THEORETICAL AND CONCEPTUAL ISSUES IN HISPANIC MENTAL HEALTH

AUTHOR NOTES

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Correspondence concerning this chapter should be addressed to: Professor Robert E. Roberts, School of Public Health, University of Texas Health Science Center, Box 20186, Houston, TX 77225.

CHAPTER 6

MEXICAN WOMEN, MENTAL HEALTH, AND MIGRATION: THOSE WHO GO AND THOSE WHO STAY BEHIND

V. Nelly Salgado de Snyder, DSW

Research Professor, Mexican Institute of Psychiatry, Division of Epidemiology and Social Science Research, and Coordinator, Center for Psychosocial Research on Gender, San Lorenzo Huipulco-Tlalpan, Mexico

The process of international migration has two human components, both of which are equally important: those who go and those who stay behind. Most psychosocial research on international migration focuses on the immigrants and ignores their counterparts, spouses and children who stay in the community of origin but who suffer the social and psychological impact of the migration process as intensely as the immigrant.

For those who go, the process of migration involves a relocation to an unfamiliar context. People who migrate face an environment in which habits, values, and socialization practices acquired in the country of origin no longer apply. It has been proposed that migration, especially migration across international boundaries, involves a significant number of stressful experiences (Furnham & Bochner, 1986). Such experiences have been conceptualized as culture shock (O'Berg, 1960), acculturative stress, and cultural fatigue (Berry, 1988). It has been widely documented that the stressful experiences originating from the encounter of two different cultures are likely to cause confusion and uncertainty among immigrants (Furnham & Bochner, 1977). The conflicts associated with the cultural shock may persist until the immigrant becomes familiar with the mainstream and incorporates both the culture of origin and the host culture into an integral approach to life in the new country (Cohen, 1987).

Because the literature often describes the profile of the international immigrant as a young single male, immigrant women have been ignored until recently. There is now sufficient evidence that confirms women's active role in the migration process (Moretimer & Bryce-Laporte, 1981). If women do not go themselves, they play an important role in the decision-making process of their spouse's migration and as head of the household during his absence. Women, therefore, are anything but passive in the migration process.

For those who stay behind in the country of origin, the migration of family members to another country means an increasing number of new responsibilities and obligations as well as feelings of concern about the welfare of those who go to an unfamiliar context. Overall, very little

is known about the psychological consequences of international migration on the dynamics and issues concerning the general welfare of wives and children of male immigrants. Women who stay face a different reality without the support of the husband, father, or son, as the case may be. Very few studies have focused on the changes that the family left behind must adapt to when the male head of household decides to cross the border in search of opportunities to improve his own and his family's life conditions (Chaney, 1980). The scattered evidence about what actually happens when adult men migrate for extended periods of time suggests that the family structure suffers considerable damage (Gordon, 1978, cited by Chaney, 1985). Women bear the burden of their own responsibilities as mothers and housewives in addition to their partners' responsibilities that include, among others, the financial survival of the domestic group.

MEXICO-U.S. MIGRATION

Migration from Mexico into the United States is a phenomenon that started in the 1880s with the construction of the railroad system in the United States and the imminent need for cheap labor. Later, with the "Bracero Program" in 1942, another large wave of Mexican immigrants arrived in the United States under farm worker contracts. Since then the migration of Mexicans to the United States has been a more or less stable phenomenon that depends on the fluctuation of both the U.S. and the Mexican economies (Arizpe, 1985).

Until recently, the available studies about Mexico-U.S. migration suggested that most of the immigrants to the United States were rural single men, young, undocumented, and with a low level of formal schooling. We know, however, that the sociodemographic profile of the immigrants to the United States has changed radically mostly because of the political and economic changes suffered in Mexico in the last decade. The changes in the demographic profile of the immigrant of the 90s are due to status variables such as higher education, urban or rural origin, and a higher proportion of women among the immigrants. In terms of numbers, De Oliveira (1984) suggested that during the mid-1970s and throughout the decade of the 1980s, the migration of Mexican women to the United States increased considerably.

In spite of the newer data regarding the demographic profile of Mexican immigrants, the lack of accurate information in terms of the

number of men and women who migrate to the United States constitutes an important barrier for researchers interested in the topic. Several efforts have been made that provide approximations as to the number and sociodemographics of Mexican women who migrate to the United States.

One of such efforts is the work of Carrillo and Hernandez (1988), who conducted an analysis of the characteristics of the Mexican women who migrate to the United States using data from two independent studies conducted by the *Centro de Estudios de la Frontera Norte de México* (CEFNOMEX) and the Mexico-United States Program of University of California, San Diego. They studied 433 women residing in San Antonio, Los Angeles, Chicago, and San Diego. The results indicate that most of the immigrant women in the sample came from large Mexican cities. A very small proportion of the women had a previous migration experience (within Mexico), which suggests that women who migrate internationally have not necessarily migrated before. Of the women surveyed, two thirds reported they did not have a job in Mexico prior to their migration, and in fact their first job was in the United States. The educational level of the immigrant women was higher than the Mexican national average.

The issue of constant influx of undocumented Mexican immigrants to the United States has been a pressing one for politicians in recent years, particularly because a very large proportion of those who migrate to the United States do so without the documentation required by the U.S. government. Several researchers have suggested that although a large number of Mexican immigrants in the United States are legal workers, an even larger number of Mexicans living in the United States are probably undocumented immigrants (Estrada, 1987; Gastelum, 1991; Bustamante & Martinez, 1979). Gastelum (1991) indicated that men are overrepresented among the undocumented immigrants from Mexico because of the many risks involved in crossing the border. Undocumented male immigrants do not want their wives, daughters, or sisters to be placed in a risky situation that involves psychological and physical fatigue and often may also involve verbal and physical violence, extortion, incarceration, rape, etc. Therefore, Gastelum concluded that when women go to the United States, they are usually not alone but are accompanied by male relatives and bear proper documentation. Massey, Alarcon, Durand, and Gonzalez (1991) have reported similar findings.

Most of the studies conducted on Mexico-U.S. migration seem to consistently document that the preferred places for settling, once in the

United States, are California, Texas, New Mexico, Colorado, Arizona, and Illinois. In spite of being far from the border, Illinois is an industrial state and requires a large number of workers.

