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Authors

Manzo, Gabriela
Piña-Watson, Brandy
Gonzalez, Iliana M
et al.

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Disentangling acculturation and enculturation intergenerational gaps: Examining mother–youth value discrepancies and mental health among Mexican-descent college students

Gabriela Manzo¹  | Brandy Piña-Watson¹  |
Iliana M. Gonzalez¹ | Aundrea Garcia | Jocelyn I. Meza²

¹Texas Tech University, Lubbock, Texas, USA

²University of California, Los Angeles, California, USA

Correspondence

Gabriela Manzo, Department of Psychological Sciences, Texas Tech University, 2700 18th St, Lubbock, TX 79410, USA.

Email: gabriela.manzo@ttu.edu

Abstract

Objective: To test the acculturation gap hypothesis by examining mother–youth value discrepancies (both acculturative and enculturative) and their association with mother–youth acculturative conflict and youth mental health outcomes.

Method: Participants were 273 Mexican descent college students attending a large, public, Hispanic Serving Institution (HSI) in West Texas (72% women). The participants' ages ranged 18–25 years ($M = 19.33$ years; $SD = 1.54$ years).

Results: Three models assessed the relationship between mother–youth value discrepancies and mental health outcomes (suicidal ideation, non-suicidal self-injury, and depressive symptoms) as mediated by mother–youth acculturative conflict. Consistently, Mexican heritage cultural values were related to mental health outcomes while American cultural values were not.

Conclusions: The study found that increased mother–youth discrepancies on Mexican cultural values were associated with increased negative mental health outcomes. Our findings suggest that adopting or learning new mainstream American values does not substitute for the Mexican cultural values that protect against negative outcomes.

KEYWORDS

acculturation, cultural values, depression, discrepancies, intergenerational conflict

1 | INTRODUCTION

There are high and continually rising prevalence rates of depressive symptoms, suicidal ideation, and non-suicidal self-injury (NSSI) among college students in the United States (U.S.; American College Health Association; 2017, 2018, 2019). While depression, suicidal ideation, and NSSI are all distinct outcomes, with diverse etiologies, they all share commonalities, including treatment targets. They are comorbid conditions (Nitkowski & Petermann, 2010; Nock et al., 2010) that have been theoretically proposed as individual risk factors for death by suicide (Grandclerc et al., 2016). This is an alarming matter considering suicide is one of the leading causes of death among college students (CDC, 2016). A recent national assessment that surveyed 52 college campuses discovered that (a) 45.1% of U.S. college students report having difficulty functioning due to depressive symptoms in the past year, (b) 13.3% have seriously considered suicide in the past year, and (c) 8.6% have engaged in NSSI in the past year (American College Health Association, 2019). Although this assessment does not report these prevalence rates by race/ethnicity, there is sufficient evidence to indicate significant disparities for underrepresented minority college students.

For Latinx college students, the largest ethnic minority group in the United States and a consistently growing group on college campuses (Pew Research Center, 2017; U.S. Census Bureau, 2019), research suggests they experience elevated rates of depressive symptoms, suicidal ideation, and NSSI (Croyle & Waltz, 2007; Gore & Aseltine, 2003; Kann et al., 2018). For example, one study found that 22.2% of Latinx college students reported depressive symptoms, 6.3% reported suicidal ideation in the last year, and 14.2% reported NSSI in the last 12 months (Eisenberg et al., 2013). Suffering from mental health complications while pursuing a college degree can impact academic performance and college persistence, as well as increase the likelihood of dropping out (Eisenberg et al., 2009). Given there is an achievement gap that has been documented for Latinx college students (Nichols, 2017), understanding factors associated with these mental health issues for Latinx college students is sorely needed to build targeted prevention and intervention efforts to subsequently close these gaps.

Further, intergenerational acculturation discrepancies (IAD) between individuals and their caregivers have been shown to be related to increased depressive symptoms, suicidal ideation, and NSSI (Dennis et al., 2010; Birman & Poff, 2011; Canino & Roberts, 2001; Cervantes et al., 2014). The acculturation gap hypothesis postulates that youth and their parents acculturate and adapt at *different* rates to the host country in terms of behaviors, interests, cultural values, and practices (Szapocznik et al., 1978). These acculturative discrepancies often lead to parents feeling alienated and fear that their children are becoming too removed from their heritage culture (Szapocznik et al., 1978). The acculturation gap hypothesis postulates that increased IAD is associated with greater likelihood of acculturative conflict which, in turn, has negative mental health implications for youth (Lui, 2015).

Therefore, in the present study we examine the relationships between value-based IAD with depressive symptoms, suicidal ideation, and NSSI for Mexican descent college students with mother–youth acculturative conflict as a potential mediator. We are specifically examining these relationships for those of Mexican descent given that they are the largest Latinx ethnic group in the United States, and Latinx are a heterogeneous group which warrants separate examination of subgroups instead of homogenizing into one group of Latinx (González Burchard et al., 2005; Pew Research Center, 2019).

1.1 | Acculturation and acculturation gap hypothesis

*Acculturation*¹ is defined as changes in values, behaviors, and affect that occur resultant of contact with culturally different people, groups, and social influences and is composed of various domains, including identity, behavioral, and cognitive domains (Birman & Simon, 2014; Schwartz et al., 2010; Telzer, 2010). It is a bidimensional process that consists of practices, values, and identifications from both the heritage-culture and the host-culture and is comprised of the dual processes of acculturation and enculturation (Schwartz et al., 2010). The act of acquiring

characteristics or norms from the host or mainstream culture is known as acculturation. In contrast, the act of preserving or acquiring characteristics or norms of one's traditional heritage culture is known as enculturation.

The acculturation gap hypothesis (see Figure 1a), states that the difference in rates of *acculturation* between children and their parents creates "acculturation gaps." These acculturation gaps, also known as IAD, are a mismatch or distance between parents and their offspring on a variety of domains of living such as values, practices, language, and behavior (Cespedes & Huey, 2008; Lau et al., 2005; Schofield et al., 2008; Ying & Han, 2007). Although the construct of *acculturation* is bidimensional in nature (comprised of acculturation and enculturation gaps), many studies that examine IAD in Latinx samples focus on only one dimension: acculturation (see Berry, 1980; Schwartz et al., 2010). Many of these studies do not account for the heritage cultural values that one may retain which is overly simplistic and problematic given enculturation is not accounted for.

The cognitive domain of *acculturation* encompasses cultural values. Enculturation values include values that are typically generalized across an ethnic group and are internal to the individual (Schwartz et al., 2010). Examples of these common Mexican heritage cultural values include familismo, respeto, and religiosidad as well as traditional gender role values such as caballerismo, machismo, and marianismo (Arciniega et al., 2008; Castillo et al., 2010; Knight et al., 2010). Acculturation values encompass mainstream values that are generalized across the dominant host culture. Examples of these common values to the U.S. American culture include independence and self-reliance, competition, and personal achievement (Triandis et al., 1988).

