Abstract and Keywords

Globalization has accelerated the exposure of nonmigrants to remote cultures in which they have never lived, producing remote acculturation (RA). The health implications of RA may reach further than those of immigrant acculturation because nonmigrants constitute the majority of the world's population. This chapter describes the conceptualization of RA, reviews the body of empirical research on RA, discusses measurement of RA, and explores the health implications of RA. The review suggests that RA to faraway cultures may have both negative and positive health outcomes, some of which are also common to immigrants (e.g., acculturation gap between adolescents and parents). Acculturation and health researchers, as well as health practitioners, need to be alert to this new cultural landscape if they are to effectively address the health needs of modern individuals who may be acculturating remotely in their own backyards.

Keywords: remote, acculturation, tridimensional, multidimensional, globalization, media, parent–adolescent conflict, acculturation gap, mental health, sexuality

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Introduction

Breakdancing boys in Mumbai's slums immerse themselves in hip-hop culture to redefine their identities from slumdogs to "SlumGods" (Fernando, 2014). An emerging adult in Mexico City declares "K-Pop really changed my life" as she immerses herself in the music, fashion, and beauty standards of Korean pop culture (Stone, 2013). A 50-year-old man in Japan embraces a simple and bohemian lifestyle based on the tenets of Rastafarianism, an indigenous Jamaican religion (Sterling, 2010). These silhouettes of modern life highlight the monumental shifts that have occurred in our global cultural landscape due to advancements in communication technologies, mass media proliferation, and record migration flows (Karraker, 2013). In particular, globalization has accelerated the exposure of nonmigrants to remote cultures in which they have never lived, producing a modern form

of acculturation called *remote acculturation* (RA; G. M. Ferguson & Bornstein, 2012). The health implications of RA may reach further than those of immigrant acculturation because RA impacts nonmigrants, who constitute the majority of the world's population. Resilience and existential well-being are possible health benefits for some (e.g., SlumGods); however, poor life satisfaction is a potential liability when remotely influenced lifestyle ideals are unattainable (e.g., Mexican K-Popper). The chapter is divided into four sections: the first describes the conceptualization of RA, the second reviews the budding body of empirical research, the third discusses measurement, and the fourth explores the health implications. The chapter concludes with a brief summary, discussion of limitations and implications, and suggestions for future directions.

Conceptualization

This section will review the definition, boundaries, and predictors of RA.

(p. 158) Remote Acculturation: What It Is

Acculturation has traditionally been thought to occur when a person from culture A moves to live within culture B, under the conditions of direct and continuous contact (Redfield, Linton, & Herskovits, 1936, p. 149). However, many 21st-century forms of cultural exchange do not involve migration and do involve more than two cultures (G. M. Ferguson, 2013). Remote acculturation is one of several modern globalization-induced cultural processes that, alongside multiculturalism (Benet-Martínez, 2012), superdiversity (Vertovec, 2007), transnationalism (Glick Schiller, Bach, & Blanc-Szanton, 1992), cosmopolitanism (Glick Schiller, Darierva, & Gruner-Domic, 2011), and polyculturalism (Morris, Chiu, & Liu, 2015), are reshaping acculturation. Accordingly, G. M. Ferguson (2013, p. 2) proposed that "acculturation can now be defined as what happens when groups or individuals of different cultures come into contact—whether continuous or intermittent, firsthand or indirect with subsequent changes in the original culture patterns of one or more parties." This expanded definition of acculturation is relevant to RA, which refers to nonmigrant acculturation arising from indirect and/or intermittent intercultural contact with a geographically and historically separate culture(s) (G. M. Ferguson & Bornstein, 2012). Thus, all cultural contact that is indirect (e.g., via media), intermittent (e.g., via contact with tourists or nonnative volunteers/aid workers), or both (e.g., occasional phone calls to relatives abroad) falls within the purview of RA.

A useful theoretical approach to understanding the variation in individual outcomes among those who undergo acculturation was proposed by Berry (1997). His widely adopted bidimensional framework treats contact and participation in one's original culture (A) as independent from alignment with a new culture (B). Accordingly, an acculturating individual can be assimilated (primarily oriented toward culture B), integrated (highly oriented toward both cultures), marginalized (low orientation toward both cultures), or separated (primarily oriented toward culture A). Applying Berry's framework to globalization-based acculturation, Jensen, Arnett, and McKenzie (2011) suggested that assimilation is

reflected in the exchange of traditional values for global ones; integration is seen in the simultaneous immersion in global culture and traditional customs (also labeled glocalization; Robertson, 1992); marginalization is evidenced in the rejection of local and global cultures (sometimes after recognizing that global ideals are unattainable in the local context); and separation is reflected in the resistance toward global culture but adherence to, or in some cases revival of, traditional customs.

Remote acculturation adds to the current understanding of globalization-based acculturation in a few ways. First, RA focuses on acculturation to specific cultures, rather than ambiguous Western or global culture. Second, unlike globalization-based acculturation, RA includes cultural contact that is direct but intermittent (e.g., contact with tourists). Third, RA expands the acculturation framework to be multidimensional. Research on acculturation in modern multicultural societies suggests that we should move beyond a bidimensional rendering of acculturation because many individuals acculturate along three or more cultural dimensions (G. M. Ferguson, 2013). For example, many immigrant youth in Western Europe (such as Moroccan youth) acculturate multidimensionally, often including the culture of Islam as a remote component in addition to Western culture and ethnic culture as direct components (Van Amersfoort & Van Heelsum, 2007). The determination of how many cultural dimensions are relevant in RA depends on the breadth of one's personality and cultural interests, as well as the degree to which one's context affords access to remote cultures. Moreover, RA fits the new paradigm of polycultural psychology, which holds that individuals acquire "partial and plural cultural affiliations" by intermittently engaging with "some elements of their primary culture and some elements of other cultures" in a dynamic constructivist fashion (Morris et al., 2015, pp. 634–635). Urban Zambian youth, for example, acculturate to aspects of cultures emanating from the United States, United Kingdom, and South Africa in terms of behavior, identity/sense of self, and traditional family obligations beliefs although not in terms of beliefs about adolescent autonomy/rights in the family (Y. Ferguson, Ferguson, & Ferguson, 2015). Figure 10.1 illustrates multidimensional remote acculturation in this urban Zambian sample, where there was a multiculturally integrated cluster of youth and a culturally traditional cluster.

What Are the Vehicles of Remote Acculturation?

