EXPERIENCES OF ETHNIC-RELATED DISCRIMINATION AND THEIR INFLUENCE ON THE HEALTH OF MEXICAN IMMIGRANTS

BY

NALLELY GALVAN

DISSERTATION

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Doctoral Committee:

Associate Professor Lydia P. Buki, Chair
Professor Helen A. Neville, Chair
Associate Professor William Berry
Assistant Professor Edna Viruell-Fuentes
Abstract

The purpose of this complementarity mixed methods study was to provide empirical support for the Ethnic-Related Discrimination Model (ERDM), an integrated version of the Transactional Stress and Coping Model (Lazarus & Folkman, 1984) and the Model of Racism-related Stress and Wellbeing (Harrell, 2000). Specifically, I sought to identify (a) the discrimination experiences among a sample of Mexican immigrants living in the Midwest, (b) factors that contribute to perceptions of discrimination, (c) the influence of discrimination experiences on health and, (d) the ways participants cope with such experiences and the potential buffering role of these coping efforts. A total of 119 self-identified Mexican immigrants participated in a structured face-to-face individual interviews. Both the qualitative and quantitative findings revealed that the overwhelming majority of the sample perceived some form of ethnic-related discrimination in their daily life and that these experiences, in turn, had a negative influence on their mental health. Results from the hierarchical multiple regression analysis provided partial support for the ERDM. Specifically, results revealed that ethnic-related discrimination was related to greater levels of depression. Although participants reported using both problem- and emotion-focused coping styles to deal with discrimination experiences, neither type of coping was related to health outcomes. Moreover, coping did not moderate the relation between discrimination and health. Implications of the study and future research directions are discussed.
Despite the challenging and intensive process involved in writing a dissertation, the final product serves a symbol of my academic pursuits and achievements, which would not have been possible without the personal support and sacrifices of many people. Therefore, I dedicate this work and my doctoral degree to the following people: My childhood unofficial tutor, “El Señor Pichi” (Mr. Javier Pichardo), for his selfless support and generous time. Despite his long days of work, he spent countless hours teaching me mathematics. My mentor, Dr. Edward Delgado-Romero, who believed in me at a time when I most doubted myself and who has continued to provide his guidance and support. The girls, Terri, Leah, and Jennifer, who were a great support throughout graduate school. Finally, I dedicate this achievement to my parents, María Teresa Rodríguez Rosales and Antonio Galván Camacho, for their hard work, devotion, and commitment to me and my brothers. A special thanks to my mother, who has been my motivation and role-model for persistence and personal sacrifices. She instilled within me the inspiration to dream, set high goals, and the drive to pursue and achieve them.
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Chapter I
Introduction

In the United States (U.S.) hate crimes against Latinos have increased nearly 40% from 426 in 2003 to 595 in 2007 (Leadership Conference in Civil Rights, 2009). In 2008 alone, Latinos comprised 64% of victims of crimes motivated by a bias toward the perceived victim’s ethnicity or national origin (Federal Bureau of Investigation, 2009). These statistics are alarming, especially given the negative association between racial and ethnic-related discrimination and health outcomes (e.g., Finch, Hummer, Kolody, & Vega 2001; Krieger & Sidney, 1996; Landrine, Klonoff, Corral, Fernandez, & Roesch, 2006; Moradi & Risco, 2006). Research findings have also shown that beyond the victims’ ethnicity, discrimination experiences may be related to the participants’ gender, race, and skin tone (e.g., Plante, Manuel, Menendez, & Marcotte, 1995; Ryan, Gee, & Laflamme, 2006; Viruell-Fuentes, 2007).

Scholars suggest that the prevalence of ethnic-related discrimination may further vary based on individuals’ immigrant status (i.e., immigrant or U.S.-born), Latino national background, and their exposure to U.S. culture (Finch, Kolody, & Vega, 2000; Perez, Fortuna, & Alegría, 2008). Unfortunately, most of the extant research does not provide disaggregated information for immigrant and non-immigrant populations (e.g., Araujo & Borrell, 2006; Lauderdale, Wen, Jacobs, & Kandula, 2006; Paradies, 2006). Providing information in an aggregate format limits our understanding of the participants’ experiences and world views, and it limits the conceptualization of the social and political implications their national or immigrant background may have on their experiences. For instance, non-citizens and recent immigrant Latinos are less likely
to have access to medical or social services than U.S.-born Latinos (Cunningham, Banker, Artiga, & Tolbert, 2006). They may therefore have different experiences when seeking these services than their U.S.-born counterparts.

