

y impinge on diagnosis and treatment of African-American possible interference of racism in the psychological knowledge and skills such as cultural theories, and incorporation of folk health care ip similarities and differences; and (5) develop have a sustaining effect on the provision of nursing care.

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THE MEXICAN-AMERICAN MIGRANT FARMWORKER FAMILY

Mental Health Issues

Mary Lou de Leon Siantz, PhD, RN, FAAN

"Hispanic" is a generic term that was created by the US Bureau of the Census in 1970 to refer to persons who identified themselves as being of "Spanish origin." The census question used to identify Hispanics has since been refined. Hispanics are now subdivided four ways as follows:

Mexican or Mexican-American including Chicano (Chicano)
Puerto Rican or Boricua
Cuban or Cuban American
"Other" Spanish or Hispanic, including Central and South Americans

"Latino" is another descriptor not used by the Census Bureau but preferred by some Hispanics. This term focuses on Latin American instead of Spanish origins.¹

According to the US Census Bureau (1989) 20 million Hispanics live in the mainland United States, with another 3 million living in Puerto Rico. Of these 23 million people, 63% are Mexican-American, 12% Puerto Rican, 5% Cuban, 13% Central and South American, and 8% "other Hispanic." Currently, Hispanics are the second largest minority in the United States. It is predicted that by the year 2000 AD, Hispanics will number 25 million, becoming the largest minority population in the United States.¹

Contributing to this population growth is the youthfulness and fertility rate among Hispanics. The Hispanic population of the United States is young, with a median age of 25, compared with 32 among non-Hispanics. Many Hispanic women are now entering their childbearing period. As a group, they tend to begin childbearing at a younger age and bear more children, with 97 per 100 births for Hispanic women compared with 65 per 1000 for non-Hispanic women of child-bearing age.¹

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NURSING CLINICS OF NORTH AMERICA

VOLUME 29 • NUMBER 1 • MARCH 1994

Although there are variations in cultural beliefs and practices among Cubans, Puerto Ricans, Mexican-Americans, and other Hispanics, there are also shared values and cultural attributes. For example, Hispanics are person oriented and committed to individual autonomy within the context of the family and traditional Hispanic values. Emphasis is placed on the central importance of the family with the father being the main authority figure. They share a common language and are predominantly Roman Catholic. Hispanics are historically linked by their common ties to Spanish colonialism in the New World.

It is important to realize that some Hispanics are US citizens, and some are not. Some have recently arrived into the United States, whereas others have been in the United States for many generations. Many speak only Spanish, some are bilingual in English and Spanish, and others are monolingual in English.

Hispanics learn English as rapidly as other immigrants of the same socioeconomic status. Many are below the poverty line, but there is a growing and stable middle class. Despite eagerness to work, a sizable portion of the Hispanic community has lower than average incomes and higher rates of unemployment and poverty than does the general population. Limited educational achievement continues to be a major barrier to the advancement of Hispanics.

Hispanic families number more than 4 million in the United States. These families tend to be considerably larger than the average non-Hispanic family. Among Mexican-American, 57% have four or more persons. This is compared with 44% of Puerto Rican and Central and South-American families. Only 38% of Cuban-American families have as large a family.¹

Hispanics are primarily urbanites who reside in the large cities of every state. Sixty-five percent are concentrated in the three states of California, Texas, and New York. Nearly 90% live in only the nine states of California, Texas, New York, Florida, Arizona, New Mexico, New Jersey, Illinois, and Colorado.¹ An exhaustive discussion of each subgroup is beyond the scope of one article. This article focuses on the Mexican-American, particularly, the Mexican-American migrant farmworker.

MEXICAN-AMERICANS

A Mexican-American is an individual of Mexican descent who is an American citizen. More than 11 million Mexican-Americans reside in the United States. This population has increased more than 130% since 1970.¹ Most Mexicans trace their racial ancestry to Meso-American Indians, Spaniards, or both. Spanish colonizers brought Spanish culture, language, and Catholicism to Mexico well before colonization began in New England. For example, Don Juan de Onate began colonizing efforts in New Mexico 22 years before the Pilgrims landed at Plymouth Rock.

