Chapter 7

Finding the "Culture" in Acculturation

Cultural Consonance and Health among Mexican Immigrant Women in Alabama

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Yesenia[1] was born near San Luis Potosí, Mexico, to a single mother who earned a living by cooking tortillas to sell on the streets and to the restaurants in the area. Her family lived day to day, with Yesenia and all her siblings helping their mother run the tortilla business. Despite having to work at a young age, she says she had a great childhood because life was much slower in her small ranching community. Her family was poor. They had no running water or air conditioning, but they ate meals together and there was a sense of calm and predictability about their lives.

As Yesenia and her siblings got older, new economic policies and increasing violence from the drug trade made their future much more uncertain. One by one, they decided to try their luck in the United States in order to send remittances and make improvements to the family home. At 14, Yesenia undertook the treacherous and terrifying journey north of the border, convinced it was time to start contributing her part. She was smuggled into the United States by a *coyote* (human smuggler), and after showing fake documents saying that she was 19, Yesenia secured a job washing dishes at a Golden Corral in Alabama. Her shift began at five o'clock in the morning, and she was forced to stay until 10:00 at night because she had to wait for her sister-in-law to pick her up when she got off work. Yesenia remembers how exhausted she felt, how much pain she was in from standing on her feet all day even though she was young and fit. Having essentially lost five years of her life, nothing had prepared Yesenia for this experience. She was thrown into a situation where she felt alone, confused, and unsure, without anyone to look to for guidance or support as she navigated her way through a new life that was completely unfamiliar and at times terrifying. Yesenia eventually

met a fellow Mexican immigrant and they had a daughter. When she was pregnant with her second child, her partner was detained and deported. She feared she would lose him forever, so she took her daughter and went back to Mexico. Not long after the birth of their second child, her husband returned to the United States. Convinced that her children would have more opportunities and better healthcare in the United States, Yesenia decided to make the journey back to Alabama to start over again.

The details of Yesenia's life history are unique, yet many themes that emerge from her story are inherent to the migration narratives of Mexican women in the United States. I spoke with dozens of women whose lives, like Yesenia's, are wrought with tension and disorder, who are both hopeful and terrified of what the future may hold for them and for their children, and who find themselves in a constant struggle over how to manage their day-to-day lives in a place that is unwelcoming and often hostile to their presence. Many Mexican immigrant women come to the United States in pursuit of what they call *la buena vida* (the good life) for themselves and for their children. Today, the daily struggles that Yesenia and her compatriots face in their lives in the United States are manifold—the language barrier, discrimination, and hostility from U.S. natives, shifts in family relationships, a lack of friendships and sense of community, and insecurity about the future. As is the case for many of these women, Yesenia's health has suffered considerably, though she avoids going to the hospital because she is often mistreated and cannot afford the medication prescribed. And yet she says it is all worth it to her because she is convinced her children will have a better life.

I ask her what this better life looks like and she describes how she envisions her children's lives turning out—they will have *lo basico* (the basics), which include a home, a car, clothes, and common household items, many things that she did not have as a child, they will know English, which will help them get a good paying job, and they will have access to technology that will help them stay connected in a rapidly advancing world. She also reinforces that she hopes they will be kind, that they will never lose sight of where they came from, that they will be humble, faithful, and committed to family and to helping others. She worries that it will be easy for them to get carried away with the money and materialism that she associates with U.S. culture and that this may cause them to forsake their values. At the same time, she wants them to fit in and find a place in a land that she feels will forever remain foreign to her. Mostly, she wants them to be healthy and happy. Yesenia has largely given up on her own well-being; what keeps her going are the prospects for her children. This is where she finds resilience and strength in spite of all the forces working against her.