Several vehicles transport remote cultures into local communities and facilitate RA. Media, including music, television, movies, and the Internet, are (p. 159) likely primary. We are socialized by media both passively (social learning theory; Bandura, Ross, & Ross, 1963) and actively (uses and gratifications theory; Katz, Blumler, & Gurevitch, 1974). Individuals consume media to meet particular needs such as identity formation, and then apply media messages to their values, behaviors, and identity. In fact, US research shows that merely recounting the content of TV shows from a certain culture can bolster young people's identification with that culture (Cheryan & Monin, 2005). Intimate "parasocial bonds" (i.e., intimate, though one-sided, relationships) may also develop with media personae (Horton & Wohl, 1956), and social media allows kinship and friendship bonds to be nurtured across the globe (e.g., Parks & Floyd, 1996). Food, tourism, and imports are additional vehicles of RA: Consuming American foods and drinks has been shown to bolster

aspects of American identity (Guendelman, Cheryan, & Monin, 2011); tourism facilitates direct yet intermittent intercultural contact (G. M. Ferguson & Bornstein, 2015); and receiving monetary, practical, and social remittances from abroad is common in developing countries (Levitt, 1998).
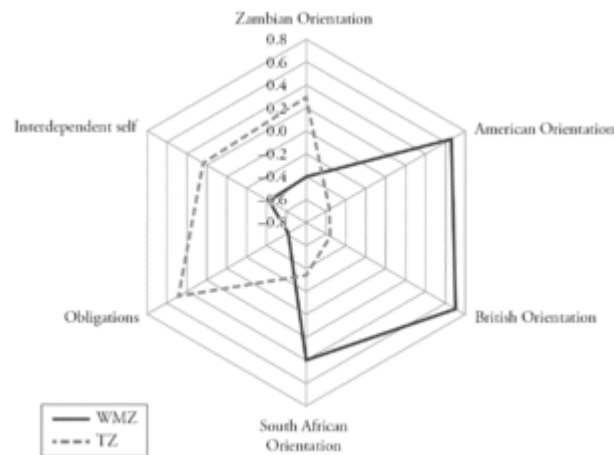

Figure 10.1 Multidimensional remote acculturation clusters showing differences between Westernized Multicultural Zambians (WMZ) and Traditional Zambians (TZ) in urban Zambia.

Source: Figure from Ferguson, Ferguson, and Ferguson (2015), reprinted with permission from John Wiley and Sons.

Remote Acculturation: What It Is Not

Remote acculturation is compatible with, although distinct from, several concepts including globalization, cultural diffusion, transnationalism, and cosmopolitanism. First, RA is a product of globalization, the "multidirectional flows of goods, people, and ideas" (Jensen et al., 2011, p. 258) that first bring people and remote cultures into contact, which then produces acculturation (see Berry, 2008, p. 332). Second, cultural diffusion (Berry, 1980) is a broader concept referring to any change at the cultural level due to cultural contact with any nonnative culture. It typically occurs at the cultural level and impacts most/all members of the culture in a similar way. Remote acculturation, on the other hand, pertains more to individual psychological change due to contact with geographically and historically separate remote cultures, and there are individual differences in its impact.

In cases where it increases the odds that locals will emigrate to the target remote nation, RA may foster future transnationalism, which refers to maintaining active connections with the homeland and with the destination country (Glick Schiller et al., 1992). Transnationalism may also foster RA if migrants in the remote nation keep close touch with relatives and friends back at home (this, of course, applies only for those locals with ties to migrants abroad). Nonmigrants with higher levels of cosmopolitanism in their home countries—that is, being culturally rooted yet open to cross-cultural connections (Glick

Schiller et al., 2011)—may be more likely to undergo RA, which may accelerate their cosmopolitanism.

(p. 160) Research

Although research explicitly examining RA is a relatively new development, it builds on a robust body of literature on globalization and immigration-based acculturation. Scholarship on RA expands on theoretical frameworks from classical acculturation research to account for new acculturation possibilities in an increasingly globalized and culturally diverse world. Here we review available empirical studies relevant to RA. The first two described are forerunners of RA that studied acculturation caused by direct or continuous effects of colonization on native majority populations, and the remainder constitute the budding body of RA research.

Cheung-Blunden and Juang (2008) conducted a study in Hong Kong to examine whether acculturation models are generalizable to a colonial context (Hong Kong having gained independence from Great Britain in 1997). Using data from a sample of 138 Chinese girls and their parents, they found that youth overall were bicultural based on their endorsement of both Chinese and "Western" cultures. Moreover, the two cultural orientation scales (i.e., Chinese and Western) were not significantly correlated, suggesting that the two constructs are indeed independent. Their findings show that, in this context, acculturation toward the majority/heritage culture (Chinese) was associated with positive outcomes such as higher grade point average, higher perceived parental nurturance, and closer relationships with parents. In contrast, Western acculturation was associated with misconduct, higher discrepancies in family obligations, and conflict.

Chen, Benet-Martínez, and Bond's (2008) study built on this work by examining British/Western and Chinese bicultural identity integration (BII; see Schwartz, Birman, Benet-Martínez, & Unger, this volume) among 452 nonmigrant majority Chinese students living in Hong Kong and Beijing, China. Findings indicated that BII was positively associated with psychological adjustment in Hong Kong nonmigrants, which supports results among Chinese immigrants in the same study. The nonmigrant acculturation captured in these two Chinese studies is not RA, however, because British culture is still present in Hong Kong (which recently gained independence in 1997).

To better examine the possibility of RA due to indirect and/or intermittent contact between geographically and historically separate cultures, "Americanization" studies have been conducted in the Caribbean and African nations having no political or colonial connection to the United States. (Because the term "America" is used colloquially in the Caribbean and Africa to refer to the United States of America, quotation marks are not used for the term "Americanization" henceforth.) In the inaugural study, G. M. Ferguson and Bornstein (2012) administered questionnaires to 295 Jamaican adolescents and mothers in Kingston, Jamaica, assessing tridimensional RA to European American culture, African American culture, and Jamaican culture. The tridimensional acculturation framework expands the bidimensional framework to better capture the acculturation experi-

ences of some individuals who navigate two new cultures, such as ethnic-minority immigrants who deal with both majority and minority cultures in the destination society. For example, in addition to Jamaican and mainstream European American cultures, Black Jamaican immigrants in the United States also orient toward African American culture based on racial and cultural similarities, as well as consumer preferences regarding hair care and entertainment (G. M. Ferguson, Bornstein, & Pottinger, 2012). For similar reasons, African American culture would also be expected to be a reference group for remotely acculturating Jamaicans on the island.