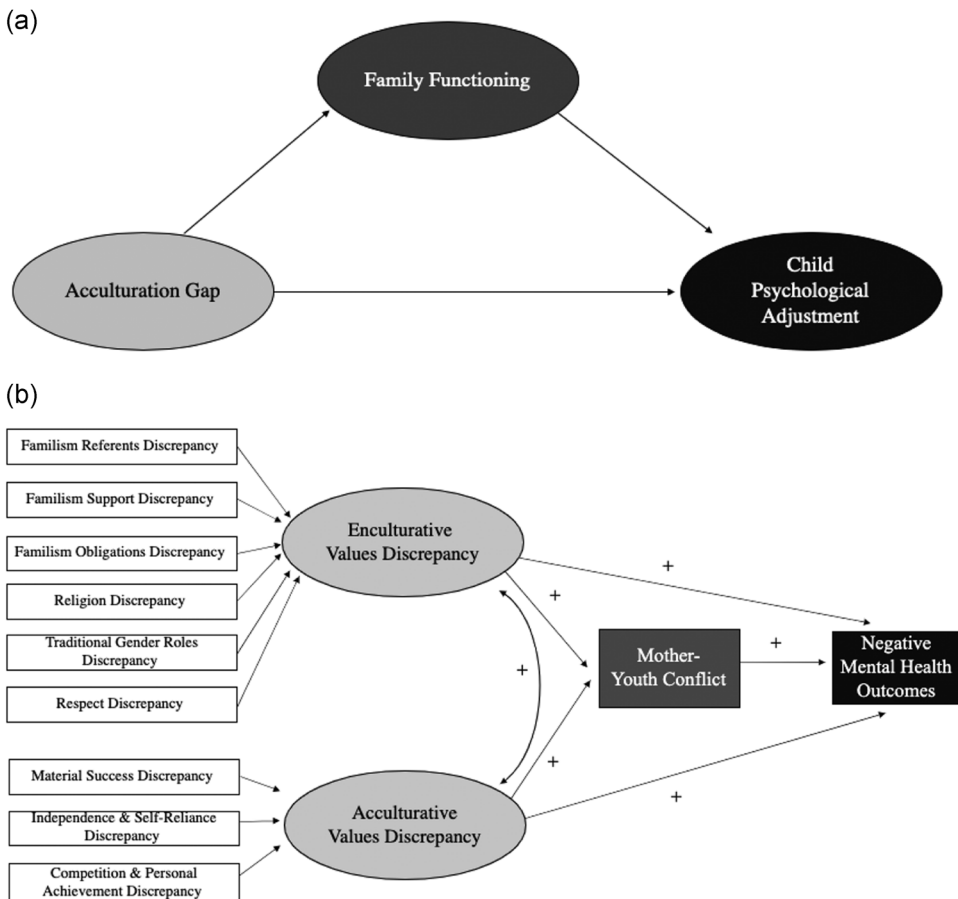


FIGURE 1 Acculturation gap hypothesis model and hypothesized model. Note: Gender, nativity, age, and socioeconomic status were controlled for in hypothesized model

The *values* domain of acculturation/enculturation has not been studied sufficiently in the acculturation literature. Many studies tend to measure an individual's behavior, such as language use, to determine their level of acculturation or enculturation (see Berry, 1980; Schwartz et al., 2010 for reviews). However, behavior is malleable and dependent on specific contexts while values may tend to be more deeply rooted and are less likely to change frequently. Therefore, examination of the cognitive dimension of acculturation and enculturation may elucidate different findings. For example, recent research has shown that parent–youth discrepancies about mainstream American cultural values and Latinx heritage cultural values are associated with the parent–youth relationship and thus, also has associations with the mental health outcomes of the youth (i.e., increased depressive symptoms and suicidality; see Piña-Watson, 2014). Further, this study found that only parent–youth discrepancies about the values domain on acculturation and enculturation (rather than identity and behavioral domains) impacted parent–child relationships and thus mental health outcomes. Researchers have suggested that more research examining specific cultural value discrepancies is needed to understand how these gaps relate to youth psychological functioning (Dennis et al., 2010).

1.2 | IAD and mother–youth conflict

The relationship between IAD and increased parent–youth conflict has been mixed with some studies finding significant and nonsignificant relationships (Birman, 2006a; Costigan & Dokis, 2006; Ho & Birman, 2010; Lau et al., 2005; Pasch et al., 2006). When this relationship has been supported, it is hypothesized that the greater the *acculturation* gaps, the *increased* likelihood for parent–youth conflict and, thus, subsequent impact on youth's psychological functioning (Kwak, 2003; Portes & Rumbaut, 2005). This has been shown to occur in families of Mexican descent with prior research showing that father–youth gaps in the degree of acculturation were related to parent–youth conflict (Schofield et al., 2008).

The need to examine mother–youth dynamics when it comes to studying IAD during college is important as mother–youth relationships in Mexican descent families are unique, just as with father. This is largely because mothers in Mexican descent families, and Latinx families broadly, are known as the “carriers of culture” (Padilla, 2006) due to their roles in value socialization and transmission. Thus, their emphasis on heritage cultural values may impact youth's likelihood of experiencing IAD and thus, mother–youth conflict. Additionally, some research suggests that mothers tend to experience more conflict with their children than do fathers (Birditt et al., 2009; Collins & Russell, 1991). Therefore, having a better understanding of mother–youth relationships could impact the quality and closeness of the relationship. Further, scholars have argued the importance of examining mother and father dynamics separately and not collapsing onto one variable of generalized “parent–child” dynamics. In doing this, we may be missing out on unique effects for the differing parent–child relationship (Birditt et al., 2009; Piña-Watson, 2014). With this in consideration, the present study will focus on mother–youth dynamics, specifically mother–youth conflict.

1.3 | IAD and youth mental health outcomes

Research shows that IAD between parents and youth are associated with increased negative mental health outcomes, namely depressive symptomatology, suicidal ideation, and NSSI (i.e., Arria et al., 2009; Cervantes et al., 2014; Cespedes & Huey, 2008; Gulbas et al., 2015; Hovey, 2000; Schofield et al., 2008). Regarding depressive symptomatology, prior research on Mexican descent families finds that the greater IAD between youth and their parents is associated with increased depression symptoms for the youth (Cespedes & Huey, 2008; Dennis et al., 2010; Schofield et al., 2008). Further, Cespedes and Huey (2008) found that IAD in the perceived endorsement of traditional gender roles (cognitive enculturation IADs) predicted greater adolescent depressive symptoms, while IAD on cognitive acculturation did not.

Regarding suicidal ideation, broadly, a disconnect or lack of support from family has shown to be a correlate of suicidal ideation among emerging adults (Arria et al., 2009; Hovey, 2000), with most studies finding IADs as a risk

factor in Latinx individuals for suicidal ideation (Canino & Roberts, 2001; Ortin et al., 2018; Zayas & Pilat, 2008). Further, research has found that higher familial cultural conflict was associated with an increased likelihood for suicide ideation among Latinx emerging adults (Fortuna et al., 2007). These results suggest that IADs, for more acculturated Latinx emerging adults, having low familismo values and increased rates of familial cultural conflict as stressors increases the likelihood in engaging in suicidal behavior (Fortuna et al., 2007).

Literature examining the link between IAD and NSSI outcomes on Latinx populations has been limited. However, among Latinx adolescents, acculturation gap stress has been associated with NSSI behavior, specifically, in Latina adolescents. Acculturation gap stress is predictive of NSSI when Latina adolescents have acculturated at a faster pace, compared to their parents, suggesting that these gaps result in additional stress (Cervantes et al., 2014; Gulbas et al., 2015).