Using Yesenia's story as a point of departure, the research described in this chapter attempts to better understand what *la buena vida* means to these

women, how they go about achieving this goal, and how the ability to live up to the standards set by this cultural ideal affects their well-being. The concept of acculturation is typically used to study what happens to individuals transitioning from one cultural orientation to another. This study takes a cognitive anthropological approach to resolve some of the inherent problems in acculturation research, specifically, the failure to define or measure culture or to link culture to the individual. The first step was to describe, using a method of analysis called "cultural consensus," how *la buena vida* is conceptualized among Mexican-born women living in Birmingham, Alabama. Next, the study used the concept of "cultural consonance" to evaluate how closely women's lived experiences aligned with *la buena vida* and how this ability to achieve the ideal in daily life affects women's health outcomes, specifically risk of type 2 diabetes and depression.

BACKGROUND AND PURPOSE

Acculturation generally describes a process of transition as individuals move from the sociocultural orientation of their upbringing to that of a host culture. Research has shown a relationship between acculturation and health outcomes for different immigrant groups. Measures of acculturation typically include age at arrival, length of time living in the United States, and English language proficiency. These measures are used to place individuals along a continuous spectrum that extends from the original culture to the host culture. For Mexican-born women living in the United States, studies suggest that even as standard of living improves and they gain better access to healthcare and preventative services, health status tends to decline (Cho et al. 2006; Viruell-Fuentes 2007; Kaestner et al. 2009). This is particularly true with regard to type 2 diabetes (Borrell et al. 2009; Cowie et al. 2010) and depression (Gonzalez et al. 2009), conditions that show high comorbidity in this population (Mendenhall 2012). However, within this body of research, the central concept of culture tends to be obscured, and instead the focus is on changes in health behaviors (Stimpson and Urrutia-Rojas 2007; Cho et al. 2004) or on structural constraints that limit choice and movement in the new sociopolitical environment (Viruell-Fuentes 2007). While these things are important, there is little effort to define what people are working toward in their daily lives, how they create meaning around the acculturative experience, and the ways in which they cope with changes in their lives.

The theory and methodology of cultural consensus illuminates the substance and structure of what Yesenia and others describe as *la buena vida*, and cultural consonance analysis empirically examines how the ability to live purposefully within this culturally defined system of values and behaviors

affects health outcomes. Rooted in cognitive anthropology, these constructs offer a theoretically and methodologically precise way of operationalizing culture and linking the aggregate quality of culture to the individual, thus elucidating the pathway by which culture shapes biology (Dressler 2007). To demonstrate this, I present an overview of research conducted with Mexican immigrant women in Alabama, where I found that consonance with a shared cultural model of *la buena vida* moderates the typical effects of acculturation on levels of glycated hemoglobin (HbA1c), which is an indicator of type 2 diabetes risk, and depressive symptoms.

ACCULTURATION AND WELL-BEING

Acculturation has long been regarded as a linear and inevitable process that naturally occurs over time as individuals adjust to living in a new cultural context (Gordon 1964). This is based on the notion that as immigrants are introduced to a new set of cultural values and practices and as these are rein-forced through sustained exposure, individuals will replace their old ways of being with new ones. Scholars have typically characterized this kind of cultural contact as a process of a "subordinate" or "inferior" cultural system undergoing adjustments to accommodate a "dominant" or "superior" culture, which in this case is assumed to be the white American middle class (Lara et al. 2005). While these judgments are no longer used explicitly in the dis-course, this basic trajectory often remains the starting point for understanding the process. The idea is that a person moves along a continuum of culture in such a way that each shift toward the host culture results in a corresponding loss of cultural practices and values characteristic of the originating culture. For decades, the prevailing idea was that immigrants needed to unlearn or shed their "inferior" culture and adopt the language, food choice, dress, music, and customs of the American mainstream in order to be accepted by the dominant social group (Escobar and Vega 2000). This process, according to early scholars, was linear, unidirectional, and inevitable, and the onus of successful integration was on the immigrant who was expected to expunge his or her own ethnic identity and the sooner the better (Lara et al. 2005)!

