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Psychological Distress Among Mexican American Women as a Reaction to the New Immigration Law

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PSYCHOLOGICAL DISTRESS AMONG MEXICAN AMERICAN WOMEN
AS A REACTION TO THE NEW IMMIGRATION LAW

by

ROGELIO RODRIGUEZ

A Dissertation Submitted to the Faculty of the Graduate
School of Loyola University of Chicago in Partial
Fulfillment of the Requirements for the Degree of
DOCTOR OF PHILOSOPHY

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DEDICATION

Para mis padres, Mauro y Maria Rodriguez, quines me enseñaron como trabajar, como aprender, como reir, como estimar, y como amar.

To my parents Mauro and Maria Rodriguez, who taught me how to work, how to learn, how to laugh, how to care, and how to love.

VITA

The author, Rogelio Rodriguez, is the son of Mauro and Maria Rodriguez. He was born on October 16, 1958, in San Antonio, Texas.

His elementary education was completed at Jose Francisco Ruiz elementary school in San Antonio, Texas. His secondary education was obtained at Edgar Allan Poe Junior High and Highlands High School in San Antonio, Texas.

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In September, 1981, Mr. Rodriguez entered the clinical psychology program at Loyola University of Chicago. He received a graduate assistantship for 1981-1982 and 1982-83. Clerkships were completed at Cook County Hospital in 1982 and at the West Side Veterans Administration Hospital in 1983. He received an assistantship at the Charles I. Doyle Guidance Center for academic years 1983-84 and 1984-85.

Mr. Rodriguez completed his clinical internship at Cook County Hospital from 1985 to 1986. Mr. Rodriguez currently serves as a consultant to the South Lawndale Health Center and the Family Practice Department, Cook County Hospital.

TABLE OF CONTENTS

	Page
ACKNOWLEDGMENTS.....	ii
DEDICATION.....	iv
VITA.....	v
 Chapter	
I. INTRODUCTION.....	1
II. LITERATURE REVIEW.....	3
Distress Due to Immigration.....	3
Psychological Distress Among Hispanics..	6
Specific Symptoms of Psychological	
Distress.....	10
Psychological Distress Among Hispanic	
Women.....	10
Machismo and Marianismo.....	13
The Mexican American Family Support	
System.....	18
Psychological Distress and Social	
Support.....	21
Summary and Hypotheses.....	24
III. METHOD.....	27
Subjects.....	27
Measures.....	28
Information Data Sheet.....	28
Social Support Questionnaire-6.....	28
Symptom Checklist 90-Revised.....	30
Procedure.....	30
IV. RESULTS.....	32
Preliminary Analyses.....	32
Hypothesis One.....	38
Hypothesis Two.....	40
Hypothesis Three.....	42
Hypothesis Four.....	44

	Page
V. DISCUSSION.....	47
Preliminary Analyses.....	47
Hypothesis One.....	49
Hypothesis Two.....	50
Hypotheses Three and four.....	53
REFERENCES.....	63
APPENDIX A.....	71
APPENDIX B.....	74

LIST OF TABLES

Table		Page
1.	Means and Standard Deviations of Age, Years in the United States, and Years of Education by Immigration Status.....	34
2.	Tabulation of Immigration Status by Income Level.....	36
3.	Tabulation of Immigration Status by Marital Status.....	37
4.	Means and Standard Deviations of Dependent Variables by Immigration Status.....	39

CONTENTS OF APPENDICES

	Page
APPENDIX A Information Data Sheet.....	72
APPENDIX B Social Support Questionnaire-6.....	75

CHAPTER I

INTRODUCTION

In 1986, President Reagan signed into law the New Immigration Act, which stated that people who were living in the United States illegally but who could prove that they had been living in this country since 1982 could qualify for legal immigrant status. By May 1987, the Immigration and Naturalization Service (INS) began accepting applications for processing. A group highly affected by this legislation was the people of Mexican descent living in the United States, both legally and illegally. For those illegal immigrants who qualified for amnesty, this law provided a possibility of finally obtaining legal immigration status. For those who came after 1982 and who did not qualify, it meant that jobs for illegal immigrants would be much more difficult to obtain and, consequently, they would probably have to return to their native land. For those who have legal status, it meant the possible loss of friends or relatives and, conversely, the possibility that some of their friends or relatives could finally obtain legal status.

The present study examined the psychological distress among Mexican American and Mexican females as a reaction to the new immigration law. Specifically, the impact of the law on three groups was examined: 1) illegal residents who did not qualify for amnesty and will most likely have to return to Mexico; 2) those illegal immigrants who quali-

fied for amnesty; 3) legal residents of the United States and of Mexican descent. This study also examined the relationship of social support within these three groups to the psychological distress reported by members of this group. All these groups, according to the literature, experience numerous psychological stressors. The immigration act is yet another major stressor that one would expect to cause psychological distress of some kind among these people.

CHAPTER II

LITERATURE REVIEW

Distress Due to Immigration

There are approximately 7.2 million people of Mexican descent living legally in the United States (United States Bureau of the Census, 1983) and anywhere from one to three million more people from Mexico residing illegally in the United States. Like many people who migrate to this country, people from Mexico migrate to the United States in hopes of improving themselves economically. However, they frequently experience considerable stress when they migrate to the United States. Cohen (1987) and Rogler, Gurak, and Cooney (1987) give the following factors as influencing the migration experience: 1) the migrant country's relationship to the host country; 2) the position of the immigrant in his/her new relationships; 3) the difference in value systems between the country of origin and the host country; 4) the amount of group support received, and; 5) the extent of rupturing of the migrant's supportive relationships. People migrating from Mexico come from a country that is at best misunderstood or neglected by Americans, and at worst, looked upon as a country besieged with poverty, drug problems, and widespread corruption. They often settle in lower socioeconomic classes and face prejudice and discrimination in this country. Their culture significantly differs from the American lifestyle. In addition,

Mexican immigrants frequently have to separate from their families, both extended and nuclear, when they migrate to the United States and often end up socially isolated (Falicov, 1982; Warheit, Vega, Arith, & Meinhardt, 1975). Vega, Hough, and Romero (1983) assert that immigration and poverty result in increased family instability and, for Hispanics, are related to such stressful life events as disability, divorce, arrests, and deaths. Falicov (1982) has described the large impact on the wife during migration. While the husband interacts with the outside world, the wife may remain at home and stay loyal to the original culture, all the while becoming increasingly isolated. Meanwhile, the husband and children learn a new language and new values.

Along with the process of immigration, the process of acculturation also affects immigrants in numerous ways and can at times produce considerable anxiety. Acculturation is a multidimensional process involving change in both members of the cultural group and members of the host culture. According to Padilla (1980) acculturation involves the elements of cultural awareness and ethnic loyalty. Cultural awareness refers to an individual's knowledge of cultural origin and the host culture. Ethnic loyalty refers to the individual's preference between the two cultures. Cervantes and Castro (1985) have described the acculturative stress process as a multivariate interaction between the immigrant's internal resources, the support resources available, and the actual type of stressors experienced.

Most studies on Hispanic acculturation have examined its effects on stress and coping. Distress among Hispanics due to migration has

been found among those who migrate and those who stay behind. Mena, Padilla, and Maldonado (1987) compared groups at theoretically different levels of acculturation: individuals who immigrated before age 12, those who migrated after age 12, and second and third generation immigrants. Their findings indicated that late immigrant students (those who immigrated after age 12) experienced more acculturative stress than the other groups. Hough (1981) examined differences between Mexicans living in a border town in Mexico, Mexican Americans living in a border town in Texas, and Anglos living in Texas. Findings indicated that Mexicans rated events concerning social and geographical mobility among family and friends as more stressful than the other groups. Evidently, possible family disintegration and social support system displacement as a result of possible migration resulted in more adverse physical and mental effects for Mexicans than Mexican Americans and Anglos.

Different styles of coping with acculturation have been found among Mexican Americans. Mena et al. (1987) found that those who immigrated after age 12 coped with stress in a more individualistic manner, planning more solitary activities for themselves, while second and third generation immigrants handled stress by talking to others and forming social networks. Unfortunately, another mode of coping with acculturative stress for Mexican Americans seems to be increased drinking. When comparing Mexican Americans and Anglos, Neff, Hoppe, and Perea (1987) found the heaviest patterns and highest prevalence of both alcohol related problems and escape drinking motives were among the least acculturated second generation males.

Children are also affected by the acculturation process. Stressors for Hispanic children related to the migration and acculturation experience include cultural exclusion, cultural marginality, discrimination, and frequently resulting underachievement (Franklin, 1983). To address their children's concerns, Mexican American parents frequently must contend with non-Spanish speaking educators and educators who are ignorant or disinterested in their cultural values. Also, when a Mexican American non-English speaking child is acknowledged as having school difficulties, the diagnostic assessment process often takes much longer than usual due to a lack of Spanish speaking test examiners.

In summary, the processes of migration and acculturation has many risk factors for people from Mexico. Frequently, all members of the family must cope, in one way or another, with the stressors from these risk factors. However, they must often do so with fewer resources than were available to them in Mexico, and instead try to utilize new socioeconomic resources that they have access to or have achieved while in this country.

Psychological Distress Among Hispanics

Although immigrating to the United States for socioeconomic gain, people from Mexico have consistently experienced the lowest levels of economic, educational, and occupational positions for all gender and ethnic groups in the United States except for Native American females (Vasquez, 1984). Mexican Americans have been the object of discrimination by Anglos and are diasadvantaged when compared to the larger society in quality of housing and political influence. Padilla, Ruiz, and Alva-

rez (1975) have described major stressors for Hispanics, besides acculturation and prejudice, as being due to poor communication skills in English, the necessity of seasonal migration (for some), and coming from a rural agrarian culture to an urban technological society. Because of the many stressors that Mexican Americans experience, it is believed they suffer considerable psychological distress.

