ABSTRACT

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This study examined and 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 Central American immigrants. Findings revealed that greater perceived stress by Latinas/ Latinos was predictive of psychological health and meaning in life. Social support from significant other also was predictive of presence of meaning in one's life. Negative religious coping, specifically reappraisal of God's powers was predictive of search for meaning in one's life.

PSYCHOLOGICAL HEALTH AND MEANING IN LIFE: STRESS, SOCIAL SUPPORT, AND RELIGIOUS COPING IN LATINA AND LATINO IMMIGRANTS

By

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CHAPTER I

Introduction

"As people of all colors, they transform every inch of the Americas' spiritual, physical, and emotional geography" (Comas-Diaz, 2001, p. 120).

Although the nation's Latina/ Latino population is growing at a much faster rate than the population as a whole (U.S. Census, 2004), and the United States is more diverse than ever (Atkinson, 2004), variables which contribute to healthy psychological functioning among Latina/Latino immigrants are virtually ignored in the counseling psychology literature. Latina and Latino immigrants living in the United States experience myriad stressors (Smart & Smart, 1995) and engage in culturally specific processes to cope with events in their lives (Abraído-Lanza, Vasquéz, & 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. Thus, this study sought to advance understanding regarding the stressors, social support, religious coping mechanisms, psychological health, and meaning in the lives of Central Americans, one group of Latina/Latino immigrants.

This study was based on the culturally sensitive framework for coping provided by Cervantes and Castro (1985) and the work of Lazarus and Folkman (1984). Both theoretical models hypothesized that potential stressors, appraisals, internal and external mediators, and coping responses influence short and long-term outcomes. Cervantes and Castro (1985) adapted the work of Lazarus and Folkman (1984) by adding culturally appropriate variables and concepts like acculturation to the model. Furthermore, social

support (Edwards, 2004) and religious coping (Abraído-Lanza et al., 2004) were culturally specific variables found to influence the coping process for Latinas and Latinos. Related to the theoretical framework proposed by Cervantes and Castro (1985), this study aimed to advance the literature by investigating the contributions of perceived stress (appraisals), social support (external mediator), and religious coping (coping response) to the prediction of psychological health and meaning in life.

Background

Controversy exists regarding the proper nomenclature for Latina/Latino immigrants. Latina/Latino refers to people originating from or having origins in Latin America; however, the United States Census and the Federal Government use the term "Hispanic" to refer to the origin and race of members of this population, despite arguments by researchers (e.g., Comas-Diaz, 2001) that *Hispanic* connotes colonial implications from Spain. Atkinson (2004) suggested using *Latina* and *Latino* instead of *Hispanic* because they connote gender and extend beyond colonial Spanish influences; hence, these terms will be employed in the remainder of this paper. These terms includes people from Caribbean countries of Cuba, Puerto Rico, and the Dominican Republic, as well as Central and South America. The majority of Latinas/Latinos (66.9%) in the United States are of Mexican origin; however, there are millions of immigrants in the United States who have origins in other Latin American countries including Central America. According to the U.S. Census, *foreign born* to refers to anyone who is not a U.S. citizen at birth while considering individuals born in the United States or territories like Puerto Rico as *native* (U.S. Census, 2004).

There is substantial evidence suggesting Latina and Latino immigrants are a growing group which does not receive adequate attention in both the science and practice of psychology. In 2002, U.S. census data revealed that two in five Latinas/Latinos, or 15 million people, were foreign born; however, as summarized by Ruiz (2002), Latinas/Latinos are under-represented in mental health professions, and under-served by mental health organizations. Furthermore, Latinas/ Latinos constitute more than half of all foreign born individuals living in the United States (U.S. Census, 2004). Jorge Ramos (2004) coined "Latinization" to describe the phenomenon which is rapidly transforming ethnic, cultural, and racial composition of the United States of America, and will result in drastic political, cultural, and economic consequences. Ramos (2004) described potential consequences of immigration including greater political representation, intensified assimilation into America culture, and increased economic contributions.

There are numerous obstacles facing Latina and Latino immigrants in the United States. Some barriers include language and cultural barriers, ethnic and racial prejudices, and low educational and socioecocomic levels (Ruiz, 2002). The issue of low educational and vocational attainment is especially problematic because finding and securing employment facilitates adaptation for Latina/Latino immigrants (Garcia, 2005). According to the U.S. Census (2003), among Latina and Latino immigrants, Central Americans (including Mexicans) were the least likely and South Americans were the most likely to graduate from high school (37.7 and 79.3 percent, respectively). Both of these groups trailed behind U.S. natives, who have a graduation rate of 87.5%. Among the foreign born, immigrants from Latin America are the least likely to hold a Bachelor's degree or more (11.6%). Census data also suggested that immigrants from Latin America

earn less money than non-Latina/Latino White workers, and are more likely to work in service occupations (U.S. Census, 2003). Notably, research suggested that many Latinas do not view work in a liberating light, but only as a way to meet the survival needs of their families (Menjívar, 1999).

Stress

There is evidence that Latina/Latino immigrants grapple with numerous stressors. Given that Latina/Latino immigrants commonly experience numerous difficulties in the United States, one might wonder what brings Latinas and Latinos to this country. Broadly speaking, many immigrants are survivors of war-related violence, victims of corrupt governments, and of poverty (Atkinson, 2004). Tragically, many Latina/Latino immigrants come to the United States to escape the myriad stressors in their countries of origin, and experience similarly toxic environments in the United States. According to Atkinson (2004), "Latina and Latino immigrants often share common migration experiences as they enter a country that has a different culture and as they navigate unexpected obstacles of poverty, language, and ambiguous immigration or legal status" (p. 282).

To assess stress from the perspective of the Latina/Latino immigrant, perceived stress, a measure of stress appraisal was assessed. Perceived stress is a subjective measure of the extent to which situations or events are perceived as stressful (Cohen, Kamarack, & Mermelstein, 1983). For example, the degree to which individuals report experiencing apprehension or nervousness is an example of an appraisal of perceived stress. In one study, perceived stress was a better predictor of psychological outcomes

like depression than life events scales which measure the occurrence of stressful life events (Cohen et al., 1983).

Coping

Coping refers to the various styles and processes by which individuals alter specific circumstances or change how they are interpreted (Lazarus, 1993). According to Lazarus (1993), coping involves a reaction focused on changing a psychological stress within the context of an unfavorable person-environment relationship. Given that stress can impede the lives of Latina/Latino immigrants, research has been directed at elucidating ways in which Latinas/Latinos cope with negative aspects of the acculturation experience. Cervantes and Castro (1985) identified a culturally sensitive theoretical framework for conducting systematic research on life domain stressors among Latinas/ Latinos. Their paradigm was based on systems theory and the work of Richard Lazarus (e.g., Lazarus, 1993; Lazarus & Folkman, 1984). The model incorporates potential stressors, appraisals, internal and external mediators, coping responses, and short-term and long-term outcomes.

This model has not been tested comprehensively in the literature; additionally, recent theoretical advances suggested modifications in the conceptualization of coping. The results of a meta-analysis by Skinner and colleagues (2003) implied that coping should be conceptualized hierarchically, with special attention given to higher-order families like social support instead of viewing coping as either problem-focused or emotion-focused (Skinner, Edge, Altman, & Sherwood, 2003). Although Cervantes and Castro (1985) provided a tremendously useful conceptualization for conducting research on stress and coping with Latinas/ Latinos, the task of synthesizing these recent theoretical and

methodological advances related to their work in a culturally-sensitive framework had not yet been undertaken.

Perceived Social Support

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, 1988). Social support is commonly conceptualized as either perceived or instrumental. Perceived social support refers to a subjective assessment, while instrumental social support refers to a quantitative measure of social support (Zimet et al., 1988). As summarized by Zimet and colleagues (1988), research suggested that perceived social support is a better predictor of social status than objective measures, thus perceived social support was chosen for inclusion in the current study.

Generally, perceived social support is examined as a coping resource which may act as a buffer between negative life events and symptoms (Zimet, 1988). Additionally, Cohen and colleagues (1983) suggested examining ways in which perceived social support may influence appraisals of stressful events, and benefit overall psychological health. Specifically, according to Zimet (1988), perceived social support was related negatively to severity of psychological and physical symptoms. The literature has suggested that there are various ways of categorizing types of perceived social support, which can come from family, peers, and significant others (Zimet, 1988). Additionally, Pargament (1997) discussed ways in which social support as a religious coping

mechanism can be religious or spiritual. For instance, spiritual guidance or support may come from members of the clergy, or fellow parishioners.

Social support may be a culturally appropriate construct in the study of Latina and Latino immigrants. Specifically, family is a core value in Latina/ Latino culture (Atkinson, 2004). 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 and Latinos. Thus, support from the family may be important buffer for Latina and Latino immigrants encountering stressful situations.

In the literature, there is evidence that social support mitigates acculturative stress for immigrants (Hovey, 2000a; Jarama et al., 1998). For instance, Hovey (2000a) found that social support buffered against depression and anxiety among Mexican migrant farmworkers with high levels of acculturative stress. As a result, Hovey (2000a) recommended that those who provide services to Latina/Latino immigrants pay special attention to the presence of both family and social support. Additionally, Jarama and colleagues (1998) found that low social support for Latina/Latino immigrants was related directly to increased depression. Although social support in Latina/Latino immigrant populations has been examined with negative psychological outcomes like depression, there is a dearth of literature addressing social support and positive psychological outcomes.

Religious Coping

Religious coping refers to the use of religion in constructing appraisals, engaging in coping activities and processes, and shaping the coping process (Pargament, Zinnbauer, Scott, Butter, Zerowin, & Stanik, 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 and colleagues (2001) have elucidated the myriad ways religious coping functions. Religious coping may include diverse activities such as 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 and Latino immigrants cope with stressors in their lives. The Church and religion can be critical components of social networks (Garcia, 2005). Notably, the majority of Latinas/Latinos living in the United States are Roman Catholic (Ruiz, 2002). Hovey (2000a) found that more frequent Church attendance was related to lower rates of depression and suicidal ideation among Mexican immigrants. Despite evidence that most Latinas/Latinos identify with a religion, and many enter the mental health system via the clergy (Ruiz, 2002), the ways in which the Church and religion function within the coping process among Latinas and Latinos remains unclear. Recent advances in conceptualizing and measuring the multidimensional construct of religious coping may help elucidate such processes (Pargament et al., 2001).

In a variety of cultures and religions, women tend to be more religious than men (McCullough, Worthington, Maxay, & Rachal, 1997). For example, women have been found to endorse stronger attitudes towards Christianity (Francis & Wilcox, 1995). There is evidence that this well-documented difference may be accounted for by gender orientation rather than a function of being female (Francis & Wilcox, 1995). Gender differences in religiousness may have implications for religious counseling, with female

counselors in general being perceived as more religious and effective than their male counterparts (McCullough et al., 1997). Using process research of religious interventions, these researchers suggested that gender influences clients' perceptions of counselor effectiveness. Additionally, there is evidence that women prefer religious counseling interventions more than men (Schaffner & Dixon, 2003).

With regard to Latinas, there is evidence that spirituality and religion are especially important. 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). Psychological interventions with Latinas using spiritual and religious wellness promotion have been linked to positive religious well-being (Guinn & Vincent, 2002). Despite these preliminary findings, there are no empirically based investigations in Latina and Latino immigrants which account for Pargaments' (1997) conceptualization of the multidimensional nature of religious coping.

Psychological Health

In the spirit of counseling psychology, and to address a void in the literature in a particularly underserved population, this study examined overall psychological health in Latina and Latino immigrants. Specifically, this study conceptualized psychological health as a lack of psychological distress or psychopathology. This void in the literature was elucidated by Rogler and colleagues (1991) who argued that the reality of psychological distress for Latinas/ Latinos remains unresearched and problematic. Some general findings about the psychological health of Latinos include greater incidence of Post-Traumatic Stress Disorder (PTSD; Pole, Best, Metzler, & Marmar, 2005),

experiences of depression and anxiety (Hovey & Magana, 2000), and suicidal ideation (Hovey, 2000a) related to acculturative stress. There also is evidence that there are significant mental health differences within the Latino culture (Rogler et al., 1991). For instance, evidence has suggested that immigrants from Central America report higher levels of depression than immigrants from Mexico (Salgado de Snyder, Cervantes, & Padilla, 1990).

In addition to the dearth of literature which exists regarding the psychological health of Latina and Latino immigrants, there are few studies addressing positive psychological phenomenon in this population. Seligman (2002) argued that psychology traditionally has emphasized deficits, and has not elucidated antecedents to happiness and well-being. Additionally, counseling psychologists have long sought to distinguish themselves from other disciplines by focusing on hygiology, as opposed to psychopathology.

Meaning in Life

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 and colleagues (2006) intertwines humanistic and existential theoretical orientations. Purpose in life represents a form of psychological well-being and eudemonic psychology which involves finding meaning in one's efforts and challenges (Keyes, Shmotkin, & Ryff, 2002). Additionally, meaning in life is of great importance in the field of counseling psychology as a measure of psychological health and positive outcome in coping with adversity. There is evidence that existential factors like religion, spirituality, and meaning in meaning in life are more important in certain populations like Latinas/Latinos (Ruiz, 2002) and older adults (Fry, 2000). One recent study of older adults confirmed that

personal meaning, religiosity, and spirituality contributed more to variance in psychological and spiritual well-being than demographic factors, social resources, physical health, or negative life events (Fry, 2000). Thus, there is reason to believe that meaning in life may be an important outcome variable in the current study because religiosity has been cited as an integral part of Latina/Latino culture (Atkinson, 2004; Hovey, 2000a; & Ruiz, 2002). In light of the eudemonic approach to well-being which focuses on meaning and self-realization (Ryan & Deci, 2001), and the current emphasis on religious variables, meaning in life was included in the current study.

Gender

While sex refers to biological differences between men and women, gender identity refers to the individual's psychological sense of being male or female (Frable, 1997). Gender has been used within psychology to understand individual differences between men and women, and to conceptualize how gender structures social institutions (Stewart & McDermott, 2004). Stewart and McDermott (2004) recently reviewed gender in the field of psychology, and noted that gender is conceptualized as defining a system based on power relations embedded in other power relations. Within psychology, gender is oftentimes used to think about how boys and girls, and men and women differ in terms of sex differences (Stewart & McDermott, 2004). Differences between sexes have been described as resulting from biological differences, differences in socialization, and differences in social roles.

A growing body of literature suggests 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, Banchero, & 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. One explanation offered by Casas and colleagues (1995) was that men do not want to reveal weakness or vulnerability. Furthermore, gender identity development theory posits that individuals become sex typed, meaning that they acquire sex-appropriate skills, preferences, personality attributes, and dispositions (Bem, 1985). These researchers further suggested that this framework is appropriate for examining individuals from diverse backgrounds and cultures as it underscores gender differences in the traditional Latina/Latino family.

Given this theoretical background regarding gender differences, and a number of supporting empirical studies, Latina and Latino immigrants living in the United States may experience different stressors, social support, religious coping mechanisms, and psychological health, and meaning in life. A review of the literature suggests that for Latinas/Latinos, psychological stress and mental health status are linked to generalized distress, which is primarily related to gender and ethnic differences in the process of adaptation (De León, 1995). Furthermore, there is evidence that the sources of social support and stressors may be gender specific for Latinas/ Latinos. Latinas may experience significant sources of stress and support from family and marital domains, while Latinos experience stress from work and support from outside the household (Aranda, Castaneda, Lee, & Sobel, 2001). Regarding career development, qualitative data has suggested that Latinas may experience stresses and supports from various life domains including contextual, cultural, personal, and familial variables (Gomez, Fassinger, Prosser, Cooke, Mejia, & Luna, 2001).

Additionally, a recent study of Latina women at risk for HIV underscored the importance of gender in both social support and religion as a coping mechanism. Specifically, the findings suggested that for Latinas, social support as a situational factor, and prayer as a method of emotion-focused coping were instrumental in predicting adaptive outcomes including family well-being (Nyamathi & Vasquez, 1995). Through content analysis of focus groups, the authors remarked that the majority of Latinas reported that God represented the only hope and salvation in coping with HIV. In addition to the abovementioned gender differences, there is evidence that Latinas and Latinos report varying degrees of psychological health as a function of gender. Specifically, empirical evidence suggested that Latinas may experience worse psychological functioning than their Latino counterparts (Cuellar, Bastida, & Braccio 2004). In one recent study, Latinas living in the United States reported higher levels of stress and depression, and lower levels of life satisfaction than their Latino counterparts (Cuellar et al., 2004). Finally, although no empirical studies have examined gender difference in meaning in life among Latinas/Latinos, distinctions may exist as a psychological outcome variable related to religion, where gender differences are well-established.

Statement of the Problem

Both in practice and in science, psychology has not paid adequate attention to cultural variables. Specifically, cultural variables have been largely overlooked in the literature and practice regarding the provision of competent mental health services (Guarnaccia & Rodriguez, 1996). Additionally, Howard (1992) argued the field of psychology is plagued by disciplinary ethnocentrism. Most recently, a recent review of counseling journals

revealed that racial and ethnic minorities were under-represented in psychological studies (Delgado-Romero, Galván, Mascheno & Rowland, 2005).

With these considerations in mind, this study sought to contribute to the emerging literature on multiculturalism by highlighting ways in which Latina and Latino immigrants cope with the stressors in their lives. As noted above, research has indicated that stress affects the lives of Latina/Latino immigrants. Research also has suggested that a bicultural context may pose unique stress from cultural conflict for Latinas/ Latinos (Romero & Roberts, 2003) and that greater levels of stress may be related to poor psychological functioning (Hovey, 2000a; Hovey, 2000b). Additionally, although the acculturation process affects the physical health, decision-making, and occupational functioning of immigrants (Smart & Smart, 1995), there is a paucity of literature addressing stress, psychological health, and meaning in life among Latina and Latino immigrants.

Thus, the first purpose of this study was to advance knowledge regarding the stressors, social support, religious coping, and psychological health of Latina and Latino immigrants. Second, differences in coping strategies between Latina and Latino immigrants were investigated. Specifically, although religion has been cited as an important variable among Latinas/Latinos coping with stressors (Abraído-Lanza et al., 2004; Hovey, 2000a; Nyamathi & Vasquez, 1995; Ruiz, 2002; Santiago-Rivera, Arredondo, & Gallardo-Cooper, 2005), religious coping as a multidimensional construct has not been investigated in this population. Thus, the third purpose of this study was to investigate the multidimensional construct of religious coping among Latina and Latino immigrants. The final purpose of this study was to examine the contributions of

perceived social support and religious coping to the prediction of psychological health and meaning in life while controlling for stress among Latina and Latino immigrants.

CHAPTER 2

REVIEW OF LITERATURE

This review of the literature is organized into subsections. The first section is an overview of Latina/Latino immigrants, and the immigrant experience in the United States. The second section provides definitions and an overview of research on the predictor variables of interest in the study: perceived stress, religious coping, and social support. The third section reviews research addressing psychological health (absence of depression, anxiety, and somatization) and meaning in life (search for meaning and presence of meaning). The fourth section provides an overview of gender, while the final section provides an integrative theoretical framework of immigrant coping.

Latina/Latino Immigrants in the United States

While the Latina/Latino immigrant experience is incredibly diverse there are many shared cultural values among Latina/Latino individuals. As summarized by Atkinson (2004), many Latinas/Latinos adhere to varying degrees to the values of familismo, personalismo, simpatía, cariño, respeto, and confianza. Santiago-Rivera and colleagues (2005) provided a review of these values, while emphasizing the importance of faith, religion, and spirituality among Latinas/Latinos. Although an in depth discussion of these values is beyond the scope of this review, numerous values are descried below based on a recent review of Latinas/Latinos (Santiago-Rivera et al., 2005).

Familismo refers to the superlative importance of family for Latinas/Latinos coupled with a preference for maintaining closeness between family members (Santiago-Rivera et al., 2005). According to Santiago-Rivera and colleagues (2005), Latinas/Latinos may stress interdependence, cohesiveness, and cooperation within their families. Furthermore,

family ties may extend beyond the traditional nuclear family, and include aunts, uncles, grandparents, cousins, and godparents. The extended family, including los compadres (the godparents), also may be especially important in Latina/Latino families. These authors discussed the importance of godparentage within the value *familismo*, as a practice which originated from Spanish colonization and the decimation of indigenous populations. Today, godparents participate in traditional family celebrations, which may promote a sense of family and community for Latinas/Latinos.

Personalismo refers to a style of communication which emphasizes personal interactions more than the tasks at hand (Santiago-Rivera et al., 2005). For Latinas and Latinos, there is typically great emotional investment in the family, thus importance may be given to emotional interdependence. Such communication may be accomplished by platicando, or small talk, which is characteristic of many interactions between Latinas/Latinos. This style of interacting emphasizes building interpersonal relationships, and holds important implications for impersonal settings (e.g., mental health agencies) where culturally incongruent communication by administrators or counselors may have deleterious consequences on future visits.

Santiago-Rivera and colleagues (2005) also described the importance of simpatía, an emphasis on harmonious interpersonal relationships. Notably, Latinas/Latinos may wish to seek approval in some interpersonal situations. This value is exemplified in the expression *buena gente* (plural form of good person), an expression Latinas/Latinos often use to connote the value of simpatía.

Cariño is another value within Latina/Latino culture which refers to the quality of care in relationships, and refers to endearment in verbal and non-verbal communication

(Santiago-Rivera et al., 2005). This is typically manifested using suffixes like "ita" or "ito" to connote intimacy. For instance, *Humbertito* as a nickname for *Humberto* connotes a diminutive childlike affection, and communicates intimacy. Notably, a person who is cariñoso or cariñosa is highly esteemed, and may be greeted by kissing on the cheek or touching the person while talking (Santiago-Rivera et al., 2005).