While the concept of acculturation has generally been predicated on an implicit assumption of cultural hierarchy, with U.S. mainstream culture representing the "standard" toward which all other cultures trend, recent research has attempted to account for immigrants' intentionality in remaining connected to their communities of origin in physical, social, and economic ways (Bacallao and Smokowski 2007). However, there is little consideration of how specific cultural values and behaviors are translated and carried out in a new social and environmental context (Guarnaccia et al. 2011) and even

less attention to the extent to which immigrants may intentionally prefer to retain cultural dimensions from their originating culture. Further, the actual changes in values, beliefs, attitudes, and behaviors are not described but merely presupposed as inevitable effects related to duration of residency and language use shifts (Thomson and Hoffman-Goetz 2009). For immigrants to the United States, the assumption follows that the younger an immigrant is upon arrival to the United States, the longer she resides in the United States, and the more proficient she is in the English language, the more "accultur-ated" she has become. While this may seem intuitive, the empirical stamina of this assumption is weak and remains largely untested.

In their review of acculturation literature, Hunt, Schneider, and Comer (2004) found that the central assumptions of the acculturation construct remain "implicit, poorly stated, simple, ambiguous and inconsistent." Most studies indexed under the key word "acculturation" do not define culture, which is implicitly understood to be a "cluster of nebulous characteristics carried by ethnic group members." There remains substantial ambiguity over what the process of acculturation looks like, how it takes shape, and what variables are being used to measure it. Additionally, culture is too often understood as a characteristic of the individual that is separate from the social structure, and there is often no way to account for the structural constraints that limit access to resources and confine individuals to certain positions in the social order (Viruell-Fuentes 2007). Studies that do consider the impact of socioeconomic variables often fail to analyze their value in terms of shared meaning within a particular social context (Dressler et al. 2015).

Further, while acculturation measures ostensibly position individuals within the larger cultural context of the United States, they fail to make explicit the link between acculturation and health outcomes or to clarify why these acculturation measures constitute increased risk for certain groups while conferring health benefits to other groups. Even studies that attempt to capture the multilayered and multidirectional nature of the acculturation process assume the existence of two distinct and static cultures—a "tra-ditional" or ethnic original culture and a modern, mainstream U.S. host culture. The specific elements of what are conceptualized as opposite ends of the spectrum remain speculative, and sweeping assertions and general-izations are typically offered to explain where someone is located in the cultural space (Hunt, Schneider, and Comer 2004). While typical measures of acculturation have some empirical validity in predicting health outcomes, it is unclear what exactly these variables are measuring in terms of culture and how acculturation affects well-being. Thus, it remains unclear whether altering your beliefs and behaviors to accommodate a host culture is more beneficial or deleterious than intentionally remaining connected to your culture of origin.

Cross-cultural psychologist John Berry (1997) notes that immigrants negotiate a "complex pattern of continuity and change" in their interactions with one another as well as with members of the new cultural system. His model of acculturation suggests that it is important to consider how immigrants evaluate different aspects of their situation and how they make sense of their current realities. While they may be vulnerable to certain kinds of stressors, there will likely be sources of strength and resilience that can be accessed to ease the burdens they may face in their new lives. For example, as we have seen with Yesenia, mothers often couch their hardships in an overarching narrative about providing a better life for their children, and this serves to fortify their determination and sustain their stamina. Thus, research must account for both immigration-related stressors and the availability of what I refer to below as "resistance resources." Further, we must explore how immigrants construct meaning around these experiences in ways that may promote rather than stifle well-being.

A COGNITIVE APPROACH TO ACCULTURATION

A cognitive definition of culture encompasses that which one needs to know in order to function adequately in a given social context (Goodenough 1956; Dressler 2007), removing culture from the realm of abstraction and allowing it to be described in concrete terms, namely, in terms of what people know about how to do and make things and how to behave in meaningful ways. This knowledge is learned through individual experience and results in idiosyncratic understandings of how to live. Meanings are developed around these experiences, and the fact that this meaning is shared makes it cultural (Dressler et al. 2015). A cognitive orientation holds that these shared understandings about how to think and act in certain situations are cognitively encoded in individual minds as stripped-down representations of various domains of culture. They include the elements that make up a domain as well as the processes that link the elements together in comprehensive ways (Dressler 2007). Individuals draw on these prototypical models to structure their understandings of how life ought to be lived.

