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Attachment, Acculturative Stress, Social Supports, Separation, and Marital Distress in Mexican and Central American Adult Immigrants Separated from Primary Caregivers as Children

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2016

Abstract

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by

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MS, Walden University, 2013

MA, Pacific Oaks College, 2004

BA, California State University, Los Angeles, 2001

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

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Abstract

Latinas/os are reported to be the fastest growing ethnic minority in the United States, with a large percentage being newly arrived immigrants. Previous research has found that many migrate in phases, with the father leaving the family behind or both parents migrating and leaving children in the care of family members. Separations from parental figures have been found to lead to psychosocial, psychological, and educational problems. Additional challenges of immigrants include acculturative stress, lack of social support, attachment problems, poverty, discrimination, unemployment, and marital distress. The purpose of this study was to inquire if immigrant variables (attachment, acculturative stress, and social supports) in Mexican and Central American immigrants who were separated from their primary caregivers as children predict marital distress. A total of 92 participants completed either the online questionnaire via Survey Monkey or paper surveys in person. A quantitative methodology, correlational multiple regression model was used in order to investigate the research questions and hypotheses. The results from the current study showed a statistically significant finding that the attachment style and acculturative stress in Mexican and Central American immigrants predicted marital distress. However, there was no statistically significant finding that social support predicted marital distress. Findings from this study can promote a deeper understanding to marriage counselors regarding attachment, social support, acculturative stress, and separation factors that can affect immigrant couples. It may also have implications for immigration policy and promote the establishment of reunification programs in communities where immigrant populations reside.

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Dedication

I would like to dedicate this dissertation to my wife, whose continued support, love, and encouragement throughout our marriage made it possible for me to reach this milestone. I would also like to dedicate this work to my two children, Kristen and Jeremy, who inspire me to reach my goals every day. In addition, this manuscript is dedicated to my father, brothers, and sisters, whose immigration journey inspired me to have their voices heard through this research. Finally, I would like to dedicate this to my mother, who I know watches over me from heaven.

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I would also like to acknowledge my daughter Kristen, who was my personal editor and who took time out of her busy schedule to review my work. I would also like to acknowledge previous professors and mentors who shaped the clinician and the scholar that I am today. I would like to acknowledge Connie Destito and Dr. Toni Guajardo. I also would like to acknowledge my internship supervisor Dr. Carla Hix from Kaiser Permanente, for her amazing support throughout this journey. Last, but not least, I would like to acknowledge my wife once again. This dissertation belongs to you, Isela, as much as it belongs to me.

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Chapter 1: Introduction to the Study

Research has shown that Mexican immigrants who were separated from primary caregivers when migrating as children may have a lack of social support and acculturative stress upon entering the United States (Belizaire & Fuertes, 2011; Ribeiro, 2012). These challenges have been correlated with marital distress, which attachment theory attributes to an avoidant attachment style that develops as a stress coping method (Berry, Barrowclough, & Wearden, 2008). Van Ecke (2005) defined acculturative stress as "the loss of familiar ways, sounds, and faces, coupled with a sense of not knowing quite how to belong, connect and get support" (p. 472). Researchers have noted acculturative stress, loss of support networks, discrimination, and family conflicts to increase psychological distress, depression symptoms, suicidal ideation, alcohol and drug use, and marital distress (Arbona et al., 2010; Finch & Vega, 2013; Hovey, 2000; Negy, Hammons, Reig-Ferrer, & Carper, 2010).

Afifi, Davis, Denes, and Merrill (2013) reported that the divorce rate has increased dramatically in industrialized countries since the 1960s. This change has been more notable in the United States. In the United States, approximately 40% to 50% of new marriages end in divorce. According to Afifi et al., (2013) researchers on divorce have made several conclusions. The first conclusion is that more individualistic and industrialized countries tend to have higher rates of divorce. The second conclusion Afifi et al. reported is that as women become more educated and financially independent, divorce rates tend to increase. Third, when religion becomes a central part of the culture, divorce is lower (Afifi et al., 2013). The data suggested that in the United States, divorce

rates were lower among Hispanics than among other Caucasians and African Americans. The researchers explained that this may be due to the cultural variable of collectivism (common in Latina/o culture) vs. individualism (most common in American culture). The research on Hispanics also suggested that as immigrants acculturate, these rates of divorce rise due to economic, political, lack of social supports, and other challenges (Afifi et al., 2013). In addition, a final conclusion by Afifi et al. was that the divorce rates of Latinas/os have been steadily increasing and may approximate that of Caucasians due to acculturation in the United States. Some researchers have estimated that 52% of Latina/o marriages end in divorce within 20 years of the marriage (Ribeiro, 2012). Mexican immigrants are at a great risk of high psychological issues due to cultural barriers such as the deficiency of Spanish-speaking clinicians, location of mental health clinics, and the need for cultural adaptations in therapeutic approaches (Ramos-Sanchez & Atkinson, 2009).

There is a lack of research on how immigrants deal with acculturation stress. Some researchers have argued that acculturation stress contributes to psychological, relational, and emotional problems (Brabeck, Lykes, & Hershberg, 2011). Therefore, it is imperative that psychologists and other supportive experts gain a better understanding of the Latina/o immigrant population. Analysis of the effects of immigration on the individual's psychological and sociological adaptation is necessary to have a better understanding of the unique needs of and services for Mexican and Central American immigrants. Furthermore, although much research exists on immigration and its stressors, there appears to have been a lack of research on Mexican and Central American

immigrant couples and the consequences of their migration (Hyman, Guruge, & Mason, 2008).

In Chapter 1, I describe research regarding immigration trends and its psychological and sociological effects. The problem and purpose of the current study are discussed, and the research questions and hypotheses are delineated. In addition, I address the theoretical framework, assumptions, limitations, and the significance of the study.

Background

> Nearly all Americans have ancestors who braved the oceans – liberty-loving risk takers in search of an ideal – the largest voluntary migrations in recorded history… Immigration is not just a link to America's past; it's also a bridge to America's future.
>
> —George W. Bush (Citizenpath.com, n.d.)

Immigration Trends in The United States

Immigrants from all over the world built the United States. The first recorded migration to the United States took place in the early 1800s from Western Europe. These immigrants left their countries to escape economic distress due to the transformation of the factory industry and also due to changes from small to large-scale farming (Funk & Wagnalls, 2016). The second wave of migration came between 1820 and 1860 from Great Britain, western Germany, and Ireland. Between 1890 and 1910, the majority of the immigrants came from southern and eastern Europe and included people from Austria, Hungary, Italy, and Russia (Funk & Wagnalls, 2016). Up until this point, the United

States had not enacted any immigration laws. However, the first immigration law enacted was to keep Chinese immigrants from entering through American vessels in 1862.

From 1905 to 1914, an average of 1 million immigrants entered the United States. This continued until World War I when the numbers decreased dramatically (Funk & Wagnalls, 2016). After World War I, an increase in racism was the driving force to enact additional immigration policies that implemented immigration quotas that restricted immigrants from any nation to enter the United States. The driving force for migration in the 1900s was due to immigration laws that allowed for immigrants to request asylum from war through the Refugee Relief Act of 1953 (Funk & Wagnalls, 2016). In the 1980s, immigration policies provided an "amnesty" to those immigrants who could prove that they resided in the United States prior to January 1, 1982. However, tougher immigration laws enacted in 1990, 1997, 2006 (under President Bush), and in 2012 (under President Obama) have restricted individuals seeking an escape from poverty; horrid living conditions; and gang, drug, and cartel violence from migrating to the United States. Under President Obama, there were over 410,000 deportations (the majority from Mexico; Funk & Wagnalls, 2016).

Tougher immigration policies force many families to separate. It is reported that there has been an increase of U.S. citizen children who are separated from one or both of their parents due to the more than 410, 000 deportations since 2012 (Funk & Wagnalls, 2016). In countries all over the world, the struggle to survive or escape violence and civil war has forced families to separate in search of better living conditions, jobs, safety, and security. This practice is more evident in Mexico and Central American countries.

Brabeck et al. (2011) argued that immigrants from Mexico and Central America have endured economic, social, and political marginalization both here in the United States and in their countries of origin.

Poverty and Violence

According to the *World Development Indicators*, 31.1% of people living in El Salvador and 22% of Guatemalans lived below $1 a day in the year 2000 (Brabeck et al., 2011). For many families in El Salvador and Guatemala, this poverty is a direct result of civil wars, violence, and government repression (Brabeck et al., 2011). Violence has a long history in Central America; Brabeck et al (2011) reported that between 1970 and 1990, the violence, in which the United States played a big role, destroyed farming and communities and subsisted for generations. Poverty is a major reason why immigrants from Mexico and Central America leave their children and family behind and risk peril en route to the United States such as sexual assault, hunger, thirst, abuse, and even death. Brabeck et al. (2011) reported that 83% of individuals in their study left their country because of poverty. Children in Mexico and Central America work through childhood to help their parents with expenses for basic necessities (Brabeck et al. 2011). In addition, parents cannot afford to send their children to school because school is not free past the sixth grade. For families living in Mexico and Central America, it is difficult to pay for books, school supplies, food, and uniforms.

Cartel violence in Mexico and gang violence in Central America has increased in recent years. For example, in Ciudad Juarez, Mexico, it is estimated that 5,300 people died due to cartel violence between 2008 and 2010 (Shenberger, Smith, & Zarate, 2014).

Some have called the cartel violence in Mexico *narco-terrorism*. Many innocent lives are lost. Individuals with small businesses are terrorized and forced to pay quotas for running their business or risk retribution by the cartels. Cartels enforce their will by the use of gangs. For example, two gangs that originated in Los Angeles (the Mara Salvatrucha [MS-13] and the Barrio 18 Gang) terrorized families in Mexico and in Central America (Pacheco, 2009). Gang violence constitutes one of the most serious problems in Central America. An extensive study by the World Bank (as cited in Perez, 2013) compared homicide rates in Central America to other countries. According to the study, the world average homicide rate was about 6.8 per 100,000 people. In the United States, this rate was 5.5 per 100,000 and 2.0 per 100,000 in Spain, United Kingdom, and Switzerland (Perez, 2013). However, this rate was 30 per 100,000 in Central America. Perez (2013) reported that 91.7% of people in El Salvador, 88.9% of people in Nicaragua, 88.5% of people in Guatemala, and 74.3% of people in Honduras believed that gang crime was a threat to national security. They also expressed a fear of being victims of crime and their neighborhood being affected by gang activity (Perez, 2013). That there are more than 62,000 gangs estimated in Central America. Perez reported that children (even as young as 9 years old) are recruited to join the MS-13 or the Barrio 18 gangs.

Poverty, crime, gang violence, and lack of jobs and educational opportunities force many immigrants to risk their lives and migrate to the United States. As an immigrant stated, “We endured hunger, poverty; we hardly had clothing for the babies to use each week. Then coming here [to the United States], seeing the blessings, you want to grab hold of that” (Brabeck et al., 2011, p. 287). For many immigrants, the decision to

migrate to the United States has consequences that resulted in sadness, depression, feelings of loss, and loneliness (Brabeck et al. 2011). Results in Brabeck et al.'s (2011) study showed migration-related separations to be as high as 72%. Results also showed that the 18 parents that were interviewed left behind a total of 22 children. Suarez-Orozco, Todorova, and Louie (2002) reported 85% of families interviewed had migration-related separations. In another study from Mexico, Dominican Republic, and Central America, 90% of families reported migration-related separations (Mitrani, Sanisteban, & Muir, 2004).

Problem Statement

Many studies have examined the consequences of migration-related separations (Brabeck et al., 2011; Mitrani et al; 2004; Suarez-Orozco et al., 2002). Esses, Medianu, Hamilton, and Lapshina (2015) reported that Latina/o immigrant families have many challenges such as poor living conditions, discrimination, acculturative stress, and unemployment or underemployment. Falicov (2007) also reported that immigrants' major challenges also come from immigration-related separations. These challenges could lead to psychological, relational, and emotional problems (Brabeck et al., 2011), as well as posttraumatic stress (Santa-Maria & Cornille, 2007).

Van Ecke (2005) argued that insecure attachment is common in immigrants when they leave their country of origin and proximity to family. Also, van Ecke argued that separation due to immigration can produce attachment-related problems. One of the relational and emotional problems found in immigrant families (especially in children) during the process of migration is the weakening bond between mothers and children, and

subsequently the children's future attachment with other people (Mitrani et al., 2004). The correlation between immigrant families and attachment theory can be confirmed through the secure attachment, abandonment, and loss (van Ecke, 2005) found among numerous immigrant families.

Dillon and Walsh (2012) argued that the loss of parental figures in their lives has shown to affect children's attachment negatively. Through observations with children, both Bowlby (1979), and Ainsworth and Bowlby (1991) argued the importance attachment of the primary caregiver in early development. According to Bowlby, the emotional and physical nurture of the mother on the child is indispensable. In addition, studies have supported the assertion that early separations from caregivers can have adverse effects on children's wellbeing (Howard, Martin, Berlin, & Brooks-Gunn, 2011). Furthermore, the absence of mother-child interactions in infancy can result in children growing up into adulthood exhibiting self-soothing and self-regulating difficulties and problems engaging in healthy relationships (Corbin, 2007). Attachments to others in adulthood are influenced by earlier interpersonal experiences with primary caregivers (Berry, Wearden, Barrowclough, & Liversidge, 2006). Therefore, attachment theory warrants examination as a buffering effect of acculturative stress and marital distress.

Acculturative stress in Latina women leads to marital distress (Negy et al., 2010). Marital distress is one of the reasons why many people seek counseling. Also, Negy et al. (2010) argued that marital distress could lead to domestic violence, child behavioral problems, and divorce. According to Rebeiro (2012), Latina/o immigrants may be exposed to psychosocial stressors that are not common to other couples. Given the lack of

research of adults who were separated from their parents as children due to immigration and the acculturative stress during their migration and postmigration experience, the current study focused on whether attachment, acculturative stress, separation, and social supports predict marital distress in Mexican and Central American adult immigrants who were separated from their primary caregivers. In addition, with the Latinas/os projected to increase to more than half the population in the United States by the year 2050 (Dillon, De La Rosa, Sastre, & Ibanez, 2013), psychologists and other clinicians should be prepared to understand the myriad of problems with which immigrant families are faced. Moreover, therapeutic interventions should be modified to match the specific cultural needs of the Latina/o clients. Psychologists thus must be sensitive in working with the Latina/o immigrant.

Purpose

The purpose of this study was to inquire if immigrant variables (attachment, acculturative stress, and social supports) in Mexican and Central American immigrants who were separated from their primary caregivers as children predict marital distress.

Research Questions and Hypotheses

The following research questions guided this study:

RQ1: Does attachment style predict marital distress in adult immigrants separated from their primary caregivers as children?

$H_1$1: The variable attachment style predicts marital distress in adult immigrants separated from their primary caregivers as children.

$H_0$1: The variable attachment style does not predict marital distress in adult immigrants separated from their primary caregivers as children.

RQ2: Does acculturative stress predict marital distress in adult immigrants separated from their primary caregivers as children?

$H_1$2: The variable acculturative stress predicts marital distress in adult immigrants separated from their primary caregivers as children.

$H_0$2: The variable acculturative stress does not predict marital distress in adult immigrants separated from their primary caregivers as children.

RQ3: Do social supports predict marital distress in adult immigrants separated from their primary caregivers as children?

$H_1$3: The variable social supports predict marital distress in adult immigrants separated from their primary caregivers as children.

$H_0$3: The variable social support does not predict marital distress in adult immigrants separated from their primary caregivers as children.

Theoretical Framework

Bowlby's (1961/1969, 1982) attachment theory was the theoretical framework for this study. Attachment theory posits that individuals have an instinctual drive to form a bond with others, specifically their primary caregivers (parents). Bowlby (2005) argued that the primary caregiver is a prototype for future relationships. Individuals develop internal working models (Bowlby, 1969), which remain intact throughout life. Individuals attempt to preserve the primary attachment relationships because these

relationships are crucial to the child's physical and emotional survival. Bowlby (1969) argued that attachment to primary caregivers is a survival mechanism for children.

Bretherton (1992) reported that Bowlby formulated his theory through an interest in observing children and their interactions with other people, especially their mother. Bowlby also became interested in the work by ethologists (the study of animal behavior) and how lower species were observed. Bowlby (2005) related how animals formed attachment to human behavior. Hence, the work by ethologists and Bowlby's observations of them set the start of Bowlby's attachment theory. Before his first publication, Bowlby also concentrated on observations by researchers in Europe (Bretherton, 1992). In 1953, Ainsworth conducted a monumental empirical study on attachment, where she made direct observations of infant-mother interactions and their attachment. Ainsworth (as cited in Bretherton, 1992) observed 26 infants and their mothers for 9 months with 2-week intervals. Her results were the foundation for the formulation of three attachment styles. These attachment styles are secure, insecure, and unattached (Bretherton, 1992). Ainsworth described securely attached infants as infants whose primary caregivers are emotionally available to them and insecurely attached as infants whose parents are not emotionally available when the infant is under stress (Bretherton, 1992). Ainsworth also conducted the study, "The Strange Situation Experiment," which was held in Baltimore, Maryland and conducted with 26 1-year-olds and their mothers (Bretherton, 1992). She observed an infant who was placed in a room with their mother. The infant played while their mother was in the room. Then a stranger would walk into the room to join the mother and the infant. After a few minutes, the

mother would leave the room. Ainsworth documented how the infant reacted to the mother's absence and the reaction when the infant was left in the room with the stranger (Bretherton, 1992). Then, Ainsworth would observe how the infant reacted when the mother returned to the room. For the first time a researcher was able to document the three different types of attachment style. More importantly, the work by Ainsworth and Bowlby asserted that primary relationship patterns influence and repeat overtime in later relationships (Bretherton, 1992). As Bowlby posited, Ainsworth was also able to demonstrate that the parent-child relationship is indispensable, instinctual, and innate, and it is not only imperative as children but also as individuals form relationships with others throughout their lifetimes.

The infant's attachment is therefore crucial for their emotional and physical development and their survival (Bretherton, 1992). Between their observations, Bowlby and Ainsworth identified a total of five attachment styles. Both Bowlby and Ainsworth agreed that secure attachment is observed if children's needs are met, if they feel worthwhile, and if they can trust their primary caregivers as well as others (Bretherton, 1992). The avoidant attachment style is a child or individual that has learned that loved ones are unavailable to them. The anxious ambivalent attachment is when the child or individual has learned that they should protest to get attention and to get their needs met. They also have learned that adults are not dependable or they cannot depend on anyone (Bretherton, 1992). The disorganized attachment style is one that is formed in children whose internal working model signals that people are dangerous. Because they believe people are dangerous, they are vigilant and untrusting. Finally, the indiscriminate

attachment style is when children had a neglected experience and they overcompensate by attempting to make as many connections with other people as a way to get their needs met (Bowlby, 2005). Because the child has internalized attachment styles in their working models, they develop in cognitive schemas, making it difficult for them to form secure attachments. As a result, children may expect the same in future relationships. Consequently, children's initial attachments influence and can affect their subsequent relationships with others. This study focused on how attachment theory applies to adult immigrants from Mexico and Central America who were separated from their primary caregivers as children due to immigration.

Nature of the Study

The nature of the present study was quantitative. I used a multiple regression statistical analysis to examine what combination of immigrant variables (attachment, acculturative stress, social supports) best predicts marital distress in Mexican and Central American adult immigrants separated from their primary caregivers as children. For example, I used the Spanish version of the Psychosis Attachment Measure (PAM; Sheinbaum, Berry, & Barrantes-Vidal, 2013) to assess the attachment style of Mexican and Central American immigrants who were separated from their parents.

Definitions

Acculturation is defined by Berry (1980) the experience and process of immigrants adapting to a different culture of a host country.

Familismo (familism) refers to a multidimensional and cultural value that emphasizes the interconnectedness among family members and casts more importance on family priorities over individual priorities in decision-making.