Many individuals of Mexican descent have never actually crossed any border in order to reside in the United States. Some have lived for generations on the same land that was once a part of Mexico, and is now a part of the United States. This is especially true in California, Texas, Arizona, New Mexico, Colorado, and parts of Utah. A significant proportion of the Mexican-American population therefore considers the Southwestern United States to be, if not politically, culturally speaking, Mexican.²

Historically the social, political, and economic instability of old Mexico, the 1910 Revolution, and increasingly heavy demands for labor on railroads, mines, and farms all combined to increase the flow of Mexicans into the United States. The panic resulting from the Great Depression in the United States temporarily stopped this immigration. Many Mexicans, including some born in the United States, were either deported or otherwise pressured into returning to Mexico.²

One particular political event that had a significant impact on the Mexican-American migrant farmworker population was the Bracero program begun in 1942. The United States and Mexico established the Bracero program to allow importation of Mexican workers for up to 6 months to provide seasonal assistance as farmworkers. More than 400,000 workers were annually brought into the United States with more than 4.8 million entering the United States between 1951 and 1964. Originally conceived as a temporary wartime measure, the Bracero program lasted for more than 20 years.³

THE MIGRANT FARMWORKER FAMILY

What is a migrant farmworker family? According to the Department of Health and Human Services and the migrant Head Start Program, the migrant family is one with children under the age of compulsory school attendance that changes its residence by moving from one geographic location to another, either intrastate or interstate, for the purpose of engaging in agricultural work involving the production and harvest of tree and field crops. Fifty percent of the family's income is primarily from this activity.

The migrant mainstream flows north and west into the central, mountain, and Pacific coast states for the harvest season. Migrant workers typically travel from their home base areas in three major streams. The East Coast stream includes most of the states along the eastern seaboard. This area primarily is traveled by black farmworkers with an increasing number of Mexican-Americans.⁴ Most migrants traveling this stream make their home in Florida. The midcontinent stream is traveled primarily by Mexican-Americans.⁴ It flows northward from Texas through the midwestern and western states. The West Coast stream moves through California and north to Oregon and Washington. In recent years, there has been more east-west movement, with migrant workers traveling in more than one stream.

It is estimated that nationwide there are more than 4.2 million migrants in the mainstream, with most of them quite young.^{4,5} Sixty percent are less than 25 years old, and 25% are less than 6 years old. There is little evidence to suggest that the total number of migrants has changed significantly in recent years, but there have been two important changes in the composition of this population over the past two decades.

First, the number of migrants who travel without dependents in organized work crews has declined. These migrant laborers are being replaced by migrants traveling as family units in private cars, vans, and pickups. As a result, there has been an increase in the number of very young children exposed to the stresses and contingencies of migrant life.⁷

A second major change is that the number of Hispanics, particularly Mexican, has increased relative to the numbers of blacks and other ethnic groups in the itinerant farmworker population. This change is partially related to the shift toward family working units among migrants. Mexican-American migrants have shown a marked preference for traveling in family units. The work crews still found in the eastern stream are primarily composed of black laborers.⁷

Migrant Lifestyle

It is not only important to understand the demographic trends in the migrant population but to consider the style of living as well. The migrant family leads a transient and uncertain life with long hours, stressful working conditions, and very low wages. Housing is likely to be substandard. Migrant workers also have diffi-

culty dealing with the larger community because of language problems. English, when it is spoken, is usually not spoken as well as the native Spanish.

Migrants lack job security, education, transportation, health care, children's services, and social, nutritional, and legal services. Migrant farmworkers are among the poorest of the working poor. Their average annual income is \$5,500 for a family of 5.3 members. This is significantly less than the \$12,100 reported by the Consumer Price Index for the 1988 poverty line for a family of four.

Migrants may work in the stream for 1 to 12 months. They live in a world that is unpredictable. The work might be good one week and nonexistent the next. Weather and crop conditions determine the likelihood of employment. The majority of migrants find less than 150 days of work per year. Because the family's yearly income must be earned during the harvest season, all family members, including school age children, usually work. Migrant families, however, need day care and services for all migrant preschool children, including infants or the migrant family has no alternative but to take the young children to the fields or leave them in the care of older siblings. This in turn means that those children who serve as babysitters cannot be recruited into available Migrant Head Start programs.⁷

Cultural Influences

Culture can be defined as a set of concepts that range from diet, dress, and music to values and priorities. Culture includes assumptions that people make about themselves and their relationships with others.⁸ Religion plays a central role in family life of Mexican-Americans. Culture is not only evident in language and ethnic heritage but also by their shared Roman Catholic faith. Those who practice their Roman Catholic religion will refrain from using any method to control fertility, resulting in larger families. It should not be assumed, however, that all Mexican-Americans are Roman Catholic.¹ Other religions are represented.

