

Psychological Health and Meaning in Life

Stress, Social Support, and Religious Coping in Latina/Latino Immigrants

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This study examined the relative contributions of (a) gender, (b) perceived stress, (c) social support from family and significant other, and (d) positive and negative dimensions of religious coping to the prediction of the psychological health and meaning in life among 179 Central American immigrants from El Salvador and Guatemala. Findings reveal that greater perceived stress by Latinas/Latinos was predictive of psychological health and meaning in life, while social support from a significant other also explained variance in meaning in one's life. Negative religious coping, specifically reappraisal of God's powers, was predictive of search for meaning in one's life.

Keywords: *religious coping; perceived stress; social support; Central American immigrants; psychological health*

Although the nation's Latina/Latino population is growing at a much faster rate than the population as a whole (U.S. Census, 2008), and the United States is more diverse than ever (Atkinson, 2004), variables which contribute to healthy psychological functioning among Latina/o immigrants are virtually ignored in the psychology literature (Ruiz, 2002). Latina/o immigrants living in the United States experience myriad stressors (Smart & Smart, 1995) and engage in culturally specific processes to cope

Authors' Note: The authors extend special thanks to Maria L. Berbery, whose dedication enabled the successful completion of this project. An earlier version of this article was presented at the annual convention of the American Psychological Association in San Francisco, California, in August 2007. Address correspondence to Marianne G. Dunn, Department of Psychology, University of Maryland, College Park 20742; e-mail: mdunn@psyc.umd.edu.

with events in their lives (Abraído-Lanza, Vásquez, & Echeverría, 2004; Cervantes & Castro, 1985). Although the family and religion are important components of the broader Latina/Latino culture (Atkinson, 2004), little is known about the ways in which perceived social support from the family and religion function within the coping process (Abraído-Lanza et al., 2004; Edwards, 2004). Ramos (2004) coined "Latinization" to describe the phenomenon which is rapidly transforming the ethnic, cultural, and racial composition of the United States and will result in drastic political, cultural, and economic consequences. A recent wave of immigration is responsible for the growing number of Central Americans living in the Washington, D.C. metropolitan area (Shankar, Gutierrez-Mohamed, & Alberg, 2000); as such, Salvadorans and Guatemalans represent a vital component of contemporary Latinization.

Central Americans experience unique challenges in the United States. Martín-Baró, a social psychologist and Jesuit priest assassinated in El Salvador, famously publicized the social and political injustices in Central America. Tragically, many Latina/Latino immigrants come to the United States to escape hardships in their countries of origin and experience similarly toxic and unreceptive environments (Menjívar, 2006). According to the Office on Latino Affairs (2004), when compared with other D.C. residents, Latinas/Latinos (many of whom are Central America) tend to be poorer, less likely to have health insurance, and less likely to utilize health care services. Many D.C. Latinas/Latinos also were found to hold lower paying jobs and have reported being hampered by a lack of basic skills, discrimination, and a lack of information about job openings. Guatemalans may experience additional racial stigma because of darker skin and indigenous facial features (Adler, 2006). To address ways in which to better serve this population, this study investigated the relations among stress, social support, religious coping, and psychological functioning among Central American immigrants.

A Culturally Sensitive Conceptualization of Coping

According to Lazarus (1993), coping involves a reaction focused on changing a psychological stress within the context of an unfavorable person-environment relationship. Cervantes and Castro (1985) identified a culturally sensitive theoretical framework for conducting systematic research on life domain stressors among Latinas/Latinos based on systems theory and the work of Lazarus (e.g., Lazarus, 1993; Lazarus & Folkman, 1984). Although Cervantes and Castro (1985) provided a useful conceptualization

for conducting research on stress and coping with Latinas/Latinos, the task of synthesizing recent theoretical and methodological advances in a culturally sensitive framework has not yet been undertaken.

Religious coping refers to the use of religion in constructing appraisals, engaging in coping activities and processes, and shaping the coping process (Pargament et al., 1998). Religious coping may involve the use of cognitive or behavioral techniques related to religion or spirituality (Tix & Frazier, 1998). Recent methodological and theoretical advances by Pargament, Koenig, and Perez (2000) have elucidated how religious coping functions including, for example, seeking social support from religious community or engaging in contemplative prayer. Religious coping as a multidimensional construct has been related to physical health, psychological well-being, health behaviors, and feelings of efficacy (Harrison, Koenig, Hays, Eme-Akwari, & Pargament, 2001).

Religion may be one method by which Latina/o immigrants cope with stressors in their lives. One study found that Latina caregivers attended religious services more often, prayed more often, and used more religious coping than their White counterparts (Mausbach, Coon, & Cardenas, 2003). Hovey (2000) found that more frequent church attendance was related to lower rates of depression and suicidal ideation among Mexican immigrants. In addition, the church and religion can be critical components of social networks (Garcia, 2005). Psychological interventions with Latinas using spiritual and religious wellness promotion have been linked to positive religious well-being (Guinn & Vincent, 2002). Although many Latinas/os identify with a religion, and many enter the mental health system via the clergy (Ruiz, 2002), the ways in which religion functions within the coping process among Latinas/os remains unclear.

