The first criterion entails a causal approach, i.e., the reasons compelling people to take the route of migration: Was it voluntary or forced? If the former, be that determined by economic, occupational, deliberate factors and more or less planned organization, an open, amenable disposition to face the acculturative process and its specific experiences can be expected. If forced by social, financial, political reasons, or even by natural disasters, migration can become a profoundly traumatic event with refugee or displaced crowds unwillingly compelled to abandon familiar places and enter into unknown, even hostile scenarios [11, 12]: acculturation would then be an unexpected, imposed, multiplied traumatic process. An additional component has to do with whether the migration is internal (i.e., within a known territory such as the same country or region) or external, implying the crossing of international borders and the confrontation with more complex, testing, and demanding circumstances.

Among the many types or cases of migratory phenomena across world regions or continents, the movement of millions of Hispanic or Latin American *(Latino)* groups towards North America (mostly the United States) has a number of unique characteristics [13]. To cite a few of them, it can be said that most of the migrants come from Central American countries and Mexico, most are of modest socioeconomic population segments, take on the route pushed by labor and work needs, and use either plain walking or crowded transportation means (i.e., buses, trucks, or trains) for their displacement to the Mexico–US border. At that point, they start probably the most complicated phase of the process, choosing either an uncertain chain of bureaucratic procedures, or the desperate and costly illegal entry led by demanding, abusive, unscrupulous "guides," properly called *coyotes* [14]. These immigrants are mostly adult males, but thousands of women, adolescents, children, and even senior people also make this dramatic journey.

This chapter will briefly examine different aspects of the acculturation of Hispanic immigrants in the USA, described both as a socio-cultural process and as a specific human experience [10, 15, 16]. It will mostly focus on the health (physical and, mostly, mental or emotional) implications of acculturation, centering on the acculturative stress as both a critical component of the adaptational process, and a clinical condition, eventually recognized by classification manuals and other diagnostic resources. It will finish outlining management steps when necessary, and elaborating didactic conclusions and recommendations related to the various perspectives on the topic.

The Process and the Experience of Acculturation

Individual and collective changes induced by acculturation have been systematically studied through a variety of models and across several domains. The process generates changes in attitudes, behaviors, values, and cultural identity. Many authors

mention acculturative motivations, availability of resources, and modeling factors as varied as personality dispositions, vocational interests, food preferences, peer relations, and media usage patterns [17–19]. In turn, these acculturation models vary in function of uni- or pluri-dimensional modeling factors. Perhaps the most consistently accepted approach to the study of this issue is Berry's orthogonal, two-factor model of acculturation [20, 21] determined by the ethnic-heritage, and the dominant-culture mainstream dimensions whose dynamic, reciprocal interactions produce four distinctive, grade-based acculturative states: integration, assimilation, separation, and marginalization. Like in many other fields of scientific inquiry, this approach is not unanimously accepted, as purely socio-demographic and socio-economic factors seem to play a larger role than acculturation itself on the mental health implications of migration [22]. Furthermore, moderating factors such as cultural intelligence and perceived diversity climate of the host entities seem to be powerful pivots of a positive international acculturation [23].

The main components of acculturation as a *process* are, of course, the protagonists of the encounter: members of the migrant group and the host community or society. As important as they are, however, a crucial component is the set of circumstances that resulted in the migration itself, that is, a series of factors that evolve, silently or noisily, as triggers of a more or less predictable type of reception. For instance, if the migration was related to political situations (civil wars, dictatorships, persecutions, formal or violent exile, etc.), the reaction of the host society may include either sympathy, compassion and open support or rejection, distrust or different levels of uncertainty [19, 24, 25]. On the other hand, if migration responds to economic needs, joblessness in the country or region of origin, or pervasive levels of poverty and subsequent violence, the migrants will do it out of desperation but still embracing levels of hope, while the hosts may feel this as an opportunity of increasing its workforce at a relatively low cost, or as an inappropriate attempt to take over existing jobs [26, 27]. Whether the migration process takes place within or outside legal frames of reference, adds an important conditioning factor to the process.

The setting in which acculturation occurs is also a critical component. It has to do with the part of the host community where the immigrant arrives or decides to settle down. Massive migrations like that of Hispanics into the United States, usually lead to more or less deprived urban or peripheral areas in large cities [28] to the point that they seem unable to establish direct contact with members of the host communities: however, the fact is that the acculturation process starts almost immediately, regardless of whether the protagonists are or are not aware of its occurrence [29, 30]. Even though living in areas with high concentration of Latinos seems to make acculturation advance more slowly [28, 31], newly arrived immigrants are constantly reminded of the fact that they are in a different milieu, facing a different reality, subjected to new rules that they may, at first, attempt to deny or minimize, compelled to familiarize themselves with sets of psychosocial boundaries (i.e., language, food or communication styles, gender relationships, family life, authority principles, educational and religious practices, etc.) that in the end will generate a different behavioral repertoire [32, 33]. Acculturation as a process, however, may be more a portrait, an academic description, even an animated narrative.

As an *experience*, on the other hand, acculturation is, in many cases, an agitated, dynamic, at times chaotic succession of events, a personal story of intense learning and confronting circumstances and situations whose outcome remains uncertain for long periods. The constantly changing contexts (neighborhood, school, workplaces, churches, streets, transportation) challenge the adaptive capacities of migrant individuals and groups in a sequence that may be extremely disorganizing [17–19, 26, 28, 34, 35]. The environment into which the immigrant has arrived makes him/her aware of his otherness [36, 37], of his precarious standing of anonymity that, paradoxically, is not going to make him/her less visible, quite the contrary. And the problem becomes even more complicated because the immigrant is not or, many times, does not want to be aware of this collective ambiguity.

Acculturation is, therefore, a process that defies polite academic descriptions because it is constituted by intense experiences and variations. The most sophisticated research describes different outcomes, mostly qualified by the degree in which the newcomer adopts, absorbs, tolerates or rejects the social and cultural rules of the host society, against the background of individual personality, mood, cognitive, and other psychobiological traits [30, 31, 38–40]. Many authors consider the extremes of this process (i.e., total, almost unconditional acceptance vs. total, almost absolute rejection) as undesirable. The former, because it may reflect total subjugation or subordination to the "new" norms and the forging of a new form of renegade renouncing to history and legacies; the latter, because it would show unwillingness to reasonable adaptations, an unrealistic denial of the practicality of changing to advance without abandoning the telluric essences of one's own self.