Acculturation

Cultural traits influence family life. Traditional Mexican-Americans are person oriented. Emphasis is placed on interpersonal relationships and the roles played therein. This emphasis tends to make Mexican-Americans warmer and more emotional than Anglos, who are viewed as cold and unfeeling.¹⁰

Mexican-Americans tend to be less materialistic and competitive than Anglos. Material goods are not perceived as an end in themselves but only as a means to an end. Other life activities, especially interpersonal relationships, are considered more important. When Anglos practice openness, frankness, and directness in relationships with others, the Mexican-American is likely to be polite, courteous, indirect, and deferential. This may cause Anglos to misinterpret the Mexican-American's actions.

Familyism

The traditional Mexican-American family emphasizes three characteristics: familism, male dominance, and subordination of the young. The importance of familism implies that the needs of the family collectively may supersede individual needs. Family members are taught to believe in the primacy of family relationships and obligations while maintaining individual dignity within the respective roles. Familism emphasizes affiliation over confrontation, cooperation over competition, and interdependence over independence.

In Hispanic cultures, individuals marry to have children. Children provide validation to the marriage. The family represents a closely knit unit in which all

members enjoy status and esteem. It may be the only source of refuge for family members. The family provides both emotional and material security. When advice or assistance is needed, the individual will most often seek out another member of the family.

The extended family assumes an important role among Mexican-Americans. Close relationships are not limited to the nuclear family. Other relationships may include aunts, uncles, grandparents, cousins, in-laws, and even godparents called "compadres." Those who can be relied on for support represent a large group.

Familism can be identified as a deterrent to mobility because it reinforces attachment to people, places, and things. For Mexican-Americans of lower socioeconomic status, however, the family is often the primary source of refuge from a hostile environment. Children are protected instead of pushed for achievement of developmental milestones valued by the mainstream class. The family also can be a supportive force that helps and sustains family members in achieving goals that might be difficult for an isolated individual.² For example, among migrant farmworkers, aunts or grandmothers might help with child care while the entire family group pools its resources to work in the field and maximize its financial resources. School-aged children can contribute to the family income from their labor in the fields, if they are freed from child care responsibilities.

Among migrant-farmworker mothers, access to support from spouse, partner, family, and friends is vital to mental health and maternal behavior.^{7a} Having access to a selection of supportive persons to whom one may turn in time of need provides increased resources for problem solving. A migrant farmworker mother's access to a variety of supportive persons may be an important factor influencing her mental health and response to her children.^{7a,11} Without access to supportive relationships, including child care, the mother may feel abandoned, which increases her risk for depression.⁷

Male superiority in the traditional Mexican-American migrant family is a cultural factor that needs to be considered. The father is seen as the absolute head of the family with authority over the wife, children, and extended family residing in his household. All major decisions are his responsibility. Part of the wife's role is to see that these decisions are carried out. Power and prestige belong to the male head of the house. Delegation of this authority is generally through the male line.² For example, when the father is absent, the oldest son often assumes much of the authority. Sisters and younger brothers are expected to carry out the older brother's orders.

The concept of "machismo" is integral to male dominance. This concept evolved during the social and political upheavals in Mexico. During these periods, revolutionary families living outside major cities needed highways and homes protected from the lawless. The men of the family would patrol dangerous highways to keep them safe for travelers and their own families. Without the backup of military or police personnel, it took great courage to maintain these patrols. This courage, honor, and respect for others as well as the notion of providing fully for one's family formed the basis for the concept of machismo. Another important factor in the formation of this concept encouraged the use of authority within the family in a just and fair manner.¹ The recent and more narrow interpretation of machismo condones or encourages the pursuit of extramarital relationships. Such an interpretation fails to recognize that there is more to machismo than sexual virility and ignores the inherent contradictions in the historical formation of the concept.^{2,12}