Social Support in Latinas/Latinos

Social support has been a topic of interest related to coping since the mid-1970s (Zimet, Dahlem, Zimet, & Farley, 1988). Social support has been defined as a psychological phenomenon in which social interactions provide individuals with assistance or embed them in social relationships which are perceived to be loving, caring, and available (Hobfall & Stokes, 1988). According to Atkinson (2004), *familismo* refers to a profound sense of family and is a natural support system providing physical, emotional, and social support for Latinas/os. Thus, support from the family may be an important buffer for immigrants encountering stressful situations.

Psychological Health and Meaning in Life Among Latinas/os

To address a void in the literature, this study examined overall psychological health and meaning in life in Latina/o immigrants. Specifically, this study conceptualized psychological health as a lack of psychological distress or psychopathology. Some general findings about the psychological health of Latinos included greater incidence of post-traumatic stress disorder (Pole, Best, Metzler, & Marmar, 2005), experiences of depression and anxiety (Hovey & Magana, 2000), and suicidal ideation (Hovey, 2000) related to acculturative stress. Moreover, meaning in life refers to the search for meaning and presence of meaning in one's life (Steger, Frazier, Oishi, & Kaler, 2006). Meaning in life as studied by Steger et al. (2006) intertwines humanistic and existential theoretical orientations. There is evidence that existential factors like religion, spirituality, and meaning in life are important in coping with adversity in certain populations like Latinas/os (Ruiz, 2002) and older adults (Fry, 2000).

Gender

Gender refers to one's psychological sense of being male or female (Stewart & McDermott, 2004). A growing body of literature suggested that adherence to one's gender identity (e.g., *marianismo* or *machismo*) within Latina/Latino culture can influence mental and physical well-being (Casas, Wagenheim, Banchemo, & Mendoza-Romero, 1995). For instance, for men, adhering to traditional gender roles may result in suppression or somatization of emotional problems or a lack of attending to physical symptoms or medical conditions. Regarding gender differences, research has suggested that Latinas and Latinos may experience stress differently; for example, migration affects Latinas more negatively than their male counterparts (Allen, Amason, & Holmes, 1998). In addition, Latinas living in the United States reported higher levels of stress and depression and lower levels of life satisfaction than their Latino counterparts (Cuellar, Bastida, & Braccio, 2004). Although no empirical studies have examined gender differences in Central American immigrants using an integrative religious coping framework, distinctions may exist as a psychological outcome variable related to religion.

The Purpose of the Present Study

The purpose of this study was to explore the relations among stress, social support, religious coping, and psychological functioning (i.e., psychological health and meaning in life) in a sample of Central American

immigrants. Based on our review of the literature, gender differences were hypothesized; specifically, women were expected to demonstrate stronger uses of religious coping and higher levels of social support than men. We hypothesized that women would have lower levels of psychological health and report greater meaning in life because of previous findings suggesting that Latina women report greater religiosity (McCullough, Worthington, Maxey, & Rachal, 1997) and worse psychological health (Cuellar et al., 2004). Finally, we hypothesized that perceived social support and religious coping would contribute collectively to the prediction of psychological health and meaning in life.

Method

Procedure

Central American immigrants enrolled in English as a Second Language (ESL) classes as part of an adult education program were recruited for this study. A bilingual research team member spoke with the principals of two night schools and discussed the possibility of collecting data. Both principals consented to allow their schools to participate. Individual teachers were contacted in person by a member of the research team prior to the start of class. Permission was requested for students in their classrooms to participate in the study during their class break. All teachers agreed to allow the investigators to invite their students to participate.

Students in the ESL classes were read a script in Spanish which contained information about the study and informed consent. In accordance with Marin and Marin (1991), the investigators introduced themselves and distributed flyers which advertised and summarized the purpose of the study. Since concerns about illegal immigration status were expected, participants were assured that extra care would be employed to ensure anonymity. Also, participants were informed that they were eligible to enter a lottery with a chance of winning one of four cash prizes (\$50 each) for participation in the study. After verbally providing consent and being given the opportunity to ask questions, participants were asked to complete the measures in Spanish.

Participants and Procedure

All participants in this study were Spanish-speaking and able to read and write in Spanish. In the Washington, D.C. and surrounding areas, Central Americans compose the majority of D.C. Latinas/os (Office on Latino

Affairs, 2004) and thus were chosen for participation. The vast majority of adults enrolled in these ESL classes were from El Salvador or Guatemala; thus, participants from these two groups were included in the analyses. All participants met the following criteria: (a) born in either El Salvador or Guatemala and (b) currently living in the United States indefinitely.

A cursory review of past research suggested that effect sizes for religious coping range from small to medium (e.g., Harrison et al., 2001). Following statistical procedures detailed by J. Cohen (1992) and Cohen et al. (2003), for a power of .80 and an alpha level of .01, approximately 126 participants were needed to detect small effect sizes for each of five beta weights in a multiple regression. Two-hundred eighty-one individuals were contacted to participate in this study. Notably, 25 participants were not able to participate because they were unable to complete the measures in their ESL classes due to low levels of literacy. Fifteen individuals chose not to participate in the study, yielding a return rate of 94.6%. Of the remaining 241 individuals, 201 completed 85% of the measures and were retained for data imputation. Four outliers were identified leaving a total of 197 participants. Eighteen immigrants were excluded because they were not born in El Salvador or Guatemala. The current study included 179 female and male adult immigrants from Guatemala and El Salvador. The return rate in this study was 94.6%.