According to data collected between 1978 and 1979, California, Texas, New Mexico, Arizona, and Colorado absorb 8 out of 10 immigrants. California and Texas alone absorb 75% of the immigrants from Mexico; California absorbs 43.7%, Texas 27.4%, and Illinois 7.4% (CENIET, 1980). Similar data was reported by the Mexican National Population Council (CONAPO, 1987) through a survey conducted in 1984. The CONAPO reported that 55% of Mexican immigrants settle in California, 34.2% in Texas, 7.3% in Arizona, and the rest in various other states.

Since California receives the majority of Mexican immigrants, its demographic profile has changed considerably. One half of California's total population growth from 1970 to 1983 came from immigration, with Mexicans far and away the single largest group. Some Mexicans in California come from large cities, but most come from small villages and towns in rural Mexico. Experts have externalized that this wave of rural migration is profoundly transforming the state of California at all levels—cultural, economic, social, and demographic—and that more studies are needed to understand and respond to the needs of this population (Fletcher & Taylor, 1990).

Currently, the body of research literature addressing the social, cultural, and psychological characteristics of Mexicans living in the United States continues to grow. However, these studies seldom consider the role of women in international migration.

The purpose of this chapter is to present a review of some of the psychosocial issues and dynamics related to mental health that impact the life of Mexican women who directly or indirectly are affected by the process of international migration. Much has been written about the migration experience as a determinant of higher risk of psychopathology because of the number of negative stressors associated with that experience. However, the relationship between migration and psychopathology is mediated by other factors such as status variables, characteristics of the stressors, internal and external resources, and coping responses.

Cervantes and Castro (1985) proposed a psychosocial stress model by which it is possible to understand the process by which a mental disorder develops and manifests itself, examining the antecedents, determinants, and consequences of the behavioral patterns involved.

This model has been selected to organize the information in this chapter regarding the two groups under focus, Mexican women who go and those who stay behind. The following elements of the psychosocial stress model are included in this review: (I-II) Potential stressors, their perception and appraisal; (III) External resources (social support networks); (IV) Coping responses; and (V-VI) short- and long-term outcomes. It should be noted that the Internal Resources component of the Psychosocial Stress Model will not be addressed in a separate section, as are the other components, but integrated in the description of the other components. Finally, it is important to mention that the general sociodemographic status attributes of the population under analysis in this chapter do not vary greatly; they are adult women of low socioeconomic status who were born in Mexico, follow the Catholic faith, and have little education.

WOMEN WHO GO

The presence of women in international migration has been obscured by the fact that, until recently, most of those who dealt with immigration problems took it for granted that only young men migrated. However, as mentioned earlier, the Mexico-U.S. migration pattern in terms of gender composition has changed in the last two decades (De Oliveira, 1984). Many women who migrate north go as dependents, as part of a family unit headed by a man. However, there is an increasing number of single women who cross the U.S. border alone in search of work and opportunities for improvement.

Women today are moving from their homes in ever increasing numbers to the towns and cities of their own and other countries. In the past most women, if they went at all, journeyed with their menfolk. Today many female immigrants set out alone. Sometimes they go to establish a beachhead for those who will come afterward; in other cases they are mothers who migrate with dependent children but without men, or they are single women seeking ways to earn money and improve their life conditions.

Voluntary vs. Involuntary Migration

Women migrate for reasons similar to those given by men, that is, to improve the quality of life for them and their families through earnings

in dollars. Women, however, because of the social limitations imposed by traditional gender roles, are involved in the migration process in ways that differ significantly from male migration. Women who go may do so independently (voluntary immigrants), or be forced, usually by the male head of the household (involuntary immigrants).

The voluntary immigrants tend to be more receptive to the new culture, are more willing to learn a new language, and overall have a more positive attitude toward the host country. The involuntary immigrants, on the other hand, are women who were not given the choice to go or to stay, but who had to obey an order imposed by the male authority. These women usually resent having been forced to migrate to an unfamiliar country and wish to return to their original communities. This group suffers the negative consequences of migration and acculturation in a higher degree than their voluntary counterparts (Salgado de Snyder, 1986).

In a study of 140 voluntary and involuntary Mexican immigrant women living in Los Angeles, Salgado de Snyder (1986) found that involuntary immigrants were more likely to have high scores in depressive symptomatology and feel unhappy with the decision to migrate. On the other hand, voluntary immigrants, women who took an active part in the migration process, had higher self-esteem and lower depression scores. Both groups of women reported they were generally satisfied with their life in the United States because of the opportunities to improve their education and occupation, and as a consequence, their financial status. Also important were the comforts offered by the American lifestyle (like household conveniences) that are not easily available to everyone in Mexico, such as frozen foods, dishwashers, washers, dryers, and other domestic appliances that help them considerably in carrying out their responsibilities as housewives, mothers, and working women. Another important consideration was the economic crisis in Mexico, which made life in that country extremely difficult. Overall, the women tended to see more advantages in migrating (opportunities for self-improvement) than disadvantages (missing family and friends, fearing deportation, etc.).

Potential Stressors: Their Perception and Evaluation

Immigration in and of itself is considered a very stressful experience in the lives of people. Several authors have suggested that the immigration experience can produce stressors along the continuum of

transitional stages that the individual faces (Cervantes & Castro, 1985; Cohen, 1987). For instance, Salgado de Snyder (1986, 1987) reported that the women in her study expressed nostalgia and concern about the country and people left behind. Lein (1982) similarly reported the overwhelming nostalgia and sadness expressed by immigrants, especially those who had recently arrived and those who wanted to return to their country of origin.

The potential stressors encountered by Mexican immigrants are the result of the various demands for behavioral and attitudinal changes involved in the process of acculturation. The combination and chronicity of the social conditions surrounding the lives of Mexican immigrants (overcrowding, unemployment, discrimination, undocumented status, lack of health services, etc.) represent an important risk factor for the development of psychological disorders. Although many immigrants are motivated to adapt to their new environment, they may, especially at the outset, meet conditions that Seligman (1975) refers to as producing reactions of learned helplessness. The main condition he mentions is the absence of a clear connection between tried behavior and expected results. This principle can be applied to new immigrants when learning new interaction habits, role requirements, and institutional arrangements.

Women who migrate are exposed to numerous potentially stressful situations. These have been explored in several studies aimed at identifying such stressors. This literature has been of considerable help for the understanding of the psychosocial dynamics in the lives of Mexican immigrant women.