Despite the many sources of stress, reviewers of the literature state that mixed results have been obtained regarding whether Mexican Americans suffer more psychological distress than the general population. Padilla, et al. (1975) caution that Hispanics may underreport psychological symptoms because of the use of inappropriate measures or non-Spanish speaking interviewers. Thus, comparisons of Mexican Americans and the general population in psychological distress must be done with caution and appreciation of possible confounds. Cuellar and Roberts (1984), in a review of the literature, suggest that rates of psychological impairment of Mexican Americans may be comparable to those of the general population when socioeconomic factors are taken into consideration. Mirowsky and Ross (1980) interviewed Mexicans, Mexican Americans, and Anglos in Texas border towns and found that both Mexicans and Mexican Americans reported fewer symptoms of psychological distress than did the Anglos. In 1987, these authors conducted a similar study again in the same location and found that Anglos and Mexicans reported the higher rates of distress while Mexican Americans had the lowest. In another Texas border town study, Burnam, Timber and Hough (1984) compared four groups in psychological distress: 1) Mexicans living in Mex-

ico; 2) Mexican Americans raised in Mexico and living in the United States; 3) Mexican Americans raised and living in the United States; and 4) Anglos. Findings suggested that Anglos had the least psychological distress and that Mexicans in Mexico had the highest distress. Also, for all three Mexican groups, psychological distress increased with age. Mexicans also seemed to frequently make doctor visits but report fewer symptoms in these visits. In contrast, Anglos made less doctor visits but had complaints of more symptoms at these doctor visits. The authors cautioned that controlling for socioeconomic status resulted in marginally significant differences in psychological distress. In a more recent study in another Texas border town, these authors (Burnam, Hough & Timbers, in press) found that Anglos reported fewer severe symptoms of psychological distress than any of the Mexican origin groups and that there were no significant differences in reported symptoms of psychological distress among the groups of Mexicans and Mexican Americans raised in Mexico or in this country. In a related study, Warheit, Vega, Arith and Meinhardt (1985) found that persons born in Mexico and living in the United States have more symptoms and psychosocial dysfunction than United States born Mexican Americans, even when controlling for sex, age, marital status, educational attainment, and residential mobility.

Several epidemiological studies have also been done in California. Roberts (1980, 1981) used data from two California surveys to compare psychological distress among Mexican Americans, Blacks, and Anglos. Results indicated that Mexican Americans have rates of psychological distress at least as high as those for Anglos and that in no cases were

rates of distress using different measures lower for Mexican Americans than for the general population. However, differences in psychological distress were largely a function of socioeconomic status. In another California epidemiological study, Karno, Burnam, Hough, Escobar, and Golding (1987) found similar six month prevalence rates of mental disorders for Hispanics and non-Hispanics. Mental disorder lifetime prevalence rates were similar except for drug abuse (more prevalent in Anglos). However, alcohol use by Mexican American men was higher than that for Anglos. Vega, Kolody, and Warheit (1985) did a survey in California comparing psychoneuroses among Mexican Americans and Anglos. Results suggested that there were no differences in rates of psychoneuroses between English speaking Mexican Americans, Spanish speaking Mexican Americans, and Anglos when adjusted for demographics. Findings also indicated that high symptom levels appear normative in the low socioeconomic status Spanish speaking community although these do not comprise a major clinical syndrome. The data also suggested that minimal acculturation and immigrant status in the presence of extremely low educational levels were closely associated with high levels of symptomatology.

The research seems to indicate that Hispanics have at least a rate of psychological distress similar to the general population, and there is a growing body of evidence suggesting that Hispanics may have higher levels of psychological distress than the general population.

Specific Symptoms of Psychological Distress

Among the symptoms of psychological distress, depression and somatization have been found to be primary presenting problems of high incidence among Mexican Americans and other Hispanic outpatients (Acosta, 1984; Torres-Matrullo, 1982). Frerichs, Anshensel, and Clark (1981) examined the prevalence of depression in a multi-ethnic sample (Anglos, Hispanics, Blacks) and concluded that although the prevalence of depression was greatest among Hispanics, neither race nor ethnicity were significantly related to the presence of depression after controlling for effects of selected demographic and socioeconomic variables. Acosta (1984) reported that based on clinical impressions, Mexican Americans, particularly if they are foreign born, often seek help for somatic complaints, more so than other income groups. Stoker, Zurcher, and Fox (1969) found that Mexican American patients reported four times as many somatic complaints as Anglos. The Mexican American group complained most of headaches and gastrointestinal ailments. However, according to other reviewers (Keefe & Casas, 1980), data are inconclusive about whether Mexican Americans have different specific symptoms than other ethnic groups.

Psychological Distress Among Hispanic Women

Although there are mixed results regarding whether Mexican Americans experience more psychological distress than the general population, there seems to be more conclusive evidence that Mexican American females are especially at risk for psychological distress. Mexican American females exert little influence in their society and culture and have low

status in both of them. They predominately have low income, low educational levels, high unemployment, and high fertility rates (Canino, 1982). Their husbands are frequently absent due to marital disruption, incarceration, or a lack of local employment (Boulette, 1976).

Despite their difficulties, expressing painful affect seems difficult for Hispanic women. Torres-Matrullo (1982) has noted that when Hispanic women talk about feelings of nervousness, they frequently describe situations in which they clearly feel angry and also feel guilty for experiencing angry feelings. Family rules do not allow direct expression of hostility and/or resentment toward either a Hispanic's women's husband or her children (Falicov, 1982).

Diaz-Guerrero (1968) asserts that if the Mexican woman can not live with being self-sacrificing and with the culturally mandated superiority of the male, there is a high probability of becoming neurotic. In a survey of 110 women in Mexico City, Diaz Guerrero found that 44% of the women fell into the neurotic category. Langner (1965) compared two groups of Mexican women, one in which they have nearly equal status with men (in Tehuatepec) and the other in which they have comparatively low status (in Mexico City). There was a significant difference between the two groups. Findings were that in the community where women's prestige approaches that of men, women reported slightly, but not significantly, more psychophysiological symptoms than men. In the community where women's status does not approach that of men, women reported significantly more psychophysiological symptoms than men. Also, the lower the income, the greater the average number of symptoms

reported.

Stoker, Zurcher, and Fox (1968) examined therapy groups of 25 Mexican American females, 25 Black females, and 25 Anglo females. Findings indicated that Mexican American females had higher frequencies, when compared to the other two groups, of agitation, crying spells, dependency, depression, eating difficulties, hostility, hyperactivity, impulsivity, irrationality, obesity, sleeplessness, somatic complaints, suicide attempts, and what the authors referred to as a depressive core. In a survey in the southwest, Moscicki, Rae, Regier, and Locke (1987) found that the female gender was the only variable among those studied (e.g., ethnicity and physical health) significantly related to major depression for Mexican Americans, even among upper income categories. Several investigators have found a high frequency of depression and psychosomatic disorders among Hispanic women, although it is unclear whether they have significantly more so than do males (Canino, 1982). Acosta and Evans (1982) also reported a clinical impression of a high degree of somatic complaints among Mexican American females and attributed this to stressors, waiting too long to seek psychotherapy, or seeking help for their psychological distress from their physicians. In studying somatization among Mexican Americans, Escobar, Karno, Golding, Burnam, and Hough (1987) developed a description of a somatization trait, in contrast to a DSM-III somatization disorder, that consisted of four somatic symptoms for males and six for females (DSM-III criteria for somatization disorder calls for 13 somatic symptoms). Findings indicated that the number of patients (both Mexican American and non-

Mexican American) having the somatic trait, compared to the somatization disorder, was 150 times greater than for the full diagnosis. Mexican American females older than 40 years were more likely than Mexican American males or Mexican American females younger than 40 year to meet these criteria.

There is some evidence indicating that Hispanic women are especially at risk for experiencing psychological distress. A frequently offered explanation is that Hispanic cultural expectations promote certain behaviors that may be especially detrimental to the psychological well-being of the female. However, there is contradictory evidence regarding this assertion.

Machismo and Marianismo

A widespread theory explaining the reported high rates of psychological distress, especially depression and somatization among females, attributes such distress to the traditional and rigid sex roles of the Mexican American male and female. The common stereotype about Mexican Americans concerns machismo and marianismo or hembremismo. The central tenet of machismo is male domination. Ways to prove machismo include having a mistress, wife beating, and/or aversion to contraceptives (Montiel, 1973). For these men there are two types of women: the wife, who is to be courted and is perfectly feminine; and all others who present opportunities for sexual conquests (Diaz-Guerrero, 1955). In a study about Mexican Americans, Costello (1977) states "Among the husbands of poor Mexican American families living in Crystal City, womanizing, excessive beer drinking and wife beating are common. In Crystal City

they are so common they they have come to be viewed as the husband's prerogative" (p. 64). Klapp (1964) reports that to Mexicans, a macho male is strong, virile, stubborn, a lover, a singer, and a fighter.

