Latino Families: The Relevance of the Connection Among Acculturation, Family Dynamics, and Health for Family Counseling Research and Practice

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Acculturation is a central experience for Latinos in the United States. In this article, the authors define acculturation and address its evolution from a unidimensional to a multidimensional construct. Also, the authors present central dynamics of the Latino culture and to Latino families before they address the manner in which acculturation relates to selected health indices. Last, the authors present the family as a mediator between acculturation and health for Latinos.

Keywords: *Latino families; acculturation; collectivism; family dynamics; counseling research*

Berry (1997) indicated that as a result of past and current migration patterns, many societies have become culturally plural. The plurality is fluid, partly influenced by the degree to which and the rate at which minority groups are assimilated, and by the preparedness of a host culture to effectively assimilate the minority groups' individuals and families.

The presence of Latinos in the United States is ubiquitous given the rapid expansion of the Latino population. Moreover, projections indicate that Latinos will become the largest minority group by the year 2020 (Vasquez, 1994). Acculturation is central to the experience of Latinos in the United States. Acculturation renders the Latino family fertile ground for family counseling research and clinical interventions. Furthermore, the Latino family who is acculturating is ideally

suited for the examination of the connection between family dynamics and health.

Some of the views expressed in this article are not unique but echo calls for research with Latino families who are acculturating. Specifically, the connection between what notable thinkers in the field of family counseling described about ethnic minority family dynamics (see McGoldrick & Giordano, 1996) and what acculturation researchers have discovered (see Organista, Organista, & Kuraski, 2003) has been understudied. We agree and expand the scope of the aforementioned connection by suggesting that health is related to acculturation and to the characteristics of families who have an ethnic minority background, including Latino families.

Hence, in this article we call attention to the importance of a few key issues about acculturation that are relevant to family counselors. In addition, we aim to point out the connection among acculturation, the central characteristics of the Latino family, and some of the unique health issues faced by Latinos in the United States. We focus on the Latino family given our research backgrounds and interests, and clinical experiences with this group. However, we believe that many of the characteristics of Latino families are similar to the characteristics of many ethnic and/or cultural groups in the United States.

We begin with a definition of *acculturation* and how it is conceptualized. Then, we describe characteristics central to Latino families. Last, we address the connection between selected health indices and acculturation relevant to Latinos and argue for the place of the family in moderating the connection between health and acculturation.

ACCULTURATION

Definition of *Acculturation*

Berry (1980) and Padilla (1980) described *acculturation* as a process of culture learning and behavioral adaptation that takes place as exposure to a nonnative culture occurs. Acculturation is a complex social and psychological process that influences Latinos at the individual and familial levels (Escobar, Randolph, & Hill, 1986; Miranda & Matheny, 2000). In other words, acculturation takes into account social and psychological changes that groups and individuals experience as they enter into a new cultural context.

Acculturation as a Concept

As with many constructs, the conceptualization of *acculturation* has changed. Refined by empirical studies and evolving phenomenology the current conceptualization of *acculturation* takes into account psychological changes in the person undergoing the acculturation as much as the sociological changes in the environment that accepts such person. Initially, acculturation was believed to be unidimensional, its continuum extending from marginalization to assimilation of a person or family. By and large, the environment was believed to be static.

Implied in acculturation's initial conceptualization was a certain tension between integration and exclusion options. Specifically, the integration option indicated that acculturation was tantamount to a cultural transformation in which the person who is acculturating sacrificed the practices and beliefs of the native culture. The exclusion option suggested that a person from a minority ethnic and/or cultural group protected his or her ethnic identity through the perpetuation of practices and beliefs of the native culture when the person contacted a new culture. Today, acculturation is believed to be a multidimensional construct in which the person who is acculturating has acculturation options in light of the disposition of the environment to receive him or her. This is best reflected in the work of Berry (1997, 2003) who indicated that acculturation alternatives included integration, assimilation, marginalization, and segregation.

CENTRAL LATINO FAMILY DYNAMICS

Collectivism as a Worldview

The family is at the center of the Latin culture and Latinos' sense of self (Miranda, Frevert, & Kern, 1998). Close family ties in which individuals rely on the family to formulate an identity and orientation toward reality characterizes Latinos and is the mainstay of collectivism (Sue & Sue, 1990). It has been suggested that the loyalty to the family, *familialism*, is one of Latinos' most important values (Alvirez & Bean, 1976; Moore, 1970). Sabogal, Marin, Otero-Sabogal, Marin, and Perez-Stable (1987) described *familialism* as having three components: (a) family obligations, (b) perceived

support, and (c) family members who serve as role models. A salient feature of the notion of what constitutes emotional support for Latinos is the value placed on turning to the family, as opposed to friends, neighbors, and coworkers (Keefe, Padilla, & Carlos, 1979; Sabogal et al., 1987).