Immigration trauma refers to the symptomatic reactions that immigrants can suffer as a result of their experiences during pre-emigration, during the journey, and post migration due to acculturation stress, oppression, discrimination, and substandard living conditions (Perez-Foster, 2001).

Latina/o describes a very diverse group of people who reside in the United States but were born in, or can trace the background of their families to one of the Spanish speaking countries (La Roche, 2002). The term also identifies female (Latina) or male (Latino) throughout this paper.

Assumptions

One of the assumptions of the present study was that participants answered the demographic questionnaire, the PAM (Berry et al., 2006; Sheinbaum et al., 2013), the Marital Satisfaction Inventory Revised (MSI-R; Negy & Snyder, 1997), the Social, Attitudinal, Familial, and Environmental (SAFE) Scale (Mena et al., 1987), and the Social Supports Questionnaire (SSQ; Acuña & Bruner, 1999; Sarason et al., 1983) truthfully and honestly. Factors that can affect honesty may include the following: whether participants trusted the researcher and, as some researchers working with immigrants have noted (Ribeiro, 2012), participants may be apprehensive about answering questionnaires for fear of deportation. Although I could not control participants' mood or location of where the questionnaires took place, the questionnaires

were anonymous. In addition, it was the assumption that the purposive sample was representative of the immigrant population from which I wished to make (Leedy & Ormrod, 2010). In addition, response bias could have impacted how participants interpreted the questions. I was also assuming that the PAM accurately assessed attachment of participants, the MSI-R assessed marital satisfaction and distress, the SAFE Scale assessed acculturative stress, and the SSQ accurately measured social supports. These assumptions were necessary in order to conduct the study effectively.

Scope and Delimitations

The focus of the present study was to examine Mexican and Central American adults separated from their primary caregivers as children due to immigration. The scope of the study focused on examining a number of variables of this population. The first variable examined was whether the separation from their primary caregivers predicts marital distress later in life. Other variables that were examined were the attachment style, social supports, and acculturative stress of participants and whether these variables predict marital distress. Although previous research has examined other variables in immigrant populations (i.e., attachment, psychosocial adjustment, alcoholism; Belizaire & Fuertes, 2010; Dillon et al., 2013; van Ecke, 2005), none have combined the former variables as predictors to marital distress in Mexican and Central American immigrants. While past studies have been valuable in understanding immigrants, they have primarily focused on the experiences of adolescents and children (Dalton, 2013; Dillon & Walsh, 2012; Dreby, 2007). I wanted to focus the study on not only those developmental years but also on adult experiences and how these predict marital distress.

Although I primarily used participants recruited from several agencies in Los Angeles and Riverside County, participants were also recruited from Survey Monkey and other web-based data sources. Potential participants were screened and eliminated if they did not meet the desired criteria: (a) an immigrant over the age of 18 from Mexico or Central America, (b) separated from their primary caregivers before the age of 18, and (c) currently married.

Limitations

Because I recruited participants from several agencies, I used a purposive sample. A purposive sample is referred to occasionally as "judgment samples" (Frankfort-Nachmias & Nachmias, 2008). It is a judgment sample because the researcher selects participants based on the judgment that participants meet the criteria for the participant pool and that they appear to be representative of the population (Frankfort-Nachmias & Nachmias, 2008). A purposive sample fits because it has homogeneous sampling. In other words, participants being studied have similar characteristics that are of particular interest to the researcher (Dissertation Laerd, 2012).

A threat to generalizability may result from utilizing a representative sample. The threat to generalizability exists because the sample was not randomly selected. If the sample is not randomly selected, then all participants in the population do not have an equal opportunity to be in the study (Field, 2013). Therefore, results of this study cannot be generalized to a larger population. However, the underlying assumption was that the selected purposive sample is and will continue to be representative of the immigrant population. Another limitation of this study was that the study was limited to the time

period in which the data were collected and processed. This can also present threats to generalizability because participants may be going through external stressors at the time of data collection and their answers about marital distress may be different at a different point in time.

A limitation to multiple regression research design is that of *multicollinearity*. Field (2013) described multicollinearity as a concern when researchers have more than one predictor in their model and there is a strong correlation between two or more predictor variables. Multicollinearity is a problem in multiple regression research because researchers have difficulty assessing the individual importance of a predictor. Field (2013) reported that, "if predictors are highly correlated, and each accounts for similar variance in the outcome, then how can we know which of the two variables is important" (p. 325). In the present study, multicollinearity may have been a limitation if the results were not able to show that attachment, acculturative stress, or social supports were important predictors of marital distress.

Obtaining accurate and honest responses from the participants may have been a limitation of this study. In addition, due to the sensitive nature (i.e., immigration status, marital distress) of the participants, some potential participants may have chosen not to take part in the study, which creates self-selection bias (Frankfort-Nachmias & Nachmias, 2008). I took the necessary steps to ensure participants' confidentiality and anonymity of their questionnaires, but the participants may not have protected their privacy while they completed the questionnaires. The limitations for this study will be addressed fully in Chapter 5.

Significance

Having an understanding of the immigrant family's lived experience, researchers will be better situated to develop effective immigration policies and effective programs to meet the needs of immigrant families (Lahaie, Hayes, Piper, & Heymann, 2009). Understanding acculturative stress, the role of social supports, and separation due to immigration can assist clinicians to develop effective treatments that are unique to immigrant families. By understanding the effects of separation due to immigration, immigration policy may be influenced so that children are not separated from their parents as a result of the current immigration policy. Reunification programs may also be established in communities where immigrant populations reside. Funding for reunification and therapeutic programs may also follow. In addition, this study will also help inform marriage counselors regarding acculturative stress and separation factors that can impact immigrant couples.

Summary

As the Latina/o immigration trend is projected to increase to more than half the population in the United States by the year 2050 (Dillon et al., 2013), it is imperative that psychologists and clinicians understand the acculturative and cultural needs of the Latina/o client. Research has illustrated that Mexican immigrants separated from primary caregivers when migrating as children can develop acculturative stress and lack of social support after entering the United States (Belizaire & Fuertes, 2011; Ribeiro, 2012). Subsequently, acculturative stressors (e.g. networks, discrimination, family conflicts) can lead to psychological distress, depression, alcohol and drug use, and marital distress

(Finch & Vega, 2013). As described by Berry et al. (2008), attachment theory attributes avoidant attachment style (prominent in marital distress) as a stress coping method. As introduced in Chapter 1, the current study addressed whether immigrant variables (separation from primary caregivers as children) and social supports, acculturative stress, and attachment predict marital distress using Bowlby's (1961, 1969, 1982) attachment theory as a theoretical framework for this quantitative study.

Chapter 2 will introduce the literature review outlining the current literature on immigration trends, attachment theory, social supports, and marital distress among Latina/o immigrants. The review will also look at research on attachment and immigration, Bowlby's attachment theory, and immigration trauma.

Chapter 2: Literature Review

Introduction

Several studies examining the relationship between immigration and psychological and psychosocial problems have been published (Finch & Vega, 2013; Negy et al., 2010). Researchers have also examined Mexican immigrants separated from primary caregivers when migrating as children and how they may develop high levels of acculturative stress and low levels of social support after entering the United States (Belizaire & Fuertes, 2011; Ribeiro, 2012). Researchers have correlated acculturative stress and low levels of social support with higher levels of marital distress, which attachment theory attributes to an avoidant attachment style that develop as a stress coping method (Berry et al., 2008). In addition, acculturative stressors have been noted to increase psychological distress, depression symptoms, suicidal ideation, alcohol and drug use, and marital distress (Arbona et al., 2010; Negy et al. 2010).

While some studies have focused on how immigration affects families, there is a gap in the literature on examining how acculturative stress, attachment, and low levels of social support predict marital distress in immigrant couples. The purpose of the current study was to examine how the variables of acculturative stress, attachment, and social support predict marital distress in immigrant Mexican and Central Americans couples separated as children from their primary caregivers.

In Chapter 2, the literature review, I summarize the literature search strategy and discuss the theoretical foundation of the study. Using past and current research, the literature review will also address immigration trends of Mexican and Central Americans,

immigration trauma, acculturative stressors experienced by immigrants, and lack of social support that can lead to marital distress in immigrant couples.

Literature Search Strategy

To review the current literature, I used the following databases:, Dissertation and Thesis Glogbal, PsychInfo, Academic Search Complete, Google Scholar, ERIC, ProQuest Central, and PsychArticles. Some of the key terms for the searches included *immigration*; Mexican immigrants*; Central American immigrants*; immigration history in the U.S.*; immigration and attachment*; attachment theory*; social support and immigrants*; marital distresss in immigrant couples*;* and *acculturative stress*.* Other key words associated with the search included *immgration trauma; PAM; Attachement scales; SSQ; MSI-R,* and *SAFE Scale*.* Some of the Boolean phrases also incorporated in the searches were *and* and *or*. Initial searches were limited to peer-reviewed journals from the years 2010 to 2015; however, for attachment theory, stress coping model, and scales and measurements, searches from the original date of publication were also done.

Mexican and Central American Immigration Trends

The U.S. Census (as cited in Ruiz, Gallardo, & Delgado Romero, 2013) reported that there are approximately 40 million immigrants in the United States with at least 11 million here illegally. There are approximately 13% immigrants living in the United States. Migration Policy Institute (MPI, 2015) estimated that from the year 1970 to 2013 the immigrant population increased in the United States from 9.6 million to 41.3 million. Mexican-born immigrants comprise 28% (11.6 million) and Central American-born

immigrants comprise 8% (3.1 million) of the total number of immigrants in the United States. In 2013, Latina/o immigrants were 46% of the total U.S. immigrant population. Out of the 140 million that comprise the total workforce of the United States, 22.5 million are immigrants (MPI, 2015). Dillon et al. (2013) reported that by the year 2050 the Latino population will account for more than half of the nation's population.

Mexican Immigrants

Mexican immigrants comprise 28% of the total number of immigrants in the United States (MPI, 2015). New trends of Mexican migration have emerged since early migration patterns during World War II. Between 1942 and 1964, Mexican immigrants took part in the "Bracero program," a temporary agricultural labor program agreed upon by the United States and Mexico (Alba, 2013). As Alba (2013) reported, once the program was halted Mexican immigrants continued to aspire to "go north" in search of economic stability and a more promising future. Between the 1980s and the 1990s, migration by Mexicans changed from temporary and circular to more permanent (Alba, 2013). The change in immigration policy and an increase in border patrol due to "Operation Gatekeeper" (Alba, 2013) also contributed to the trend change. Operation Gatekeeper is a government policy that was implemented in the mid-1990s as a border patrol action increasing enforcement that makes it more difficult for illegal immigrants to enter this country illegally. Increasingly more Mexican families are making the United States their home. Therefore, understanding the culture is paramount to those in the helping profession.

Traditionally, many families migrate to the United States in phases. First, the father may migrate. Mitrani et al. (2004) argued that the man is the pioneer or beachhead of the migration process. This means that the father migrated first, while leaving his wife and children behind. The father may find work and begin to save money and send money to his wife and children. Then, the wife may migrate to the United States by herself. This process repeats itself. However, more women have initiated the migration of the family to the United States in recent years. Statistics showed that, in 1991, the ratio of initiating immigrant men versus initiating immigrant women was 66:34, but, in 1996, that ratio was 46:54 (Mitrani et al., 2004). During their parents' absence, children are usually left with grandparents or other family members, while the mother begins sending money to the caretakers and saving money for the children's journey into the United States. At times, children can remain in Mexico with their caretakers for months and even years.

Central American Immigrants

Approximately 23% of the total number of immigrants in the U.S. are Central American (MPI, 2015) and are the fastest rising immigrant population over the past two decades. In the 1980s, a large scale of Central Americans from Guatemala, Nicaragua, and El Salvador migrated to the United States (Gzesh, 1996). This wave of migration was made possible by the United States Refugee Policy and allowed Central American refugees who were escaping economic depression, government repression, and civil war. In El Salvador, for example, thousands of civilians, union leaders, community leaders, and guerrilla sympathizers were murdered or disappeared (Gzesh, 1996). Gzesh (1996) reported that similar circumstances in Guatemala led to the same refugee status. In

Guatemala, the army targeted indigenous communities, causing thousands of disappearances, murders, and displacement of families. In Honduras, factors that led to migration have been linked to the economy in Central America being stagnated because of the Free Trade Agreement between the United States and Central American countries. The stagnant economy has led to an increase in immigration (Brabeck et al., 2011). In addition, Hurricane Mitch in 1988 and political turbulence has also led to an increase in immigration by Central Americans (Menjivar & Abrego, 2012).

Unaccompanied Minors

In recent years, the United States has even seen the migration of unaccompanied minors. In 2013, there were 39,000 unaccompanied children detained by the U.S. Border Patrol. In 2014, approximately 68,000 children traveling alone were detained by the U.S. Border Patrol (Collier, 2015). Children as young as 5 years old made the trip alone from Mexico or Central America, with about 75% from Central America. Collier (2015) reported that so many children take the risk of traveling alone in order to escape the fear of gangs, violence, and insecurity. Approximately 58% of 322 children Kennedy (2014) interviewed in a study while working in a migrant return center (a shelter for immigrant children who are deported back to El Salvador) reported to have lived in neighborhoods with gang presence in El Salvador, and more than half of the children were threatened to join a gang or be killed. Of the children that were interviewed, 22 were assaulted by gangs, 70 quit their school, and 32 became prisoners in their own homes (Kennedy, 2014). Besides escaping the violence, the second reason why children are willing to travel alone is to reunify with their parents living in the United States. The interviews by

Kennedy revealed that approximately 90% of the children had at least one parent living in the United States.

Challenges Encountered By Immigrants

Immigrant families have many challenges that include separations (Falicov, 2007), acculturation stress, poor living conditions, unemployment or underemployment, and discrimination (Esses et al., 2015). Brabeck et al. (2011) argued that these challenges could lead to psychological, relational, and emotional problems. Suarez-Orozco et al. (2002) reported that children who are left behind by their primary caregivers could develop attachment difficulties, depression, and behavioral problems. Some individuals can even develop posttraumatic stress (Santa-Maria & Cornille, 2007). Therefore, understanding the Latina/o immigrant population should be a priority for psychologists and those in the helping profession. Research on immigration has focused on the many challenges faced by immigrants. Esses et al. (2015) argued that disparities in employment rates, levels of income, and social wellbeing between countries are just a few of the many challenges faced by immigrants.

Challenges for immigrants begin before, during the migration process, and after they have arrived in the United States. Perez-Foster (2001) described some of the challenges as pre-emigration trauma, migration trauma during the journey, and post migration due to acculturation stress. Beckerman and Corbett (2008) argued that immigration trauma mirrors posttraumatic stress disorder, where those who have endured immigration trauma can experience a sense of loss, dissociation, and nightmares about the separation from their homeland or family of origin. Once they arrive in the United

States, immigrant families encounter a myriad of challenges from poor living conditions, discrimination, acculturation stress, to unemployment or underemployment, separations, and others (Falicov, 2007). These challenges, according to Falicov (2007), can produce anxiety and depression, psychosomatic illnesses, substance abuse, and behavioral problems. Brabeck et al. (2011) argued that children could have school problems, grief and loss issues, acting out behaviors, and poor self-esteem.

Immigration Trauma

Perez-Foster (2001) argued that immigration trauma can cause posttraumatic stress disorder, depression, and anxiety. Children who are left behind suffer from pre-emigration trauma, migration trauma during the journey, and post migration due to acculturation stress and other stressors (Perez-Foster, 2001). Some immigrants also experience a sense of loss, dissociation, and nightmares about the separation of homeland or family of origin (Beckerman & Corbett, 2008). Blair (2000), Mollica, Wyshak, and Lavelle (1987), and others defined immigration trauma as the experience of depersonalization, flashbacks, or nightmares about separation from the homeland or the family of origin, and an incapacitating sense of loss. These symptoms experienced by immigrants are similar to those of individuals suffering from posttraumatic stress disorder. According to Beckerman and Corbett (2008), there are three levels of immigration trauma: pre-emigration, emigration, and post emigration. Pre-emigration trauma is the result of the reasons for relocation. These reasons include poverty, the loss of one a parent, gang violence, substandard living, drugs and alcohol, and other reasons. Emigration trauma occurs as a result of the experiences during the passage to a new

country (Beckerman & Corbett, 2008), as immigrants face many perils during emigration. Cases of being assaulted, raped, sold in human trafficking, starvation, and violence have been documented (Collier, 2015). Postemigration trauma occurs after immigrants arrive to the United States. This occurs when immigrants have substandard living conditions, face discrimination, sub- or underemployment, lack of social support, racial or ethnic discrimination, and acculturative stress (Beckerman & Corbett, 2008).

Acculturative Stress

One of the biggest challenges faced by many immigrants is the psychosocial and emotional balance between their home country (family, food, language) and adapting to their host country (Beckerman & Corbett, 2008). Berry (2003) defined acculturation as the process of changes in beliefs, attitudes, values, and behaviors that are a result of contact with another culture. Historically, acculturation has been defined as the process by which immigrants adopt the beliefs and behaviors of another culture (Jimenez, Dansie, Buchwald, & Goldberg, 2008). Acculturative stress is then defined as "the loss of familiar ways, sounds, and faces, coupled with a sense of not knowing quite how to belong, connect and get support" (van Ecke, 2005, p. 472). Many times when families emigrate, the acculturation process does not occur the same for parents as it does for children. Parent and child discrepancy in acculturation can lead to risk factors of child maladjustment (Wang, Kim, Anderson, & Chen, 2012). This discrepancy can create separation between parents and their children especially when children were left behind and rejoin their parents years later. Children may see caretakers as parental figures, which may lead to resentment or even denial of their real parents as their own (Sciarra, 1999).

Attachment and Immigration

Attachment may be defined as “an affectional tie that one person or animal forms between himself and another specific one – a tie that binds them together in space and endures over time" (Ainsworth & Bowlby, 1991, p. 31). Immigration can affect a person’s attachment. As Bowlby (as cited in van Ecke, 2005) described, humans have a tendency to remain in a familiar and particular locale and in the company of those familiar to them. Immigrants have broken this mold described by Bowlby, Ainsworth, and others. As mentioned previously, immigrants suffer from immigration trauma during the pre-migration, migration, and postmigration process (Perez-Foster, 2001; van Ecke, 2005). According to attachment theory, attachment representation can be compromised during the immigration process.

Attachment theory posits that interpersonal experiences in childhood influence adult interpersonal behavior and coping methods via models and representations of relationships (Berry et al., 2008). Shaver and Mikulincer (as cited in Berry, et al., 2008) illustrated this theory with the following example:

> If care-givers are responsive and sensitive to distress, the individual develops a secure attachment style, which is associated with a positive self-image, a capacity to manage distress, comfort with autonomy and in forming relationships with others. Conversely, if caregivers are insensitive or unresponsive to distress, the individual either escalates levels of distress to get their attachment needs met (insecure anxious or ambivalent attachment) or deactivates their attachment

> system which is associated with low levels of affect and an avoidance of close relationships (insecure avoidant attachment). (p. 1)

Van Ecke (2005) described three attachment representations. One is secure attachment. Secure attachment is a result of primary caregivers responding to children's emotions. When secure attachment exists, children's needs have been met, children understand that they are worthwhile, can rely on others, and can elicit positive feelings and responses from adults. The second attachment representation is insecure attachment. Van Ecke argued that when children develop secure attachment they are able to respond to the environment with confidence, sensitivity, and flexibility. Children are also able to respond to their emotions and to others' emotions. Insecure attachment however, is a result of loss, inconsistency in relationships, and abandonment (Bowlby, 1969; 1982). Insecure attachment has two subtypes. The first is described as "anxious avoidant". Anxious avoidant is used when referring to children's attachment style and "dismissive" when referring to adult's attachment style. Children who are anxious avoidant learn very early on in relationships with their primary caregivers that their needs and emotions may be rejected by them and therefore they may negate their own emotions as a protective factor to maintain their relationship with "the all-important other" (va Ecke, 2005, p. 469). The second insecure attachment is "anxious resistant". Anxious resistant is used when referring to children's attachment style and "preoccupied" when referring to adult's attachment style. This occurs when the primary caregiver is inconsistent. In other words, the primary caregiver is there for the child at times but is "needy" at times and therefore not emotionally there for the child (van Ecke, 2005, p. 469). Children learn early in life

that to preserve a relationship with the primary caregiver, they must become hypersensitive and focus their attention on the caretaker. The latter attachment representations occur as a result of inconsistent or rejecting interactions between children and their parents. In a study on immigration, van Ecke reported that out of 400 children, 80% had experienced separation from parents.