Respeto refers to the quality of respect in interpersonal interactions based on individuals' power within Latina/Latino culture (Santiago-Rivera et al., 2005). An example of respeto is deference to older adults. Santiago-Rivera and colleagues (2005) offered several explanations of the origin of respeto, including the dominant-subordinate relationship expressed through oppression, acknowledgment of higher powers from the indigenous religious and spiritual paradigms, and/or the influence of the Catholic religion which emphasizes guidelines for behavior. Additionally, these researchers noted that the value of respeto is typically manifested in conversations where the pronoun *usted* is used for formal interactions, and *tú* is used for informal pronouns. Another example given by these authors was that children may be taught to address older adults with the title *Don* and *Doña.*

Confianza refers to trust and intimacy in relationships (Santiago-Rivera et al., 2005). These researchers described confianza as a safety net which allows Latinas/Latinos to be more direct in conversations. This term is related to familismo and interpersonal comfort as it implies easy communication and trust between individuals.

Faith, religion, and spirituality are typically described as Latina/Latino beliefs, and may be difficult to examine independently (Santiago-Rivera et al., 2005). The majority of Latinas/Latinos living in the United States are Roman Catholic, which is consistent with

the historical conquests of Spaniards who oftentimes brought missionaries to the new world. For instance, *la Virgen de Guadalupe* is the patron saint of Mexico, who is artistically portrayed as having brown skin. Latina/Latino religious practices oftentimes incorporate elements of indigenous cultures. These researchers further underscored the importance of faith, spirituality, and religion in describing how some Latina/Latino families believe that higher powers provide the only cure to physical or mental illness. *Santos* (saints) are often called upon for intercessions and support. The expression, "*si Dios quiere"* (if it is God's will) is a common expression among Latinas/Latinos which is exemplifies the calling of a higher power as a way of coping with life events. Santiago-Rivera and colleagues (2005) criticized culturally insensitive researchers who have classified such statements as fatalistic, and exemplifying an external locus of control. Therapists and researchers who ascribe to such notions may be making false judgments about the individual's spiritual orientation.

In addition to these traditional cultural values inherent in Latina/Latino culture, language is an integral part of Latina/Latino culture (Santiago-Rivera et al., 2005). Guarnaccia and Rodriguez (1996) argued that language is a key component in the creation and communication of culture. Although many Latina/Latino immigrants speak Spanish, there are many idiosyncrasies related to linguistic expressions, and vocabulary translations (Atkinson, 2004). Immigrants from Latin America may also speak English, French, Portuguese, Creole, or dozens of indigenous languages. Many Latinas/Latinos living in the United States are bilingual and speak both English and Spanish. Morales (2002) described Spanglish as "the state of perpetual chameleonlike flux" which is akin to being "brown." According to Morales (2002), "Spanglish is about not having to

identify with either black or white, while at the same time having the capacity to be both" (p. 5).

Other characteristics which may make Latina/Latino immigrants different from their European-American counterparts are a tendency to accept and integrate with people of varying skin color, emphasis on social and family ties, illegal immigration, geographic proximity to U.S from one's country of origin, legacy of armed conflict, and reliance on physical labor (Smart & Smart, 1995). Stressors and barriers immigrants may encounter include language barriers, problems adapting to the lifestyle of the U.S., obtaining employment, and related financial difficulty (Padilla, Cervantes, & Maldonado, 1988).

Census findings further highlight some intricacies of the Latina/Latino immigrant experience. When compared with native born populations, Latina/Latino immigrants as a group are younger, tend to be concentrated in cities and the west, have larger families, and are more likely to be married (U.S. Census, 2004). Also, Latina/Latino immigrants who arrived in earlier decades are more likely to have citizenship than immigrants arriving in recent decades. Furthermore, Latina/Latino immigrants are less likely to graduate from high school, more likely to be in service occupations, less likely to be in managerial or professional occupations, and more likely to live in poverty and have lower incomes than native born individuals (U.S. Census, 2004). There are also notable within group differences in educational attainment and income. Mexicans are less likely than Central Americans, South Americans, Puerto Ricans, and to graduate from high school (U.S. Census, 2002). These 2002 Census findings also highlight that Central and South Americans are also more likely to work in service occupations (e.g., the food industry), and Mexicans have the lowest proportion of earning of all Latinas/Latinos.

Phenotype is another area of heterogeneity for Latinas/Latinos (Atkinson, 2004; Comas-Diaz, 2001). There are differences in skin color dating back to Spanish colonization of the Americas. As summarized by Gomez (2000), individuals with lighter skin and European features do better than their darker skinned counterparts in the same group. For instance, Gomez' (2000) findings suggested that having dark skin color may affect wages negatively for men, but this may not be the case for Latina women who seemingly earn lower wages regarldess of phenotype. Morales (2002) suggested that in North America, one drop of black or indigenous blood makes you black, while in Latin America, one drop of white blood makes you white.

Also, members of Latina/Latino immigrant community face varying degrees of difficulty related to legal status. Gaining access into the United States continues to be a dangerous undertaking for many individuals. According to Ramos (2004), on average, one Latina/Latino immigrant dies everyday en route to the United States. For every one immigrant who dies, roughly one-thousand successfully cross the border or stay on past the duration of their visas. Some immigrants living in the United States are "illegal," while others have legal status as students, temporary workers, or tourists (Atkinson, 2004). According to a recent estimate from Immigration and Naturalization Service (now part of the Department of Homeland Security), there are at least seven million illegal residents in the United States (INS, 2000). There is also an important distinction also between immigrants and refugees. Immigrants typically come to the United States for voluntary reasons, like the desire to provide for one's family, while refugees migrate for involuntary reasons, like threats of imminent violence or war (Guarnaccia & Lopez, 1998). Additionally, many immigrants from El Salvador have Temporary Protection

Status (TPS) which enable them to live and work in the United States for up to eighteen months. Alternatively, Puerto Ricans can travel freely between the island and the mainland as U.S. citizens.

Central American immigrants may come from countries with long histories of war and political unrest, and may be at risk for developmental disruptions, stress disorders, depression, and anxiety (Asner-Self & Marotta, 2005). During the 1970s and 1980s, a large number of immigrants from Central America arrived in the United States because of wars, political persecution, and repression (Murguía, Petersen, & Zea, 2003). Thousands of Central American children and families from Guatemala and El Salvador with histories of violence have immigrated to North America in the last decade (McCloskey, Southwick, Fernández-Esquer, & Locke, 1995). According to McCloskey and colleagues (1995), Central American immigrant adults appear to have elevated psychological risk.

The Office on Latino Affairs (2005) compiled research from various agencies regarding the D.C. Latina/Latino community. Primarily resultant of increasing immigration, the District has witnessed a 56% growth in the Latina/Latino population from 1992-2002. The findings suggested that although Mexicans, Puerto Ricans, and Cubans compromise the majority of Latinas/Latinos in the United States, the expanding Central American population is manifest in Washington D.C., where Central Americans compose over one-third of all D.C. Latinas/Latinos. Evidence suggested that Latinas/Latinos within Washington D.C. are being displaced on a large scale by gentrification in select neighborhoods (e.g., Ward one). The increasing Latina/ Latino population is evident in the public school system, where the Latina/Latino enrollment has nearly doubled in the past twenty years. Research suggested that there are also more

Latinos than Latinas living in the District, which is consistent with the notion that men oftentimes migrate before their families. Additionally, when compared with other D.C. residents, Latinas/Latinos tended to be poorer, were less likely to have health insurance, and were 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.

Stress

Perceived stress refers to subjective appraisals of stressors (Cohen et al., 1983). Cervantes and Castro (1985) argued that the evaluation of stressors, or perceived stress, is an integral component in conceptualizing the mental health of Latino immigrants. These researchers suggested that stressors and perceived stress may be related to one's socio-cultural status, and are thus culturally-bound.

Additionally, Latina/Latino immigrants experience myriad stressors, the appraisals of which are perceived stress. For instance, there is evidence that immigrants may doubly suffer from acculturative stress and the deleterious effects of discrimination (Finch & Vega, 2003). There is evidence that forms of stress including minority status stress, financial hardships, and perceived stress may influence the psychological health of Latina/Latino immigrants. For example, minority status stress (Rodriguez et al., 2002) and financial hardships (U.S. Census, 2004) have been identified as potentially detrimental variables for Latina/Latino immigrants living in the United States. Although there is little debate that Latina/Latino immigrants encounter many stressors upon entry into the United States, researchers continue to investigate why migration is stressful, for whom, and in what ways (Guarnaccia & Lopez, 1998).

There is evidence that perceived stress is related to psychological health. For instance, perceived stress has been shown to relate more strongly to health and depression than life events alone (Cohen et al., 1983). Although there is a bourgeoning literature on stress in Latino populations, the intersection between culture, stress, and the potential influences on immigrants' psychological health remains largely obscure. Although there is currently a void in the literature regarding the examination of self-reported perceived stress in Latina/Latino immigrant populations, one study of missionaries suggested that there is an intersection between perceived stress and culture (Navara & James, 2005). Missionaries posted over seas for at least a year in countries like Honduras and El Salvador were asked to describe their perceived stress (Navara & James, 2005). The findings suggested that perceived stress was correlated negatively with social support and positively with religious coping which is consistent with the authors' acculturation and coping model (Navara & James, 2005). In sum, although these findings highlighted the importance of perceived stress as related to culture and coping, the directionality in this relationship was not discussed, nor were interactions or mediators included in the analyses.

According to Cervantes and Castro (1985), it remains to be investigated whether Latinos are exposed to different environmental stressors which may increase stress levels and risks for mental disorders. There is a dearth of literature relating how stress relates to the psychological health of Latinos (Cervantes & Castro, 1985). From a preventative standpoint, elucidating these relationships could enable interventions and might hold important implications for counseling psychologists.

Religious Coping

Religious coping refers to the use of cognitive and behavioral strategies based in religious beliefs (Abraído-Lanza et al., 2004). There is evidence that the study of religious coping is particularly important in the United States, and may be an especially salient method of coping among Latina/Latino immigrants. A recent Gallup poll (2004) suggested that religion is overall very important to most Americans. Additionally, eight in ten Americans identify as Christian, and six in ten planned on attending Church this past Easter (Gallup Organization, 2005). Religion and spirituality have been described as central values in Latina/Latino culture (Guarnaccia & Rodriguez, 1996; Santiago-Rivera et al., 2005).

Historically, despite the importance of religion in people's lives, only about 1% of coping articles have included a religion component (Tix & Frazier, 1998). Although religiosity has been traditionally under-represented in the broader coping literature within psychology, religious coping has received growing attention over the past two decades (Harrison, Harold, Hays, Eme-Akwari, & Pargament, 2001). One reason religion may be overlooked in psychology is that psychologists themselves tend to be less religious than the general public (Hill, Pargament, Hood, McCullough, Swyers, Larson, & Zinnbaur, 2000).

The ambiguity of religion has historically been reflected in the psychological literature in the confusion regarding the distinction of spirituality and religion. This is especially problematic, since researchers should distinguish the related constructs of spirituality and religion (Hill et al., 2000). According to Hill and colleagues (2000), spirituality refers to feelings, thoughts, and experiences that arise from a search for the sacred. Religion entails a search for sacred or non-sacred goals, but also refers to the

means, methods, and rituals or prescribed behaviors within an identifiable group of people. This distinction is especially important, as the conceptualization of religious coping in the present study refers to the use of religion and not necessarily spirituality in the coping process.

Much of the research and theory about religious coping is fundamentally rooted in the stress and coping work of Richard Lazarus, who contributed both theoretically and empirically to the field (e.g., Lazarus, 1993; Lazarus, 1997; Lazarus, 1999; Lazarus, 2003; Lazarus & Folkman, 1984). Stress is defined as meaning hardship or adversity (Lazarus, 1993), while coping refers to individuals' efforts to master demands that are appraised as exceeding or taxing his or her resources (Monat & Lazarus, 1991). Although historically processes of psychological coping emerged from an interest in the effects of stress from war (Lazarus, 1999), today, coping is prolifically studied in counseling psychology and related disciplines, as stress is omnipresent in even healthy populations.

This transactional theory emphasizes cognitive processes and the relationship between stress and emotion (Lazarus, 1999; Lazarus & Folkman, 1984). According to this theory, cognitive appraisals are defined as to evaluations of transactions with the environment (Lazarus, 1999). Lazarus (1999) posited that coping is an integral part of emotional arousal, with emotions functioning as superordinate concept which embodies both stress and coping. Thus, of crucial importance is the role of emotion and cognitive mediation in the study of coping and stress. Lazarus (1999) argued that coping strongly mediates (not moderates) the relationship between stressful encounters and emotional outcomes. Furthermore, he advocated divorcing coping from the personality of the coper, as both are important in the coping process.

Lazarus (1999) noted that sociocultural changes like immigration, war, poverty, and unemployment connect the social structure to stress; however, Lazarus asserted that differences in environments apply but only in a probabilistic sense. For instance, one cannot predict with certainty how an individual will cope on the basis of knowledge of family coping processes. Lazarus never empirically studied the coping process for immigrants; however, he suggested that cross-cultural psychology and acculturation theories cannot account fully account for the transitional process experienced by immigrants (Lazarus, 2003). He suggested using his model of stress, coping, and emotion because it is testable, and facilitates the examination of individual differences in coping.

In accordance with this proposition of studying individual differences, Pargament (1997) cast religion within the theoretical framework of stress and coping (Lazarus & Folkman, 1984). The emphasis on individual differences regarding religion, stress, and coping has important implications for counseling, as many people report that they use religion to cope with stressful situations (Pargament et al., 2001). Pargament (1997) noted that it is necessary to distinguish religious coping responses from secular coping. Additionally, in synthesizing the religious coping literature, he noted that the use of religious coping predicts indices of physical health and psychological functioning above and beyond the use of religiousness (Pargament, 1997). These findings are especially revealing, given that religiousness alone is a weak or insignificant predictor of psychological health when controlling for religious coping (Pargament et al., 2003). Despite these theoretical advances, it remains unclear whether religious coping is a mediator or a moderator between religiousness and mental health (Fabricatore, Handal, Rubio, & Gilner, 2004).

Harrison and colleagues (2001) and Pargament (1997) noted that in general, an increasing number of studies indicate that religious coping promotes psychological health. In general, religion is linked positively with coping with stress (Graham, Furr, Flowers, & Burke, 2001). However, negative forms of religious coping may have potentially deleterious effects for psychological health including lower self-esteem, negative affect, worse problem-solving skills, and anxiety (Pargament, Zinnbaur, Scott, Butter, Zerowin, & Stanik, 1998). Although some research has begun to elucidate the nature of religious coping, the specific roles of religion in the coping process remain largely unclear (Pargament, Koenig, & Perez, 2001).

Although the literature on religious coping has largely ignored Latinas/Latinos, several empirical studies using predominately White samples have sought to study this phenomenon. In a recent longitudinal study of kidney transplant patients and their significant others, Tix and Frazier (1998) examined psychological adjustment after surgery. The findings suggested that religious coping was associated with better adjustment at three months and at twelve months after surgery. Religious affiliation moderated this relationship, with religious coping serving as more effective for Protestants than Catholics. Tix and Frazier (1998) suggested that Catholics' use of guilt-reducing religious coping may be inappropriate for uncontrollable events (e.g., kidney transplants) and thus may lead to poorer psychological outcomes. These findings regarding the moderating effect of religious affiliation were later corroborated by Tix and Frazier (2005) in a study of college students. For Catholics, intrinsic religiousness was associated with greater anxiety and depression, while for Protestants, this relationship was not found. One explanation may be that Catholics believe salvation can occur

through faith, works, and sacraments, while Protestants believe salvation can occur solely through faith, graces, and a close and personal relationship with God (Tix & Frazier, 2005). Other notable findings in this study were that cognitive restructuring, social support, and perceived control did not mediate the relationship between religious coping and psychological adjustment, which was not consistent with previous research (e.g., Park & Cohen, 1993). Although these variables did not have a mediating influence, the authors noted that religious coping was associated to adjustment with stress above and beyond the effects of nonreligious coping (e.g., problem-solving) and social support. Although this study highlighted relevant correlates of religious coping with longitudinal data and multiple informants (patient and significant other), the sample was predominantly White (90% of patients, and 93% of significant others). Furthermore, the researchers did not employ the most recently standardized multidimensional measure of religious coping (RCOPE; Pargament et al., 2001), and instead constructed a ten item measure of overall use of religious coping. Inclusion of such a measure would enable distinctions between myriad positive and negative coping mechanisms used by members of different religious affiliations.

In another recent study of religious coping, Pargament and colleagues (2004) examined numerous methods of religious coping in a longitudinal study of medically ill hospitalized elderly patients. The study also addressed spiritual and psychological functioning at baseline and follow-up two years later, as well as the stability and change of coping over time. The findings suggested that the stability of religious coping is important for consideration in evaluating risks for physical and psychological health. Specifically, chronic negative religious coping was inversely related to quality of life, and

physical health, and positively associated with depressed mood. Additionally, the findings suggested that positive religious coping methods were associated with improvements in health. All positive religious coping subscales were associated with stress-related growth at follow up, while negative religious coping subscales like Spiritual Discontent, Interpersonal Religious Discontent, and Religious Conversion were associated with decreased reports of quality of life, and increased rates of depression. Feeling punished by God and spiritual discontent were related to poor quality of life, poorer cognitive functioning, and depressed mood at baseline and follow up. Contrary to expectation, some positive and negative religious coping methods were associated with improvements in some areas and declines in others. For instance, the positive religious coping methods of religious purification and religious conversion were correlated positively with depression, while the negative coping method of pleading for direct intercession was related to worse physical health, but better spiritual outcomes at follow up. These findings highlight the intricacy of religious coping which may entail both "pain and gain" (Pargament et al., 2004, p. 727). Some limitations of this study which were addressed in the current investigation include low generalizability due to the inclusion of predominantly White conservative Protestants in the southeastern United States. Additionally, the researchers did not examine potentially mediating variables like social support which may influence the relationship between religion and psychological health.

Although these studies have elucidated the nature of religious coping, there are several questions which remain to be addressed in the literature. For instance, Pargament and colleagues (1998) noted that when people encounter life crises, it is not clear when religion is part of the problem or the solution. The literature on religious anxiety

suggested that depending on the circumstance, religion can be related to increased or decreased anxiety (Shreve-Neiger & Edelstein, 2004). While positive religious coping styles have been associated with low levels of psychopathology (e.g., depression) negative religious coping styles have been associated with greater anxiety and depressive symptoms (Harrison et al., 2001). For instance, some findings suggest that "red flag" warning signs like *religious apathy* and *anger at God* have been related to negative mental health outcomes (Pargament et al., 2003). This study of Latina/Latino immigrants sought to elucidate these influences of religious coping on psychological health.

Although fewer studies have included Latina/Latino immigrants, some studies have examined religious coping among Latinas/Latinos. One recent study of Latinas/Latinos with arthritis examined the influence of religious and other forms of coping on psychological well-being, depression, and experience of pain (Abraído-Lanza et al., 2004). The findings suggested that Latinas/Latinos reported high levels of religious coping. Religious coping was correlated positively with active, not passive coping, indicating that religion is associated with action-oriented responses to pain. This contradicts coping theory which conceptualized religion as a passive means to deal with stress (Lazarus & Folkman, 1984); however, the findings were consistent with the notion that collaboration between the coper and God may bolster a sense of self-efficacy (Pargament, 1997). In this manner, the findings illustrated that self-efficacy and acceptance of illness mediated the relationship between active and passive coping on pain and psychological adjustment. This relationship did not hold with depression, contrary to expectation. One limitation of this study is that the measure of religious coping did not account for the multidimensional nature of the construct, thus leaving in question the

validity of their findings. However, the finding that "en las manos de Dios" (in God's hands) may be an active form of coping related to better psychological well-being is a contribution to the coping literature among Latinas/Latinos.

Another recent study of Puerto Rican women living with HIV highlighted the importance of spirituality as a buffer against depression (Simoni & Ortiz, 2003). Overall, Latinas reported high levels of spirituality, and reported attending religious services with some regularity. The results suggested that self-esteem and mastery mediated the relationship between spirituality and depression. Moreover, Puerto Rican women living with HIV who reported higher spirituality were found to have lower levels of depression. The authors described important implications for counseling including: training mental health professionals to assess spirituality, encouraging disclosure of spiritual practices, and discovering ways in which such practices may benefit Latina clients. Notably, these findings specifically reflected spirituality, and not necessarily religion. The authors modified their scale based on a pilot which indicated the target group preferred the term "spiritual" instead of "religion." However, this study does not hold a clear description of the nature of religious coping among Latinas, beyond that spirituality may buffer against depression. Furthermore, although these researchers were examining coping processes, they did not specifically target Latina/Latino immigrants, nor did they use a standardized measure of religious coping.

A third study of Latina caregivers compared ethnic differences in religion and religious coping, and the relationship between these variables and mental health (Mausbach, Coon, Cardenas, & Thomson, 2003). The researchers sought to identify ethnic differences in religiosity and religious coping, examine variables which predict

religious coping, and explore the relationship between religiosity, acculturation, and religious coping in Latina caregivers. The findings suggested that Latinas attended religious services more often, prayed more frequently, and used positive religious coping strategies more than their White counterparts. Overall health was associated inversely with positive religious coping, indicating that individuals reporting worse health used more religious coping. Additionally, higher levels of acculturation were related to less use of positive religious coping strategies among Latinas. Demographic characteristics and religious denomination were controlled statistically, and thus did not influence the results. The researchers suggested three relevant implications and suggestions for practice. First, professionals who work with Latinas might consider incorporating religious issues into their work. Second, practitioners might also consider addressing religion/ religious coping at the outset of treatment, and potentially integrating religion into therapy. Third, professionals working with Latinas might consider working in conjunction with religious leaders in the community to complement therapeutic goals. Although these findings were tempered by the fact that immigrants were not specifically included, and the measure of religious coping was not multidimensional, this study corroborated the notion that religion and religious coping may be especially important for Latinas.