Mexican and Mexican American women are said to adhere to qualities similar to that of the Virgin Mary. This concept is called marianismo (for the Virgin Mary) or hembremismo, and these qualities are typically described as devoted, self-effacing, respectful, religious, self-denying, attending to male members and obeying without question, satisfying all of the husband's needs, expecting life to be hard, suffering, feeling inferior, self-denying, dependent on males, submissive, unassertive, abused, totally committed to family, and being a martyr (Boulette, 1976; Coles, 1977; Diaz-Guerrero, 1955; Garcia-Balme, 1977; Gonzalez, 1982; Klapp, 1964; Lewis, 1959, 1961; McGinn, 1966; Penalosa, 1968; Staton, 1972). Also consistent with the marianismo profile is the idea that the Hispanic female should remain married at all costs regardless of the quality of the marital relationship for the sake of the children and should put all family members' needs above her own (Diaz-Guerrero, 1955; Torres-Matrullo, 1982).

These qualities of the Mexican male and female obviously have a large impact on the marital relationship. Diaz-Guerrero (1955) states that the Mexican family is founded on two premises: the absolute supremacy of the male and the necessary and absolute self sacrifice of the female. Traditional Mexican views about family life include that the husband assume the instrumental role of provider and protector of the family and the wife the expressive role of homemaker and caretaker

(Falicov, 1982). In describing contemporary Mexican family life, Riding (1985) states that the husband has little respect for and communication with his wife, preferring to spend his time and money drinking with his friends or visiting his mistress. The wife, rejected as a companion and lover, tries to alleviate her frustrations through her children. Riding asserts that for Mexican families, strength and stability is provided by the women. Others have noted how the Mexican family is patriarchal in structure with the wife being subservient and encouraged to tolerate her husband's behavior and not desert the family (Costello, 1977; Cromwell, Corrales & Torsiello, 1973; Heller, 1966, Penalosa, 1968; Staton, 1972).

These macho male and self-suffering female theories have been recently undergoing modifications and challenges. Vasquez and Gonzalez (1981) assert that the Mexican culture is not dissimilar to other cultures which also have traditional sex role expectations. They also state that the male dominance theory has been exaggerated and is undergoing considerable change. Aramoni (1972) states that Mexican males' behavior is in response to socioeconomic conditions, which exist and have existed throughout history in other countries with similar sex role behaviors. In response to having little control over his environment because of little education, decreased income, and menial jobs, the husband attempts to dominate the only person he can--his wife. Riding (1985) also attributes these unproductive behaviors in Mexican life to the radical social changes in Mexico in the last 40 years, such as the diminished role of the Church, availability of birth control, and increased unemployment. Other researchers have focused on the positive

traits of machismo, such as pride, self-reliance, dignity, trust, respect, and leadership (Panitz, McCouchie, Sauber & Fonseca, 1983; Vega, Hough & Romero, 1983).

A more serious challenge is that most of the studies supporting machismo or marianismo are based almost exclusively on simple descriptions, case studies, or subjective impressions and are seldom from empirical inquiry (Cromwell & Ruiz, 1979; Montiel, 1973). More current literature reports, at best, mixed support for the machismo and marianismo theories. For example, Gonzalez (1982) surveyed Mexican American college students about sex role attitudes and found that Mexican American males were neutral toward machismo and that Mexican American females strongly rejected machismo.

Falicov (1982), among others, states that the Mexican American family is undergoing changes and that while some are still patriarchal, others are more egalitarian. Tharp, Meadow, and Lennhoff (1968) found that English speaking Mexican Americans believed less strongly than their Spanish speaking counterparts that males are the absolute head of the family. Ybarra and Soriano (1977) studied 100 Mexican American couples and found that they demonstrated a wide range of conjugal roles, from patriarchal to egalitarian, with wife employment outside the home impacting significantly on conjugal role relationships. Cromwell and Cromwell (1978) found that among Blacks, Mexican Americans and Anglos, egalitarianism in conjugal decision making was the norm; patriarchy for Mexican Americans was not supported. In a study of 325 Mexican American couples, results indicated that these couples were similar to Anglo

couples, with both husband and wife being more satisfied when conjugal power structure is egalitarian (Bean, Curtis, & Marcein, 1977). Hawkes and Taylor (1975) interviewed 76 migrant Mexican American females and concluded that actions and decisions were shared by spouses. Hartzler and Franco (1985) also found no differences in division of labor between Anglo and Mexican American college students and their spouses. While the patriarchal structure has not been found among Mexican Americans in numerous studies, there is some evidence that the Mexican American woman tends not to leave the marriage. Divorce is less common among Mexican Americans than Anglos. However, desertions by males are not uncommon among the urban poor (Falicov, 1982)

Early descriptions about Mexican male and female personal qualities were largely based on stereotypes, subjective impressions, and unscientific studies. Recent empirical research challenges the earlier findings and suggests modifications and/or alternative explanations about behaviors frequently observed in Mexican males and females although there is occasionally some evidence supporting earlier observations. A consistent finding is that generalizations about Mexican males and females are not strongly substantiated. Rather, behaviors that are different from stereotypical expectancies for Mexican men and women and for their interactions are frequently observed. However, some Mexican traditions are upheld by Mexican Americans and some of these expectations may at times result in psychological distress for both Mexican males and females. If psychological distress from cultural expectations does occur, it may be that females frequently are more susceptible to

this distress or have fewer resources to adequately cope with the distress.

The Mexican American Family Support System

A large part of the research on Hispanics has focused on characteristics or behaviors said to be initiated more frequently or more strongly engaged in by Hispanics in contrast to Anglos. These so-called common Hispanic traits include more concern for the here-and-now than the future, an external locus of control, a concrete and tangible approach to life, a major emphasis on interpersonal relationships, especially within the family, and having an extended family support system. (Arce & Torres-Matrullo, 1982; Malgady, Rogler & Constantino, 1987). Of these, the last two characteristics appear to have considerable empirical evidence in support of them. For example, Hispanic parents seem to have a huge investment in their children regardless of whether they still live at home or not. These parents consider it their responsibility to give the problems of both their married and unmarried children equal attention. Children, after leaving the nuclear household, are expected to stay in contact with parents and provide support to other family members when needed (Vega, Hough & Romero, 1983).

Mexican Americans also consistently prefer to rely on their extended family for support as the primary means of coping with emotional stress (Ramirez & Arce, 1981). Keefe and Casas (1980), upon reviewing the literature conclude that the extended family is an important support system of Mexican Americans. Extended family ties, family allegiances, and closeness to relatives are very important sources of

psychological support for the individual. The family is the single most important social unit for the individual (Escobar & Randolph, 1982). For Mexican Americans, the family is comprised of kinship networks based on birth or marriage status (Valle & Bensussen, 1985). Keefe (1979) defines a traditional Mexican American extended family as a localized kin group consisting of a number of related households whose members interact together frequently and exchange mutual aid.

Several studies have compared the family contacts of Mexican Americans and Anglos. Keefe, Padilla, and Carlos (1979) found that Anglos have limited extended families. Mexican immigrants, on the other hand, have established extended family networks that are elaborated upon by subsequent generations. Mexican immigrants are more likely to visit kin households than Anglos. They are also more likely to have more relatives living closer to them than do Anglos. While Anglos turn equally to kin or friends, Mexican Americans rely on relatives for emotional support more often regardless of geographic accessibility. Anglos prefer to seek friends for aid with emotional problems while Mexican Americans tend to rely on relatives, although this is usually one specific relative. These authors concluded that it is highly stressful for a Mexican American to lack a supportive family. Keefe (1979, 1980) also found that first, second, and third generation Mexican Americans were more likely than Anglos to have relatives in town, were more likely than Anglos to live close to relatives, and that Mexican Americans visited more often with their relatives in town than did Anglos. In addition, first generation Mexican immigrants had the fewest local kin, most

likely due to having left many relatives in Mexico. However, once settled in the United States, Mexican Americans and their relatives remain geographically stable. Second and third generations tend to reside near a majority of both primary and secondary kin. Chandler (1979) also reported that compared with Anglos, Mexican Americans had more interactions with relatives and less trust in nonkin. When compared with Anglos and Blacks, Mindel (1980) reported that Mexican American extended family systems were larger in size and their members interacted more often with one another. The greater the number of available family members, the easier their accessibility and the more often they were consulted. In an extensive study of four Mexican American families, results indicated that trigenerational households were more often only temporary and that the nuclear family centered household was the norm. However, geographical closeness and interdependency between generations was common (Sena-Rivera, 1979). Only one study found no differences in family contacts between Mexican Americans and Anglos. Vernon and Roberts (1985) reported that there were no significant differences between Anglos and Mexican Americans in number of contact with relatives, especially when effects of age, gender, education, income, and marital status were controlled. However, as indicated above, there is considerable evidence that Mexican Americans depend much more on their extended families than do Anglos.