1.4 | Mother–youth conflict and mental health outcomes

The relationship between family conflict and negative mental health outcomes, namely depressive symptomatology, suicidal ideation, and NSSI has been well-documented in the literature. For Mexican descent samples in particular, increased parent–child conflict has been associated with depression, suicide risk, and suicide ideation (Piña-Watson et al., 2013, 2020; Turner et al., 2002). While NSSI does not mean that an individual also experiences suicidal ideation, suicidal behaviors and self-harm share several risk factors, including parental-child conflict (Cervantes et al., 2014; Croyle & Waltz, 2007; Rojas-Velasquez et al., 2020). In addition, research has also supported the relationship specifically between mother–youth conflict and depressive symptomatology, suicidal ideation, and NSSI (Tschan et al., 2015; Updegraff et al., 2009; Zayas et al., 2009). Mothers tend to have both more intimacy but also more conflict with their youth than fathers (Birditt et al., 2009). Thus, it is possible that when conflict arises between young adults and their parents, its relationship with negative mental health outcomes may differ based on whether conflict occurs with mother versus father. This is yet another reason to examine the effects of mother and fathers and youth dynamics separately.

1.5 | Developmental context of emerging adulthood

Emerging adulthood is a distinct period from adolescence and young adulthood (Arnett, 2000) and may organically relate to many of this study's constructs of interest (i.e., value discrepancies, conflict, mental health). Many emerging adults leave home striving for increased independence and find themselves in diverse living situations (Goldscheider & Goldscheider, 1994). Despite this, it is not uncommon for emerging adults to have independent living supplemented by periods of continued reliance of parents (Goldscheider & Goldscheider, 1994). It is important to acknowledge that the parental dynamics during emerging adulthood change. While there is typically less parental monitoring, parents may hold expectations about what is considered acceptable and what decisions they think their emerging adult should take (Arnett, 2000). The diverse living situations emerging adults often find themselves in may afford them opportunities to interact with individuals of different socioeconomic status, cultures, and values and, most importantly, be influenced by such interactions. Thus, interactions in different contexts elucidate the importance of looking at value discrepancies between them and their parents. It is possible that rearing away from traditional values may cause parental conflict as parents may perceive this as defiance or low traditional ethnic identity. The emerging adult may feel misunderstood, and this may lead to mental health issues.

One major issue among IAD studies is that they have tested the acculturation gap hypothesis primarily on early and late adolescents. Research on emerging adults has been limited even though the impact of depression, NSSI, and suicidal ideation may be more detrimental during this time of life (Eisenberg et al., 2013). A meta-analysis was conducted examining studies about IAD, family conflict and various mental health outcomes. It found that while family conflict was related to poorer mental health outcomes among adolescent and young adults, this relationship was significantly larger for the young adult group than the adolescent group (Lui, 2015). This suggests that the

constructs of IAD, negative mental health outcomes, and conflict may intersect differently depending on one's developmental context. Given these findings, it is possible that IADs may become more salient during emerging adulthood when individuals take on more responsibilities and make important decisions reflecting their cultural beliefs which may in turn, lead to poorer outcomes such as increased parental conflict and negative mental health outcomes. Thus, further examination of this specific developmental period is warranted.

1.6 | Current study

The purpose of this study was to test the acculturation gap hypothesis by examining a model that considers both mother–youth acculturation and enculturation value discrepancies, which are analogous to IAD, but specifically only examining cultural values. For this study, we conceptualize mother–youth discrepancies about cultural values as enculturation value discrepancies and discrepancies about mainstream American cultural values as acculturation value discrepancies. Specifically, we hypothesize that (see Figure 1b):

*H*₁: Higher levels of enculturation and acculturation value discrepancies between mother and youth will be significantly associated with higher levels of mother–youth conflict.

*H*₂: Higher levels of enculturation and acculturation value discrepancies between mother and youth will be significantly associated with increases in depressive symptoms, suicide ideation, and NSSI.

*H*₃: Higher levels of mother–youth conflict will be significantly associated with higher levels of youth depressive symptoms, suicide ideation, and NSSI.

*H*₄: Mother–youth conflict will mediate the relationship between enculturation/acculturation value discrepancies and youth depressive symptoms, suicide ideation, and NSSI.

2 | METHODS

2.1 | Participants

Participants consisted of 273 Mexican descent college students attending a large, public, 4-year university recently classified as a Hispanic Serving Institution (HSI) in West Texas (72% women). The participants' ages ranged from 18 to 25 years ($M = 19.33$ years; $SD = 1.54$ years). Most participants did not report living with their parents or primary caregivers (85.3%) and instead reported living with roommates, romantic partners, siblings, spouses, or alone. Most participants identified their primary female caregiver as their biological mother (97.85%). Out of our sample, 43% reported being of second generation (U.S. born children to foreign-born parents) and only 4.4% identified as first generation (born outside the United States). Socioeconomic status was assessed in comparison to others in the participant's community. Participants compared their family's income to other people in their community and 38% reported "Same as most others," 20% "A little less than others," 15% "Somewhat less than others," 19% "A little more than others," and 8% reported "Somewhat more than others."

2.2 | Measures

2.2.1 | Enculturation and acculturation values

The 50-item Mexican American Cultural Values Scale was developed to measure values associated with traditional Mexican culture and mainstream U.S. culture (Knight et al., 2010). This scale was derived from qualitative data provided by focus groups in which Mexican Americans' (adolescents, emerging adults, mothers, and fathers) discussed their perceptions

of key Mexican American values and American values. The focus groups had large samples that included immigrants and nonimmigrants. This scale measures values associated with traditional Mexican culture and Anglo culture to capture the underlying value dimensions associated with the processes of acculturation and enculturation. The scale is composed of two dimensions and a total of nine subscales in correspondence with the two higher order factor model that emerged. The first dimension is the Mexican American Values subscale which consists of six subscales reflective of traditional Mexican values (i.e., "Parents should teach their children that the family always comes first"); familism support, familism obligations, familism referents, respect, religion, and traditional gender roles. The second dimension is the Mainstream Values subscale which consists of three subscales reflective of mainstream U.S. values (i.e., "Parents should teach their children to compete to win"); material success, independence and self-reliance, competition, and personal achievement. The scale used a 5-point rating scale ranging from 0 (*not at all*) to 5 (*completely*). In the present study, the Mexican American Values subscale will be used to operationalize enculturation values and the mainstream Values subscale will be used to operationalize acculturation values. Prior research only examining the Mexican American Values dimension among adolescents, their mothers, and their fathers found the coefficient alphas were 0.84, 0.80, and 0.77, respectively (Germán et al., 2009). Due to the length of this scale, it is not often administered entirely using both dimensions and all nine subscales. Most studies utilize only one dimension or a specific value subscale(s) of interest. Coefficient alphas for studies that utilize this scale partially range between 0.84 to 0.90 among adolescent and their parents (Berkel et al., 2010; Calderón-Tena et al., 2011; Delgado et al., 2011; Knight et al., 2011). In the present study, for the Mexican American values subscale, the alphas for the present study were 0.95 from the participant and 0.95 from the perspective of the participant's primary female caregiver. For the Mainstream values domain, the alphas for the present study were 0.81 from the participant and 0.90 from the perspective of the participant's primary caregiver.