Based on a review of the literature, no empirical studies have articulated fully the nature of religious coping in this Latina/ Latino immigrants using a multidimensional measure of religious coping. Previous studies have been limited largely to global indicators of religiousness (e.g., frequency of prayer or church attendance), thus a multidimensional scale brings psychologists one step closer to answering questions about

the functionality of religious coping (Pargament et al., 2000; Hill & Pargament, 2003). The recent development of Pargament and colleagues' (2001) RCOPE which assesses myriad positive and negative religious coping responses has been a major development in the empirical research of religious coping (Folkman, 2004). These dimensions remained unexamined in Latina/Latino immigrants. This measure has been translated recently and validated in Spanish, and was used in this study with Latina/Latino immigrants for the first time. Since previous studies among Latina/Latino immigrants invariably have employed limited measures of religiosity and religious coping, examining psychospiritual constructs (e.g., support from clergy, benevolent God reappraisal) using this new psychological measure has contributed to the blossoming literature on religion and religious coping.

In sum, although the literature on religious coping has burgeoned in recent years, the ways in which stress, culture, religious coping, and social support influence Latina/Latino immigrants' psychological health remains relatively obscure. The existing literature has elucidated the importance of religiousness in psychological health by examining mediating variables and depression. In a recent meta-analysis of religion and depression, Smith, McCullough, and Poll (2003) suggested that religion may influence depression through lowering substance abuse, offering social support, encouraging positive appraisals of negative life events, and helping cope with stress. These findings additionally posited that the relationship between religion and depression was not moderated by gender, age, or ethnicity, but the religiousness-depression association was stronger in individuals who reported having stressful life-events. Thus, there is evidence for both the main effect and a stress-buffering hypotheses. Despite these findings, some

have argued that the field of religion and mental health is in its infancy (Tix & Frazier, 2005). Researchers of religiosity and religious coping have advocated recently for greater methodological diversity, and greater inclusion in cross-cultural research (Smith et al., 2003; Tarakeshwar, Stanton, & Pargament, 2003).

Social Support

Social support is defined as involving relationship transactions between individuals (Zimet et al., 1988). Furthermore, social support typically provides individuals with assistance, or embeds them in social relationships which are perceived to be loving, caring, and available (Hobfoll, 1988). In the literature, social support is commonly conceptualized as perceived or instrumental/ objective. Perceived social support is typically subjectively assessed, while instrumental social support refers to a quantitative measure of social support (Zimet et al., 1988). Research suggested that perceived social support was a better predictor of psychological outcomes than objective measures (Zimet et al., 1988) like received support (Noris & Kaniasty, 1996). Noris and Kaniasty (1996) offered an explanation of this phenomenon, in that objective accounts of received social support longitudinally influence mental health through perceptions of social support.

Historically, social support has been a commonly studied construct in psychology. Vinokur, Schul, and Caplan (1987) confirmed that hundreds of studies have documented the effects of social support on health and well-being. Perceived social support from family, friends, and significant other is studied commonly as a variable which moderates stress (e.g., Canty-Mitchell & Zimet, 2000; Edwards, 2004; Finch & Vega, 2003; Zimet, Dalhem, Zimet, & Farley, 1988; Zimet, Powell, Farley, Werkmen, & Berkoff, 1990). Despite the plethora of studies, the ways in which social support operates remains

unclear. Specifically, more research is needed to determine ways in which stress may mitigate the effects of stress, and/ or directly influence well-being (Zimet et al., 1988).

According to Zimet and colleagues (1988), the empirical examination of perceived social support has been characterized by debate about the ways in which social support functions. Notably, some areas which frequently have been examined in the social support literature include a) direct versus buffering effect, b) nature of support, c) focus on the curative effect of support, and d) the process by which social supports operate to enhance health. First, regarding the direct versus buffering hypothesis, these authors suggested that both hypotheses may be valid. They argued that perceived social support may be both directly related to psychological outcomes, and act as a buffer during times of stress. Second, perceived social support is multidimensional, and can come from three distinct sources: friends, family, and significant other. Third, social support may operate as a curative mechanism (Zimet et al., 1988). For instance, among Latinas/Latinos, perceived social support may especially operate as a curative influence (one which is amenable to change) on positive psychological outcomes (Edwards, 2004; Hovey 2000b). This is not surprising given the cultural importance of family (Santiago et al., 2005; Schneider, 2004) and interpersonal relationships (Ibañez et al., 2003, Santiago et al., 2005) among Latinas/Latinos. Fourth, there exists complexity in assessing how perceived social support operates. This issue was recently addressed in Frazier, Tix, and Barrons' (2004) seminal article on mediators and moderators in counseling psychology. Social support was given as example of a variable which may be a moderator or a mediator depending on the theoretical background. In this way, social support is akin to religious coping in that both are commonly examined as mediators and moderators.

Perceived social support has also been conceptualized in counseling within a person-environment fit (Brown, Brady, Lent, Wolfert, & Hall, 1988). Within this model, these researchers discussed subjective fit as an element of perceived social support. Subjective fit was defined as the affective state that results from an individual's appraisal of the social environment meeting individual interpersonal needs. The affective state can either be satisfying or unsatisfying depending on whether or not the environment is meeting the individuals' needs. Furthermore, satisfaction with social support within a person-environment fit is dependent on the strength of the needs, and whether or not they are being met. Notably, the theory posited that satisfaction as an outcome is at its highest level when there is equivalence between the need and supply of social support. They also suggested that perceived social support may not be influenced by mood or demand characteristics. Thus, their conceptualization of perceived social support incorporates an additional emphasis of subjective satisfaction.

Some empirical studies among non-Latina/Latino populations have elucidated the nature of perceived social support, a construct which reflects both personality dispositions and cognitive processes. In a seminal article on perceived social support, Vinokur, Schul, and Caplan (1987) investigated affect, interpersonal transactions, and personal outlook as determinants of social support. These researchers argued that people may be eliciting the same supportive behaviors across settings, or self-selecting into environments which complement their personal needs. They supported this hypothesis by noting that reports of social support across time and setting have been correlated in the literature (Vinokur et al., 1987). According to Vinokur and colleagues, there were small

to moderate correlations between perceived social support reported by close friends and coworkers, and moderate correlations across time.

In an empirical study of perceived and obtained support, the authors consequently hypothesized that actual provision of social support (from the individual who provided it), a stable and general personal disposition, and negative affective states (e.g., depression and anxiety) would predict perceived social support. The authors examined these hypotheses in a sample of Vietnam veterans and their significant others using a longitudinal design. The findings suggested that stability of the support, personality of the respondent (a generalized negative outlook), their interaction with the social environment, and poor psychological health predicted perceived social support. Although this investigation explicated some predictors of perceived social support, there were some limitations which were conceded by the authors. For example, personality (which may be multidimensional) was measured using a single construct (negative outlook), and measure of perceived social support may have been influenced by disposition. Finally, while men were the only recipients of support, women (significant others) were predominately the providers of social support. Thus, the findings of this study remains suspect regarding generalizability. However, the implications of these findings for the current study are that social interactions, personality, and affective states may influence perceived social support, an interpersonal phenomenon. The current study attempted to extend this study by examining differences in perceived social support among Latinas and Latinos, and by measuring of perceived social support in conjunction with stress, religious coping, and psychological health.

Another recent study investigated the relationship between received support and perceived support in times of stress as related to major life events (Noris & Kaniasty, 1996). The researchers' hypotheses were framed within a deterioration-deterrence model, which posited that major life events (e.g., natural disasters) threaten perceived availability of support. Within this model, if support is adequately mobilized, the deleterious effects of major life events are mitigated. The findings suggested that both the relationships between post-disaster received support and long-term distress, and scope of disaster and long-term distress, were mediated by perceived social support. The findings extended previous research by moving beyond cognitive and interpersonal aspects of perceived social support, and instead focusing on the relationship between these two forms of support. According to the authors, this study contributed to the growing body of literature which suggests that perceived social support is linked closely to mental health. The major implication is that by modifying received support, one may potentially ameliorate perceived social support, which thereby influences long-term psychological health. The authors further posited that individuals suffering from major life events should be encouraged to maintain their normal social activities, as the results suggested that stress may be long lasting. Importantly, the authors noted these findings are important for racial and ethnic minorities, who traditionally received less help than other victims in times of crisis (Noris & Kaniasty, 1996). These findings imply that the mobilization of social support in Latina/Latino communities may counteract the deterioration in expectations of perceived social support. In applying these findings to the current study of Latina/Latino immigrants, there may be a parallel in the roles of perceived social support as a buffer against psychological distress in the face of major life events or stress. There are several

limitations of this study worth noting including the use of non-probabilistic sampling techniques, a correlational design which cannot account for directionality. While the current study cannot account for these weaknesses, the findings were extended to examine the nature of perceived social support in Latina/Latino populations.

Although there is less research in this topic among diverse populations, there is some preliminary evidence that social support differs cross-culturally. For instance, research has suggested that culture influences the use of social support as a coping mechanism (Taylor, Sherman, & Kim, 2004). Taylor and colleagues (2004) studied differences in the use of social support among Asians, Whites, and Latinas/Latinos. The results suggested that seeking social support was as a coping mechanism led to more negative outcomes for Asians than Latinas/Latinos or Caucasians. Thus, in certain Asian cultures, talking about problems with others may actually lead to worse psychological outcomes. Furthermore, the study also revealed that recent immigrants were less likely to report using social support than immigrants who had lived in the country for a longer period of time. Such findings are relevant in the current study, as the authors speculated that there exist cross-cultural differences in the use of social support as a coping mechanism. One limitation of this study is that the researchers did not investigate perceived social support, and instead focused on cross-cultural differences in instrumental and emotional supports.

Two recent studies have explored the importance of perceived social support among Latina and Latino immigrants. As mentioned above, Hovey (2000b) found that social support buffered against negative outcomes like depression and suicidal ideation for Latina/Latino immigrants. Additionally, Hovey and Magana (2002) examined

perceived social support in a study of predictors of anxiety among immigrant Mexican migrant farmworkers. These researchers first assessed prevalence of anxiety symptoms, then examined the relationship between stress and anxiety, and finally investigated variables that best predicted anxiety including self-esteem, perceived social support, control and choice in migration, and sociodemographic variables. The findings suggested that Mexican migrant farmworkers not only reported heightened overall levels of anxiety, but also experienced high levels of cognitive, affective, and physiological expressions of anxiety. Additionally, the results revealed that elevated levels of acculturative stress, low self-esteem, living in the United States for longer periods of time, lower social support, lack of control and choice in the decision to migrate, low religiosity, and higher levels of education were related to higher reports of anxiety.

A second study of perceived social support among Latinas/Latinos explored factors which contribute to the psychosocial adjustment of Central American immigrants with disabilities (Jarama et al., 1998). The researchers examined extent to which perceived social support moderated impact of stress and severity of disability on depression, and further investigated the relationships between stress, perception of disability severity, depression, and anxiety. The results suggested that stress, severity of depression, and social support statistically predicted depression. Additionally, although low levels of support were associated with increased rates of depression, perceived social support did not moderate this relationship as expected. Additionally, the researchers found that together, stress and perceived social support statistically predicted anxiety. Notably, there was a main effect of social support on anxiety and not depression. These two investigations corroborated the robust finding that perceived social support is closely

related to mental health (e.g., Norris & Kaniasty, 1996), and added incremental validity to existing research by specifically studying to Latina/Latino immigrants. The current study continued this important line of inquiry by investigating perceived social support and other correlates already deemed important by these studies in predicting psychological health like control and choice over migration.

Although numerous measures have been used to assess social support, perceived social support invariably has been measured using self-report methodology. Specifically, Zimet and colleagues (1988) developed the Multidimensional Scale of Perceived Social Support (MSPSS) which assesses support from family, friends, and significant other. This measure subjectively measures adequacy of perceived social support. Thus this measure of perceived social support seemingly encompasses the element of subjective fit in accordance with Brown and colleagues (1987). Notably, this measure has not been translated or validated among Spanish-speaking populations; however, Edwards (2004) demonstrated that the three-subscale structure held constant among Latina/Latino adolescents. Furthermore, the MSPSS demonstrated adequate construct validity with other measures of family support and familialism. In sum, this measure of perceived social support appears to be a culturally sensitive for use among Latina/Latino immigrants.

Social support has been examined in conjunction stress and gender, other variables of interest in the current study among Latinas/Latinos. A study of United States employees born in Mexico and El Salvador revealed that Latinas reported experiencing more emotional acculturative stress than Latinos, and Latinos reported receiving more social support than Latinas (Allen, Amason, & Holmes, 1998). This is contrary to

previous studies which have found that women report higher levels of social support than men (Zimet et al., 1988). In another study of social support and demographic correlates of acculturative stress in international students, perceived social support and English proficiency contributed unique variance to the prediction of acculturative stress (Poyralzi, Kavanaugh, Baker, Al-Timini, 2004). Specifically, students reporting greater perceived social support and English proficiency reported lower levels of stress. In sum, gender and stress were associated with perceived social support.

Psychological Health

There is a dearth of literature addressing Latinas/Latinos' psychological health in counseling research (Delgado-Romero et al., 2005). Many psychologists have omitted race, ethnicity, and culture entirely in the investigation of psychological health (Atkinson, 2004; Delgado-Romero et al., 2005). Moreover, psychological literature largely has ignored within group differences in psychological health among Latinas/Latinos (Umana-Taylor et al., 2001). The current study seeks to address this void in the literature by assessing the prevalence and predictors of depression, somatization, and anxiety in a sample of Central American immigrants.

Historically, the research on the psychological health of Latinas/Latinos has been beleaguered with cultural insensitivity. For instance, Rogler (1999) noted problems with both dimensional and diagnostic approaches to mental health research. Dimensional approaches entail the measuring concepts related to psychological health (e.g., depression or anxiety) while diagnostic approaches involve identifying symptoms for the purposes of inferring disorders. Rogler (1999) discussed the methodological inappropriateness in the development of psychological instrumentation using both dimensional and diagnostic

approaches among diverse populations like Latinas/Latinos. Rogler (1999) noted that historically, both the use of standardization norm development and the existence abundant translation error are instances of cultural insensitivity in mental health research. In addition to these methodological problems in mental health research among Latinas/Latinos, the attempts to address culture have yielded largely mixed findings. According to Hunt, Comer, and Schneider (2004), although the burgeoning acculturation research has attempted to establish links between culture and mental health status, the findings tend to be inconsistent and complex. Despite some research which has been conducted regarding the psychological health of Latinas/Latinos in recent years, Latinas/Latinos remain grossly under-represented in psychological research (Rogler et al., 1991). For example, from 1990 to 1999, Latinas/Latinos constituted only 6.6% of participants in studies in Journal of Counseling Psychology, The Counseling Psychologist, and The Journal of Multicultural Counseling and Development (Delgado-Romero et al., 2005).

Examining the link between Latina/Latino culture and well-being is of crucial importance because research suggests that the two are related (Alcalay & Bell, 1996; Goodman & Silverstein, 2005). Some studies have documented the deleterious effects of stress, and highlighted variables which may buffer against negative psychological outcomes; however, there remains much to be gleaned about the overall psychological health in Latina/Latino immigrants (Roger et al., 1991). Furthermore, there is a pressing need for research regarding the psychological health of Latinas/Latinos, as numerous researchers have argued that psychosocial stressors have serious implications for psychological health and adjustment in the host country (Hovey & Magana, 2002; Smart

& Smart; 1995; Williams & Berry, 1991). The migration process can be stressful (Rodriguez et al., 2002; Smart & Smart; 1995) and immigrants may encounter discrimination, deplorable living conditions, low pay, inadequate housing, separation from family and community (Alderete et al., 1999) which may influence overall psychological health.

Cultural beliefs can influence the ways in which individuals respond to health and illness (Santiago-Rivera et al., 2005). According to Santiago-Rivera and colleagues (2005), Latina/Latino culture may influence what causes illness, and how to treat particular ailments. Specifically, there are some culturally specific illnesses which may be common in Latinas/Latinos who adhere to traditional beliefs. Such folk illnesses may originate from medieval Spanish and Indian beliefs. Specifically, traditional folk healers are one example of the ways in which spiritual and cosmogonic worldviews may influence health outcomes among Latinas/Latinos (Murguía et al., 2003). Santiago-Rivera and colleagues (2005) noted that these beliefs may also have origins in the supernatural. They further argued that the popularity of *botanicas*, small stores in Latina/Latino communities which sell many religious, health, and luck-related items, exemplifies the importance of blending Catholic and indigenous beliefs, and symbolizes the resistance to complete assimilation.

The relationship between culture and psychological health has been documented in the literature using comparisons between racial/ethnic groups. One recent study highlighted the relationship between culture and psychological health by drawing cross-cultural comparisons between Latinas, African-Americans, and Whites. The findings suggested that Latinas who are lower in acculturation and SES may have less knowledge

about issues related to psychological health than African-American and Non-Hispanic Whites (Alcalay & Bell, 1996). The researchers suggested that cultural factors coupled with the economic needs of immigrants may be related to psychological health.

There are numerous recent studies which have highlighted the prevalence of both depression and anxiety in Latina/Latino immigrant populations. Although there is evidence that Latinas/Latinos may experience elevated levels of psychological distress in general, some findings have suggested that recent immigrants enjoy a distinct health advantage (Singh & Siahpush, 2001). Recent immigrants were found to have a lower mortality rate than their U.S. born counterparts from numerous illnesses including cardiovascular disease, lung and prostate cancer, and pulmonary diseases. However, recent immigrants suffered from higher mortality rates from suicide, stomach and brain cancer, and infectious diseases. Singh and Siahpush (2001) suggested sociocultural and behavioral factors may help explain the mortality advantage of immigrants. Studies of Mexican immigrants and migrant workers have suggested revealed higher levels of depression compared to the general population (Hovey, 2000a; Hovey & Magana, 2002) which may highlight relevant sociocultural and behavioral influences among Latinas/Latinos. Migrant farmworkers from Mexico have been found to have moderate (Alderete et al., 1999) to high levels of depression and anxiety (Hovey & Magana, 2000; Hovey & Magana, 2002). Although Schneider (2004) noted that Mexican Americans have higher rates of depression than European Americans, it remains unclear whether or not this relationship is true for immigrants. Additionally, Latina immigrants suffer from higher rates of depression and generalized distress than non-immigrants (Vargas-Willis & Cervantes, 1987). Hovey and Magana (2002) suggested that the prevalence of higher

pathology in California than the Midwest may partially be explained by availability of social support networks available.

Additionally, empirical studies have documented the importance of somatization in Latina/Latino psychological health (Angel & Guarnaccia, 1989). One study elucidated the prevalence of and nature of somatization among Latinas and Latinos, and examined potential within group differences. The results revealed that Cubans, Puerto Ricans, and Mexican-Americans' affective states' greatly influenced assessment of health status (Angel & Guarnaccia, 1989). Additionally, the results suggested that there may be significant within group differences among Latinas/Latinos, with Puerto Ricans presenting significantly greater affective and physical distress. According to the *Diagnostic and Statistical Manual- IV* (DSM-IV), there are culturally specific psychological disorders which affect Latinas and Latinos. For instance, *empacho* refers to an upset stomach, while *Mal de ojo* (evil eye) has symptoms like fever, headaches, sleep, and crying, and is thought to be caused by the stare of a jealous person (Santiago-Rivera et al., 2005). Despite preliminary research regarding somatization among Latinas/Latinos, there are no known empirical studies in the psychological which document somatization among Central American immigrants.

Consistent with these findings, instead of visiting physicians or mental health practitioners, Latinos may seek help from traditional folk healers like *curanderos* who may ascribe to such healing practices (Murguía et al., 2003). In a study of 76 Central American immigrants living in Washington D.C., all participants reported having used at least one ethnomedical approach, including sobadores, herbalistas, pacheros, curanderos, folk remedies, santería, and espiritismo (Murguía et al., 2003). These immigrants

reported seeking treatment for culture bound syndromes like ataques de nervios, empacho, and susto, and other medical illnesses like asthma, infections, and migraines.

There have been myriad measures of mental health status which have been used in the study of Latina/Latino populations (Roger et al., 1991). According to Rogler and colleagues (1991), mental health status has been assessed by adjustment or adaptation scales, specific symptom lists to tap psychological distress, and qualitative methods. Rogler and colleagues (1991) further argued that standard measures of psychological health may not capture the reality of how Latina/Latino individuals experience distress. In spite of these measurement limitations which have plagued research on Latina/Latino individuals, the Brief Symptom Inventory (BSI; Derogatis, 1993) has demonstrated promising characteristics as a measure of psychological health (Derogatis, 1993; Young & Evans, 1997). Additionally, this measure has norms based on both Latinas and Latinos, and has undergone a rigorous translation and back-translation process.

Meaning in Life

The definition of meaning in life is diverse, and ranges from the transcendence of one's self (Seligman, 2002) to the search for and presence of meaning (Steger et al., 2006). Meaning in life is one construct which illuminates psychological well-being. As summarized by Steger and colleagues (2006), meaning in life is a measure of well-being (e.g., Ryff, 1989), adaptive coping (Park & Folkman, 1993), or therapeutic growth (Crumbaugh & Maholick, 1964; Frankl, 1965). A focus on meaning in life is crucial in the field of counseling psychology and in the humanistic tradition of self-actualization (Steger et al., 2006).

Historically, meaning in life has originated from eudemonic theories of well-being, which traditionally emphasize psychological strengths. Keyes, Shmotkin, and Ryff (2002) argued that aspects of psychological well-being, like meaning in life, are representative of eudemonic well-being which is characterized by the goal of maximizing human potential. Psychological well-being involves "thriving vís-a-vís the existential challenges in life" which is related to meaning in life (Steger et al., 2006, p. 1007). Thus, for Latino immigrants experiencing adversity, meaning in life may represent a culturally appropriate construct and unstudied construct in the realm of eudemonic well-being and psychological health.