Psychological Distress and Social Support

The fact that most studies have found that Mexican Americans develop elaborate extended family networks or have more contact with kin than do Anglos has led researchers to examine the role of social support on psychological distress experienced by Mexican Americans. It has been hypothesized that social support is an important factor on the amount of psychological distress experienced by Mexican immigrants. Some researchers (Padilla, Carlos & Keefe, 1976) assert that Mexican immigrants prefer to depend on their extended social support network instead of utilizing a mental health center. However, social support is usually seen as providing a preventive or ameliorative buffer against psychological distress. Raymond, Rhoads, and Raymond (1980) reported that results from their study indicated that family relationships are of substantial importance to Mexican Americans, and that their psychological well-being is positively related to family and social involvements, with the relationship to family involvement being the greater of the two. In a study of availability of confidants for Mexican American women, general well-being, and depression, confidant support was found to be highly correlated with general well-being among this population (Vega, Kolody & Valle, 1986). Results from this study also indicated that women having a confidant had a lower level of depressive symptomatology. Mirowsky and Ross (1987) found that the presence of a strong support network for Mexican Americans can relieve anxiety but that it may increase depression. According to these authors, Mexican Americans perceive that they have little impact on their environment, resulting in

symptoms of learned helplessness and depression. However, having a strong support network allows them to commiserate about their lack of control in their environment. They also feel less anxious about whether they are taking the right or more effective actions in regards to impacting on their environment. In another study consisting of interviews with 197 Mexican American females, increased family contacts were associated with decreased feelings of powerlessness, increased prenatal care, and increased doctor visits when ill (Hoppe & Heller, 1975). In three studies on social support of Mexican Americans, results suggested the following: 1) with Mexican American high school students, higher levels of emotional support from both parents, especially the mother, and from siblings correlated negatively with levels of stress and depressive symptomatology; 2) for Mexican American females who immigrated to the United States after age 14, mere access to support was not related to stress or depression, but perceived effectiveness of social support determined whether such support buffered negative consequences; and 3) for Mexican immigrants living in Los Angeles, the most effective social support was from the mother, the father or husband, and friends, perhaps due to unavailability of extended family (Salgado de Snyder & Padilla, 1987).

Some studies have found that social support can at times result in increased psychological distress. Griffith and Villavicencio (1985) reported different results for different Mexican immigrant groups. For those more acculturated, a greater support network was associated with increased reciprocal helping. For the less acculturated (defined as

those who prefer to speak Spanish), having more friends and neighbors in their social networks was associated with more distress. Escobar and Randolph (1982) assert that social networks may have a negative effect because of rigid social roles and expectations that one sometimes finds within these networks.

It may be that different facets of social support impact on psychological distress in different ways and that these impacts need to be better specified. For example, an epidemiological field study of social support in Mexican Americans concluded that 1) both Anglos and Mexican Americans utilize friends and relatives but that Mexican American immigrants tend to have smaller social support networks, comprised mostly of relatives, 2) Mexican American immigrants have less social support available and are less satisfied with this support, and 3) there was no association between psychopathology and availability of social support except for those immigrants who report no social support whatsoever being available. Availability, actual use, and satisfaction seem to be different components of social support (Vega & Kolody, 1985). Canino (1982), in a review of the literature on Hispanic women and social support, concluded that it was possible that one of the differences between Hispanic functional and dysfunctional women lies in the availability of and ability of the functional woman to effectively utilize the extended kin as an emotional support system.

Summary and Hypotheses

Although other studies have assessed psychological distress among Hispanics, this study specifically examined the effects of immigration status (illegal immigrants who qualified for amnesty; illegal immigrants who did not qualify for amnesty; and legal immigrants raised in Mexico) and social support on the psychological distress in females from Mexico living in the United States. Psychological distress was assessed by the Symptom Checklist 90-R (SCL90-R, Derogatis, 1985), a commonly used instrument to measure psychological distress. Social support was measured by the Social Support Questionnaire-6 (Sarason, Sarason, Sherin & Pierce, in press), a recently developed questionnaire used to assess quantity and satisfaction of social support, that is a brief version of the Social Support Questionnaire (Sarason, Levin, Basham & Sarason, 1983). Although the Social Support Questionnaire-6 produces two scores representing the number of people available and the degree of satisfaction with existing support, these two scores were totaled to obtain only one score of social support in the present study.

Most of the research done on social support with Hispanics has found that those Hispanics with less social support experience numerous psychosocial stressors. It is largely unknown how Hispanics are reacting to the immigration law because it has been only in effect for one year and an immigration law with these provisions has no precedent in American immigration history. Hence, the psychological distress experienced by Hispanics as a reaction to the new immigration law is mostly guesswork based on current clinical observations and expected reactions

to similar situations. However, it would be expected that those illegal immigrants who did not qualify for amnesty have had a difficult time finding jobs and may be feeling suspicious of others because of their concern of being deported. They may have begun considering the possibility that they may lose their jobs and the high income (compared to what they can earn in Mexico) and have to return to Mexico where there are few jobs. One would expect that the illegal immigrant without eligibility for amnesty would be experiencing numerous losses (e.g., loss of income, loss of high status among her family in Mexico) and would be suspicious of others finding out her immigration status because, legally she would have to return to Mexico when the amnesty period ended. For those illegal immigrants who do qualify for amnesty, they face the difficult task of having to take an assortment of medical exams and fulfill numerous requirements to obtain legal status. The eligibility requirements are complicated and many such that legal status is by no means assured. Because of their uncertain status, it would be expected that these women would experience anxiety and manifest some of this anxiety through somatic complaints, as the literature indicates Hispanics frequently manifest psychological distress with somatic complaints. Both of these groups of illegal immigrants, because of the uncertainty and precariousness of their situations, would be expected to be experiencing considerable psychological distress. Given these considerations, the following hypotheses are proposed for this study:

- 1) Mexican females from all three immigration status groups (illegal and qualifying for amnesty; illegal and not qualifying for

amnesty; legal residents) with high social support scores would obtain significantly lower psychological distress scores (as assessed by the Global Severity Index (GSI) of the SCL90-R) than would Mexican females with low social support.

2) Mexican women in the group of illegal immigration status without eligibility for amnesty would report significantly higher depression, hostility, and paranoia ideation (as assessed by the depression, hostility, and paranoia ideation subscaled dimension scores in the SCL90-R) than all other subjects in the other groups.

3) Mexican females who are illegal immigrants but qualified for amnesty would have higher anxiety and somatization scores (as assessed by the anxiety and somatization subscale scores in the SCL90-R) than subjects in all other groups.

4) Mexican females who are illegal, whether qualifying or not qualifying for amnesty, would report significantly more global psychological distress than legal residents of Mexican descent, as assessed by the Global Severity Index (GSI) of the SCL90-R.

CHAPTER III

METHOD

Subjects

The subjects were women recruited at a community family practice medical clinic. The women were asked to participate in the study while they were waiting to see their medical doctor. Women who were pregnant or had delivered less than a month previous to the study and women with psychiatric complaints (e.g. depression, anxiety, etc.) as presenting symptoms or secondary symptoms to the presenting complaints were not included in the study. Only women of Mexican descent were included in the study. The illegal immigrant and not qualifying for amnesty group was comprised of women from Mexico who were undocumented (residing in the United States without legal status), and, according to their report, did not qualify for amnesty. The illegal immigrant and qualifying for amnesty group was comprised of women from Mexico who according to their report, qualified for amnesty. Most of these women reported that they had already applied for amnesty and their applications were in process. The third group was comprised of legal residents who were raised in Mexico at least up to age 12. There were 30 women in each group making a total of 90 subjects.

The mean years in the United States for the illegal and not qualifying for amnesty, illegal and qualifying for amnesty, and legal resi-

dent immigration groups were, respectively, 3.60, SD =2.66; 9.20, SD =3.18; and 14.63, SD =7.39. The mean age for the illegal and not qualifying for amnesty was 26.07, SD =5.05, for the illegal and qualifying for amnesty was 28.13, SD =7.70, and for the legal residents it was 35.80, SD =11.08. The mean years of education for the illegal and not qualifying for amnesty, illegal and qualifying for amnesty, and legal resident immigrant groups were, respectively, 7.35, SD =3.12; 5.80, SD =2.11; and 6.73, SD =2.75. There were 22 married women and eight unmarried (single, divorced, or widowed) in the illegal and not qualifying for amnesty group, 25 married and five unmarried women in the illegal and qualifying for amnesty group, and 22 married and eight unmarried women in the legal resident group.

Measures

Information Data Sheet

This data sheet consisted of items regarding the respondent's immigration status, age, marital status, number of children, years in the United States, years of education, language capabilities regarding English, language spoken at home, occupation of husband, or father if single, and approximate yearly income. A copy of the Information Data Sheet can be found in Appendix A.

Social Support Questionnaire-6

The Social Support Questionnaire-6 (Sarason, Sarason, Sherin & Pierce, in press) is a recently developed questionnaire that is a brief version of the Social Support Questionnaire (Sarason, Levin, Basham & Sarason,

1983) and is used to assess quantity of and satisfaction with social support. Although the Social Support Questionnaire-6 yields two scores representing the number of people available in one's support network and the degree of satisfaction with one's social support, these two scores were totaled to obtain only one score of social support in the present study. The Social Support Questionnaire-6 has been found to have high internal reliability (.90 to .93 with three different samples) and is highly similar to the original Social Support Questionnaire (a correlation of .54, $p < .001$ between the two measures). Both scales also correlate similarly with anxiety, depression, and loneliness measures (all these correlating negatively with the social support measures) and social skills measures (Sarason, et al., in press). The Social Support Questionnaire, of which the Social Support Questionnaire-6 is an abbreviated version, has been found to have high internal reliability, correlate significantly and negatively with anxiety and depression measures, be positively related to positive events and higher self-esteem, and negatively related to external locus of control (Sarason, et al., 1983). For the purposes of the present study, the Social Support measure was translated into Spanish using the reverse method of translation by two mental health professionals who were proficient in Spanish. In the reverse method of translation, one person translates the English version into a Spanish version. Another person then translates the Spanish version into English and the two English versions (the original and the one translated into Spanish) are compared for similarity. A copy of the Social Questionnaire-6 can be found in Appendix B.