Immigrant children can experience distress especially when parents leave them behind due to immigration. Immigrant children can develop anxiety, fear, anger, and sadness (Dillon & Walsh, 2010). Dillon and Walsh (2010) suggested that, prolonged separation where the interplay of rejection, abandonment, and poor communication occurs could compromise the bond between the caregiver and the child. This disruption can result in insecure attachment and forms the foundation of future affectional bonds such as marriage. In terms of education, a study conducted on children from El Salvador by Edwards and Ureta (as cited in Dillon & Walsh, 2010) found that separation due to immigration impacts children's school attendance. Polanco-Hernandez (2010) found that children who remained in their country of origin (Mexico) experience the most emotional distress when their mothers migrated to the United States. Hernandez (2009) conducted a study on Mexican, Nicaraguan, and Honduran adolescents ages 14-20 and found that they suffered negative effects on parent-child relationship. During time of reunification they had a difficult time adjusting to a new family arrangement because they experienced two losses, the caregiver they left behind to reunify with parents and the difficulty to form a bond with the parents. Having adequate social support may make it easier for children to

reunify with their parents. However, reunification may be difficult if immigrant children and adolescents do not have adequate social supports.

Social Supports of Immigrant Families

Given the psychological stress that can result from acculturation, poverty, and immigration (Ramos-Sanchez & Atkinson, 2009), it is not surprising that mental health problems are more common in Latinas/os than any other ethnic group. A prominent struggle for the Mexican and Central American immigrant is the loss of social support when entering the United States. Menjivar (2012) argued that migrants rely on kinship networks to obtain material, financial and emotional support. Studies show that a majority of Mexican and Central American immigrants find jobs through social connections in the United States, because of a sense of social obligation to share food, shelter, or resources (a collectivistic view) common in Latinas/os. This has created "transnational communities" in the U.S.; these communities merge both the American and Mexican and Central American community. However, struggles with finding social support in a new culture can bring on psychological problems (Hiott, Grzywacz, Arcury, & Quandt, 2006).

Ribeiro (2012) argued that marital distress is associated with lack of social support and high levels of acculturative stress. Acculturative stress is marked by stressors such as loss of support networks, changes in social and family ties, conflicts within the family, discrimination, and language acquisition (Bacallao & Smokowski, 2007; Padilla & Borrero, 2006; Zea et al., 2003). Furthermore, Finch and Vega (2010) argued that acculturative stressors have been noted to increase psychological distress such as

depression symptoms, suicidal ideation. Acculturative stressors can also increase poor health, alcohol and drug use, family conflicts, and marital distress (Negy et al., 2010). Ribiero (2012) discussed how acculturative stress and loss of social support leads to marital distress in Mexican-American families due to gender role changes and new cultural ideals that immigrants struggle with in the United States.

The stress-coping model measures how social connections benefit psychological health with resources needed to cope with stress (Ribeiro, 2012). Individuals respond to stressful events in one of ways (Lazarus & Folkman, 1984). The stress coping model by Lazarus and Folkman (1984) proposed that the stress-coping function is problem-focused and emotion-focused. The problem-focused function attempts to change or solve the problem and the emotion-focused function attempts to regulate the emotions to the problem. Individuals not only respond to stress by how difficult events are in the environment but also how individuals appraise the situation, their resources, and capacities to meet the difficulties. Since there is little research on how cultures cope with stress, the growing number of immigrants in this country warrants psychologists to develop a deeper understanding of the unique needs, stressors, family dynamics, and services that this population might need.

Mexican immigrants are at a great risk of high psychological issues as they are shown to underuse mental health services. Mexican-Americans have many barriers to mental health services. These barriers are due to finances, proximity to mental health clinics outside of Latino communities, culturally irrelevant therapeutic approaches

including a lack of Spanish-speaking therapists, and lack of ethnically similar counselors (Ramos-Sanchez & Atkinson, 2009).

In addition, according to the cultural barrier theory, the Latino culture predisposes Mexican immigrants to not seek professional services due to traditional Mexican values, which contribute barriers to metal health. Ramos-Sanchez and Atkinson (2009) described how familism, the belief of family over the individual machismo, gender role pattern of male superiority; folk illness belief, belief that supernatural influences can result in mental health problems; religiosity, belief in prayer and healing; and fatalism, belief that the control lies in others and not the patient, may negatively affect help-seeking intentions. However, familism may serve as a social support for Latina/o families.

Familismo

The Mexican culture values *familismo* (familism). *Familismo* refers to mutual obligation and support among family members (Calzada, Huang, Linares-Torres, Singh, & Brotman, 2014). *Familismo* is said to be a core Latina/o value (Pina-Watson, Ojeda, Castellon, & Dornheckler, 2013). Calzada et al. (2014) argued that *familismo* has four tenets: (a) family comes first before the individual (b) interconnectedness among family members (c) family reciprocity, and (d) honor within the family. *Familismo* has also been shown to impact child development across several domains of wellbeing (Calzada et al., 2014), as Mexican and other Latina/o families value *familismo* and rely on the family unit for instrumental and family support. Latina/o children are sometimes reared by other family members and not by their parents. Therefore, children at a young age learn from modeling that *familismo* is concerning oneself of family needs and not their own.

According to Calzada et al. (2014), Latina/o children raised in a familistic environment may be more likely to have empathy and sensitivity to others' needs. Also, research has shown that *familismo* serves as a protective resource for Latina/o youth (Pina-Watson et al., 2014) as it has been shown to decrease internalizing symptoms and increase self-esteem and wellbeing. Calzada et al. argued that the adherence of *familismo* and the collectivist culture of Mexican American families may lead to positive psychological functioning.

Marital Satisfaction and Distress Among Latina/o Immigrants

Although much research exists on immigration and the effects on the individual's psychological and sociological adaptation, research on immigrant couples, their adaptation to the host culture, and consequences of their migration is lacking (Hyman et al., 2008). Understanding migration's impact on couples is important especially given reports of marital distress, separation, and domestic violence (Hyman et al., 2008). Some of the research on migration and marital relationships reported that for women several stressors exist (Hyman et al., 2008). Some of the common stressors in migrant couples include health and social service barriers, finding employment, not having safe and affordable housing, obtaining professional accreditation, discrimination, loss of social status, isolation, acculturative stress, language, and economic problems (Thurston & Visandjee, 2005). Acculturative stress can impact many immigrant couples.

Belizaire and Fuertes (2011) argued that acculturative stress has been linked with depression, alcoholism, psychosomatic disorders, social isolation, and suicidal ideation. Acculturative stress can contribute to social marginalization, oppression, poor health, and

psychosocial stressors. These psychosocial and psychological factors can affect immigrant couples (Ribeiro, 2012; Umana-Taylor & Alvarado, 2006). Hence acculturative stress can have a direct impact in immigrant couples. Even when migration is intended to benefit the family, there may be strain in marital relationships. For example, migration may increase women's role in the labor market. This can result in women's financial independence, social mobility and autonomy (Hyman et al., 2008). As a result of this shift, distribution of power in the relationship and the family may change. Women's new role may create problems in the relationship, as men may not accept his new role within the marriage. Krulfeld (1994) argued that changes in gender roles lead to marital conflict and may have a high risk in intimate partner violence (IPV). Some theories examining power differentials posit that when a change in power dynamics takes place in couples, there may be an increase in IPV (Hyman et al., 2008). In a study on Chinese immigrants, Tang and Oatley (2002) found that as the husband's role (e.g. breadwinner) was threatened, emotional and physical abuse was used. Also, because women were still expected to continue with household responsibilities (i.e. cooking, cleaning, taking care of children) while working, this contributed to a major source in marital conflicts (Hyman et al., 2008).

When examining Mexican and other couples from Latin America, researchers reported that marriage is the norm specifically in Mexican families (Wheeler, Updegraff, & Thayer, 2010). In other words, there is expectancy in Mexican families for men and women to get married. Also, marriage in the Latina/o community remains a central role and has a direct effect on parent-child relationships and the family. Wheeler et al. (2010)

argued that Mexican couples handle conflict resolution differently than Caucasian and African American couples. From a cultural perspective, cultures that emphasize individualism resolve conflict differently than collectivistic cultures (Wheeler et al., 2010). In other words, Caucasian couples (individualistic culture) may prefer confrontational strategies to resolve conflict and Latina/o couples (collectivistic culture) may resolve conflict with more passive strategies. In a study of a sample of 227 Mexican couples that examined conflict resolution strategies, Wheeler et al. (2010) reported that Mexican couples used solution-oriented conflict resolution strategies to resolve conflict more than any other strategy. Variables included non-confrontational strategies, solution orientation and control, gender-typed quality and attitudes, cultural attitudes, and marital quality. These results support the cultural ecological transactional theory of familismo. This theory postulates that in the Mexican culture, individuals place an emphasis on and familism and group harmony (Wheeler et al., (2010). Understanding how immigrant Mexican couples resolve conflict, their marital satisfaction, and marital distress is important given that Mexican immigrants are the fastest growing immigrant population in the United States (MPI, 2015), the emphasis on marriage in this culture, and that marital interaction is influence by cultural processes (Wheeler et al., 2010.

Immigrants face stress-inducing experiences in adapting to the host country. Ribeiro (2012) reported that adaptation to a new country tends to result in stress in other areas of life (i.e. marital distress). Umana-Taylor and Alvarado (2006) reported that this acculturative stress might not reduce over time due to discrimination and marginalization. As a result of these stressors immigrant couples face many challenges such as

unemployment, financial difficulties, and sociological problems, all of which can result in marital distress. Research exists that suggests when children are left behind in their countries of origin by their primary caregivers and they rejoin their parents before the age of 12, they can adjust to the host country easier than those that join their parents past the age of 12 (Belizaire & Fuertes, 2011). Therefore, individuals who migrated after age 12 may have higher acculturative stress and therefore may have higher levels of marital distress. Acculturative stress, length of time and age of reunification play a role in how immigrants adjust to the host country and may play a role in their marital satisfaction and distress. There is also research that has examined how attachment may impact relationships and romantic love.

According to Feeney (2008), there is a link between childhood attachment style and adult relationships. More importantly she described that when children are separated from their primary caregivers for a significant period of time they may develop an avoidant attachment style (Feeney, 2008). Adults with an avoidant attachment style have a "Ludus" (game-playing love) love style. They are low on intimacy, passion, and commitment. They also have high avoidance of intimacy, low self-confidence, and low neurotic love (Feeney, 2008, p. 459). Also, Feeney and Noller (1990) reported that adults with an avoidant attachment style were those who reported that they were separated from their mothers for a longer period of time.

Summary

The U.S. Census (as cited in MPI, 2015) reported that immigrants in the United States has risen to just over 40 million, which in 2013 was reported to consist of 46% of

immigrants of Hispanic or Latino origin. As the family migrates to the United States in phases, children are usually left with other family members. In recent years, the U.S. has seen migration of unaccompanied minors (Collier, 2015). Children as young as 5 years old have made the migration journey by themselves. Immigrant families can develop pre-emigration, migration, and postmigration trauma through poor living conditions, discrimination, acculturation stress, under-and-unemployment, and separations (Becherman &Corbett, 2008; Esses et al., 2015). Orozco et al. (2002) reported that children who are left behind by their primary caregivers might develop attachment depression, behavioral problems, and attachment difficulties as a result of acculturative stress. Acculturative stress is defined as "the loss of familiar ways, sounds, and faces, coupled with a sense of not knowing how to belong, connect and get support" (van Ecke, 2005, p. 472). According to Perez-Foster (as described in van Ecke, 2005), internal working model of attachment relationships is impacted by pre-migration, migration, and postmigration trauma (i.e. acculturative stress, etc.).

Berry et al. (2008) explored the attachment theory in their research, which posits that interpersonal experiences in childhood influence adult interpersonal behavior and coping methods via models and representations of relations. According to van Ecke's (2005) research, three attachment representations can develop. These attachment representations include secure attachment and two forms of insecure attachment. Van Ecke described "anxious avoidant" insecure attachment as dismissive behavior which develops when the child's needs and emotions are rejected by the primary caregiver, and "anxious resistant" insecure attachment as over-demonstrative behavior which develops

when the primary caregiver is inconsistent in the relationship (Bowlby 1969/1982). Researchers have developed attachment scales to measure attachment styles through pictorial stimuli and personality traits. The attachment scale that was used in this study was the PAM (Berry et al., 2006). Hyman et al. (2008) argued that marital distress is high in immigrant couples due to the number of stressors faced by immigrants. These stressors (Thurston & Visandjee, 2005) can include unemployment and underemployment, racial discrimination, language problems, and barriers to medical and mental health services.

Although the literature review consisted of plenty of research on immigration trauma such as acculturative stress, attachment styles as defined by Bowlby's attachment theory, and marital distress, the amount of research on attachment styles and its effects on marital distress is lacking. Analysis on attachment styles prevalent in the immigrant population and marital distress among immigrants and its causes would add to the body of knowledge for clinicians working with immigrants. Although there is research that describes immigration and attachment, and immigration and psychological impact, the gap in the literature suggests that the examination of the predictive variables of separation, acculturative stress, social supports, and attachment and how this predicts marital distress in immigrant couples is warranted.

Chapter 3: Research Method

Introduction

Previous research has explored social supports as buffering effects on acculturative stress immigrant couples experienced and how acculturative stress can lead to marital distress (Ribeiro, 2012). Other researchers have also examined acculturative stress (Belzaire & Fuertes, 2010; Negy et al., 2010; Ramos-Sanchez & Atkinson, 2009). Because acculturative stress has been linked to marital distress (Negy et al., 2010; Ribeiro; 2012), this study was warranted in order to investigate if other factors such as attachment style and social support may serve as buffering effects to acculturative stress and marital distress. Other studies have primarily looked at the psychosocial and psychological impact of children's migration (Dillon & Walsh, 2010; Polanco Hernandez, 2010). In the present study, I hypothesized that children's separation from primary caregivers may increase the level of acculturative stress. Therefore, separation may also predict marital distress in adulthood. Belizaire and Fuertes (2010) reported that children who migrated after age 12 may have higher acculturative stress and therefore may have higher levels of marital distress.

A number of researchers have examined attachment in immigrant studies (Mitrani et al., 2004; van Ecke, 2005, 2007). Mitrani et al. (2004) recommended psychologists provide interventions to families whose attachment has been disrupted due to immigration separation. Mitrani et al. recommended family therapy to include interventions that focus on content related to separation addressing problematic interactions. They also recommended addressing functions that lessen parental functions

and parent-child relationships. Van Ecke (2005) indicated in her study that nonimmigrants had lower rates of unresolved attachment than immigrants. Unresolved attachment is defined in relation to frightening attachment events. This attachment style is activated and the individual is unable to become organized because of previous experience in which the attachment figure did not provide protection when the attachment need was the greatest (van Ecke, 2007). This unresolved attachment may predict how immigrants with unresolved attachment may have higher levels of marital distress. However, in the same study van Ecke (2007) also reported that her results were not statistically significant. Van Ecke (2007) added that when immigrants experience irresolvable attachment danger, individuals segregate this from their awareness (a protective factor). The individual then keeps the attachment danger from being emotionally and cognitively integrated. This protects immigrants from not becoming overwhelmed by the danger.

Social supports have also been a point of study in immigration research. Social support for immigrants comes from first and foremost immediate and extended family. Latinas as an ethnic group value familismo and rely on family when arriving to the United States. Social support can serve as buffering effects to not only acculturative stress but also marital distress (Ribeiro, 2012). Because Latinas/os put a high value on familismo and on their culture, culture and familismo can be a source of social support. Latinas/os place a greater emphasis on familismo because disclosing problems to others may bring shame on the family (Ramos-Sanchez & Atkinson, 2009). Culture can also serve as a social support and creating healthy adaptation to a new country (Esses et al.,

2015). In addition, given that Catholicism is high in Latina/o immigrants, religiosity is also a common value that can also create social support.

In Chapter 3, I describe the research design and examine the rationale for the design. The target population, sampling method and procedures, recruitment strategies, and data collection will then be discussed. This chapter will address the validity and reliability of the PAM (Berry et al., 2006), the SAFE Scale (Mena et al., 1987), the SSQ (Acuña & Bruner, 1999; Sarason et al., 1983), and the MSI-R (Negy & Snyder, 1997). Threats to validity and ethical procedures will conclude Chapter 3.

Research Design Selection and Rationale

The purpose of the present quantitative study was to explore if variables (attachment style, social supports, and acculturative stress) predict marital distress in Mexican and Central American immigrants who were separated from their primary caregivers as children. Additionally, I analyzed whether social supports and attachment have a buffering effect on marital distress. Creswell (2014) recommended the use of instruments in order to collect data quantitatively as opposed to collecting data via interviews in qualitative designs. Because of the predictive outcome of this study, I conducted a multiple regression design. A multiple regression design provides information about prediction (Mueller, 2014). Multiple regressions are not about correlations, although correlations are part of the "underpinnings" of multiple regressions. In multiple regression the researchers are trying to find out whether the values of the independent variables A, B, and C (also referred to as predictor variables)

predict the value of the dependent variable X (also known as the criterion variable or response variable; Mueller, 2014).

In the present study, the predictor variables were separation, attachment, social support, and acculturative stress. The criterion variable was marital distress. In the present study, I examined the values of attachment, social supports, and acculturative stress (that is whether these predictor variables predict marital distress in adult immigrants). Multiple regression "subtracts" out the effects of individual variables in order to control the values of the other variables (Mueller, 2014). This means that I attempted to answer which one of the predictor variables predicts marital distress. In multiple regression the term "model" is used to refer to the independent variable (predictor variables) and their ability to actually predict the dependent variable (criterion variable; Mueller, 2014). Hence, if the overall model is significant, then it will indicate that at least one of the predictor variables can provide information about the value of the dependent variable. Findings from this study can provide clinicians information about factors that can predict marital distress in immigrant couples. This can lead to better programs and treatments for the immigrant population. The treatment strategy can focus on separation trauma, attachment barriers, acculturative stress, and social supports that can facilitate a healthy adjustment to the immigrant patient. Findings from this study may also assist marriage therapists and psychologists in addressing these issues with immigrant couples.

Methodology

Population/Sampling/Sampling Procedures/Recruitment

The population for the present study consisted of Mexican and Central American adult immigrants ages 18 and over who were in a marital relationship and who had migrated to the United States after being separated from their primary caregivers between the ages of 0 to 18. The sampling strategy was purposive. The purposive sampling strategy, sometimes referred as *judgment samples* (Frankfort-Nachmias & Nachmias, 2008), was appropriate for this study. Because I wished to capture a homogenous sample of the immigrant population (married adults 18 and over who were separated from their primary caregivers as children), I had hypothesized that the sampling strategy should be purposive.