This instrument was administered twice in the present study, once from the *perspective* of the participant and once from the perspective of the participant's primary female caregiver to be able to compute a distance score. This method is consistent with prior research that asks for perceived discrepancies about acculturation or enculturation values between participants and caregiver when parents cannot be directly contacted (Telzer, 2010). This practice is widely used among Latinx (i.e., Feliz-Ortiz et al., 1998; Unger et al., 2009) and Asian American samples (i.e., Ahn et al., 2008; Ying & Han, 2007). A review paper on the acculturation-gap model has deemed this practice as appropriate and not uncommon in this line of research where there is a need to obtain a difference score between parents and youth to test the acculturation gap-model (Telzer, 2010). Moreover, a recent study on emerging adults that assessed actual discrepancies surveyed their caregivers. It compared the caregiver's scores of discrepancies to their offspring's perceived discrepancies. The study found no significant difference between both ratings. This indicates that among emerging adults, discrepancies that emerged are independent of the rater (i.e., caregiver or offspring) (Sun et al., 2020).

For perceived mother–youth discrepancy, generalized distance scores were computed based on prior research that examines *acculturation* discrepancies (Crane et al., 2005; Lau et al., 2015). This was done by calculating the absolute difference between mothers' and youth's scores on all nine subscales on this measure examining magnitude of discrepancy. Using this method, nine discrepancy scores were calculated for each participant, one for each subscale.

2.2.2 | Mother–youth acculturative conflict

The Asian American Family Conflict Scale consists of 10-items and is used to measure the amount of parent–youth conflict that the participant perceives (Lee et al., 2000). This scale measures intergenerational conflict about acculturation and asks about conflicts in practices between U.S.-raised youth and their parents. This scale was modified to ask participants how often different types of situations arise in their relationship between their *primary female caregivers* and them, rather than between their family and them.

The role of primary female caregivers for each participant was inquired in a non-assumptive manner. Participants were first asked who played the role of a "mother" in their lives by asking them to select one of the following options: biological mother, stepmother, foster mother, grandma, aunt, adoptive mother, other (specify), or indicated

that they do not have a primary female caregiver. They were then asked to indicate if the person they selected as their primary female caregiver was living or deceased. Participants who selected either that they do not have primary female caregiver or that she is deceased, did not receive further questions on the survey about their primary female caregiver.

The scale used a 5-point Likert-type scale ranging from 0 (*almost never*) to 5 (*almost always*). A sample item is "Your primary female caregiver tells you what to do with your life, but you want to make your own decisions." This scale was scored by computing the participant's total score whereby higher scores indicate the higher conflict with female caregiver. This scale has acceptable validity, 0.95 (Lee et al., 2000). This scale has been used heavily with non-Asian populations who have interdependent and collectivist family dynamics (Birman, 2006b; Constantine & Flores, 2006). The alpha for the present study is 0.89.

2.2.3 | Depressive symptoms

The Center for Epidemiological Studies Depression Scale (CES-D-20) is a 20-item scale used to measure current depressive symptoms (Radloff, 1977). The scale is based on a 4-point scale ranging from 1 (*rarely or none of the time/less than one day*) to 4 (*all of the time/5-7 days*). The scale asks participants how often they experienced a number of symptoms in the past week. A sample item is "You were bothered by things that usually don't bother you." This scale was scored by computing the participant's total score whereby higher scores indicate greater depression severity. This scale has acceptable validity, 0.85 in general population (Radloff, 1977). This scale has acceptable test-retest reliability with Mexican descent adolescents and emerging adults, $\alpha = 0.86$ (Piña-Watson & Abraido-Lanza, 2017). The present α is 0.95.

2.2.4 | Suicidal ideation

The Suicide Cognitions Scale (SCS; Rudd et al., 2010) is an 18-item scale used to measure suicidal ideation. The scale is based on a 5-point Likert-type scale ranging from 1 (*strongly disbelieve*) to 5 (*strongly believe*). A sample item is "The world would be better off without me." This scale was scored by computing the participant's total score whereby higher scores indicate greater suicidal ideation. A previous study had a Cronbach alpha of 0.96 for their overall score and demonstrated good reliability and validity (Slee et al., 2008). The SCS has been validated as a measure of suicidal beliefs among psychiatric inpatients, veterans, and college students (Ellis et al., 2015; Rudd et al., 2010). For this scale, studies with a concentration on an exclusively Latinx sample was not found, but the studies above consisted of participants that are within the age limits of the population in our study. The alpha for the present study is 0.97.

2.2.5 | NSSI

The Inventory of Statements about Self-Injury (ISAS) was used to measure past year NSSI (Klonsky & Glenn, 2009). For participants, NSSI was defined as a behavior done intentionally and without suicidal intent. Participants were then asked if they engaged in NSSI from a list of 12 behaviors (i.e., cutting, pinching, pulling hair, burning, etc.), and an "other" option. They were then asked if it was within the last twelve months. Those that denied NSSI activity were able to skip the list of behaviors and past year engagement questions. For analysis, those that did not endorse any NSSI behavior within the last 12 months were coded as 0 and 1 for those that did endorse any type of NSSI. Previous literature has also shown that including wound-picking as a NSSI behavior inflates the prevalence of NSSI in samples (Wilcox et al., 2012), and it is not considered a severe form of NSSI or possible criteria for the development of the non-suicidal self-injury disorder (NSSID) listed as a condition for further study in the Diagnostic and Statistical Manual of Mental Disorders V (DSM; Quirk et al., 2015; Victor et al., 2018).

2.3 | Procedure

The present study is a secondary analysis of a larger study aimed at examining risk and protective processes in Latinx emerging adult mental health. The study received approval by human research protection program from the university. Researchers recruited participants from the psychology subject pool and through the official university email announcement service. The study was in online survey format and took approximately 45 min to complete. Eligibility criteria required that participants must identify as being of Mexican descent, be between ages 18 to 25, and be college student at the university where IRB was approved. This information was self-reported at the very beginning of the survey. If they did not meet eligibility criteria the survey was discontinued, and they were thanked for their interest in the study. It is important to note that participants recruited through the psychology subjects pool did not self-select into the study based on knowledge of the content. Rather, participants self-selected to participate based on schedule availability from a large pool of studies. The ordering of the questionnaires was randomized for each participant. When the study was announced on the official university email announcement service, students simply clicked a link and took the survey if they met eligibility criteria which was reiterated again in the survey. After participants completed the survey, they were debriefed and given a list of national and local resources about mental health services. Lastly, participants using the psychology subject pool were awarded course credit for their participation.

2.4 | Data analytic strategy

Mplus Version 7.11 (Muthén & Muthén, 2012) was used to test the direct hypothesized relations among variables (see Figure 1b). To better account for measurement error, latent variables were created for both cultural value discrepancy constructs, enculturation and acculturation. The enculturation values discrepancy latent variable included the six subscales reflective of traditional Mexican values: (1) familism support, (2) familism obligations, (3) familism referents, (4) respect, (5) religion, and (6) traditional gender roles. The acculturation value discrepancy latent variable included three subscales reflective of mainstream U.S. values: (1) material success, (2) independence and self-reliance, and (3) competition and personal achievement.