Symptom Checklist 90-Revised

The Symptom Checklist 90-Revised (SCL90-R, Derogatis, 1985) is a self report symptom inventory designed to assess the psychological symptom status of psychiatric and medical patients, as well as individuals who are not patients. There are several published norms available for the SCL90-R, including those from a sample of nonpatients. The inventory yields nine primary symptom dimensions: somatization, obsessive-compulsive, interpersonal sensitivity, depression, anxiety, hostility, phobic anxiety, paranoid ideation, and psychoticism. In addition, it yields three global indices of distress: 1) the General Severity Index (GSI), the single best indicator of current distress levels and the score most useful in cases where a single summary measure is required; 2) the Positive Symptom Distress Index (PSDI), an intensity measure functioning as a measure of response style; and 3) the Positive Symptom Total (PST), a simple count of the symptoms which the patient reports experiencing to any degree. The SCL90-R has a published Spanish version, which was the one used in this study.

Procedure

After the patients registered at the desk of the family practice medical clinic for their appointments, the investigator called on one person at a time. He introduced himself and identified himself as a researcher and not the doctor who would treat the patient. The investigator then briefly stated the purpose of the study and asked for her participation. Subjects were told that: 1) they were under no obligation to participate in the study and that their participation (or lack

of it) had no bearing on the treatment they received at the clinic, 2) all responses were confidential and anonymous, 3) the questionnaires were for research purposes and would not go into any medical charts in the clinic, and 4) the study had absolutely no association with the Immigration Naturalization Service (INS) nor would their responses ever be reviewed by the INS. Their participation was encouraged. This introduction was given in Spanish as most of the patients in the clinic speak only Spanish. Those who agreed to participate completed the questionnaires themselves or had the investigator read it to them. The investigator carefully read the instructions to the questionnaires to each participant. After they had finished the questionnaires, debriefing consisted of asking patients for any comments or questions they had about the study and reminding them that all responses were confidential and anonymous, and would never be reviewed by the INS. Of 93 women who were asked to participate, 90 agreed to do so and three refused.

CHAPTER IV

RESULTS

Preliminary Analyses

As pointed out in the literature review, several researchers have found that differences between ethnic groups in psychological distress can be largely accounted for by socioeconomic factors (e.g., Cuellar & Roberts, 1984; Frerichs, et al., 1981). In regards to the present study, it is possible that any differences found between the three immigrant groups in the psychological distress measures could be attributable to differences between the groups in socioeconomic factors (e.g., income or education) and not to immigration status effects. To address this possibility, demographic variables (age, years in the United States, years of education, marital status, level of income) were first correlated with the dependent measures (hostility, depression, paranoid ideation, anxiety, somatization, global psychological distress) to examine any relationships between the demographic variables and the dependent measures. Of the correlations run, only a significant correlation coefficient of $-.268$, $p < .01$ was obtained between income and depression. This finding is important in regards to Hypothesis Two. Differences in depression scores between the immigration status groups may be confounded by income. This possible confound was addressed in the analysis examining Hypothesis Two by using income as a covariant.

To examine group differences, three one-way analyses of variance were done with immigration status as the independent variable and years in the United States, age, and years of education as the three dependent variables. Table 1 shows the means and standard deviations for age, years in the United States, and years of education for the different immigration status groups. For years in the United States, a significant $F(2,87) = 38.13$, $p < .001$ was found. The mean years in the United States for the illegal and not qualifying for amnesty, illegal and qualifying for amnesty, and legal residents immigration groups were, respectively, 3.60, $SD = 2.66$, 9.20, $SD = 3.18$, and 14.63, $SD = 7.39$. For the mean age of the subjects in the different immigrant status groups, a significant $F(2,87)$ value of 11.40, $p < .0001$ was obtained. The mean age for the illegal and not qualifying for amnesty was 26.07, $SD = 5.05$, for the illegal and qualifying for amnesty it was 28.13, $SD = 7.70$, and for the legal residents it was 35.80, $SD = 11.08$. For years of education by immigrant status, an $F(2,87)$ value of 1.53 was obtained, which is nonsignificant.

These group differences in years in the United States and mean ages are not necessarily surprising. It is frequently found that the longer one has resided in the United States, the higher the possibility of qualifying in some way for legal immigrant status, especially when compared to someone who only recently arrived in the United States. Thus, the legal residents tend to have lived in the United States for a longer time and are older than those who are recent arrivals and are illegally residing in this country.

Table 1

Means and Standard Deviations of Age, Years in the
United States, and Years of Education by Immigration
Status

	Immigration Status					
	Illegal and Not Qualifying		Illegal and Qualifying		Legal Residents	
	<u>M</u>	<u>SD</u>	<u>M</u>	<u>SD</u>	<u>M</u>	<u>SD</u>
Age	26.07	5.05	28.13	7.70	35.80	11.08
Years in the United States	3.60	2.66	9.20	3.18	14.63	7.39
Years of Educa- tion	7.36	3.12	5.80	2.11	6.73	2.75

Table 2 shows the number of subjects in each income level by immigrant status. Table 3 shows the number of subjects in each marital status by immigration status. Crosstabs for income level by immigration status yielded a significant Chi square value of 15.07, $p < .02$, with the illegal and not qualifying for amnesty group having the lowest income and the legal resident group having the highest income. Crosstabs for marital status by immigration status produced a Chi square value of 1.12, which is nonsignificant.

As described in the literature review, social support may at times buffer against psychological distress for Hispanics. Also, recent immigrants tend to have less social support than those immigrants who have resided in the United States for some time (e.g., more than five years). To examine whether this phenomena was present in the present study, a one-way analysis of variance of social support by immigration status was conducted. A one-way analysis of variance (one-tailed) of total social support (as assessed by the Social Support Questionnaire-6) by immigration status yielded an $F(2,87)$ value of 4.37, $p < .02$. Probing this significant F yielded significant differences between the illegal and not qualifying for amnesty (Group 3) and the legal residents (Group 2) with a $t(87)$ value of 2.89, $p < .005$. The probing also yielded another significant difference between the illegal and qualifying for amnesty (Group 1) and the legal residents (Group 2) with $t = 1.97$, $p < .05$. The means for Group 1, Group 2, and Group 3, were, respectively, 56.73, $SD = 10.81$; 63.10, $SD = 13.64$; and 53.77, $SD = 12.96$, with a higher score indicating more social support. Hence, the legal

Table 2

Tabulation of Immigration Status by Income Level

	Income Level			
	Less than \$5,000	\$5,000 to \$10,000	\$10,001 to \$20,000	More than \$20,000
<u>Immigration Status</u>				
Illegal and Qualifying	5	12	11	2
Legal Resident	3	5	21	1
Illegal and not Qualifying	9	12	7	2

Table 3

Tabulation of Immigration Status by Marital Status

	Marital Status	
	Married	Not Married
<u>Immigration Status</u>		
Illegal and Qualifying	25	5
Legal Resident	22	8
Illegal and Not Qualifying	22	8

resident group had the highest social support scores, followed by the illegal and qualifying for amnesty group, with the illegal and not qualifying for amnesty group having the least support. Thus, differences in the psychological distress measures between the different immigrant status groups could be confounded by social support. This possible confound, when applicable, was addressed in the analyses examining the hypotheses by using social support as a covariant.

Hypothesis One

Hypothesis One predicted that for all subjects, those with low social support scores (as assessed by the Social Support Questionnaire-6) would obtain significantly higher global psychological distress scores (as assessed by the global distress total score of the SCL90-R) than those with high social support scores. The median score was used to divide the subjects into high social support subjects (47 subjects in this group) and low social support subjects (43 subjects in this group). The mean for the high social support subjects was 67.47, SD = 8.53, and the mean for the low social support group was 49.09, SD = 9.68. A one-tailed t test indicated there was a significant difference between the high and low social support groups in the predicted direction, t (88) = 1.90, p < .03. The mean global distress score for the high social support group was .684, SD = .626, and the mean global distress score for the low social support group was .981, SD = .830. Thus, Hypothesis One was supported.

Table 4

Means and Standard Deviations of Dependent Variables by
Immigration Status

<u>Dependent Variables</u>	Immigration Status					
	Illegal and Not Qualifying		Illegal and Qualifying		Legal Residents	
	<u>M</u>	<u>SD</u>	<u>M</u>	<u>SD</u>	<u>M</u>	<u>SD</u>
Hostility	1.04	.83	.61	.66	.61	.87
Depression	1.16	.93	.70	.73	.88	.93
Paranoid Ideation	1.04	1.08	.83	.83	.73	.86
Anxiety	1.03	.90	.66	.68	.87	.82
Somatization	1.02	.83	.68	.67	.77	.72
Global Psychological Distress	1.08	.83	.66	.62	.78	.74

Hypothesis Two

Table 4 shows the means of all dependent variables (hostility, depression, paranoid ideation, anxiety, somatization, global psychological distress) by immigration status. Hypothesis Two predicted that subjects in the illegal and not qualifying for amnesty group would obtain significantly higher depression, hostility, and paranoia scores (as assessed by the depression subscale score, the hostility subscale score, and the paranoia subscale score in the SCL90-R) than the illegal and qualifying for amnesty group and the legal resident group. The last two above mentioned groups were combined and one-tailed t tests between the illegal and not qualifying for amnesty group and all other subjects were conducted with the depression score, the hostility score, and the paranoia score as the dependent variables. The mean depression score for the illegal and not qualifying for amnesty group was 1.16, $SD = .93$. The mean depression score for the other two immigrant groups combined was .79, $SD = .83$. For depression, a $t(88) = 1.91$, $p < .03$ was obtained in the predicted direction (illegal and not qualifying for amnesty subjects obtaining higher scores). The mean hostility score for the illegal and not qualifying for amnesty group was 1.04, $SD = .83$ and the mean hostility score for the other two immigrant groups combined was .61, $SD = .77$. For the one-tailed t test between the two groups, a $t(88) = -2.47$, $p < .007$ was obtained in the predicted direction. The mean paranoid ideation score for the illegal and not qualifying for amnesty group was 1.04, $SD = 1.08$. The mean paranoid ideation score for the other two immigrant groups combined was .78, $SD = .87$. The t test between these

two groups yielded a nonsignificant $t(88) = -1.25$ for the paranoia comparison. According to these results, Hypothesis Two received partial support as not qualifying for amnesty immigration status resulted in significant differences on depression and hostility scores but not on the paranoia score.