Acculturation in Hispanic Communities

Perhaps more than any other ethno-cultural group among migrant communities, Hispanics (or *Latinx*) coming into the United States offer the best examples of the good and bad sides of the acculturative phenomenon. Currently being the largest minority population in the country and having made unquestionable progress in a variety of areas, it is clear however that a lot remains to be done [41, 42]. The majority of Hispanic immigrants are from Mexico and Central America. A large proportion continues to be immersed in deep levels of poverty, unstable occupational and labor positions, deprived living conditions and risks of discrimination, stigmatization and neglect [43, 44]. A good percentage of the Hispanic population in the USA is made out of immigrants mostly devoted to rural, agricultural or moving work locations with predictable family instability, financial limitations, and scarce opportunities of physical, social, and emotional well-being [27, 29, 33, 45]. Its political impact is still far lower than the other largest minority group—African-Americans—and it is not yet possible to speak of strong or consistent efforts to coordinate and solidify common objectives.

A lot has been studied and written about the strengths and weaknesses of the Hispanic population and communities in the USA. *Familism* continues to be a well-preserved value among Latinos, together with its solid connections to respect for the elderly, the mother's figure (and its resulting *Marianism*), and strong religious

(mostly Catholic) devotions and practices [25, 46, 47]. On the other hand, economic factors generate many times family separations, particularly at the start of the migration process, as fathers and adolescents come first leaving the rest of the family awaiting and hoping. The same circumstances may contribute to nutritional deficits and lack of healthy physical practices, disagreements, criticisms, and eventual breaks of domestic violence [43, 45, 48]. Interestingly, there are differences between Hispanic immigrant groups (South Americans, Central Americans, Caribbeans), i.e., heterogeneity about peer choices, willingness to meet guidelines, new habit acquisitions, and other variables [49–51].

Throughout the whole time, acculturation's complex operations are taking place even if the protagonists themselves do not realize it. The appearance of juvenile Hispanic gangs or *pandillas* has been explained both as a behavior copied from American-born delinquent groups deliberately devoted to the commission of criminal acts, and as a defensive reaction from young Latinos against the systematic hostility and harassments that the population's majority inflicts on them [29, 43, 52]. The adaptation levels of Hispanic immigrants vary as a result of numerous factors: from the inner disposition to adapt that each individual brings into the new reality to the degree of hospitality of rejection on the side of the host community. The former has to do with the weight and the meaning of the person's formative years, the shaping up of identity [3, 7, 12, 29, 44, 53], while the latter is a product of collective mentalities shaped up by history, culture, and socio-economic demands [23, 24].

The Clinical Scene

The clinical repercussions of acculturation operate, as well, at the individual and at the group or social level. They can impact both the physical and psychological health of the migrants, and the link with the migration process itself may not always be suspected, as the clinical manifestation may be noticed long after the arrival. The physical problems may be carried on by the immigrants (infectious or chronic diseases, allergies, fragile pre-dispositions, etc.) and triggered by environmental factors in the new setting, i.e., the impact of the "new" diet on an increased prevalence of colorectal cancer in first and second generation Hispanic immigrants [54]. Moreover, situations such as poor food intake and subsequent malnourishment and physical weakness or, on the contrary, disorganized intake, unbalanced diets, population densities in deprived urban or rural areas, and early exposition to alcohol or drugs, may contribute to obesity, hypertension, cardiovascular, respiratory or other conditions [55–58]. The lack of or difficult access to clinical services (determined by poverty, deprivation, isolation or sheer, systemic discriminatory practices by administrative border agencies [59]) may dramatically contribute to these tribulations [60, 61]. Contrarywise, a number of studies conclude that unidentified protective factors operate effectively among young adult and mature Hispanic immigrants [62, 63].

In the mental/emotional terrain, there is no doubt about the role of acculturation problems as triggering factors of a number of diagnostic conditions. It is appropriate to start with an entity included in both the WHO's International Classification of Diseases 10th. Edition (ICD-10) [64] and the APA's Diagnostic and Statistical

Manual, 5th. Edition (DSM-5) [65], under the general heading of Other Conditions that may be the Focus of Clinical Attention: Acculturation Difficulty or Acculturative Stress. The difficulties in adjusting to a new culture affect the individual's functioning and may induce clinical manifestations as varied as anxiety, fear, irritability, anger, "psychosomatic" (mostly gastrointestinal and cardiovascular), and physical (tremor, headaches, myalgias, etc.) symptoms. On occasions, and due to different severity levels of the acculturation process, or to the co-occurrence of other causal events, stress manifestations fit more precisely the picture of post-traumatic stress disorder (PTSD), with a variety of complex and severe clinical findings [66, 67].

Acculturation also plays a pathogenic role in a variety of other clinical conditions. Anxiety-related conditions, particularly generalized anxiety disorder (GAD), are probably the most frequent diagnoses, characteristic symptoms include irritability, short-temperedness, emotional lability, and insomnia. According to Hovey and Magaña [68], elevated acculturative stress, low self-esteem, ineffective social support, lack of control and decision-making capabilities, low religiosity, and high education are significantly related to high anxiety levels among Mexican immigrants. These patients may also report thinking almost obsessively about family members left behind, inability to concentrate, sudden impulses to run (at times, fantasizing with a return to their native country), mixed thoughts of violence, "anger towards God," and incessant praying and imploring for divine help. In the relationship with their physical and human surroundings, they may experience a mix of rejection, fear, avoidance, and impulsiveness. Panic-like reactions are not infrequently seen.

Closely related to anxiety-related conditions, depression in different clinical modalities is also present in this population, particularly among undocumented adolescents [69]. To typical manifestations such as sadness, low mood, profoundly nostalgic memories, social isolation, anorexia (or hyperorexia), self-critical ruminations and a sense of failure or profound discouragement, a variety of physical/somatic symptoms, i.e., headaches, shortness of breath, chest pain, or fatigability, can be added [70]. While the disruption of social networks, particularly family separation, is a strong predictor of depression [71], it is important to note, however, that in Hispanic immigrant populations, suicide or suicidal behaviors are, at times, significantly less frequent than among the majority segments: this feature is explained on the basis of religious convictions, shame in the face of suicide's meaning of defeat, pride and mutual feelings of solidarity and support [47, 72, 73].

Substance use disorders (SUDs) have also emerged with increasing force in the psychopathology of Hispanic immigrants, in spite of genuinely culture- and family-based protective resources and, ultimately, a small association between, for instance, current measures of acculturation and alcohol use among Hispanic immigrants [74]. A normative interpretation of acculturation's effects, i.e., a more intimate exposure to Anglo culture through, for instance, language use, showed stronger connections with drinking outcomes among Hispanic male and female immigrants [75].