To test the fit of the models, the following fit indices were used: a comparative fit index (CFI) of 0.90 or more, a standardized root mean square residual (SRMR) equal to or less than 0.07, and a root mean squared error of approximation (RMSEA) less than or equal to 0.08, and a Weighted Root Mean Square Residual (WRMR) of less than 1.0 (Bentler & Bonett, 1980; Brown & Cudeck, 2013; Yu, 2002). Missing data were handled using full-information maximum likelihood (FIML), which uses all available data to calculate parameter estimates (Kline, 2005). FIML has been demonstrated to be superior to other missing data techniques (e.g., listwise and pairwise deletion) in terms of aspects of model estimation, bias, and efficiency, and relatively equivalent to multiple imputation techniques (Enders & Bandalos, 2001).

A mediation model was tested for each respective mental health outcome (SI, NSSI, and depressive symptoms). Due to intercorrelation among these mental health outcomes (see Table 1) (García-Nieto et al., 2015; Keilp et al., 2012), we decided to run the models separately to avoid the risk of introducing multicollinearity in our model. We determined which mediators to test based on the significant direct paths. Mediations were tested for paths that had (a) a significant path from the independent variables (enculturation and acculturation values discrepancy latent variable) to the mediator variable (female-caregiver conflict), (b) the mediator variable had a significant path to the outcome variable (i.e., depressive symptoms), and (c) the independent variable and dependent variable were correlated with one another. Statistically significant indirect effects are those with p values less than 0.05 and confidence intervals (CIs) that did not include zero.

Given that the NSSI outcome was binary (did not engage in NSSI in last year = 0, engaged in NSSI in last year = 1), we specified commands on Mplus to run the mediation analysis appropriately. The categorical option was used

to specify which dependent variables should be treated as binary variables (i.e., NSSI) in the model and its estimation. The default estimator for this type of analysis is a robust weighted least squares estimator. With this estimator, probit regressions are estimated for the categorical factor indicators, and linear regressions are estimated for the continuous factor indicators (Muthén & Muthén, 1998-2017, p.62).

3 | RESULTS

3.1 | Preliminary analyses

Table 1 illustrates correlations, means, standard deviations, and alphas for each of the measured variables. Based on a suggested ratio of 10 participants per estimated parameter (which includes all direct path estimates, controlling for gender, nativity, age, and socioeconomic status on each independent variable (testing for all indirect effects, as well as the error terms on each endogenous variable), a sample size of 190 (10 parameter estimates in the hypothesized model) was needed to ensure sufficient power (Kline, 1998). The present study well exceeded the recommended number of participants.

3.2 | Testing hypothesized path models

3.2.1 | Depressive symptoms

The hypothesized model with depression as an outcome variable (see Figure 1b) was examined and the model demonstrated acceptable fit: CFI = 0.89, RMSEA = 0.06, 90% CI [0.05, 0.08], $\chi^2 = 152.950$ ($df = 76$, $p = 0.000$), and SRMR = 0.06. Based on the hypothesized model, 13.6% of the variance for depressive symptoms was explained by the predictor variables ($R^2 = 0.136$).

3.2.2 | Suicidal ideation

The hypothesized model with suicidal ideation as outcome variable (see Figure 1b) was examined and the model demonstrated acceptable fit: CFI = 0.88, RMSEA = 0.06, 90% CI [0.05, 0.07], $\chi^2 = 156.210$ ($df = 76$, $p = 0.000$), and SRMR = 0.06. Based on the hypothesized model, 12.2% of the variance for suicidal ideation was explained by the predictor variables ($R^2 = 0.122$).

3.2.3 | NSSI

The hypothesized model with NSSI as binary outcome variable (see Figure 1b) was examined and the model demonstrated acceptable fit: CFI = 0.95, RMSEA = 0.04, 90% CI [0.02, 0.06], $\chi^2 = 748.082$ ($df = 99$, $p = 0.000$), and WRMR = 0.08. Based on the hypothesized model, 22.5% of the variance for NSSI was explained by the predictor variables ($R^2 = 0.225$).

While the CFI for some models was not above the recommended 0.90 (Bentler & Bonett, 1980) it was considerably close to this recommended threshold and the other fit indices presented suggest there is adequate model fit and, thus, models are interpretable.

TABLE 1 Correlations, means, standard deviations, and alphas of latent variables (*n* = 273)

	1	2	3	4	5	6	7	8	9	10	11	12	13	14
1. Gender	...													
2. Familism Referents-D	0.16*	...												
3. Familism Support-D	0.11	0.41**	...											
4. Familism Obligations-D	0.09	0.58**	0.59**	...										
5. Religion-D	0.02	0.28**	0.25**	0.21**	...									
6. TGR-D	0.17*	0.26**	0.27**	0.29**	0.39**	...								
7. Respect-D	0.14*	0.52**	0.39**	0.52**	0.33**	0.47**	...							
8. Material success-D	0.02	0.29**	0.28**	0.30**	0.29**	0.40**	0.31**	...						
9. Individualism and self-reliance-D	0.07	0.34**	0.31**	0.40**	0.11	0.15*	0.28**	0.27**	...					
10. Competition and Achievement-D	0.16*	0.34**	0.35**	0.39**	0.36**	0.37**	0.41**	0.52**	0.48**	...				
11. Mother-youth conflict	0.08	0.09	0.07	0.14**	0.01	0.12	0.18**	0.12	0.03	0.04	...			
12. Depressive symptoms	0.18*	0.16*	0.21**	0.22**	0.13*	0.14*	0.24**	0.19**	0.01	0.06	0.19**	...		
13. Suicidal ideation	0.12	0.07	0.14*	0.12	0.14*	0.11	0.19**	0.15*	-0.04	-0.02	0.25**	0.78**	...	
14. NSSI	0.03	0.29**	0.20**	0.26**	0.08	0.09	0.23**	0.04	0.15*	0.02	0.05	0.46**	0.43**	...
Mean	...	2.94	3.07	2.52	4.88	4.73	5.31	3.46	2.84	2.61	22.11	38.07	27.64	...
SD	...	2.69	3.24	2.41	5.89	4.40	4.71	3.86	2.72	2.68	9.56	12.63	13.80	...

Abbreviations: D, discrepancy; NSSI, non-suicidal self-injury; TGR, traditional gender roles.

p* < 0.05, *p* < 0.01, ****p* < 0.001.

3.3 | Direct effects

3.3.1 | Depressive symptoms

Full reporting of the direct effects in standardized coefficients of the hypothesized model are presented in Table 2 and visually represented in Figure 2a. Enculturation value discrepancies were significantly related to acculturation value discrepancies ($\beta = 0.72$, $SE = 0.06$, $p < 0.001$; 95% CI [0.60, 0.82]) and depressive symptoms ($\beta = 0.40$, $SE = 0.12$, $p < 0.001$; 95% CI [0.15, 0.64]). Further, mother–youth acculturative conflict was significantly related to depressive symptoms ($\beta = 0.13$, $SE = 0.06$, $p = 0.040$; 95% CI [0.01, 0.24]).