Because depression correlated significantly with income, as stated in the preliminary analyses section, an analysis of covariance of depression by immigration status with income as the covariant was conducted. An $F(2,86) = 6.91$, $p < .01$ for the effect of income and an $F(2,86) = 1.67$, $p < .18$ for the effect of immigration status were obtained. This suggests that the immigrant status effect on depression is largely due to differences in income status found in the immigrant groups with those of the lowest income being significantly more depressed than those with the highest income.

To examine the role of social support, the hostility, depression, and paranoia scores were correlated with the total social support scores. Depression and paranoia yielded nonsignificant correlation coefficients of, respectively, $-.14$ and $-.15$. However, a significant correlation coefficient of $-.23$, $p < .032$ was obtained for hostility. To examine the confounding effect of social support on the immigrant status effect of the hostility score, an analysis of variance of hostility by immigration status with total social support as a covariant was conducted. An $F(1,87) = 4.91$, $p < .03$ was obtained for the effect of social support and an $F(1,87) = 4.22$, $p < .04$ was obtained for the effect of immigration status. This suggests that the immigrant status

effect on hostility was significant independent of the effect of social support, although social support also significantly impacted on hostility. These results indicate that the illegal and not qualifying for amnesty immigration group had significantly higher scores in hostility than the other two immigrant groups (illegal and qualifying for amnesty and legal residents). Also, those persons with low social support had significantly higher scores in hostility than those with high social support.

Hypothesis Three

Hypothesis Three predicted that subjects in the illegal and qualifying for amnesty group would obtain significantly higher anxiety and somatization scores (as assessed by the anxiety and somatization subscale scores in the SCL90-R) than those in the illegal and not qualifying for amnesty and legal resident groups. The last two above mentioned groups were combined and one-tailed t tests between the illegal and qualifying for amnesty group and all other subjects were conducted with the anxiety score and the somatization score as dependent variables. The mean somatization score for the illegal and qualifying for amnesty group was .68, $SD = .67$. The mean somatization score for the other two combined immigrant groups was .89, $SD = .78$. The t test between these two groups (the illegal and qualifying for amnesty group and the other two immigrant groups combined into one group) on somatization yielded a nonsignificant $t(88) = -1.31$.

The mean anxiety score for the illegal and qualifying for amnesty subject group was .66, $SD = .68$. The mean anxiety score for the other

two immigrant groups combined was .95, $SD = .86$. A t test between these two groups on anxiety yielded a significant $t(88) = 1.60$, $p < .05$, but in the direction contrary to that predicted; that is, illegal and qualifying for amnesty group subjects received lower scores in anxiety than all other subjects. Thus, hypothesis three was not supported.

To examine the results in more detail, t tests between the illegal and qualifying for amnesty and illegal and not qualifying for amnesty, and illegal and qualifying for amnesty and legal residents were conducted. For the first t test, a $t(87) = 1.77$, $p < .04$ was obtained. A comparison of the illegal and qualifying for amnesty and legal residents yielded a nonsignificant $t(87) = -1.00$. These results indicate that the illegal and qualifying for amnesty group obtained significantly lower scores in anxiety than did the illegal and not qualifying for amnesty group.

As in Hypothesis Two, the role of social support was examined by correlating the total social support score with the anxiety and somatization scores. Nonsignificant correlation coefficients of, respectively, .12 and .05 were obtained. These results suggest that the differences in anxiety scores between the illegal and qualifying for amnesty and illegal and not qualifying for amnesty groups in anxiety scores are not due to social support factors.

Hypothesis Four

Hypothesis Four predicted that both illegal immigrant groups (qualifying and not qualifying for amnesty) would obtain significantly higher distress scores (as assessed by the global distress score of the SCL90-R) than the legal resident immigrant group. To test this hypothesis, both illegal immigrant groups were combined and a one-tailed t test between the illegal group and the legal resident group was conducted with the global distress score as the dependent variable. The mean global psychological distress score for the two illegal immigrant groups combined was .87, $SD = .76$. The mean global psychological distress score for the legal resident group was .78, $SD = .74$. The t test between these two groups yielded a nonsignificant $t (87) = .54$.

To examine whether any illegal immigrant group obtained significantly higher global distress score than the legal resident group, t tests were run between each of the illegal immigrant groups and the legal resident group. A t test was also conducted between the two illegal immigrant groups (illegal and not qualifying for amnesty and illegal and qualifying for amnesty) with the global distress score as the dependent variable. The t test of the illegal and qualifying for amnesty (Group 1) and the legal resident group (Group 2) yielded $t (87) = .625$, $p < .53$, a nonsignificant difference. The t test of the illegal and not qualifying for amnesty (Group 3) and Group 2 produced $t (87) = -1.56$, $p < .061$, a trend toward significance. The t test of the illegal and not qualifying for amnesty and illegal and qualifying for amnesty yielded $t (87) = -2.19$, $p < .03$, a significant finding. The global distress score

mean for Group 1, Group 2, and Group 3 were, respectively, .66, SD =.62; .78, SD =.74; and 1.08, SD =.83. The illegal and not qualifying for amnesty group had the highest global distress mean score while the illegal and qualifying for amnesty group had the lowest global distress mean score. Thus, hypothesis four as stated (that both illegal immigrant groups would obtain significantly higher global psychological distress scores than the legal resident group) was not supported. However, other differences, as stated above, between the immigrant status groups were found.

As with the other hypotheses, the role of social support was examined. The global distress score was correlated with the total social support scores and this yielded a correlation coefficient of $-.14$, $p < .095$, a nonsignificant finding. A final t test between the illegal and not qualifying for amnesty group and the illegal and qualifying for amnesty group with the total social support score as the dependent variable yielded a nonsignificant $t(87) = .97$. These results suggest that the illegal and not qualifying for amnesty immigrant group had significantly higher global psychological distress scores than the illegal and qualifying for amnesty group, with this difference being due to immigrant group status effects.

In summary, the hypotheses received partial support and certain unexpected results were also obtained. Hypothesis One was supported as subjects with low social support scores obtained significantly higher global psychological distress scores than those with high social support. Hypothesis Two was partially supported as the illegal and not

qualifying for amnesty group obtained significantly higher scores than subjects in the other two immigrant groups in hostility and depression but not in paranoid ideation. The differences in depression were found to be largely attributable to level of income rather than immigrant status. The differences in hostility scores were found to be attributable to both immigrant status and social support. Hypothesis Three was not supported as the illegal and qualifying for amnesty group did not obtain significantly higher scores in somatization or anxiety than the subjects from the other two immigrant groups (illegal and not qualifying for amnesty and legal residents). In fact, subjects in the illegal and not qualifying for amnesty group obtained significantly higher scores in anxiety than the illegal and qualifying for amnesty group. Hypothesis Four was not supported as the illegal immigrant groups (illegal and qualifying for amnesty and illegal and not qualifying for amnesty) did not obtain significantly higher scores in global psychological distress than the legal residents group. However, it was found that the illegal and not qualifying for amnesty group obtained significantly higher scores in global psychological distress than the illegal and qualifying for amnesty group.

CHAPTER V

DISCUSSION

The present study examined the psychological distress among Mexican American females as a reaction to the new immigration law. It focused on how psychological distress was manifested in different ways depending on the immigration group status. This investigation also examined the relationship of social support to psychological distress. The results suggest that immigrant status affected the psychological distress of Mexican American women in various ways and that social support also played a role in their experience of psychological distress.

Preliminary Analyses

Preliminary analyses indicated that in the present study, there were significant differences between the three immigrant status groups. First, age significantly varied between the groups with legal residents having the oldest mean age and the illegal and not qualifying for amnesty having the youngest mean age. Similarly, there was a significant difference between the groups in mean years in the United States with the legal resident immigrant group having the most mean years in the United States and the illegal and not qualifying for amnesty having the least mean years in the United States. There was another significant difference in the income levels with the legal resident group having the most members in the higher income categories and the illegal and

not qualifying for amnesty having the fewest members in the high income categories and the most in the low income categories. None of these findings are particularly surprising. It would be expected that the legal residents who were born and raised in Mexico would be older and have spent more time in the United States as this would almost be necessary for them to become legal residents (e.g., being in the United States for more time sometimes increases the possibility of obtaining legal immigrant status). Being a legal resident may also result in more opportunities, including economic and educational, which one would expect to result in higher income. For the illegal and not qualifying for amnesty group, some likely did not qualify because they were not residing in the United States before 1982; this would result in them residing the least time in the United States of the three groups. Not surprisingly, the illegal and not qualifying for amnesty group had the highest numbers in the lowest income categories as they would have the least economic and educational opportunities and were younger.