As the researcher, I contacted the following agencies that work with immigrant couples: Hermandad Mexicana in Lynwood, California; Anaya's Immigration Services in Norwalk, California; Zamora's Immigration Services in Pomona, California; and Latino Services in Riverside, California (see Appendix A for letters of support from the agencies). Because I had prior history working with these agencies, rapport had already been developed. An introduction letter was provided to the contact person for each agency. The letter addressed the purpose of the study, as well as confidentiality, and anonymity of the clients and the agency. The letter also specified that participation in the study was voluntary and that steps would be taken to ensure that no harm was caused to participants. I developed flyers outlining the name of the study, the purpose of the study, specific requirements, the type of activity, and my contact information, upon receiving

approval from the agency representative (see Appendix B for a flyer of participant recruitment). The potential participants were instructed to copy the Survey Monkey link in order to participate in the study. Participants with no access to a computer or the Internet were instructed to contact me in order to participate in the study in person. No participants were contacted until the Walden Institutional Review Board (IRB) approved the study.

Once approval was granted by IRB, participants who were interested in participating copied the Survey Monkey link. Participants were informed that they could participate in the study via two ways in order to maximize efficiency and time. Participants were asked if they would like to participate via Survey Monkey or in person in a group setting. Participants choosing to participate via Survey Monkey were provided the link to the informed consent and asked to complete measurements and transmit these electronically once they were complete. Extra measures were taken in order to ensure participants' confidentiality and minimize bias responses. For example, the informed consent and demographic questionnaire did not ask them to provide their name. The informed consent and demographic questionnaire were completed via Survey Monkey and were anonymous as to participants' names as they did not need to provide their names. Participants who chose to complete the measurements in person were offered a group appointment. During the group session, I provided an informed consent and instructions of the questionnaires. During the informed consent, I informed the participants of my name and that I was a doctoral student at Walden University. Participants were informed about the right to decline participation at any time, study

description and purpose, anonymity, possibility of emotional discomfort, probable amount of time for completion, detailed directions, how privacy will be maintained, and my contact phone number and e-mail for any questions about the study. Participants were provided with contact information of the Walden University IRB representative in case they had questions about rights as participants. A consent form was provided and participants were given a copy of the consent form before the start of them filling out the measures. They were not able to participate in the study until they consented to participate. Participants were informed that there would be no compensation for their participation.

A demographic questionnaire requested gender, age, marital status, place of birth, level of training/education, age when participants were left behind in their country of origin, relationship to the family member by whom they were left behind, and age of when they joined their primary caregivers in the United States (see Appendix C for a sample demographic form). At this time, participants were asked to complete the PAM, the SAFE Scale, the SSQ, and the Global Distress Scale (GDS) of the MSI-R.

Instrumentation and Operationalization of Constructs

Attachment theory and measuring adult attachment is imperative when dealing with a population whose world has been turned upside down due to a break in affectional bonds. Attachment theory thus is at the forefront of evaluating childhood experiences as an important precursor of adult functioning (George & West, 2011). Sheinbaum et al. (2013) argued that there is sufficient evidence that understanding the role of attachment can help psychologists in the clinical assessment and treatment. There are a number of

attachment psychometric measurements that have been published recently. Attachment theory and research is useful in our understanding of how childhood adversity can lead to disorders, difficulties in attachment and interpersonal and psychosocial functioning, how attachment contributes to coping styles that affect how people handle certain problems, and how individuals handle adherence to treatment (Sheinbaum et al., 2013).

Researchers have used several attachment inventories including the Adult Attachment Interview (George, Kaplan, & Main, 1984/1985/1996), The PAM (Berry et al., 2006), Kobak's Marital Q-Set (Kobak, 1989), The Relationship Styles Questionnaire (Bartholomew & Horwitz, 1991; Griffin & Bartholomew, 1994), and The Experiences in Close Relationship Scale (Brennan, Clark, & Shaver, 1998) to measure attachment. Another instrument that can be used to measure attachment styles in the adult population is the Adult Attachment Projective (George & West, 2011). Van Ecke's (2005) used the Adult Attachment Projective and reported that immigrants with more unresolved attachment (insecure and disorganized) perceive more attachment-related danger signals and are less able to resolve danger than those with resolved attachment.

The PAM

Given the amount of research on immigration and how this affects a person's psychosocial and psychological adjustment (Brabeck et al., 2011; Falicov, 2007), attachment and immigration should also be examined. This research would add to the body of knowledge of the implications for clinicians working with immigrants (van Ecke, 2005). I used the PAM (Berry et al., 2006). Berry et al. developed the PAM (see Appendix F for permission by Berry to use the PAM). The PAM is composed of 16 items

that assesses the two dimensions of adult attachment. The anxiety (8 items) dimension, and avoidance (8 items) dimension are measured by the PAM. It also includes an open-ended question asking respondents to indicate whom they were thinking about while answering the measure. The PAM was chosen over all other attachment measures because it measures the two attachment dimensions of anxiety and avoidance, relationships, and the impact of earlier interpersonal experiences on current relationships (Berry et al., 2006). In addition, the PAM was chosen because of its practicality, validity, and short time that it takes to complete the measure. The 4-point scale is as follows: *not at all* (1), *a little* (2), *quite a bit* (3), and *very much* (4). I scored the PAM by adding each dimension. Items 2, 4, and 9 are reverse scored. Higher scores mean more insecurity. Responses to the open-ended questions were used to describe and summarize what relationships participants were thinking about when answering the questions (see Appendix D for the PAM).

The PAM has good psychometric properties in two non-clinical samples. The PAM has good construct validity. Berry et al. (2006/2007), found positive associations between low self-esteem and insecure attachment. Also, insecure attachment had a positive association with interpersonal problems, and negative experiences in early interpersonal relationships (Berry et al., 2008). In addition, the PAM has also shown concurrent validity and associations between attachment anxiety and avoidance (Berry et al., 2008). The anxiety and avoidance dimensions had Cronbach alphas of .82 and .75 respectively (Berry et al., 2006). The subscale scores for anxiety and avoidance were arrived by averaging the 8 anxiety items and 6 avoidance items.

Because the majority of the participants in this study may be Spanish-speaking, the researcher will provide the Spanish translation of the PAM to those participants preferring the measure in Spanish (see Appendix E for the PAM Spanish translation).

The PAM was adapted in Spanish in order to test its psychometric properties. Sheinbaum et al., (2013) conducted two studies. Study 1 was to conduct a cultural adaptation of the PAM translated into Spanish. Study 2 was conducted to test the psychometric properties of the PAM Spanish translation. The first study (Study 1) was done using the translation/back-translation method. Sheinbaum et al. (2013) followed the *Guidelines of the International Test Commission*. This ensured that individuals familiar with not only the culture being tested but also the constructs that the PAM was meant to measure translated items appropriately. Items that were translated that show a Type "A" equivalence of the original measure were reported to be 13 out of 16 items (81.85%)and also the open-ended question. Only 3 out of 16 items (18.75%) showed Type "B" equivalence.

In Study 2, the goal was to see the psychometric properties of the PAM Spanish version. The Relationships Questionnaire (RQ) was used to assess criterion validity. The two subscales were correlated with the four attachment prototypes (preoccupied, avoidant, dismissing, and fearful). A total of 235 undergraduates and graduate students from Barcelona's public universities participated in the study. Of the participants, 30.6% were men (n = 72), and 69.4% were women (n = 163). The ages ranged from 19-55 (M = 27.13, SD = 5.93). The Kaiser-Myer Olkin measure indicated that there was sample adequacy (KMO = .81). The Barlett's test of Sphericity indicated correlations among

items to be significant ($x^2(120) = 1015.91$, $p < .001$). Cronbach's alpha was used in order to assess internal consistency.

Sheinbaum et al. (2013) found the Spanish version of the PAM to have concurrent validity. Results of Sheinbaum et al. (2013) found that the PAM's Spanish version is semantically and conceptually the same to the English version. Moreover, the Spanish translation was found to conceptually represent anxiety and avoidance factors of the PAM. The internal consistency of the anxiety and avoidance subscales was found to be good (Sheinbaum et al., 2013). The PAM Spanish version Cronbach's alpha is .81 for the anxiety subscale and .78 for the avoidance subscale.

The values found in the Spanish version were similar to the English version of the PAM. Also, the correlation ($r = .10$, $p = .14$) is not significant. Thus, the two dimensions are distinct constructs (Sheinbaum et al., 2013). The PAM Spanish translation showed criterion validity. Sheinbaum et al. (2013) reported the avoidance dimension correlated with the Relationship Questionnaire *dismissing prototype* ($r = .46$, $p < .001$) and the anxiety dimension correlated with the Relationship Questionnaire *preoccupied prototype* ($r = .44$, $p < .001$).

MSI-R

Negy and Snyder (1997) developed the MSI-R to measure the quality of marital relationships. The MSI-R is a true and false questionnaire consisting of 150-items. It is a self-report that measures the nature and intensity of marital distress (Negy & Snyder, 1997). Two validity scales are included in the MSI-R. One of the scales is the GDS, which I used in the present study. The second validity scale contains 10 additional scales

to measure specific dimensions of the relationship. Administration of the MSI-R usually takes approximately 25 minutes (Negy & Snyder, 1997). All examinees are required to complete the first 129 items. The measure is still valid if 10% (13-items) or less of the items are left blank or not answered. However, the last 21 items should be given consideration for each participant. The last 21 items is a scale that measures Conflict Over Child Rearing (CCR). Participants without children do not need to answer this dimension of the relationship. Scoring of the MSI-R is easily done by hand. To begin scoring the MSI-R, the researcher tears off the perforated strip along the right side of the Auto Score Form and removes the carbon tissues. Responses will be marked for all items revealing the scoring page labeled "Raw Scores for MSI-R Scales 1-12 inside the form. In order to obtain the raw score for a scale, the researcher simply locates the red arrow at the beginning of the line labeled for that scale and tally the marked responses found by following the line from beginning to end. Finally, the *t*-scores will also be revealed at the top and bottom of the profile boxes. I used the GDS *t*-scores.

Internal consistency was derived from previous studies (Negy & Snyder, 2000). Previous studies have shown internal consistency from a study of 2040 individual participants and 100 participants in couple's therapy ranged from .70 to .93 respectively with a mean of .82 (Negy & Snyder, 2000). Temporal consistency was derived from 200 participants in that were retested after 6 months ranged from .74 to .88 with a mean of .79. For the purpose of this study, the Spanish translation of the MSI-R will also be utilized with those participants whose primary language is Spanish. Negy and Snyder (2000) conducted a comparison study of the English version to the Spanish translation of

the MSI-R. The results of their study showed good internal consistency of the Alpha coefficients had a mean of .72 for the Spanish MSI-R.

SAFE Scale

Padilla et al. (1985) originally developed the SAFE Scale. The original SAFE scale contains 60 items measuring acculturative stress. The scale measures four areas of acculturative stress: social, attitudinal, familial, and environmental (see Appendix J for the SAFE Scale). The SAFE Scale was then abbreviated by Mena et al. (1987) and contains 24 items. The 24-item SAFE acculturation scale has adequate validity and reliability for use with Latinas/os in the measure of acculturation stress (Fuertes & Westbrook, 1996). Twenty-one of the items are Likert scale items and three are open-ended questions. Participants are asked to rate how stressful each item is on a Likert scale raging from 1 (item is not stressful) to 5 (item is extremely stressful). If an item is not applicable to the participant they assign a 0 (Mena et al., 1987). Possible scores range from 0-120. Each SAFE Scale will be scored manually by adding the participants' responses. Higher scores on the SAFE Scale represent higher levels of acculturative stress (Mena et al., 1987).

The 24-item SAFE Scale has a Cronbach's alpha of .89 (Mena et al., 1987). In their study of immigrant respondents, Mena et al. (1987) found that participants who migrated before age 12 (early immigrants) had significantly lower acculturative stress ($F = 1.15$; $df = 1, 84$; $p < .05$) than those who migrated after age 12. The first component of the SAFE scale is the environmental pressures associated with acculturation (ENV), consists of 10 items (Gomez, Miranda, & Polanco, 2014). This component is associated

to assimilation [α = .88] (e.g., *it bothers me when people pressure me to assimilate)*, problems with communication (e.g., *I have trouble understanding others when they speak)* and others. The second component is the quality of family relationship (FAM) surrounding acculturation and consists of 4 items. The FAM component includes (e.g., *close family members and I have conflicting views about the future*) [α = .69]. The third component is the negative attitudes (ATT) towards their culture of origin. This component consists of 4 items [α = .62]). (e.g., *I feel uncomfortable when others joke about or put down people of my own culture.* The fourth component is the social relationships and inclusion and consists of 5 items [α = .73] (e.g., *I don't have any close friends*).

SSQ

The SSQ by Sarason, Levine, Basham, and Sarason (1983) consists of 27 items designed to measure perceptions of social support and satisfaction with social support (see Appendix H for the SSQ). Each item asks respondents to provide a two-part answer. The first response solicits respondents to list all the people that fit the description of the question. The second part asks respondents to indicate how satisfied they are, in general, with these people on 6-point Likert scale raging from 1 (very unsatisfied) to 6 (very satisfied). In the original study Sarason et al (1983) examined a total of 602 undergraduate students from University of Washington. The alpha coefficient of internal reliability for the English version was .97 (Sarason et al., 1983). The alpha coefficient of internal consistency of the Spanish version was .94 (Acuña & Bruner, 1999; Sarason et

al., 1983). The alpha coefficient for (S) scores was .94. The test-retest correlations for the (N), and (S) scores were .90 and .83 respectively (Sarason et al., 1983).

To score the SSQ, the researcher adds the number of people for all 27 items. The maximum number of people is 243. The researcher then divides this number by 27. This will provide the researcher with the SSQ Number Score or SSQN. The second step is to add the total satisfaction scores for all 27 items. The maximum number is 162. To get the SSQ Satisfaction Score or SSQS the researcher divides this number by 27. Higher scores mean that the participant has higher social support.

Sample Size/Power Analysis

Sample size and statistical power should be addressed in any study by researchers (Prajapati, Dunne, & Armstrong, 2010). Staistical power estimation is becoming a requirement in scientific research. If a study does not have statistical power then you cannot conclude that your alternative hypothesis did not just occur by chance. According to Prajapati et al. (2010) any study in which statistical power is not stringent would not be ethically acceptable. One of the ways to determine statistical power and sample size is by using G*Power analysis. G* Power has been used by many researchers conducting *t* tests, *F*-tests, f^2 tests, *z* tests, and others. (gpower.hhu.de, 2010-2013). In order to determine sample size researchers input the type of test in G*Power, the type of power analysis, number of variables, the effect size (e.g. medium), the alpha level (α), and the power (1-β), (Faul, Erdfelder, Buchner, & Lang, 2009)

In the present study this researcher proposes to conduct a multiple regression to analyze the research questions and hypotheses. Cohen (1992) argued that a medium

effect size of .25 is selected in G*Power for multiple regression. The alpha (α) error of probability should be set at .05, and the power (1-β error of probability) at .80 is an acceptable level (Prajapadi et al., 2010). The analysis for this study will incorporate the predictive variables (IV) acculturative stress, social supports, and attachment, and the predictor variable (DV) marital distress. The total number of predictive variables is three Using these parameters, G*Power indicates that the number of participants required would be 77. This is the minimum number of participants in the sample needed in order to have statistical power. The sample for this study consited of 92 people. Additional participants were recruited as it is possible that not all participants complete all of the measurements. Prajapadi et al. (2010) recommended that researchers also do not recruit thousands of participants when all you need is a hundred because this would be a waste of time and resources.

Data Analysis

Data will be downloaded from e-mail responses and Survey Monkey submissions for demographic questionnaires and informed consent (all secure servers) onto a password-protected computer or manually inputted from the hard copy measures so that analyses can be conducted using SPSS. A forced entry method will be used to test the multiple regression analysis. Some researchers believe that this method is the only appropriate method for theory testing (Field, 2013). The forced entry method relies on good theoretical reasons for including the chosen predictors to evaluate the research questions and hypotheses. However, there will be no order of how the variables are entered (Field, 2013). The researcher will input the predictive variables: attachment,

acculturative stress, and social supports to investigate whether this model significantly predicts the DV marital distress. The predictive variables will be inputted into the SPSS independent variable tab and marital distress in the dependent variable tab. Effects of these confounding variables will be described, including estimates of effect and their confidence intervals. These will be reported in the results section in Chapter 4, and the implication of these confounding variables will be discussed in Chapter 5.

Research Questions and Hypotheses

RQ1: Does attachment style predict marital distress in adult immigrants separated from their primary caregivers as children?

$H_1$1: The variable attachment style predicts marital distress in adult immigrants separated from their primary caregivers as children.

$H_0$1: The variable attachment style does not predict marital distress in adult immigrants separated from their primary caregivers as children.

RQ2: Does acculturative stress predict marital distress in adult immigrants separated from their primary caregivers as children?

$H_1$2: The variable acculturative stress predicts marital distress in adult immigrants separated from their primary caregivers as children.

$H_0$2: The variable acculturative stress does not predict marital distress in adult immigrants separated from their primary caregivers as children.

RQ3: Do social supports predict marital distress in adult immigrants separated from their primary caregivers as children?

$H_1$3: The variable social supports predict marital distress in adult immigrants separated from their primary caregivers as children.

$H_0$3: The variable social support does not predict marital distress in adult immigrants separated from their primary caregivers as children.

Ensuring Accuracy of Data Collection

Because this researcher will be attempting to collect four different measurements (PAM, MSI-R, SAFE, and SSQ), ensuring accuracy of data collection will be extremely important. I ensured participants have completed all measurements before proceeding to data analysis. I provided written and verbal instructions on how to complete the measurements. Those measurements that are not at 100% completed were not used in the data analysis. The exemption to this rule was the MSI-R. The scoring protocol in the MSI-R manual (Snyder, 1997) recommends that the MSI-R be used as long as no more than10% (13 items) of the first 129 questions, are unanswered. In addition, the MSI-R was used if the last 21 items (CCR) are not answered for those participants without children.

Threats to Validity

There are several threats to validity that this researcher will attempt to address in order to ensure that the results of the study are attributed to the predictor variables and not some other factor. The threats to validity that will be addressed are: internal validity, external validity, construct validity, and statistical conclusion validity.

Threats to Internal Validity

When discussing internal validity, Creswell (2014) argued that this validity is related to experimental procedures, treatments, or experiences of the participants that threaten the researcher to draw correct inferences from the data about the population in the study. There are several internal validity threats (i.e. history, maturation, regression, selection, and others). Because the population for this study will be a purposive (judgment) sample one of the biggest threats to internal validity is selection. Selection relates to when participants are selected and have certain characteristics that predispose them to have certain outcome (Creswell, 2014). As stated before in the limitations section the threat to generalizability exists in this study because the sample will not be randomly selected. When samples are not randomly selected, a threat to internal validity exists. Participants in the population do not have an equal opportunity to be in the study (Field, 2013). Therefore, results of this study cannot be generalized to a larger population. However, this researcher will ensure to address this threat during data collection and data analysis.

Another threat to internal validity may be the testing. Because some of the participants will chose to complete the demographics form and the four measures (PAM, SAFE, SSQ, MSI-R) via the internet, and some may chose to complete the measurements in person, the researcher will not be able to control the testing environment, data privacy, or who completes the survey for those who chose to complete online. However, the researcher will attempt to control for this by providing instructions to the participants completing the measures online. For example, the researcher advised the participants to

try to find a quiet room with no distractions, to have privacy, and to not have anyone else complete the measures. For those participants completing the measures in person, the room was set with a comfortable temperature, noise was minimized, and participants were informed to take their time in order to complete the measures fully. In addition, the researcher established steps to ensure participants' privacy and anonymity in the study for both the participants that completed the measures online via Survey Monkey and those filling them out in person. All limitations will be discussed in Chapter 5.

Because the demographic questionnaire and the measures may bring up feelings and memories that may be challenging to participants, their responses to the questions may either be minimized, or responses may be exaggerated creating responder bias. The potential effects of the participants' feelings will be addressed in the limitations section of Chapter 5.