Complementing male dominance among the traditional culture of the Mexican-American migrant family is female submissiveness. The traditional Mexican-American woman is supposed to be subservient to her husband. Nurses and other professionals working with the migrant family must note the degree of acculturation because researchers have begun to dispel this notion of submissiveness as

stereotypical. There is evidence that patterns of decision making and action taking among migrant farmworker husbands and wives may be evolving toward equality.² Baca Zinn on the other hand, argues that although the Mexican-American family may be perceived as patriarchal, it is actually mother centered. Men have power and authority outside the family, but women are responsible for the daily affairs of the family. Both have power and authority within their respective but separate family roles.

Among women, the primary role is that of homemaker, bearer of children, transmitter of cultural values, and provider of warmth, support, and affection.³ Bearing and rearing children is viewed as one of the most important functions a woman can have, which explains the large family size among traditional Mexican-Americans. A female child learns early that she has less freedom than her brothers. She prepares for her later role of mother and homemaker by helping to care for younger brothers and sisters and by doing housework. This is especially true of the migrant female child who is left to care for her siblings when no migrant Head Start program is available for the younger children.

Children are expected to be respectful and to get along with their siblings. The older ones will care for the younger ones, and brothers will protect their sisters. Each child knows his or her place in the family and does not violate role boundaries. Sibling relationships are important, and fighting is discouraged. Sibling rivalry occurs less often than in an Anglo home.⁴

Respect

In addition to acculturation and familism, the third cultural characteristic of traditional Mexican-American families is respect or "respeto." Appropriate deferential behavior toward others occurs on the basis of age, sex, social position, economic status, and position of authority. Older people receive more respect from children, as do adults, men receive more respect from women, teachers receive more respect from students, and employers receive more respect from employees.⁵

"Respeto" or respect should not be equated with distance. Migrant farmworkers consider "personalismo" or personal relationship more important than impersonal or institutional relationships. For example, asking an individual how he or she is today, or how the children are doing in school conveys interest in the individual as a person. This trait suggests that the individual's relationship is with an individual provider, not with an institution.⁶

The familiar mode of Spanish address is used by family members with younger ones and close friends, whereas a more formal form always is used by children when speaking to their elders. This formality can make it difficult for children when they are asked to translate by health professionals. Adult trained translators of the same sex are preferable in these circumstances. (See Assessment Implications.)

ASSESSMENT IMPLICATIONS

Factors such as socioeconomic status, level of education, and length of time in this country can influence behavior as much as cultural factors. It is important to know the level of acculturation. If Spanish is spoken at home, the family is more likely to be traditional Mexican-American. Were the parents born in Mexico or the United States? How many years or generations has the family lived in the United States? Lack of familiarity with American culture and new life circumstances experienced during the migratory harvest season (May–December) also may potentiate their risk status. It is important for psychiatric nurses to assess how long the parents have been in the United States because the length of time may influence access to sources of emotional support and child care.⁷

There is evidence that mothers who identify themselves as Mexican-Chicano are more traditional than those who identify themselves as Mexican-American. Protective benefits have been found in adherence to the traditional culture. For example, among mothers interviewed in the Hispanic Health and Nutrition Examination Study, those who identified themselves as Mexican-Chicano, and spoke Spanish in the home were more likely to have babies born at term and were more likely to breast feed. Those mothers who identified themselves as Mexican-American and spoke English at home, however, were more likely to have babies born prematurely or postnatally and were less likely to breast feed.

Access to social support is an important area to assess. Research has suggested that migrant farmworker parents are at risk for depression.⁸ Consequently, it becomes important to identify those mothers and fathers who are isolated from their spouse, partner, family, and friends and who lack assistance with children. Lack of social support and child care, combined with isolation, may increase the risk for depression. Therefore, it is crucial for psychiatric nurses and other health care workers in contact with Mexican-American migrant farmworker mothers to assess the amount of support available from a spouse or partner, extended family, friends, and their satisfaction with support received. This information should be sought ideally through personal interview. If written assessment data are necessary, however, degree of literacy should be determined and accounted for.