3.3.2 | Suicidal ideation

Full reporting of the direct effects in standardized coefficients of the hypothesized model are presented in Table 3 and visually represented in Figure 2b. Enculturation value discrepancies were significantly related to acculturation value discrepancies ($\beta = 0.72$, $SE = 0.06$, $p < 0.001$; 95% CI [0.60, 0.82]) and suicidal ideation ($\beta = 0.33$, $SE = 0.12$, $p = 0.009$; 95% CI [0.08, 0.56]). Lastly, mother–youth acculturative conflict was significantly related to suicidal ideation ($\beta = 0.21$, $SE = 0.06$, $p = 0.001$; 95% CI [0.09, 0.32]).

3.3.3 | NSSI

Full reporting of the direct effects in standardized and unstandardized coefficients of the hypothesized model are presented in Table 4 and visually represented in Figure 2c. Standardized standard errors were not provided by software output and are not included on Figure 2c. Our model only yielded one significant pathway between enculturation value discrepancies and NSSI. For a one unit increase in enculturation value discrepancies, the z-score for NSSI increases by 0.296.

Given that across all models, there were no significant paths from predictor variable to mediating variable, and from mediating variable to outcome variable, no indirect mediation effects were explored (Yzerbyt et al., 2018).

4 | DISCUSSION

The purpose of this study was to test the acculturation gap hypothesis by examining whether mother–youth acculturative conflict explained the relationship between mother–youth discrepancies on cultural values and negative mental health outcomes in Mexican descent families. We separately examined mother–youth discrepancy of American cultural values (acculturation values discrepancies) and traditional Mexican cultural values (enculturation values discrepancies) based on prior recommendations found in the acculturation literature by: (a) focusing on one specific domain of *acculturation* such as cultural values and (b) assessing both acculturation and enculturation gaps separately to most effectively advance our understanding of their role on relationships (Dennis et al., 2010; Schwartz et al., 2010; Telzer, 2010).

The most consistent finding from our study was that mother–youth enculturation value discrepancies (and not acculturation value discrepancies) were significantly related to higher levels of depressive symptoms, suicidal ideation, and NSSI. This finding extends the literature by demonstrating that the mother–youth gaps in our Mexican descent sample partially supports the acculturation gap hypothesis but *only* for the enculturation domain. This highlights the importance of examining both acculturation and enculturation orientations *separately* as they exhibit different relationships. Since mother–youth enculturation value discrepancies were associated with suicidal

TABLE 2 Direct path standardized coefficients for depressive symptoms as outcome variable

Paths	95% CI		p	Lower	Upper
	β	SE			
Direct paths					
Enculturation values discrepancy					
Familism referents-D	0.69	0.04	0.000	0.60	0.77
Familism obligations-D	0.75	0.04	0.000	0.67	0.83
Familism support-D	0.64	0.05	0.000	0.54	0.73
Religion-D	0.44	0.06	0.000	0.33	0.57
Respect-D	0.72	0.04	0.000	0.64	0.80
TGR-D	0.53	0.06	0.000	0.42	0.64
Acculturation value discrepancy					
Material success-D	0.61	0.05	0.000	0.50	0.71
Individualism and self-reliance-D	0.57	0.06	0.000	0.46	0.68
Competition and achievement-D	0.83	0.05	0.000	0.74	0.91
Enculturation values discrepancy					
Acculturation value discrepancy	0.72	0.06	0.000	0.60	0.83
Mother–youth conflict	0.22	0.13	0.081	−0.03	0.45
Depressive symptoms	0.40	0.12	0.000	0.15	0.64
Acculturation value discrepancy					
Mother–youth conflict	−0.08	0.12	0.556	−0.33	0.17
Depressive symptoms	−0.22	0.13	0.083	−0.47	0.03
Mother–youth conflict					
Depressive symptoms	0.13	0.06	0.040	0.01	0.24
Gender	0.05	0.06	0.439	−0.01	0.17
Age	−0.01	0.06	0.847	−0.14	0.11
Nativity	0.02	0.06	0.784	−0.10	0.14
SES	−0.09	0.06	0.166	−0.21	0.04
Depressive symptoms					
Gender	0.13	0.06	0.024	0.02	0.25
Age	−0.02	0.06	0.976	−0.12	0.11
Nativity	−0.01	0.06	0.805	−0.13	0.10
SES	−0.04	0.06	0.464	−0.16	0.07

Abbreviations: D, discrepancy; SES, socioeconomic status; TGR, traditional gender roles.

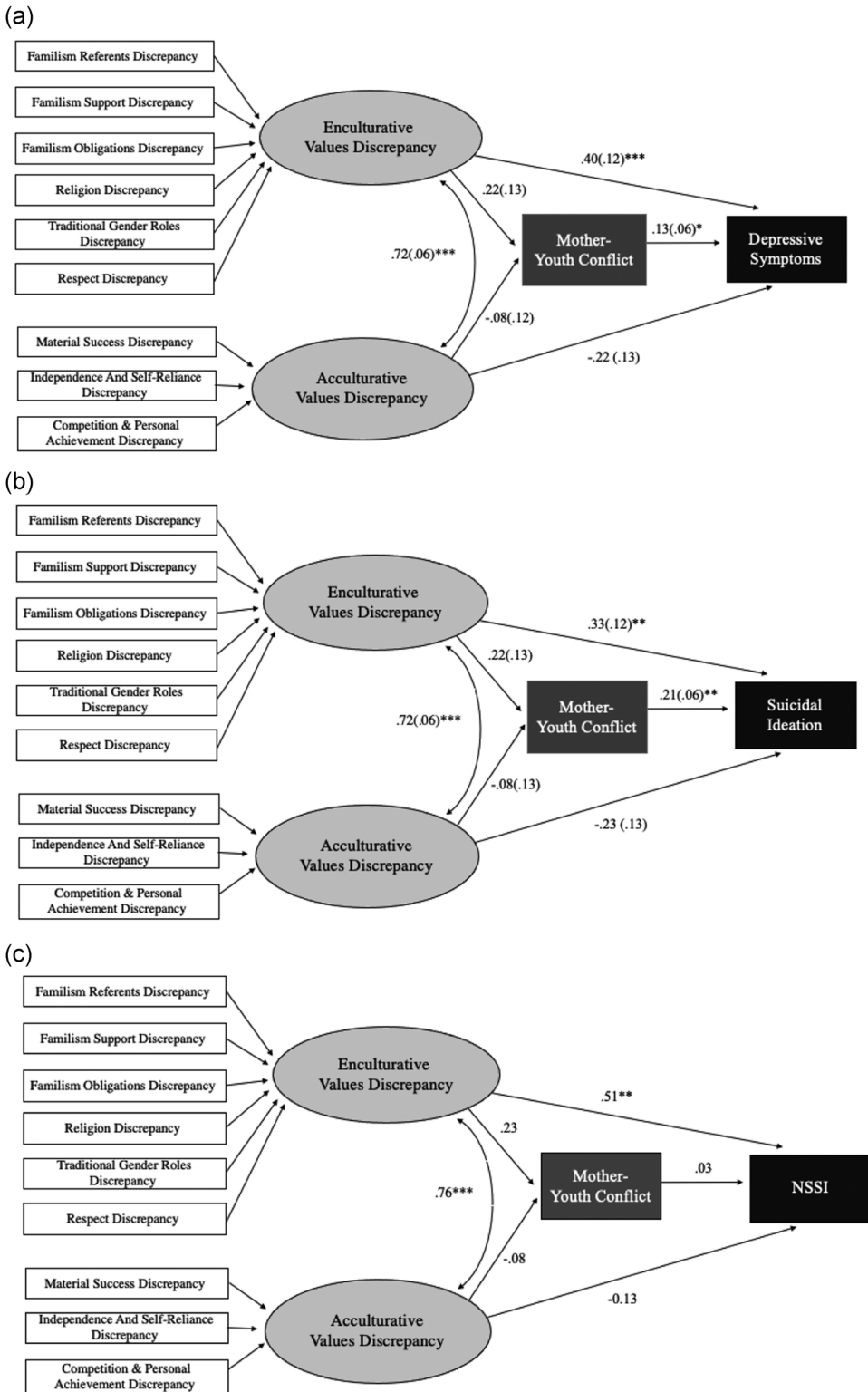


FIGURE 2 (See caption on next page)

