

## Latinas/os and Immigration Reform: A Commentary to “Crossroads: The Psychology of Immigration in the New Century”—The Report of the APA Presidential Task Force on Immigration

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As immigration reform discussions reach a fever-pitch in Washington, DC, Dr. Melba J. T. Vasquez and the APA Presidential Task Force on Immigration released their report, *Crossroads: The Psychology of Immigration in the New Century*. Vasquez was the first Latina and first woman of color to be president of the American Psychological Association, and we commend her for commissioning this Task Force as part of her presidential initiatives. We also note the contributions of J. Manuel Casas to the report, as he is a member of the National Latina/o Psychological Association. This report is an important step for psychologists as we continue to balance the dialogues and discourse around immigration today in the United States. The report aims to describe the demography and experiences of immigrants and second-generation individuals, and takes a balanced approach in highlighting the strengths of this population and their contributions, as well as identifying key challenges, including issues of xenophobia, discrimination, and educational and clinical service limitations that adequately address their unique needs. The report underscores the importance of social, political, and economic contexts as a backdrop to understanding the challenges of immigrant communities, and provides a framework for reducing the educational, research, and applied disparities within psychology. Although the Task Force’s report focuses on all immigrant communities, this commentary highlights specific aspects that address the processes associated with Latina/o communities, while also identifying specific issues that warrant further consideration.

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There are approximately 40 million immigrants in the United States (Passel & Cohn, 2012), 75% of whom are in the country legally, leaving an estimated 11 million unauthorized persons. The raw number of immigrants in the United States is the largest on record, although the greatest per-

centage of immigrants relative to the population (approximately 15%) was at the turn of the 20th century. Although persons from Mexico, Central America, and South America account for approximately 43% of immigrants in the United States, a majority are non-Hispanic, including over 25% from South and East Asia. Of the nearly 47 million Latinas/os in the United States, an estimated 38% are immigrants (Velasco & Dockterman, 2010a, 2010b). Recent data has suggested that although the immigrant population continues to grow, the rate of unauthorized immigration has slowed considerably since 2008, in part due to the change in economic growth potential in the United States.

Latina/o immigrants are incredibly diverse (Alegria et al., 2007), and we cannot assume all

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experiences are the same. The reasons Latina/o immigrate to the United States are as diverse as the Latina/o population itself. A recent poll conducted by the Pew Hispanic Center (Gonzalez-Barrera, Lopez, Passel, & Taylor, 2012) found the most common reasons were a desire for better civil and legal rights, better benefits or opportunities, family-related reasons, having a home in the United States, and desiring an American identity. Reasons often vary by Latina/o background, age, gender, and education. For example, Cuban immigrants are often motivated to escape political repression, whereas Mexican immigrants may cite jobs or family as their primary motivations. These differences are important to understanding acculturation and acculturative stress, and in identifying and implementing interventions that are culturally and contextually congruent to specific immigrant communities.

It is noteworthy that the American Psychological Association (APA) report begins with challenging the common misconception that immigration is a social problem by presenting data demonstrating a myriad of advantages associated with this population. For example, a major point of contention and fear among opponents of immigration reform, with a particular emphasis on Latinas/os, is that immigrants are poor, uneducated, and undesirable people who will place a disproportionate burden on resources, such as health care, that U.S. citizens can ill afford. In contrast, robust evidence supports immigrant health as equal to, and in many instances, better than that of their U.S.-born counterparts. Perhaps the most striking evidence is that there are differences in mortality among multiple immigrant groups, including Asians and Latinas/os, that demonstrate a capacity to live longer than majority non-Hispanic Whites, while experiencing lower mortality for specific diseases such as heart disease (Ruiz, Steffen, & Smith, 2013; Williams, Mohammed, Leavell, & Collins, 2010). *The New York Times* (Tavernise, 2013) recently reported that there is a growing body of mortality research on immigrants, indicating that the longer they live in this country, the greater the rates of heart disease, high blood pressure, and diabetes. The report goes on to state that although American-born children of immigrants may have more money, they tend to live shorter lives than their parents. These health and mortality advantages are often

framed as paradoxical, given that they frequently occur in the context of significantly worse socioeconomic risk. Such evidence should not only allay fears of societal burden, but also serve as a catalyst for efforts to identify the determinants of such resilience with the promise of informing interventions for all.

A second misconception highlighted by the report addresses the failure of many to recognize immigration as a source of intellectual and professional infusion. For example, immigrant adults represent a quarter of all physicians and engineers, and account for nearly half of all doctoral-level scientists in the United States (Portes & Rumbaut, 2006). Put another way, immigrants are a resource that collectively contribute broadly to the success, health, and well-being of this country. Many who see immigration as a social problem are also likely to entrust their health to immigrants, to take medications developed by immigrants, and to send their children to safe school buildings designed and constructed by immigrants. In addition, Latina/o immigration has other benefits not noted in the report. For example, Latina/o migration to rural communities is reversing population losses and reviving economies in America's small towns. To this end, a recent examination of U.S. population shifts found that 7% of all counties in the United States experienced population increases only because Latina/o gains offset non-Hispanic declines. As we continue our discourse on immigration and immigration reform, we must center our discussions on advocating for educating society on the benefits of immigration to counteract the frenzied fear that has largely dominated current discussions. As mental health professionals, dissemination of information falls on each of us. Hence, we strongly encourage you to actively engage your colleagues and the community to increase understanding of immigration as not just a compassionate act but as an investment in the country's future.