The cultural consensus model (Romney, Weller, and Batchelder 1986) provides a solid conceptual and operational foundation for describing culture by extracting knowledge about particular domains of life from members of a community and quantifying the degree of agreement between individuals in order to demonstrate the extent to which this knowledge is shared. Research methods are designed to elicit the meaningful ideas and behaviors that community members generally regard as important or necessary to be successful. Cultural consensus analysis is then used to detect whether there is

a substantial amount of agreement regarding a particular domain within a cultural group.

Because knowledge does not always translate to behavior, the next step is to measure the extent to which individuals approximate these shared expectations in their everyday lives. Described here as *cultural consonance*, measuring individuals against these shared cultural models also allows researchers to position individuals relative to one another within a particular cultural landscape (Dressler 2007). High cultural consonance in salient domains of life has been linked to lower blood pressure, fewer depressive symptoms, and better immune-response functioning (Dressler 2017). Scales designed to measure consonance are derived from cultural consensus analysis, which captures the extent to which individuals in a community of reference share certain ideas pertinent to particular areas of life and living. In this research, instead of operating from generalizations and stereotypes about where people are coming from and where they are going in terms of cultural orientation, a cognitive approach based on cultural consonance allows for the systematic investigation of how cultural expectations regarding success in life are conceptualized by Mexican-born women in Alabama as well as how their ability to actualize these expectations and live successfully within defined cultural parameters affects their well-being. This will likely include what Yesenia describes as *lo basico*, but it also includes beliefs and behaviors that function to keep them meaningfully connected to the cultural value system of their upbringing as they attempt to negotiate daily life in a new cultural context. The results described here show that these women want the best of both worlds—access to basic amenities and a more secure future in the United States, as well as retaining a sense of where they have been and a way of staying attached to the values and traditions of the past. However, rather than getting the best of either place, Yesenia often repeats the mantra "*No soy de aquí ni de allá*" (I'm not from here or there), meaning she feels lost no matter where she turns. Obviously, existing and operating in this liminal space, feeling unmoored from both her culture of origin and her host culture, poses a threat to her well-being. She hopes her children's experience will be different.

LA BUENA VIDA: BUILDING A CULTURAL MODEL

The research discussed here was carried out among Mexican-born women living in Birmingham, Alabama. Like many towns in the southern United States, Birmingham is a relatively new destination for Mexican immigrants. It is estimated that 25 percent of Latino immigrants in Alabama live in poverty, and they face a significant amount of institutional and everyday hostility from reluctant hosts. Mexican women tend to work in cleaning, cooking, and other

service jobs. They often find work outside of the formal labor economy, so as to avoid having to produce status documents.

The research proceeded in three phases. First, cultural domain analysis was used to identify a salient cultural domain, here referred to as *la buena vida* (the good life). In the second phase, the cultural consensus model provided an empirically satisfying way of measuring cultural knowledge at the individual and aggregate levels, which allows investigators to infer how these prototypes are conceptualized by members of a community and the extent to which they are shared and agreed upon. Finally, a scale of cultural consonance was developed to measure individuals against the inferred model of *la buena vida*. Cultural consonance, defined as the "degree to which individuals approximate, in their own beliefs and behaviors, the prototypes for belief and behavior encoded in shared cultural models" (Dressler et al. 2015, 220), was measured and analyzed in relation to individual health outcomes, including levels of HbA1c, which is an indicator of type 2 diabetes risk, and associated with higher risk for depressive symptoms. Consonance was also analyzed as a moderating variable between typical measures of acculturation and these health outcomes.