Threats to External Validity

Threats to external validity occur when researchers derive incorrect conclusions from the data to other persons, other settings, and past or future situations (Creswell, 2014). Therefore, the findings for this study may not be generalizable other immigrants that come from other parts of the world. Also, because of the participants' narrow characteristics, the results cannot be generalized to individuals who do not have similar characteristics (Creswell, 2014). To avoid this threat to validity, this researcher will restrict claims to those groups to which the results cannot be generalized (Creswell, 2014). The researcher will also address this threat in the discussion section.

Construct and Statistical Conclusion Validity

Creswell (2014) describes threats to statistical conclusion validity as when the researcher draws inaccurate inferences from the data because of inadequate statistical power. This threat also occurs when there is a violation of statistical assumptions (Creswell, 2014). In order to address this threat, this researcher will take appropriate steps utilizing G*Power in order to determine the adequate number and statistical power of the sample. As discussed earlier, the adequate number of the sample for this multiple regression study is 77. Having good statistical power and increased effect size increases understanding of the statistical significance of the results. According to Field (2013) this decreases errors of conclusion.

Another threat to validity is that of construct validity. A threat to construct validity occurs when researchers use inadequate measure of variables and definitions (Creswell, 2014). One of the ways in which this researcher will attempt to address this threat to validity is to ensure that the measures that are used have a good Cronbach's alpha above .70 (Field, 20130. Not having a good Cronbach's alpha could be problematic due to the weak associations between factors. To address this threat, this researcher is utilizing measures with statistically sound Cronbach's alpha coefficients of internal consistency, as well as outside research validating the psychometric properties of the PAM, MSI-R, SSQ, and the SAFE. The researcher is relying on the reported validity and reliability of these measures, but errors in the reported validity/reliability of these instruments can influence findings. A final threat is conclusion validity. Conclusion validity occurs when the researcher draws the wrong conclusion about the predictability

between attachment, social supports, acculturative stress, and marital distress. These potential threats to validity will be discussed in Chapter 5.

Ethical Procedures

Before contacting potential participants, IRB approval was obtained. The approval number for this study was 05-06-16-0341762. Upon obtaining permission from IRB, the researcher contacted the agencies and forwarded the flyers for recruitment of participants. I provided an option to participants of whether they would like to complete the measures online or in person. The researcher provided an informed consent via Survey Monkey to everyone who agreed to complete the measures via the Internet. For those choosing to complete the measures in person, I provided the informed consent at the time of the group session. Part of the ethical procedures for this study was to inform the participants during the informed consent that participation in the study is strictly voluntary and that they can terminate their participation at any time. Although I did not believe any potential adverse events related to their participation in the study, I provided a list of three therapists in the area to participants in the event that they incur any emotional distress.

I obtained Walden University's IRB approval prior to participant recruitment and data collection. Participants were limited to individuals who are at least 18 years old, immigrants, were separated as children from their parents, and are currently married. These limitations are reasonable to protect vulnerable individuals (younger than 18) and because the focus of the study is about investigating predictive variables that may predict marital distress in immigrant couples. Information about the exclusion criteria was

provided in the notification (flyer) to potential participants, which also included a description of the study and its potential benefits to clinical psychologists, marriage family therapists, and immigration policy makers.

Also, in order to protect confidentiality and anonymity, I did not request any personal identifying information. In addition, for those participants completing the measures online, IP addresses were disabled when the measures were downloaded to Survey Monkey. Survey Monkey implements a username and password for data access, and sites that store data are monitored continuously. Data were downloaded and stored on a computer with password protection. I will be the only individual to access the data. Data gathered from the online data collection and from the in person group data collection process was stored in a secure locked filing cabinet for at least 5 years. After 5 years, these data will be destroyed in order to further protect confidentiality.

Summary

The research design for the present study is a quantitative multiple regression approach. The researcher collected data in person within a group setting, and collected data over the Internet using Survey Monkey for participants who choose this option. A purposive (judgment) sampling strategy was implemented. This purposive sampling limited participants who were 18 and over Mexican and Central American immigrants, who were separated from their parents as children, and who are currently married. Utilizing G* Power, power analysis indicated that 77 participants were needed for this study; however, I recruited additional participants in case any participants dropped out of the study. Following IRB approval, participants were recruited via local immigration

agencies. The agencies I identified were Hermandad Mexicana in Lynwood, California; Anaya's Immigration Service in Norwalk, California; Zamora's Immigration Service in Pomona, California; and Latino Service in Riverside, California. All participants were provided an informed consent and given the researcher's name and institution, the purpose of the study, and how participant anonymity will be maintained. Participants were provided consent through the Survey Monkey link, and when they participated in person. A demographic form was given, asking questions such as nationality, age when separated, individual(s) whom they were left with when separated, age of reunification, gender, current age, salary range, and employment/education. Participants were also asked to complete the following measurements: PAM, SAFE, SSQ, and MSI-R. Measurements completed online via Survey Monkey were directly downloaded to a secure server (Survey Monkey) and IP addresses were disabled. From Survey Monkey, data were downloaded into SPSS on a password-protected computer. A multiple regression analysis was conducted in order to address the research questions and hypotheses. For the multiple regression analysis, the researcher selected the following parameters: effect size at .15, alpha at .05, and power at .80. Threats to validity were also addressed in the researcher's findings and data will be stored for five years.

Chapter 4 will discuss the length of time needed for data collection and any discrepancies in data collection. Findings from the multiple regression analyses will be revealed. Chapter 4 will examine statistical assumptions, research questions, and hypotheses. Descriptive statistics, tables, and graphs will also be provided. Finally, it will summarize answers to the research questions and hypotheses.

Chapter 4: Results

Introduction

The purpose of this quantitative study was to explore whether attachment, acculturative stress, social support, and separation predict marital distress in Mexican and Central American adult immigrants. The study was designed to answer three research questions and corresponding hypotheses.

Research Questions

RQ1: Does attachment style predict marital distress in adult immigrants separated from their primary caregivers as children?

$H_1$1: The variable attachment style predicts marital distress in adult immigrants separated from their primary caregivers as children.

$H_0$1: The variable attachment style does not predict marital distress in adult immigrants separated from their primary caregivers as children.

RQ2: Does acculturative stress predict marital distress in adult immigrants separated from their primary caregivers as children?

$H_1$2: The variable acculturative stress predicts marital distress in adult immigrants separated from their primary caregivers as children.

$H_0$2: The variable acculturative stress does not predict marital distress in adult immigrants separated from their primary caregivers as children.

RQ3: Do social supports predict marital distress in adult immigrants separated from their primary caregivers as children?

$H_1$3: The variable social supports predict marital distress in adult immigrants separated from their primary caregivers as children.

$H_0$3: The variable social support does not predict marital distress in adult immigrants separated from their primary caregivers as children.

Data Collection

Participants for this study were selected via a purposive sampling method. Following approval from IRB and letters of support from agency representatives, recruitment flyers were placed in several community organizations and immigration service offices. Recruitment of participants came from Hermandad Mexicana in Lynwood, California; Anaya's Immigration Services in Norwalk, California; Zamora's Immigration Services in Pomona, California; and Latino Services in Riverside, California. Flyers contained links to Survey Monkey where potential participants copied and pasted the link onto their web browser. Those participants without access to a computer or the Internet were provided contact information on the flyer and contacted me and were given the opportunity to complete hard copy surveys in person.

Response Rates

Data collection began on May 10, 2016 and ended on July 1, 2016. A total of 99 responded to the surveys. However, only 92 participants completed the entire surveys (demographic questionnaire, PAM, SSQ, SAFE Scale, and MSI-R). The current sample of 92 exceeded the a priori sample requirement. I used the 92 completed surveys for analysis and deleted seven cases. Out of the 92 participants included, 30 completed the

hard copy surveys in person, and 62 completed the surveys online through Survey Monkey (through a secure anonymous server).

Characteristics of the Sample

A summary of the sample's ($N = 92$) demographic characteristics appears in Table 1. The majority of the participants reported being between the ages of 31 and 40 (39.1%) and 21 to 30 years of age (32.6%). Of the respondents, 50% were male and 50% were female. The majority of the respondents were born in Mexico (72.8%), and the rest were born in Central America (27.2%). In terms of education, 33.7% reported having a high school education, 29.3% had a junior high school education, 16.3% had a grade school education, 7.6% had a GED, 6.5% had a bachelor's degree, 3.3% had some college, 2.2% had a master's degree, and 1.1% had an associate's degree. The majority of the sample (43.5%) reported an annual income range of $31,000 to $40,000. The age of separation ranged from 2 ½ months to 17 years of age (Table 2). The majority (69.5%) of the respondents were left behind with one or both of their grandparents (Table 3). The largest percentage of the participants (36%) reported reunifying with their parents at a later age between 17 and 22 years of age, and 16.3% reported never reunifying with their parents after separation (Table 4).

Table 1

Descriptive Statistics of Demographic Variables

	Frequency	Percent	Valid Percent	Cumulative Percent
Age Group				
21 - 30 years	30	32.6	32.6	32.6
31 - 40 years	36	39.1	39.1	71.7
41 - 50 years	18	19.6	19.6	91.3
51 - 60 years	6	6.5	6.5	97.8
More than 60 years	2	2.2	2.2	100.0
Total	92	100.0	100.0	
Gender				
Female	46	50.0	50.0	50.0
Male	46	50.0	50.0	100.0
Total	92	100.0	100.0	
Employment Status				
Employed	80	87.0	87.0	87.0
Unemployed	12	13.0	13.0	100.0
Total	92	100.0	100.0	
Highest Education				
A.A.	1	1.1	1.1	1.1
B.A.	6	6.5	6.5	7.6
Elementary	15	16.3	16.3	23.9
GED	7	7.6	7.6	31.5
High School	31	33.7	33.7	65.2
Jr. High	27	29.3	29.3	94.6
Masters	2	2.2	2.2	96.7
Some college	3	3.3	3.3	100.0
Total	92	100.0	100.0	

(table continues)

		Frequency	Percent	Valid Percent	Cumulative Percent
Salary Range					
	20-30K	26	28.3	28.3	28.3
	31-40K	40	43.5	43.5	71.7
	41-50K	7	7.6	7.6	79.3
	50K+	7	7.6	7.6	87.0
	Less than 20K	3	3.3	3.3	90.2
	None	9	9.8	9.8	100.0
	Total	92	100.0	100.0	
Country of Origin					
	El Salvador	9	9.8	9.8	9.8
	Guatemala	12	13.0	13.0	22.8
	Honduras	2	2.2	2.2	25.0
	Mexico	67	72.8	72.8	97.8
	Nicaragua	2	2.2	2.2	100.0
	Total	92	100.0	100.0	

Table 2

Age When Separated From Parents

	Frequency	Percent	Valid Percent	Cumulative Percent
.25	1	1.1	1.1	1.1
1.00	3	3.3	3.3	4.3
2.00	5	5.4	5.4	9.8
3.00	8	8.7	8.7	18.5
4.00	6	6.5	6.5	25.0
5.00	8	8.7	8.7	33.7
6.00	7	7.6	7.6	41.3
8.00	9	9.8	9.8	51.1
9.00	3	3.3	3.3	54.3
10.00	9	9.8	9.8	64.1
11.00	3	3.3	3.3	67.4
12.00	7	7.6	7.6	75.0
13.00	7	7.6	7.6	82.6
14.00	3	3.3	3.3	85.9
15.00	4	4.3	4.3	90.2
16.00	5	5.4	5.4	95.7
17.00	4	4.3	4.3	100.0
Total	92	100.0	100.0	

Table 3

Family Member Left Behind With

	Frequency	Percent	Valid Percent	Cumulative Percent
Aunt	7	7.6	7.6	7.6
Brother	10	10.9	10.9	18.5
Family Friend	1	1.1	1.1	19.6
Grandfather	4	4.3	4.3	23.9
Grandmother	23	25.0	25.0	48.9
Grandparents	37	40.2	40.2	89.1
Siblings	2	2.2	2.2	91.3
Uncle and aunt	5	5.4	5.4	96.7
Uncles	3	3.3	3.3	100.0
Total	92	100.0	100.0	

Table 4

Age When They Reunified

	Frequency	Percent	Valid Percent	Cumulative Percent
Never	15	16.3	16.3	16.3
4	2	2.2	2.2	18.5
5	4	4.3	4.3	22.8
6	3	3.3	3.3	26.1
7	7	7.6	7.6	33.7
8	2	2.2	2.2	35.9
9	5	5.4	5.4	41.3
10	4	4.3	4.3	45.7
11	4	4.3	4.3	50.0
12	4	4.3	4.3	54.3
14	3	3.3	3.3	57.6
15	3	3.3	3.3	60.9
16	3	3.3	3.3	64.1
17	11	12.0	12.0	76.1
18	10	10.9	10.9	87.0
19	11	12.0	12.0	98.9
22	1	1.1	1.1	100.0
Total	92	100.0	100.0	

Assumptions Tested for Multiple Regression

The assumption of independence of observations was met, as assessed by the Durbin-Watson statistic of 1.225, which is acceptable. Examination of histogram and scatterplots revealed that the linearity and homoscedasticity assumptions were not violated. Therefore, transformation of data was not necessary. Testing to see if the data met the assumption of multicollinearity was not a concern (PAM scores, Tolerance = .57, VIF = 1.73; SSQN scores, Tolerance= .967, VIF = 1.034; SSQS scores, Tolerance = .946, VIF = 1.057; SAFE Scale Scores, Tolerance = .854, VIF = 1.171; MSI-R scores, Tolerance = .556, VIF = 1.799). The histogram of standardized residuals indicated that the data contained approximately normally distributed errors, as did the normal P-P plot of standardized residuals, which showed points that were not completely on the line, but close.

Responses to the PAM

The PAM (Berry et al., 2006) is composed of a total of 16 items. The PAM measures the anxiety (eight items) dimension, and avoidance (eight items) dimension. It also includes an open-ended question asking respondents to indicate about whom they were thinking while answering the measure. The total scores of the PAM range from 16 to 64. The lower the score in each dimension, the lower the anxiety or avoidance, and the higher the score, the more anxiety attachment and avoidant attachment (Berry et al., 2006). The two dimensions were measured during the current study. The results of the study showed that scores ranged from 17 to 55 (Table 5). Again, higher scores indicate higher levels of anxious attachment and avoidant attachment. The PAM mean was

32.91, (SD = 8.970). The stem and leaf plot also shows the same (Figure 1). Based on these results, the participants showed a moderate level of anxious and avoidant attachment. In regards to the open-ended question, participants' answers varied from thinking of spouses, mother, friends, siblings, uncles, parents, and coworkers while answering the PAM. However, the majority reported thinking of their spouses and parents. Good reliability of the PAM for the current study was confirmed by calculating a coefficient alpha of .86 for the anxiety dimension and .83 for the avoidance dimension. This demonstrates good internal consistency (Field, 2103). These scores were also similar to a study by Berry et al. (2006) of .82 for the anxiety dimension and .75 for the avoidance dimension. Standardized skewness and kurtosis were examined for the PAM to assess the degree of normal distribution. Standard skewness value was .239 (SE = .235), and kurtosis was -924 (SE = .498).

Table 5

Descriptive Statistics for the PAM

			Statistic	Std. Error
PAM	Mean		32.91	.935
	95% Confidence Interval for Mean	Lower Bound	31.06	
		Upper Bound	34.77	
	5% Trimmed Mean		32.71	
	Median		33.50	
	Variance		80.454	
	Std. Deviation		8.970	
	Minimum		17	
	Maximum		55	
	Range		38	
	Interquartile Range		15	
	Skewness		.239	.251
	Kurtosis		-.924	.498

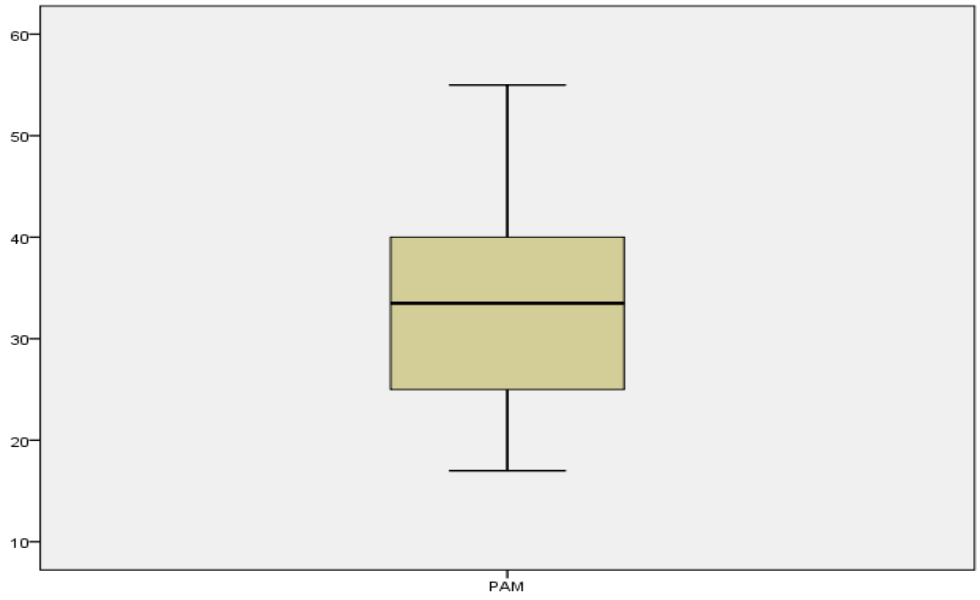

Figure 1. Stem and leaf plot of the PAM.

Responses to the SAFE Scale

The original SAFE scale was developed by Padilla et al. (1985) and contains 60 items measuring acculturative stress. The scale was developed to measure four areas of acculturative stress: social, attitudinal, familial, and environmental. For the purpose of this study the abbreviated SAFE Scale by Mena et al. (1987) was used. The abbreviated SAFE Scale contains 24 items. The range of scores in the abbreviated SAFE Scale is between 0-120. The higher the participants' score, the higher the level of acculturative stress. The scores for the present study ranged between 21-46 (Table 6). The mean was 33.92 (SD = 6.657). Good reliability of the SAFE Scale for the current study was confirmed by calculating a coefficient alpha of .73, which is good internal consistency (Field, 2013). The alpha coefficient for the SAFE Scale in a study conducted by Mena et al. (1987) had a Cronbach's alpha of .89. Standardized skewness and kurtosis were

examined for the SAFE Scale to assess the degree of normal distribution. Standard skewness value was -.243 (SE = .251), and kurtosis was -1.182 (SE = .498).

Table 6

Descriptive Statistics for the SAFE Scale

			Statistic	Std. Error
SAFE SCALE	Mean		33.92	.694
	95% Confidence Interval for Mean	Lower Bound	32.55	
		Upper Bound	35.30	
	5% Trimmed Mean		34.04	
	Median		35.50	
	Variance		44.313	
	Std. Deviation		6.657	
	Minimum		21	
	Maximum		46	
	Range		25	
	Interquartile Range		12	
	Skewness		-.243	.251
	Kurtosis		-1.182	.498

Responses to the SSQ

Sarason et al. (1983) developed the SSQ. The SSQ consists of 27 items designed to measure perceptions of social support and satisfaction with social support. There are two parts to the SSQ. The first, asks the respondents to list persons who they can turn to for social support. The second asks the respondents to rate their level of satisfaction with social support. The maximum number of people is 243. The researcher then divides this number by 27. This will provide the researcher with the SSQ Number Score or SSQN. The second step is to add the total satisfaction scores for all 27 items. The maximum number is 162. To get the SSQ Satisfaction Score or SSQS the researcher divides this number by 27. The higher the scores, the more individuals, respondents turn to and the

more satisfied they are with individuals who are being supportive. Thus, the higher the scores, the higher their social supports. Good reliability of the SSQ for the current study was confirmed by calculating a coefficient alpha of .76, which is good internal consistency (Field, 2013). In the original study, Sarason et al. (1983) examined a total of 602 undergraduate students from University of Washington. The alpha coefficient of internal reliability for the SSQ was .97.