Steger and colleagues (2006) have asserted that meaning in life consists of two related but distinct dimensions: search for meaning and presence of meaning. Although searching for the meaning of life and reporting presence of meaning in life may seem paradoxical (e.g., high report of presence of meaning life seemingly implies that one is not searching for meaning), Steger and colleagues remind us of spiritual and religious leaders like Ghandi and Mother Teresa who simultaneously had a strong meaning in life, and sought out religious and spiritual self-transcendence through an active search. Presence of meaning in life is related to other aspects of well-being, personality traits, and religiosity variables.

One recent study illustrated the importance of meaning in life as a construct which may be related to coping styles and suicidal manifestations (Edwards & Holden, 2003). In a sample of undergraduate students, these researchers sought to examine gender differences and psychological factors influencing suicidality. The findings suggested that purpose in life and sense of coherence were associated negatively with suicidal

manifestations. There was additional evidence that the relationship between coping and suicidal ideations was moderated by life meaning more for women than for men. Although these results suggested the importance of meaning in life especially among women, the findings were limited in that the most recent measure was not utilized (Steger et al., 2006). Moreover, it is not clear whether these findings generalize to diverse populations like Latina and Latino immigrants.

In the past, the scientific study of meaning in life has been hampered by a lack of appropriate measurement (Steger et al., 2006). These researchers argued that future studies should seek to identify how meaning in life is formed. For instance, they suggested examining personality characteristics, environmental or sociocultural contexts, mood, recent life events, and goal progress as potential variables which may influence meaning in life. For Latina/Latino immigrants adapting to life in a new country, it is important to move beyond past research detailing pathology and illness; however, as the literature on meaning in life is sparse, there are no known studies of meaning in life in immigrant or Latina/Latino populations. Steger and colleagues (2006) argued that future directions should attempt to incorporate cross-cultural validation of this construct. Furthermore, with a new measure of meaning in life, the construct can be validly and reliably assessed using self-report measures, and has been translated into Spanish.

Gender

Gender refers to one's psychological sense of being male or female (Stewart & McDermott, 2004). According to Stewart and McDermott (2004), gender influences numerous psychological processes at the individual level (e.g., identity), and the social level. In the psychological study of gender, the concept of intersectionality is important to

identify interactions between social identities (e.g., Latina includes both gender and ethnicity).

Within Latina/Latino culture, *machismo* and *marianismo* refer to traditional gender roles (Santiago-Rivera et al., 2005). The cultural value of *machismo* refers to a Latinos' responsibility to take care of and protect his family. The cultural value *marianismo* involves a religious association with the Virgin Mary which implies that women must be pure, virtuous, humble, and spiritually stronger than their male counterparts (Santiago-Rivera et al., 2005). Santiago-Rivera and colleagues (2005) noted that Latinas from traditional families may be viewed as selfless and nurturing individuals who provide spiritual support to members of the family. Although traditional gender roles may be more common in recent immigrants, changes may occur as the family experiences adaptation (Santiago et al., 2005).

Regarding gender differences, research has suggested that Latinas and Latinos may experiences stress differently. The findings of one study suggested that migration affects Latina women more negatively than their male counterparts (Allen, Amason, & Holmes, 1997). Rodriguez and colleagues (2002) noted that being a female and having high general and acculturative stress are risk factors for psychological distress. Latina immigrants specifically may experience myriad pre- and post- migration stressors like leaving family behind, marginalization, and poor economic/ occupational conditions (Vargas-Willis & Cervantes, 1987). These researchers also noted that stressors associated with role changes are complex and may influence Latina immigrants at the personal and familial level. Although one study found no differences in stress between genders (Padilla, Alvarez, & Lindholm, 1986), upon closer examination of this relationship, it

seems that stress operates differently between genders. Specifically, one recent study revealed that Latinas and Latinos experience similar levels of stress; however, for Latinas, family stress influenced depression, and for Latinos, occupational-economic stressors emerged as the most salient predictors (Aranda et al., 2001). One possible explanation is that many Latinos adhere to traditional gender roles, where women are caretakers of the family, and men are the providers. Other gender differences found were the ways in which social support operated. For Latina women, the marital relationship was a source of support which buffers against stress, while for men, sources outside the family influenced depressive symptoms.

Integrated Theoretical Framework

The current study incorporates constructs relevant to Latino immigrants as described by Cervantes and Castro's (1985) theoretical framework which modifies Lazarus and Folkmans' (1984) model of coping. Cervantes and Castro (1985) cast Lazurus' and Folkman's (1984) model of coping in a culturally sensitive theoretical model which is applicable in the study of Latina/Latino immigrants. The Cervantes-Castro (1985) stress-mediation outcome model component filled a gap in the literature for conducting mental health research with Latinas/Latinos.

The Cervantes-Castro (1985) model is intended for clinical research with the individual as the unit of analysis. There are several culturally specific variables within the model, which has seven interacting elements: potential stressors, appraisals, internal mediators, external mediators, coping responses, short-term outcomes, and long-term outcomes. According to the model, acute or chronic potential stressors influence individuals' appraisal. These appraisals represent evaluations of costs to self if unable to

grapple effectively with source of stress. Examples of internal mediators are language, level of acculturation, personality traits, socioeconomic status, and intelligence. External mediators include religious/ spiritual affiliations, supportive versus non-supportive work relationships, and accessible social services. Finally, coping responses are influenced by appraisals, and both internal and external mediators. This model is used to explain short and long term outcomes among Latinas/Latinos.

The present study used the Cervantes and Castro (1985) framework as a model for predicting psychological health and meaning in life among Latina/Latino immigrants. Since potential stressors are commonly conceptualized as objective measures of stressful life events (e.g., Cohen, Kamarack, & Mermelstein, 1983), appraisals of stress in this study were assessed by a general measure of perceived stress (Cohen et al., 1983) Perceived social support was conceptualized as a mediating variable, while forms of religious coping were employed as measures of coping response. In this comprehensive model, outcomes were conceptualized as psychological health and meaning in life, which may serve as modifiers for subsequent appraisal processes through feedback mechanisms.

Additionally, this study sought to integrate theoretical advances in the coping literature. A recent meta-analysis criticized the traditional theories and methodologies in the study of coping (Skinner et al., 2003). While historically ways of coping have been conceptualized as problem or emotion-focused (e.g., Lazarus & Folkman, 1984), avoidance and approach, and cognitive behavioral, these researchers argued that coping should be conceptualized hierarchically. According to Skinner and colleagues (2003), there are five families of coping and which are clear and mutually exclusive. They categorized these families as problem solving, seeking support, escape avoidance,

cognitive restructuring, and distraction. Based on this recent reformulation of coping theory which advocates the conceptualization of coping in broad families, this study operationalized religious coping as a multidimensional coping response (Pargament, 1997) which fits under many of these families (e.g., seeking spiritual support would fall under seeking support).

In sum, a review of the literature has revealed the complexity of the Latina/Latino immigrant experience. Salient aspects about Latina/Latino immigrants and the Latina/Latino immigrant community in the United States have been highlighted. The variables of interest in this study including perceived stress, social support (family and significant other), and religious coping (positive and negative), were reviewed. The research addressing psychological health (absence of depression, anxiety, and somatization) and meaning in life (search and presence) were highlighted. Additionally, gender was described as an important variable within Latina/Latino culture. Finally, an integrative theoretical framework of immigrant coping was reviewed as a model for conceptualizing the Latina/Latino immigrant experience.

CHAPTER 3

Method

Design

The purpose of this study was to explore the relations among stress, social support, religious coping, and psychological functioning in a sample of Latina/Latino immigrants. Specifically, the psychological outcomes that were analyzed included psychological health and meaning in life.

Procedure

Latina/Latino immigrants enrolled in English as a Second Language (ESL) classes as part of the Prince Georges' County Adult Education program were recruited for this study. The bilingual principal investigator or another bilingual research assistant spoke with the principals of two night time schools, and discussed the possibility of collecting data at the given location. Both principals consented to allow their schools to participate. Individual teachers were contacted in person by the principal investigator or 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 then read a script in Spanish which contained information about the study and informed consent. In accordance with Marin and Marin (1991), the message to the participants was scripted in a manner that was personal, included the purpose of the study, summarized what was expected of participants, discussed compensation, and mentioned the legitimizing agency (See Appendix A and

Appendix B). Specifically, the principal investigator or research assistant introduced themselves as students from the University of Maryland, and distributed flyers which advertised and summarized the purpose of the study (See Appendix C and Appendix D). Since concerns about illegal immigration status were expected, participants were assured that extra care would be employed to ensure anonymity.

Participants were informed that the purpose of the study was to understand how Latina/Latino immigrants cope with various stressors, and how this relates to their well-being. 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. See Appendix E for lottery forms. The students were assured that participation would be anonymous and would take around 30-45 minutes. Additionally, participants were informed that their participation was completely voluntary, and they could withdraw at any time.

The principal investigator or a research assistant subsequently asked participants if they were interested in participating in this research study. After verbally giving consent, and being given the opportunity to ask questions, participants were asked to complete the measures in Spanish. The surveys were numbered to track location of data collection for subsequent analyses. After participants completed the survey, they were asked if they would like to enter a lottery for winning the $50 cash prize. Those who were interested filled out lottery forms with their contact information. Lottery prizes were later distributed by mail after pulling the winning four slips out of an envelope.

Participants

All participants in this study were Spanish-speaking and able to read and write in Spanish. Umana-Taylor and Fine (2001) argued that Latinas/Latinos should not be

grouped collectively because of significant within group differences in multiple arenas. In the Washington D.C. and surrounding areas, Central Americans, specifically immigrants from El Salvador, compose the majority of D.C. Latinas/Latinos (Office on Latino Affairs, 2005), and were thus were chosen for participation in this study. All participants met the following criteria: (a) born in a Central American country, and (b) currently living in the United States indefinitely. A cursory review of past research suggests that effect sizes for religious coping range from small to medium (e.g., Harrison et al., 2001). Following statistical procedures detailed by Cohen (1992) and Cohen (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, twenty-five 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.

Measures

The instruments administered in the study consisted of the: a) Perceived Stress Scale, b) Multidimensional Scale of Perceived Social Support, c) Religious Coping Questionnaire, d) Brief Symptom Inventory, e) Meaning in Life Questionnaire, and f) Demographic Sheet (at the end of the survey).

All measures except the Multidimensional Scale of Perceived Social Support (MSPSS) 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 backtranslation procedure. For the meaning in life and perceived stress measures, a technique of back-translation was used to ensure equivalency of versions. Thus, all measures were administered in Spanish, and 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 in all cases so as not to influence response patterns.

Brislin (2000) and Marin and Marin (1991) were consulted for information regarding the translation processes. Brislin (2000) noted that materials developed in English should be translated by a bilingual person into another language called the target language. Another bilingual researcher should subsequently translate version from the target language version back to English. The two versions should then be compared in English to assess the instrument's quality. This procedure was completed for the social support subscale, which had not been translated into Spanish.

A procedure of decentering to promote cultural equivalency also was employed in the back-translation process. This involved changing or modifying items so that the concepts were meaningful and culturally appropriate (Marin & Marin, 1991). Consistent with the work of Marin and Marin (1991), some measures were modified to ensure that the language was simple and at a third-grade reading level. In addition, Latina and Latino immigrants living in Washington D.C. have about a third-grade reading level (Personal communication, Melba Calderon, January 30, 2005). Thus, 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 Latina/Latino immigrant community, and were aware of what constituted a third-grade reading level (See Appendix F). For instance, the teachers, in consultation with the primary investigator modified various items to ensure appropriate reading level (e.g., changed "intuiciones" to "ideas"), and linguistic clarity and meaning (e.g., changing "al" to "en").

Perceived stress. The Perceived Stress Scale (PSS; Cohen, Tamarack, & Mermelstein, 1983) assessed appraisals of perceived stress (See Appendix G and Appendix H). The original scale has 14-items which when summed yield a total perceived stress score. Respondents rated the frequency with which they have experienced stress in the past month ranging from 0 (*never*) to 4 (*very often*). Higher scores reflected greater perceived stress in the past month. A sample item from the scale is, "In the last month, how often have you felt "stressed"?

The PSS had been employed numerous times in the stress literature, and had demonstrated adequate validity and reliability. Cohen and colleagues (1983) found support for construct validity through expected relations with a measure of life events. Cohen (1986) argued that perceived stress measures stress above and beyond hassles scales. Notably, the 14-item version of the PSS had been translated and validated in a Spanish-speaking sample of individuals with HIV (Remor & Carrobles, 2001; Remor, 2006). In a subsequent study of adults with HIV, women reported greater perceived stress than men, and stress was correlated negatively with age (Remor, 2006). In the initial study of the 14-item version among Spanish-speaking HIV individuals, the internal reliability of the scale was somewhat low ($\alpha = .67$); however, in the subsequent

investigation, the internal consistency coefficients were higher (α = .81), and the test-retest reliability was adequate (*r* = .73).

Remor (2006) compared the reliability and validity of the PSS with a shortened 10-item version. The results suggested that the short form (M = 17.6, SD = 6.7) had higher internal reliability (α = .82) and improved test-retest reliability (*r* = .77) than the 14-item version. The authors suggested using the abbreviated scale because of the seemingly equivalent validity and improved reliability when compared to the 14-item scale. Thus, the ten item scale was administered in the current study. Notably, the scale was designed for community samples with at least a junior high education (Cohen, Kamarack, & Mermelstein, 1983). Thus, items were modified by the Latina bilingual language teachers to ensure that the measure had a third-grade reading level, and were appropriate for Central American participants.

Perceived social support. The Multidimensional Scale of Perceived Social Support (Zimet et al., 1988) was administered to assess the amount of perceived social support (See Appendix I and Appendix J). The three subscales within the overall measure were Family, Friends, and Significant Other. The Family and Significant Other subscales were included in this study because family is an important facet of Latina/Latino culture (Atkinson, 2004). Since only the Family and Significant Other subscales were administered, the measure consisted of eight items with four items for each scale.

The measure was developed and validated initially on university undergraduates; however, it has since been translated and validated for use with Spanish-speaking populations. Each item ranges on a 5-point scale ranging from 1 (*strongly disagree*) to 5 (*strongly agree*). A sample item from the Family subscale was "My family is willing to

help me make decisions." A sample item from the Significant Other subscale was "There is a special person in my life who is around when I am in need."

The three scale factor structure was supported in a confirmatory factor analysis by Zimet et al. (1990), and in a study with Mexican American youth (Edwards, 2004). According to Zimet and colleagues (1988), the scale demonstrated strong construct validity, and was correlated moderately and negatively with anxiety and depression. Edwards (2004) also provided support for convergent validity with Mexican American youth, with familism correlating strongly with the Family and Significant Other subscale of the MSPSS.

Adequate reliability estimates were found for the MSPSS in several studies. The overall Cronbach's alpha was .88, and subscale alphas ranged from .85 to .91 (Zimet, 1988). In a study with pregnant women, adolescents living in Europe with families, and pediatric residents, the MSPSS was shown to have internal reliability ranging from .81 to .94 (Zimet et al., 1990). In a sample of Spanish students, the reliability coefficients ranged from .89 to .92, with .89 for the overall scale alpha (Landeta & Calvete, 2004). Consistent with these studies, both the individual scores on familialism and significant other and the overall scale were calculated. Edwards' (2004) study with Mexican American adolescents also demonstrated high internal consistency ($\alpha = .86$), with low reliability only on the Significant Other subscale ($\alpha = .61$). Test-retest reliability for the overall scale was .85, and subscales ranged from .72 to .85 (Zimet, 1988).

There are some special considerations for using this scale and interpreting the results. First, the means tend to fall well above the midpoint of 3.5 suggesting participants strongly endorsed the items; however, the measure did not correlate with

social desirability (Zimet, 1990). There were gender differences found in this scale, with women reporting overall greater support than men (Zimet, 1988). According to Canty-Mitchell and Zimet (2000), the reading level of the scale was at a fourth-grade level, thus, some changes were made by the Latina bilingual language teachers to ensure cultural equivalency for Central American participants and to ensure a third-grade reading level.

Religious coping. The RCOPE (Pargament et al., 2001) assesses religious coping on various dimensions (See Appendix K and Appendix L). The five key religious functions were: meaning, control, comfort/ spirituality, intimacy/ spirituality, and life transformation. To define and measure these five religious functions, the overall measure consisted of seventeen subscales which assessed both positive and negative forms of religious coping. The instrument contained 105 items which identified the five key religious functions according to Pargament and colleagues (2001). Each of the subscales ranged on a four point scale from 0 (*not at all*) to 3 (*a great deal*).

Pargament and colleagues (2001) advocated choosing subscales from the RCOPE which were theoretically appropriate for the subject of interest. Additionally, psychometric properties were considered in selecting subscales for use in this study. A total of seven subscales with thirty-nine items were chosen from the seventeen total subscales. Since positive religious coping may be more commonly reported than negative religious coping (Pargament et al., 2001), different selection criteria for subscales were employed for the two coping styles. Of the ten positive religious coping, subscales were chosen for inclusion based on strong psychometric properties. Specifically, positive religious scales which had reliability coefficients less than .80 and means less than 1.0 according to Pargament et al. (2001) were excluded from the study because these scales

were rarely endorsed (i.e., Marking Religious Boundaries, Religious Direction/ Conversion, Religious Focus). Of the seven remaining positive religious coping subscales, Benevolent Religious Reappraisal/ Spiritual Support, Spiritual Connection, Collaborative/ Low Self-Directed Religious Coping, and Seeking Spiritual Support from Clergy had supporting evidence or construct validity in the literature as will be outlined below. Additionally, Seeking Spiritual Support from Clergy was chosen for inclusion as a culturally relevant variable for Latinas/Latinos (Ruiz, 2002).

First, Benevolent Religious Reappraisal/ Spiritual Support refers to the redefining of a stressor through religion as benevolent and potentially beneficial (Pargament et al., 2001). An example item was "Saw my situation as part of God's plan." Benevolent religious reappraisal had been related positively to stress-related growth (Pargament et al., 2001) and to improvements in physical health (Pargament et al., 2004). This 9-item subscale demonstrated adequate psychometric properties (α = .91; M = 1.52; SD = .80).

Second, Spiritual Connection was defined as the experiencing of a sense of connectedness with forces that transcend (Pargament et al., 2001). An example item from the scale is "Tried to build a strong relationship with a higher power." Gall and colleagues (2005) suggested that spiritual connection to nature, other individuals, and transcendent others was an important dimension of religious coping. As related to Pargament et al.'s (2001) conceptualization of spiritual connection, Gall et al. (2005) suggested spiritual connection to transcendent others was connected closely to attachment to God, or one's relationship with God. This 3-item subscale has been related to spiritual outcomes and stress-related growth (Pargament et al., 2004), and demonstrated adequate psychometric properties (α = .81; M = 1.09; SD= .86).

Third, Collaborative/ Low Self-Directing Religious Coping refers to the seeking of control through a partnership involving problem-solving with God (Pargament et al., 2001). An example item was "Worked together with God to try to solve my problems." Collaborative religious coping has been related to recovery-enhancing activities and empowerment (Yangaber & Hicks, 2005). Greater use of self-directed religious coping also was linked to decreased use of recovery-related activity in mentally ill patients because the problem was viewed as uncontrollable (Yangarbor & Hicks, 2005). Phillips, Pargament, Lynn, and Crossley (2004) noted that self-directed religious coping has two factors: a deistic and supporting God, and an abandoning God factor. Because of these opposing dimensions, 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). The psychometric properties of this 8-item subscale were adequate ($\alpha = .89$; $M = 1.77$; $SD = .76$).

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/Latinos seek support from the clergy, and may enter the mental health system via this manner (Ruiz, 2002). An example item from this scale was "Sought support from members of my congregation." The subscale Seeking Spiritual Support from the Clergy has been related to spiritual outcomes and stress-related growth (Pargament et al., 2004). This 5-item subscale demonstrated adequate reliability ($\alpha = .90$).

In addition to these four positive religious coping subscales, the negative religious coping subscales underwent selection criteria prior to inclusion in this study. Notably, four of the scales had means less than or equal to .50. These scales were excluded from the study because they were not strongly endorsed, nor were they well-documented in the literature. Specifically, these subscales were either not cited or cited less than twice in a review of religious coping articles published in the last decade. The negative coping scales chosen for inclusion in the study were: Pleading for Direct Intercession, Punishing God Reappraisal, and Reappraisal of God's Power.

First, Pleading for Direct Intercession referred to seeking control indirectly by asking God for a miracle or divine intercession (Pargament et al., 2001). An example item from this scale was "Prayed for a miracle." According to Pargament et al. (2001), Pleading for Direct Intercession was the most popular negative coping subscale and has shown to be a valid and important dimension of coping. This 5-item subscale was related to negative physical health outcomes and greater emotional distress at the time of the event (Pargament et al., 2001). In a sample of elderly medically ill patients, pleading for direct intercession was related negatively to cognitive functioning and independent living in elderly medically ill patients (Pargament et al., 2004). This scale also was chosen based on promising psychometric properties ($\alpha = .84$; $M = 1.25$; $SD = .82$).

Second, Punishing God Reappraisal referred to redefining the stressor as a punishment from God for one's sins (Pargament et al., 2001). One item from this scale was "Wondered if God was punishing me because of my lack of faith." This subscale was correlated with negatively physical health, quality-of-life, stress-related growth, and cognitive functioning among elderly medically ill patients (Pargament et al., 2004).

Additionally, Pargament and colleagues (2004) found that feeling punished by God was related to depressed mood. This 5-item scale demonstrated adequate psychometric properties (α = .92; M = .56; SD= .76).

Third, Reappraisal of God's Power referred to the redefining of God's power to influence the stressful situation (Pargament et al., 2001). An example item from this scale was "Realized there are some things even God cannot change." The subscale Reappraisal of God's Power had been associated with poorer spiritual outcomes, less stress-related growth, lower cognitive functioning and quality-of-life) in a sample of elderly medically ill patients (Pargament et al., 2004. This 4-item scale had adequate psychometric properties (α = .78; M = .98; SD= .79).