G. M. Ferguson and Bornstein's (2012) cluster analyses of several remote acculturation indicators among Jamaican islanders resulted in a two-cluster solution for adolescents and a three-cluster solution for mothers: 33% of the adolescents and 11% of the mothers were categorized as "Americanized Jamaicans," with the remainder categorized as "Traditional Jamaicans" (for mothers, the traditional grouping was further split into "high ethnic/low conflict" and "moderate ethnic/moderate conflict" Traditional Jamaican clusters). Americanized Jamaican clusters reported higher European American orientation, parent–adolescent family obligations discrepancies, and parent–adolescent conflict (both adolescents and mothers), as well as lower family obligations and Jamaican orientation (adolescents only). However, Americanized and Traditional Jamaicans did not differ on African American orientation. These interesting findings indicate that acculturation toward a geographically and historically distant culture (i.e., European American) can indeed occur for nonmigrant populations, and that RA is evident in behaviors, family values, intergenerational discrepancies, and perhaps also identity.

G. M. Ferguson and Bornstein's initial (2012) findings are consistent with immigration-based acculturation research. For example, remotely (p. 161) acculturating Jamaican Islanders clustered into integrated (Americanized Jamaican) and separated (Traditional Jamaican) clusters, which aligns with findings for Jamaican immigrant samples in the United States (G. M. Ferguson et al., 2012). In addition, immigrant acculturation studies have consistently demonstrated that youth adjust at a faster pace than their parents and have stronger host-culture orientation (Schwartz, Pantin, Sullivan, Prado, & Szapocznik, 2006), and the findings from G. M. Ferguson and Bornstein's (2012) study reflect similar patterns, given that only 11% of mothers were classified as Americanized Jamaicans. The finding that remote acculturation gaps were associated with poorer parent–child relationships also aligns with findings from immigration-based acculturation studies (Farver, Narang, & Bhadha, 2002).

A subsequent RA study by G. M. Ferguson and Bornstein (2015), using confirmatory cluster analyses with a new cohort of 222 adolescents in Kingston, Jamaica, replicated the original youth RA clusters based on acculturation orientations (behavioral acculturation) and family values (values acculturation). Parent–adolescent conflict, treated as an outcome in that study, was also significantly higher among Americanized Jamaican youth compared with Traditional Jamaican youth. Binary logistic regression further indicated that higher US TV consumption (girls) and lower local TV consumption (both genders) were linked with higher odds of falling into the Americanized Jamaican cluster. In addi-

tion, US food consumption, US tourist interaction, transnational Internet communication with US family/friends/acquaintances, and receipt of gifts from US relatives/friends were positively correlated with European American orientation. The replication of findings in this subsequent study provided supporting evidence for RA.

Although most of the current RA literature has used quantitative methods, qualitative approaches have also been fruitful in further understanding the phenomenon of RA. It is important to understand how remotely acculturating youth construe, construct, and navigate their immersion in local and remote cultures, and qualitative methods are ideal to answer this question. G. M. Ferguson and Iturbide (2013) conducted focus group interviews with 15 Jamaican boys. Boys were asked to describe what Jamaican and American teenagers are like, as a way of exploring their subjective construals of both cultures as symbolized by characterizations of typical teenagers and parents in each culture. Using thematic coding, G. M. Ferguson and Iturbide found that these Jamaican boys often used comparisons to describe and contrast American and Jamaican youth, parents, and cultures. Many of the boys' perceptions about American youth and culture are derived from RA vehicles such as US media (e.g., movies and television shows), based on which they described American teens and culture as "crazy," "rebellious," and "spoiled." Although the youth recognized media sources as imperfect, these sources nonetheless informed adolescents' construals of American youth and culture, demonstrating the strong influence of globalization forces in shaping cultural perceptions and attitudes remotely.

Other studies have attempted to determine the presence and mechanisms of RA in additional locations around the world. A study by G. M. Ferguson, Desir, and Bornstein (2013) examined the cultural orientations of 105 early adolescents in rural Haiti. The United States occupied Haiti for nearly two decades during the early 20th century, and there is increasing access to Western media through television and the Internet in 21st-century Haiti. In addition, after the devastating 2010 earthquake, the presence and penetration of US culture through volunteers and aid workers has grown steadily, heightening the possibility of RA to US culture(s). G. M. Ferguson and colleagues found very low levels of Americanization in this rural sample—Haitian youth held much higher orientation toward local Haitian culture than toward African American or European American cultures. However, boys' interaction with American tourists, communication with someone in the United States, and buying American fast food were positively correlated with either or both African American and European American orientations. Findings regarding US tourism and US fast food consumption as correlates of US culture orientation support G. M. Ferguson and Bornstein's (2012) study findings in Jamaica. However, watching Haitian TV programs was positively associated with Haitian cultural orientation, which suggests that viewing heritage culture media may be associated with heritage culture maintenance despite US and Western globalization of mass media.

A study by G. M. Ferguson and Adams (2016), conducted in South Africa with 370 racially diverse emerging adults, examined RA and its association with psychological well-being. South Africa provides a unique context as a multicultural population where Apartheid was upheld until the mid-1990s, and a location with expanding potential for RA to US cultures

though the globalization of media and food. (p. 162) G. M. Ferguson and Adams's analyses indicated that a four-cluster solution provided the best fit to the data: three Americanized South African clusters (71%: African Americanized, European Americanized, and Multi-cultural Americanized), and one "Traditional" South African cluster (29%). The presence of four clusters suggests that the complexity of RA may vary across contexts depending on how diverse the local population is. (Complex multidimensional RA may also result from multiple remote cultures: Y. Ferguson and colleagues, 2015, found a Westernized Multicultural Zambian cluster among urban adolescents in Zambia. See Figure 10.1.) That nearly three-fourths of this South African sample fell into one of the Americanized categories suggests that RA towards US culture appears to be even more prevalent in South Africa than in Jamaica, where only one-third of youth were Americanized. The high prevalence of Americanized clusters in South Africa also demonstrates that geographical distance may not be the only driving factor behind RA, but rather the extent to which US culture has influenced/permeated a culture remotely. This interpretation is supported by the finding that US goods and food consumption were the strongest vehicles of RA in South Africa.