Language Use

English-language proficiency is a popular index of acculturation that has been found to significantly influence the functioning of individual and Latino families. Roizblatt and Pilowsky (1996) found that a child's ability to achieve English-language proficiency faster than his or her parents created a generational imbalance in power and control within the family. The parents' reliance on children to communicate in English affected the hierarchical power structure common in Latino families. This imbalance was attributed to the child's control in the communication from and to the parents. In addition, parents expressed an inability to exclude children from communications with non-Spanish speakers that resulted in breaches of respect and privacy, important components of Latino parents' maintenance of authority over children (Miranda et al., 1998). It follows, then, that this language barrier can arrest the parents' influence over their children and can result in violations of Latino culture norms.

It is interesting to note, longitudinal studies of nonnative English speakers who attempt to acculturate reveal that English-language proficiency is the strongest predictors of psychological stress experienced years after entrance into the United States. Specifically, prolonged problems in cultural adaptation have been associated with psychopathological conditions, attesting to the effects of acculturative stress (Nicholson, 1997).

Acculturative Stress

The psychological changes that accompany the acculturation process are complex because acculturation poses a significant influence on psychological functioning. The relationship between acculturation and acculturative stress—a type of stress that may originate from the acculturation process and that may result in psychological dysfunction—is mediated by a number of factors. For example, Berry and Kim (1988), Berry (1997), and earlier Berry and Annis (1974) indicated that the aforementioned relationship is mediated by a person's premigration experience, educational level, English-language proficiency, by the receptiveness of the host culture, and the similarity between the native and the host cultures.

For Latinos, the family has been portrayed as an effective buffer against acculturative stress (Saldana, 1991). However, some empirical evidence has indicated that the effectiveness of the family to lessen the acculturative stress of its members depends on the similarity in the acculturation stage of family members and the quality of the coping resources of family members undergoing the acculturation process (Miranda, Bilot, & Matheny, 2005). In addition, research by

Miranda, Estrada, and Firpo-Jimenez (2000) and Miranda and Umhoefer (1998) indicated that biculturality not only related to positive family functioning and supportive family environments but also was negatively related to symptoms of depression.

Generational Relationships

The family's ability to protect, guide, and nurture its members may be crucial to an adolescent's success (Santisteban & Mitrani, 2003). Intergenerational conflict between children and parents often is compounded by cultural differences in values and lifestyles between the generations (R. M. Lee & Liu, 2001). Parents who are immigrants, for example, tend to acculturate and adapt to the dominant host culture at a slower rate than their children (Portes, 1997; Sluzki, 1979). Many parents who are immigrants expect their children to abide by the cultural values, traditions, and lifestyles from the native culture (R. M. Lee & Liu, 2001). Children of parents who are immigrant, however, are more likely to adopt American-oriented, individualistic values, attitudes, and lifestyles that often conflict with the more-collectivistic parental worldviews. The cultural differences between parents and children can accentuate intergenerational conflict, resulting in misunderstanding, family discord, and conflict (R. M. Lee, Choe, Kim, & Ngo, 2000).

As children acculturate and embrace what are culturally incongruous cognitions, affects, and behaviors to those of the parents, functional rules and values that guide the functioning of the family are violated. These violations explained by dissimilar acculturation stages between parents and children have been associated with indicators of family dysfunction (Sciarra & Ponterotto, 1991).

According to Romero and Roberts (2003), Latino children live in a dual cultural world that is reflective of a family environment that may include individuals of different generations, different language preferences, and varying acculturation levels. Family conflict has been associated with possible acculturation gaps between parents and children (Baptiste, 1993; Davis, 1940; Jensen-Arnett, 1999; Mead, 1996; Szapocznik, Scopetta, Kurtines, & Aranaldi, 1978). Sciarra and Ponterotto (1991) found that family conflicts were exacerbated by the differences in acculturation attributed to the generations within families. They suggested that family conflicts in multigenerational Latino families related to exclusive use of English by the younger generation and the children's desire to socialize with peers in accordance with the practices of the mainstream American culture. Family conflicts appeared common and especially severe when the children who were Americanized reached adolescence. Jensen-Arnett (1999) tried to explain this finding by suggesting that adolescents who were U.S. born strive to be more independent and autonomous, and this leads to parent-child conflict because Latino families are collectivistic and discourage individualism.