All measures except the Multidimensional Scale of Perceived Social Support and the demographic questionnaire had been used in previous research in Spanish. The measures of meaning in life and perceived stress were available in Spanish but had not undergone a back-translation procedure. For the meaning in life and perceived stress measures, techniques of back-translation and decentering discussed by Brislin (2000) and Marin and Marin (1991) were used to ensure equivalency of versions. Additionally, a procedure for adjusting items for cultural equivalency, appropriate reading level, linguistic clarity, and meaning was completed with the help of three Latina bilingual language teachers who had knowledge and experience working with the children and adults from the Latino immigrant community. For instance, the teachers suggested modifying various items to ensure appropriate reading level (e.g., changed the polysyllabic word *intuiciones* to *ideas*) and linguistic clarity and meaning (e.g., changing *al* to *en*). Additionally, the readability of the measures was assessed using a computer program to identify the Flesch Reading Ease Scores and Flesch-Kincaid Grade Level. The measures scored a 75.4 on Reading Ease, thus indicating moderately high ease of reading and a grade level of 5.4. All measures were counterbalanced to reduce order effects. The measure of

psychological health was administered first since it was the primary outcome variable. Also, the demographic form was administered last so as not to influence response patterns.

Measures

Perceived stress. The Perceived Stress Scale (Cohen, Kamarack, & Mermelstein, 1983) assessed appraisals of perceived stress. Notably, perceived stress has been shown to relate more strongly to health and depression than ratings of stressful life events alone (Cohen et al., 1983). In this study, respondents rated the frequency with which they have experienced stress in the past month ranging from 0 (*never*) to 4 (*very often*). A sample item from the scale is, "How often have you felt that you could not cope with all the things you had to do?" Notably, the scale was designed for community samples with at least a junior high education (Cohen, Kamarack, & Mermelstein, 1983), so some items were modified by the Latina bilingual language teachers. The internal consistency reliability estimate for this measure in this sample was .74.

Perceived social support. The Multidimensional Scale of Perceived Social Support (Zimet et al., 1988) was administered to assess the amount of perceived social support. Since only the Family and Significant Other subscales were administered, the measure consisted of eight items with four items on each scale. Participants rated items using a 5-point scale ranging from 1 (*strongly disagree*) to 5 (*strongly agree*). A sample item from the Family subscale is, "My family is willing to help me make decisions." A sample item from the Significant Other subscale is, "There is a special person in my life that is around when I am in need." The internal consistency reliability estimate in the current study was .87 for both subscales.

Religious coping. The RCOPE (Pargament et al., 2000) assesses religious coping on various dimensions. Pargament et al. (2000) advocated choosing subscales from the RCOPE which were theoretically appropriate for the subject of interest. A total of 7 subscales with 39 items were chosen from the 17 total subscales based on their psychometric properties and theoretical relevance. Internal consistency reliability estimates ranged from .76 to .90 with the current sample.

Four subscales measured positive religious coping among Latino immigrants. First, Benevolent Religious Reappraisal/Spiritual Support refers to the redefining of a stressor through religion as benevolent and potentially

beneficial (Pargament et al., 2000), for example, "Saw my situation as part of God's plan." Benevolent religious reappraisal had been related positively to stress-related growth (Pargament et al., 2000) and to improvements in physical health (Pargament, Koenig, Tarakeshwar, & Hahn, 2004). Second, Spiritual Connection was defined as the experiencing of a sense of connectedness with forces that transcend (Pargament et al., 2000), for example, "Tried to build a strong relationship with a higher power." Third, Collaborative/Low Self-Directing Religious Coping refers to the seeking of control through a partnership involving problem solving with God (Pargament et al., 2000), for example, "Worked together with God to try to solve my problems." Self-directed religious coping may be generally a positive religious coping style (Gall et al., 2005); however, this coping style may be maladaptive when the problem is uncontrollable (Pargament, 1997) and has been related to poorer spiritual outcome and less stress-related growth (Pargament et al., 2004). Fourth, although Seeking Spiritual Support From Clergy/Members did not meet selection criteria for inclusion because of a low mean ($M = .74$, $SD = .84$), this scale was selected for inclusion in the study because research suggested that Latinas/os seek support from the clergy and may enter the mental health system via this manner (Ruiz, 2002). An sample item from this scale is, "Sought support from members of my congregation."