Furthermore, the role of acculturation in these disorders has to do mainly with the opportunistic presence of narcotic traffickers in the midst of the newly arrived human groups, the offer of alcohol or substances as means of relief, the fragility and suggestibility of many newcomers, and perhaps even a sense of being "accepted" if

they do what they are "invited" to do. It is clear that some segments of the migrant communities (particularly adolescents) and individual adults may show spontaneous disposition, established habits, and/or active search of drugs and alcohol before the actual transition process [76, 77].

Last but not least, acculturation may trigger true personality disorders in individuals probably predisposed by genetic-biological factors, or contribute to their appearance by inflicting powerful stressing experiences, particularly to immigrant children who, then, become vulnerable to environmental factors leading to the disorders. An important study by Breslau et al. [78] reveals the dramatic increase of behavioral disorders across generations of Mexican origin after migration to the USA: lower in the general population of the country, higher in children of Mexican-born immigrants raised in the USA, and higher still in Mexican-American children of US-born parents; nevertheless, the association with migration was markedly weaker for aggressive than for nonaggressive symptoms. Moreover, it is somewhat surprising that antisocial behaviors reach the highest levels among Hispanic adolescents and young adult immigrants who use the separation (rather than marginalization) strategy of Berry's model [20, 21, 79]. Finally, without specific epidemiological details, it seems likely that antisocial, borderline, histrionic, and passive-dependent types may be the most frequently personality disorders seen among Hispanic immigrants. Each label would have a more or less precise pathogenic chain of events leading to a final diagnosis [80, 81].

Management of Acculturation and Related Conditions

Although described primarily as a collective process, an event related to and experienced by groups of people and configured by institutional rules and norms, habits and dispositions, acculturation is also, in many ways, an individual phenomenon, a particular set of situations lived and led by a person exposed to a new, different environment, his/her new "home." Most of the studies conducted in this area, however, use a group-oriented approach, a "public health" perspective [82] together with inputs from a variety of social sciences focused, again, on collective experiences and exchanges (families, communities, neighborhoods, etc.). On its side, the individual approach seems to mostly adopt the form of "clinical cases," behavioral, mood-related or psychotic-like reports of conditions triggered and/or managed by acculturative factors [83].

The management of acculturation-related phenomena in a group context entails different foci:

1. *Educational* or formative, fundamentally oriented to basic aspects of everyday life that would make the adaptation process more manageable. Primary among them is the learning of the new language. It is well known that most Latino migrants to the USA do not speak English, so a more or less regular language-oriented training would provide them with probably the most decisive instrument for a good, constructive acculturation process [30, 42, 84]. In turn, the role

of religious organizations is extremely important both for their purpose of spiritual and emotional support and the concrete actions of solidarity and material assistance [34, 85]. On the immigrant's side, the use of integration as acculturation style serves as a protective resource [49, 86]. Needless to say, the immigrants are expected to take advantage of these opportunities, mostly implemented by school- and church-based organizations; if they do not, the result is, many times, a growing sense of isolation and self-exclusion [26, 27, 40]. Unfortunately, the numbers of those who adopt such intransigent position, dictated mainly by defensive, self-protective or anger-nourished elaborations, is not small.

2. *Social, legal, and administrative* rules, dictated by federal, state, county or local legislatures and other public organizations, supposedly in charge of an orderly location of immigrant groups, the implementation of dispositions related to personal documentation, potential job search or arrangements, living conditions, police and public order agencies, social living norms, etc. Undoubtedly well-intentioned, these tools cannot avoid a marked impersonal, bureaucratic flavor that, on occasions, may generate rejection on the side of the immigrants; their deficient use as rules to "reinforce" public order and tranquility can deviate or be interpreted, at times, as arbitrary, abusive, or discriminatory against the newcomers [5, 16, 19, 87]. The role of social media, in turn, makes communications and information-sharing a much more complex process [88].
3. *Public Health* proper, that is, mostly informative, prevention-oriented, guidelines-providing activities implemented in settings such as community centers, schools, city or municipal agencies or social organizations [89]. Entities formed by previous groups or waves of immigrants, already more or less established or integrated in the host society, occupy a front-line position in the implementation of these strategies [87, 90]. The actual procedures include public lectures, group conversations, home or neighborhood visits, city tours, telephone or online contacts. The newcomers are specifically invited to these activities, and clearly told about their purpose: make them feel comfortable enough to become quickly familiarized with their surroundings, know the rules, initiate job, school, church or other searches, and be reaffirmed in the main objectives of their move [91, 92].
4. The *political* management of the acculturation experiences falls in the hands of leaders, authorities, agencies, and parties guided by ideologies and doctrines, and implemented by public acts, manifestations, proclaims, and pronouncements. It may have, therefore, both positive and negative implications, with different measures of acceptance, popularity, persuasiveness, and effectiveness. A positive impact of the political management of acculturation is reflected in social order, equities, mutual acceptance, and pragmatic integration of the immigrant and local communities [15–19, 34, 90]. Negative impact, many times due to divisive, demagogic, confusing, changing or opportunistic positions adopted by political leaders, results in social injuries to the forthcoming members of the so-called "human capital" [93] in the form of pervasive discrimination, aversion, racism against "colored" people, and violence of all kinds (domestic, criminal, sexual and even police-led) [94–97].

The individual *clinical* management of acculturation-related conditions depends on the nature (physical/medical or mental/emotional) of the disorders. In either case, it becomes the responsibility of medical personnel in outpatient, hospital- or community-based settings: immigrants with acute or chronic physical or medical problems must be treated with the same professional dedication and promptness offered to local patients [98]. In the case of Hispanics, other than the language and communication issues [30, 42] the culturally determined attitudes towards figures of authority (i.e., health professionals) are an important factor for the success of the interactions [99, 100]. As mentioned above, probably the most frequent diagnostic conditions faced under these circumstances are nutrition-related (thinness or obesity), infectious, cardiovascular, gastrointestinal, or respiratory problems [54–58]; nevertheless, acculturation-related factors seem to accentuate ethnic and nativity-related low cardiovascular risk among foreign-born Mexican Americans when compared with non-Hispanic Whites [101]. On the other hand, lack of insurance coverage and financial restrictions among immigrants are definitely damaging factors in their overall management.