Despite Latina/o immigrants' resilience, immigrants face a number of unique challenges that lead to an increase in acculturative stress, prohibits adjustment and adaptation, and compromises mental and physical well-being. The most salient of these challenges are xenophobia and discrimination. Xenophobia, the irrational fear or hatred of foreigners, is evident in many of the arguments surrounding the immigration

debate, and itself is a motivation for discriminatory actions. Although Latinas/os in the United States have dealt with xenophobia for decades, the mounting hysteria over the current politics of immigration has increased such tensions, with Latinas/os experiencing the brunt of this hate (Lopez, Morin, & Taylor, 2010). Resulting discrimination can take many forms, from overt acts of racism to more insidious and covert microaggressions, which serve to demean the individual and group (Sue et al., 2007). There is a robust literature that has documented associations between these experiences and mental and physical health (Bron-dolo, Gallo, & Myers, 2009), and although the Task Force's report does not advocate specific interventions, it does cite the *Final Report of the Presidential Task Force on Reducing and Preventing Discrimination* (APA, 2012), which does make such recommendations. We encourage readers to review this report as complementary to the immigration report.

Additionally, Latina/o immigrants face significant challenges in finding providers of therapeutic services that can meet their cultural and linguistic needs. Greater attention needs to be paid to evaluating linguistic responsiveness, as much as psychologists attend to the evaluation of cultural responsiveness. There is considerable literature documenting the importance of establishing the therapeutic relationship with clients (Gallardo, 2013; Gallardo & McNeill, 2009; Gallardo, Yeh, Trimble, & Parham, 2012; Lambert & Barley, 2001; Norcross & Lambert, 2011; Norcross, 2001, 2003; Santiago-Rivera, Arredondo, & Gallardo-Cooper, 2002; Townsend & McWhirter, 2005; Wampold, 2001). Likewise, it is problematic when a (monolingual) Spanish-speaking Latina/o immigrant seeks treatments but is unable to locate a Spanish-speaking therapist. Building trust in the therapeutic encounter relies heavily on being understood culturally and on speaking one's preferred language. Therefore, to continue to reduce mental health care disparities, we must attend to the linguistic needs of Latina/o immigrants, and continue to develop more methods to educate and train culturally and linguistically responsive educators, researchers and providers of services. Moreover, we cannot assume that to be linguistically responsive implies cultural responsiveness and vice versa. A lack of culturally and linguistically responsive bilingual and

bicultural therapists is a significant barrier to many Latinas/os receiving the care they need (Altarriba & Santiago-Rivera, 1994; Santiago-Rivera, 1995; Santiago-Rivera & Altarriba, 2002). Ultimately, these findings indicate that there are many Latina/o immigrant community members who are unserved and underserved, despite high need. We must continue to increase our attention to educating and training current, and future, providers in the areas of cultural and linguistic responsiveness.

The Task Force also notes that the implementation of culturally and linguistically congruent assessment measures that are normed on the populations to which they are applied is critical. As a result of measures used that are incongruent with the cultural and contextual factors associated with many ethnocultural communities, immigrants can be over- or underpathologized, leading to a myriad of problems (Suzuki, Ponderotto, & Meller, 2008). For example, timed tests may penalize persons for whom English is not their first language. Others may have assumptions of exposure to culture-specific content knowledge. While other measures may be translated into Spanish, they may not consider differences in Spanish dialect or may not reflect cultural and contextual translations. Hence, a major imperative to improving care is to develop psychometrically appropriate instruments that are responsive to the language and culture nuances that distinguish Latinas/os from other communities.

The Task Force report takes a broad approach to the issue of acculturation, and does not focus on the specific effects of acculturation for Latinas/os. There is a dichotomous discourse surrounding the effects of acculturation. One discourse proposes that acculturation may facilitate adaptation to American society in general and to specific social contexts, leading to greater inclusion, lower stress, and better mental and physical health for immigrants. Such outcomes would suggest that acculturation is a goal that should be supported. However, the other discourse supports the growing evidence that greater acculturation is also associated with the loss of protective factors that enhance resiliency to the host culture. For example, higher acculturation among Latinas/os is associated with more cardiovascular risk factors, more health damaging behaviors, greater risk of lifetime psychiatric disorders, lower subjective health ratings,

and earlier mortality relative to their less acculturated counterparts (Burnett-Zeigler, Bohnert, & Ilgen, 2013; Daviglus et al., 2012). In addition, residents of Latina/o enclaves, which are characterized by ethnic homogeneity and lower acculturation levels, experience lower incidence of various diseases and fewer clinical events and greater resilience to mental health challenges compared to Latinas/os living in more integrated settings (Cagney, Browning, & Wallace, 2007; Eschbach, Mahnken, & Goodwin, 2005).