Much of the extant literature also lacks a theoretical framework to guide the investigation (Araujo & Borrell 2006; Bohara & Davila, 1992; Espino & Franz, 2002). Theoretical frameworks are necessary to understand how the variables under investigation relate to each other and to help determine what contributions, if any, the proposed study will make to the literature. Related to methodological problems is the lack of utilization of different types of methodologies. Specifically, past research on discrimination has primarily relied on the use of quantitative data to investigate Latinos’ experiences of discrimination. Although these investigations have contributed to the literature on discrimination, the use of qualitative data is more appropriate when little is known about the topic under investigation (Johnson & Onwuegbuzie, 2004). Therefore, in an effort to address both the lack of theoretically-based research and these methodological gaps in the literature, in the present study I proposed the Ethnic-Related Discrimination Model (ERDM) and used mixed methods (i.e., quantitative and qualitative) to examine the ethnic-related discrimination experiences of Mexican immigrants.

Mexican immigrants were the focus of this study because they constitute the largest subgroup of Latino immigrants in the U.S. (U.S. Census Bureau, 2008; Wallace, Gutierrez, & Castañeda, 2005). Using a mixed methods design to generate data on the topic can advance our understanding of Mexican immigrants’ experiences, which in turn
will help to identify and address their health needs (Haverkamp, Morrow, & Ponterotto, 2005). Next, is an overview of the ERDM.

**Ethnic-Related Discrimination Model Overview**

The ERDM is an integrated version of the Transactional Stress and Coping Model (TSCM; Lazarus & Folkman, 1984) and the Model of Racism-related Stress and Wellbeing (MRSW; Harrell, 2000). In the next section, I review each of the models, the different components of the ERDM, and the variables under investigation.

**Transactional stress and coping model.**

The TSCM is suitable for examining ethnic-related stress among Mexican immigrants because it accounts for environmental influences and allows consideration of cultural aspects of coping. Within this model, Lazarus and Folkman (1984) identified “stressors” as the demands the environment exerts on people. These environmental demands are influenced by biological, social, and psychological factors that can lead individuals to experience stress. Stress is defined as the psychological and physical reactions individuals experience as they attempt to cope with difficult situations. Specifically, Lazarus and Folkman defined stress as “the relationship between the person and the environment (antecedent variables) that is appraised by the person as taxing or exceeding his or her resources, thus endangering his or her wellbeing” (p. 19). There are two types of stress appraisals: (a) an individual’s perception that the event is irrelevant, benign-positive, or stressful, and (b) an individual’s evaluation of what strategies or coping options are available to manage the situation.
Coping is defined as the process through which the individual manages the demands caused by the person-environment relationship that the individual perceives as stressful (Lazarus & Folkman, 1984). The coping process is both individual and context specific, thus the process varies among individuals. There are two main coping strategies: (a) problem-focused, where individuals try to reduce or eliminate the stressor through their own actions and (b) emotion-focused, where individuals attempt to change their emotional responses to the stressor. According to Lazarus and Folkman (1984), these coping strategies can influence (either mediate or moderate) the association between the stressor experienced and physical and mental wellbeing. The short- or long-term consequences of the stressor can become evident in the person’s social functioning, morale, and/or health.

Therefore, the TSCM can be best understood in four steps: (a) person-environment relationship leading to a specific event, (b) a process of appraisal where individuals identify the event as stressful, (c) a coping process, where the individual tries to manage the situation through the use of different coping strategies, and (d) outcomes, where individuals may experience psychological or physiological reactions as a result of the appraised event and their coping ability (see Figure 1).
Figure 1. Transactional stress and coping model (Lazarus & Folkman, 1984)
Model of racism-related stress and wellbeing.