Three negative religious coping subscales were selected based on psychometric properties (e.g., means greater than .50) and theoretical and empirical relevance (e.g., scales which represented well-documented constructs in the literature which were cited at least twice in a review of religious coping articles published in the last decade). First, Pleading for Direct Intercession referred to seeking control indirectly by asking God for a miracle or divine intercession (Pargament et al., 2000), for example, "Prayed for a miracle." Second, Punishing God Reappraisal referred to redefining the stressor as a punishment from God for one's sins (Pargament et al., 2000), for example, "Wondered if God was punishing me because of my lack of faith." Third, Reappraisal of God's Power referred to the redefining of God's power to influence the stressful situation (Pargament et al., 2000). An sample item from this scale is, "Realized there are some things even God cannot change."

The RCOPE was developed with a college sample and its use supported by findings from factor analyses with a hospital sample (Pargament et al., 2000). Although this scale has been used with other samples (Pargament et al., 2004) and was translated into Spanish by Pargament and colleagues (personal communication, August 5, 2005), the scale had not been used

with Spanish-speaking populations. To ensure cultural equivalency and an appropriate reading level, the measure was modified by the bilingual Latina language teachers.

Additionally, an exploratory factor analysis was conducted to investigate whether the proposed factor structure of the RCOPE was replicated with our sample of Latina/o immigrants. Prior to conducting the factor analysis, we assessed the factorability of the data set using the Kaiser-Meyer Measure of Sampling Adequacy (KMO) and Bartlett's test of Sphericity. The KMO score for the current study was .86 indicating a high likelihood of the presence of factors. Bartlett's test of Sphericity was significant $\chi^2(df = 741, n = 179) = 4080.22, p < .01$, suggesting that the data set was factorable.

Principal axis factoring and promax rotation were used in the initial exploratory factor analysis. Seven factors were extracted with eigenvalues greater than 1. Multiple cross-loadings occurred, and only two items loaded on the final factor in the seven-factor solution. Thus, additional factor analyses were conducted with three, four, five, and six factors extracted. The authors independently examined the pattern matrices and concluded that the four-factor solution provided the most parsimonious fit for the data. Items loading greater than .40 on only one factor were retained. The four factors that emerged included (1) active religious coping/problem-solving using religion/spirituality; (2) seeking spiritual support from church members, clergy, or God; (3) coping by changing one's view of God; and (4) coping by relying on self without God's help. These factors were similar from the original seven-factor solution proposed by Pargament and colleagues (2000) in that the four factors largely subsumed Pargament's seven-factor solution. The factors differed from the original solution as items from several of the original scales loaded on the first factor and a new scale indicating self-reliance in the face of difficulty emerged.

All analyses were calculated using both the seven- and the four-factor solutions. No differences in the findings occurred, thus Pargament's original seven-factor solution was utilized for subsequent analyses to allow for comparisons with other samples in future research. Tables reflecting the results of the analyses using the four-factor solution are available from the first author.

Psychological health. The Brief Symptom Inventory (BSI 18; Derogatis, 1993) was used to assess overall psychological functioning and has been administered in Spanish. The short form of the BSI consisted of 18 items which measure depression, anxiety, and somatization. Each subscale had 6

items, with response items ranging from 1 (*not at all*) to 4 (*extremely*). Example items included "thought of ending your life" (Depression subscale), "nervousness or shaking inside" (Anxiety subscale), and "nausea or upset stomach" (Somatization subscale). Studies have demonstrated support for validity and reliability in Latino (Thoman & Surís, 2004) and immigrant (Lee & Liu, 2001) populations. Internal consistency reliability estimates ranged from .77 to .81 in the current study.

Meaning in life. The Meaning in Life Questionnaire (MLQ; Steger et al., 2006) was used to assess search for and presence of meaning in life. The MLQ had 10 questions with response items ranging from 1 (*absolutely untrue*) to 7 (*absolutely true*). An example from the Search subscale is, "I am always searching for something that makes my life feel significant," and an example from the Presence subscale is, "I understand my life's meaning." The internal consistency reliability estimates were .90 for the Search subscale and .70 for the Presence subscale.

Demographic questionnaire. A demographic questionnaire assessed the following information: country of origin, place of birth, age, gender, race/ethnicity, length of residence in the United States, whether or not the participant was an immigrant, age at immigration, control over the decision to immigrate, agreement with the decision to migrate, acculturative stress, socioeconomic status, relational and familial status, religious affiliation, and frequency of attendance of religious service.

Results

Preliminary Analyses

Missing values were analyzed using pattern analysis techniques in SPSS 13.0. The results suggested that there was no pattern of missing data among scales; thus, data imputation was conducted using maximum likelihood estimation (EM) for each individual scale. This technique makes minimal assumptions about the data and uses an EM algorithm to impute missing data. Four outliers were then identified using the criterion of three standard deviations from the mean. The data were checked for skewness by dividing the skewness statistic by the standard error. All scales except perceived stress and support from clergy or church members were significantly skewed. Similar to the procedure in Steger and Frazier (2005), the skewed

scales were transformed using a square root transformation. The transformation reduced the skew in the following scales: Support From Family, Support From Significant Other, Spiritual Connection, Collaborative Religious Coping, Punishing God Reappraisal, Reappraisal of God's Power, Search and Presence of Meaning in Life, Depression, Anxiety, and Somatization. The square root transformation was not successful in two scales, Benevolent Religious Reappraisal and Spiritual Support and Pleading for Direct Intercession, and thus was not used for subsequent analyses with these scales. When appropriate for reducing skew, the transformation was used in correlational and regression analyses. In reporting descriptive statistics (e.g., means and standard deviations), the nontransformed scores were reported (see Table 1).