The psychological, mental, or emotional clinical conditions with acculturative stress as a point of departure require specialized care in many cases, including psychotic conditions [102]. The use of psychopharmacological agents (i.e., anxiolytics, antidepressants, major tranquilizers) is totally justified in order to treat specific target symptoms. The doses for Hispanic patients may be higher or lower than those required by Anglo-Saxon ones, depending on genetic/metabolic patterns, tolerance levels, side effect occurrences, history of previous use, etc., but the general recommendation is to start with mild to moderate amounts, and continue with periodic increments over a period of several weeks [103]. It is important to keep in mind that anxiolytic agents may induce tolerance, subsequent habituation and with further addiction and physical dependency. If there is a previous history of substance use or abuse, this chain of events becomes a complex management barrier.

These considerations make even more important the need to install a truly comprehensive treatment plan that includes appropriate psychotherapy arrangements. As acculturation is an essentially existential experience, the need to establish empathetic connections with the innermost aspects of the Hispanic patient's psyche is mandatory [96, 99, 104]. Psychotherapy, independent of school-oriented techniques, allows an open discussion of the different phases of the migration process, and particularly the impact of, until then, unknown circumstances. The approach to be used needs to emphasize the common ingredients of all psychotherapeutic procedures [105], but also the recognition of features inherent to the Hispanic condition, such as cautiousness, initial distrust, further demandingness, respect towards authority, and willingness to follow instructions once the relationship has been duly established. Some cultural psychotherapies such as the use of typical short stories or proverb interpretations [106] may be particularly effective. Biculturality in Hispanic migrants seems to predict lower HIV acquisition risk [107]. Actually, prevention and treatment services for Hispanic immigrants, aimed at increasing levels of emotional support, self-esteem, and coping skills [72, 104, 108] are critically relevant.

Discussion

Acculturation as the culminating and most powerful phase of the migration process has, in the case of Hispanic populations, a number of unique features that impose a characteristically complex structure to the bio-psycho-socio-cultural-spiritual texture of this particular aspect of their life experience [109]. In other words, it affects the total human entity of the Hispanic migrant and may become a decisive factor in the final quality of his/her adaptation to the North-American milieu. That is why, pertinent steps of the acculturative journey [110–112] must be carefully explored in any kind of interpersonal contact, administrative inquiry or clinical assessment and, if possible, integrated in an individual life report, memoir, or healthcare record.

It must also be remembered that Hispanic migrants bring with them a unique table of values, one in which family ties, religious principles and social interaction norms play crucial roles [96, 99, 110]. Acculturation in the North-American scenario truly puts such values to a critical test as adaptation, no matter how successful, entails both change and permanence: the former as a condition of co-existence with the host population's norms and lifestyles [113], some of which will be incorporated anyway; and permanence because renouncing totally to their original identity would make the Hispanic immigrant a victim of a blind, cognitive enculturation, a depersonalized, confused, self-damaging and alienated being [114]. That is why the main objective of a healthy acculturation, or of any management process to assist in it, must entail a deliberate search of harmony and balance [92, 96, 115, 116] in the context of a renewed identity [3, 34, 83, 117].

As a subject of research, acculturation offers a wide range of possibilities. Numerous studies on Hispanic immigrants in the USA clearly reflect the importance of the topic. Public Health inquiries suggest the need to refine existing tools aimed at the study of linguistic and other cultural elements looking for validity and usefulness across ethnic and subethnic groups [11, 118, 119]. The fascinating epidemiological "Hispanic Paradox" [120] constitutes a topic of almost endless possibilities in both methodological and clinical (physical and mental) areas addressing its validity and transcendency [121, 122]. Similarly, the theme of resilience and its role in the Hispanic acculturation process and experience, presents a crucial challenge both as an implicit preventive resource and an interventional strategy [123].

The risks of a failed acculturation are enormous. Whether they are originated in the personal structure of the migrant him/herself, or related to adverse features of the host community, the sequel of events in a denaturalized acculturation process go from behavioral and affective traits to well-documented clinical entities. The impact is, likewise, multifaceted because it reaches beyond the individual's life alone, to touch on his family (by his side or distant, left behind), job, finances, links to sociopolitical institutions, and existential outcomes. The need of a firm, constructive acculturation is not only a fact relevant to the migrant or his/her family: it is of critical relevance for the fate and stability of the world community as a whole.

Conclusions

The complexity of issues involved in the consideration and the study of acculturation has captured the attention of academicians and researchers alike, as the migratory phenomena become a decisive factor in the current realities of globalization [124, 125]. The purpose of such studies is to dissect the different components of the process from the individual and collective perspectives, in order to take away the undesirable features of a failed acculturation, and make of it, instead, a pillar of constructive coexistences. Research on acculturation is extensive and keeps growing; it has provided interesting routes of knowledge towards its true nature, its phases, ingredients and as a factor of success or failure [126]; at the same time, however, it has uncovered sources of complexity, risks, and inconveniences in clinical, demographic, socio-cultural, and financial spheres. Ultimately, research on this topic can only be thorough if and when international efforts take place in attempts to identify commonalities of constructive acculturation experiences in different parts of the world and with different populations, ethnic or cultural groups—all efforts oriented to the elimination of dissension and conflicts.

References

1. Redfield R, Linton R, Herskovits M. Memorandum on the study of acculturation. Am Anthropol. 1936;38:149–52.
2. Herskovits MJ. The significance of the study of acculturation for anthropology. Am Anthropol. 1937;39(2):259–64.
3. Schwartz SJ, Montgomery MJ, Briones E. The role of identity and acculturation among immigrant people: theoretical propositions, empirical questions, and applied recommendations. Hum Dev. 2005;304:1–30.
4. Schwartz SJ, Unger JB, Zamboaga BL, et al. Rethinking the concept of acculturation: implications for theory, measurement and health research. Am Psychol. 2010;65(4):237–51.
5. Rothe EM, Tzuang D, Pumariega AJ. Acculturation, development and adaptation. Child Adolesc Psychiatric Clin N Am. 2010;19:681–96. https://doi.org/10.1016/j.chc.2010.07.002.
6. Hughes CC. Culture in clinical psychiatry. In: Gaw AC, editor. Culture, ethnicity and mental illness. Washington D.C.: American Psychiatric Press; 1993. p. 3–42.
7. Tseng W-S. Handbook of cultural psychiatry. San Diego, CA: Academic Press; 2001.
8. Chao GT, Moon H. The cultural mosaic: a metatheory for understanding the complexity of culture. J Appl Psychology. 2005;90:1128–40.
9. Titzmann PF, Fuligni AJ. Immigrants' adaptation to different cultural settings: a contextual perspective on acculturation. Int J Psychol. 2015;50(6):407–12. https://doi.org/10.1002/ijop.12219.
10. Castro FG, Boyer GR, Balcazar HG. Healthy adjustment in Mexican American and other Latino adolescents. In: Montemayor R, Adams GR, Gullotta TP, editors. Adolescent diversity in ethnic, economic and cultural contexts. Thousand Oaks, CA: Sage; 2000. p. 141–78.
11. Thomson MD, Hoffman-Goetz L. Defining and measuring acculturation: a systematic review of public health studies with Hispanic populations in the United States. Soc Sci Med. 2009;69(7):983–91. https://doi.org/10.1016/j.socscimed.2009.05.011.
12. Suárez-Orozco C, Suárez-Orozco MM. Children of immigration. Cambridge, MA: Harvard University Press; 2001.