CULTURAL DOMAIN ANALYSIS

To begin, I asked respondents what kinds of things are important or necessary to achieve *la buena vida*. Respondents mentioned dozens of items, organized into a few simple categories. Basic household items included refrigerator, oven/stove, washer/dryer, hot water, and beds. They also included communication devices and information technologies such as television, cell phone, computer, and internet access. They mentioned long-term goals such as getting children into a good education system, being healthy, and obtaining quality and affordable healthcare. Many respondents emphasized the importance of being a good person and having character traits such as kindness, humility, willingness to help others, and staying positive. This category also included going to church, praying, and being spiritual. Finally, respondents discussed social and leisure time activities, including spending time with friends, exercising, relaxing, being outside, and listening to music. It became clear that achieving *la buena vida* signifies living up to a "common standard of decency" (Veblen 1899, 68) in terms of material lifestyle as well as the quality of being a principled individual, one who invests in the continual process of self-improvement and seeks to fulfill her responsibilities to others. In this way, *la buena vida* serves as a contrast to *la mala vida*, which is a salient cultural trope in Mexico, especially among women, that denotes lack of financial support, being overworked, being mistreated, and pursuing an insidious or indecent lifestyle (Finkler 1997).

CULTURAL CONSENSUS

After identifying the most salient items based on the frequency with which they were mentioned, I asked respondents about the relative importance of each of the items. This gave me an idea of how individuals in this community prioritize different elements associated with *la buena vida*. Through this process, I was able to elicit from respondents what they understand *la buena vida* to mean and what is required to achieve it. These individual understandings can then be analyzed to measure the degree in which respondents share a sense of importance for certain elements, be their beliefs, behaviors, personality traits, or material items. By examining similarities between individuals' responses to a series of standardized questions, consensus analysis estimates the "culturally correct" responses by evaluating the degree to which respondents agree among themselves about the relative importance of and connections between the items that make up a domain. Importantly, the investigator does not assume *a priori* how respondents will answer these questions; rather, an "answer key" is generated by quantifying the extent to which cultural knowledge is shared among respondents. Thus, cultural consensus analysis provides a means of empirically verifying the existence of a shared cultural model, estimating the content of that model, and quantifying individuals' understanding of the model in their personal representations of cultural knowledge. Respondents in this study tended to prioritize the items associated with *la buena vida* in one of two ways: either they emphasized the importance of basic household goods and in particular technological and communication devices or they emphasized the importance of being a good person and having a future-oriented focus on family and long-term goals. While acculturation is often assumed to be a zero-sum process, whereby as an individual incorporates elements of a new cultural system there is a reciprocal loss in the values associated with her culture of origin, cultural consensus analysis provides more detailed insight into how cultural realities are shifting for these women. The discordance over which items are prioritized in terms of achieving *la buena vida* is a statistical representation of the tension that pervades nearly every aspect of life for Mexican immigrant women as they struggle between remaining meaningfully connected to their culture of origin but also accepting that their lives and their children's lives are now in the United States.

CULTURAL CONSONANCE AND HEALTH

Several scholars have demonstrated that cultural consonance—acting in accordance with an agreed-upon cultural standard—impacts well-being

(Dressler 2005; Dengah 2009). Theoretically, cultural consonance is based on the notion that within communities there are widely shared ideas about what life should look like and how individuals should think and act and that living up to those widely shared standards allows individual to see themselves—and, importantly, to be seen by others—as being successful in life, and this, in turn, bodes well for their health status. On the other hand, not living up to those expectations—having low cultural consonance—results in a low sense of coherence or the feeling that life has not worked out very well, and over a lifetime this can lead to trauma, internalized failure, stress, and poor health (Dressler et al. 2015; Kaestner et al. 2009). The final phase of the study was designed to explore the relationship between cultural consonance and health outcomes, and to examine consonance as a potential mediator between acculturation and well-being.