Descriptive Statistics

Descriptive statistics were calculated for all variables. Most participants were males (65.9%) from El Salvador (58.7%) or Guatemala (41.3%), and most of the data were collected at Site A ESL classes (85.5%). The average age of participants was 29.73 ($SD = 8.93$). Most participants were relatively recent immigrants, arriving in the United States within the past 45 months ($M = 44.84$, $SD = 43.11$). About 10% of the sample reported being in the United States for more than 7 years, thus accounting for the large standard deviation. Participants expressed moderate to high amounts of control ($M = 7.16$, $SD = 3.19$) and agreement ($M = 6.27$, $SD = 3.47$) over their decision to immigrate. Overall, participants reported moderate to low levels of acculturative stress, with the greatest amount of acculturative stress coming from pressure to speak English competently ($M = 3.46$, $SD = 1.18$) and the least amount coming from pressure against acculturation from group members ($M = 1.60$, $SD = 1.00$).

On average, the participants reported low levels of income and educational attainment. A large number of participants reported an income of less than \$20,000 annually (41.4%) and close to 38% of the sample had a middle school education or less. The sample represented diverse Christian religious denominations. While many participants identified with Catholicism (43.0%) and conservative protestant denominations like Evangelism (24.6%), others identified with various mainline protestant denominations like Lutheranism (1.7%) or did not identify with any religion (15.1%). Some participants reported affiliating with Christianity but did not specify a denomination (2.2%). One participant reported practicing Espiritismo.

Table 1
Demographic Characteristics of Sample (*n* = 179)

Variable	<i>n</i>	%
Gender		
Female	50	27.9
Male	118	65.9
Country of origin		
El Salvador	105	58.7
Guatemala	74	41.3
Location of data collection		
Site A	153	85.5
Site B	26	14.5
Marital status		
Married	62	34.6
Divorced	4	2.2
Single, not living with partner	44	24.6
Separated	7	3.9
Widowed	1	0.6
Single, living with partner	56	31.3
Income		
Below \$13,500	54	30.2
\$13,500-\$19,999	20	11.2
\$20,000-29,999	39	21.8
\$30,000-39,999	10	5.6
\$40,000-49,999	6	3.6
\$50,000 or more	8	4.5
Educational level		
Some grade school	15	8.4
Elementary school	23	12.8
Middle school	30	16.8
High school/GED	42	23.5
2 year college	9	5.0
Some college, no degree	19	10.6
Bachelor's degree	32	17.9
Professional degree (MA, PhD, etc.)	2	1.1
Employment status		
Full-time	136	76.0
Part-time	14	7.8
Volunteer	1	0.6

Overall, the sample demonstrated strong religious practices, with half of the participants (50.8%) reporting attending religious services at least once per week. Conversely, less than 10% of the sample reported never attending religious services. Participants endorsed many different reasons for coming

to the United States including hope for a better future (59.8%), work (36.9%), education (10.1%), family (15.1%), and war (7.8%). Others (7.8%) cited different reasons like the presence of gangs in their country of origin, the hope for different opportunities in the United States, and frustration with low-paying jobs in their countries of origin.

Overall, the sample demonstrated low to moderate levels of stress ($M = 15.81$, $SD = 6.76$) and very high levels of social support. Specifically, participants reported perceiving very high levels of support from family ($M = 20.36$, $SD = 6.14$) and significant others ($M = 21.45$, $SD = 6.55$). Participants also reported moderate to high levels of positive religious coping. For example, participants strongly endorsed benevolent religious appraisal ($M = 22.92$, $SD = 6.31$) and collaborative religious coping ($M = 19.18$, $SD = 4.61$). Thus, most participants reported looking for strength and support in God and reported collaborating with God to alleviate worries.

Consistent with our hypotheses, participants reported receiving moderate to high levels of support from clergy or church members ($M = 7.18$, $SD = 4.69$). Participants endorsed most items reflecting negative religious coping at low to moderate levels, with the exception of pleading for direct intercession which was a popular form of religious coping ($M = 10.36$, $SD = 3.72$). Most participants endorsed items indicating that they would pray to God for a miracle or divine intervention.

In terms of psychological health and well-being, the sample reported low to moderate levels of depression ($M = 8.42$, $SD = 5.44$), anxiety ($M = 5.40$, $SD = 4.57$), and somatization ($M = 4.85$, $SD = 4.59$). The participants' scores on meaning in life reflected a strong search for meaning ($M = 24.03$, $SD = 10.15$) and presence ($M = 27.59$, $SD = 6.23$), indicating that participants as a group endorsed items which reflect an active search for meaning in their lives, and they felt their lives were meaningful.