Perhaps the very first article published about the impact of migration as a major source of stress in the lives of Mexican women was the work of Melville (1978). This qualitative study, in spite of its methodological limitations, provides important information about the situations encountered by Mexican women. Melville's study was conducted in Houston, Texas, with a sample of 46 documented and undocumented immigrant women from Mexico. Melville reported that all women interviewed encountered serious problems in their immigration process. One of the sources of stress reported was loneliness caused mainly by the separation from the extended family, friends, and culturally meaningful surroundings. Loneliness was reported as most intense among those women who did not live near relatives or friends and those who had to remain at home all day to take care of their children. Feelings of helplessness were also reported by the women who did not

speak English and could not communicate with others or understand such things as food labels. They also reported a sense of dependency on husbands, friends, and relatives due to limitations in language and unfamiliarity with the geographical area.

Melville reported that health concerns were the most stressful situations for immigrant women, especially medical emergencies or giving birth. In these situations women experienced frustration and anxiety by not being able to communicate with the doctors and nurses. Other sources of stress included fear of deportation among those who were undocumented and changes in their interpretation of the rights and duties associated with gender roles. Most felt that because of their lack of knowledge of the English language, they were less able to fulfill traditional female duties such as doing the laundry; shopping for and preparing food economically; and locating fresh, traditional ingredients. Among the employed women there was a feeling of inadequacy and friction with their husbands because at times the women earned more than their spouses. Overall, most women in Melville's study wished to remain in the United States. Melville further suggested that permanence could be predicted by job availability and well-being of the children. Moreover, permanent residence was desired, particularly by those who migrated as a family. Melville's study represents an important contribution to the study of Hispanic women and, although far from conclusive, it opened new doors in the investigation of psychological characteristics and their relationship to the mental health status of Mexican immigrant women.

Salgado de Snyder's study (1986, 1987), aimed at identifying some of the stressful situations Mexican women have to face when they migrate to the United States, reported findings similar to those reported by Melville. The women interviewed experience family-related stressors such as concern for the welfare of family and friends left in Mexico. They also feared for the welfare of their own children for two major reasons: their perception that U.S. culture grants too much freedom to youngsters, and not having access to a social support network that could help with child care as in their country of origin. These women also reported high levels of stress associated with situations related to their adaptation to the American lifestyle. Some of the stressful situations were not being able to communicate at all in English or speaking English with an accent. Having trouble understanding American values and culture, fear of doing something wrong when socializing with Americans, feeling discrimination because of their

ethnicity, and not being able to perform the duties expected of a "good Mexican wife" were also reported as stressful situations. The situation with the highest stress rating among this group of women was not having sufficient money to pay their debts.

The development of culturally relevant instruments for the assessment of psychosocial stressors such as the Hispanic Stress Inventory (HSI; Cervantes, Padilla, & Salgado de Snyder, 1990, 1991a) have been of great importance for understanding the psychosocial context of the lives of immigrants and later generation Hispanics. The HSI was developed using a methodology that relied extensively on the responses of community members, therefore capturing the most relevant psychosocial stressors experienced by immigrants and nonimmigrant Hispanics.

In a study conducted with immigrants using the Hispanic Stress Inventory (HSI), Salgado de Snyder, Cervantes, & Padilla (1990) reported that female immigrants were significantly more concerned than their male counterparts with the issues addressed in the HSI subscale of Cultural/Family Conflict. Three specific situations were evaluated with significantly higher stress scores by females than males: "Some members in my family have become very individualistic"; "I've had serious arguments with family members"; and "I've felt that being too close to my family interferes with my own goals." These three items reflect the impact of acculturation on the immigrant who on one hand seems to negatively evaluate the family members who seek personal goals, and on the other hand perceives family ties as barriers to self-development. It is possible that during the course of early migration, females experience more stress-related family situations and evaluate these experiences as more negative than the male immigrants. The shift from the social system in Mexico, which emphasizes very structured and limited gender roles, to one that sanctions freedom, together with the self-imposed goal to succeed financially in the new country, may affect the person's self-identity and further become a potential source of personal and familial conflict (Vazquez-Nuthall, Romero-García, & de León, 1987).

External Resources: Social Support Networks

Social support and social networks have generated much discussion and a diversity of definitions that have evolved over the years. All approaches, however, have a common focus on the helping properties

and processes of the social-relational system in which individuals are located. Support networks are presumed to provide resources to deal successfully with stress and its psychological consequences.

It has been proposed that when migration takes place for the first time, a social infrastructure is developed that allows the initial move to become a massive and permanent phenomenon. With time, the social networks between the "sending" and "receiving" communities grow slowly but steadily and become a source of social, economic, and moral support for those involved in international migration (Mines, 1981, 1984).

The social networks of Mexican immigrants have been studied extensively (for example, Chavez, 1988; Vega & Kolody, 1985; Vega, Kolody, Valle, & Weir, 1991). The general findings of these studies suggest that adaptation to the new country seems highly dependent on the development of a social support system in the host country. The work of Vega and associates has been of special relevance in understanding the characteristics and functions of the social network of immigrant women from Mexico. These researchers suggest that among immigrant females, the lack of adequate interpersonal coping resources such as social support may be reflected in high levels of depressive symptomatology, this problem being more prevalent among those who are socially and structurally marginal (Vega, Warheit, & Meinhardt, 1984). Vega and Kolody (1985) concluded in another report that Mexican immigrants, when compared with U.S.-born Mexican Americans and Anglos, reported the least available support from friends and relatives combined and were less satisfied with it. They also proposed the notion that availability, actual use, and satisfaction are all different components of social support. Their data challenge the belief that all social support acts as a buffer against stress and that dense networks protect people from psychopathology. Vega, Kolody, and Valle (1986) have also studied the role of confidant support as mediator of depressive symptoms among immigrant Mexican women and concluded that having a confidant available with whom to share life experiences is of great importance among low-income Mexican immigrant women. Confidant support was found to be significantly correlated with general well-being in this population; therefore, confidant support is perhaps the most important mediator for facilitating the attainment of adaptation and overall well-being among immigrant groups.

In a more recent publication, Vega, Kolody, Valle, & Weir (1991)

described the characteristics of the social support networks of immigrant Mexican women. Among their relevant findings are that contact with the family of origin is the most important source of emotional support, and that the ability of family and friends to provide support varies greatly. The most relevant implication of their findings is that early access to family support is the key factor in optimizing successful personal adaptation after immigration.