The RCOPE was developed with a college sample and confirmed with factor analysis in a hospital sample (Pargament et al., 2001). 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 a third-grade reading level, the measure was modified by the bilingual Latina language teachers.

Psychological health. The Brief Symptom Inventory (BSI 18; Derogatis, 1993) was used to assess overall psychological functioning (See Appendix M and Appendix N). 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*). An example from the Depression subscale was "thought of ending your life." An example from the Anxiety subscale was "nervousness or shaking inside." An example from the Somatization subscale was "nausea or upset stomach."

This measure appeared to be both valid and reliable in Latino and immigrant populations. A recent study of Latinos by Thoman and Suris (2004) demonstrated that psychological distress as measured by the BSI was related to acculturation, acculturative stress, and demographic characteristics like age, gender, and SES. The 53- item longer version of the scale demonstrated high reliability in Spanish-speaking samples (α= .96; Rodriguez et al., 2002) and in English-speaking Latinas/Latinos (α= .96; Lee & Liu, 2003). Additionally, the BSI global and subscale scores seemed to be reliable and culturally appropriate measure of psychological distress in immigrant populations (Aroian, Patsdaughter, Levin, & Gianan, 1995). The overall reading level of the BSI is sixth grade (Derogatis, 1993).

Meaning in life. The Meaning in Life Questionnaire (MLQ; Steger et al., 2006) was used to assess meaning in life (See Appendix O and Appendix P). This scale had two subscales: Search for Meaning (MLQ-S) and Presence of Meaning (MLQ-P). The MLQ had ten questions with response items ranging from 1 (*absolutely untrue*) to 7 (*absolutely true*). The overall scale measured two dimensions: presence of meaning in life and search for meaning in life. An example from the Search subscale was "I am always searching for something that makes my life feel significant and an example from the Presence subscale was "I understand my life's meaning."

The initial instrument development of the scale demonstrated adequate validity and reliability (Steger et al., 2006). Steger and colleagues (2006) noted that a majority of analyses using a Multitrait-Multimethod Matrix (MTMM) provided support for both convergent and discriminant validity. The MLQ-P was correlated strongly with two other measures of purpose in life, thus providing support for convergent validity. Furthermore,

the MLQ-P was discriminated from other types of well-being like the SWLS in the instrument development. Using the MTMM of self-report and informants, presence was related positively with other measures of meaning (*rs* ranged from .60 to .86). The MLQ-P was correlated positively with positive emotions, intrinsic religiousness, conscientiousness, extraversion, and agreeableness. The subscale was correlated negatively with depression, negative emotions, and neuroticism. Presence also differed across religions, with participants endorsing "Other" reporting higher presence than Protestants, Catholics, agonistics or atheists, and lower than Muslims. Self-reports of the MLQ-P were correlated positively with informant reports thus providing support for convergent validity. The MLQ-P also demonstrated high internal consistency (alpha coefficients ranging from .84 to .92) and adequate test-retest reliability (r = .70).

Another study of the MLQ (Steger & Frazier, 2005) provided support for the scale's utility in understanding the relationship between religiousness and well-being. The overall instrument had been shown to mediate the relationship between religiousness and well-being (Steger & Frazier, 2005). Meaning in life also mediated the relationship between religious behaviors and well-being.

Since the MLQ was developed and validated in a sample of psychology undergraduates, the measure was reviewed by the Latina bilingual language teachers to ensure cultural equivalency and a third-grade reading level. Some changes were made to the measure which was translated for use with populations in Spain. For example, one change made to the measure as it was backtranslated and decentered included changing "cuestiones" to "preguntas" to reflect a word more commonly used across Spanish dialects. See Appendix F for other changes.

Demographic questionnaire. A demographic questionnaire developed by the principal investigator collected 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 (See Appendix Q and Appendix R).

Hypotheses and Research Questions

In accordance with the model of coping proposed by Cervantes and Castro (1985), and a review of the literature, several hypotheses and research questions were developed about stress, religious coping, social support, psychological health, and meaning in life among Latina/Latino immigrants. To explore relationships among variables, and test hypotheses, a correlation matrix was tabulated, and regressions were performed to assess the extent to which social support from the family and religious coping predicted psychological health while controlling for stress.

Additionally, prior to conducting the main analyses for this study, the following information was studied: data collection location, acculturative stress, socioeconomic status, race/ ethnicity, age at immigration, control over the decision to immigrate, reasons for immigration, socioeconomic status, marital and familial status, religious affiliation (if any), and frequency of attendance of religious service.

Preliminary analyses

Before addressing the four purposes of the study, differences in data collection location and gender were assessed using a series of Multiple Analyses of Variance

(MANOVA). For all analyses, a p value of .01 was used.

Purpose 1

The first purpose of the study was to learn about the stressors, perceived social support support, varied dimensions of religious coping, psychological health, and meaning in life experienced by Latina/Latino immigrants.

Analyses

Descriptive statistics were calculated for all variables with this sample of Latina and Latino participants.

Research Question 1. How can this sample be described with regard to country of origin, age, gender, race/ ethnicity, age at immigration, control over the decision to immigrate, reasons for immigration, socioeconomic status, marital and familial status, religious affiliation (if any), and frequency of attendance of religious service?

Research Question 2. What are the levels of perceived stress, perceived social support (family and significant other), varied dimensions of religious coping (positive and negative), psychological health (as measured by the absence of depression, anxiety, and somatization), and meaning in life (search and presence) reported by Latina/Latino immigrants?

Purpose 2

The second purpose of this study was to investigate the relationships among the variables of interest in this study for Latina/Latino immigrants.

Analyses

The following hypotheses were analyzed using Pearson's *r* correlations.

Hypothesis 1a. There will be a negative relationship among perceived stress and psychological health (as measured by the absence of depression, anxiety, and somatization).

Hypothesis 1b. There will be positive relationships among perceived social support (family and significant other) and psychological health (as measured by the absence of depression, anxiety, and somatization).

Hypothesis 1c. There will be positive relationships among positive forms of religious coping (benevolent religious reappraisal/ spiritual support, spiritual connection, collaborative/ low self-directed religious coping, and seeking spiritual support from clergy) and psychological health (as measured by the absence of depression, anxiety, and somatization).

Hypothesis 1d. There will be positive relationships among positive forms of religious coping (benevolent religious reappraisal/ spiritual support, spiritual connection, collaborative/ low self-directed religious coping, and seeking spiritual support from clergy) and meaning in life (search and presence).

Hypothesis 1e. There will be negative relationships among negative forms of religious coping (pleading for direct intercession, punishing God reappraisal, and reappraisal of God's power) and psychological health (as measured by the absence of depression, anxiety, and somatization).

Hypothesis 1f. There will be negative relationships among negative forms of religious coping (pleading for direct intercession, punishing God reappraisal, and reappraisal of God's power) and meaning in life (search and presence).

Hypothesis 1g. There will be negative relationships between perceived stress and perceived social support (family and significant other).

Hypothesis 1h. There will be negative relationships between perceived stress and positive religious coping (benevolent religious reappraisal/ spiritual support, spiritual connection, collaborative/ low self-directed religious coping, and seeking spiritual support from clergy).

Hypothesis 1i. There will be positive relationships between perceived stress and negative religious coping (pleading for direct intercession, punishing God reappraisal, and reappraisal of God's power).

Hypothesis 1j. There will be positive relationships between perceived social support (family and significant other) and positive religious coping (benevolent religious reappraisal/ spiritual support, spiritual connection, collaborative/ low self-directed religious coping, and seeking spiritual support from clergy).

Hypothesis 1k. There will be negative relationships between perceived social support (family and significant other) and negative religious coping (pleading for direct intercession, punishing God reappraisal, and reappraisal of God's power).

Purpose 3

The third purpose was to study differences in all variables among Latina and Latino immigrants.

Analyses

Four Multiple Analyses of Variance (MANOVAs) were conducted to analyze the following hypotheses.

Hypothesis 2a. Latinas will report higher levels of perceived social support (family and significant other) than Latinos.

Hypothesis 2b. Latinas will report using more positive religious coping (benevolent religious reappraisal/ spiritual support, spiritual connection, collaborative/ low self-directed religious coping, and seeking spiritual support from clergy) than Latinos.

Hypothesis 2c. Latinas will report using more negative religious coping (pleading for direct intercession, punishing God reappraisal, and reappraisal of God's power) than Latinos.

Hypothesis 2d. Latinas will report lower levels of psychological health than Latinos.

Hypothesis 2e. Latinas will report greater meaning in life (search and presence) than Latinos.

Purpose 4.

The final purpose of the study was to examine the contributions of perceived social support (family and significant other) and religious coping (positive and negative) to the prediction of psychological health (as measured by the absence of depression, anxiety, and somatization) and meaning in life (search and presence) when controlling for perceived stress and gender.

Analyses

A total of five hierarchical multiple regression analyses were conducted to predict the dependent variables (depression, anxiety, somatization, search for meaning, and presence of meaning). Perceived stress was entered first into all regression equations.

Scores on the social support scales were entered next as a block. Then, the religious coping subscales were entered as a block. This order of entry was chosen because theory suggested that potential stressors would precede engagement of social support and coping responses.

This study operationalized depression, anxiety, search for meaning and presence of meaning as outcome variables. These variables were selected in accordance with comprehensive models of coping (Cervantes & Castro, 1985; Lazarus & Folkman, 1984).

Hypothesis 3a. When controlling for perceived stress, perceived social support (family and significant other) and religious coping (positive and negative) will contribute collectively to the prediction of depression.

Hypothesis 3b. Perceived social support (family and significant other) will contribute unique variance to the prediction of depression.

Hypothesis 3c. Positive (benevolent religious reappraisal/ spiritual support, spiritual connection, collaborative/ low self-directed religious coping, and seeking spiritual support from clergy) and negative (pleading for direct intercession, punishing God reappraisal, and reappraisal of God's power) forms of religious coping will contribute unique variance to the prediction of depression.

Hypothesis 4a. When controlling for perceived stress, perceived social support (family and significant other) and religious coping (positive and negative) will contribute collectively to the prediction of anxiety.

Hypothesis 4b. Perceived social support (family and significant other) will contribute unique variance to the prediction of anxiety.

Hypothesis 4c. Positive (benevolent religious reappraisal/ spiritual support, spiritual connection, collaborative/ low self-directed religious coping, and seeking spiritual support from clergy) and negative (pleading for direct intercession, punishing God reappraisal, and reappraisal of God's power) forms of religious coping will contribute unique variance to the prediction of anxiety.

Hypothesis 5a. When controlling for perceived stress, perceived social support (family and significant other) and religious coping (positive and negative) will contribute collectively to the prediction of somatization.

Hypothesis 5b. Perceived social support (family and significant other) will contribute unique variance to the prediction of somatization.

Hypothesis 5c. Positive (benevolent religious reappraisal/ spiritual support, spiritual connection, collaborative/ low self-directed religious coping, and seeking spiritual support from clergy) and negative (pleading for direct intercession, punishing God reappraisal, and reappraisal of God's power) forms of religious coping will contribute unique variance to the prediction of somatization.

Hypothesis 6a. When controlling for perceived stress, perceived social support (family and significant other) and religious coping (positive and negative) will contribute collectively to the prediction of meaning in life (search).

Hypothesis 6b. Perceived social support (family and significant other) will contribute unique variance to the prediction of meaning in life (search).

Hypothesis 6c. Positive (benevolent religious reappraisal/ spiritual support, spiritual connection, collaborative/ low self-directed religious coping, and seeking spiritual support from clergy) and negative (pleading for direct intercession, punishing

God reappraisal, and reappraisal of God's power) forms of religious coping will contribute unique variance to the prediction of meaning in life (search).

Hypothesis 7a. When controlling for perceived stress, perceived social support (family and significant other) and religious coping (positive and negative) will contribute collectively to the prediction of meaning in life (presence).

Hypothesis 7b. Perceived social support (family and significant other) will contribute unique variance to the prediction of meaning in life (presence).

Hypothesis 7c. Positive (benevolent religious reappraisal/ spiritual support, spiritual connection, collaborative/ low self-directed religious coping, and seeking spiritual support from clergy) and negative (pleading for direct intercession, punishing God reappraisal, and reappraisal of God's power) forms of religious coping will contribute unique variance to the prediction of meaning in life (presence).

CHAPTER 4

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 for the 201 participants 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.

Outliers were then identified using the criterion of three standard deviations from the mean. Four outliers were identified and removed for subsequent analyses, leaving 197 participants. The data was 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. Following a similar procedure as 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 non-transformed scores were reported.

MANOVA analyses were conducted to examine differences between locations of data collection on all variables in this study. Differences in stress, social support, positive dimensions of religious coping, negative dimensions of religious coping, and psychological outcomes were assessed by data location. Four MANOVAs were conducted. Stress was included in the MANOVA with psychological outcomes because of the strong correlations. Of the 15 scales analyzed for differences, only one difference was found among the participants of the two data locations. Specifically, participants at Site A (M = 3.18, SD = .24) endorsed reappraisal of God's power more than Site B (M = 2.37, SD = .45). This finding suggested that participants at site A were more likely to view God as unable to help with some of their life problems. Since this was the only difference on fifteen scales between Site A and Site B, all data from the two locations were merged for subsequent analyses.

Descriptive statistics

To address the first purpose of the study, descriptive statistics were calculated for all variables (See Tables 1a and 1b). Most participants were males (66.5%) from El Salvador (53.3%) or Guatemala (37.6%), and most of the data were collected at Site A ESL classes (86.3%). The average age of participants was 29.56 (SD = 8.90). Most participants were relatively recent immigrants, arriving in the USA within the past four years or 48 months (M = 44.92; SD = 44.95). About 10% of the sample reported being in the USA for more than 7 years, thus accounting for the large standard deviation. Participants expressed moderate to high amounts of control (M = 7.07; SD = 3.17) and

agreement (M = 6.13; SD = 3.43) over their decision to immigrate to the United States. 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 = 3.40; SD = 1.22), and the least amount coming from pressure against acculturation from their own group members (M = 1.61; SD = 1.00).

On average, the participants reported low levels of income and educational attainment. The majority of participants reported an income of less than $20,000 annually (55.0%), and about 40% of the sample had a middle school education or less. The sample represented diverse Christian religious denominations. While many participants identified with Catholicism (42.6%) and conservative protestant denominations like Evangelism (24.4%), others identified with various mainline protestant denominations like Lutheranism (12.6%), or did not identify with any religion (14.2%). Some participants reported affiliating with Christianity, but did not specify a denomination (2.0%). Two participants reported practicing Espiritismo (1%). Overall, the sample demonstrated strong religious practices, with most participants (55.1%) 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 (63.5%), work (36.5%), education (9.9%), family (16.7%), and war (7.3%). Others (7.9%) cited different reasons like the presence of gangs in their country of origin, the hope for different opportunities in the US, and frustration with low paying jobs in their countries of origin.

Overall, the sample demonstrated low to moderate levels of stress (M = 16.07, SD = 6.72), and very high levels of social support. Specifically, participants reported

perceiving high levels of support from family (M = 20.26; SD = 6.20) and significant others (M = 21.27, SD = 6.88). Participants also reported moderate to high levels of positive religious coping. For example, participants strongly endorsed benevolent religious appraisal (M = 22.79; SD = 6.60) and collaborative religious coping (M = 19.12, SD = 4.84). Thus, most participants reported looking for strength and support in God, and reported collaborating with God to alleviate their worries.

Consistent with our hypotheses, participants reported receiving moderate to high levels of support from clergy or church members (M =7.04; SD = 4.63). 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 = 10.33, SD = 3.78). This finding suggested that most participants endorsed items indicated that they would pray to God for a miracle or for divine intervention.

In terms of psychological health and well-being, the sample reported low to moderate levels of depression (M = 8.54; SD = 5.53), anxiety (M = 5.61; SD = 4.69), and somatization (5.05; SD = 4.76). The participants' scores on meaning in life reflected a strong search for meaning (M = 24.04; SD = 10.03) and presence (M = 27.41; SD = 6.24), indicating that participants as a group endorsed items which reflect an active search for meaning in their lives, and they felt that their lives were meaningful.

Correlational analyses

To address the second purpose of the study and to test hypotheses 1 a-k, Pearson's correlations were calculated among variables of interest (See Table 2). Significant relations were reported at the $p < .01$ level. Consistent with expectations, there was a moderate negative correlation between perceived stress and psychological functioning, as

measured by depression (r = .53), anxiety (r = .57), and somatization (r =.46). Contrary to expectations, no relationships were found between perceived social support and psychological health. Furthermore, positive religious coping was not related to psychological health with the exception of anxiety and spiritual connection (r = .19). However, positive forms of religious coping were related to each other with the exception of benevolent religious reappraisal and seeking support from clergy. In addition, there were small positive relationships between some forms of positive religious coping and participants' report of meaning in life. For example, collaborative religious coping was related positively to the presence of meaning in life (r = .29) indicating that collaborating with God as a coping mechanism was related to feeling like one's life had meaning.

Contrary to expectations, there were mixed relationships between negative religious coping and meaning in life. While reports of God punishing participants for their sins (punishing God reappraisal) was related inversely to the presence of meaning in life (r = -.22), there were positive relationships between search for meaning and the following forms of negative religious coping: reappraisal of God's power (r = .21), and pleading for direct intercession (r = .22). These findings suggested that traditionally negative forms of religious coping may be related to positive psychological outcomes in cases where participants realize that God has limits when they pray directly to God for a miracle. Moderate negative relationships emerged among negative forms of religious coping (punishing God reappraisal and reappraisal of God's power) and psychological functioning depression, anxiety, and somatization. Thus, as expected, some traditionally negative forms of religious coping were related to poor psychological outcomes.

Mixed relationships among stress, social support, and religious coping were noted. Consistent with expectations, negative relationships between perceived stress and perceived social support from family (r = -.31) and significant other (r = -.20) were found. Although we posited negative relationships among perceived stress and forms of positive religious coping, stress was not related to positive religious coping with the exception of a negative relationship between stress and low self-directed/ collaborative religious coping (r = -.20). In this case, more perceived stress was related to reports of less collaborating and trusting in God. Stress was related to negative religious coping in two cases. Stress was positively and moderately correlated with punishing God reappraisal (r = .36) and reappraisal of God's powers (r = .25) meaning that more perceived stress was related to feeling that God was punishing them for sins, and even God had limits. In some cases, small positive relationships were found between perceived social support and positive religious coping. For example, collaborative/ low self-directed religious coping was related to support from family (r = .19) and support from significant other (r = .18). Many of the relations found, although significant, accounted for small amounts of shared variance.

MANOVA analyses

To address the third purpose of the study, four one way multivariate analysis of variance (MANOVAs) were conducted to investigate differences among Latinas and Latinos 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 dimensions of religious coping between Latinas and Latinos. Consistent with our hypotheses, significant differences were found between

Latinas and Latinos on somatization (F (1,174) = 8.23, p <.01). Specifically, Latinas reported greater somatization (M = 6.80, SD=5.89) than Latinos (M = 4.51, SD = 4.39). This effect (η_p^2= .03) was small to modest as discussed by Cohen (1988).

Linear regression

To address the fourth purpose of the study, 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 (Tables 3a-e). 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.

Contrary to our hypotheses, when controlling for perceived stress, perceived social support (family and significant other) and religious coping (positive and negative) did not contribute to the prediction of depression or anxiety. Collectively, the variables accounted for 31% of the variance in depression and 38% of the variance in anxiety. Only the control variable, perceived stress accounted for unique variance, contributing 28% to the prediction of depression, and 33% to the prediction of anxiety.

Furthermore, when controlling for perceived stress and gender, perceived social support (family and significant other) and religious coping (positive and negative) did not contribute to the prediction of somatization. Although collectively all variables accounted

for 26% of the variance in somatization, stress and gender accounted for 23% of the variance in somatization.

When predicting search for meaning in life, perceived stress, perceived social support, and religious coping explained 13% of the variance. The last step of the overall model was significant. 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, contributed unique variance to the prediction of presence of meaning in life. The overall model explained 33% of the variance in presence of meaning in life.

CHAPTER 5

Discussion

One of the major purposes of this study was to better understand the experiences of Latina and 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 and Latino 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 (Cohen, 1983), and HIV+ patients from Spain (Remor & Carrobles, 2001). Given that the sample was only moderately stressed, even small amounts of perceived stress may have implications for psychological well-being among Latina and Latino immigrants. Since the current study did not examine stress as a multi-dimensional construct, it remains unclear exactly which types of stress were most psychologically

taxing. Notably, one may question the ability of this measure to adequately capture the levels of stress experienced by participants.

In addition, social support from significant other was related to the presence of meaning in one's life. When controlling for stress and religious coping, 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 was not related to this positive psychological outcome. For Latina and Latino immigrants separated from family members, receiving support from a significant other may be especially 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 re-thinking God's ability to help in the coping process. This is consistent with Pargament's (2000) conceptualization of reappraisal as a way to search for meaning in life. Specifically, he 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.

Correlational results highlighted that the relationships among this form of negative religious coping and psychological outcomes immigrants were complex. For example, reappraisal of God's powers was associated simultaneously with positive (e.g., search for

meaning in life) and negative (e.g., depression, anxiety, and somatization) outcomes. Thus, while coping with stress by reframing God's power may be positively related to a personal quest for meaning, individuals using this form of negative religious coping may simultaneously be experiencing psychological distress and searching for meaning in their lives. Thus, while search for meaning in life is conceptualized as an indicator of eudemonic well-being, this form of self-actualization may be associated with negative religious coping and deleterious psychological outcomes. One explanation may be that individuals actively searching may concurrently feel a lack of meaning in their lives.

Analysis of religious coping and psychological outcomes

On average, the Central Americans in this sample reported using religion to cope with stressors in their lives a "good amount." Although statistical analyses of differences were not conducted, the participants in this study seemed to endorse religious coping items higher than a sample of medically ill patients (see Pargament et al., 2004) on six of the seven dimensions of interest in current the study. This finding is consistent with literature which suggested that Latinas and Latinos are likely to turn to religion as a coping mechanism (e.g., Abraído-Lanza, 2004; Mausbach et al., 2003; Santiago-Rivera, 2005; Simoni & Ortiz, 2003).