One-way multivariate analyses of variance (MANOVAs) were conducted to investigate gender differences in stress, social support, positive and negative religious coping, psychological health, and meaning in life. Differences were not found in stress, perceived social support (family and significant other), or any dimension of religious coping between Latinas/os. Consistent with our hypotheses, a difference was found between Latinas and Latinos on somatization, $F(1, 174) = 8.23$, $p < .01$. Specifically, women reported greater somatization ($M = 6.80$, $SD = 5.89$) than men ($M = 4.51$, $SD = 4.39$). This effect ($\eta_p^2 = .03$) was small to modest as discussed by J. Cohen (1992). Given the lack of differences, subsequent analyses were calculated with a combined sample of women and men with the exception of the analysis predicting somatization.

MANOVAs also were computed to investigate possible differences between Guatemalans and Salvadorians on the variables of interest. Individuals from El Salvador ($M = 28.69$, $SD = 5.92$) reported greater presence of meaning in life than individuals from Guatemala ($M = 26.03$, $SD = 6.38$), $F(1, 174) = 8.17$, $p < .01$. This effect ($\eta_p^2 = .04$) was small to modest as discussed by J. Cohen (1992).

Additionally, Pearson's correlations were calculated among variables of interest (see Table 2). Significant relations were reported at the $p < .01$ level. Five hierarchical multiple regressions were conducted to assess the contributions of the independent variables to the prediction of depression, anxiety, somatization, search for meaning in life, and presence of meaning in life. In the first step of all analyses, perceived stress was entered. Perceived social support from family and significant other was entered in the second step. To assess whether religious coping predicted the criterion variables, the seven positive and negative dimensions of religious coping were entered in the third step. Given the differences in somatization between men and women in this study, gender was entered as a control variable in the regression analysis predicting somatization.

Collectively, the variables accounted for 31% of the variance in depression and 38% of the variance in anxiety. Contrary to our hypotheses, after accounting for perceived stress, perceived social support and religious coping did not contribute to the prediction of depression or anxiety. Only perceived stress accounted for unique variance, contributing 28% to the prediction of depression and 33% to the prediction of anxiety.

Furthermore, perceived social support and religious coping did not contribute to the prediction of somatization over the contributions of stress and gender. Although collectively all variables accounted for 26% of the variance in somatization, stress and gender accounted for 23% of the variance in somatization.

In two regression analyses, religious coping and social support predicted outcome variables (see Tables 3 & 4). When predicting search for meaning in life, perceived stress, perceived social support, and religious coping explained 14% of the variance. Negative religious coping, specifically reappraisal of God's powers, contributed incremental variance in search for meaning in life. Finally, contrary to our hypotheses, when controlling for stress, religious coping did not contribute unique variance to the prediction of presence of meaning in life; however, stress (13%) and support from significant other (6%) explained variance in presence of meaning in life. The overall model accounted for 33% of the variance in presence of meaning in life.

Table 2
Means, Standard Deviations, and Correlations Among Key Variables (*n* = 179)

Variable	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
1. Perceived stress	1.00														
2. Perceived social support—Family ^a	-0.28**	1.00													
3. Perceived social support—Significant other ^a	-0.16	0.44**	1.00												
4. Benevolent religious reappraisal/spiritual support	-0.12	0.10	0.16	1.00											
5. Spiritual connection ^a	-0.04	0.07	0.09	0.69**	1.00										
6. Low self-directed/collaborative coping ^a	-0.21**	0.19	0.17	0.34**	0.21**	1.00									
7. Seeking spiritual support from clergy	0.05	0.15	0.16	0.50**	0.45**	0.05	1.00								
8. Pleading for direct intercession	0.00	0.02	-0.00	0.54**	0.49**	0.16	0.58**	1.00							
9. Punishing God reappraisal ^a	0.35**	-0.14	-0.16	0.13	0.15	-0.23**	0.14	0.25**	1.00						
10. Reappraisal of God's power ^a	0.22**	-0.09	-0.11	0.06	0.10	-0.29**	0.20**	0.20**	0.49**	1.00					
11. Depression ^a	0.50**	-0.08	-0.03	0.03	0.11	-0.12	0.12	0.11	0.19	0.19	1.00				
12. Anxiety ^a	0.57**	-0.10	-0.01	0.09	0.19	-0.05	0.13	0.07	0.20**	0.19	0.69**	1.00			
13. Somatization ^a	0.45**	-0.16	-0.02	0.02	0.08	-0.07	0.12	0.07	0.23**	0.17	0.53**	0.61**	1.00		
14. Meaning in life—Search ^a	0.21**	-0.07	0.04	0.11	0.15	0.01	0.12	0.21**	0.18	0.25**	0.25**	0.20**	0.16	1.00	
15. Meaning in life—Presence ^a	-0.33**	0.33**	0.43**	0.30**	0.17	0.29**	0.16*	0.12	-0.19	-0.07	-0.05	-0.05	-0.15	0.11	1.00
<i>M</i>	15.81	20.36	21.45	22.92	5.02	19.18	7.18	10.36	4.86	2.91	24.03	27.41	8.54	5.61	5.05
<i>SD</i>	6.76	6.14	6.44	6.31	2.72	4.61	4.69	3.72	4.20	3.14	10.15	6.24	5.53	4.69	4.76
Cronbach's alpha	0.75	0.86	0.85	0.90	0.77	0.77	0.90	0.80	0.87	0.76	0.81	0.78	0.80	0.93	0.69

a. Square root transformation used.