13. US Census. Population Reports. Available at: http://www.census.gov/population/www/index.html.
14. Escobar JI, Vega WA. Mental health and immigration's three A's: where are we and where do we go from here? J Nerv Ment Dis. 2000;188(11):736–40.
15. Fox M, Thayer ZM, Wadhwa D. Acculturation and health: the moderating role of sociocultural context. Am Anthropol. 2017;119(3):405–21. https://doi.org/10.1111/aman.12867.
16. Erten EY, van den Berg P, Weissing FJ. Acculturation orientations affect the evolution of a multicultural society. Nat Commun. 2018;9(1):58. https://doi.org/10.1038/s41467-017-02513-0.
17. Castro FG, Murray KE. Cultural adaptation and resilience: controversies, issues and emerging models. In: JW R, Zautra AJ, Hall JS, editors. Handbook of adult resilience: concepts, methods and applications. New York: Guilford; 2010.
18. Mesoudi A. Migration, acculturation and the maintenance of between-group cultural variation. PLoS One. 2018;13(10):e0205573. https://doi.org/10.1371/journl.pone.0205573.
19. Torres L, Driscoll MW, Voell M. Discrimination, acculturation, acculturative stress, and Latino psychological distress: a moderated mediational model. Cultur Divers Ethnic Minor Psychol. 2012;18(1):17–25. https://doi.org/10.1037/a0026710.
20. Berry JW. Immigration, acculturation and adaptation. Appl Psychol Int Rev. 1997;46:5–68.
21. Berry JW. Acculturation: living successfully in two cultures. Int J Intercult Relations. 2005;29:697–712.
22. Koch MW, Bjerregaard CC. Acculturation and mental health–Empirical verification of J.W. Berry's model of acculturative stress. Int J Circumpolar Health. 2004;63(Suppl 2):371–6. https://doi.org/10.3402/ijch.v63i0.17939.
23. Volpone SD, Marquardt DJ, Casper WJ, Avery DR. Minimizing cross-cultural maladaptation: how minority status facilitates change in international acculturation. J Appl Psychol. 2018;103(3):249–69. https://doi.org/10.1037/apl0000273.
24. Sangalang CC, Becerra D, Mitchell FM, Lechuga-Peña S, Lopez K, Kim I. Trauma, post-migration stress, and mental health: a comparative analysis of refugees and immigrants in the United States. J Immigt Minor health. 2019;21(5):909–19. https://doi.org/10.1007/s10903-018-0826-2.
25. Bostean G, Gillespie BJ. Acculturation, acculturative stressors, and family relationships among Latina/o immigrants. Cultur Divers Ethnic Minor Psychol. 2018;24(1):126–38. https://doi.org/10.1037/cdp0000169.
26. Lopez-Class M, Castro FG, Ramirez AG. Conceptions of acculturation: a review and statement of critical issues. Soc Sci Med. 2011;72(9):155–62. https://doi.org/10.1016/j.socscimed.2011.03.011.
27. Lara M, Gamboa C, Kahramanian MI, Morales LS, Hayes-Bautista DE. Acculturation and Latino health in the United States: a review of the literature and its sociopolitical context. Ann Rev Public Health. 2005;26:367–97.
28. Standish K, Nandi V, Ompad DC, Momper S, Galea S. Household density among undocumented Mexican immigrants in new York City. J Immigr Minor Health. 2010;12(3):10–8. https://doi.org/10.1007/s10903-008-9175-x.
29. Henriques GJB, Simon B, Ispolatov Y, Doebell M. Acculturation drives the evolution of intergroup conflict. Proc Natl Acad Sci U S A. 2019;116(28):14089–97. https://doi.org/10.1073/pnas.1810404116.
30. Shin Y, Maupome G. Segmentation of Mexican-heritage immigrants: acculturation typology and language preference in health information seeking. J Immgr Minor health. 2017;19(5):1163–73. https://doi.org/10.1007/s10903-016-0401-7.
31. Hochhausen L, Perry DF, Le H-N. Neighborhood context and acculturation among central American immigrants. J Immigr Minor Health. 2010;12(5):806–9. https://doi.org/10.1007/s10903-008-9201-z.
32. Benitez TJ, Dodgson JE, Coe K, Keller C. Utility of acculturation in physical activity research in Latina adults: an integrative review of literature. Health Educ Behav. 2016;43(3):256–70. https://doi.org/10.1177/1090198115601042.