Other studies have found media to be an important RA vector affecting values and behaviors. A cross-cultural study by G. M. Ferguson and colleagues (2015) examined a different form of media in relation to RA—music. Sampling 2,559 young adults from Jamaica and 11 other countries in their analyses, they examined associations between Reggae music and personal values across cultures. Findings revealed that preference for Reggae music was consistently associated with openness to change in Jamaica and across other countries. Thus, individuals who share similar music preferences also share similar values, and RA is one potential explanation for this association. Non-Jamaican Reggae listeners may become remotely acculturated to the values of Jamaican culture through the music. Their results also indicated that Reggae music preference is associated with cultures that are closer to Jamaica in geographical proximity and more similar in the cultural values of individualism and/or collectivism. Taken together with Americanization findings in South Africa, this suggests geographical proximity may be more likely to facilitate RA when the remote culture is from a less wealthy/powerful nation with fewer cultural exports. It is also possible that music (sound) is a less powerful vehicle of RA than is TV (sound and sight). The addition of Jamaicanization research to the Americanization literature demonstrates that RA is multidirectional, and underscores the fact that the influence of a remote culture is not always tied to its economic influence.

Aspects of Ozer's (2015) research with youth from the isolated Ladakh region in Northern India may also be relevant to RA. Ozer assessed acculturation orientation to ethnic Ladakhi culture and to the "new" culture (operationalized as a combination of mainstream Indian culture and Western culture) among Ladakhi youth in rural Ladakh compared with Ladakhi youth who had moved to Delhi for university. Study findings indicated that rural Ladakhis reported a moderate orientation to the "new" culture and a strong orientation to their ethnic Ladakhi culture. Although the amalgamation of the local mainstream Indian culture and remote Western culture into one dimension clouds the measurement of RA, the fact that rural Ladakhis reported moderately strong "new" culture

orientation could be considered evidence of remote acculturation *if* the mainstream Indian culture is truly remote to that rural group.

Measurement

When discussing assessment of RA, two issues should be considered. First, the topic is novel; hence, few measures have been tried and tested. As a consequence, unlike immigration-based acculturation (cf. Doucerain, Segalowitz, & Ryder, this volume) a presentation of assessment of RA cannot be based on a rich empirical database. Second, the development of new measures of RA can draw on existing measures of acculturation, but these measures typically do not address a number of questions that are specific to RA. Whereas existing measures tend to start from well-defined home and host cultures, remote cultures can be more or less clearly delineated.

Measuring a Novel Topic Like Remote Acculturation

First, the studies by G. M. Ferguson and Bornstein (e.g., 2012) assess RA with clearly delineated home and remote cultures—Jamaican culture on the one hand and American culture on the other hand. However, target cultures may not be simple to define when acculturation involves supranational cultures and identities, such as identification with Black (sub-Saharan) African culture. In some cases it may even be difficult to pinpoint a specific culture; a good example is the acculturation of Muslim (p. 163) youngsters in Western Europe. Treating their acculturation as involving a Muslim culture (for example, Turkish or Moroccan culture) and a mainstream western European culture, such as German culture, omits an important aspect of their life: They often strongly identify with Muslim culture in general and Palestinians in particular (Van Amersfoort & Van Heelsum, 2007). This acculturation is based on a combination of strong religious identity, associated with adherence to Muslim practices in everyday life, and a strong identification with oppressed groups in Palestine. Thus, it is not easy in this case to delineate the target remote-cultural component of their acculturation process.

A second novel issue in the assessment of RA involves the pivotal role of specific life domains. In acculturation studies that involve immigrants, assessment often addresses many life domains that can be influenced by acculturation (e.g., food and national celebrations are relevant in both cultures). However, RA often involves fewer life domains. For example, music is an important carrier of the Jamaican culture, and religion is an important carrier of the supranational Muslim culture. Studies of RA usually assess well-defined life domains in remote cultures. Acculturation processes revolve around these "marker domains," where other domains of the same culture are much less relevant. Moreover, even within the marker domains, further subdivisions may be needed. For example, a pan-Arabic identity is important for many Moroccan-Dutch youngsters. Religion is a marker domain in this identity. Food prescriptions such as a taboo on pork are often followed, making observance of food rules a good indicator. However, few of these youngsters can read the Koran in the original (classical Arabic) language (Ait Ouarasse, 2004),

making knowledge of classical Arabic a poor marker. A thorough understanding of the cultural context of RA is therefore required, which may necessitate an ethnographic analysis prior to compiling an instrument or analyzing data.

A third novel feature of the assessment of RA involves the potential need to include new features of superdiversity (involving the coalescence of multiple ethnic groups in a single location such as a neighborhood) and cosmopolitanism in acculturation. In a study among immigrants in a superdiverse area of Antwerp, Belgium, Van de Vijver, Blommaert, Gkoumasi, and Stogianni (2015) found that many inhabitants reported not only an ancestral ethnic identity (such as their Turkish or Moroccan identity) and a Flemish (regional) and Belgian (national) identity but also a cosmopolitan identity. Scores on a scale assessing cosmopolitan identity were rather high, and several self-definitions, as measured by the Twenty Statements Test (Kuhn & McPartland, 1954), referred to being a member of humankind or citizen of the world. Cosmopolitanism is interesting both from a theoretical perspective as the ultimate form of RA, as well as from a practical perspective because of the evidence that immigrants in a superdiverse neighborhood have a rather strong tendency to identify with humankind in general.

A fourth novel feature of RA refers to the importance of modern media for the diffusion of culture. Where traditionally mass media, such as radio and television, were important for disseminating cultural practices, social media have now become vital. The penetration of these media, the use of mobile phones with Internet connections, and the ease of setting up new friendship networks have contributed immensely to the diffusion of culture. Modern media can be relevant for the assessment of RA in two ways: as assessment tool and as a topic. The toolbox of psychological assessment procedures via the Internet is now large, enabling new forms of assessment such as presenting high-quality pictorial stimuli, individualized instructions and instruments, automated administration, and data storage, to mention a few. In addition, modern media can be an important study topic: How is the Internet used to exchange information about the remote culture? Is there direct though intermittent interaction? Clearly, modern media are part and parcel of RA.

Choosing or Designing Instruments for Remote Acculturation

There are three aspects in the assessment of RA that are important in the choice or design of instruments: (1) conceptual framework; (2) central role of life domains; and (3) source of item format, in particular open-ended and closed-ended questions. We discuss each of these in this section.