***p* < .01.

Table 3
Summary of Hierarchical Regression Analysis of Perceived Social Support and Religious Coping as Predictors of Search for Meaning in Life ($n = 179$)

Variable	<i>B</i>	<i>SE B</i>	β	<i>t</i>	<i>df</i>	R^2	ΔR^2	ΔF	sr^2
Step 1									
Perceived stress	0.04	0.013	0.20	2.84**	1, 177	0.04	0.04	8.08	0.04
Step 2									
Perceived stress	0.04	0.01	0.21	2.73	2, 175	0.05	0.01	0.66	0.04
Perceived social support—Family	-0.08	0.13	-0.05	-0.60					0.00
Perceived social support—Significant other	0.143	0.13	0.09	1.15					0.00
Step 3—Overall model									
Perceived stress	0.04	0.01	0.20	2.53	7, 168	0.14**	0.09	2.55	0.03
Perceived social support—Family	-0.08	0.14	-0.05	-0.53					0.00
Perceived social support—Significant other	0.15	0.12	0.10	1.21					0.01
Spiritual connection	0.140	0.15	0.09	0.92					0.00
Low self-directed/collaborative religious coping	0.01	0.02	0.05	0.60					0.00
Seeking spiritual support from clergy/church members	-0.02	0.03	-0.08	-0.85					0.00
Benevolent religious reappraisal/spiritual support	0.00	0.02	-0.04	-0.38					0.00
Pleading for direct intercession	0.06	0.03	0.19	1.98					0.02
Punishing God reappraisal	-0.02	0.03	-0.08	-0.93					0.00
Reappraisal of God's power	0.09	0.03	0.24	2.78**					0.04

** $p < .01$.

Table 4
Summary of Hierarchical Regression Analysis of Perceived Social Support and Religious Coping as Predictors of Presence of Meaning in Life ($n = 179$)

Variable	<i>B</i>	<i>SE B</i>	β	<i>t</i>	<i>df</i>	R^2	ΔR^2	ΔF	sp^2
Step 1									
Perceived stress	-0.02	0.07	-0.33	-4.65**	1, 195	0.11	0.11	21.61**	0.11
Step 2									
Perceived stress	-0.02	0.01	-0.25	-3.66**	2, 193	0.27	0.16	18.64**	0.06
Perceived social support—Family	0.09	0.06	0.10	1.42					0.01
Perceived social support—Significant other	0.27	0.06	0.35	4.80**					0.10
Step 3—Overall model									
Perceived stress	-0.02	0.01	-0.20	-2.80**	7, 186	0.33	0.06	2.27	0.03
Perceived social support—Family	0.08	0.06	0.10	1.25					0.01
Perceived social support—Significant other	0.24	0.06	0.30	4.18**					0.06
Spiritual connection	-0.03	0.07	-0.03	-0.36					0
Low self-directed/collaborative religious coping	0.02	0.01	0.13	1.69					0.01
Seeking spiritual support from clergy/church members	0.00	0.01	0.01	0.09					0.00
Benevolent religious reappraisal/spiritual support	0.02	0.01	0.19	1.89					0.01
Pleading for direct intercession	0.00	0.02	0.00	-0.02					0.00
Punishing God reappraisal	-0.01	0.01	-0.10	-1.23					0.00
Reappraisal of God's power	0.02	0.02	0.11	1.42					0.00

** $p < .01$.

Discussion

One of the major purposes of this study was to better understand the experiences of Latino immigrants living in the Washington, D.C. metropolitan area. The results highlighted the richness and diversity of the immigrant experience. While some immigrants reported limited resources from their families and religious communities, the majority of participants indicated having strong family and religious support networks. Also, this sample of immigrants enrolled in the ESL classes appeared psychologically healthy on average, experiencing low to moderate levels of stress despite low income and literacy levels. Involvement with family and religion may have contributed to the sample being psychologically healthy. In addition, participants reported often turning to religion to cope with life stressors.

Overall, our findings indicated that perceived stress was most important in predicting psychological health among Latina/o immigrants. Specifically, stress was related to indices of psychological health and meaning in life and explained more variance than both religious coping and social support. Although statistical comparisons were not conducted, this sample reported experiencing levels of stress similar to college students (S. Cohen & Weinstein, 1983) and HIV+ patients from Spain (Remor & Carrobbles, 2001). Given that the sample was at most moderately stressed, even small amounts of perceived stress may have implications for psychological well-being among immigrants. Since the current study did not examine stress as a multidimensional construct, it remains unclear exactly which types of stress were most psychologically taxing.

In addition, social support from significant other was related to the presence of meaning in one's life. When controlling for stress, feeling like one's significant other was a source of support was related to feeling that life was meaningful and had a satisfactory purpose. This relationship, although significant, was small in effect and should be interpreted with caution. With this caveat, this finding is particularly curious, as feeling supported by family (in general) was not related to this positive psychological outcome. For Latino immigrants separated from family members, receiving support from a significant other may be likely to correspond with a sense of personal meaning.