Constructing a scale of cultural consonance is fairly straightforward with regard to material items. Access to or possession of basic household items and technological devices was asked as a series of yes or no questions. This list included car, electricity in the home, refrigerator, television, internet, cell phone, oven, stove, washer, dryer, cable, hot water, computer, and bed. The remainder of the survey consisted of a 4-point Likert response scale, in which respondents addressed more subjective questions about the quality of their lives and their own attributes by evaluating how well certain statements reflected their actual circumstances. Because cultural consensus analysis indicated that respondents tended to organize the domain of *la buena vida* in distinct ways, with one group prioritizing household items and technological devices and the other prioritizing long-term life goals and positive personality traits, two different consonance scales were constructed to measure success against both versions of the estimated cultural model.

Despite the apparent divergence in the articulation of priorities, cultural consonance tended to extend across both ends of the spectrum. In other words, both the materialistic items and the more idealistic items related to self-improvement and long-term objectives are encompassed in the culturally salient model of achieving *la buena vida*. These can be conceptualized as resistance resources that facilitate and enhance well-being by alleviating or counteracting certain types of stressors that Mexican women so often encounter in their migration experiences. Emphasizing the importance and prioritization of character traits and fulfillment of social, familial, and religious obligations may be a way for Mexican immigrant women to remain meaningfully connected to the cultural value system of their upbringing even as they distance themselves from the socioeconomic reality of their lives in Mexico. In a discussion about whether or not she had changed since she arrived in the United States, one respondent said, "I think so, because if I were to live in Mexico, I would not look the way I look now. Sometimes

I tell my husband that we are different and have changed and that if we go to Mexico, they are going to know the difference even though we can't see it." She is explaining that her standard of living has improved significantly, which she worries has changed her in some fundamental way. Articulating her commitment to being a good wife and mother, going to church and practicing her faith by helping others, and constantly working toward self-improvement is one way of convincing herself and those around her that while her standard of living has changed, her character has not. Respondents often related to me that certain material items were important for being comfortable but that if a person's moral character was compromised, she could not achieve *la buena vida*.

LA BUENA VIDA AND WELL-BEING

The final phase of the study involved analyzing the relationship between acculturation and health outcomes, using cultural consonance with *la buena vida* as an intervening variable. While typical measures of acculturation—age at arrival and number of years living in the United States—had significant associations with higher levels of HbA1c and more depressive symptoms, the final analysis indicated that cultural consonance serves as a better predictor of type 2 diabetes risk and depressive symptoms than these acculturation variables.[2] Further, as demonstrated in figure 7.1, the ability to achieve consonance with *la buena vida* moderates the effects of acculturation on both health outcomes.

This means that being more "acculturated" puts Mexican-born women at greater risk for developing type 2 diabetes and depression (supporting
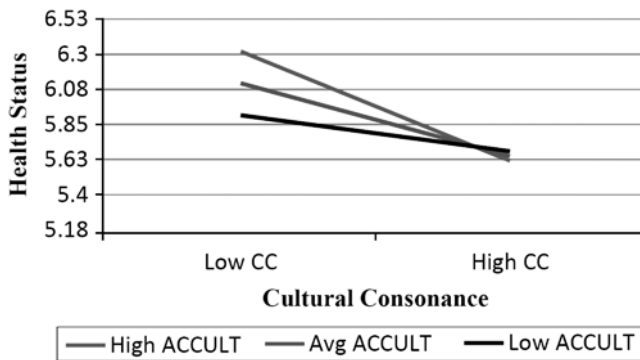

Figure 7.1 Interaction Effect of Cultural Consonance and Acculturation. *Source*: Generated by Author.

previous research) but that achieving cultural consonance with a shared cultural model attenuates that risk. Thus, among individuals who would be considered the most "acculturated," those who have achieved higher levels of cultural consonance are at the lowest risk for these conditions, while those who have not are the most vulnerable. This interaction between consonance and acculturation lends credence to the notion that one underlying pathway by which typical measures of acculturation act on the body is through the ability to achieve culturally valued ideas about how to live well. To borrow the terms from Brown and Harris (1978), this interaction effect shows that cultural consonance serves as a "provoking agent" that exerts direct effects on health outcomes, while acculturation measures serve as "vulnerability factors" that make certain bodies more or less susceptible to disease depending on their level of cultural consonance (see Cleary and Kessler 1982). These moderation effects offer some clarification on the role of culture and culture change in shaping the lived experience and the physiological and psychological responses of individual bodies.