Coping Responses

Coping refers to a behavioral or psychological response aimed at reducing the negative effects of stressors (Flemming, Baum, & Singer, 1984). The importance of coping responses in the study of the process of migration is of extreme relevance; however, very little information is available on specific coping responses of immigrants in general. Some of the coping-related studies with people of Mexican origin have examined nongeneralizable samples such as college students and pregnant women (Mendoza, 1981; Perez, 1983). More recent studies with immigrants follow the suggestion of Cervantes and Castro (1985) who emphasized the need to identify specific coping responses for specific stressors. Among these studies are the work of Padilla, Cervantes, Maldonado, and Garcia (1988) and Salgado de Snyder (1986). In their qualitative study, Padilla et al. (1988) identified specific coping responses for specific situations such as not speaking English, not having a job, not having sufficient money to cover basic necessities, and general worries over family issues. Most coping responses given by the immigrants included well-planned actions for overcoming a particular barrier, but when specifically asked what they had done to deal with a personally stressful event, respondents had not followed their own advice.

In her study of immigrant women, Salgado de Snyder (1986) also solicited stress-specific coping responses. Her findings showed that most stressors were dealt with by direct-action responses aimed at the solution of the problem. For instance, economic/financial stressors were dealt with by actions such as borrowing money or working overtime. Marital/family stressors were confronted by communicating with their spouses or seeking advice from others. Cultural conflict stressors were faced also with strategies, such as taking English classes and carrying a dictionary, to overcome the language problem, or maintaining close contact with

their cultural group through correspondence with family and friends in Mexico.

Espin (1987) also discussed specific coping strategies of immigrant women when dealing with issues of gender roles, acculturation, language, loss, and grief associated with the migration experience. In her article she emphasized the strategies to follow when providing psychotherapy to Latina immigrant women.

Cohen (1985) elaborated on the concept of control as a central mechanism for the regulation of behavior and management of stress among Latino immigrants. "*Controlarse*" (controlling oneself) involves several emotional states such as "*resignarse*" (resigning oneself to accept a stressful event), "*no pensar*" (refers to the avoidance of confrontation with the stressor), and "*sobreponerse*" (the effort to overcome a stressful situation by confronting the problem directly). Finally, it should be noted that although Espin and Cohen's papers do not deal directly with Mexican immigrant women but with a wider population of Latino immigrants, their work was included in this review because of the scarcity of information on coping responses among immigrants in general.

Short- and Long-Term Mental Health Outcomes

The lack of data about incidence and prevalence of mental health problems among immigrants from Mexico has been widely documented (e.g., Roberts, 1987). We know little about immigrants' rates of psychiatric disorders such as depression, schizophrenia, anxiety disorders, and drug and alcohol abuse. However, several cross-sectional studies are aimed at calculating the prevalence of some of these disorders—especially depressive symptomatology—as they relate to the stressors associated with the immigration experience. Among immigrant women from Mexico, depressive symptomatology has been assessed mostly by using the Center for Epidemiological Studies Depression Scale (CES-D) (Radloff, 1977).

Pearlin, Meneghan, Lieberman, and Mullan (1981) have suggested that among the global indicators of stress, depression is the most appropriate to study, especially when other sociodemographic antecedents are being simultaneously manipulated. Pearlin et al. (1981) indicate that the study of depression is important because it "provides a clear reflecting surface for detecting problematic aspects of social and eco-

nomic organizations, for observing tenacious and unwanted experiences, and for appreciating the pivotal importance of self-concept. Perhaps more than the global psychological status, it offers the researchers a chance to identify and observe crucial elements of social life, emotional life, and of their interconnection" (p. 342).

For instance, Vega, Kolody, Valle, and Hough (1986) conducted an extensive study on immigrant women from Mexico residing in San Diego County and found very high rates of depressive symptomatology (mean = 15.71) and prevalence of cases among the population studied (41.53%). Immigrant women who were single heads of household were more likely to be in a vulnerable position for caseness. Also, women with 5 or fewer years of living in the United States had higher depressive symptomatology.

Warheit, Vega, Auth, and Meinhardt (1985) reported similar findings with immigrant women from Santa Clara County. Their findings indicate a consistent relationship between immigration and increased depressive symptomatology and psychosocial dysfunction scores. More recently, Vega, Kolody, Valle, and Weir (1991) reported that family support and family income were the best predictors of low depression scores for immigrant Mexican women.

Salgado de Snyder (1986) also found elevated CES-D scores among Mexican immigrant women (grand mean = 14.5). However, it was noted that high levels of depressive symptomatology were related to whether the immigrant women maintained a sense of control over the final decision to migrate. The CES-D scores of the involuntary immigrant group were significantly higher than those of the women who migrate voluntarily. Furthermore, the majority of the involuntary immigrants reached or exceeded the CES-D customary cut-off point of 16 points or more that indicates "caseness," and one fourth of the respondents reached scores of 24 or more.

The use of alcohol among Mexican immigrants has also been studied either as outcome or as a coping response associated with their immigration experience and related stressors. Before addressing the use of alcohol among Mexican immigrant women, it is important to emphasize that many immigrants from Mexico come to the United States as adults with drinking habits already shaped by the personal and social norms of their native country. And also, once settled in the United States, most immigrants maintain close ties with Mexico and Mexicans, which reinforces the retention of cultural norms and patterns associated with alcohol consumption. Therefore, it is very difficult to assess

the strength of the influence of Mexican culture on drinking practices. Changes in alcohol consumption practices have been related to the circumstances surrounding immigration (legal or illegal), the entering group's economic opportunities, and changes in beliefs concerning the beneficial or negative aspects of alcohol consumption.

Most studies with Mexican immigrant women report that this group is characterized by abstinence or very light drinking (Caetano, 1985; Gilbert & Cervantes, 1985; Holk, Warren, Smith, & Rochat, 1984; Gilbert, 1987; Cervantes, Gilbert, Salgado de Snyder, & Padilla, 1991b). This pattern among Mexican immigrant women in the U.S. is very similar to the one of Mexican women in Mexico. Caetano and Medina-Mora (1986) report that while men begin drinking more heavily within the first 5 years following migration, immigrant women maintain their pattern of abstinence and low drinking no matter how long they have been in the United States. This gender difference never disappears but begins to narrow again in the second generation and continues to do so in succeeding generations. Vega (1992) suggested that immigrant women are more likely to consume alcohol in middle age, regardless of their generation or acculturation level, if their spouses drink. He further proposed that alcohol consumption among married immigrant women may be linked to depressive symptomatology and somatic disorders; this contention has not been empirically confirmed, however.