Consistent with the TSCM, the MRSW by Harrell (2000) is a contextual model of stress, but it is different from the TSCM in that it focuses specifically on the stress caused by ethnic and racial discrimination. It also outlines multiple factors that may influence individuals’ experience of ethnic or racial discrimination, ethnic and race-related stress, and any additional factors that may mediate the relation between experiences of discrimination and health. Therefore, the MRSW provides a framework to examine Mexicans immigrants’ experiences of ethnic discrimination and the ways in which coping may influence the association between discrimination experiences and wellbeing.

Harrell (2000) defined racism as “a system of dominance, power, and privilege based on racial group designations; rooted in oppression where members of non-dominant groups are perceived as inferior by members of the dominant group, and where the dominant group uses its privilege to exclude the non-dominant group from power, status, or resources” (p. 44). Furthermore, racism can result in stress which leads to poor wellbeing. To better understand the link between race-related stress and health outcomes, Harrell identified five different domains that form the basis of her model. These domains include: (a) antecedent variables, (b) familial and socialization influences, (c) sources of stress, (d) internal and external mediators, and (e) outcomes (see Table 1). Harrell asserted that an individual’s appraisal of an event as race-related stress will be influenced by antecedent and familial and socialization factors. Antecedent variables include person (e.g., race/ethnicity, gender, age, language, physical characteristics) and socioenvironmental factors (e.g., SES, sociopolitical context, geographical location, etc.). Familial and socialization influences include variables such as family characteristics
(e.g., family structure and roles) and racial socialization (e.g., by family, community, and/or institutions like schools).

According to the MRSW, the appraised stress derives from three sources: (a) generic stressors (e.g., daily hassles, multiple role demands, and role conflict), (b) other status-related stress (e.g., sexism, religious discrimination, classism, etc.), and (c) racism-related stress (e.g., a racism related life event and/or collective/group perceptions of racism); the latter is the focus of this study. These sources of stress can lead to negative outcomes including poor physical and mental health, decreased professional functioning, and loss of faith (Harrell, 2000).

Similar to the TSCM (Lazarus & Folkman, 1984), Harrell’s (2000) MRSW posits that the appraised stress can be influenced by several factors including: (a) internal characteristics (e.g., self-esteem, self-efficacy), (b) affective and behavioral responses to stress (e.g., sadness, anger, problem- or emotion-focused coping), (c) external sources (social support, community relationships), and (d) sociocultural variables (e.g., worldview, spirituality). Although Harrell focused and emphasized the potential mediating effects of these factors (e.g., internal characteristics, affective responses) on the link between discrimination and negative health outcomes, she also noted that factors such as self-esteem could serve as moderators depending on the individuals’ culture. This is consistent with the TSCM, in which Lazarus and Folkman (1984) noted that certain factors can either mediate or moderate the link between stress and health.

Harrell’s notion on the potential moderating role of self-esteem further suggests that any of the other factors, including coping, may serve to moderate the relation between stress and health depending on the individuals’ national background and/or
cultural values and practices. In the case of Mexican immigrants, little is known about their approach to coping with stress. However, a recent study on Latina women’s approach to dealing with stress suggests that they may use diverse ways of coping. Specifically, Arellano’s (2000) qualitative findings of how Latinas cope with work related stress revealed that women often coped with stress by acquiring a new skill, engaging in artistic or recreational activities (e.g., dancing, walking, gardening), seeking help from healers, and thinking positively. These results were different from Arellano’s quantitative findings. Scores from the Brief Cope revealed that participants relied on emotional support, problem solving, and acceptance strategies as a way to cope with their work stress. The differences between participants’ qualitative and quantitative results suggest that quantitative coping measures are not able to fully capture Latinos’ diverse ways of coping. Therefore, research that utilizes mixed methodologies would provide insight about Mexican immigrants’ use of cultural or non-mainstream coping strategies. Additionally, it may bring to light the complexities inherent in coping outcomes, such as whether coping can moderate the effects of discrimination on health.