This research supports the notion that living successfully within a defined set of cultural expectations may be facilitated or constrained by different aspects of an individual's life situation—these include access to economic resources, structural constraints imposed on them by the sociopolitical context, and personal agency in actively choosing whether or not to fulfill these social expectations. Regardless of the reasons, how an individual's actual life aligns or not with these collective representations matter a great deal in terms of well-being (Dressler 2007).

A key feature of this approach is that the ethnographic context and personal narratives of respondents are not overlooked but instead used to inform how the research methods and analysis are carried out. Interpretations are couched within a thoughtful consideration of respondents' life histories and current realities, and statistical models are situated in the overarching themes that characterize respondents' lives. Inferring how communities meaningfully organize their understandings of how to live and measuring individuals' consonance with those shared expectations allows researchers to bridge the gap between epidemiological research that links acculturation and health outcomes and the ethnographic work that "dwell(s) in the particular" of everyday life (Zavella 2011). The premise is that life for Mexican immigrant women can be difficult, as structural disadvantages and attitudes of begrudging hosts compound the daily stressors related to low-socioeconomic status and lack of access to important resources, but that meaning systems created around shared experience among members of a community often provide a source of strength, support, and resilience that can be utilized to enhance well-being despite the hardships.

BENEFITS OF A COGNITIVE APPROACH
TO ACCULTURATION

The guiding principle of cognitive anthropology is that humans learn about the world at a particular time and place from the way that those around them communicate a specific set of cultural rules through their language and their actions (Boster 2011). Systematic data collection techniques allow researchers to decipher what these rules are in an empirically precise way, rather than merely equating cultures with social or ethnic identities (Handwerker 2002). Delineating what we mean by *culture* requires more than classifying people based on socially constructed categories of race or ethnicity; rather, it necessitates an empirical analysis of shared meanings, attitudes, and practices (Kral et al. 2011; Dressler 2007). Further, as circumstances change—as is the case when macroeconomic forces disrupt social networks and lead individuals to seek resources in new ways and in new places—so do the rules that guide behavior. In order to make sense of the world around us, we process our sensory experiences and develop ways of thinking about those experiences, and our minds use this information to respond to different experiences in socially constructed ways. Handwerker (2002, 109) explains that culture is "constructed in an individual's mind out of the unique set and sequence of experiences that mark the trajectory of a person's life, embodies who that person is as an individual, what he or she knows and does, at specific points along that trajectory." Thus, a cognitive approach to acculturation examines the similarities and differences between individuals at a given point in time and within specific domains of life, rather than attempting to order them along a continuum of culture (Handwerker 2002). Schrauf (2002) suggests that it is the "interference from immigrants' culture of origin, in their attempt to adapt to the culture of adoption, that brings the experience of acculturation into awareness so that it can be reflected upon." In other words, individuals bring to bear remnants of their culture of origin to the process of renegotiating their cultural identity in a new setting. In his discussion of the *habitus*, Bourdieu (1977) posits that our expectations are based on our past experiences; as individuals inhabit a new social space, their cognitive and behavioral schemas transform to accommodate living within this new space. For immigrants the process of settling in and learning to navigate new social environments is shaped by the historical context in which their mental schema was originally forged. This puts immigrants in the unique position of carving out space in a dynamic cultural landscape that they are changing even as they attempt to find their place and integrate themselves into that landscape.