Scores to the SSQN. The range of SSQN scores were between 32 and 110 (Table 7). This means that participants identified as few as 32 and as many as 110 individuals in their social support network after answering all 27 questions. The mean was 58.38 (SD = 18.060). Although the maximum score could have been 243, the mean score shows that participants have a good support system of at least 58 people in their lives within 27 questions. This is an average of at least 2 individuals per question. Standardized skewness and kurtosis were examined for the SSQN to assess the degree of normal distribution. Standard skewness value was .657 (SE = .251), and kurtosis was -.293 (SE = .498).

Table 7

Descriptive Statistics for the SSQN

			Statistic	Std. Error
SSQN	Mean		58.38	1.883
	95% Confidence Interval for Mean	Lower Bound	54.64	
		Upper Bound	62.12	
	5% Trimmed Mean		57.55	
	Median		56.00	
	Variance		326.172	
	Std. Deviation		18.060	
	Minimum		32	
	Maximum		110	
	Range		78	
	Interquartile Range		24	
	Skewness		.657	.251
	Kurtosis		-.293	.498

Scores to the SSQS. The range of SSQS scores were between 77 and 162 (Table 8). The mean was 130.28 (SD = 23.167). The mean score of the SSQS indicates that participants are very satisfied with their social support. Standardized skewness and kurtosis were examined for the SSQS to assess the degree of normal distribution. Standard skewness value was -.225(SE = .251), and kurtosis was -1.074 (SE = .498).

Table 8

Descriptive Statistics for the SSQS

			Statistic	Std. Error
SSQS	Mean		125.48	2.415
	95% Confidence Interval for Mean	Lower Bound	120.68	
		Upper Bound	130.28	
	5% Trimmed Mean		125.89	
	Median		127.50	
	Variance		536.692	
	Std. Deviation		23.167	
	Minimum		77	
	Maximum		162	
	Range		85	
	Interquartile Range		40	
	Skewness		-.225	.251
	Kurtosis		-1.074	.498

Responses to the MSI-R

Negy and Snyder (1997) developed the MSI-R to measure the quality of marital relationships. The MSI-R is a true and false questionnaire consisting of 150-items. Only participants with children were required to answer all 150-items. Participants without children were only required to answer items 1-129. The two validity scales of the MSI-R were analyzed in order to obtain a complete description of the participants' marital relationship. The two validity scales were the GDS, and the second validity scale contained 10 additional scales measuring specific dimensions of the relationship. However, for the purpose of this study, the *t*-scores of the GDS were used. The GDS consists 22 items. It is widely used because of it is the best predictor of overall dissatisfaction with his or her relationship and predictor of couples' response to clinical treatment (Negy & Snyder, 1997). The *t*-scores of the GDS range from 0-100. The

current study's *t*-scores ranged between 40 and 80 (Table 9). The higher the *t*-score on the GDS, the higher the marital distress. The mean was 54.97 (SD = 9.907). These values indicate that participants did not answer being very satisfied or very dissatisfied with their marital relationship. However, those with scores of 50 and above appear to not be very satisfied in their relationship (Negy & Snyder, 1997). Good reliability of the MSI-R for the current study was confirmed by calculating a coefficient alpha of .88, which is good internal consistency (Field, 2013). Previous studies have shown internal consistency from a study by Negy and Snyder (2000) of 2040 individual participants and 100 participants in couple's therapy ranged from .70 to .93 respectively with a mean of .82 Chronbach's alpha. Standardized skewness and kurtosis were examined for the MSI-R to assess the degree of normal distribution. Standard skewness value was .523 (SE = .251), and kurtosis was -.821 (SE = .498).

Table 9

Descriptive Statistics for the MSI-R

			Statistic	Std. Error
MSI-R	Mean		54.97	1.033
	95% Confidence Interval for Mean	Lower Bound	52.92	
		Upper Bound	57.02	
	5% Trimmed Mean		54.57	
	Median		54.00	
	Variance		98.142	
	Std. Deviation		9.907	
	Minimum		40	
	Maximum		80	
	Range		40	
	Interquartile Range		18	
	Skewness		.523	.251
	Kurtosis		-.821	.498

Data Analysis and Results

A multiple regression analysis was used to test if attachment style, acculturative stress, and social support significantly predict marital distress. The results of the regression indicated the three predictors explained 47.5% of the variance ($R^2 = .475$, $F(4, 87) = 19.68$, $p < .001$). The overall regression model was significant (Table 11).

Table 10

Model Summary of Variables Predicting MSI-R (N = 92)

R Square	Adjusted R Square	Std. Error of the Estimate
.475	.450	7.344

a. Predictors: (Constant), SAFE SCALE, SSQN, SSQS, PAM

Table 11

ANOVA[a] Table for Regression Analysis

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	4238.672	4	1059.668	19.648	.000[b]
	Residual	4692.230	87	53.934		
	Total	8930.902	91			

a. Dependent Variable: MSI-R
b. Predictors: (Constant), SAFE SCALE, SSQN, SSQS, PAM

Research Question 1

The first research question was designed to examine whether the attachment style in adult immigrants separated from their primary caregivers as children predict marital distress. In order to test hypothesis 1, a regression analysis was applied by using SPSS. Attachment style significantly predicted marital distress ($\beta = .630$, $p = .000$) . Since the p value is less than 0.05 (Table 12), we can conclude that the variable attachment style predicts the marital distress in adult immigrants separated from their primary caregivers as children. Hence, we can accept the alternative hypothesis and reject the null hypothesis.

Table 12

Regression Coefficients[a] for the PAM and MSI-R

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	32.082	3.085		10.401	.000
	PAM	.695	.090	.630	7.687	.000

a. Dependent Variable: MSI-R

Research Question 2

The second research question was designed to examine whether acculturative stress predicts marital distress in adult immigrants separated from their primary caregivers as children. In order to test hypothesis 2, a regression analysis was applied by using SPSS. Acculturative stress significantly predicted marital distress ($\beta = 0.341$, $p = 0.001$). Since the p value is less than 0.05 (Table 13), we can conclude that the variable acculturative stress predicts marital distress in adult immigrants separated from their primary caregivers as children. Hence, we can accept the alternative hypothesis and reject the null hypothesis.

Table 13

Regression Coefficients[a] for the SAFE Scale and the MSI-R

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	37.732	5.096		7.404	.000
	SAFE SCALE	.508	.147	.341	3.446	.001

a. Dependent Variable: MSI-R

Research Question 3

The third research question was developed in order to examine whether social support predicts marital distress in adult immigrants separated from their primary caregivers as children. In order to test hypothesis 3, a regression analysis was applied by using SPSS. Social Support (SSQN) does not significantly predict marital distress ($\beta = -0.156$, $p = 0.136$), and (SSQS) does not significantly predict marital distress ($\beta = -0.131$, $p = 0.21$). Since the p value is more than 0.05 (Table 14), we can conclude that the variable social support, does not predict marital distress in adult immigrants separated from their primary caregivers as children. Hence, we can reject the alternative hypothesis and accept the null hypothesis.

Table 14

Regression Coefficients[a] of the SSQ (SSQN and SSQS) and the MSI-R

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	66.992	6.486		10.329	.000
	SSQN	-.086	.057	-.156	-1.504	.136
	SSQS	-.056	.044	-.131	-1.262	.210

a. Dependent Variable: MSI-R

Summary

The findings from this multiple regression study analyses reveal that two of the three alternative hypotheses should be kept. The result from the current study shows a statistically significant finding that the attachment style predicts marital distress in adult Mexican and Central American immigrants that were separated as children from their primary caregivers. Also, there is statistical significance that acculturative stress in adult Mexican and Central American immigrants that were separated as children from their primary caregivers also predicts martial distress. However, the null hypothesis could not be rejected of whether social support of adult Mexican and Central American immigrants that were separated as children from their primary caregivers predicts marital distress. However, further investigation of the social support predictive variable should be examined because the role of social support has been correlated with social adjustment in immigrants, and as a relational buffer in Latina/o families. Chapter 5 provides a discussion of the findings and conclusions for the current study. In addition, I also address limitations, and recommendations for future and further research.

Chapter 5: Discussion, Conclusions, and Recommendations

Purpose

The purpose of this study was to examine if variables (attachment, acculturative stress, and social supports) in Mexican and Central American immigrants who were separated from their primary caregivers as children predict marital distress. Research has demonstrated that Mexican immigrants who were separated from primary caregivers when migrating as children may develop acculturative stress and lack of social support upon entering the United States (Belizaire & Fuertes, 2011; Ribeiro, 2012). According to attachment theory, separation of primary caregivers may lead to avoidant attachment style correlating to marital distress (Berry et al., 2008). Previous studies suggested that as immigrants acculturate, divorce rates rise due to economic, social, and political challenges (Afifi et al., 2013). Ribeiro (2012) found that low social support correlated with high marital distress. Although findings correlated immigration with acculturation stress, which contributes to psychological, relational, and emotional problems (Brabeck et al., 2011), there has been a lack of research on the effects of immigration stressors on Mexican and Central American immigrant couples (Hyman et al., 2008). Therefore, this study was designed to expand the research on how immigrant distress, separation, attachment, and social support predict Mexican and Central American marital relationships.

Findings revealed a significant relationship between attachment, acculturative stress, and marital distress in Central America and Mexican immigrants who were separated from their primary caregivers as children. Further analysis of the findings

revealed no significant relationship between social support and marital distress. However, when examined closely, findings confirmed that the model summary was significant because the predictors of attachment, acculturative stress, and social support explained 47.5% of the variance in predicting marital distress.

Interpretation of the Findings

Attachment Style and Marital Distress

Previous research has demonstrated that attachment representation can be compromised during the immigration process (Bowlby, as cited in Van Ecke, 2005) due to prolonged separation from parents. According to Dillon and Walsh (2010), insecure attachment style as a result of loss, inconsistency in relationships, and abandonment (Bowlby, 1969, 1982) can form the foundation of future affectional bonds such as marriage. In an immigration study, van Ecke (2005) reported that 80% of children experiencing separation from parents had unresolved attachment, which predict marital distress. However, van Ecke also reported that her results were not statistically significant. Feeney (2008) reported that when children were separated from their primary caregivers for a significant period, they were more likely to develop an avoidant attachment style. Although research revealed insecure attachment style due to childhood separation from primary caregivers can result in marital distress, there is a lack of significant findings on this subject. Therefore, the results of this study are critical in predicting marital distress for those with insecure attachment styles (i.e., anxious and avoidant).

In the current study, the PAM measured participants' level of attachment. A higher PAM score indicates higher levels of anxiety and avoidant attachment (Berry et al. 2006), whereas the median score indicated moderate levels of insecure attachment styles. However, although participants did not score extreme levels of insecure or lack of insecure attachment styles, the regression analysis indicated that attachment style significantly predicted marital distress. Furthermore, participants who were separated at a younger age (ages 2 to 5) whose separation lasted more than 5 years showed higher levels of anxious and avoidant attachment. In contrast, if a child was separated at a later age (ages 10 to 15) and his or her separation was under 5 years, the participant showed lower levels of anxious and avoidant attachment. These findings supported prior research that found that longer immigrant separation correlated with higher levels of distress and psychological/psychosocial problems (Belizaire & Fuertes, 2011) Also, adults with longer separations from mothers tend to have avoidant attachment styles (Feeney & Noller, 1990). These findings supported Bowby's (1969, 1982) attachment theory in that the first 5 years of an infant's life are indispensable in the development of healthy attachment towards primary caregivers and towards others later in life.

The findings of the current study supported other research on couple and family therapy and attachment. Johnson (2008) reported that anxious and avoidance attachment styles can be viewed as natural responses to not feeling a secure connection with a partner. This assertion supported other works by previous researchers (Bretherton, 1992; Gottman, Coan, Carrere, & Swanson, 1998) in that it establishes links between early attachment security in relationships with parents and later social/emotional functioning.

Participants in the present study that reported higher scores of martial distress also reported higher scores of anxious and avoidant attachment. One of the styles of communicating in many couples is affective communication, which is measured in the MSI-R used in this study. Participants who scored higher avoidance attachment in the PAM also reported having very low affective communication styles. This study found a relationship between the PAM and the MSI-R scores. Affective communication is the amount of affection and understanding of the other partner (Snyder, 1997). Affective communication is seen in couples when partners show enough affection, partners are sympathetic, supportive, sensitive, trusting, and do not withdraw from partners. All of these questions support internal working models (Bretherton, 1992) that may lead to anxious or avoidant attachment styles predicting marital distress.

Results from this study were similar to studies on the relationship of insecure attachment styles, which predict marital distress being a result of immigration-induced separation (van Ecke, 2007). Those studies revealed that moderate levels of anxious and avoidant attachment style due to childhood separation can predict marital distress. The results of this study can inform marriage counselors on how attachment insecurities affect immigrant couples. Also, because marriage is central in Latina/o families (Wheeler et al., 2010), having an understanding on how attachment due to immigration separations affects the couples' well-being and parent-child relationships is imperative. The present study showed that anxious and avoidant attachment styles predict marital distress.

Acculturative Stress and Marital Distress

For immigrants it is difficult to fit into a new country where the language, customs, values, laws, food, holiday celebrations, childrearing practices, philosophy of marriage, and emphasis on individualism are different than in their country of origin. Immigrants' process of acculturation can be very difficult because of their inability to adapt and cope with stressors. This is especially true of immigrants who arrive in this country later in life. Participants in the current study who arrived in this country after the age of 17 and showed higher levels of acculturative stress. Ribeiro (2012) concluded that high levels of acculturative stress through loss of social supports, conflict within the family, and discrimination can impact marital distress. Previous research concluded that high levels of acculturative stress increased poor health, alcohol and drug use, family conflicts, and marital distress (Negy et al., 2010). Also, Latina/o immigrants like those in in the current study differ from other immigrants from northern and western Europe. Latina/o immigrants face racial discrimination and prejudice due to their skin color.

This study found that acculturative stress significantly predicts marital distress. Although participants did not report their acculturative stress to be extremely high, the significance of this variable on marital distress can be explained by the importance of the immigrants' interaction with the microsystem and the macrosystem. Because immigrants are predisposed to internal and external stressors prior to migration, during migration, and post migration, the accumulation of stress (in some cases trauma) can create a greater strain on marital distress. This may be true even when the participants' current acculturative stress is not as high. Participants in the study who reported higher levels of

acculturative stress may have been experiencing marginalization, oppression, language difficulties, underemployment, poor health, and psychosocial stressors (Umana-Taylor & Alvarado, 2006).

Prior research has also discussed the conflict in immigrant couples resulting in the roles of the woman changing from being the homemaker and stay-at-home mother to now working. In some cases, the man may stay home due to his legal status and inability to find work (Hyman et al., 2008). Moreover, the woman's role as the breadwinner results in financial independence, mobility, and autonomy. This change of roles can result in marital conflicts between immigrant couples. Hence, the roles that immigrant women have can lead to marital conflicts. In the present study, most of the participants were either working full-time or part-time. This acculturative stress may have been enough to increase participants' marital distress. This result can be further explained by one of the scales of the MSI-R. The Role Orientation scale may be directly linked to acculturative stress.

Role Orientation in the MSI-R is a scale consisting of 12 items measuring the extent to which the respondent views his or her relationship as traditional versus nontraditional (Snyder, 1997). For example, the Role Orientation measures whether respondents believe both partners should assume equal responsibility for housework and child care, whether women should be given greater opportunity to work outside the home, and whether the woman rejects the notion of male dominance in the home (Snyder, 1997). Negy et al. (2010) reported that marital relationships may be more distressful to women because of the multiple demands placed on them (i.e., domestic responsibilities,

working, managing career aspirations). Immigrant women's adherence to maintaining their cultural role is in conflict with pressure to acculturate (Negy et al., 2010). The same can be said for Latino men whose new role is foreign to their cultural values. The change in roles, language, customs, values, heightened awareness of one's immigrant status, discrimination, oppression, and work status have been found to impact marital distress (Negy et al., 2010).

Social Support and Marital Distress

Research showing the correlation between lack of social support and marital distress was limited to a study conducted by Ribeiro (2012), who found that lack of social support is associated with psychological problems that directly impact marital relations. However, Riberio conducted research on immigrant men. The lack of research on social support's impact on male and female immigrants' marital relationship justifies the investigation of this variable. However, the findings of this study did not confirm the lack of social support predicting marital distress. The results of this study found that participants had a good support system of at least 58 people in their lives. They described being very satisfied, fairly satisfied, or a little satisfied with their social support. Satisfaction with social support was not skewed whether participants responded having two consistent people in their support system or 10 individuals. This means that for immigrants in a new country the individuals identified as that person's social support are critical. Previous studies have shown that social support serves as a buffer to acculturative stress in immigrant men (Rebeiro, 2012). However, the current study did not show a statistically significant result for social support or lack of social support

buffering marital relationships or predicting marital distress respectively. Nonetheless, as reported in the results chapter, the overall regression model (attachment, acculturative stress, social support, and marital distress) was significant.

Previous research describes how familism, or the belief of family over the individual, may serve as a social support for Latina/o families (Ramos-Sanchez & Atkinson, 2009) and the loss of those social supports in a new culture can bring on psychological problems (Hiott et al., 2006). However, these studies failed to directly relate findings to marital distress. The present study also does not support the hypothesis that the lack of social support in immigrants predicts marital distress. Participants responded favorably to having important individuals in their lives that are part of their support system. In addition, participants were satisfied with the social support received from them. However, these findings supported prior research that reported that Latina/o immigrants place a higher emphasis on collectivism over individualism (Afifi et al., 2013).

Limitations of the Study

External Validity

The majority of the participants of this study self-identified as potential participants by reading a flyer in one of the four offices where the flyers were posted. Participants were limited to immigrants from Mexico and Central America, currently married, and who were separated as children from their primary caregivers. Although participants who completed the survey via Survey Monkey and who completed surveys in-person may be a representative sample of the general immigrant Mexican and Central

American population, generalizability should be made with caution. In addition, because participants were recruited from offices providing immigration services, their characteristics may have influenced the results. Participants who responded saw the flyers while in the offices where they were to receive services to become a legal resident, apply for provisional unlawful presence waivers, or immigrant Visas. Their participation in the study may have been influenced by their fear of deportation, frustration, anxiety, or the perception that by completing the surveys they may somehow change immigration policy. Therefore, the setting were participants were recruited from may have been a limitation of the current study. Perhaps in the future if participants are recruited from other settings (e.g. college campuses, malls, work settings), the results may be different. The interaction of history is another limitation. Because of the current political rhetoric on immigration, participants may be experiencing more acculturative stress than they were a year ago or may experience in the future.

Internal Validity

Participants with access to a computer and the Internet were more easily able to participate in the study. Some potential participants may have been unable to participate because they did not have access to a computer. Participants without access to computers or means to afford a computer may be experiencing higher levels of acculturation stress, financial difficulties, and less social support. This could have impacted my results by higher participant scores in the acculturative stress questionnaire and lower scores of social support. If lower scores in the SSQ and higher scores in the acculturative stress questionnaire were reported maybe this would have led to different findings in the MSI-

R. Therefore, selection bias may have been a limitation of this study (Creswell, 2014. Although mortality may not have been a limitation of this study, it is worth mentioning here. The total participants recruited for this study were 99. Ninety-two participants completed the measures in its entirety. Statistical power was met. However, the outcomes for the seven that dropped out are unknown. If all seven participants that dropped out would have reported no social support and high scores in marital distress, this could have impacted my results by having a statistically significant relationship between social support and marital distress. This may be a limitation of the study.