ideation, NSSI, and depressive symptoms, this suggests that mother and youth's differential endorsement of traditional Mexican cultural values (such as respect, familismo, traditional gender roles, etc.) seems more salient than experiencing differential endorsement about mainstream, American values.

Contrary to what was hypothesized, we found that neither the gaps in enculturation nor acculturation were significantly associated with the mother–youth acculturative conflict. It's possible that if we were to examine the enculturation and acculturation value discrepancies by individually assessing each of the values that separately composed the latent variables (as opposed to the entire latent variables) we may find differential associations for certain enculturation and acculturation value discrepancies with mother–youth acculturative conflict. There is evidence for this (see Table 1) as the values of familismo-obligations and respeto gaps were indeed correlated with mother–youth acculturative conflict, but the other enculturation values were not. Future research may want to examine specific values separately to determine which seem to be the most salient in driving the acculturation gap hypothesis.

With this in mind, future research may also want to examine other family functioning variables aside from parent–youth acculturative conflict that may be related to these value discrepancies. Family functioning broadly, which includes factors such as family communication, cohesion, and involvement, has been shown to mediate the relationship between gaps and mental health among Latinx adolescents (Cano et al., 2016) so expanding the present model to include other indicators of family functioning is warranted. Another family functioning variable that may be related to gaps could be familial intragroup marginalization given previous research has shown associations with higher levels of familial intragroup marginalization and higher levels of depressive symptoms and suicide risk among Mexican descent adolescents and emerging adults (Piña-Watson et al., 2019). If differential endorsement in Mexican cultural values between youth and their mothers is significant enough it could lead youth to (a) feel marginalized by not being “Mexican” enough, (b) be frequently misunderstood by their parent(s), and (c) experience internalized messages of shame, as these factors may cumulatively contribute to their mental health and result in the emergence of negative mental health outcomes. Additionally, it has also recommended that future research investigate possible moderators (such as parent–youth connection) that may show a protective effect in these associations to better explain intergenerational acculturative gaps and conflict on Mexican descent youth mental health and well-being (Piña-Watson et al., 2020). Given that we did not account for potential moderating processes such as this in the present study, this may be why we are not seeing significant effects. It is possible that for youth who experience high discrepancies, the associations do not hold for those that are highly connected, but for those who have low levels of connection with their mothers, these gaps do show associations with conflict and subsequent negative mental health outcomes. This is beyond the scope of this study, however, may be a fruitful next step in understanding the complexities of the acculturation gap hypothesis with Mexican descent youth.

Finally, the association between mother–youth acculturative conflict and negative mental health outcomes emerged across depressive symptoms and suicidal ideation. This implies that increased mother–youth acculturative conflict, independent of value discrepancies, can be a risk factor for emerging adults. Depending on the severity and frequency, mother–youth acculturative conflict may be reflective of distorted family dynamics and lack of connection leaving emerging adults susceptible to various negative mental health outcomes. This is in line with previous literature that has examined family conflict as a potential risk factor for depression and suicidal ideation (Harris & Molock, 2000) and is supported in research of Mexican descent youth (Hurtado, 2013). Specifically, previous research has found direct significant relationships between mother–youth conflict and increased suicidal ideation (Handley et al., 2019; Zayas et al., 2000).

FIGURE 2 Standardized coefficients for hypothesized models. Note: Standard errors are in parentheses. All models had an adequate fit and were interpretable. Gender, nativity, age, and socioeconomic status were controlled for in all models. NSSI, non-suicidal self-injury. * $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$

TABLE 3 Direct path standardized coefficients for suicidal ideation as outcome variable

Paths	95% CI		<i>p</i>	Lower	Upper
	β	SE			
Direct paths					
Enculturation values discrepancy					
Familism referents-D	0.69	0.04	0.000	0.60	0.77
Familism obligations-D	0.75	0.04	0.000	0.67	0.83
Familism support-D	0.64	0.05	0.000	0.54	0.73
Religion-D	0.45	0.06	0.000	0.33	0.57
Respect-D	0.73	0.04	0.000	0.65	0.81
TGR-D	0.53	0.06	0.000	0.42	0.64
Acculturation value discrepancy					
Material success-D	0.60	0.05	0.000	0.50	0.71
Individualism and self-reliance-D	0.57	0.06	0.000	0.46	0.67
Competition and achievement-D	0.83	0.05	0.000	0.74	0.92
Enculturation values discrepancy					
Acculturation value discrepancy	0.72	0.06	0.000	0.60	0.82
Mother–youth conflict	0.22	0.13	0.073	–0.02	0.47
Suicidal ideation	0.33	0.12	0.009	0.08	0.56
Acculturation value discrepancy					
Mother–youth conflict	–0.08	0.13	0.545	–0.33	0.18
Suicidal ideation	–0.23	0.13	0.065	–0.48	0.01
Mother–youth conflict					
Suicidal ideation	0.21	0.06	0.001	0.09	0.32
Gender	0.05	0.06	0.441	–0.08	0.17
Age	–0.01	0.06	0.845	–0.14	0.11
Nativity	0.02	0.06	0.779	–0.10	0.14
SES	–0.09	0.06	0.164	–0.21	0.04
Suicidal ideation					
Gender	0.09	0.06	0.127	–0.03	0.21
Age	0.06	0.06	0.344	–0.06	0.17
Nativity	–0.03	0.06	0.675	–0.14	0.09
SES	–0.01	0.06	0.945	–0.12	0.11

Abbreviations: D, discrepancy; SES, socioeconomic status; TGR, traditional gender roles.