It is possible that group differences in either age, years in the United States, or level of income can account for any group differences obtained among the dependent measures instead of the immigrant status effects examined. However, this possibility was addressed as needed throughout the study. For example, whenever these demographic variables had an impact on the hypotheses, they were controlled for by statistical means (e.g., analysis of covariance). Another finding arguing against this possibility (that demographic variables accounted for any group differences obtained among the dependent measures) is that some of the

results obtained do not correspond to findings of other studies examining these demographic variables. For example, the present study's findings indicated that the females in the illegal and not qualifying for amnesty group were more depressed than those in the illegal and qualifying for amnesty group, whose mean age was older than those who did not qualify for amnesty. Research examining age effects (e.g., Beck, 1974; Botwinick, 1984; Munro, 1966) have found that depression frequently increases with age, which is contradictory to the results obtained in this study. This suggests that the findings in the present study were most likely not attributable to demographic variables but rather to the immigrant status effects examined. When these demographic variables (age, years in the United States, income level) did impact on the findings, their role was controlled for by statistical means.

Hypothesis One

The first hypothesis predicted that Mexican American women who received low social support, regardless of immigrant status, would obtain significantly higher global psychological distress scores than those with high social support. This hypothesis was supported. Similar findings asserting that amount of social support affects the level of psychological distress experienced have been previously reported. Vega, Kolody, and Valle (1986) found that having a supportive helper resulted in a lower level of depression among Mexican American women. Confidant support was found to be highly correlated with general well-being. Raymond, Rhoads, and Raymond (1980) also reported results demonstrating that Mexican Americans with more extensive family and social relation-

ships were found to have more positive psychological well-being. Similarly, Keefe, Padilla, and Carlos (1979) concluded from their study on Mexican Americans that those without familial support are more at risk of experiencing psychological distress. It does appear, as several researcher have noted, (e.g., Escobar & Randolph, 1982; Keefe & Casas, 1980; and Keefe, Padilla & Carlos, 1979) that social networks for Mexican American females provide psychological support and a psychological buffer against psychological distress.

Hypothesis Two

In Hypothesis Two, it was predicted that women in the illegal and not qualifying for amnesty group would obtain significantly higher scores in depression, hostility, and paranoid ideation than women in both the illegal and qualifying for amnesty and legal resident immigrant group. This prediction was based on the premise that women who are illegal and did not qualify for amnesty would most likely have to return to Mexico and experience numerous losses, such as their or their spouses losing their higher paying jobs here in the United States. The awareness of these women of the new immigration law regulations, which will result in increased difficulty in obtaining jobs and perhaps deportation, probably results in experiencing feelings of hostility and suspiciousness. Results suggested that the illegal and not qualifying for amnesty group did receive higher scores in depression and hostility. Further examination showed other factors also involved. For depression, the immigrant status main effect was significantly confounded by level of income. Apparently, Mexican American women who in this study were

illegal and did not qualify for amnesty and had lower incomes (which explained more of the differences between the groups) experienced more depressive symptoms than the illegal and qualifying for amnesty women and the legal resident women. It seems that, although the present study supported previous findings of higher rates of depressive symptoms within specific groups of Mexican women (in this case women who were illegal and did not qualify for amnesty), further examination indicated that this immigrant status was largely due to differences in income. In this case, as in other studies, differences in depression significantly decrease when socioeconomic factors are held constant.

The finding that the illegal and not qualifying for amnesty some group of Mexican American women had high scores on depression corresponds with several studies finding high rates of depression among Hispanic females (e.g., Canino, 1982; Torres-Matrullo, 1982). Moscicki, Rae, Riegler, and Locke (1987) found that in Mexican Americans, female gender was significantly related to major depression. As in the current study, Mirowsky and Ross (1987) found that the longer the time the person had lived or been raised in Mexico, or conversely, the less time spent in the United States, the higher the psychological distress.

The role of socioeconomic factors has mixed support in the Hispanic mental health literature. Just as in this study depression proved to be confounded by income, Frerich, et al. (1981) initially found in a multiethnic study that Hispanics had a higher prevalence of depression. However, after controlling for socioeconomic factors, the researchers concluded that ethnicity was not significantly related to the presence

of depression. Cuellar and Roberts (1984) also reported that psychological impairment for Mexican Americans was comparable to the general population when socioeconomic factors were taken into account.

The differences in hostility scores between the illegal and not qualifying for amnesty immigrant group and the subjects from the other two groups were found to be attributable both to immigrant group status effects and social support effects. These findings indicate that immigrant group status was significantly related to the level of hostility, resulting in the illegal and not qualifying for amnesty women obtaining significantly higher scores than the illegal and qualifying for amnesty women and the legal resident women. Social support also significantly affected the level of hostility, apparently with those having low social support experiencing more hostility. However, the immigrant group status effects were significant, independent of social support effects. These results suggest that the illegal and not qualifying for amnesty women probably are experiencing considerable anger, resentment, and hostility although these sentiments are also affected by the amount of social support they receive. This is not surprising given that these women (and their spouses or relatives) are suddenly being rejected or fired by employers and are being given the message (by the media in reporting the new immigration law) that more resources will be invested to apprehend and deport them because of their illegal status. It was thus surprising that this group did not experience significantly higher paranoid ideation than the other two groups. Perhaps all three immigrant groups, because their physical appearance and linguistic character-

istics suggest they may be of a foreign country, are feeling similarly paranoid. Some support for this assertion was found since the mean paranoia ideation score for the illegal and not qualifying for amnesty was 1.04 (30 subjects in this group) and the mean of the illegal and qualifying for amnesty and legal resident groups combined was .78 (60 subjects in this group) while the non-patient normal mean provided by the published SCL90-R norms is .34 (974 subjects in this group). Further research with a larger group of Mexican Americans to compare to the norm group may further clarify the plausibility of this explanation. Unfortunately, a review of the literature revealed no studies examining hostility or paranoia in non-patient Mexican Americans or Hispanics whose results could be compared to this study's findings.

Hypotheses Three and Four

Hypotheses Three and Four will be discussed together because in both cases, some of the results were contrary to the findings predicted from the hypotheses. Hypothesis Three predicted that the illegal and qualifying for amnesty group would obtain significantly higher scores in anxiety and somatization than subjects in the illegal and not qualifying for amnesty group and the legal resident group. This prediction was based on the premise that the illegal and qualifying for amnesty group had many requirements to fulfill (e.g., passing numerous medical exams) before legal immigrant status would be granted. Legal immigration status was by no means guaranteed and this state of uncertainty could result in increased nervousness manifested by anxiety and somatization. No significant finding was indicated for somatization. This was sur-

prising because clinical impressions (e.g., Acosta, 1984; Acosta & Evans, 1982) and research reports and epidemiological surveys (e.g., Escobar, Karno, Golding, Burnam & Hough, 1987; Langner, 1965; Stoker, Zurcher & Fox, 1968) have reported that Hispanics, especially women, present more often with somatic complaints compared to non-Hispanics. Perhaps a comparison between the immigrant groups and a non-Hispanic group of women would have addressed this phenomenon. It could be that although there were no differences between the groups, all three groups had similarly elevated scores. For this study's purposes, the subjects in the illegal and qualifying for amnesty group did not differ in their somatization scores from the subjects in the other groups combined.

Regarding anxiety, it was found that the illegal and qualifying for amnesty group had significantly different anxiety scores from the other subjects but, contrary to the predicted effect, they had lower anxiety scores. Closer analysis indicated that the significant difference was mainly between the illegal and qualifying for amnesty group, who had the lowest mean anxiety score, and the illegal and not qualifying for amnesty group, which had the highest mean anxiety score.

Similar results were noted regarding Hypothesis Four, which stated that the illegal immigrant groups (illegal and not qualifying for amnesty and illegal and qualifying for amnesty) would obtain significantly higher global distress scores than the legal resident immigrant status group. This hypothesis was not supported. However, closer examination found that the illegal and qualifying for amnesty group had significantly lower global distress scores than the illegal and not qualif-

ying for amnesty immigrant group. In fact, the illegal and qualifying for amnesty group had the lowest global distress mean score while the illegal and not qualifying for amnesty group had the highest global distress mean score.

The findings regarding Hypotheses Three and Four, with the illegal and not qualifying for amnesty immigrant group obtaining significantly higher scores in anxiety and global distress are not surprising because they seem to fit with previous studies of recent immigrants. Several researchers (e.g., Mena, Padilla & Maldonado, 1987; Vega & Kolody, 1985; Vega, Kolody & Warheit, 1985) have found that Mexican immigrants who have been in the United States for the shortest time experience the highest psychological distress. As Falicov (1982) explains, migration impacts negatively on the woman as she has to separate from her family and friends in Mexico and frequently becomes increasingly isolated at home while her husband interacts with the outside world.

The surprising finding regarding Hypotheses Three and Four is that, while in both cases the illegal and qualifying for amnesty immigrant group was predicted to have high anxiety and global distress scores, in actuality, it had the lowest anxiety and global distress mean scores of the three groups. It is quite surprising that despite the fact that they are illegal and have to meet numerous requirements before they are granted legal status, the women from this immigrant group still had the lowest anxiety and global distress mean scores although they did not significantly differ from the legal resident immigrant group. A possible explanation for these findings is that subjects in the illegal

and qualifying for amnesty group are very hopeful about gaining legal status and feel that their lives will, once they are legal, dramatically change for the better and that these thoughts and feelings serve to effectively buffer them from feeling anxious or psychologically distressed about their current situation or the future. Perhaps the women in the illegal and qualifying for amnesty immigrant group are convinced that they will be granted legal immigrant status, especially since they currently have temporary legal immigrant status. However, having temporary status is no guarantee of legal immigrant status. Illegal immigrants were strongly encouraged to apply for amnesty if there was some possibility that they could qualify for amnesty. Presently, the INS has begun processing all the applications and notifying people if they were unable to meet all the requirements and, consequently, are to be denied legal immigrant status. Thus, there are an unknown number of people throughout the United States who are now being denied legal status may have thought that they would most likely be accepted for legal immigrant status since they applied for amnesty and were given temporary legal immigrant status. Now they are being notified that they do not meet all the amnesty requirements and are being denied legal immigrant status. These people may be experiencing disbelief, dissatisfaction, and perhaps psychological distress as a reaction to being denied legal immigrant status after having been granted temporary legal immigrant status earlier. The percentage of rejected applications for amnesty is currently unknown. If there are a high number of rejections for amnesty, it will be very important to try to assess the psychological reaction and psy-

hological distress of those rejected.