Construct and Statistical Conclusion Validity

The number of measures and the total number of items of all the measures may have caused participants to develop testing fatigue. This may have been the reason why seven of the 99 original participants dropped out of the study or did not finish all the measures. Also the measure SSQ required the participants to answer two sets of questions. This may have been confusing, time consuming, and problematic for some. Although, previous studies have shown the SSQ to have a good Cronbach's alpha of .90 for the number of people identified in their support system, and .83 for the satisfaction with their support system (Sarason et al., 1983), participants may have been confused by the two sets of each question. Therefore, caution should be made in regards to the construct and statistical conclusion of the SSQ for this study. Despite this limitation, I attempted to reduce conclusion errors by using the recommended statistical power and increased effect size to improve interpretations of the results.

Recommendations for Future Research

This study highlights the importance of attachment theory, acculturative stress, social support, and separations from parents as factors for marital distress in immigrant couples. Anxious attachment and avoidant attachment styles tend to be associated with marital distress. While the relationship between social support and marital distress was not significant further research is needed in order to examine this variable. Because this study focused on males' and females' social support in a marital relationship, additional research should focus on immigrant couples (married to each other), how their lack of social support may predict marital distress, and how satisfaction with social support may serve as a buffer to marital distress in immigrant couples. In addition, although the relationship between attachment and acculturative stress was significant, future research should focus on having a control group with immigrants who were not separated from their parents as children and an experimental group with immigrants who were.

Also, although both males and females were examined in this study, I did not focus on how males and females differ in their attachment, acculturative stress, or social support. Further research to examine these differences is warranted. Specifically more research is warranted to examine how these differences may predict marital distress in immigrants who were separated from their parents as children. Negy et al. (2010) reported that the correlation between social support and marital distress is stronger in males than in females but did not factor in whether they were separated as children. Also, Negy et al. reported that the correlation between acculturative stress and marital distress was higher for women than for men but did not factor in the separation. Finally, another

recommendation for future research is to conduct a longitudinal study that examines immigrant couples, separated as children from their primary caregivers and whether the variables attachment, acculturative stress, and social support predict marital distress over time. A longitudinal study will be useful in establishing causal relationships and for making reliable inferences. In addition, sampling errors are reduced, as the study participants remain the same over time (Cook & Campbell, 1979).

Implications

When treating Latina/o immigrants with multiple barriers to mental health, language problems, history of immigration trauma, acculturative stress, underemployment, separations from primary caregivers, attachment insecurities, and fear of deportation, it is imperative to assess these immigrant clients differently than English-speaking non-immigrant clients. It is important to assess the many unique experiences that immigrant clients face. For example, in your practice you may come across a 29-year-old female who is 7 months pregnant reporting depressive symptoms. A clinician not attuned to sociocultural and psychological assessment of the Latina/o immigrant client, may only ask pertinent questions to her current symptoms. When asking questions of family history, the non-attuned clinician may skip over when the client reports that she migrated to the United States when she was 14 years old.

The attuned clinician may ask more culturally appropriate questions. These questions may include whom the client migrated with, whether she was ever separated from her parents, who took care of her when she lived in Mexico, how was her experience while she was in the care of her grandparents, how was her experience on her

journey to the United States, what was her experience when she first arrived with her parents, and how was her adjustment to this country. Asking these questions may assist the clinician in better assessing the immigrant client. The clinician may discover that she misses her grandparents and that when she left her grandparents she suffered two losses (the loss of her grandparents and the loss of her hometown). In addition, the clinician may also discover that she was sexually abused by the person her parents paid to bring her across the border. The clinician may also discover that when she arrived to the United States she did not get along with her parents and never became close to them as she resented them for leaving her behind.

When doing this assessment the clinician may determine that not only is the client having peripartum depression, but she may also have immigration trauma due to her sexual assault, grief and loss issues due to being separated twice (first from her parents and then from her grandparents), marital problems due to attachment insecurities, lack of social support due to her withdrawal from her parents, and acculturative stress due to her lack of English-speaking skills and difficulties adapting to the host country. Bemak, Chung, and Pedersen (2003) suggested that clinicians use the Multi-Level Model of Psychotherapy (MLMP), Counseling, Social Justice, and Human Rights for Immigrants when treating immigrants and refugees. Bemak et al. (2003) argued that clinicians should assess the culture, premigration experiences, acculturation, post migration, and psychosocial adjustment issues. Furthermore, Chung, Bemak, Ortiz, and Sandoval-Perez (2008) recommended that clinicians incorporate five levels in their intervention when working with immigrant clients. The five levels are as follows: (a) Providing mental

health education to immigrant clients, (b) individual, group, and family counseling interventions, (c) cultural empowerment, (d) the integration of cultural adaptations and interventions that integrate traditional with Western healing practices, and (e) addressing human rights and social justice issues.

An understanding of immigrants who were separated as children from their parents will allow researchers to better develop effective immigration policies and effective programs, which meet the needs of immigrant families (Lahaie et al., 2009). Understanding the role of attachment (e.g., healthy, insecure), acculturative stress, the role of social supports, and separation due to immigration can assist clinicians to develop effective treatments that are unique to immigrant families. As reported earlier, although participants' attachment scores were not extremely high, the results of the regression analysis showed that the variable attachment was statistically significant in predicting marital distress. This may be an underrepresentation of the predictive ability of attachment to marital distress. It is therefore a strong belief that the results of this study will inform researchers, clinicians, immigration policy makers, and politicians on the variables that can impact many immigrant couples.

Impact for Social Justice

Current immigration policy deports parents from this country that have no legal authority to be in the United States, irrespective of whether they have a family, citizen spouse, small children (citizen children), are law abiding, or have a job. By understanding the effects of separation due to immigration, immigration policy may be influenced so that children are not separated from their parents as a result of the current immigration

policy. Reunification programs may also be established in communities where immigrant populations reside. Funding for reunification and therapeutic programs may also follow. In addition, this study will also help inform marriage counselors regarding acculturative stress and separation factors that can impact immigrant couples. The results of this study can have social justice implications as immigrant families may be kept intact, the perception of immigrants can be humanized and the image of immigrants can be decriminalized.

Conclusions

Despite the limitations of this study, this study may help researchers and clinicians in having a better understanding of immigrant couples who were separated as children from their parents. The significance of this study is that the results show a first documented link between attachment, acculturative stress, and marital distress in immigrant couples that were separated as children. The results of the multiple regression analysis did show that attachment and acculturative stress predict marital distress. However, the social support variable, which was also tested in the study, was not shown to be significant in predicting marital distress. There continues to be a lack in research on immigrant populations. This researcher hopes that the present study will provide a better understanding of immigrant couples that were separated as children. This researcher also anticipates that the explanation of the limitations and the recommendations for future research will promote studies aimed at broadening our current knowledge of what impacts immigrant couples and the immigrant population in general. These findings suggest that interventions with immigrant couples should take attachment and

acculturative stress into consideration, as these variables may be a factor into their marital distress. In other words, this study found that high scores in attachment and acculturative stress are predictors of marital distress. As a result immigrant couples may benefit from interventions that specifically address their attachment and acculturative stress.

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Appendix A: Agency Support Letters

Zamora
SERVICES

942 E. Holt Avenue
Pomona, CA 91767
Tel: (909) 620-6762
Fax: (909) 620-3911
www.zamoraservicespomona.com

January 21, 2016

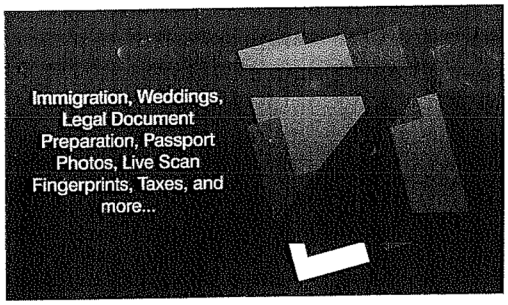
To whom it may concern:

This letter is to inform you that we Zamora Services support Isaac Carreon in his recruitment of participants for his research study. We have posted the flyers in our office and will help identify potential participants that would like to participate.

If you have any questions pertaining to the content of this letter please feel free to contact us the number mentioned above.

Sincerely,

Jose Barajas
Manager
Vizamora Enterprises Incorporated



Hermandad Mexicana Internacional Multi-Services
10229 ½ Long Beach Blvd
Lynwood, CA, 90262
323-983-0400

January 23, 2016

To whom it may concern:

This letter is to inform you that we, Hermandad Mexicana Internacional Multi-Services, support Isaac Carreon in his recruitment of participants for his research study. We have the flyers in our office and will help identify potential participants that would like to participate.

If you have any questions pertaining to the content of this letter please feel free to contact us the number mentioned above.

Sincerely,

Wendy Rodriguez
Manager
Hermandad Mexicana Internacional Multi-Services

LATINO SERVICE

10076 MAGNOLIA AVE.
RIVERSIDE, CA 92503
951-352-9999

JANUARY 26, 2016

To Whom It May Conern:

This letter is to inform the party of interest that Latino Service will support Isaac Carreon in his recruitment of participants for his research study. Our facility will post the flyers in our office and will help identify potential participants.

Should the party of interest have any questions please contact us at the phone number provided.

Sincerely,

LATINO SERVICE

MDS ANAYA'S IMMIGRATION SERVICE

March 4, 2016

To whom it may concern:

We at Anaya's Immigration service are in support of Isaac Carreon's recruitment for participants for his research study. Our office will post flyers and will assist in identifying potential participants that are interested. Please feel free to reach us with any questions.

Sincerely,

Maria Anaya

Office Manager

11648 E. ROSECRANS AVENUE • NORWALK, CA 90650 • (562) 868-0655 • Fax: (562) 868-7277

Appendix B: Flyer for Participant Recruitment

PSYCHOLOGICAL STUDY
PARTICIPANTS NEEDED!

Nam e of study: MEXICAN AND CENTRAL AMERICAN ADULT IMMIGRANTS SEPARATED FROM THEIR PRIMARY CAREGIVERS: DO ATTACHMENT, ACCULTURATIVE STRESS, SOCIAL SUPPORTS, AND SEPARATION PREDICT MARITAL DISTRESS? A QUANTITATIVE STUDY

Purpose of study: The purpose of the study is to (1) Inquire if immigrant variables (attachment, acculturative stress, and social supports) in Central American and Mexican immigrants who were separated from their primary caregivers as children predict marital distress.
(2) Determine if the role of social supports and attachment have a buffering effect on acculturative stress and marital distress.

Name of researcher: ISAAC CARREON

Specific requirements:
MUST BE 18 YEARS OR OLDER, MUST HAVE BEEN SEPARATED FROM PRIMARY CAREGIVERS (PARENT/S) FROM THE AGE OF 0-18, MUST BE CURRENTLY MARRIED

Type of activity: YOU WILL BE ASKED TO COMPLETE A DEMOGRAPHIC QUESTIONNAIRE (NO NAME), THE SOCIAL SUPPORTS QUESTIONNAIRE, ACCULTURATION SCALE, ATTACHMENT QUESTIONNAIRE, AND A MARITAL DISTRESS QUESTIONNAIRE. YOU PARTICIPATE IN PERSON IN OR VIA E-MAIL.

Approximate length of time: THIS MAY TAKE BETWEEN 60 TO 90 MINUTES.

Contact information:
Name: ISAAC CARREON
Phone:
Email:

IRB Approval Dates: _____

Appendix C: Demographic Form

Instructions: Please answer the following questions

1. What is your gender? Male ☐ Female ☐
2. What is your age? _____
3. What is your marital status? Married ☐ Not Married ☐
4. What is your employment status? Employed ☐ Unemployed ☐
5. What is your highest education? _____
6. What is your annual salary range?

20,000-30,000 ☐ 31,000-40,000 ☐ 41,000-50,000 Over 50,000 ☐

7. What is your country of origin? _____
8. How old were you when you separated from your parents? _____
9. Family member you were left with in your country of origin? _____
10. How old were you when you reunified with your primary caregiver/s? _____

Appendix D: PAM

SELF-REPORT MEASURE

We all differ in how we relate to other people. This questionnaire lists different thoughts, feelings and ways of behaving in relationships with others.

PART A

Thinking generally about how you relate to other key people in your life, please use a tick to show how much each statement is like you. Key people could include family members, friends, partner or mental health workers.

There are no right or wrong answers

	Not at all	**A little**	**Quite a bit**	**Very much**
1. I prefer not to let other people know my 'true' thoughts and feelings.	(..)	(..)	(..)	(..)
2. I find it easy to depend on other people for support with problems or difficult situations.	(..)	(..)	(..)	(..)
3. I tend to get upset, anxious or angry if other people are not there when I need them.	(..)	(..)	(..)	(..)
4. I usually discuss my problems and concerns with other people.	(..)	(..)	(..)	(..)
5. I worry that key people in my life won't be around in the future.	(..)	(..)	(..)	(..)
6. I ask other people to reassure me that they care about me.	(..)	(..)	(..)	(..)
7. If other people disapprove of something I do, I get very upset.	(..)	(..)	(..)	(..)
8. I find it difficult to accept help from other people when I have problems or difficulties.	(..)	(..)	(..)	(..)

9. It helps to turn to other people when I'm stressed.	(..)	(..)	(..)	(..)
10. I worry that if other people get to know me better, they won't like me.	(..)	(..)	(..)	(..)

	Not at all	**A little**	**Quite a bit**	**Very much**
11. When I'm feeling stressed, I prefer being on my own to being in the company of other people.	(..)	(..)	(..)	(..)
12. I worry a lot about my relationships with other people.	(..)	(..)	(..)	(..)
13. I try to cope with stressful situations on my own.	(..)	(..)	(..)	(..)
14. I worry that if I displease other people, they won't want to know me anymore.	(..)	(..)	(..)	(..)
15. I worry about having to cope with problems and difficult situations on my own.	(..)	(..)	(..)	(..)
16. I feel uncomfortable when other people want to get to know me better.	(..)	(..)	(..)	(..)

PART B

In answering the previous questions, what relationships were you thinking about?

_____

(E.g. relationship with mother, father, sister, brother, husband, wife, friend, romantic partner, mental health workers etc)

Appendix E: PAM Spanish Translation

Todos nos relacionamos con otras personas de formas diferentes. Este cuestionario describe diversos pensamientos, sentimientos y maneras de comportarse en las relaciones con los demás.

PARTE A

Pensando de forma general sobre cómo te relacionas con las personas importantes en tu vida, por favor marca con una **X** en qué grado te describe cada una de las siguientes frases. Personas importantes en tu vida pueden ser miembros de tu familia, amigos, pareja o profesionales de la salud.

Recuerda que no hay respuestas correctas ni incorrectas.

ESTA FRASE ME DESCRIBE:

	Nada	**Un poco**	**Bastante**	**Mucho**
1 - Prefiero no mostrar a otras personas mis verdaderos pensamientos y sentimientos.				
2 - Me es fácil apoyarme en otras personas cuando tengo problemas o situaciones difíciles.				
3 - Tiendo a entristecerme, ponerme ansioso/a o enfadarme si otras personas no están ahí cuando las necesito.				
4 - Normalmente hablo sobre mis problemas y preocupaciones con otras personas.				
5 - Me preocupa que personas importantes en mi vida no estén presentes en un futuro.				
6 - Pido a los demás que me reafirmen que les importo.				
7 - Me afecta mucho que otras personas no aprueben lo que hago.				
8 - Encuentro difícil aceptar la ayuda de otras personas cuando tengo problemas o dificultades.				
9 - Me ayuda acudir a otras personas cuando estoy estresado/a.				
10 - Me preocupa que si la gente llega a conocerme mejor, no les voy a gustar.				
11- Cuando me siento estresado/a, prefiero estar solo/a a estar acompañado/a por otras personas.				
12 - Me preocupo mucho por mis relaciones con				

otras personas.				
13 - Trato de afrontar por mí mismo/a las situaciones estresantes.				
14 - Me preocupa que si no complazco a los demás ya no querrán relacionarse conmigo.				
15- Me preocupa tener que afrontar solo/a mis problemas y situaciones difíciles.				
16 - Me siento incómodo/a cuando otras personas quieren conocerme mejor.				

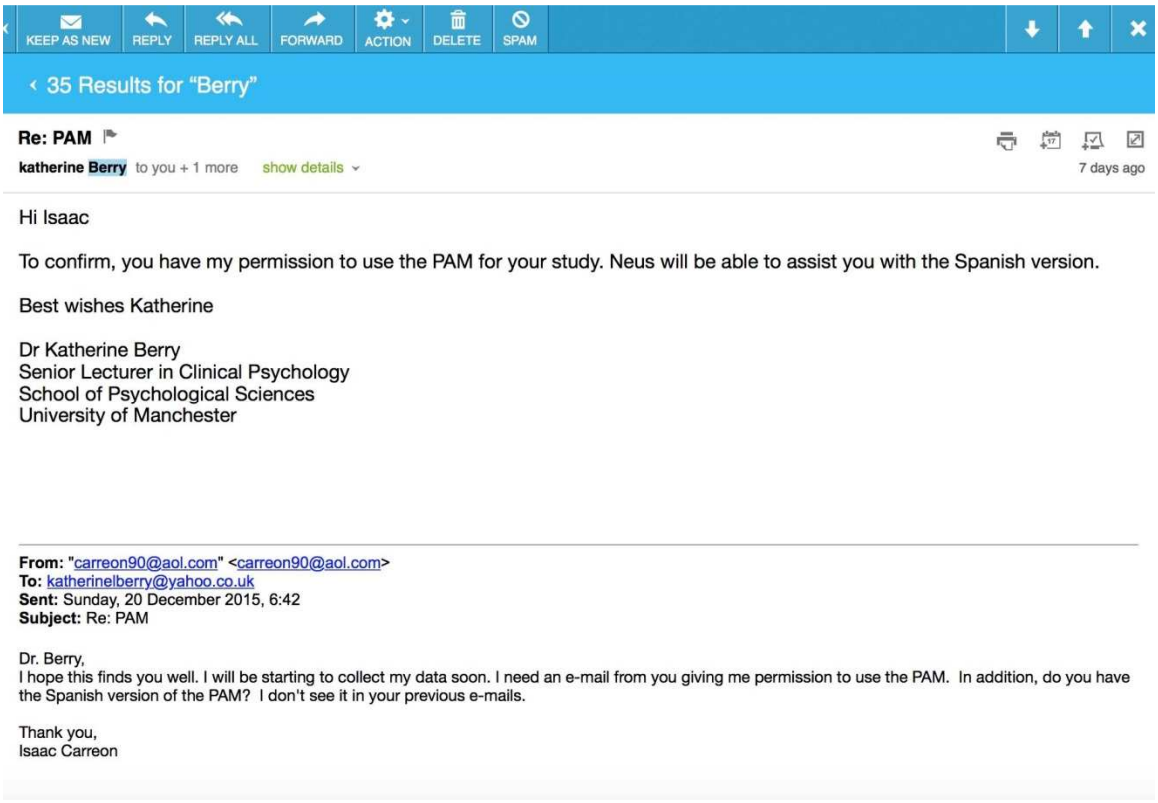
PARTE B

Al responder las preguntas anteriores, ¿en qué relaciones estabas pensando?

_____

(Por ejemplo, relación con tu madre, padre, hermana, hermano, amigos, pareja, profesionales de la salud, etcétera)

Appendix F: Permission to Use The PAM



KEEP AS NEW | REPLY | REPLY ALL | FORWARD | ACTION | DELETE | SPAM

‹ 35 Results for "Berry"

Re: PAM

katherine Berry to you + 1 more show details

7 days ago

Hi Isaac

To confirm, you have my permission to use the PAM for your study. Neus will be able to assist you with the Spanish version.