Conflict in Latino families may be further intensified by the rate at which parents acculturate. Santisteban and

Matrani (2003) found that a child or adolescent who is acculturated may side with a parent who is acculturated, and this alliance partly explains marital discord and family functioning, if the other parent is not acculturated. Specifically, a child who is acculturated may feel that he or she can better relate to the parent who is acculturated and may exclude and disrespect the parent who adheres to the native culture.

Gender and Roles in Latino Families: Machismo and Marianismo

Culture influences gender roles. In the Latino culture, it is customary and accepted for men to be the most influential person in the family (Mendez-Villarrubia, & LaBruzza, 1994). In fact, Latino men are expected to exercise control over decisions that affect the family, including those pertaining to their wives or partners. For this reason, often Latino men are perceived to be authoritarian and dominating. However, the exercise of unabashed influence over the family is a way of caring for the well-being of the family and the fulfillment of an important role men are expected to play in the Latino culture. In addition, as husbands or partners, Latino men must provide for the needs of the family. On the other hand, the traditional role of the Latino women is child rearing, attending to the primary needs of the family and home, and meeting the needs of the husband or partner (Mendez-Villarrubia & LaBruzza, 1994). Our clinical experience has led us to believe that Latino men are expected to be powerful whereas Latino women are expected to be honorable and dedicated.

At times, acculturation forces a change in the gender roles of Latinos, women or men. For example, we have seen that acculturation increases the way in which a Latino woman exercises autonomy and independence. This may lead a traditional Latino man to perceive a woman's increases in independence and autonomy as threats to his position within and to his authority over the family. Zuniga (1988) concurred with our observations indicating that clinical evidence supports the notion that increases in Latin women acculturation may be problematic for couples, if and when the rate of acculturation is dissimilar to her husband's. In other words, acculturation may not be problematic for a couple, but more so the rate at which spouses acculturate and hence readjust their gender roles at dissimilar speeds.

Machismo and marianism. Machismo and marianism are significant factors in the way in which Latinos develop a sense of identity. The *American Heritage Dictionary* (2000) defines *machismo* as "A strong or exaggerated sense of masculinity stressing attributes such as physical courage, virility, domination of women, and aggressiveness" (pp. 1341). *Marianism*, as a construct, has its roots in religion and Latino female identity formation. Marianismo originates from the admiration for the virtues of the Virgin Mary. In addition, marianismo connotes women's spiritual superiority over men (Lee, 2003). Machismo and marianismo are

culturally sanctioned expectations that blend ideals and virtues attributed to the genders.

ACCULTURATION AND SELECTED HEALTH INDICES AMONG LATINOS

Research about the connection between Latino acculturation and mental health indices has been criticized for its lack of consistency (Rogler, Cortes, & Malgadi, 1991). Inconsistencies in definitions of *acculturation*, mental health indicators, and who is identified as a Latino have plagued much of the research, negating meta-analytical studies to summarize data and to guide counseling practice. Similar inconsistencies have been ascribed to the studies that connect acculturation and health outcomes.

Expressions of physical and psychological disorders are not universal but are culturally determined. In the mental health domain, the culture bound syndromes of the *Diagnostic and Statistical Manual of Mental Disorders*, 4th edition (*DSM-IV*; American Psychiatric Association, 1994) represent some psychiatric conditions that are culturally determined. In addition, seminal studies in the field of medical anthropology have explained that there is a connection between acculturation and health, that culture determines the expression of symptoms and the nature and potential of cures, and the role of faith and family in the alleviation of symptoms (Baer, Singer, & Susser, 2004).