Interestingly, reappraisal of God's power predicted searching for meaning in one's life. Reappraisal of God's power is a form of negative religious coping which entails rethinking God's ability to help in the coping process. For example, this reappraisal indicates questioning God's power and realizing that God cannot answer all prayers. This is consistent with Pargament et al.'s (2000) conceptualization of reappraisal as a way to search for meaning in life.

Specifically, Pargament discussed one view in which religion, and perhaps reappraisal of God's powers, offers a framework for understanding and interpreting life events. Although meaning in life was previously conceptualized as a positive phenomenon, searching for life's meaning may be related to being in a crisis and/or negative forms of coping. This finding also was small in effect; thus, caution should be exercised in interpretation. In sum, with some minor exceptions, social support and religious coping did not relate to psychological health.

This finding is seemingly inconsistent with previous studies where social support (Edwards, 2004; Hovey, 2000; Zimet et al., 1988) and religious coping (Harrison et al., 2001; Pargament, 1997; Pargament et al., 1998; Pargament et al., 2003; Pargament et al., 2004; Tix & Frazier, 1998, 2005) were related to indicators of psychological health. A recent meta-analysis of 49 studies on religious coping and psychological outcomes revealed small to medium effects between religious coping and psychological adjustment (Ano & Vasconcelles, 2005). The authors of the meta-analysis noted that while their findings highlighted the importance of religious coping, their results were tempered by the heterogeneity of effect sizes and the wide variety of stressful situations encountered by participants. Furthermore, many of the studies in the meta-analysis did not control for stress in their analyses. The small effect sizes we observed were consistent with this meta-analysis; however, effects largely disappeared when accounting for perceived stress.

One factor may have obscured our ability to detect relations among variables. The participants in the current study were community dwelling Latina/o immigrants experiencing low to moderate levels of stress who may have been less likely to use religion to cope because they were psychologically healthy. Thus, coupled with our analytic strategy of controlling for stress, the sample composition may explain, in part, our lack of significant findings. It is feasible that had the sample experienced higher levels of stress, the role of religion would emerge as a more prominent way to deal with life stressors.

Despite our prediction that women would report more perceived social support, religious coping, meaning in life, and lower levels of psychological health, the results highlighted gender-related similarities across variables. Contrary to our hypothesis, men and women were equally as likely to perceive support from their families and significant other and to use religious coping. The sample as a whole (both females and males) was very religious as indicated by endorsing religious coping items and reported religious service attendance. Many male immigrants in the sample were

working full-time and reported coming to the United States for work. Since many immigrants working in the United States are separated from their families, they may be more likely regardless of gender to seek family and religious supports. Thus, Latino immigrants may have been more likely than other Latino males to try to connect with family and religious communities in the United States as sources of support. Also, the results suggested that immigrants from El Salvador and Guatemala were more similar than different along nearly all variables included in the current study. One may surmise that individual differences (e.g., amount of perceived stress) among immigrants from these two countries account for more difference in psychological functioning than country of origin.

Notably, there were more men in the sample than women. One teacher remarked that the women attending the ESL classes were seemingly breaking barriers and seeking to advance and enter into U.S. culture by learning English. Although the study did not assess gender role identity, it is possible that these women may endorse nontraditional gender roles. This is consistent with research that indicated that gender role orientation rather than gender may predict religiosity (e.g., Francis & Wilcox, 1995). Thus, the women attending ESL classes may not be representative of all Latina immigrants.

There were several limitations associated with this study. The investigation was cross-sectional; thus, the results were correlational, and causal relations were not tested. Furthermore, although the study was designed with reading level as a primary consideration, there were individuals who were not able to participate because of low levels of literacy. Also, despite the use of a rigorous translation and back-translation procedure, some participants expressed difficulty comprehending some questionnaire items. Some of the religious coping and meaning in life items may not apply to Latina/o immigrants. Also, the measures were administered in a group setting where the participants were sitting next to each other. Respondents may have demonstrated a "fake good" response pattern based on a desire to represent their culture in a positive manner. Also, the male participants may have been influenced by the cultural value of "machismo," which dictates that men be strong and invincible. Thus, this factor may have obscured the actual level of stress that the participants were experiencing.

Lastly, the participants in this sample may not be representative of all immigrants. Although most participants worked full-time and reported coming to the United States for various reasons (e.g., war and hope for a better future), they were able to attend ESL classes to learn English. Since most participants were on average psychologically healthy and experiencing low levels of stress, they may represent a resilient subsample of immigrants in the Washington, D.C. metropolitan area.

To conclude, there is a pressing need to study underrepresented and underserved populations in psychology. Latina and Latino immigrants represent a growing and diverse population in the United States which is virtually ignored in the psychological literature. Moreover, their experiences in the United States are inherently complex and topically diverse. We remember the words of President John F. Kennedy (1964), who stated, "Everywhere immigrants have enriched and strengthened the fabric of American life." Although conducting research on immigrants presents unique challenges, psychologists have the skills, resources, and responsibility to further our understanding of and ability to serve this population.

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