Together, these findings challenge the notion of acculturation as universally positive or negative, and suggest that, at least for Latinas/os, more research needs to be conducted before making recommendations, while also teasing out differences between the various acculturative styles that are directly connected to context. It is possible that the existing literature reflects a degree of measurement failure to distinguish acculturation (e.g., adoption of a new culture while retaining the original) and assimilation (adopting the new culture over the original), and that acculturation should remain a goal. Alternatively, there may be some aspects of Latina/o culture that are critical to maintaining resilience, whereas others may be less pertinent to such benefits. Or, it is possible that either option connotes both positive and negative outcomes.

Finally, we would note that Latinas/os are strikingly heterogeneous, representing over 23 nationalities and speaking more than 12 dialects (Velasco & Dockterman, 2010a). Although they may share some cultural values, they are also quite diverse in their beliefs, practices, interpersonal presentations, experiences, and health outcomes. The unique psychosocial context of Latina/os is lost when their experiences are subsumed under pan-ethnic labels such as Hispanic or Latina/o. Psychologists must strive to actively understand Latina/o immigrants in a variety of contexts, including country of origin, motivations for immigration, acculturative stress, and the particular cultural and social environment where immigrants choose to settle. For example, an immigrant from Colombia who immigrates to South Florida may find a thriving Colombian and Latina/o environment. That same immigrant will likely have a different experience immigrating to a rural Georgia community, where the majority of fellow immigrants may come from Mexico. There are

strengths and weaknesses to each scenario, but if this Colombian immigrant is described as simply Latina/o by psychology practitioners or researchers, much important data are lost. Such diversity has important implications not only for understanding their unique challenges, but also for clinical assessment and care.

Although the discussion on immigration is not new, our discourse in the United States continues to be dichotomous. In one discussion, our borders are boundless in our willingness, and need, to exchange goods and services internationally and to encourage free trade. Simultaneously, the other discussion encourages controlled borders, restricted migration flow, and increased levels of policing and militarization (Gallardo, 2010). The psychological impact these dialectical perspectives have on Latina/o communities nationally has intensified with laws across the country legalizing racial profiling, with increased numbers of individuals participating in hate groups, leading to more hate crimes against Latina/o individuals, many of whom are immigrants. In fact, it is critical that our understanding of borders extend the physical and geographical to include the mental and psychological (Davies, 2009). If understood within context, and from a culturally respectful lens, international migration can greatly improve human welfare and development. The continued focus on Latina/o immigrants in our immigration debates has led to the development of negative attitudes, driven by fear, which has increased the racism and discrimination faced by many Latina/o immigrants. As we move forward, we must examine our own "immigration agenda" within Latina/o psychology and within the profession as a whole. It is here that we must solidify our roles as human beings in the world with our roles as professional psychologists. We encourage all in our profession not only to read the report on immigration, but also to let it serve as a call to action to improve the experiences of Latina/o immigrants and, by association, the strength of our nation. Critical to our future is our ability to humanize the immigration process for all individuals and to suspend our own individual and societal fears.

The National Latina/o Psychological Association (NLPA) is a venue for professionals and students in psychology and related fields to actively shape the immigration discussion for the benefit of society, as a whole, and, in particular,

their clients. NLPA is in a unique position, especially now that the *Journal of Latina/o Psychology* is a reality, to enact our values and continue to advocate for social justice and cultural responsiveness. We have ready allies in the other ethnic-specific psychological associations, the Asian American Psychological Association, the Association of Black Psychologists, the Society of Indian Psychologists, and Division 45 of APA, the Society for the psychological study of ethnic minority issues. Together, we can form a cogent and multifaceted complementary perspective to APA regarding culturally responsive psychological services with immigrants in the United States.

### Abstracto

Mientras las discusiones de reforma de inmigración llegaron a un punto álgido en Washington, DC, la Doctora Melba J. T. Vásquez y el grupo de trabajo presidencial de APA sobre inmigración lanzaron su informe, *Crossroads (Encrucijadas): La Psicología de la Inmigración en el Nuevo Siglo*. El informe pretende describir la demografía y las experiencias de los inmigrantes de personas de segunda generación adoptando un enfoque equilibrado en resaltar los puntos fuertes de esta población y sus contribuciones, así como, identificando retos, incluyendo problemas de xenofobia, discriminación y limitaciones del servicio educativo y clínico que responden adecuadamente a sus necesidades particulares. Mientras que el informe del grupo se enfocó en todas las comunidades de inmigrantes, este comentario resaltará los aspectos específicos que abordan los procesos asociados con las comunidades latinas, mientras también identificando temas específicos que merecen una consideración adicional.

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