Also of interest for those who applied for amnesty and eventually do qualify for legal immigrant status is the feasibility of their expectations and aspirations. It may be that these expectations are helping to buffer those who qualified for amnesty from currently experiencing psychological distress. However, the hopes and expectations of dramatically improving their lives upon being granted legal immigrant status may be somewhat unrealistic. There is no doubt that if they are granted legal status their lives will change for the better in that they will no longer have to worry about being deported and will have more legal rights. At the same time, Mexican Americans residing legally in this country still have low educational and occupational status, most being in the lower socioeconomic status groups. Legal status is no guarantee of socioeconomic success but the illegal and qualifying for amnesty immigrant group women may very much believe so and may consequently, experience disappointment and failure (because they are not as successful as they assumed they would be) at a future time.

The findings from the present study suggest that certain considerations should be taken into account by mental health professionals who work with Mexican American patients. The first is that any Mexican American female immigrant who does not qualify for amnesty is at high risk for experiencing psychological distress. The study suggests that these women experience considerable hostility, depression, anxiety, and general psychological distress. Consequently, mental health professionals who work with Mexican American women must be aware if the Immigra-

tion Reform and Control Act (IRCA) affects them in any way and be especially sensitive to psychiatric symptoms if their Mexican American female patients did not qualify for amnesty. Secondly, the study indicated that Mexican American females who qualified for amnesty were the least psychologically distressed. However, while all who were accepted to apply for amnesty were given temporary legal immigrant status, not all will qualify for legal immigrant status and notification of those denied legal immigrant status (who applied for amnesty) is currently being carried out by the INS. These people who qualified for applying for amnesty but are now being denied legal immigrant status are highly susceptible to experiencing disappointment, depression, and psychological distress. Thus, it is imperative that mental health professionals working with Mexican American females who applied for amnesty be aware of the status of their patient's applications and the psychological reaction of the patient to his/her current immigrant status. Thirdly, there may be a sense of disappointment and disillusionment among those who do qualify for amnesty in later years (for example, two to five years) as their dreams do not become realized. Mental health professionals should be aware that some of these feelings of failure may have been due to the immigrant's unrealistic expectations of being a legal resident of this country. Finally, mental health professionals should assess the Mexican American female patient's social support (in this country and in Mexico) to gain a better understanding of her coping resources in dealing with psychological distress as a reaction to the new immigration law.

There are several important limitations in the present study. Two such limitations are the size of the groups and the differences between the groups. This investigation used 30 women in each different immigration status group. A study using considerably more subjects (such as at least 50 in each group) to verify the findings of the present study and perhaps reveal new relationships may increase the understanding of the psychological distress experienced by these women.

The three groups also differed in their mean ages, years in the United States, and income. Although these differences were controlled for with statistical means when appropriate, it is certainly possible that having more subjects in each group would result in these demographic variables exerting greater influence on reported symptoms of depression, anxiety, etc. A study using subjects who do not differ significantly on mean age, years in the United States, or income level, or that better controls for these variables would allow meaningful comparisons to be made within age brackets and income brackets and could more clearly examine the effects of immigrant status and social support.

Another important contribution to the study of the reaction of Mexican Americans to the new immigration law would be to investigate the psychological reaction of both females and males. The present study used only females but their psychological reactions to the new immigration law are not necessarily representative of the reaction of Mexican American males. As noted earlier, the stronger the adherence to traditional Mexican cultural customs and the lower the socioeconomic status, the higher the probability that the Mexican American individual will

engage in more stereotypical, traditional sex role behaviors. Thus, one would expect males and females to have different reactions and different styles of coping in dealing with the consequences of the new immigration law. These differences were not examined in this study and should be the focus of future research.

The findings of the present study are most relevant to individuals of Mexican descent and not all Hispanic people. Puerto Ricans are already United States citizens and are consequently not affected by the new immigration law (although a spouse or friend may be). Other Hispanic immigrants have very different historical backgrounds which make generalizations from the current study to other Hispanic groups unwarranted. For example, Central Americans have mostly arrived recently (e.g., within the last four years) from politically strife-torn countries and, thus, most did not qualify for amnesty. They may also have come more for political reasons than for economic reasons or necessity. Consequently, generalizations to other Hispanic groups from the findings of the present study must be made with caution. For the same reasons, generalizations of the study's results to other non-Hispanic immigrants must take into account the differences between the non-Hispanic immigrant group and the Mexican American immigrant group (e.g., the relationship of their native country to the United States in contrast to the relationship of Mexico and the United States). However, numerous studies, as mentioned before, have found that recent immigrants, regardless of native country, are the most psychologically distressed, as was found in the present study. It is certainly conceivable that other non-Mexi-

can immigrants may be experiencing similar psychological reactions to the new immigration law as those of Mexican Americans. However, this assumption must be made with appreciation of the differences and similarities between the immigrant groups and should be more specifically investigated.

Future research should focus on the psychological distress of both the undocumented who do not qualify for amnesty and those who do. It appears from this study that those who do not qualify for amnesty experience significantly more anxiety, hostility, depression (which is largely affected by their social support), and global psychological distress. With the amnesty period expired, it may not be surprising if the psychological distress for this group increases even more. Another potential area of investigation is the psychological distress experienced by those Mexican American immigrants who qualified to apply for amnesty (and were granted temporary legal status) but who, upon review by the INS, were found not to meet all the requirements of amnesty and were thus denied legal immigrant status. The disappointment of thinking they could qualify for legal immigrant status and later finding out that they did not qualify for amnesty after all, puts these immigrants at high risk for experiencing psychological distress. For those who will qualify for amnesty, assessment of their psychological distress in the future (for example, in one to three years) should be undertaken to determine if their distress remains low. Their high expectations for improvements may not be realized as they become aware that legal Hispanic immigrants still rank among the lowest in levels of income, educa-

tion, and political influence, and this is especially true for women. Although there is certainly more opportunity for those who qualified for amnesty, other stressors, such as acculturation, prejudice, and discrimination still remain and may even increase in intensity.

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APPENDIX A

INFORMATION DATA SHEET

Code No.:

Age:

Education:

How long in the United States?

Marital status?

Religious Preference:

What language do you speak at home?

Can you speak both English and Spanish?

Where were you born?

Occupation:

Occupation of Spouse/Parent (if not married)

No. of children:

How many live in household?

Where do parents live?

Combined household income:

Less than \$5,000:

\$5,000 to \$10,000:

\$10,000 to \$20,000:

More than \$20,000:

Immigration status: __Please fill in using the codes below.

1-Illegal but qualifying for amnesty

2-Legal Resident

3-Illegal and not qualifying for amnesty

APPENDIX B

SOCIAL SUPPORT QUESTIONNAIRE-6

INSTRUCTIONS: The following questions ask about people in your environment who provide you with help or support. Each question has two parts. For the first part, list all the people you know, excluding yourself, whom you can count on for help or support in the manner described. Give the person's initials, their relationship to you (see example). Do not list more than one person next to each of the numbers beneath the question.

For the second part, circle how satisfied you are with the overall support you have.

If you have no support for a question, check the words "No one," but still rate your level of satisfaction. Do not list more than nine persons per question.

Please answer all the questions as best you can. All your responses will be kept confidential.

Note: For the first part of the question, nine spaces were provided for possible answers. For the second part of each question, "How satisfied," the respondents marked their answers on a six point scale ranging from "very satisfied" (scale point six) to "very dissatisfied" (scale point 6). There was also a space where they could mark "No one."

EXAMPLE

Who do you know whom you can trust with information that could get you in trouble?

___ No one

- 1) T.N. (brother)
- 2) L.M. (friend)
- 3) R.S. (friend)
- 4) T.N. (father)
- 5) L.M. (employer)
- 6)
- 7)
- 8)
- 9)

How satisfied?

1. Whom can you really count on to be dependable when you need help?

How satisfied

2. Whom can you really count on to help you feel more relaxed when you are under pressure or tense?

How satisfied?

3. Who accepts you totally, including both your worst and your best points?

How satisfied?

4. Whom can you really count on to care about you regardless of what is happening you you?

How satisfied?

5. Whom can you really count on to help you feel better when you are feeling generally down-in-the-dumps?

How satisfied?

6. Whom can you count on to console you when you are very upset.

How satisfied?

APPROVAL SHEET

The dissertation submitted by Rogelio R. Rodriguez has been read and approved by the following committee:

Dr. Alan S. DeWolfe, Director
Professor, Psychology, Loyola

Dr. James E. Johnson
Professor, Psychology, Loyola

Dr. Patricia A. Rupert
Associate Professor and Clinical Director,
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The final copies have been examined by the director of the dissertation and the signature which appears below verifies the fact that any necessary changes have been incorporated and that the dissertation is now given final approval by the Committee with reference to content and form.

The dissertation is therefore accepted in partial fulfillment of the requirements for the degree of Doctor of Philosophy.

10/3/87
Date

Alan S. DeWolfe
Director's Signature