Best wishes Katherine

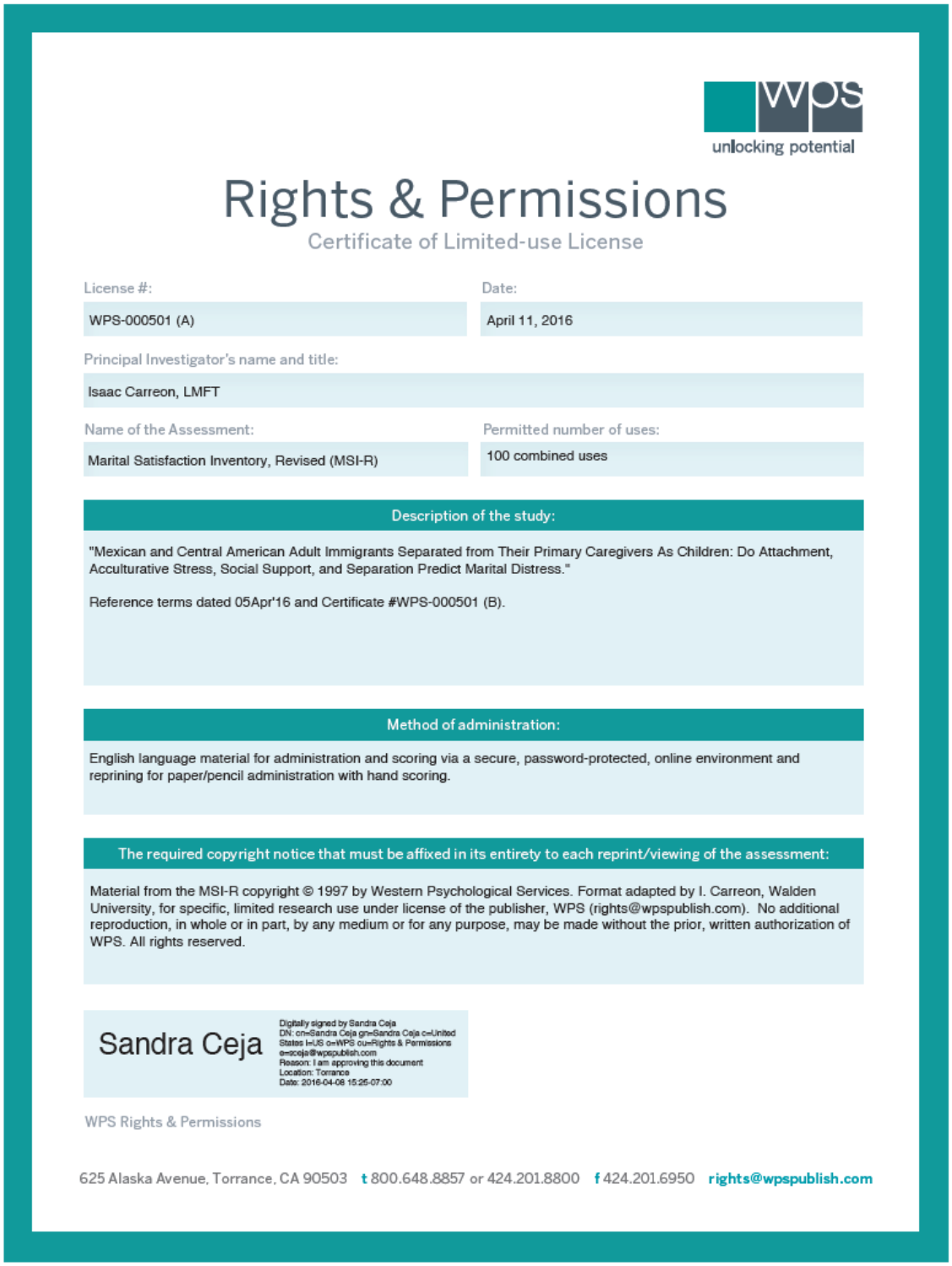
Dr Katherine Berry
Senior Lecturer in Clinical Psychology
School of Psychological Sciences
University of Manchester

From: "carreon90@aol.com" <carreon90@aol.com>
To: katherinelberry@yahoo.co.uk
Sent: Sunday, 20 December 2015, 6:42
Subject: Re: PAM

Dr. Berry,
I hope this finds you well. I will be starting to collect my data soon. I need an e-mail from you giving me permission to use the PAM. In addition, do you have the Spanish version of the PAM? I don't see it in your previous e-mails.

Thank you,
Isaac Carreon

Appendix G: Permission to Use The MSI-R



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Date: April 11, 2016

Principal Investigator's name and title: Isaac Carreon, LMFT

Name of the Assessment: Marital Satisfaction Inventory, Revised (MSI-R)

Permitted number of uses: 100 combined uses

Description of the study:

"Mexican and Central American Adult Immigrants Separated from Their Primary Caregivers As Children: Do Attachment, Acculturative Stress, Social Support, and Separation Predict Marital Distress."

Reference terms dated 05Apr'16 and Certificate #WPS-000501 (B).

Method of administration:

English language material for administration and scoring via a secure, password-protected, online environment and reprining for paper/pencil administration with hand scoring.

The required copyright notice that must be affixed in its entirety to each reprint/viewing of the assessment:

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Sandra Ceja

Digitally signed by Sandra Ceja
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Principal Investigator's name and title: Isaac Carreon, LMFT

Name of the Assessment: Marital Satisfaction Inventory, Revised (MSI-R)

Permitted number of uses: 100 combined uses

Description of the study:

"Mexican and Central American Adult Immigrants Separated from Their Primary Caregivers As Children: Do Attachment, Acculturative Stress, Social Support, and Separation Predict Marital Distress."

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Appendix H: SSQ

Social Support Questionnaire
SSQ

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

For the second part, circle how satisfied you are with the overall support you have.
If you have no support for a question, check the words "No one", but still rate your level of satisfaction. Do not list more than nine persons per question.
Please answer all questions as best you can. All your responses will be kept confidential.

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

No one	1) T.N. (brother)	4) T.N. (father)	7)
	2) L.M. (friend)	5) L.M. (employer)	8)
	3) R.S. (friend)	6)	9)

How satisfied?

6 – very Satisfied	5 – fairly satisfied	4 – a little satisfied	3 – a little dissatisfied	2 – fairly dissatisfied	1 – very dissatisfied

1. Whom can you really count on to listen to you when you need to talk?

No one	1)	4)	7)
	2)	5)	8)
	3)	6)	9)

How satisfied?

6 – very Satisfied	5 – fairly satisfied	4 – a little satisfied	3 – a little dissatisfied	2 – fairly dissatisfied	1 – very dissatisfied

2. Whom could you really count on to help you if a person whom you though was a good friend insulted you and told you that he/she didn't want to see you again?

No one	1)	4)	7)
	2)	5)	8)
	3)	6)	9)

How satisfied?

6 – very Satisfied	5 – fairly satisfied	4 – a little satisfied	3 – a little dissatisfied	2 – fairly dissatisfied	1 – very dissatisfied

3. Whose lives do you feel that you are an important part of?

No one	1)	4)	7)
	2)	5)	8)
	3)	6)	9)

How satisfied?

6 – very Satisfied	5 – fairly satisfied	4 – a little satisfied	3 – a little dissatisfied	2 – fairly dissatisfied	1 – very dissatisfied

4. Whom do you feel would help you if you were married and had just separated from your spouse?

No one	1)	4)	7)
	2)	5)	8)
	3)	6)	9)

How satisfied?

6 – very Satisfied	5 – fairly satisfied	4 – a little satisfied	3 – a little dissatisfied	2 – fairly dissatisfied	1 – very dissatisfied

5. Whom could you really count on to help you out in a crisis situation, even though they would have to go out of their way to do so?

No one	1)	4)	7)
	2)	5)	8)
	3)	6)	9)

How satisfied?

6 – very Satisfied	5 – fairly satisfied	4 – a little satisfied	3 – a little dissatisfied	2 – fairly dissatisfied	1 – very dissatisfied

6. Whom can you talk with frankly, without having to watch what you say?

No one	1)	4)	7)
	2)	5)	8)
	3)	6)	9)

How satisfied?

6 – very Satisfied	5 – fairly satisfied	4 – a little satisfied	3 – a little dissatisfied	2 – fairly dissatisfied	1 – very dissatisfied

7. Who helps you feel that you truly have something positive to contribute to others?

No one	1)	4)	7)
	2)	5)	8)
	3)	6)	9)

How satisfied?

6 – very Satisfied	5 – fairly satisfied	4 – a little satisfied	3 – a little dissatisfied	2 – fairly dissatisfied	1 – very dissatisfied

8. Whom can you really count on to distract you from your worries when you feel under stress?

No one	1)	4)	7)
	2)	5)	8)
	3)	6)	9)

How satisfied?

6 – very Satisfied	5 – fairly satisfied	4 – a little satisfied	3 – a little dissatisfied	2 – fairly dissatisfied	1 – very dissatisfied

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

No one	1)	4)	7)
	2)	5)	8)
	3)	6)	9)

How satisfied?

6 – very Satisfied	5 – fairly satisfied	4 – a little satisfied	3 – a little dissatisfied	2 – fairly dissatisfied	1 – very dissatisfied

10. Whom could you really count on to help you out if you had just been fired from your job or expelled from school?

No one	1)	4)	7)
	2)	5)	8)
	3)	6)	9)

How satisfied?

6 – very Satisfied	5 – fairly satisfied	4 – a little satisfied	3 – a little dissatisfied	2 – fairly dissatisfied	1 – very dissatisfied

11. With whom can you totally be yourself?

No one	1)	4)	7)

	2)	5)	8)		
	3)	6)	9)		

How satisfied?

6 – very Satisfied	5 – fairly satisfied	4 – a little satisfied	3 – a little dissatisfied	2 – fairly dissatisfied	1 – very dissatisfied

12. Whom do you feel really appreciates you as a person?

No one	1)	4)	7)		
	2)	5)	8)		
	3)	6)	9)		

How satisfied?

6 – very Satisfied	5 – fairly satisfied	4 – a little satisfied	3 – a little dissatisfied	2 – fairly dissatisfied	1 – very dissatisfied

13. Whom can you really count on to give you useful suggestions that help you to avoid making mistakes?

No one	1)	4)	7)		
	2)	5)	8)		
	3)	6)	9)		

How satisfied?

6 – very Satisfied	5 – fairly satisfied	4 – a little satisfied	3 – a little dissatisfied	2 – fairly dissatisfied	1 – very dissatisfied

14. Whom can you count on to listen openly and uncritically to your innermost feelings?

No one	1)	4)	7)		
	2)	5)	8)		
	3)	6)	9)		

How satisfied?

6 – very Satisfied	5 – fairly satisfied	4 – a little satisfied	3 – a little dissatisfied	2 – fairly dissatisfied	1 – very dissatisfied

15. Who will comfort you when you need it by holding you in their arms?

No one	1)	4)	7)

	2)	5)	8)		
	3)	6)	9)		

How satisfied?

6 – very Satisfied	5 – fairly satisfied	4 – a little satisfied	3 – a little dissatisfied	2 – fairly dissatisfied	1 – very dissatisfied

16. Whom do you feel would help if a good friend of yours had been in a car accident and was hospitalized in a serious condition?

No one	1)	4)	7)		
	2)	5)	8)		
	3)	6)	9)		

How satisfied?

6 – very Satisfied	5 – fairly satisfied	4 – a little satisfied	3 – a little dissatisfied	2 – fairly dissatisfied	1 – very dissatisfied

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

No one	1)	4)	7)		
	2)	5)	8)		
	3)	6)	9)		

How satisfied?

6 – very Satisfied	5 – fairly satisfied	4 – a little satisfied	3 – a little dissatisfied	2 – fairly dissatisfied	1 – very dissatisfied

18. Whom do you feel would help if a family member was very close to you died?

No one	1)	4)	7)		
	2)	5)	8)		
	3)	6)	9)		

How satisfied?

6 – very Satisfied	5 – fairly satisfied	4 – a little satisfied	3 – a little dissatisfied	2 – fairly dissatisfied	1 – very dissatisfied

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

No one	1)	4)	7)
	2)	5)	8)
	3)	6)	9)

How satisfied?

6 – very Satisfied	5 – fairly satisfied	4 – a little satisfied	3 – a little dissatisfied	2 – fairly dissatisfied	1 – very dissatisfied

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

No one	1)	4)	7)
	2)	5)	8)
	3)	6)	9)

How satisfied?

6 – very Satisfied	5 – fairly satisfied	4 – a little satisfied	3 – a little dissatisfied	2 – fairly dissatisfied	1 – very dissatisfied

21. Who can you really count on to listen to you when you are very angry at someone else?

No one	1)	4)	7)
	2)	5)	8)
	3)	6)	9)

How satisfied?

6 – very Satisfied	5 – fairly satisfied	4 – a little satisfied	3 – a little dissatisfied	2 – fairly dissatisfied	1 – very dissatisfied

22. Whom can you really count on to tell you, in a thoughtful manner, when you need to improve in some way?

No one	1)	4)	7)
	2)	5)	8)
	3)	6)	9)

How satisfied?

6 – very Satisfied	5 – fairly satisfied	4 – a little satisfied	3 – a little dissatisfied	2 – fairly dissatisfied	1 – very dissatisfied

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

No one	1)	4)	7)		
	2)	5)	8)		
	3)	6)	9)		

How satisfied?

6 – very Satisfied	5 – fairly satisfied	4 – a little satisfied	3 – a little dissatisfied	2 – fairly dissatisfied	1 – very dissatisfied

24. Whom do you feel truly loves you deeply?

No one	1)	4)	7)		
	2)	5)	8)		
	3)	6)	9)		

How satisfied?

6 – very Satisfied	5 – fairly satisfied	4 – a little satisfied	3 – a little dissatisfied	2 – fairly dissatisfied	1 – very dissatisfied

25. Whom can you really on to console you when you are very upset?

No one	1)	4)	7)		
	2)	5)	8)		
	3)	6)	9)		

How satisfied?

6 – very Satisfied	5 – fairly satisfied	4 – a little satisfied	3 – a little dissatisfied	2 – fairly dissatisfied	1 – very dissatisfied

26. Whom can you really count on to support you in major decisions you make?

No one	1)	4)	7)		
	2)	5)	8)		
	3)	6)	9)		

How satisfied?

6 – very Satisfied	5 – fairly satisfied	4 – a little satisfied	3 – a little dissatisfied	2 – fairly dissatisfied	1 – very dissatisfied

27. Whom can you really count on to help you feel better when you are very irritable, ready to get angry at almost anything?

No one	1)	4)	7)
	2)	5)	8)
	3)	6)	9)

How satisfied?

6 – very Satisfied	5 – fairly satisfied	4 – a little satisfied	3 – a little dissatisfied	2 – fairly dissatisfied	1 – very dissatisfied

Appendix I: Permission to Use The SSQ

Re: Permission to use the SSQ

Irwin Sarason to you show details 5 days ago

Permission granted.
Irwin Sarason

Sent from my iPhone

On Mar 24, 2016, at 2:26 PM, carreon90@aol.com wrote:

> Drs. Sarason,
> My name is Isaac Carreon I am conducting my research for my dissertation on adult immigrants from Central America and Mexico who were separated from their parents due to immigration and examining if social support, acculturative stress, and attachment predict their marital distress. I am e-mailing you to ask for permission to use the SSQ in my study. Please respond at your earliest convenience and thank you in advance to this request.
>
> Isaac C.

Appendix J: SAFE Scale

SOCIAL ATTITUDINAL FAMILIAL AND EVERIONMENTAL SCALE

Factor 1: Environmental

1. Because I am different, I do not get enough credit for the work I do.

1) Not Stressful 2) Somewhat Stressful 3) Stressful
4) Very Stressful 5) Extremely Stressful

2. I often feel ignored by people who are supposed to assist me.

1) Not Stressful 2) Somewhat Stressful 3) Stressful
4) Very Stressful 5) Extremely Stressful

3. I often feel that people actively try to stop me from advancing.

1) Not Stressful 2) Somewhat Stressful 3) Stressful
4) Very Stressful 5) Extremely Stressful

4. Many people have stereotypes about my culture or ethnic group and treat me as if they are true.

1) Not Stressful 2) Somewhat Stressful 3) Stressful
4) Very Stressful 5) Extremely Stressful

5. In looking for a job, I sometimes feel that my ethnicity is a limitation.

1) Not Stressful 2) Somewhat Stressful 3) Stressful
4) Very Stressful 5) Extremely Stressful

6. I feel uncomfortable when others make jokes about or put down people of my ethnic background.

1) Not Stressful 2) Somewhat Stressful 3) Stressful
4) Very Stressful 5) Extremely Stressful

7. I have more barriers to overcome than most people.

1) Not Stressful 2) Somewhat Stressful 3) Stressful
4) Very Stressful 5) Extremely Stressful

8. Because of my ethnic background, I feel that others of ten exclude me from participating in their activities.

1) Not Stressful 2) Somewhat Stressful 3) Stressful
4) Very Stressful 5) Extremely Stressful

9. It bothers me when people pressure me to assimilate.

1) Not Stressful 2) Somewhat Stressful 3) Stressful
4) Very Stressful 5) Extremely Stressful

10. People look down upon me if I practice customs of my culture.

1) Not Stressful 2) Somewhat Stressful 3) Stressful
4) Very Stressful 5) Extremely Stressful

Factor 2: Attitudinal

1. Loosening the ties with my country is difficult.

1) Not Stressful 2) Somewhat Stressful 3) Stressful
4) Very Stressful 5) Extremely Stressful

2. It bothers me that I cannot be with my family.

1) Not Stressful 2) Somewhat Stressful 3) Stressful
4) Very Stressful 5) Extremely Stressful

3. I often think about my cultural background.

1) Not Stressful 2) Somewhat Stressful 3) Stressful
4) Very Stressful 5) Extremely Stressful

4. It is hard to express to my friends how I really feel.

1) Not Stressful 2) Somewhat Stressful 3) Stressful
4) Very Stressful 5) Extremely Stressful

Factor 3: Social

1. I have trouble understanding others when they speak.

1) Not Stressful 2) Somewhat Stressful 3) Stressful
4) Very Stressful 5) Extremely Stressful

2. I don't have any close friends.

1) Not Stressful 2) Somewhat Stressful 3) Stressful
4) Very Stressful 5) Extremely Stressful

3. People think I am unsociable when in fact I have trouble communicating in English.

1) Not Stressful 2) Somewhat Stressful 3) Stressful
4) Very Stressful 5) Extremely Stressful

4. I don't feel at home.

1) Not Stressful 2) Somewhat Stressful 3) Stressful
4) Very Stressful 5) Extremely Stressful

Factor 4: Familial

1. It bothers me that family members I am close to do not understand my new values.

1) Not Stressful 2) Somewhat Stressful 3) Stressful
4) Very Stressful 5) Extremely Stressful

2. Close family members and I have conflicting expectations about my future.

1) Not Stressful 2) Somewhat Stressful 3) Stressful
4) Very Stressful 5) Extremely Stressful

3. My family does not want me to move away but I would like to.

1) Not Stressful 2) Somewhat Stressful 3) Stressful
4) Very Stressful 5) Extremely Stressful

4. What do you consider stressful about living in the United States?

1) Not Stressful 2) Somewhat Stressful 3) Stressful
4) Very Stressful 5) Extremely Stressful

5. Do you find anything particularly stressful as a consequence of being Hispanic in the United States?

1) Not Stressful 2) Somewhat Stressful 3) Stressful
4) Very Stressful 5) Extremely Stressful

6. Do you think you feel more stress than other people?

1) Not Stressful 2) Somewhat Stressful 3) Stressful
4) Very Stressful 5) Extremely Stressful

Please elaborate on your answer.

Appendix K: Permission to Use The SAFE Scale

Here is scale per your request

Amado M Padilla to you show details 2 days ago

SAFE Scale.doc (51 KB)

Dear Isaac Carreon:

Glad to hear that you are starting work on your dissertation. This is a major step. You can certainly use the SAFE Scale for your work. I am attaching a copy of the scale. I will be happy to consult with you if possible, just remember that I haven't worked with scale in many years. You might also want to consider the Hispanic Stress Inventory for Adolescents development by Richard Cervantes et al.

Best regards,

Amado M. Padilla
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