Cervantes et al. (1991) found there was no correlation between depression and drinking levels among females; depression was not predictive of drinking levels in females as in males. Depression was found positively associated with the benefits expected from alcohol use, however.

WOMEN WHO STAY BEHIND

The Mexican women who do not migrate to the United States with their spouses, whether by choice or obligation, have the double burden of carrying their own responsibilities as housewives and mothers and taking on whatever other tasks are necessary to keep the household going. These women are left in control of their resources, and one of their major duties is to maintain the family unit until such time as their spouses return. Women left behind—especially in the rural areas of Mexico—are expected to absorb the shock of their men's departure, keep and work the land, manage the household, take care of the

children, and survive with economic remittances that may not be regular and that sometimes cease altogether.

The characteristics of Mexican rural "sending" communities summarized here have been described extensively in several studies (e.g., Fonseca & Moreno, 1984; Fernandez, 1988; Trigueros & Rodriguez, 1988). These communities are patriarchal. Most men follow the tradition of having very large families; they feel that parenthood is proof of their masculinity, strength, authority, and transcendency. The male head of household is the only person in charge of providing the money necessary for the survival of the family unit. Men work very hard in agriculture, teach their sons the tradition of working the fields, and migrate to the United States when the opportunity arises. Women, on the other hand, are considered inferior and subject to the authority of their male counterparts. They are expected to be obedient, dependent, passive, and self-sacrificing to the point of accepting physical abuse. Generally speaking, men in these communities are opposed to equality for women, which is one of the reasons men migrate and women stay in Mexico (Trigueros & Rodriguez, 1988). It should be noted that in these communities, women as well as men encourage traditional gender roles by perpetuating them through teachings and socialization practices that are passed on from parents to children for many generations.

When young couples in these communities decide to marry, they usually live in separate quarters in the home of the husband's parents. When the man decides to migrate, he does so knowing that his wife and children are under the care and authority of his parents. Within the family, the role of the woman left behind is very important, as her activity is what allows the family to stay together and survive while her husband is in the United States. Regardless whether her spouse sends money or not, the woman has to solve the economic problems involved in taking care of their children and household, agricultural fields, animals, etc. Often, the woman ends up sending money to her husband in the United states until he finds a job or until such time as he decides it is time to return home (Trigueros & Rodriguez, 1988).

We were unable to locate any studies conducted in these Mexican sending communities that explored the dynamics involved in the psychosocial functioning of women left behind. However, we were able to locate a number of very interesting studies dealing with the social, economic, cultural, and demographic changes in those communities (e.g., Fonseca & Moreno, 1987; Lopez-Castro & Pardo-Galvan, 1988; Trigueros & Rodriguez, 1989; Rousse, 1990; Gonzalez de la Rocha, 1989; Mines, 1981; Lopez-Castro, 1989). Some of these reports offer ethnographic information describing family arrangements before, during, and after migration.

The lack of information on the psychological and social dynamics led us to conduct a study of the psychosocial functioning of wives left behind in rural communities in Mexico. The data presented in the following sections were mostly derived from a project conducted with 202 wives of immigrants in nine rural and semirural communities identified by previous researchers as "sending" communities in the Mexican states of Jalisco and Michoacan (Salgado de Snyder, 1991).

Reasons given for the migration of the head of the household were varied, but all reflected the motivation for improvement in life conditions and in the economic situation of the family. Most women interviewed felt that the migration of their husbands was a good decision, but the women themselves had no desire to move to the United States with their husbands. Most husbands resided in California and Texas and worked as farmers. They visited their family in Mexico an average of twice a year for periods of approximately 2 weeks.

Potential Stressors: Their Perception and Evaluation

Gonzalez de la Rocha (1989) proposed that in communities (rural or urban) where male migration is the norm, an interesting phenomenon is observed as a consequence of the prolonged absences of the men: the delegation of power by the men who go to the women who stay behind, with the purpose of allowing the continuity of the domestic unit. She further suggested that this delegation of power has become an important part of the women's resources and part of the local culture in sending communities. This "feminine empowerment", as Gonzalez de la Rocha calls it, takes place through the complete immersion of women in the economic activities of the family and the complete control of their resources, family, and household. It is important to clarify that the feminine empowerment is by cession of power from the man to the woman and not by the women's independent struggle to get it.

A somewhat opposite perspective to the one suggested by Gonzalez de la Rocha is the one of the "empowered" women left behind who in general resent being left in charge. The migration of the head of household and its consequences are stressful experiences that have a negative impact on the mental health of the women left behind. For instance, the women interviewed by Salgado de Snyder (Salgado de

Snyder & Maldonado, in press a; Salgado de Snyder, 1993) reported that the migration of their husbands was accompanied by unwanted multiple changes in their lifestyle and family dynamics. To assess the cognitive evaluation of specific stressors, an instrument was designed following the methodology used in the development of the HSI (Cervantes, Padilla, & Salgado de Snyder, 1990, 1991). The Stress Inventory for Immigrant Families (INEFAM) has a total of 20 items describing potential stressful situations that are assigned scores ranging from "not stressful at all" to "very stressful."

The potential stressors evaluated with higher scores were those related to the women's feelings of commitment to increased obligations and responsibilities that they were forced to assume as a direct consequence of their husbands' migration to the United States. The wives left behind resented that they had to face and find solutions for problems related to their children, the extended family, household maintenance, economics, agriculture, etc. by themselves. Many of the tasks imposed on them were considered almost impossible to perform correctly because they had no previous experience doing so. Such is the case with the management of household finances, farming, and care of animals.

Feelings of isolation, loneliness, and lack of support from the absent husband were also identified as highly stressful by most respondents. For many the idea of being left alone was still unbearable and unacceptable. In spite of reporting satisfactory marital happiness, the women left behind assigned high stress scores to situations that reflect the geographical, cultural, and emotional distance from their spouses. For instance, they were concerned their husbands would forget their customs and traditions. They also expressed fear of being abandoned by their spouses and fear that their spouses might start new families in the United States.

The perception of changes associated with family disintegration was also reported as stressful, such as lack of mutual help, increase in the number of problems with their children, and inability to control the increased verbal and even physical violence among their offspring.