While participants indicated using both positive and negative forms of religious coping, distinctions were found regarding how often these mechanisms were used, and how they related to psychological outcomes. For example, while pleading for direct intercession was conceptualized previously as a negative coping mechanism (Pargament, 2001), this strategy was related positively to participants' reports of searching for

meaning in their lives. Thus, for Latina and Latino immigrants, praying for a miracle may be a positive way to use religion to cope.

This study provided a unique view of the multifaceted nature of religious coping by examining the myriad ways in which some immigrants cope with stress. While the literature has discussed the importance of religion among Latino communities (e.g., Santiago-Rivera et al., 2005), this was the first study to examine religious coping as a multidimensional variable. Notably, the effect sizes for the relationship between religious coping and indicators of psychological functioning were small, indicating a small proportion of shared variance between the variables. According to Cohen (1992), a small effect is not trivial, but may not be visible to the naked eye. In regression analyses, controlling for stress diminished this modest relationship between social support, religious coping, and psychological outcomes. 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, 2000b; Vinokur, Schul, & Caplan, 1987; 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; Tix & Frazier, 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 & Vanconcellas, 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 controlling 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 and Latino 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.

Another factor which may explain the paucity of significant findings is that religious coping may only predict psychological health and meaning in life when specific criteria are met. For example, religious coping may influence psychological health and meaning in life during certain stressful situations (e.g., when in crisis) and only for certain individuals (e.g., those who attend religious services very regularly or for those who are from a particular religious denomination). Alternatively, religious coping may predict psychological functioning in the absence of support from family or significant other. Despite reliance on religious coping, participants' reports of perceived stress from various arenas may not always be easily ameliorated by turning to religion for support. The results of this study suggested that the relationship between religious coping and psychological health is more complex than initially hypothesized.

Gender

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 US for work. Since many immigrants working in the US 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 US as sources of support.

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 US culture by learning English (Personal Communication, anonymous ESL instructor, September, 2006). Although the study did not assess gender role identity, it is possible that these women may be more likely to endorse non-traditional gender roles. This is consistent with research that indicates 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.

Implications for practitioners

Therapists should be knowledgeable about the important toll that stress exacts on immigrants' psychological health. Although participants reported low to moderate levels of stress, perceived stress was the strongest predictor of psychological health in the current study. While this study did not explicate the specific sources of stress, therapists should be aware of the myriad stressors that many immigrants encounter in the US. Previous research highlighted some stressors which immigrants experience including stress from the acculturation process (Rodriguez et al., 2002). Furthermore, Latina and Latino immigrants may experience stress from occupational/ economic domains, parenting, marriage, immigration, and cultural/family conflict (Cervates, Padilla, & Salgado de Snyder, 1991).

Therapists might consider acknowledging and exploring these stressors and their psychological outcomes over the course of therapy. Also, some stressors experienced by immigrants (e.g., illegal immigration status or financial strain) may not be ameliorated by traditional psychotherapy or by reliance on religious coping tactics. Therapists may consider assuming other roles in the treatment of immigrant clients. Through his three-dimensional model for counseling racial/ethnic minority clients, Atkinson (2004) proposed the following alternative roles for therapists: advocate, change agent, consultant, adviser, facilitator of indigenous support systems, and facilitator of indigenous healing methods. According to Atkinson (2004), counselors should not be limited to traditional forms of counseling interventions with minority clients. In accordance with Atkinson's (2004) suggestions, a sage therapist would consider surpassing their traditional role as a helper. Therapists might consider connecting with

members of local religious communities or folk healers. For a therapist treating an immigrant client, therapeutic tasks also may include facilitating access to appropriate resources and taking social action locally, in the community, or on a national level.

There are several implications for therapists working with religious issues and Latino clients. According to Steger and Frazier (2005), therapists' ability to work with religious issues is a form of multicultural competence. Therapists working with Latina and Latino immigrants should be aware that there are numerous ways in which religion can be used as a coping mechanism. They also should be aware that this relationship is seemingly complex, and that religious coping is not necessarily related to positive or negative psychological outcomes. Therapists might encourage exploration of their client's religion by asking about specific ways that they may use religion to cope. Therapists could engage in an in depth exploration of religious beliefs and religious coping in session, and a discussion of ways in which religious coping may ameliorate or hinder psychological health. Therapists have the delicate task of validating and respecting their client's religious beliefs, while understanding that religious coping is not a unilaterally advantageous or deleterious coping mechanism.

Additionally, to comply with standards for multicultural competency, therapists working with immigrant communities should possess an understanding of clients' religious worldview. While almost all participants in this study reported affiliating with Christianity, many different denominations were represented. For example, some participants reported attending Pentecostal services more than once a week, while others reported never attending Catholic services. Religious affiliation (e.g., Tix & Frazier, 2005) and religious attendance (e.g., Hovey, 2000a) may influence the use of religious

coping and subsequent psychological outcomes. Thus, therapists might consider assessing their client's religious affiliation and practice.

Therapists should provide education about ways in which stress influences psychological functioning. Based on the results of this study, one possible intervention for Latina and Latino immigrants would be a workshop in Spanish to help clients recognize and cope with the different stressors in their lives. Such a workshop could help immigrants identify sources of stressors, and ways of coping using family, religion, or other means. Therapists can educate those who work with Latina and Latino immigrants about negotiating the various stressors they may be experiencing. Alternatively, therapists could educate other professionals about the ways in which stress may influence psychological functioning among Latina and Latino immigrants. For example, based on the results of the study, a workshop for the ESL teachers and staff around issues of stress and religious diversity is indicated.

Strengths of the current study

This study contributed to past research on Latina and Latino immigrant mental health and religious coping in several ways. We utilized Cervantes and Castro's (1985) culturally sensitive theory of coping among Latino population in conceptualizing salient variables which may relate to the well-being and mental health of Latinos living in the United States. The study also contributed to the psychological literature by including new multidimensional measures of religious coping and meaning in life. Another strength of the current study was our ability to focus on indices of well-being by highlighting positive dimensions of psychological functioning among immigrants. For example, as discussed above, on average this sample was psychologically healthy, perceived that they

had social supports in their family, and used religion to cope with adverse circumstances. In the face of adversity (e.g., low income levels and low literacy), we were able to show that many Latina and Latino immigrants seem resilient and are functioning quite well. Another major strength of this study was the use of a community sample of Spanish-speaking Latina and Latino immigrants, many of whom remarked that they had never participated in a study before.

Limitations

There were also several limitations in the study design. The investigation was cross-sectional, thus the results were correlational and causal relations were not tested. Furthermore, although the study was designed for a third-grade reading level, there were individuals who were not able to participate because of low levels of literacy. Moreover, many people who participated in the study demonstrated inexperience with research, which may have resulted in incomplete or unusable measures.

Also, despite the use of a rigorous translation and back translation procedure as detailed by Marin and Marin (1991), some participants expressed difficulty comprehending some questionnaire items. For example, one item on the religious coping subscale asked about contact with clergy or "clero." A few participants asked for clarification on the meaning of this word. Also, some confusion occurred with some items that were worded negatively, e.g., the item "No sentir interés por las cosas" or "not feeling interested in things," was confusing as it indicated depression when endorsed.

The validity of the measures for the population and response patterns may be other limitations in the current study. Some of the religious coping (e.g., Thought about how my life is part of a larger spiritual force) and meaning in life (e.g., I am looking for

something that makes my life seem meaningful) items are seemingly esoteric and complex and may not apply to Latina/Latino immigrants. Also, the measures were administered in a group setting where the participants were oftentimes 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. Including a social desirability measure may have helped to eliminate this concern. 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 U.S. 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 sub-sample of immigrants in the D.C. metropolitan area.

Future directions

Continued research is needed on the role of psychological health within immigrant communities. Future research might use experimental designs to establish causation, and qualitative research to reach individuals with low literacy. Focus groups or individual interviews may be useful methods for assessing these variables among immigrants. Quantitative studies also should be brief to prevent fatigue among populations where literacy is a concern. Future studies could assess different types of perceived stress (e.g., occupational or economic), specific instances during which stress

was perceived, and their relationships with coping and mental health variables. Additionally, future studies might consider the level of stress experienced by participants in their sample. Since individuals in the current sample experienced low to moderate levels of perceived stress, they may have been less likely to utilize religious coping.

Theoretically, researchers should consider incorporating other variables which may explain the relationship between religion and mental health. For example, one possible avenue is to examine mediators and moderators in the relationship between religious coping and psychological health. While some research has suggested that religious coping may differ along demographic characteristics (e.g., gender; Mausbach et al., 2003), Smith, McCullough, and Poll (2003) suggested that the relationship between religion and mental health (e.g., depression) is not moderated by gender, age, or ethnicity. They suggested that the relationship between religion and depression association is stronger in individuals who reported having stressful life-events. Thus, there is reason to suspect that stress plays an important role in religious coping processes.

Also, recent research has suggested that meaning in life may mediate the relationship between religion and psychological functioning. Steger and Frazier (2005) suggested that meaning in life may explain why religion is related to psychological health. While testing this relationship was not a proposed analysis in the current study, preliminary analyses with this sample did not offer support for this hypothesis. Even if meaning in life does not mediate the relationship between religion and mental health among Latina and Latino immigrants, identifying other variables or mechanisms by which religious coping functions may help elucidate its relationship with mental health. For example, one possible mechanism by which religious coping may operate is by

providing a sense of hope for overcoming perils or instilling a sense of control over stressful life events. This is consistent with the work of Tix and Frazier (2005). Thus, religious coping may modify maladaptive emotions or cognitions which subsequently influence psychological health.

Future research should anticipate the challenges in conducting research with immigrant populations. A major challenge that we encountered was accessing immigrants in the community. Building and maintaining relationships with these organizations encouraged the acceptance of this research project. Seemingly, the successfully collaboration with these ESL programs in the community partially enabled the successful completion of this study. Another major challenge was the recruitment of participants for the study. We circumvented this challenge by explaining clearly the costs and benefits associated with the study, by delivering a scripted message that was comprehensible, by offering an incentive for participation, and by assuring our participants that we would maintain confidentiality. Our research team also attained the captive attention of the ESL students by visiting their classes. This confluence of factors may have contributed to our strong response rate. A third major challenge of this study was dealing with incomplete measures. Although substantial efforts were devoted to creating brief and easy-to-comprehend measures, some participants experienced fatigue and difficulty completing all items. Future researchers should consider administering abbreviated measures, or conducting multiple administrations over time to avoid this challenge.

Overall, 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 US which is virtually ignored in the psychological literature. Moreover,

their experiences in the US are inherently complex and topically diverse. We must 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, counseling psychologists have the skills, resources, and responsibility to further our understanding of, and ability, to serve this population.

Appendix A

Script for Data Collection

Begin Here

Hello. My name is Marianne Dunn, and I am a doctoral student at the University of Maryland. I am conducting this study with Dr. Karen O'Brien at the University of Maryland in the Psychology Department.

OR

Hello. My name is Research Assistant (RA), and I am a research assistant at the University of Maryland. I am conducting this study with Dr. Karen O'Brien at the University of Maryland in the Psychology Department.

I am here because I am very interested in how Latina/ Latino immigrants living in Washington D.C./ Maryland/ and Virginia cope with stress. I also am interested in how this relates to well-being and health.

I am going to explain now what you will be asked to do to participate in this study. I would appreciate your completing several questionnaires in Spanish today which take between 30-45 minutes. Some questions may make you feel uncomfortable as they ask about stress.

I also want to explain to you about confidentiality. Everything in this research study is confidential and anonymous, so I ask that if you do participate, please do not write your name or other identifying information on any of the materials. Your questionnaires will be stored in a locked filing cabinet in a locked room at the University of Maryland. Although the research will not help you directly, the results will help us learn about Latinas and Latinos living in Washington D.C., Maryland, and Virginia. There is no

medical, hospitalization, or other treatment available for participating in this study. This flyer provides contact information and we will give you a list of resources that might be helpful to you in this study at the end of your participation. To thank you for participating in this study, you will have the option of being entered in a lottery where you will have the chance of winning one of four available cash prizes which are $50 each.

Also, I want you to know that there is no penalty for not participating in the study, and you can stop participating at any time. I am here to answer any questions you have about the study. I will give you a form with contact information right now.

Ask participants, “Do you have any questions?” “Are you interested in participating in the survey?”

Upon Completion of the Study

Thank you very much for participating! Are you interested in entering the lottery to win one of four cash prizes? If so, please fill out this card with your name and contact information. (Inform participants that they can give address other than theirs’ if they would like).

Appendix B

Script for Data Collection- Spanish

Empieza Aquí

Hola. Me llamo Mariana Dunn, y soy una estudiante de doctorado en la Universidad de Maryland. Estoy conduciendo este estudio con la Dra. Karen O'Brien en la Universidad de Maryland en el departamento de sicología.

OR

Hola! Me llamo "Research Assistant (RA)," y soy una asistente de investigaciones en la Universidad de Maryland. Estoy conduciendo este estudio con la Dra. Karen O'Brien en la Universidad de Maryland en el departamento de sicología.

Estoy aquí porque estoy muy interesada en como los inmigrantes latinos viviendo en Washington D.C./ Maryland/ y Virginia enfrentan al estrés. También estoy interesada en ver como esto se relaciona con el bienestar y la salud.

Les voy a explicar lo que ustedes tienen que contestar para participar en este etudio. Les agradeceré mucho que completen varios cuestionarios en español hoy. Les tomará más o menos 30-45 minutos. Es posible que se sientan incómodos porque algunas preguntitas se tratan del estrés. Solamente nuestros investigadores de la Universidad misma tendrán aceso a sus cuestionarios.

También quiero explicarles acerca del carácter confidencial. Todo en este estudio es confidencial y anónimo, por eso, quiero pedirles que si ustedes participan, no escriban su nombre o cualquiera otra información de identificación en cualquiera de los documentos. Las preguntas serán guardadas en un gabinete asegurado en la Universidad de Maryland.

Aunque la investigación no le ayudará a usted directamente, los resultados nos ayudarán a aprender sobre las Latinas y los Latinos viviendo en Washington D.C., Maryland, y Virginia. No hay tratamiento medical, ni hospitalización proveido por participar en este estudio. Les daremos una lista de recursos cuando terminen que quizas le sirve (acerca de este estudio). Para expresar nuestro agradecimiento por su participación en este estudio, ustedes podrán participar en una lotería, y tendrán la oportunidad de ganar uno de cuatros premios, de 50 dólares cada uno.

También quiero hacerles saber que no hay una penalidad por no participar en el estudio, y pueden dejar de participar en cualquier momento. Estoy disponible a contestar cualquier pregunta. Este papel que les voy a dar ahora, provee información de contacto.

Pregúnteles, ¿"Tienen alguna pregunta?" ¿"Están interesados en participar en este estudio?

Cuando Completen El Estudio

¡Muchas gracias por su participación! ¿Está intersada/o en la lotería para ganar uno de los cuatros premios en efectivo? Si está interesada/o, lea y firme esta tarjeta con su nombre e información de contacto.

(Díles que nos pueden dar una dirección alternativa si quieren).

Appendix C

Flyer

Latina and Latino Immigrant Experiences

A survey designed especially for Central Americans living in the United States

What? Several questionnaires about Latina and Latino immigrants, stress, coping, and health.

Who? Marianne Dunn and Dr. Karen O'Brien from the Psychology Department at the University of Maryland.

Why? Help advance the understanding of the Central American community in Washington D.C., Maryland, and Virginia.

301-314-7673	301-405-5812	

You may enter a lottery to win one of four $50 cash prizes!

	Questions?	
Marianne Dunn	Dr. Karen O'Brien	Institutional Review Board Office
University of Maryland, College Park	University of Maryland, College Park	University of Maryland, College Park
Biology-Psychology Building	Biology-Psychology Building	College Park, Maryland 20742
Psychology Department	Psychology Department	Email- irb@deans.umd.edu
College Park, Maryland 20742	College Park, Maryland 20742	301-405-0678

Appendix D

Flyer- Spanish

La Experiencia Latina

Una investigación de centroamericanos viviendo en los Estados Unidos.

¿Qué? Unos cuestionarios sobre los inmigrantes latinos, como enfrentan varias situaciones, el estrés en sus vidas, y la salud

¿Quién? Mariana Dunn y la Dra. Karen O'Brien del departamento de sicología en la Universidad de Maryland

¿Por qué? Ayúdenos a entender y a apreciar la comunidad centroamericana en Washington D.C., Maryland y Virginia.

Se puede ganar un premio de $50! (Hay 4 premios en total)

	Preguntas?	
Marianne Dunn	Dr. Karen O'Brien	Institutional Review Board Office
University of Maryland, College Park	University of Maryland, College Park	University of Maryland, College Park
Biology-Psychology Building	Biology-Psychology Building	College Park, Maryland 20742
Psychology Department	Psychology Department	Email- irb@deans.umd.edu
College Park, Maryland 20742	College Park, Maryland 20742	301-405-0678
301-314-7673	301-405-5812	

Appendix E

Lottery Forms

Spanish

Nombre	
Numero de teléfono	
Dirección	
Correo electrónico: (e-mail)	

English translation

Name	
Telephone number	
Address	
E-mail	

Appendix F

Changes to Measures Based on Reading Level/ Linguistic Clarity

1. Appendix H: The word “estresado” was changed to “ansioso” in item 3 for clarity and meaning.
2. Appendix H: The word “afrontar” was changed to “enfrentar” in item 6 to reflect clarity and meaning.
3. Appendix H: The word “al” was changed to “en” in item 8 for clarity and meaning.
4. Appendix H: The word “para” was changed to “de” for grammatical correctness.
5. Appendix J: In a backtranslation and decentering procedure for the MSPSS (Zimet et al., 1988), the word “hacer” was changed to “tomar” in item 4 for grammatical correctness.
6. Appendix J: The response set was changed to the following: *Absolutamente en desacuerdo, muy en desacuerdo,en desacuerdo, de acuerdo, muy de acuerdo, absoluatmente de acuerdo*
7. Appendix L: Item 7 on Benevolent Religious Coping subscale was changed because of a mistranslation. “Estaba” was changed to “estaría” to reflect grammatical correctness and linguistic clarity.
8. Appendix L: Item 8 on Benevolent Religious Coping subscale was changed to reflect appropriate reading level. “Espiritualmente beneficiosa” was changed to “me podría ayudar espiritualmente.”
9. Appendix L: Item 9 on Benevolent Religious Coping subscale was changed to reflect appropriate reading level. “Fortalecerme” was changed to “podría hacerme mas fuerte.”
10. Appendix L: Item 3 on the Spiritual Connection subscale was changed to reflect appropriate reading level. “Forjar” was changed to “establecer.”
11. Appendix L: Item 1 on the Pleading for Direct Intercession subscale was changed to reflect appropriate reading level and linguistic clarity. “Supliqué” was changed to “rogué.”
12. Appendix L: Item 2 on the Reappraisal of God’s Power subscale was changed to reflect reading level and linguistic clarity. “Oraciones” was changed to “rezos.”
13. Appendix L: Item 2 on the Collaborative/Low-Self Directed Religious Coping subscale was changed because of a mistranslation. This item was changed from “Traté de encontrarle sentido a la situación con Dios” to “Traté de encontarle sentido a la situación sin la ayuda de Dios.”
14. Appendix P: The response set was changed to the following: *Falso, mayormente falso, mas bien falso, no sé si es verdadero o falso, mas bien verdadero, mayormente verdadero, verdadero*
15. Appendix P: The word “buscandole” was changed to “buscando” to reflect gramatical correctenss on item 5 on the Search subscale.
16. Appendix P: The word “cuestiones” was changed in the directions to “preguntas” to reflect a more commonly used word across Spanish dialects.

17. Appendix P: Item 1 on the Presence subscale was changed from “He descubierto un significado de mi vida satisfactorio” to “He descubierto que mi vida tiene un significado satisfactorio” for clarity and meaning.
18. Appendix P: The word “algunas” was changed to “unas” and the word “intuiciones” was changed to “ideas” to reflect appropriate reading level in item 5 of the Presence subscale.
19. Appendix R: In a backtranslation and decentering procedure for the demographic questionnaires, the word “sexo” was changed to “género” to connote gender in item 2.
20. Appendix R: In a backtranslation and decentering procedure for the demographic questionnaires, the word “estatus” was changed to “estado” to reflect clarity and meaning in item 6.
21. Appendix R: In a backtranslation and decentering procedure for the demographic questionnaires, item 14 was changed from “¿Cuál era su edad de inmigración?” to “¿A qué edad inmigró?” to reflect clarity and meaning.
22. Appendix R: In a backtranslation and decentering procedure for the demographic questionnaires, item 15 was changed from “NO control” to “SIN control” to reflect clarity, meaning, and grammatical correctness.

Appendix G

Perceived Stress Scale- English

Instructions: The questions in this scale ask you about your feelings and thoughts during the last month. In each case, please indicate by circling how often you felt or thought a certain way.