The acculturation process can be taken as including conditions, orientations, and outcomes (Arends-Tóth & Van de Vijver, 2006; Celenk & Van de Vijver, 2011). *Acculturation conditions* refer to the contextual limits and demands of the acculturation process. Examples include the size of the mainstream group and attitudes of the mainstream group vis-à-vis the remote culture(s). For example, are adolescents allowed by their parents to interact with the remote culture(s)? The concept of ethnic vitality, borrowed from linguistics (Giles, Bourhis, & Taylor, 1977), has been used in mainstream (p. 164) acculturation

literature to describe the presence of institutions that represent the immigrant culture, such as places of worship, education in the ethnic language, and ethnic shops. This vitality is also relevant for RA to capture the availability of vehicles of the remote culture, such as access to television programs and consumer goods (music, dress) from the remote culture. *Acculturation orientations* refer to the preference to maintain the original culture and/or adopt the new culture. In bidimensional models of acculturation, these orientations are assessed as preference for maintaining (or not) the ethnic culture and preference for adopting (or not) the mainstream culture (Berry, 1997). The extension of this framework to RA is explained next; however, the fourfold classification proposed by Berry (1997) quickly becomes unwieldy to capture attitudes toward three or more cultures. Alternative methods used in the RA literature that can produce more manageable results include mixed-methods approaches in superdiverse Antwerp, Belgium (e.g., Van de Vijver et al., 2015), and quantitative empirical clustering techniques in multicultural Johannesburg, South Africa (e.g., G. M. Ferguson & Adams, 2016).

Three types of *acculturation outcomes* have been examined: (1) psychological adjustment, referring to the mental health of the immigrant in the new context, assessed by measures of happiness and well-being, as well as indicators of distress such as internalizing behaviors (e.g., loneliness and homesickness), externalizing behaviors (e.g., violent behavior), substance use, and sexual risk taking (Schwartz et al., 2010; Ward, Bochner, & Furnham, 2001; Zamboanga, Schwartz, Jarvis & Van Tyne, 2009); (2) sociocultural outcomes in the host culture (Ward et al., 2001; Ward & Kennedy, 1994), referring to the support network and life skills in the new culture, such as the friendship network in the new culture and knowledge of the mainstream language; and (3) sociocultural outcomes in the ethnic culture, referring to these same phenomena in the ethnic culture. Again, extensions to RA can be readily facilitated by assessing sociocultural outcomes in each of the cultures involved. For example, G. M. Ferguson et al. (2013) were interested in the RA of rural Haitian adolescents who are frequently exposed to all kinds of expressions of US culture (both European American and African American). Examples of items from their sociocultural outcomes scales, involving items from both cultures, include "eating Haitian style food for lunch at school," "buying American fast food," and "watching American sports." (It should be noted that this consumption behavior can be the consequence of RA, in which case they are part of sociocultural outcomes, but the behavior can also be seen as vehicles of RA when these are viewed as leading to RA). It is a strength of the literature on RA that outcomes with regard to each of the cultures are measured, where the mainstream literature on acculturation often only measures sociocultural outcomes in the host domain (Celenk & Van de Vijver, 2011). Moreover, Celenk and Van de Vijver (2011) found that many measures in the acculturation literature use a single scale without adequate distinctions among conditions, orientations, and outcomes, which can make results hard to interpret (cf. Berry, this volume). The literature on RA is much less likely to amalgamate these aspects in a single measure.

Domain specificity of acculturation has been reported in some western European countries. For example, Turkish-Dutch prefer an integration strategy in the public domain but a separation strategy in the private sphere (Arends-Tóth & Van de Vijver, 2003). This

specificity is probably a consequence of the lack of tolerance and understanding for expressions of Turkish culture in Dutch public life. Domain specificity plays an even greater role in RA. Remote cultures are typically associated with a smaller or larger set of domains, such as specific consumer goods (e.g., fashion brands) or music (e.g., Reggae). In addition, many examples in the literature on RA refer to adjustment to cultures that are held in high esteem, such as RA of Haitian youngsters to US culture. However, as argued earlier, strong identification can also be based on other considerations, such as solidarity of western European Muslim immigrants with oppressed Muslims globally. The nature and extent of domain specificity of RA requires a good understanding of the cultural context of the study and could preclude the application of standard instruments, as it is unlikely that these instruments cover all (and only) domains of interest.

Another important aspect to consider in choosing or designing instruments is the choice of open-ended versus closed-ended questions. Closed-ended questions are predominant in the general and RA-specific acculturation literature. When researchers have good insight into all relevant cultures (participants' native culture and the remote cultures to which they may be acculturating) and the RA domains in all cultures, closed-ended questions may be the preferred choice. However, if there is ambiguity as to the exact nature of the remote (p. 165) cultures and the relevant domains to be included, open-ended questions may well be useful. For example, Van de Vijver and colleagues (2015) were interested in acculturation and identity in a superdiverse area. Pilot interviews and knowledge of the literature were helpful to identify specific areas of personal and social identity (including cosmopolitan identity). These domains, assessed in the pilots, were then covered with closed-ended questions. However, given the ethnically diverse nature of the informants, it was impossible to claim exhaustiveness of all domains in the closed-ended questions; when working with immigrants from dozens of different ethnic backgrounds, it is impossible to tap into all relevant social identity domains. The inclusion of a semistructured interview and the Twenty Statements Test ensured that these researchers did not miss relevant domains, and confirmed that the domains covered by the closed-ended questions (i.e., religious, family, regional, national, and cosmopolitan identity) were important for all participants. If this combination of qualitative and quantitative evidence, called method triangulation in the mixed-methods literature (Creswell & Plano Clark, 2007), yields converging results as was found here, such a finding provides additional evidence for the validity of the individual quantitative and qualitative assessments. A mixed-methods example from the RA literature comes from G. M. Ferguson and Iturbide (2013). They used a sequential explanatory design in which (qualitative) focus groups with a subset of participants from the original RA study (G. M. Ferguson & Bornstein, 2012) were used to further explore (quantitative) findings regarding Americanization. Specifically, focus groups examined Jamaican adolescent boys' construals of local Jamaican and remote US cultures. Qualitative findings revealed that American culture was aligned with Hollywood images of spoiled teens with permissive parents, which explained the earlier quantitative results that parent–adolescent obligations discrepancies and conflict characterize the Americanized Jamaicans.

Finally, Doucerain et al. (this volume) describe some novel measurement approaches for immigration-based acculturation, including implicit measures of cultural schemata (i.e., cognitive maps of related pieces of cultural knowledge that inform social understanding), cultural fit (e.g., emotional acculturation research assesses alignment of immigrants' emotional patterns with those of nonimmigrants in the host country), and cultural positioning (e.g., life-story narratives to capture complex identities resulting from acculturation). Some of these novel approaches may offer attractive possibilities for future RA measurement, but they have not yet been employed widely in immigration-based acculturation research and certainly not in RA contexts.