Also, a large proportion of the women interviewed reported high stress associated with their husbands' general welfare, such as their husbands not having sufficient money to eat or to visit a physician in case of illness. They were also concerned about their husbands' housing arrangements, such as not knowing who their men lived with. Associated with this issue was their concern about "bad influences" from friends in the United States and fear of their husbands' use of alcohol or drugs.

External Resources: Social Support Networks

Salgado de Snyder and Maldonado reported that the social support network of women left behind was formed principally by their children, members of the extended family, and very close female friends. Only a very small number of women reported fictitious kin (for example, *comadres* or *compadres*), neighbors, priests, or teachers as members of their support network. The density of their network was formed by an average of six people. Very few women reported not having any social support network.

Financial and emotional were the two types of support most important to these women. Emotional support was received from almost everyone in their network, but it was perceived as significantly more effective when the source of support was their children. Children also provided economic support that was also perceived as very effective. The economic support provided by the migrant husband was considered significantly more effective than that provided from other sources. In fact, emotional support from children and economic support from the husband were both found to be associated with lower scores in stress and depressive symptomatology.

Coping Responses

The work of Salgado de Snyder and Maldonado (1992) is the only published report on coping responses of Mexican rural women married to immigrants. Women were asked their specific coping responses when dealing with specific problem areas such as conflict with self, spouse, children, extended family, friends, and financial difficulties. The coping responses of the women interviewed ranged from total passivity to engaging in physical violence, depending on the source of stress.

Personal problems such as feeling lonely and isolated were responded to with avoidance and internalization of emotions such as "not thinking about it" or crying and enduring suffering. Problems with their offspring were dealt with in a direct way, mostly by using physical punishment and trying to establish verbal communication. Conflict with their spouses was in most cases faced directly through verbal communi-

cation and externalization of emotions, not necessarily aimed at the solution of the specific problem, through behaviors such as refusing to do things for him like cooking, washing and ironing his clothes, etc. The conflicts arising with the extended family were mostly dealt with using avoidance, negation, and externalization of emotion such as doing nothing about it, denying the existence of problems, or engaging in a verbal or physical fight with the other party. Finally, economic conflicts were solved through direct action such as borrowing money, working overtime, limiting their expenses, etc.

Women who used coping strategies aimed at the direct solution of the problem had lower anxiety and depressive symptomatology scores and higher levels of self-esteem than the women who faced troubles by externalizing their emotion (getting angry, fighting, etc.). It should be noted, however, that the women who responded to conflict using mostly passive responses (such as negation, avoidance, or internalized emotion) did not differ significantly from the active problem solvers in terms of the mental health indicators explored.

The results may be explained by the fact that the women interviewed were from rural communities where the role of women is extremely traditional. In these communities, characteristics such as passivity, submission, self-denial, and suffering are not only expected from women but positively acknowledged and praised by the local society. Melgoza-Enriquez and Diaz-Guerrero (1993) proposed that Mexicans in general have a very enduring quality that the authors call "emotional fiber," by which they mean the potential to put up with and to resist the negative impact of life crises. From this perspective, it can be argued that the high scores in depressive symptomatology and anxiety as well as the passivity in their responses could be considered elements of internal strength of an ethnocultural nature.

Mental Health Outcomes

Depressive symptomatology was the outcome variable assessed among women left behind by Salgado de Snyder and Maldonado. Among the women interviewed the scores in the CES-D were high, with a mean group score of 23.2. Depressive symptomatology scores were found significantly negatively correlated with self-esteem. Furthermore, self-esteem was the single variable with the highest predictive power for depressive symptomatology. The depression symptoms reported more frequently were emotional states characterized by negative affect such

as feeling depressed, sad, and lonely. They also expressed inability to experience positive affect, such as not feeling optimistic, not enjoying life, and not feeling happy. It has been documented that clinical depression episodes are characterized by a lack of positive affect and the presence of negative affect. However, in this group of women, the possibility of most of them suffering clinical depression is excluded, since all women were productive members of their communities and functioned adequately and accordingly to the expected gender roles. The findings of the study, thus, must be interpreted within the socio-cultural context surrounding the lives of these women. Such high depressive symptomatology scores and lack of positive affect may be a reflection of the women's ability to perform and feel according to the social expectations (suffering, enduring, crying, etc.) in their communities. This interpretation does not mean that the women of the study do not suffer from psychological conflicts, but that their expression of depressive symptomatology is different. A detailed account of the results with the CES-D can be found elsewhere (Salgado de Snyder & Maldonado, in press b).

CONCLUSION

This chapter reviewed some aspects of the mental health literature on Mexican women involved—directly or indirectly—in international migration. Despite the fact that the body of literature on immigrant women has increased considerably in the last decade, our knowledge of this population's mental health is still limited. Hopefully, the research reported in this chapter will facilitate a greater understanding of the mental health dynamics of those Mexican women affected by international migration and will serve as a catalyst for the identification of relevant problems and areas for further research in this field.

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AUTHOR NOTES

Correspondence concerning this chapter should be addressed to: V. Nelly Salgado de Snyder, Mexican Institute of Psychiatry, Calzada Mexico-Xochimilco 101, San Lorenzo Huipulco-Tlalpan, Mexico, D.F.; Telephone (011525) 655-28-11; FAX (011525) 655-04-11.

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MCN Family Violence Research Network

Rachel Rodriguez, PhD, RN

Telephone (210) 308-8677
Fax (210) 308-8677

7667 Callaghan Rd. #502
San Antonio, Texas 78229 USA

April 18, 1996

Dear

I want to take this opportunity to once again thank you for you commitment to the Migrant Clinicians Network Practice-Based Research Network.

Please continue to gather data as before using the enclosed assessment form and consent forms. Note the addition in the upper right hand corner of the evaluation form which will enable us to track the types of visits. Please check the box that most appropriately describes the purpose of the visit. The boxes are defined as follows:

1. Primary Care Visit - Adult woman seen for acute, minor health problem.
2. OB/GYN Visit - Adult woman seen for routine care related to female issues (i.e., pregnancy, pap smear, breast exam, etc.
3. WIC Visit - Routine application for new or ongoing WIC benefits.
4. Outreach Visit - Routine visit completed by an outreach worker, on or off the clinic site.

Please remember to use the consent form with each assessment form.
If you have any questions regarding the forms or data gathering, do not hesitate to contact Dr. Rachel Rodriguez @ 1-800-306-3697.