If an interpreter is needed, using children in the family should be avoided. By using a child as an interpreter, the child is placed in a superior position. Parents may be hesitant to discuss their problems or needs. If they do so, the translation process exposes the child to the families' problems and pressures the child to be accurate and assume responsibility for the family's difficulties. Finally, if interpreters are used, the possibility of distortion and inaccuracy must always be considered.

The importance of sensitivity to the culture of the Mexican-American migrant farmworker family cannot be overstressed. One important way that a psychiatric nurse can communicate cultural sensitivity is by assessing the language of preference of the parents, particularly the mother. A mother may be unwilling to seek help or share a problem if she cannot communicate in her native language, despite the fact that she may speak English as well. Fluency, ease, and preference for Spanish or English must be evaluated. Mental health interventions that are linguistically and culturally accessible can be considered crucial factors for successful outcome.

Because of the unique position of the migrant child and family, the migrant Head Start program has targeted funds to provide services to a population that would otherwise not be reached by local Head Start programs. Intervention strategies developed by the Migrant Head Start Program have proven successful.⁹ This program has been sensitive to the problems facing the migrant farmworker and provides the unique intervention approaches needed to support the young family.

The most effective model has been one of relocation. It has the advantage of offering full-year service to children, the development of a permanent staff, and of being a part-year program. Although the Prime Grantee model has the disadvantage of being a part-year program, it offers different opportunities. These include the development of new resources, coordination and joint funding with other programs, and the provision of service to a number of areas where relocation programs would not be economical or feasible.

SUMMARY

This article introduced the Hispanic population of the United States. Three major subgroups were identified: Mexican-American, Cuban, and Puerto Rican.

While the relative size and geographic location of each group was identified, the Mexican-American population was considered in greater detail and included the sociopolitical history and culture.

The Mexican-American or Chicano migrant farmworker family was next introduced. Their lifestyle, problems, strengths, and needs were discussed. The importance of social support among the mothers was emphasized. Cultural characteristics that influence family life were considered, including religion, familism, male dominance, machismo, the role of the female and children.

Culturally sensitive assessment should include evaluation of health, education, income, degree of acculturation, level of participation in traditional culture, length of time in the United States, ethnic identity access to social support, and risk for depression. The need for cultural sensitivity during this process was emphasized, especially the establishment of linguistic abilities and preferences.

Finally, successful intervention strategies were introduced. These included nonjudgmental communication and the ability to convey confidence, respect, and genuine affection for the family.

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CARING FOR FAMILIES OF PSYCHIATRIC PATIENTS

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Psychiatric mental-health nurses (PMHN) are keenly aware of the contributions made by patients' families to their rehabilitation and maintenance of mental health. This article examines the families' attitudes toward health care professionals and how they believe their families can be assisted by PMHNs. Family-centered care is explored for both chronically ill young adults and for the children of chronically ill adults. Preventative, restorative, and palliative nursing care is discussed for families of psychiatrically ill adult patients and their children.

The families of the National Alliance for the Mentally Ill (NAMI) advocate that mental illness is a disease of the brain. They differentiate between adjustment problems caused by environmental demands and mental illness caused by brain chemistry imbalances. "NAMI does not agree that there is a continuum of difficulty from childhood upset to major psychoses in adulthood, or that treating the child will prevent mental illness. Prevention will become possible when we understand how brain chemistry goes awry."¹ Family members of the mentally ill see themselves participating in the rehabilitation of their loved one and bearing the burden of the family member who is ill.²³

THE ROLE OF FAMILY MEMBERS IN THE RELAPSE OF THE PSYCHIATRICALY ILL

Schizophrenia and bipolar depression have biologic causes. Persons with schizophrenia and bipolar depression are biologically vulnerable to stressful stimulation from the environment. Critical, intrusive, and overinvolved family members have been found to contribute to the relapse of these illnesses. Brown, Birley, and Wing⁴ developed instruments to measure the family's emotional involvement (which they call "expressed emotion" [EE]) with the patients. The investigators found that 58% of patients with high-EE relatives relapsed within 9 months after discharge compared with 16% of those in low-EE families. Relapse rates were 79%

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NURSING CLINICS OF NORTH AMERICA

VOLUME 29 • NUMBER 1 • MARCH 1994