33. Buckingham SL, Suarez-Pedraza MC. "It has cost me a lot to adapt to here": the divergence of real acculturation from ideal acculturation impacts Latinx immigrants' psychosocial well-being. Am J Orthopsychiatry. 2019;89(4):406–19. https://doi.org/10.1037/ort0000329.
34. Gibson MA. Immigrant adaptation and patterns of acculturation. Hum Development. 2001;44:19–23.
35. Dressler WW. Cultural consonance. In: Bhugra D, Bhui K, editors. Textbook of cultural psychiatry. Cambridge, U.K.: Cambridge University Press; 2007. p. 179–90.
36. Powell JA, Menendian S. The problem of othering: towards inclusiveness and belonging. Othering and Belonging, 2017. Access: otheringandbelonging.org.
37. Gonzalez A. Mexican "otherness" in the rhetoric of Mexican Americans. South Comm J. 1990;55(3):276–91. https://doi.org/10.1080/10417949009372795.
38. Mangold M, Mintz J, Javors M, Marino E. Neuroticism, acculturation and the cortisol awakening response in Mexican American adults. Horm Behav. 2012;61(1):23–30. https://doi.org/10.1016/j.yhbeh.2011.09.009.
39. Kennedy DP, Adolphs R. Social neuroscience: stress and the city. Nature. 2011;474:452–72.
40. Tlzer EH, Yuen C, Gonzalez N, Fuligni AJ. Filling gaps in the acculturation gap-distress model: heritage cultural maintenance and adjustment in Mexican-American families. J Youth Adolesc. 2016;45(7):1412–25. https://doi.org/10.1007/s10964-015-0408-8.
41. Arévalo SP, Tucker KL, Falcón LM. Life events trajectories, allostatic load, and the moderating role of age at arrival from Puerto Rico to the US mainland. Soc Sci Med. 2014;120:301–10. https://doi.org/10.1016/j.socscimed.2014.09.040.
42. Schutt RK, Mejía C. Health care satisfaction: effects of immigration, acculturation, language. J Immigr Minor Health. 2017;19(6):1372–8. https://doi.org/10.1007/s10903-016-0409-z.
43. Smokowski PR, David-Ferdon C, Stroupe N. Acculturation and violence in minority adolescents: a review of the empirical literature. J Prim Prev. 2009;30(3–4):215–63. https://doi.org/10.1007/s10935-009-0173-0.
44. Williams LR, Rueda HA. Mexican American adolescent couples' vulnerability for observed negativity and physical violence: pregnancy and acculturation mismatch. J Adolesc. 2016;52:170–81. https://doi.org/10.1016/j.adolescence.2016.08.001.
45. Cobb CL, Xie D, Meca A, Schwartz SJ. Acculturation, discrimination, and depression among unauthorized Latinos/as in the United States. Cultur Divers Ethnic Minor Psychol. 2017;23(2):258–68. https://doi.org/10.1037/cdp0000118.
46. Germán M, Gonzalez NA, Dumka L. Familism values as a protective factor for Mexican-origin adolescents exposed to deviant peers. J Early Adolesc. 2009;29:16–42.
47. Zayas LH, Bright CL, Alvarez-Sánchez T, et al. Acculturation, familism and mother-daughter relations among suicidal and non-suicidal adolescent Latinas. J Primary Prevent. 2009;30:351–69.
48. Vermeesch AL, Stommel M. Physical activity and acculturation among U.S. Latinas of childbearing age. West J Nurs Res. 2014;36(4):495–511. https://doi.org/10.1177/0193945913507341.
49. Titzmann PF, Jugert P. Acculturation in context: the moderating effects of immigrant and native peer orientations on the acculturation experience of immigrants. J Youth Adolesc. 2015;44(11):2079–94. https://doi.org/10.1007/s10964-015-0314-0.
50. Riosmena F, Kuhn R, Jochem WC. Explaining he immigrant health advantage: self-selection and protection in health-related factors among five major national-origin immigrant group in the United States. Demography. 2017;54(1):175–200. https://doi.org/10.1007/s13524-016-0542-2.
51. Gil AS, Veg WA. Two different worlds: acculturation stress and adaptation among Cuban and Nicaraguan families. J Soc Pers Rel. 1996;13:435–56.
52. Vigil D. Barrio gangs: street life and identity in Southern California. Austin, TX: University of Texas; 1988.
53. Padilla AM, Perez W. Acculturation, social identity, and social cognition: a new perspective. Hisp J Behav Sci. 2003;25:35–55.

54. Monroe KR, Hankin JH, Pike MC, Henderson BE, et al. Correlation of dietary intake and colorectal cancer incidence among Mexican-American migrants: the multiethnic cohort study. Nutr Cancer. 2003;45(2):133–47. https://doi.org/10.1207/s15327914NC4502_01.
55. Van Wieren AJ, Roberts MB, Arellano N, Feller ER, Diaz JA. Acculturation and cardiovascular behaviors among Latinos in California by country/region of origin. J Immigr Minor Health. 2011;13(6):975–81. https://doi.org/10.1007/s10903-011-9483-4.
56. Markides KS, Lee DJ, Ray LA. Acculturation and hypertension in Mexican Americans. Ethn Dis. 1993;3(1):70–4.
57. Yoshida YX, Simonsen N, Chen L, Zhang LU, Scribner R, Tseng T-S. Sociodemographic factors, acculturation and nutrition management among Hispanic American adults with self-reported diabetes. J Health Care Poor Underserved. 2016;27(3):1592–607. https://doi.org/10.1353/hpu.2016.0112.
58. Quandt SA, Grzywacz JG, Trejo G, Arcury TA. Nutritional strategies of Latino farmworker families with preschool children: identifying leverage points for obesity prevention. Soc Sci Med. 2014;123:72–81. https://doi.org/10.1016/j.socscimed.2014.10029.
59. Sullivan MM, Rehm R. Mental health of undocumented Mexican immigrants: a review of the literature. Adv Nurs Sci. 2005;28(3):240–51. https://doi.org/10.1097/00012272-200507000-00006.
60. Adams C, Harder BM, Chatterjee A.& Mathias L.H. Healthworlds, cultural health toolkits, and choice: how acculturation affects patients' views of prescription drugs and prescription drug advertisement. Qual Health Res. 2019;29(10):1419–32. https://doi.org/10.1177/1049732319827282.
61. Allen L, Cummings J. Emergency department use among Hispanic adults: the role of acculturation. Med Care. 2016;54(5):449–56. https://doi.org/10.1097/MLR.0000000000000511.
62. John EM, Phipps AI, Davis A, Koo J. Migration history, acculturation and breast cancer risk in Hispanic women. Cancer Epidemiol Biomark Prev. 2005;14(12):2905–13. https://doi.org/10.1158/1055-9965.EPI-05-0483.
63. Riosmena F, Wong R, Palloni A. Migration selection, protection and acculturation in health: a binational perspective in older adults. Demography. 2013;50(3):1039–64. https://doi.org/10.1007/s13524-012-0178-9.
64. World Health Organization. The international classification of diseases. In: (ICD-10) classification of mental and behavioural disorders: diagnostic criteria for Research. 10th ed. Geneva: World Health Organization; 1992.
65. American Psychiatric Association. (ICD-10) classification of mental and behavioural disorders: diagnostic criteria for Research. 10th ed. Geneva: World Health Organization; 1992.
66. Rothe EM. Post-traumatic stress symptoms in Cuban children and adolescents during and after refugee camp confinement. In: Corales TA, editor. Trends in post-traumatic stress disorder research. New York: Nova Science Publishers; 2005.
67. Sondergard HP. Post-traumatic stress disorder and life events among recently resettled refugees. Stockholm: Dpt. of Public Health Sciences, Division of Psychosocial factors and Health, Karolinska Institute; 2002.
68. Hovey JD, Magaña CG. Cognitive, affective and physiological expressions of anxiety symptomatology among Mexican migrant farmworkers: predictors and generational differences. Community Ment Health J. 2002a;38(3):223–37. https://doi.org/10.1023/a:1015215723789.
69. Potochnick SR, Perreira KM. Depression and anxiety among first-generation immigrant Latino youth: key correlates and implications for future research. J Nerv Ment Dis. 2010;198(7):470477. https://doi.org/10.1097/NMD.0b013e3181e4ce24.
70. Walker JL, Ruiz RJ, Chinn JJ, Marti N, Ricks TN. Discrimination, acculturation and other predictors of depression among pregnant Hispanic women. Ethn Dis. 2012;22(4):497–503.
71. Gutierrez-Vazquez E, Flippen C, Parrado E. Migration and depression: a cross-national comparison of Mexicans in sending communities and Durham, NC. Soc Sci Med. 2018;219:1–10. https://doi.org/10.1016/j.socscimed.2018.09.064.
72. Bebbington P, Cooper C. Affective disorders. In: Bhugra D, Bhui K, editors. textbook of cultural psychiatry. Cambridge, U.K.: Cambridge University Press; 2007. p. 224–41.