In the current study, I explored how people cope with ethnic-related discrimination and examined the ways in which coping may moderate the relation between ethnic-related discrimination and health outcomes. The TSCM and the MRSW were integrated to better understand Mexican immigrants’ experiences of discrimination. Next is a description of the specific components of the ERDM.
I. ANTECEDENT VARIABLES
   Person Factors
   • Race/ethnicity, gender, age, language, physical characteristics
   Socioenvironmental Factors
   • Current sociopolitical context, regional/geographic location, socioeconomic status (SES), racial composition of contexts

II. FAMILIAL AND SOCIALIZATION INFLUENCES
   Family Characteristics/Dynamics
   • Family structure and roles
   Racial Socialization
   • Family, community, institutional

III. SOURCES OF STRESS
   Racism-Related Stress
   • Racism-related life events, daily racism microstressors, chronic conditions of living, collective/group perceptions, transgenerational transmission of trauma
   Other Status-Related Stress
   • Sexism, heterosexism, religious discrimination, disability discrimination, ageism, classism
   Generic Stressors
   • Episodic life events, daily hassles, role strain, multiple roles, role conflict

IV. INTERNAL AND EXTERNAL MEDIATORS
   Internal Characteristics
   • Self-esteem, self-efficacy, cognitive appraisal and attributions
   Sociocultural Variables
   • Worldview, cultural values, spirituality, racial/ethnic identity, racism-related coping styles, psychological acculturation, racial attitudes
   Affective and Behavioral Responses to Stress
   • Affective reactions (sadness, anger, humiliation, etc), specific coping behavior (problem-focused/emotion-focused, active/passive, inner-directed/outer-directed, individual/collective)
   External Resources
   • Social support (intragroup, community, intergroup, societal)

V. OUTCOMES
   Physical
   • Hypertension, cardiovascular reactivity, risk behavior (e.g., cigarette smoking)
   Psychological
   • Depression, anxiety, trauma-related symptoms, hostility
   Social
   • Social connectedness; intragroup, intergroup relations
   Functional
   • Job performance, academic achievement, parental functioning
   Spiritual
   • Loss of faith, meaninglessness, existential angst

Figure 2. Model of racism-related Stress and wellbeing: Domains and selected variables (Harrell, 2000)
Figure 3. Ethnic-related discrimination model (ERDM) \ 
Components of the Ethnic-Related Discrimination Model

As shown in Figure 3, the integrated ERDM includes four components: (a) antecedent variables (i.e., environmental and person factors), which lead to (b) perceptions of ethnic-related discrimination, (c) outcomes resulting from the experienced discrimination, and (d) coping as a potential moderator of the relation between discrimination and health outcomes. Below I define ethnic-related discrimination as a way of providing a context for the ERDM. I then describe each of the four components of the ERDM.

Antecedent variables. The current social, political, and cultural context of the U.S. serves as the backdrop in which Mexican immigrants experience discrimination. For example, Suro and Escobar (2006) found that discrimination against Latinos increased since pro-immigration marches began in the spring of 2006. Results from their survey found that more than half (54%) of Latinos interviewed believed that debates on immigration issues have increased discrimination. Similarly, a survey by the Pew Hispanic Center (Lopez & Minushkin, 2008) revealed that 1 in 10 Latinos (9%), native born U.S. citizens (8%) and immigrants (10%) alike, have been asked by police or other authorities about their immigration status in the year prior to the survey. The survey also found that Latinos reported perceived discrimination as a result of their ethnicity. Specifically, 1 in 7 (15%) of the participants surveyed reported having trouble keeping or finding a job as a result of their Latino ethnicity. These findings suggest that Latinos’ ethnic background and immigration status are likely to contribute to their experiences of discrimination.
As conceptualized in the TSCM, environmental factors (i.e., the political and social climates), serve as the contextual background for understanding individuals’ perceptions of discrimination and its influence on health. Based on the ERDM, environmental factors are important as a link exist between the person and environment. Specifically and based on TSCM, the stress or discrimination participants perceive is not merely the result of the environment or the person, but a product of their interplay. Therefore, I used environmental antecedents to conceptualize and inform this study. I did this by educating and informing myself of the existing immigrant policies, anti-immigrant laws, and deportation issues that affect Latino immigrants in this country. I discuss the political environment as it relates to this study in the next chapter.