Health Implications

Immigrant health outcomes are known to vary across acculturation styles (e.g., integration is more beneficial than marginalization: Nguyen & Benet-Martínez, 2013), but empirical research has just begun to scratch the surface of how health outcomes may be linked to RA. In this section, we first suggest a useful theoretical framework for conceptualizing RA and health, and then for each major health domain we discuss available research findings and make predictions based on the extant literature. According to the framework of acculturation variables (Arends-Tóth & Van de Vijver, 2006), acculturation conditions (i.e., "contextual limits") and acculturation orientations (i.e., degree to which an individual participates in the different cultures) will impact the health outcomes of remotely acculturating individuals. Applied to the domain of health, RA conditions may include (1) features of the local environment and culture (e.g., human development index of the country, culturally endorsed healing paradigms, availability and quality of professional care institutions, perceived status of [groups in] the remote culture); (2) features of the remote culture (e.g., remote media dissemination of health beliefs and practices, help-seeking attitudes, norms regarding health habits, such as physical exercise, tobacco, drug, and alcohol use); (3) characteristics of the remotely acculturating group (e.g., peer pressure, education, access to remote culture); and (4) personal characteristics (e.g., openness to new cultures, conformity, and proficiency in language of the remote culture). Acculturation orientations include the degree of local cultural maintenance and remote cultural adoption, bearing in mind that these may vary across life domains (e.g., food versus identity). See Figure 10.2. Additional variables to consider include the degrees of cultural distance and conflict between the local and remote cultures (e.g., on nutrition norms), and acculturative stress associated with the process of acculturating to a nonnative culture while still in one's homeland, including stress related to interpersonal acculturation gaps. Another useful perspective on the health implications of RA is that it is often associated with and inspired by status enhancement in the local culture. (p. 166) (p. 167) According to Brewer's (1991) optimal distinctiveness model, identifying with a high-prestige remote culture may foster both health-deteriorating and health-promoting practices. For example, drinking Coca-Cola may be a way to boost social status and signify wealth in some developing countries despite the fact that soda consumption has been linked to overweight, obesity, and diabetes prevalence across 75 countries (Basu, McKee, Galea, & Stuckler, 2013). On the other hand, health-seeking behaviors such as securing a gym

membership, joining a health food craze, or seeing a private psychotherapist are health-promoting activities linked to status enhancement.
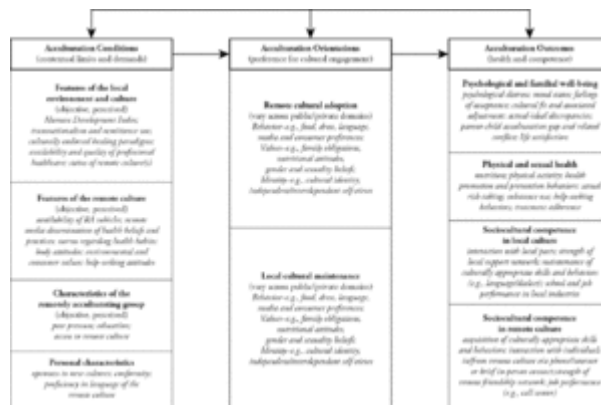

Figure 10.2 Framework of remote acculturation variables.

Source: Figure adapted to remote acculturation with permission from Arends-Tóth & Van de Vijver (2006). Additional variables to consider in regard to health implications of remote acculturation include the cultural distance and cultural conflict between the local and remote cultures.

Family Relationships

Parent–child acculturation gaps are a potential liability of RA both conceptually (Jensen et al., 2011) and empirically (Cheung-Blunden & Juang, 2008; G. M. Ferguson & Bornstein, 2012, 2015). Parent–adolescent discrepancies in family values, which are normative during adolescence, can be exacerbated by acculturation (Birman, 2006; Cheung-Blunden & Juang, 2008), and families with larger intergenerational discrepancies in values tend to have more intergenerational conflict (Rosenthal, Ranieri, & Klimidis, 1996). Kwak's (2003) review makes clear that the cultural distance between their native and nonnative cultures makes immigrant families more vulnerable to parent–adolescent conflict, which magnifies their disagreements over autonomy negotiations. Immigrant adolescents adjust faster than their parents (Schwartz, Pantin, Sullivan, Prado, & Szapocznik, 2006), which can also strain intergenerational relationships (Kağitçibaşi, 2007).

Similar intergenerational discrepancies to those of immigrant families may be seen among remotely acculturating nonimmigrant families in non-Western countries. For example, highly British-oriented adolescents in Hong Kong report larger discrepancies in family values and greater parent–child conflict compared with adolescents with low British orientation (Cheung-Blunden & Juang, 2008). The Americanized Jamaican clusters in Jamaica (G. M. Ferguson & Bornstein, 2012, 2015) reported significantly higher parent–adolescent conflict compared with the culturally traditional clusters. Moreover, parent–child conflict in remotely acculturating families is linked to intergenerational RA gaps: Jamaican parent–adolescent dyads mismatched in their RA cluster (i.e., one partner

was Americanized Jamaican whereas the other was Traditional) experience significantly more conflict compared with dyads matched in RA strategy (G. M. Ferguson & Bornstein, 2012). However, these findings vary across context, as Americanized youth in South Africa and Zambia did not report higher adolescent-reported parent–adolescent conflict (G. M. Ferguson & Adams, 2016; Y. Ferguson et al., 2015).

The person-context fit perspective (Lerner, 1982) helps to explain conflict in remotely acculturating families. A remotely bicultural adolescent will be a poor match for the values and expectations of a local culture and traditional parent, and this person-context mismatch can create or exacerbate disagreements. Conflict is especially likely to be tied to RA in nonimmigrant families because, in most cases, only the adolescent, not the parent, is immersed in the new/remote culture. Professionals serving remotely acculturating families should keep in mind that normative parent–adolescent conflicts are exacerbated by remote acculturation gaps (G. M. Ferguson & Bornstein, 2012). Cross-cultural counseling strategies used with immigrant families may offer useful suggestions for clinical approaches with remotely bicultural families (see Kağitçibaşi, 2007).