73. McHale SM, Updegraff KA, Kim JY, et al. Culture orientations, daily activities, and adjustment in Mexican American youth. J Youth Adolesc. 2009;38:627–41.
74. Alvarez MJ, Frietze G, Ramos C, Field C, Zárate MA. A quantitative analysis of Latino acculturation and alcohol use: myth versus reality. Alcohol Clin Exp Res. 2017;41(7):1246–56. https://doi.org/10.1111/acer.13420.
75. Zemore SE. Re-examining whether and why acculturation relates to drinking outcomes in a rigorous national survey of Latinos. Alcohol Clin Exp Res. 2005;29(12):2144–53. https://doi.org/10.1097/01.alc.0000191775.01148.c0.
76. Prado G, Szapocznik J, Maldonado-Molina MM, et al. Drug use/abuse prevalence, etiology, prevention and treatment in Hispanic adolescents: a cultural perspective. J Drug Issues. 2008;38(1):5–36.
77. Schwartz SJ, Unger JB, Baezconde-Garbanati L, Zamboanga BL, et al. Trajectories of cultural stressors and effects on mental health and substance use among Hispanic immigrant adolescents. J Adolesc Health. 2015;56(4):433–9.
78. Breslau J, Borges G, Saito N, Tancredi DJ, et al. Migration from Mexico to the United States and conduct disorders: a cross-national study. Arch Gen Psychiatry. 2011;68(12):1284–93. https://doi.org/10.1001/archgenpsychiatry.2011.140.
79. Sobral-Fernández J, Gomez-Fraguela JA, Luengo A, Romero E, Villar P. Adolescentes latinoamericanos, aculturación y conducta antisocial. Psicothema. 2010;22(3):410–5.
80. Tsuang MT, Tohen M, Zahner GEP, editors. Textbook in psychiatric epidemiology. New York, N.Y: Wiley-Liss; 1995.
81. Alarcón RD, Foulks EF, Vakkur M. Personality disorders and culture. Clinical and conceptual interactions. New York, N.Y: John Wiley and Sons; 1998.
82. Kleinman A. Patients and their healers in the context of culture. Berkeley, CA: University of California Press; 1980.
83. Bhugra D. Acculturation, cultural identity and mental health. In: Bhugra D, Cochrane R, editors. Psychiatry in multicultural Britain. Gaskell: London, U.K; 2001.
84. Timmins CL. The impact of language barriers on the health care of Latinos in the United States: a review of the literature and guidelines for practice. J Midwif Wom Health. 2002;47(2):80–96.
85. Balidemaj A, Small M. The effects of ethnic identity and acculturation in mental health of immigrants: a literature review. Int J Soc Psychiatry. 2019;65(7–8):643–55. https://doi.org/10.1177/0020764019867994.
86. Behrens K, del Pozo MA, Großhennig A, Sieberer M, Graef-Calliess IT. How much orientation towards the host culture is healthy? Acculturation style as risk enhancement for depressive symptoms in immigrants. Int J Soc Psychiatry. 2015;61(5):498–505. https://doi.org/10.1177/0020754014560356.
87. Ramos AK, Su D, Lander L, Rivera R. Stress factors contributing to depression among Latino migrant farmworkers in Nebraska. J Immigr Minor Health. 2015;17(6):1627–34. https://doi.org/10.1007/s10903-015-0201-5.
88. Komito L. Social media and migration: virtual community. J Am Soc Inform Sci Technol. 2011;62(6):1075–86.
89. Abraído-Lanza AF, Adria N, Ambrister AM, Flórez KR, Aguirre AN. Toward a theory-driven model of acculturation in public health research. Am J Pub Health. 2006;96(8):1342–6.
90. Kosic A, Mannetti L, Sam DL. The role of majority attitudes towards outgroup in the perception of the acculturation strategies of immigrants. Int J Intercult Rel. 2005;29(3):273–88.
91. Zlobina A, Basabe N, Paez D, Furnham A. Sociocultural adjustment of immigrants: universal and group-specific predictors. Int J Intercult Rel. 2006;30(2):195–211.
92. Bhugra D, Desai M, Baldwin D. Focus groups: implications for primary and cross-cultural psychiatry. Prim Care Psychiatry. 1997;3:45–50.
93. Currie J. Healthy, wealthy and wise: economic status, poor health in childhood, and human capital development. NBER Working Paper No. 13987 http://www.nber.org/papers/w13987.