Maryraye Rose, MSN
Graduate Student, Research Assistant

We are inviting you to a four hour intensive session on the Practice-Based Research Network at the Migrant Health Conference in Nashville, Tennessee to be held on May 3, 1996 from 8am until noon.

We will be discussing the results to the data collection to now and making plans for the future.

Post card addendum mailing:

We're elated!

The Sidney Lee Research Award will be presented May 3, 1996 at the opening session to all participants in the Practice-Based research network!

INFORMATION SHEET
FARMWORKER WOMEN AND DOMESTIC VIOLENCE:
DEVELOPING A PRACTICE BASED RESEARCH NETWORK

University of Texas Health Science Center at San Antonio

Study sites: Finger Lakes Migrant Health Care Project; Rushville, New York
Tri County Community Health Center; Newton Grove, North Carolina
Rural Opportunities, Inc.; Chambersburg, Pennsylvania
Northwest Michigan Health Services, Inc.; Traverse City, Michigan
Sparta Health Center; Sparta, Michigan
Proteus Employment Opportunities, Inc.; Des Moine, Iowa
Plan de Salud del Valle, Inc.; Ft. Lupton, Colorado
Yakima Valley Farm Workers Clinic; Yakima, Washington
Family Health/La Clinica, Wild Rose, Wisconsin

We are asking you to take part in a research study of domestic violence. We want to learn about how often domestic violence occurs and how severe it is for farmworker women. We are asking you to take part in this study because you are a farmworker woman and we are asking all farmworker women who come to the clinic for the next 2-3 months. If you decide to take part, you will be asked to answer questions on a form related to domestic violence for the purpose of describing how often domestic violence occurs in farmworker women. Your name will not be used on the form and the clinic staff will not reveal any of the information you tell them unless you request it. The interview should not take any longer than 30 minutes. You will only be asked to answer these questions one time. Even though there are only a few questions, some women may take longer to answer the questions if they are being abused. Answering questions about domestic violence may make you feel uncomfortable or upset. If you are being abused, your taking part in the study may put you at risk for more abuse. If you feel you are at risk for abuse at any time during this study, you can tell the preson who interviewed you and you will be referred to services, like a shelter for battered women or a counselor, in the community that should be able to help you.

There are no benefits to you personally for participating in this study. The research is not related to your medical care at the clinic. Everything we learn about you in the study will be confidential. If we publish the results of the study in a scientific journal or book, we will not identify you in any way. Your decision to take part in the study is voluntary. You are free to choose not to take part in the study or to stop taking part at any time. If you choose not to take part or to stop at any time, it will not affect your future medical care at the clinic.

The principal investigator is Dr. Rachel Rodriguez who is an Assistant Professor at the University of Texas Health Science Center School of Nursing at San Antonio. If you have questions now, feel free to ask us. If you have additional questions, Dr. Rachel Rodriguez can be reached at (210) 567-5846 (you may call collect) or you can talk to the person who interviewed you. The University of Texas Health Science Center committee that reviews research on human subjects (Institutional Review Board) will answer any questions about your rights as a research subject (210) 567-2351. This form is yours to keep.

LISTA DE INFORMACION
FARMWORKER WOMEN AND DOMESTIC VIOLENCE: DEVELOPING A PRACTICE BASED RESEARCH NETWORK

University of Texas Health Science Center at San Antonio

Study sites: Finger Lakes Migrant Health Center Project; Rushville, New York
Tri County Community Health Center; Newton Grove, North Carolina
Rural Opportunities, Inc.; Chambersburg, Pennsylvania
Northwest Michigan Health Services, Inc.; Traverse City, Michigan
Sparta Health Center; Sparta, Michigan
Proteus Employment Opportunities, Inc.; Des Moine, Iowa
Plan de Salud del Valle, Inc.; Ft. Lupton, Colorado
Yakima Valley Farm Workers Clinic; Yakima, Washington
Family Health/La Clinica; Wild Rose, Wisconsin

Estamos pidiendo a mujeres migrantes que participen en una investigacion designada para describir el problema de violencia domestica. El proposito de esta investigacion es identificar la frequencia de violencia domestica y lo serio de esta violencia para mujeres migrantes. Estamos invitando su participacion porque usted es una mujer migrante y estamos haciendo esta investigacion con todas las mujeres migrantes que vienen a la clinica por los proximos 2 o 3 meses. Si usted esta de acuerdo participar en esta investigacion, Ud. necesita contestar las preguntas escritas que tocan la violencia domestica con el proposito de describir la frequencia con que ocurre la violencia domestica entre familias migrantes. Su nombre no sera revelada a nadie. Ud. no sera personalmente identificada de niguna manera por participar en esta investigacion. Los empleos de la clinica no revelaran esta informacion a nadie sin que Ud. lo pide. Esta entrevista no debe de durar mas de 30 minutos. No mas necesita contestar estas preguntas una vez. Aunque sean pocas preguntas, la entrevista puede durar mas de 30 minutos si una mujer ha sido maltratada. Contestar es posible que Ud. va a sentirse incomoda o molesta. Si Ud. es una mujer maltratada, es posible que contestar estas preguntas va a ponerla en mas riesgo. Si Ud. se siente que esta en riesgo de violencia domestica, le puede decirle a la entrevistadora y ella puede darle informes sobre servicios para mujeres maltratadas como un refugio o una consejera en la comunidad que le podra ayudar.

No hay beneficios personales que van a venir a Ud. por medio de su participacion en esta investigacion. Esta investigacion no tiene ningun relacion a su tratamiento medico en esta clinica. Todo lo que aprendemos de esta investigacion sera confidencial. La informacion obtenida en esta investigacion sera publicada en revistas profesionales pero su nombre no sera revelada. Su decision de participar en esta investigacion es voluntaria. Ud. puede escojer a no participar o discontinuar su participacion en cualquier tiempo y no pedera beneficios en la clinica en el futuro.

La investigadora principal es la Dr. Raquel Rodriguez. La doctora Rodriguez es profesora en la Universidad de Tejas Centro de Ciencas de Salud, Escuela de Enfermeria en San Antonio. Si Ud. tiene preguntas, por favor diganos. Si tiene preguntas adicionales despues de la entrevista, puede llamar (por cobrar) a la doctora al (210) 567-5846 o puede hablar con la entrevistadora. El comite de la Universidad de Tejas Centro de Ciencas de Salud que revisa investigaciones puede contestar preguntas tocante a sus derechos como participante en investigacions cientificas. Esta forma es para Ud.