Mental Health

What are the implications of RA for mental health? From one point of view, Jensen and colleagues (2011) argue that the increased complexity of cultural identities due to globalization-based acculturation will bring about cultural identity confusion (including the possibility of ultrarapid code-switching), and mental health problems. Jensen and colleagues cite the perspectives of researchers from Ivory Coast, Pacific Islands, and Sri Lanka that increases in youth delinquency including substance abuse, aggression, and suicide coincide with youths' struggle to reconcile traditional and Western values. Interviews with a subsample of youth in the remote Ladakh region of India indicated that modernization (seen as partially influenced by Western tourists) was thought to be one of many contributors to increased mental health problems (Ozer, 2012). Other scholars go further to suggest that the plethora of remote cultural identity options available are now evident in psychopathological identity disturbances such as the presence of more cultural diversity among the "alters" (i.e., multiple personalities) demonstrated by individuals with dissociative identity disorder (Hermans & Dimaggio, 2007).

To our knowledge, there are very few empirical studies examining the link between RA and cultural (p. 168) identity confusion or mental health, and there are some mixed findings within this small body of work. One RA study in South Africa found that African Americanized emerging adults had more psychological problems than did European Americanized Whites after controlling for race (G. M. Ferguson & Adams, 2016). However, an empirical study of globalization-based acculturation and depressive symptoms among adolescents in Hong Kong found that Chinese-Western bicultural youth did *not* report higher depressive symptoms compared with their culturally traditional peers (Cheung-Blunden & Juang, 2008). The BII framework suggests a way to integrate both sets of

empirical findings—it is possible that only remotely acculturating individuals with low BII experience psychological problems (Chen et al., 2008).

Subjective well-being—for example, how satisfied one feels with life—should also be considered in relation to RA because psychological distress and subjective well-being are considered to be independent components of psychological functioning (Keyes, 2005). Findings in urban Zambia indicated that Westernized multicultural Zambian adolescents reported marginally lower life satisfaction than did their Traditional Zambian peers, although they did not report more psychological problems (Y. Ferguson et al., 2015). Lowered life satisfaction may be related to striving toward an unrealistic ideal derived from a remote culture while still being limited by the constraints of the local context (Jensen et al., 2011). For Zambian youth, this actual-ideal discrepancy may relate to the contrast between the poverty in their everyday context and the wealth of the Western societies to whose cultures they are acculturating remotely. There is a different association between RA and life satisfaction in South Africa, however. In G. M. Ferguson and Adams's (2016) study, European Americanized emerging adults had *higher* levels of life satisfaction compared with Traditional South Africans. Thus, it appears that RA may be associated with benefits for some individuals who acculturate toward dominant and privileged subcultures within remote societies.

A final point of view to consider is that remote biculturalism may be an asset in some domains despite presenting liabilities in others. For example, Jensen and colleagues (2011) suggest that involvement in the global culture may foster greater civic involvement among youth in their home societies, and that global culture involvement can fuel indigenizing movements that reaffirm cultural heritage and identity. Biculturalism (high BII) is linked with creativity among immigrants (e.g., Mok & Morris, 2009); therefore, remotely bicultural nonmigrants may also benefit from creativity and innovation, as G. M. Ferguson and Bornstein (2015) suggested. Empirical research on these potential benefits of RA is needed.

Physical Health

Chronic noncommunicable disease rates are soaring, especially in the developing world (Popkin, Adair, & Ng, 2012), and these are underpinned by poor health habits. Nutrition and physical activity are among the basic building blocks of health, and correlational and experimental research demonstrates that acculturation is associated with changes in eating patterns among immigrants. Food acculturation can produce both negative and positive dietary changes. Ayala, Baquero, and Klinger's (2008) review of 34 quantitative and qualitative studies of food acculturation in the United States showed that higher US culture orientation (or successive immigrant generation) is generally associated with consuming more dietary sugar and fast food, and less traditional foods (e.g., fruit, beans, and rice), yet lower fat intake, in some studies (i.e., reduced-fat milk and less frying in lard). Compared to preimmigration, Chinese immigrants in the United States with longer US residency or better English proficiency consume more fats/sweets, but also more fruits/vegetables (Lv & Cason, 2004). Experimental evidence also links diet to acculturation

processes. In two experiments with Asian American bicultural college students, Guendelman and colleagues (2011) found that individuals whose American identity is threatened use their food choices to reinforce their American identity by selecting more traditionally American food to eat immediately after the threat.

Although to our knowledge no empirical studies have yet comprehensively examined remote food acculturation, RA is likely to influence individuals' health habits, whether for better or for worse (or both). Available evidence among Jamaican adolescents indicates that orientation to European American culture (G. M. Ferguson & Bornstein, 2015) is positively correlated with consumption of US foods (i.e., eating at US fast food chains and consuming US-style food such as hot dogs for lunch at school) and US beverages (e.g., Coca-Cola). Thus, remote food acculturation has potential implications for childhood obesity, which is a growing problem worldwide. The contribution of (p. 169) remote food acculturation is especially concerning in developing countries experiencing the ongoing "nutrition transition," a shift toward a Western (prototypically American) diet featuring processed foods high in fat, sugar, and sodium, along with more sedentary lifestyles (Popkin et al., 2012). Obesity, in turn, puts youth at risk for multiple preventable health problems, including adult obesity, insulin resistance, earlier onset of type 2 diabetes, and cardiovascular disease (e.g., Freedman, Kettel Khan, Deitz, Srinivasan, & Berenson, 2001). Incorporating individual assessments of RA into research and prevention efforts to combat youth obesity risk may be useful, especially in developing countries.

Sexuality and Health

The health implications of RA go beyond the influence of ethnic cultures. Here we consider the lesbian, gay, and bisexual (LGB) culture in Western countries, the United States in particular. (Note: we have excluded the *T* from LGBT, because our discussion focuses on sexual orientation, not gender identity). We use the term "LGB culture" to refer to the largely urban, pro-LGB phenomenon produced mainly by and for LGB individuals and encompassing various patterns of pro-LGB thinking, feeling, and acting (Irvine, 1994). Prominent pro-LGB elements of the LGB culture may have significant remote influence on individuals living in the rural United States and in other countries due to ubiquitous urban US media. In general, US LGB culture involves advertising and advocating relevant sex education, including the importance of testing for HIV and other sexually transmitted infections (STIs), condom use, and other prevention and treatment behaviors. Thus, remotely acculturating to LGB culture likely involves greater exposure and sensitivity to health promotion/prevention materials internationally and in rural US areas, benefits that may extend to treatment adherence. In addition, different RA styles are likely to be linked to unique health outcomes.