94. Bacallao ML, Smokowski PR. The cost of getting ahead: mexican family system changes after immigration. Fam Relations. 2007;56:52–66. https://doi.org/10.1111/j.1741-3729.2007.00439.x.
95. Carvajal SC, Hanson CE, Romero AJ, Coyle KK. Behavioral risk factors and protective factors in adolescents: a comparison of Latino and non-Latino whites. Ethnic and Health. 2002;7:181–93.
96. Alarcón RD. Mental health among Latin American migrants. In: Moussaui D, Bhugra D, Ventiglio A, editors. Mental health and mental illness worldwide. London, UK: Springer Nature; 2018. https://doi.org/10.1007/978-981-10-0750-7-7-1.
97. Bassett JF, Connelly JN. Terror management and reactions to undocumented immigrants: mortality salience increases aversion to culturally dissimilar others. J Soc Psychol. 2011;151(2):117–20. https://doi.org/10.1080/00224540903365562.
98. Lolas F. Ethics in psychiatry: a framework. World Psychiatry. 2006;5:185–7.
99. Alarcón RD. Identidad de la Psiquiatría Latinoamericana. Voces y exploraciones en torno a una ciencia solidaria. México D.F.: Siglo XXI Editores; 1990.
100. Salgado H, Castañeda SF, Talavera GA, Lindsay SP. The role of social support and acculturative stress in health-related Quality of Life among day laborers in Northern San Diego. J Immigr Minor Health. 2012;14(3):379–85. https://doi.org/10.1007/s10903-011-9568-0.
101. Kershaw KN, Greenlund K, Stamler J, Shay CM, Daviglus ML. Understanding ethnic and nativity-related differences in low cardiovascular risk status among Mexican-Americans and non-Hispanic Whites. Prev Med. 2012;55(6):597–602. https://doi.org/10.1016/j.ypmed.2012.09.019.
102. Weisman de Mamani A, Weintraub MJ, Maura J, et al. Acculturation styles and their associations with psychiatric symptoms and quality of life in ethnic minorities with Schizophrenia. Psychiatry res. 2017;255:418–23. https://doi.org/10.1016/j.psychres.2017.06.074.
103. Ayuso-Gutierrez JL. Tratamiento farmacológico de Trastornos Ansiosos. In: Alarcón RD, Chaskel R, Berlanga C, editors. Psiquiatría, 4th. Ed. Lima, Perú: Fondo Editorial Universidad Peruana Cayetano Heredia; 2019. p. 594–600.
104. Cobb CL, Branscombe NR, Meca A, Schwartz SJ, et al. Toward a positive psychology of immigrants. Perspect Psychol Sci. 2019;14(4):619–32. https://doi.org/10.1177/1745691619825848.
105. Frank JD, Frank JB, editors. Persuasion and healing: a comparative study of psychotherapy. 3rd ed. Baltimore, MD: Johns Hopkins University Press; 1991.
106. Alarcón RD, Frank JB, Williams M. Cultural dynamics in psychotherapy and cultural psychotherapies: ingredients, processes and outcomes. In: Alarcón RD, Frank JB, editors. The psychotherapy of hope. The legacy of persuasion and healing. Baltimore, MD: Johns Hopkins University Press; 2012. p. 281–309.
107. Kang S-Y, Deren S, Mino M, Cortés DE. Biculturality and HIV-risk behaviors among Puerto Rican drug users in new York City. Subst Use Misuse. 2009;44(4):578–92. https://doi.org/10.1080/10826080802487341.
108. Hovey JD, Magaña CG. Exploring the mental health of Mexican migrant farmworkers in the Midwest: psychosocial predictors of psychological distress and suggestions for prevention and treatment. J Psychol. 2002b;136(5):493–513. https://doi.org/10.1080/00223980209605546.
109. Killian C. Integrative perspectives on acculturation. Am Psychol. 2011;66(2):154–7. https://doi.org/10.1037/a0022242.
110. Glazer S, Roach KN, Carmona C, Simonovich H. Acculturation and adjustment as a function of perceived and objective value congruence. Int J Psychol. 2018;53(Suppl. 2):13–22. https://doi.org/10.1002/ijop.12554.
111. Fox M, Thayer ZM, Ramos IF, Meskal SJ, Wadhwa PD. Prenatal and postnatal mother-to-child transmission of acculturation's health effects in Hispanic Americans. J Women's Health. 2018;27(8):1054–63. https://doi.org/10.1089/jwh.2017.6526.
112. Alderete E, Vega WA, Kolody B, Aguilar-Gaxiola S. Effects of time in the United States and Indian ethnicity on DSM-III-R psychiatric disorders among Mexican Americans in California. J Nerv Ment Dis. 2000;188(2):90–100. https://doi.org/10.1097/00005053-200002000-00005.

113. Andreeva DA, Unger JB. Determinants of host society acculturation and its relationship with health behaviors and outcomes: a new research and intervention framework. J Immigr Minor Health. 2015;17(5):1420–6. https://doi.org/10.1007/s10903-014-0104-x.
114. Sun S, Hoyt WT, Brockberg D, Lam J, Tiwari D. Acculturation and enculturation as predictors of psychological help-seeking attitudes (HSAs) among racial and ethnic minorities: a meta-analytic investigation. J Couns Psychol. 2016;63(6):617–32. https://doi.org/10.1037/cou0000172.
115. Chakraborty BM, Chakraborty R. Concept, measurement and use of acculturation in health and disease risk studies. Coll Antropol. 2010;34(4):1179–91.
116. Riedel J, Wiesmann U, Hannich H-J. An integrative theoretical framework of acculturation and Salutogenesis. Int Rev Psychiatry. 2011;23(6):555–64. https://doi.org/10.3109/09540261.2011.637912.
117. Bhugra D. Migration, distress and cultural identity. Brit Med Bull. 2004;69:129–41.
118. Rogler LH, Cortes DE, Malgady RG. Acculturation and mental health status among Hispanics. Convergence and new directions for research. Am Psychol. 1991;46(6):585–97. https://doi.org/10.1037/0003-066x.46.6.585.
119. McCabe BE, Vermeesch AL, Hall RF, Peragallo NP, Mitrani VB. Acculturation and the Center for Epidemiological Studies-Depression Scale for Hispanic women. Nurs Res. 2011;60(4):270–5. https://doi.org/10.1097/NNR.0b013e318221b8dc.
120. Markides KS, Eschbach K. Aging, migration and mortality: current status of research on the Hispanic paradox. J Gerontol. 2005;60(2):S68–75.
121. Bostean G. Does selective migration explain the Hispanic paradox? A comparative analysis of Mexicans in the U.S. and Mexico. J Immigr Minor Health. 2013;15(3):624–35. https://doi.org/10.1007/s-10903-012-9646-y.
122. Teruya SA, Bazargan-Hejazi S. The immigrant and Hispanic paradoxes: a systematic review of their predictions and effects. Hisp J Behav Sciences. 2013;35(4):486–509.
123. Serafica R, Lekhak N, Bhatta T. Acculturation, acculturative stress and resilience among older immigrants in the United States. Int Nurs Rev. 2019;66(3):442–8. https://doi.org/10.1111/inr.12522.
124. Stiglitz J. Globalization and its discontents. London, U.K.: Penguin Books; 2002.
125. Chorost M. World wide mind: the coming integration of humanity, machines and the internet. New York, NY: Free Press; 2011.
126. Koneru VK, Weisman de Mamani AG, Flynn PM, Betancourt H. Acculturation and mental health: current findings and recommendations for future research. Appl Prev Psychol. 2007;12:76–96.