TABLE 4 Direct path standardized and unstandardized coefficients for NSSI as outcome variable

Paths	95% CI		SE	p	Lower	Upper
	β	B				
Direct paths						
Enculturation values discrepancy						
Familismreferents-D	0.66	1.00	0.00	0.000	1.00	1.00
Familism obligations-D	0.72	0.99	0.10	0.000	0.79	1.17
Familism support-D	0.61	1.11	0.15	0.000	0.82	1.41
Religion-D	0.46	1.55	0.25	0.000	1.05	2.04
Respect-D	0.71	1.87	0.23	0.000	1.43	2.32
TGR-D	0.51	1.26	0.21	0.000	0.87	1.65
Acculturation value discrepancy						
Material success-D	0.62	1.00	0.00	0.000	1.00	1.00
Individualism and self-reliance-D	0.56	0.62	0.09	0.000	0.43	0.79
Competition and achievement-D	0.78	0.85	0.09	0.000	0.66	1.04
Enculturation values discrepancy						
Acculturation value discrepancy	0.76	3.20	0.52	0.000	2.18	4.23
Mother–youth conflict	0.23	1.24	0.74	0.097	−0.23	2.71
NSSI	0.51	0.29	0.11	0.009	0.08	0.52
Acculturation value discrepancy						
Mother–youth conflict	−0.08	−0.31	0.34	0.556	−1.35	0.72
NSSI	−0.13	−0.05	0.08	0.514	−0.21	0.11
Mother–youth conflict						
NSSI	0.03	0.01	0.00	0.695	−0.01	0.02
Gender	0.02	0.98	0.68	0.713	−4.27	6.24
Age	−0.02	−0.11	0.39	0.788	−0.09	0.67
Nativity	0.06	1.40	0.42	0.323	−1.38	4.19
SES	−0.09	−0.76	0.55	0.167	−1.85	0.32
NSSI						
Gender	−0.15	−0.73	0.36	0.445	−1.45	−0.02
Age	−0.05	−0.03	0.06	0.605	−0.15	0.09
Nativity	0.12	0.29	0.22	0.209	−0.16	0.74
SES	0.11	0.09	0.09	0.258	−0.07	0.26

Note: All coefficients are on z-score metric. Standard error shown is in unstandardized.

Abbreviations: D, discrepancy; NSSI, non-suicidal self-injury; SES, socioeconomic status; TGR, traditional gender roles.

4.1 | Limitations and future research

Our findings should be interpreted in light of a few limitations. One limitation is that this study is cross-sectional and, we cannot, establish temporal precedence of variables of interest. This is important to keep in mind as value discrepancies and family difficulties often do accompany each other. Similarly, students who were suffering from high depressive symptoms are more likely to perceive more conflict and value discrepancies from parents. Future work should include studies that are longitudinal to clarify the temporal precedence of the variables of interest. Another limitation is that the vast majority of our sample was female, was solely from one university, and data were collected in a state adjacent to Mexico. Thus, this may have implications for the representativeness and generalizability of our findings. It is possible that in a state neighboring Mexico that the saliency of Mexican cultural values may be more marked compared to other states across the country. Future work in this line of research should aim to collect more diverse samples from multiple sites. In addition, it is important to acknowledge that some of values considered in this study may not have been the most salient values or the values that are likely to generate notable conflict or disagreement among parent–youth dyads. Future work should consider other important Latinx heritage and American values to advance this line of research. Lastly, CFI indices for the depressive symptoms and suicidal ideation models were below with the recommended threshold of 0.90 at 0.89 and 0.88, respectively. While all other model fit indices such as RMSEA, WRMR, and SRMR met their respective thresholds for both of these models, we consider these models to be interpretable. However, the CFI indices for the depressive symptoms and suicidal ideation models, independently considered as a fit index, are a limitation of this study.

Still, many questions remain. Future research can extend these findings by further examining the impact of a father and mother's separate role on their daughters and sons, separately, with the aim of finding when enculturation value discrepancies are associated with negative outcomes (i.e., increased conflict or poor mental health outcomes). The specific examination of mother–son and father–daughter dyads and their relationships to family dynamics and mental health outcomes is less researched (Birditt et al., 2009; Piña-Watson et al., 2014). Moreover, emerging research on Latinx daughter–father dyads has been shown to be associated with mental health outcomes (i.e., suicide risk, suicide ideation, NSSI), thus warranting this as an important area for future research (O'Gara et al., 2021; Piña-Watson, 2014).

Another potential avenue for future research would be to examine protective processes that may buffer the relationship between the mother and youth. We know that not everyone who has IADs goes on to experience conflict or experiences difficult family dynamics, which then leads to negative mental health outcomes. Future research could benefit by exploring potential protective mediating and moderating factors using a strength-based approach such as parenting style, parental cognitive flexibility, familial resilience, parent–youth connectedness and parent–youth communication on our existing models. Lastly, future research should examine how categories of differential value discrepancies between mothers and youth (i.e., mother reporting being less enculturated than youth, youth reporting being more enculturated than mother) may be tied to outcomes. This has also been previously recommended by scholars (Telzer et al., 2016; Telzer, 2010) and may better help us understand if certain categories of value discrepancies are more associated with negative outcomes.

4.2 | Implications

This study has important implications that should be considered while taking account the study's limitations. For one, this study has theoretical implications that may highlight the need to examine acculturation theory in a more complex and nuanced way to disentangle what drives the acculturation gap model. It has been suggested to look at acculturation and enculturation simultaneously on a specific acculturation domain (cognitive domain inclusive of cultural values) as well as examining the father and mother relationship separately, just as the present study has done so (Schwartz et al., 2010; Telzer, 2010). In this study, for the mother–youth relationship, it suggests that

enculturation values discrepancies are consistently associated with poorer psychological outcomes, as opposed to acculturation values discrepancies. This suggests pointing more towards enculturation gaps between mothers and their young adults in being predictive of negative child psychological adjustment.

Further, the findings emerging from this study may have applicability to college students of Mexican descent, their parents, clinicians, and educators as it may help them increase their awareness and knowledge about how *acculturation*, *acculturation* discrepancies, mother–youth conflict, can impact an emerging adult's mental health and potentially, their educational outcomes. Specifically, it highlights how preservation of the Mexican cultural values may be a protective factor against negative mental health outcomes. It may also be of interest to encourage students and parents to recognize specific Mexican cultural values where they have less of a gap to help fortify their perceived discrepancies.

Cultural value discrepancies and family conflict may be viable treatment targets for depression, suicidal ideation, and NSSI. For example, Multidimensional Family Therapy has been shown to be effective with Latinx adolescents and their parents (Rowe et al., 2009) because it targets both individual and family level risk factors. This therapy highlights cultural themes that are most relevant for Latinx families and elicits information about the acculturation process, family's immigration history, and families' conceptualization of adolescent or emerging adult development. Acculturation differences are addressed between family members and culturally relevant protocols are provided for parents to reconnect with their children. Another form of therapy, which has been specifically used with Latinx families is structural family therapy (Zafra, 2016). It encourages parents and older children to form a collaborative perspective for change by examining primary dilemmas, keeping in mind salient values of the family. Utilizing these types of therapies when significant enculturation values exist between parents and youth may be fruitful in preventing value discrepancies from leading to conflict or negative mental health outcomes for emerging adults.

CONFLICT OF INTERESTS

The authors declare that there are no conflict of interests.

PEER REVIEW

The peer review history for this article is available at <https://publons.com/publon/10.1002/jclp.23229>

DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available from the corresponding author upon reasonable request.

ENDNOTE

¹From here on forth, *acculturation* (italicized) refers to the psychological process. Acculturation (non-italicized) and enculturation refer to the mainstream American cultural orientation and heritage cultural orientation, respectively.

ORCID

Gabriela Manzo  <http://orcid.org/0000-0002-9803-5476>

Brandy Piña-Watson  <http://orcid.org/0000-0002-1726-3371>

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