Based on the bidimensional model of acculturation, *separation* is a possibility for remotely acculturating LGB youth in international and rural settings. A remotely separated individual adheres mainly to the local beliefs and behaviors toward LGB individuals and issues. Separation may be particularly likely for individuals living in conservative areas where open identification as or support for sexual minorities may be dangerous. In Ghana, for

example, homosexuality is frowned on (International Gay and Lesbian Human Rights Commission, IGLHRC, 2011), and male-to-male sexual relationships are punishable by imprisonment of 10 years or more (International Lesbian, Gay, Bisexual, Trans and Intersex Association, 2009). Remote separation may offer physical protection in hostile environments, but may also pose a mental health risk exacerbated by the fact that negative messages about LGB individuals are likely to come from family and friends (Battle & Crum, 2007). Even if resources for openly LGB individuals or individuals with a history of same-sex sexual behavior exist in one's area (e.g., LGB resource center; affordable clinic with HIV testing), separated individuals are less likely to use them for fear of being publicly identified as LGB (Valentine, Skelton & Butler, 2003).

Second, and perhaps more likely, an individual could *integrate* the two cultures by participating both in the local cultural beliefs and behaviors regarding LGB issues, and in the remote LGB culture. Based on the biculturalism literature, remotely integrated individuals may be either alternating "chameleons" or openly LGB "blended" individuals (Benet-Martínez, 2012; Phinney & Devich-Navarro, 1997). Alternating integration allows "identity chameleons" (Brekhus, 2003) living in conservative societies to maintain safety in their local community while simultaneously interacting with the LGB culture in other settings. They "go somewhere to be gay" and may use the Internet to "travel" or "vacation" to the US LGB culture. For example, if there is a local setting or establishment that is safe for LGB individuals (e.g., a bar/restaurant, online group, gathering at a private home; Gray, 2009), alternating biculturals may be publicly affectionate with a same-sex romantic partner in that space, but avoid such displays in other local settings. Blended individuals integrate the LGB culture more seamlessly with their local identities and/or behaviors and are more likely to live in LGB-affirming spaces, if available, or assume the risks of living openly LGB lifestyles in less affirming spaces. Blended integration may also occur in the private domain of experience (e.g., LGB identity, beliefs) but not the public domain (e.g., LGB behavior). Remote integration may be associated with both positive and negative health outcomes for LGB individuals. They may avoid bullying and discrimination by adjusting their cultural behavior across settings (Shih, Sanchez, & Ho, 2010); this may be especially true for "identity chameleons." However, the cultural distance between the LGB culture and a hostile local culture may also lead to (p. 170) significant psychological distress for integrated individuals (Meyer, 2003; Russell, Ryan, Toomey, Diaz, & Sanchez, 2011).

Assimilation is a third possibility, wherein individuals swap their local LGB cultural response for LGB culture. Assimilation is extremely unlikely in conservative areas, where explicit LGB identification or support may be dangerous and local LGB resources are likely to be scarce. Remote assimilation may increase risk for bullying and discrimination among openly LGB individuals in school, home, or workplace settings (G. M. Ferguson & Iturbide, 2013; Russell et al., 2011). However, identification with a strong international movement like the LGB culture may also increase the sense of belonging for assimilated LGB individuals. For example, when their local social climate is not supportive of sexual

minorities, many LGB individuals in the rural United States report feeling connected to the larger LGB community (Oswald & Lazarevic, 2011).

Fourth, *marginalization* may be possible, although unlikely, if one is not oriented to the local cultural LGB response nor to the remote LGB culture's response. In India, for example, there is a long tradition of sexual liberalism, including same-sex sexual relationships within the context of (heterosexual) marriage. This sexual liberalism is in contrast to the identity-based US LGB movement. In this case, marginalization may occur when LGB individuals feel that their local cultural response is inappropriate (i.e., overly severe anti-sodomy laws) but the US LGB culture is too identity-based. In repressive environments there may be a thin line between marginalization and integration: Marginalization may be the daily experience, with rare occasions of integration. For example, a lesbian woman in India with a marginalized remote acculturation status would neither support the local anti-LGB culture nor the US culture of open identity politics in her everyday life, but may occasionally attend a local rally aimed at increasing acceptance of LGB individuals in India. Remote marginalization likely leads to various negative health outcomes, such as mental health problems associated with cultural identity confusion (Jensen et al., 2011). Marginalized individuals are the blind spot of public health messages: They do not receive the benefits of remote exposure to LGB specific health messages, nor are they likely to receive such information from their local culture from which they feel disconnected. For example, in the film *The Best Exotic Marigold Hotel* (Broadbent, Czernin, & Madden, 2012), a heterosexually married Indian man, who had been romantically involved with another man, would not have been reached by health messages targeted at "gay" men.

Implications and Conclusion

The 21st century is characterized by diverse forms of cultural contact that can produce RA, a form of nonmigrant acculturation toward distant cultures that resembles proximal immigrant acculturation (G. M. Ferguson & Bornstein, 2012). Relative to immigrant acculturation, RA has redefined the who (nonmigrants), when (prompted by remote intercultural contact), where (in the homeland), and how (facilitated by technology, trade, and tourism) of acculturation. Moreover, multiple remote cultures and identities, both ethnic and nonethnic, are often involved in RA, which can give rise to complex intersectionality. Intersectionality is known to impact individuals' health outcomes (Hankivsky & Christoffersen, 2008). In one US study, for example, integration of different types of identity (race and sexuality) was associated with higher self-efficacy for HIV prevention-related behaviors among African American gay and bisexual men (Crawford, Allison, Zamboni & Soto, 2002). Viruell-Fuentes, Miranda, and Abdulrahim (2012) argue that, in addition to considering acculturation, health research should examine "how immigrant health trajectories are shaped simultaneously by race, class, and gender-based systems of hierarchy" (p. 2010). Intersectionality can ameliorate and/or exacerbate health concerns among remotely acculturating nonimmigrants. For example, many Black South African youth, who still experience lingering racial inequalities, are strongly oriented to African American culture (G. M. Ferguson & Adams, 2016). Their RA provides hope and solidarity to buffer their

mental health, but can also worsen behavioral and occupational health if it inspires bold resistance or demands for social change in a repressive context.

Acculturation and health researchers, as well as health practitioners, need to be alert to this new cultural landscape if they are to effectively address the health needs of modern individuals who may be acculturating remotely in their own backyards. The empirical research on RA is still in its infancy, and much is yet to be understood about its full health implications. However, our review suggests that RA may have both negative and positive health outcomes, some of which are also common to immigrants (e.g., acculturation gap), and others of which are not (e.g., improved mental health due to a sense (p. 171) of solidarity and validation from a high status remote culture). Health practitioners and researchers might consider screening for RA as part of initial assessments in order to tailor intervention efforts and capture potential effects of RA on health processes.

Acknowledgments

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