Tipo de visita
1-( ) Visita Primaria
2-( ) Visita Obstetrica
3-( ) Visita W.I.C.
4-( ) Visita Outreach

MIGRANT CLINICIANS NETWORK
Evalución Sobre Abuso Físico

Fecha de Nacimento: ___________ Lugar: ___________
Estado Civil: S___ M___ D___ W___ Sep___ Migratioro o temporal: _______
Union Libre: _______ Embarazada: Sí ____ No ____
Origen Etnico: _____________ Número de meses del embarazo:

1. ¿Usa su esposo/novio/compañero user alcohol o drogas? Sí______ No ______
   Si la respuesta es que sí, su esposo/novio/companero la maltrata cuanda el está borracho o drogado? Sí ______ No ______

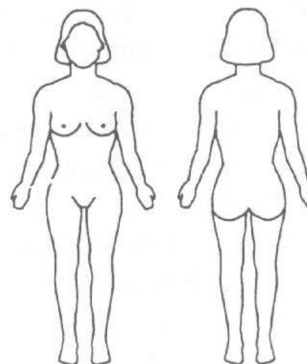
2. ¿Durante el último año, ha sido Ud. maltratada fisicamente (golpes, patadas, bofetada) por otra persona? Sí______ No_______

   Si la respuesta es sí, el que la maltrata es:
   ESPOSO_______ NOVIO _____ COMPAÑERO _____ EX-ESPOSO ______ PARIENTE _____
   ESTRAÑO______ OTROS______

   Numero total de ocasiones: ________ Cuando fue la última vez que Ud. fue maltratada? ________

   Marque en las muñecas el área golpeada. Apunte cada incidente segun la siguiente escala:

   1=amenazas, incluyendo amenazas con armas
   2=bofetadas, empujones, heridas or lesiones sin dolor prolongada, estiron de pelo
   3=puñetazos, patadas, heridas or lesiones con dolor prolongado, intentos de ahorcarla
   4=golpes, heridas severas, quemaduras, huesos quebrados
   5=heridas en la cabeza, heridas internas, daños permanentes
   6=heridas con el uso de armas



3. ¿Ha sido Ud. forzada a tener relaciones sexuales durante el último año?
   Sí______ No______
   Si su respuesta es sí, quien la obligo?
   ESPOSO________ NOVIO_______ COMPAÑERO_______ EX-ESPOSO _______
   PARIENTE_______ ESTRAÑO______ OTRO________

   Numero total de ocasiones: ___________ Cuando fue al última vez que Ud. fue forzada?

4. ¿Tiene Ud. miedo a su esposo, novio, compañero, ex-esposo, pariente, o otra persona mencionada anteriormente?
   Sí _______ No _______

Este questionario fué elaborado por la Dra. Judith McFarlane, College of Nursing, Texas Women's University, Houston, Texas. El questionario fué adaptado por el Migrant Clinicians Network para uso en un centro de salud migrante. Uso y reproduccion de este questionario es permitido. Para mas information, comuniquese con MCN en 5524 Bee Caves Rd., Bldg. I, Ste. 1, Austin, TX 78746, (512) 327-2017.

Tipo de visita
1-( ) Visita Primaria
2-( ) Visita Obstetrica
3-( ) Visita W.I.C.
4-( ) Visita Outreach

MIGRANT CLINICIANS NETWORK
Evalución Sobre Abuso Físico

Fecha de Nacimento: ________ Lugar: ________
Estado Civil: S___ M___ D___ W___ Sep___ Migratioro o temporal: ________
Union Libre: ________ Embarazada: Sí ___ No ___
Origen Etnico: ________ Número de meses del embarazo:

1. ¿Usa su esposo/novio/compañero user alcohol o drogas? Sí_____ No _____
Si la respuesta es que sí, su esposo/novio/companero la maltrata cuanda el está borracho o drogado? Sí _____ No _____

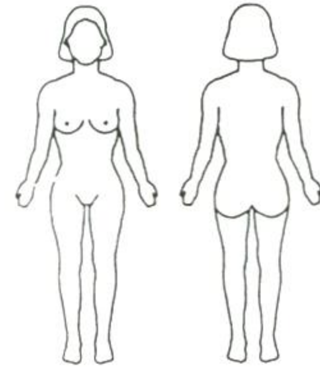
¿Durante el último año, ha sido Ud. maltratada fisicamente (golpes, patadas, bofetada) por otra persona? Sí _____ No _____

Si la respuesta es sí, el que la maltrata es:
ESPOSO_____ NOVIO ____ COMPAÑERO ____ EX-ESPOSO _____ PARIENTE _____
ESTRAÑO_____ OTROS_____

Numero total de ocasiones: _____ Cuando fue la última vez que Ud. fue maltratada? _____

Marque en las muñecas el área golpeada. Apunte cada incidente segun la siguiente escala:

1=amenazas, incluyendo amenazas con armas
2=bofetadas, empujones, heridas or lesiones sin dolor prolongada, estiron de pelo
3=puñetazos, patadas, heridas or lesiones con dolor prolongado, intentos de ahorcarla
4=golpes, heridas severas, quemaduras, huesos quebrados
5=heridas en la cabeza, heridas internas, daños permanentes
6=heridas con el uso de armas



3. ¿Ha sido Ud. forzada a tener relaciones sexuales durante el último año?
Sí _____ No _____
Si su respuesta es sí, quien la obligo?
ESPOSO_____ NOVIO_____ COMPAÑERO_____ EX-ESPOSO _____
PARIENTE_____ ESTRAÑO_____ OTRO_____

Numero total de ocasiones: _____ Cuando fue al última vez que Ud. fue forzada?

4. ¿Tiene Ud. miedo a su esposo, novio, compañero, ex-esposo, pariente, o otra persona mencionada anteriormente?
Sí _____ No _____

Este questionario fué elaborado por la Dra. Judith McFarlane, College of Nursing, Texas Women's University, Houston, Texas. El questionario fué adaptado por el Migrant Clinicians Network para uso en un centro de salud migrante. Uso y reproduccion de este questionario es permitido. Para mas information, comuniquese con MCN en 5524 Bee Caves Rd., Bldg. I, Ste. 1, Austin, TX 78746, (512) 327-2017.

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Theoretical and Conceptual Issues in Hispanic Mental Health