	0	***1***	***2***	***3***	***4***
	Never	***Almost Never***	***Sometimes***	***Fairly Often***	***Very Often***
1. In the last month, how often have you felt upset because of things that happened unexpectedly?	***0***	***1***	***2***	***3***	***4***
2. In the last month, how often have you felt unable to control the important things in your life? **	***0***	***1***	***2***	***3***	***4***
3. In the last month, how often have you felt "stressed"?	***0***	***1***	***2***	***3***	***4***
4. In the last month, how often have you felt confident about your ability to handle your personal problems? **	***0***	***1***	***2***	***3***	***4***
5. In the last month, how often have you felt that things were going your way? **	***0***	***1***	***2***	***3***	***4***
6. In the last month, how often have you felt that you could not cope with all the things you had to do?	***0***	***1***	***2***	***3***	***4***
7. In the last month, how often have you felt able to control irritations in your life?	***0***	***1***	***2***	***3***	***4***
8. In the last month, how often have you felt that you were on top of things?	***0***	***1***	***2***	***3***	***4***
9. In the last month, how often have you felt angered because of things that happened that were out of your control?	***0***	***1***	***2***	***3***	***4***
10. In the last month, how often have you felt difficulties were piling up so high that you could not overcome them? **	***0***	***1***	***2***	***3***	***4***

** = Reverse score.

Appendix H

Perceived Stress Scale- Spanish

Instrucciones: Las preguntas en esta escala son acerca de sus emociones y pensamientos durante el último mes. En cada caso, se le pedirá que indique una respuesta al encerrar en un círculo que tan seguido usted se sintió o pensó de cierta forma.

	0	***1***	***2***	***3***	***4***
	Nunca	***Casi Nunca***	***De Vez En Cuando***	***A Menudo***	***Muy A Menudo***
1.En el último mes, ¿con qué frecuencia ha estado afectado por algo que ha occurido inesperademente?	***0***	***1***	***2***	***3***	***4***
2.En el último mes, ¿con qué frecuencia se ha sentido incapaz de controlar las cosas importantes en su vida?	***0***	***1***	***2***	***3***	***4***
3. En el último mes, ¿con qué frecuencia se ha sentido nervioso o ansioso?	***0***	***1***	***2***	***3***	***4***
4. En el último mes, ¿con qué frecuencia ha estado seguro sobre su capacidad de manejar sus problemas personales? **	***0***	***1***	***2***	***3***	***4***
5. En el último mes, ¿con qué frecuencia ha sentido que las cosas le van bien?**	***0***	***1***	***2***	***3***	***4***
6. En el último mes, ¿con qué frecuencia ha sentido que no podía enfrentar todas las cosas que tenía que hacer?	***0***	***1***	***2***	***3***	***4***
7. En el último mes, ¿con qué frecuencia ha podido controlar las dificultades de su vida?	***0***	***1***	***2***	***3***	***4***
8. En el último mes, ¿con qué frecuencia se ha sentido en control de todo?	***0***	***1***	***2***	***3***	***4***
9. En el último mes, ¿con qué frecuencia ha estado enfadado porque las cosas que le han ocurrido estaban fuera de su control?	***0***	***1***	***2***	***3***	***4***
10. En el último mes, ¿con qué frecuencia ha sentido que las dificultades se acumulan tanto que no puede superarlas? **	***0***	***1***	***2***	***3***	***4***

** = Reverse score.

Appendix I

Social Support Scale- English

Instructions: We are interested in how you feel about the following statements. Read each statement carefully. Indicate how you feel about each statement.

Family

	1	***2***	***3***	***4***	***5***	***6***	***7***
	Very Strongly Disagree	***Strongly Disagree***	***Disagree***	***Neither Agree nor Disagree***	***Agree***	***Strongly Agree***	***Very Strongly Agree***
1. My family really tries to help me.	***1***	***2***	***3***	***4***	***5***	***6***	***7***
2. I get the emotional help and support I need from my family.	***1***	***2***	***3***	***4***	***5***	***6***	***7***
3. I can talk about my problems with my family.	***1***	***2***	***3***	***4***	***5***	***6***	***7***
4. My family is willing to help me make decisions.	***1***	***2***	***3***	***4***	***5***	***6***	***7***

Significant Other

	1	***2***	***3***	***4***	***5***	***6***	***7***
	Very Strongly Disagree	***Strongly Disagree***	***Disagree***	***Neither Agree nor Disagree***	***Agree***	***Strongly Agree***	***Very Strongly Agree***
1. I have a special person who is a real source of comfort to me.	***1***	***2***	***3***	***4***	***5***	***6***	***7***
2. There is a person with whom I can share my joys and sorrows.	***1***	***2***	***3***	***4***	***5***	***6***	***7***
3. There is a special person in my life who cares about my feelings.	***1***	***2***	***3***	***4***	***5***	***6***	***7***
4. There is a special person who is around when I am in need.	***1***	***2***	***3***	***4***	***5***	***6***	***7***

Appendix J

Social Support Scale- Spanish

Instrucciones: Estamos interesados en cómo usted se sienta usted sobre las siguientes preguntas. Lea cada pregunta. Indique como usted se sienta sobre cada pregunta.

Family

	1	***2***	***3***	***4***	***5***	***6***	***7***
	Absolut a-mente en desacu er-do	***Muy en desacu er-do***	***En desacu er-do***	***No estoy de acuerd o o en desacu erdo***	***De acuerd o***	***Muy de acuerd o***	***Absolut a-mente de acuerd o***
1. Mi familia me trata de ayudar.	***1***	***2***	***3***	***4***	***5***	***6***	***7***
2. Recibo ayuda emocional y apoyo que necesito de mi familia.	***1***	***2***	***3***	***4***	***5***	***6***	***7***
3. Puedo hablar sobre mis problemas con mi familia.	***1***	***2***	***3***	***4***	***5***	***6***	***7***
4. Mi familia me quiere ayudar a hacer decisiones.	***1***	***2***	***3***	***4***	***5***	***6***	***7***

Significant Other

	1	***2***	***3***	***4***	***5***	***6***	***7***
	Absolutamente en desacuer-do	***Muy en desacuer-do***	***En desacuer-do***	***No estoy de acuerdo o en desacuerdo***	***De acuerdo***	***Muy de acuerdo***	***Absolut a-mente de acuerdo***
1. Hay una persona especial con quien puedo compartir lo feliz y lo triste de mi vida.	***1***	***2***	***3***	***4***	***5***	***6***	***7***
2. Hay una persona especial en mi vida a quien le importan mis sentimentos.	***1***	***2***	***3***	***4***	***5***	***6***	***7***
3. Hay una persona especial que está presente cuando lo necesito.	***1***	***2***	***3***	***4***	***5***	***6***	***7***
4. Hay una persona especial en quien confío.	***1***	***2***	***3***	***4***	***5***	***6***	***7***

Appendix K

Religious Coping Items- English

Instructions*:* The following items deal with ways you coped with stressful events in your life. There are many ways to try to deal with problems. These items ask what you did to cope with this negative event you just described. Obviously different people deal with things in different ways, but we are interested in how you tried to deal with it. Each item says something about a particular way of coping. We want to know to what extent you did what the item says. How much or how frequently. Don't answer on the basis of what worked or not- just whether or not you did it. Try to rate each item separately in your mind from the others. Make your answers as true **FOR YOU** as you can

Benevolent Religious Reappraisal/ Spiritual Support

	0	***1***	***2***	***3***
	Not at all	***Somewh at***	***Quite a bit***	***A great deal***
1. Saw my situation as part of God's plan.	***0***	***1***	***2***	***3***
2. Sought comfort from God.	***0***	***1***	***2***	***3***
3. Tried to make sense of the situation with God.	***0***	***1***	***2***	***3***
4. Trusted that God was with me.	***0***	***1***	***2***	***3***
5. Thought that the event might bring me closer to God.	***0***	***1***	***2***	***3***
6. Tried to find a lesson from God in the event.	***0***	***1***	***2***	***3***
7. Trusted God would be on my side.	***0***	***1***	***2***	***3***
8. Tried to see how the situation could be beneficial spiritually.	***0***	***1***	***2***	***3***
9. Tried to see how God might be trying to strengthen me in this situation.	***0***	***1***	***2***	***3***

Spiritual Connection

	0	***1***	***2***	***3***
	Not at all	***Somewh at***	***Quite a bit***	***A great deal***
1. Thought about how my life is part of a larger spiritual force.	***0***	***1***	***2***	***3***
2. Tried to experience a stronger feeling of spirituality.	***0***	***1***	***2***	***3***
3. Tried to build a strong relationship with a higher power.	***0***	***1***	***2***	***3***

Collaborative/ Low Self-Directed Religious Coping

	0	***1***	***2***	***3***
	Not at all	***Somewhat***	***Quite a bit***	***A great deal***
1. Tried to deal with the situation on my own without God's help.**	***0***	***1***	***2***	***3***
2. Worked together with God as partners.	***0***	***1***	***2***	***3***
3. Tried to deal with my feelings without God's help. **	***0***	***1***	***2***	***3***
4. Worked together with God to relieve my worries.	***0***	***1***	***2***	***3***
5. Depended on my own strength without support from God. **	***0***	***1***	***2***	***3***
6. Made decisions about what to do without God's help. **	***0***	***1***	***2***	***3***
7. Tried to make sense of the situation without relying on God. **	***0***	***1***	***2***	***3***
8. Looked to God for strength, support, and guidance.	***0***	***1***	***2***	***3***

** = Reverse score.

Seeking Spiritual Support from Clergy/Members

	0	***1***	***2***	***3***
	Not at all	***Somewhat***	***Quite a bit***	***A great deal***
1. Looked for spiritual support from clergy.	***0***	***1***	***2***	***3***
2. Asked others to pray for me.	***0***	***1***	***2***	***3***
3. Looked for love and concern from the members of my church.	***0***	***1***	***2***	***3***
4. Sought support from members of my congregation.	***0***	***1***	***2***	***3***
5. Asked clergy to remember me in their prayers.	***0***	***1***	***2***	***3***

Pleading for Direct Intercession

	0	***1***	***2***	***3***
	Not at all	***Somewhat***	***Quite a bit***	***A great deal***
1. Pleaded with God to make things turn out okay.	***0***	***1***	***2***	***3***
2. Prayed for a miracle.	***0***	***1***	***2***	***3***
3. Bargained with God to make things better.	***0***	***1***	***2***	***3***
4. Made a deal with God so that he would make things better.	***0***	***1***	***2***	***3***
5. Pleaded with God to make everything work out.	***0***	***1***	***2***	***3***

Punishing God Reappraisal

	0	***1***	***2***	***3***
	Not at all	***Somewh at***	***Quite a bit***	***A great deal***
1. Decided that God was punishing me for my sins.	***0***	***1***	***2***	***3***
2. Felt punished by God for my lack of devotion.	***0***	***1***	***2***	***3***
3. Wondered if God was punishing me because of my lack of faith.	***0***	***1***	***2***	***3***
4. Wondered if God allowed this to happen to me because of my sins.	***0***	***1***	***2***	***3***
5. Wondered what I did for God to punish me.	***0***	***1***	***2***	***3***

Reappraisal of God's Power

	0	***1***	***2***	***3***
	Not at all	***Somewh at***	***Quite a bit***	***A great deal***
1. Felt that even God has limits.	***0***	***1***	***2***	***3***
2. Realized that God cannot answer all of my prayers.	***0***	***1***	***2***	***3***
3. Thought some things are beyond God's control.	***0***	***1***	***2***	***3***
4. Realized there are some things even God cannot change.	***0***	***1***	***2***	***3***

Appendix L

Religious Coping Items- Spanish

Instrucciones: Las siguientes frases tienen que ver con las formas en que las que usted le hizo frente al inicidente negativo en su vida. Hay muchas maneras de enfrentarse a los problemas. Por medio de estas frases se trata de determinar qué hizo usted para sobrellevar este incidente negativo. Obviamente, cada persona le hace frente a las cosas de una manera diferente, pero nos interesa saber cómo usted trató de hacerles frente. Cada frase dice algo acerca de una manera en particular de sobrellevar las cosas. Queremos saber hasta qué punto usted hizo lo que dice la frase. *Cuanto o con qué frecuencia.* No responda con base en lo que funcionó, o si usted lo hizo o no.

Utilice las opciones que se le ofrecen a continuación. En su mente, trate de evaluar cada punto independientemente de los demás. Dé las respuestas que más se apliquen PARA USTED. Marque con un círculo la respuesta que mejor se aplique en el caso de usted.

Benevolent Religious Reappraisal/ Spiritual Support

	0	***1***	***2***	***3***
	Nada en absoluto	***Algo***	***Bastante***	***Muchísimo***
1. Miré mi situación como parte del plan de Dios.	***0***	***1***	***2***	***3***
2. Busqué consuelo en Dios.	***0***	***1***	***2***	***3***
3. Traté de encontrarle sentido a la situación con Dios.	***0***	***1***	***2***	***3***
4. Confié en que Dios estaría junto a mí.	***0***	***1***	***2***	***3***
5. Pensé que el incidente podría acercarme más a Dios.	***0***	***1***	***2***	***3***
6. Traté de encontrar una enseñanza de Dios en el incidente.	***0***	***1***	***2***	***3***
7. Confié en que Dios estaría conmigo.	***0***	***1***	***2***	***3***
8. Traté de ver cómo la situación me podría ayudar espiritualmente.	***0***	***1***	***2***	***3***
9. Traté de ver cómo Dios podría hacerme más fuerte en esta situación.	***0***	***1***	***2***	***3***

Spiritual Connection

	0	***1***	***2***	***3***
	Nada en absoluto	***Algo***	***Bastante***	***Muchísimo***
1. Pensé en cómo mi vida es parte de una fuerza spiritual superior.	***0***	***1***	***2***	***3***
2. Traté de experimentar un sentido más fuerte de la espiritualidad.	***0***	***1***	***2***	***3***
3. Traté de establecer una relación fuerte con un poder superior	***0***	***1***	***2***	***3***

Collaborative/ Low Self-Directed Religious Coping

	0	***1***	***2***	***3***
	Nada en absoluto	***Algo***	***Bastante***	***Muchísimo***
1. Traté de hacer frente a la situación por mi propia cuenta sin la ayuda de Dios.**	***0***	***1***	***2***	***3***
2. Colaboré con Dios como mi aliado.	***0***	***1***	***2***	***3***
3. Traté de lidiar con mis sentimientos sin la ayuda de Dios. **	***0***	***1***	***2***	***3***
4. Me esforcé con la ayuda de Dios para aliviar mis preocupaciones.	***0***	***1***	***2***	***3***
5. Confié en mis propias fuerzas sin el apoyo de Dios. **	***0***	***1***	***2***	***3***
6. Tomé decisiones acerca de qué hacer sin la ayuda de Dios. **	***0***	***1***	***2***	***3***
7. Traté de encontrarle sentido a la situación sin la ayuda de Dios. **	***0***	***1***	***2***	***3***
8. Busqué en Dios fuerza, apoyo, y orientación.	***0***	***1***	***2***	***3***

** = Reverse score.

Seeking Spiritual Support from Clergy/Members

	0	***1***	***2***	***3***
	Nada en absoluto	***Algo***	***Bastante***	***Muchísimo***
1. Traté de encontrar apoyo espiritual en los miembros del clero.	***0***	***1***	***2***	***3***
2. Les pedí a otros que oraran por mí.	***0***	***1***	***2***	***3***
3. Busqué amor y bondad en los miembros de mi iglesia.	***0***	***1***	***2***	***3***
4. Traté de hallar apoyo en los miembros de mi iglesia.	***0***	***1***	***2***	***3***
5. Les pedí a los meimbros de clero que me tuvieran presente en sus oraciones.	***0***	***1***	***2***	***3***

Pleading for Direct Intercession

	0	***1***	***2***	***3***
	Nada en absoluto	***Algo***	***Bastante***	***Muchísimo***
1. Le supliqué a Dios que hiciera que todo saliera bien.	***0***	***1***	***2***	***3***
2. Oré para que sucidiera un milagro.	***0***	***1***	***2***	***3***
3. Traté de negociar con Dios para que mejoraran las cosas.	***0***	***1***	***2***	***3***
4. Hice un trato con Dios para que él mejorara las cosas.	***0***	***1***	***2***	***3***
5. Le rogué a Dios que hiciera que las cosas salieran bien.	***0***	***1***	***2***	***3***

Punishing God Reappraisal

	0	***1***	***2***	***3***
	Nada en absoluto	***Algo***	***Bastante***	***Muchísimo***
1. Decidí que Dios me estaba castigando por mis pecados.	***0***	***1***	***2***	***3***
2. Me sentí castigado por Dios por mi falta de devoción.	***0***	***1***	***2***	***3***
3. Me pregunté si Dios me estaba castigando por mi falta de fe.	***0***	***1***	***2***	***3***
4. Me pregunté si Dios permitió que esto me sucediera a causa de mis pecados.	***0***	***1***	***2***	***3***
5. Me pregunté que había yo hecho para que Dios me castigara.	***0***	***1***	***2***	***3***

Reappraisal of God's Power

	0	***1***	***2***	***3***
	Nada en absoluto	***Algo***	***Bastante***	***Muchísimo***
1. Pensé que aún Dios tiene límites.	***0***	***1***	***2***	***3***
2. Me di cuenta de que Dios no puede contestar todas mis rezos.	***0***	***1***	***2***	***3***
3. Pensé que algunas cosas están fuera del control de Dios.	***0***	***1***	***2***	***3***
4. Me di cuenta de que hay algunas cosas que ni siquiera Dios puede cambiar.	***0***	***1***	***2***	***3***

Appendix M

Psychological Health: Depression, Anxiety, Somatization

	0	***1***	***2***	***3***	***4***
	Not at all	***A little bit***	***Moderately***	***Quite a bit***	***Extremely***
Thought of ending your life	***0***	***1***	***2***	***3***	***4***
Feeling lonely	***0***	***1***	***2***	***3***	***4***
Feeling blue	***0***	***1***	***2***	***3***	***4***
Feeling no interest in things	***0***	***1***	***2***	***3***	***4***
Feeling hopeless about the future	***0***	***1***	***2***	***3***	***4***
Feelings of worthlessness	***0***	***1***	***2***	***3***	***4***

Nervousness or shaking inside	***0***	***1***	***2***	***3***	***4***
Suddenly scared for no reason	***0***	***1***	***2***	***3***	***4***
Feeling fearful	***0***	***1***	***2***	***3***	***4***
Feeling tense or keyed up	***0***	***1***	***2***	***3***	***4***
Spells of terror or panic	***0***	***1***	***2***	***3***	***4***
Feeling so restless you couldn't sit still	***0***	***1***	***2***	***3***	***4***

Feeling weak in parts of your body	***0***	***1***	***2***	***3***	***4***
Faintness of dizziness	***0***	***1***	***2***	***3***	***4***
Pains in heart of chest	***0***	***1***	***2***	***3***	***4***
Nausea or upset stomach	***0***	***1***	***2***	***3***	***4***
Trouble getting your breath	***0***	***1***	***2***	***3***	***4***
Hot or cold spells	***0***	***1***	***2***	***3***	***4***
Numbness or tingling in parts of your body.	***0***	***1***	***2***	***3***	***4***

Appendix N

Psychological Health in Spanish: Depression, Anxiety, Somatization

	0	***1***	***2***	***3***	***4***
	Nada	***Un poco***	***Moderadamente***	***Bastante***	***Mucho***
No sentir interés por las cosas	***0***	***1***	***2***	***3***	***4***
Sentirse solo	***0***	***1***	***2***	***3***	***4***
Sentimientos de tristeza	***0***	***1***	***2***	***3***	***4***
Sentirse fácilmente molesto o irritado	***0***	***1***	***2***	***3***	***4***
Sentirse sin esperanza por el futuro	***0***	***1***	***2***	***3***	***4***
Pensar en la muerte o en morirse	***0***	***1***	***2***	***3***	***4***
Nerviosismo o temblor	***0***	***1***	***2***	***3***	***4***
Sentirse tenso o alterado	***0***	***1***	***2***	***3***	***4***
Sustos repntinos y sin razón	***0***	***1***	***2***	***3***	***4***
Ataques de terror o pánico	***0***	***1***	***2***	***3***	***4***
Sentirse tan inquieto que no puede permanecer sentado	***0***	***1***	***2***	***3***	***4***
Sentirse con miedo	***0***	***1***	***2***	***3***	***4***
Sensación de desmayo o mareos	***0***	***1***	***2***	***3***	***4***
Dolores en el corazón o en el pecho	***0***	***1***	***2***	***3***	***4***
Náuseas o malestar en el estómago	***0***	***1***	***2***	***3***	***4***
Falta de aire	***0***	***1***	***2***	***3***	***4***
Adormecimiento u hormigueo en ciertas partes del cuerpo	***0***	***1***	***2***	***3***	***4***
Sentirse débil en partes del cuerpo	***0***	***1***	***2***	***3***	***4***

Appendix O

Meaning in Life Scale – English

Instructions: Please take a moment to think about what makes your life and existence feel important and significant to you. Please respond to the following statements as truthfully and accurately as you can, and also please remember that these are very subjective questions and that there are no right or wrong answers.

Search for Meaning

	1	***2***	***3***	***4***	***5***	***6***	***7***
	Absolutely Untrue	***Mostly Untrue***	***Somewhat Untrue***	***Can't Say True or False***	***Somewhat True***	***Mostly True***	***Absolutely True***
1. I am always searching for something that makes my life feel significant.	***1***	***2***	***3***	***4***	***5***	***6***	***7***
2. I am looking for something that makes my life seem meaningful.	***1***	***2***	***3***	***4***	***5***	***6***	***7***
3. I am always looking to find life's purpose.	***1***	***2***	***3***	***4***	***5***	***6***	***7***
4. I am searching for the meaning in my life.	***1***	***2***	***3***	***4***	***5***	***6***	***7***
5. I am seeking a purpose or mission for my life.	***1***	***2***	***3***	***4***	***5***	***6***	***7***

Presence of Meaning

	1	***2***	***3***	***4***	***5***	***6***	***7***
	Absolutely Untrue	***Mostly Untrue***	***Somewhat Untrue***	***Can't Say True or False***	***Somewhat True***	***Mostly True***	***Absolutely True***
1. I have discovered a satisfying life purpose.	***1***	***2***	***3***	***4***	***5***	***6***	***7***
2. My life has no clear purpose.	***1***	***2***	***3***	***4***	***5***	***6***	***7***
3. I understand my life's meaning.	***1***	***2***	***3***	***4***	***5***	***6***	***7***
4. My life has a clear sense of purpose.	***1***	***2***	***3***	***4***	***5***	***6***	***7***
5. I have a good sense of what makes my life meaningful.	***1***	***2***	***3***	***4***	***5***	***6***	***7***

Appendix P

Meaning in Life Scale- Spanish

Instrucciones: Por favor, dedique un momento a pensar en lo que le hace sentir que su vida es importante y tiene un sigificado. Con esas ideas en mente, por favor, responda a las siguientes preguntas tan sincera y exactamente como pueda. Y tenga en cuenta que se trata de cuestiones muy subjectivas, que no tienen una respuesta correcta o incorrecta.