A cognitive approach to acculturation involves systematically eliciting meaningful aspects of a particular domain of life from the respondents themselves and then measuring these individuals against the cultural models to

which they subscribe. The focus is on culture within immigrant groups in contrast to the traditional focus on comparisons between distinct cultural groups (Schrauf 2002). The extent to which respondents agree on these cognitive configurations indicates that they are drawing from the same knowledge base to structure their understandings of the world around them and how they ought to live in that world. Individual representations are a function of personal experience combined with the integration of knowledge that a person has gained through social interaction (Dressler 2005). While individual representations of a cultural model may not be wholly accurate because knowledge is unevenly dispersed, taken together they form the basis of collective thought, or an overarching cultural prototype that represents the most likely configuration of a particular set of knowledge. This provides a satisfying way of putting the culture in acculturation (Broesch and Hadley 2012). It is then possible to link culture back to the individual and to health outcomes.

While cultural consensus evaluates what an individual says about how one ought to think and act under certain conditions in order to demonstrate success within a particular domain of life, the logical next step is to measure individuals against this cultural model and see how well they stack up. Cultural consonance works as both a theoretical construct and as a methodologically sound means of analysis for several reasons. First, because it is domain-specific and allows for cultural knowledge to be operationalized and measured, it better captures the complexity of cultural phenomena and avoids the social-psychological reduction of culture into "attitudes, values, beliefs, and customs" of an "ethnic" group. Second, cultural consonance theory is designed to work in different cultural settings by drawing the meaningful components of life from the individuals who experience them. Third, it has high predictive efficacy in that even when accounting for different variables (socioeconomic status, age, social support), the effects of consonance do not disappear. Finally, as a distinguishing feature, cultural consonance does not disregard an individual's position in the social structure or the ways in which an individual's ability to achieve a desired lifestyle is constrained by political and social forces over which he or she has no control. It allows for specific cultural elements to be considered within their social and historical context so as to avoid sweeping and speculative assertions about what is valued and why people behave in the ways that they do. To this end, cultural consensus and cultural consonance are useful in better understanding the Mexican immigrant experience and the ways in which culture is implicated in biological markers of health.

CONCLUSION

Broadly, the intent of the research described here is to better capture the interplay between cultural and structural factors in health at both the individual

and the group levels in order to improve our understanding of what role culture plays in immigrant well-being. This chapter also demonstrates how social and institutional factors may limit the achievement of a culturally valued lifestyle, the stress of which may accumulate over a lifetime and lead to poor health. The corollary is that individuals who are able to achieve alignment with the cultural ideals of *la buena vida* are able to experience greater well-being and happiness, and concomitant beneficial health impacts. Berry's (1997) model of acculturation is based on the premise that people tend to act in ways that correspond to cultural influences and expectations. What Berry misses is that this is not a matter of pure agency and that there are limiting factors to achieving coherence with these expectations. It may seem axiomatic to suggest that what people say may have little or no bearing on what they do, but cultural consonance theory suggests that the greater the discontinuity between the shared cultural understanding of how one ought to live and how one actually lives matters a great deal in terms of health. The methods used here were designed to empirically demonstrate if this is true. To this end, the methods used here provide a way to bridge the gap between the epidemiological research that focuses on the relationship between proxy measures of acculturation and health outcomes with the ethnographic work that situates health and well-being in the broader political economic and social conditions that shape daily realities for Mexican immigrants in the United States. This study is an effort to "resocialize epidemiology" (Horton 2016) by bringing some clarity to known statistical patterns and actually investigating the relationship between cultural experiences and health outcomes in meaningful ways. Exploring the meanings and the significance of *la buena vida*, how it is conceptualized and how it compels certain kinds of beliefs and behaviors, gives us greater insight into what well-being looks like for individual Mexican immigrants and for the community as a whole. We can then consider how the ability to achieve consonance with a culturally valued lifestyle impacts the well-being of individuals and communities. This research attempts to describe the felt experience of acculturation and seeks to contribute to social scientific work aimed at enhancing our theoretical understanding of what culture is, how it functions in our lives, and why it matters in terms of health and well-being.

NOTES

1. The University of Alabama Institutional Review Board granted approval of this research (IRB # 15-OR-292-R2). All interviewees are non-identifiable, and all names have been changed to maintain participants' anonymity.

2. English proficiency was included in the cultural consonance scale and therefore not used as an acculturation variable so as to avoid colinearity.

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