In the U.S. Latino population, some of the most notable studies that linked acculturation and health have focused on disease outcomes. In general, the extant evidence indicates that increases in acculturation (when a person integrates into a host culture, abandoning the culture of the country of origin) accompany increases in numerous physical conditions. This is true for Latinos and cardiovascular disease (CVD; American Heart Association, 1998). The high acculturation– high CVD relationship was explained by Berry's (1998) indication that a person's health status reflects the new country's health norms because of the cultural assimilation of the person. Hazuda (1996) offered contrary evidence in an investigation of hypertension, CVD, and the acculturation of Mexican Americans in the United States. Hazuda found that hypertension was greatest for Mexican Americans who were less acculturated and of lower socioeconomic status, and lived in Texas, than Mexican Americans who lived in Mexico City. More revealing was the finding that among Mexican Americans low socioeconomic status was a stronger predictor than acculturation for CVD and hypertension.

The prevalence of cancer, and its incidence and mortality rate, differs among ethnic groups in the United States (American Cancer Society, 2005). This has given rise to important considerations about lifestyle and health-risk behaviors (e.g., smoking, obesity) that may be dictated by culture and degree of acculturation. Although limited research has been conducted to link acculturation and cancer among Latinos, the general consensus is that acculturation may indirectly relate to cancer prevalence and type because acculturation may influence health-related behaviors such as nutrition practices, alcohol consumption, and smoking (Suarez, 1994).

The customary link between high acculturation (integration) and negative health indicators is reversed considering diabetes. Hazuda, Haffner, Stern, and Eifler (1988) indicated that high acculturation among Mexican Americans related negatively to the prevalence of diabetes. Again, however, socioeconomic status was a confounding variable that better predicted the prevalence of diabetes than acculturation among Mexican Americans.

African Americans and Latinos continue to be overrepresented in the incidence of HIV/AIDS (Center for Disease Control and Prevention, 2005). Peragallo (1996) indicated that among Puerto Rican women, acculturation was positively related to increased risk behaviors linked to AIDS. However, Hines and Caetano (1998) showed a complex and dynamic relationship among several factors to explain AIDS in a sample of Latino men. Specifically, they found that Latino men who were more acculturated drank alcohol more than women; however, women were more likely than men to engage in unprotected sexual intercourse. It is interesting to note, studies of condom use among Latinos indicate that Latinas who are less acculturated have fewer sexual partners but are less likely to use condoms that Latinas who are highly acculturated (VanOss Marin, 1996).

THE FAMILY AS A MEDIATOR BETWEEN HEALTH AND ACCULTURATION

Myers and Rodriguez (2003) proposed a complex conceptual model to explain the connection between acculturation and health among ethnic minorities in the United States. Although they proposed numerous pathways from acculturation alternatives to health status and illness outcomes, notable is their report that "acculturative processes are not likely to exert direct effects on health outcomes. Instead, we conceptualize those effects as ones that are mediated through various paths" (p. 180).

Encouraging for family counseling researchers and clinicians is the importance Myers and Rodriguez (2003) gave to socioecological and sociocultural processes. Both processes are influenced by family dynamics and may be particularly significant for Latinos given the significance placed by Latinos on the family. In addition, our assertion is not intended to detract from the aforementioned multidimensional model but to add to it and to confirm that family counselors are well prepared to contribute to the understanding of Latino acculturation and acculturation's relationship to health status in this population.

Family counseling professionals, especially researchers, can easily validate their theories, instruments, and interventions by adapting them to the Latino culture. Particularly promising is that counselors have effectively begun to provide health-focused counseling with individuals and couples,

thereby properly addressing the complexity of health issues as an influence on family life (Sperry, 2005). In addition, family counseling researchers have successfully drawn attention to numerous factors that address the intersection between family dynamics and health. For example, Kiecolt and Newton (2001) indicated that marital quality was positively related to immunological, cardiovascular, and neurobiological wellness. Years before, Glaser, Kiecolt-Glaser, Speicher, and Holliday (1985) examined the connection between family discord and physical immunity to find that "mental health affects physical health by altering the immune system, the body's defense against illness" (Sperry, Carlson, & Peluso, 2006, p. 187).

CONCLUDING COMMENTS

In this article, we discussed the connection between acculturation, Latino family dynamics, and health. It is clear that more research on the acculturation of Latinos and on the Latino family is needed. Also needed are clinical interventions that address psychological and physical health outcomes, and their relationship to Latinos in the United States. Family counseling practitioners must consider that acculturation strategies ought to influence the design of culturally appropriate family counseling interventions for Latinos (Marin & Gamba, 2003). In addition, it is important to note that acculturation appears to change Latino's behaviors, including those behaviors that may place at risk physical health (Cuellar, Arnold, & Maldonado, 1995; Marin, 1993).

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