Search for Meaning

	1	***2***	***3***	***4***	***5***	***6***	***7***
	Falso	***Mayor-mente falso***	***Mas bien falso***	***No sé si es verdad-ero O falso***	***Mas bien verdad-ero***	***Mayor-mente verdad-ero***	***Verdad ero***
1. Estoy siempre buscando algo que haga que mi vida tenga sentido.	***1***	***2***	***3***	***4***	***5***	***6***	***7***
2. Busco algo que me haga sentir que mi vida tiene sentido.	***1***	***2***	***3***	***4***	***5***	***6***	***7***
3. Siempre estoy buscando el sentido de mi vida.	***1***	***2***	***3***	***4***	***5***	***6***	***7***
4. Estoy buscando el sentido de mi vida.	***1***	***2***	***3***	***4***	***5***	***6***	***7***
5. Estoy buscando un objetivo o misión en la vida.	***1***	***2***	***3***	***4***	***5***	***6***	***7***

Presence of Meaning

	1	***2***	***3***	***4***	***5***	***6***	***7***
	Falso	***Mayor -mente falso***	***Mas bien falso***	***No sé. Si es verdad -ero o falso***	***Mas bien verdad -ero***	***Mayor -mente verdad -ero***	***Verda dero***
1. He descubierto que mi vida tiene un signficicado satifactorio.	***1***	***2***	***3***	***4***	***5***	***6***	***7***
2. Comprendo el significado de mi vida.	***1***	***2***	***3***	***4***	***5***	***6***	***7***
3. Mi vida no tiene un propósito claro.	***1***	***2***	***3***	***4***	***5***	***6***	***7***
4. Mi vida tiene un significado muy claro.	***1***	***2***	***3***	***4***	***5***	***6***	***7***
5. Tengo unas buenas ideas acerca de lo que le da sentido a mi vida.	***1***	***2***	***3***	***4***	***5***	***6***	***7***

Appendix Q

Demographic Questions- English

Instructions: Please answer the following questions.

1. What is your age? _____

2.Gender (Check one) _____ Female
_____Male

3. Race/ Ethnicity (Check all that apply)

____ Latina/ Latino/	____Asian
____ African/ Black	____ Caucasian

4. In what country were you born?
_____

5. How many children do you have? _____

6. What is your marital status? (Check one)
___Married
___Separated
___Divorced
___Widowed
___Single (living w/ partner)
___Single (not living w/ partner)

7. What is your approximate *total* household income? Check one. (Please include all income sources such as child support, alimony, etc.)

____ Below $13, 500	____20,000-29,999
____ 13,500-19,999	____30,000-39,999
____40,000-49,999	____50,000- or more

8. What is your highest education level?

____Some grade school
____ Elementary school
____ Middle school
____ High school/ GED
____ 2-year college
____Some college, no degree
____Bachelor's (4-yr.) college degree
____ Professional degree
(MA, PhD, etc.)

9. What is your religious affiliation (check all that may apply)?

__Roman Catholic	__Jehovah's Witness
__Espiritismo	__Protestant. Please list_____
__Curanderismo	__ Other (please list)_____

10. How often do you attend religious services?

____ More than 1 time/ week
____ 1x per week
____ 1-2 x per month
____ 1-2 x per year
____ less than 1x per year
____ Never

____ Not Applicable/ None	
11. What is your employment status? (check one) ____ Full-Time employee ____ Unemployed ____ Part-Time employee ____ Other ____ Volunteer	**12. How long have you lived in the United States? (in total years/ months)** _____
13. Are you an immigrant? ____ Yes ____ No	**14. What was your age at immigration?_____**
15. Please rate on a scale of 1-10 how much control you had over the decision to migrate. (1 = no control over decision to migrate, 10 = Complete control over decision to migrate) ____	**16. Please rate on a scale of 1-10 how you agree over the decision to migrate. (1 = completely disagree with decision to migrate, 10 = completely agree with decision to migrate) ____**
17. What was your reason for immigration (check all that apply)? **__War** **__Educational opportunity** **__Work opportunity** **__Family/ friends in the US** **__Hope for a better future** **__Other. Please Describe_____**	

18. I don't speak English or don't speak it well.	***1***	***2***	***3***	***4***	***5***
	Not at all stressful	*A Little Stressful*	*Somewhat Stressful*	*Very Stressful*	*Extremely Stressful*
19. It bothers me when people pressure me to assimilate to the American way of doing things.	***1***	***2***	***3***	***4***	***5***
	Not at all stressful	*A Little Stressful*	*Somewhat Stressful*	*Very Stressful*	*Extremely Stressful*
20. I have had conflicts with others because I prefer American customs (e.g., celebratin Halloween Thanksgiving) over Central American/Latino ones (e.g., celebrating Día los Muertos, Quinceañeras).	***1***	***2***	***3***	***4***	***5***
	Not at all stressful	*A Little Stressful*	*Somewhat Stressful*	*Very Stressful*	*Extremely Stressful*

Appendix R

Demographic Questions- Spanish

Instrucciones: Por favor, conteste las siguientes preguntas.

<table>
<tr><td>1. ¿Cuál es su edad? _____</td><td>2.Género (Marque uno) _____ Mujer
_____Hombre</td></tr>
<tr><td>3. ¿Raza/ Etnicidad (Marque todas las que apliquen)
<table><tr><td>____ Latina/ Latino</td><td>____Asiática/ Asiático</td></tr><tr><td>____ Africana/ Negra/Negro</td><td>____ Blanca/ Blanco</td></tr></table></td><td>4. ¿En qué país nació usted?_____</td></tr>
<tr><td>5. ¿Cuántos hijos/ hijas tiene usted? _____</td><td>6. ¿Cuál es su estado matrimonial?
<table><tr><td>____ Casada/ Casado</td><td>____Soltera/ Soltero (no viviendo con</td></tr></table>
(Marque uno)</td></tr>
<tr><td>7. ¿Cuál es el ingreso total en casa? Marque uno. (Por favor incluya todas las fuentes: apoyo de niños, pensiones, etc.)
<table><tr><td>____ Menos de $13, 500</td><td>___20,000-29,999</td></tr><tr><td>____ 13,500-19,999</td><td>___30,000-39,999</td></tr><tr><td>____40,000-49,999</td><td>___50,000 o más</td></tr></table></td><td>8. ¿Cuál es su nivel de educacción más alta? (Marque uno)?

____Escuela Primaria (pero no terminé)
____ Escuela primaria (hasta 5º grado)
____ Escuela intermedia (8º grado)
____ Escuela secundaria/ GED
____ Universidad de 2 anos
____Unversidad (pero no terminé)
____Bachillerato (4 años)
____ Educación Avanzada
(MA, doctorado, etc.)</td></tr>
<tr><td>9. ¿Cuál es su religión (Si lo tiene. Marque todas que apliquen)?
<table><tr><td>___Catolicismo</td><td>___Testigo de Jehovah</td></tr><tr><td>___Espiritismo</td><td>___Protestante. (por ejemplo, luterano, episcopaliano, metodista,</td></tr></table></td><td>10. ¿Cuan a menudo asiste a los servicios religiosos?
____ Más de una vez a la semana
____ 1x a la semana
____ 1-2 x al mes
____ 1-2 x al año
____ Menos de una vez al año</td></tr>
</table>

<table>
<tr><td><table>
<tr><td></td><td>mormón, evangelista, pentacostal) Por favor escribe _____</td></tr>
<tr><td>___Curanderismo</td><td>____ Otro (por favor indique)_____ ____</td></tr>
<tr><td></td><td>____ No tengo religión</td></tr>
</table></td><td>____ Nunca</td></tr>
<tr><td>11. ¿Cuál es su estado de empleo? (Marque uno)<table>
<tr><td>____ A tiempo completo (Full-Time- 40 horas/ semana)</td><td>____Desempleada/ Des-empleado</td></tr>
<tr><td>____ A tiempo parcial (Part-time- menos de 40 horas/ semana)</td><td>____ Otro Por favor describe_____ _____</td></tr>
<tr><td>____ Voluntaria/ voluntario</td><td></td></tr>
</table></td><td>12. ¿Por cuantos años ha vivido usted en los Estados Unidos? (años/ meses)?
_____</td></tr>
<tr><td>13. ¿Es usted inmigrante? ___ Sí ____ No</td><td>14. ¿A qué edad inmigró? _____</td></tr>
<tr><td>15. Por favor apunte en la escala 1-10 cuanto control usted tenía sobre la decisión de inmigrar. (1 = No control sobre la decision de inmigrar, 10 = completamente en congrol sobre la decision de inmigrar)</td><td>16. Por favor apunte en la escala 1-10 como usted está de acuerdo con la decision de inmigrar. (1 = totalmente NO de acuerdo con la decision de inmigrar, 10 = totalmente de acuerdo con decision de inmigrar)</td></tr>
<tr><td>18. ¿Cuál fue su razón para inmigrar? (Marque todas que apliquen)

__Guerra
__ Educación
__ Trabajo
__ Familia/amigos en los EEUU
__ Esperanza para un future mejor
___ Otra (Por favor describe)_____</td><td></td></tr>
</table>

<u>Instrucciones</u>: Las preguntas en esta escala son acerca de sus emociones y pensamientos durante el último mes. En cada caso, se le pedirá que indique una respuesta al encerrar en un círculo que tan seguido usted se sintió o pensó de cierta forma.

18. En el último mes, sentí que no hablo inglés o no lo hablo bien.

0	*1*	*2*	*3*	*4*
Nunca	*Casi Nunca*	*De Vez En Cuando*	*A Menudo*	*Muy A Menudo*

19. En el último mes me molestó cuando la gente me presionó a comporatrme al modo estadounidense de hacer las cosas

0	*1*	*2*	*3*	*4*
Nunca	*Casi Nunca*	*De Vez En Cuando*	*A Menudo*	*Muy A Menudo*

19. En el último mes, he tenido conflictos con otros porque prefiero las costumbres estadounidenses (por ejemplo, celebrando Halloween, Thanksgiving), sobre las costumbres centroamericanas/latinas (por ejemplo, celebrando Día de los Muertos, Quinceañeras).

0	*1*	*2*	*3*	*4*
Nunca	*Casi Nunca*	*De Vez En Cuando*	*A Menudo*	*Muy A Menudo*

20.

Table 1. Demographic characteristics of sample (N = 197)

Variable	N	%
Gender		
Female	55	27.9
Male	131	66.5
Country of origin		
El Salvador	105	53.3
Guatemala	74	37.6
Panama	1	.5
Costa Rica	1	.5
Honduras	15	7.6
Nicaragua	1	.5
Location of data collection		
Site A	170	86.3
Site B	27	13.7
Marital status		
Married	65	33.0
Divorced	4	2.0
Single, not living with partner	51	25.9
Separated	11	5.6
Widowed	1	.5
Single, living with partner	59	29.9
Income		
Below $13, 500	62	31.5
$13,500-$19,999	23	11.7
$20,000-29,999	41	20.8
$30,000-39,999	11	5.6
$40,000-49,999	7	3.6
$50,000 or more	9	4.6
Educational Level		
Some grade school	16	8.0
Elementary school	27	13.4
Middle school	32	15.9
High school/GED	47	23.4
2 year college	11	5.5
Some college, no degree	22	10.9
Bachelor's Degree	35	17.4
Professional degree (MA, PhD, etc)	3	1.5
Employment status		
Full time	147	74.6
Part time	16	8.1
Volunteer	1	.5

Unemployed	18	9.1
Other (e.g., temporary or within home)	3	1.5
Religious Affiliation		
Catholic	85	42.6
Main line protestant	24	12.6
Conservative protestant	48	24.4
Espiritismo	2	1.0
No religion	28	14.2
Other- “Christian”	4	2.0
Religious service attendance		
More than once a week	51	25.9
Once a week	47	23.9
1-2 times per month	32	16.2
1-2 times per year	25	12.7
Less than once a year	8	4.1
Never	15	7.6
Reasons for coming to the US		
Hope for a better future	122	61.9
Work	70	36.5
Family	32	16.2
Education	19	9.6
War	14	7.1
Other (e.g., gangs, opportunities)	1	7.6

Table 2. Demographic characteristics of sample continued (N = 197)

Measure	Minimum	Maximum	Mean	SD
1. Age	18	63	29.56	8.90
2. Months in USA	1	240	44.92	44.95
3. Control over immigration	1	10	7.07	3.17
4. Agree over decision to immigrate	1	10	6.13	3.43
5. Acculturative stress- English language	1	5	3.40	1.22
6. Acculturative stress- Pressure to acculturate	1	5	2.18	1.26
7. Acculturative stress- Pressure against acculturation	1	5	1.60	1.00

Table 3

Means, standard deviations, and correlations among key variables (N = 197) ** $p < .0$; [n] = square root transformation used

Variable	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
1. Perceived Stress	1														
2. Perceived Social Support-Family [n]	-.31**	1													
3. Perceived Social Support-Significant Other [n]	-.20**	.50**	1												
4. Benevolent religious reappraisal/ spiritual support	-.10	.06	.09	1											
5. Spiritual connection [n]	-.03	.04	.06	.70**	1										
6. Low self-directed/ collaborative coping [n]	-.20**	.19**	.18**	.32**	.20**	1									
7. Seeking spiritual support from clergy	.01	.14	.14	.48****	.43**	.04	1								
8. Pleading for direct intercession	0	.01	-.02	.55**	.48**	.21**	.54**	1							
9. Punishing God reappraisal[n]	.36**	-.17	-.16	.10	.14	-.23**	.12	.23**	1						
10. Reappraisal of God's power [n]	.25**	-.14	-.12	.06	.10	-.28**	.18**	.18**	.49**	1					
11. Depression [n]	.53**	-.10	-.02	.03	.11	-.12	.06	.09	.22**	.22**	1				
12. Anxiety [n]	.57**	-.11	-.05	.12	.19**	-.05	.09	.10	.22**	.20**	.69**	1			
13. Somatization [n]	.46**	-.17	-.04	.06	.10	-.02	.08	.12	.22**	.18**	.54**	.63**	1		
14. Meaning in	.18**	-.05	.04	.11	.15	.03	.10	.22**	.15	.21**	.23**	.18**	.15	1	

Life- Search [n]															
15. Meaning in Life- Presence [n]	-.36**	-.35**	.42**	.29**	.18**	.28**	.19*	.11	-.22**	-.12	-.09	-.05	-.15	.12	1
M	16.07	20.25	21.27	22.91	4.95	19.22	7.04	10.33	4.91	2.88	24.04	27.41	8.54	5.61	5.05
SD	6.72	6.20	6.88	6.34	2.72	4.60	4.63	3.78	4.24	3.12	10.03	6.24	5.53	4.69	4.76
Cronbach's Alpha	.74	.87	.87	.90	.76	.77	.88	.80	.88	.76	.81	.77	.79	.93	.70

Table 4. *Summary of hierarchical regression analysis of perceived social support and religious coping as predictors of depression (N =197)* ** *p* <.01

Variable	*B*	*SE B*	β	*t*	*df*	R^2	Δ R^2	Δ*F*	sr^2
Step 1									
Perceived stress	0	.01	.53	8.62**	1, 195	.28	.28	74.36	.28
Step 2									
Perceived stress	0	.01	.55	8.58**	2, 193	.28	.01	1.12	.27
Perceived social support-Family	0	.11	.03	.44					0
Perceived social support-Significant other	0	.09	.08	1.07					0
Step 3- Overall model									
Perceived stress	0	.06	.53	7.71**	7, 186	.31	.03	1.09	.22
Perceived social support-Family	0	.10	.04	.61					0
Perceived social support-Significant other	.11	.09	.09	1.2					0
Spiritual connection	.15	.12	.11	1.27					0
Low self-directed/ collaborative religious coping	0	.02	-.04	-.56					0
Seeking spiritual support from clergy/church members	0	.02	-.06	-.79					0
Benevolent religious reappraisal/ spiritual support	0	.02	-.01	-.10					0
Pleading for direct intercession	0	.12	.07	.86					0
Punishing God reappraisal	0	.02	0	.10					0
Reappraisal of God's power	0	.03	.09	1.21					0

Table 5.

Summary of hierarchical regression analysis of perceived social support and religious coping as predictors of anxiety (N =197) ** *p* <.01

Variable	*B*	*SE B*	β	*t*	*df*	R^2	Δ R^2	Δ*F*	sr^2
Step 1									
Perceived stress	0	.01	.57	9.77**	1, 195	.33	.33	95.54	.33
Step 2									
Perceived stress	.10	.01	.60	9.68**	2, 193	.34	.01	.97	.32
Perceived social support-Family	0	.10	.05	.68					0
Perceived social support-Significant other	0	.10	.05	.76					0
Step 3- Overall model									
Perceived stress	.10	.01	.61	9.32**	7, 186	.38	.05	2.08	.29
Perceived social support-Family	0	.10	.05	.75					0
Perceived social support-Significant other	0	.10	.04	.64					0
Spiritual connection	.23	.12	.16	1.95					.01
Low self-directed/ collaborative religious coping	0	.02	.01	.16					0
Seeking spiritual support from clergy/church members	0	.02	-.05	-.72					0
Benevolent religious reappraisal/ spiritual support	0	.02	.08	.91					0
Pleading for direct intercession	0	.02	-.01	-.01					0
Punishing God reappraisal	0	.02	-.02	-.25					0
Reappraisal of God's power	0	.03	.07	.97					0

Table 6.

Summary of hierarchical regression analysis of perceived social support and religious coping as predictors of somatization (N = 197) ** *p* <.01

Variable	*B*	*SE B*	β	*t*	*df*	R^2	Δ R^2	Δ*F*	sr^2
Step 1									
Perceived stress	0	.01	.45	7.00**	2, 183	.23	.23	27.46**	.21
Gender	-.47	.17	-.18	-2.77**					.03
Step 2									
Perceived stress	0	.01	.44	6.45**	2, 181	.23	0	.41	.18
Gender	-.44	.17	-.17	-2.61**					.03
Perceived social support-Family	0	.12	-.06	-.76					0
Perceived social support-Significant other	0	.11	.06	.80					0
Step 3- Overall model									
Perceived stress	0	.01	.43	5.82**	7, 174	.26	.03	.89	.14
Gender	-.47	.17	-.18	-2.71**					.03
Perceived social support-Family	0	.12	-.06	-.73					0
Spiritual connection	.12	.11	.06	.81					0
Low self-directed/ collaborative religious coping	0	.02	.08	1.08					0
Seeking spiritual support from clergy/church members	0	.02	.09	-.36					0
Benevolent religious reappraisal/ spiritual support	0	.02	-.03	.30					0
Pleading for direct intercession	0	.03	.06	.67					0
Punishing God reappraisal	0	.02	.10	1.18					0
Reappraisal of God's power	0	.03	.01	.15					0

Table 7.
Summary of hierarchical regression analysis of perceived social support and religious coping as predictors of search for meaning in life (N =197) ** *p* <.01

Variable	*B*	*SE B*	β	*t*	*df*	R^2	Δ R^2	Δ*F*	sr^2
Step 1									
Perceived stress	0	.22	.18	2.60**	1, 195	.03	.03	6.77	.03
Step 2									
Perceived stress	0	.01	.19	2.58	2, 193	.04	.01	.69	.03
Perceived social support-Family	0	.13	-.04	-.42					0
Perceived social support-Significant other	0	.11	.10	1.17					.01
Step 3- Overall model									
Perceived stress	0	.01	.18	2.39	7, 186	.13**	.09	2.66	.03
Perceived social support-Family	0	.13	.03	-.35					0
Perceived social support-Significant Other	0	.11	.10	1.30					.01
Spiritual connection	0	.15	.10	.97					0
Low self-directed/ collaborative religious coping	0	.02	.05	.64					0
Seeking spiritual support from clergy/church members	0	.02	-.07	-.81					0
Benevolent religious reappraisal/ spiritual support	0	.02	-.06	-.52					0
Pleading for direct intercession	0	.03	.21	2.22					0
Punishing God reappraisal	0	.02	-.09	-1.01					0
Reappraisal of God's power	0	.03	.22	2.62**					.03

Table 8.
Summary of hierarchical regression analysis of perceived social support and religious coping as predictors of presence of meaning in life (N =197) ** *p* <.01

Variable	*B*	*SE B*	β	*t*	*df*	R^2	ΔR^2	ΔF	sr^2
Step 1									
Perceived stress	0	.06	-.36	-5.35**	1, 195	.13	.13	28.66**	.13
Step 2									
Perceived stress	0	.06	-.26	-4.00**	2, 193	.26	.13	17.32**	.06
Perceived social support- Family	0	.06	.11	1.53					.01
Perceived social support- Significant other	.23	.06	.31	4.32**					.07
Step 3- Overall model									
Perceived stress	0	.06	-.21	-3.15**	7, 186	.33	.07	2.81	.04
Perceived social support- Family	0	.06	.10	1.34					.01
Perceived social support- Significant other	.20	.05	.28	3.92**					.06
Spiritual connection	0	.07	-.03	-.35					0
Low self-directed/ collaborative religious coping	0	.01	.11	1.48					.01
Seeking spiritual support from clergy/church members	0	.01	.06	.75					0
Benevolent religious reappraisal/ spiritual support	0	.01	.22	2.32					.02
Pleading for direct intercession	0	.01	-.04	-.44					0
Punishing God reappraisal	0	.01	-.09	-1.21					0
Reappraisal of God's power	0	.02	.07	.91					0

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