In the study itself, I focused and measured person factors including gender, skin tone, and ethnic background. Research shows that people with lighter skin tones and women are less likely than people with darker skin tones and men to report experiences of discrimination (Codina & Montalvo, 1994; Finch et al., 2000; Telles & Murguia, 1990. In the present study I used *ethnic background* to refer to participants’ Latino and Mexican heritage. I tried to keep ethnic background constant by only including Mexican immigrants. Ethnic background has also been linked to perceived discrimination (Brodie, Steffenson, Valdez, Levin, & Suro, 2002; Lopez & Minushkin, 2008; Suro & Escobar, 2006). Moreover, the level of discrimination has varied by Latinos’ national ancestry (Espino & Franz, 2002; Perez et al., 2008). Investigating these variables adds to our understanding of factors that may contribute to perceptions of discrimination and to clarify existing findings.
Perceptions of ethnic-related discrimination. In the MRSW, Harrell (2000) used the term “racism-related stress” to investigate experiences of discrimination. However, for the purposes of the present investigation I used the term *ethnic-related discrimination* because ethnicity is more representative of Mexican immigrants’ identity. Ethnicity represents a multidimensional and more inclusive construct than race, as it encompasses cultural, linguistic, national, and religious aspects of a person’s identity (Phinney, 1996). Consequently, drawing on Harrell’s racism-related stress definition, for the present study ethnic-related discrimination is defined as the transactions between individuals and their environment, which individuals perceive as taxing or stressful. These transactions emerge from the dynamics of racism-related life events or specifically their status-related role as ethnic minorities of a predominantly non-Latino White society. Given that most of the available studies do not specify whether their focus is on ethnic-related discrimination, I used the term discrimination to describe existing research findings. Whenever a study focused on aspects of a person’s ethnic identity (e.g., national, immigrant, cultural, and linguistic background), I used the term ethnic-related discrimination to present and review the results of the studies. Having a clear definition of ethnic-related discrimination is a critical foundation for the research and an important contribution made by this study.

Outcomes. Research findings indicate that Latinos who report experiencing any type of discrimination have more physical (e.g., Finch et al., 2001; Landrine et al., 2006; Ryan et al., 2006) and psychological health problems (e.g., Araujo & Borell, 2006; Stuber, Galea, Ahern, Blaney, & Fuller, 2003) than Latinos who report no or fewer discrimination experiences. However, the majority of these studies have included Latinos
of various ancestries and immigration backgrounds and the researchers have presented the result of their investigations in an aggregate format. When the research has focused on a single subgroup of Latinos, it has typically been on Latinos of Mexican ancestry. Unfortunately, these studies have relied on data collected in the 1980s and 1990s, which may not accurately represent the current prevalence of discrimination and the present sociopolitical environment in which Mexicans and other Latinos live. Therefore, further research is needed to understand the effects of discrimination on the mental and physical health of Mexican immigrants.

**Coping.** Lazarus and Folkman (1984) stated that the short- or long-term consequences of a stressor can become evident in either the person’s social functioning or morale. Coping can help to reduce potential consequences and has therefore been the focus of many health related studies. Investigations specifically focused on discrimination have found that coping can reduce the negative effects of racial- and ethnic-related discrimination on mental and physical health among Mexican Americans and other Latinos (Edwards & Romero, 2008; Gee, Ryan, Laflamme, & Holt, 2006; Krieger, Smith, Naishadham, Hartman, & Barbeau, 2005). However, very few studies have investigated how immigrant populations cope with stressful situations and discrimination. Moreover, little is known about the influence coping may have on the relation between ethnic-related discrimination and negative health outcomes. Research on the moderating role of coping on discrimination would contribute to the extant literature.
Rationale and Purpose

The integration of the TSCM and the MRSW represent a different way of examining issues of discrimination. Specifically, I adopted Lazarus and Folkman’s (1984) notion that coping can serve as a moderator of the relation between stress and health. I then combined Harrell’s (2000) idea that certain factors (e.g., coping strategies, self-esteem) may serve to moderate, instead of mediate, the relation between discrimination and health depending on the persons’ cultural context or background. Subsequently, I examined the relation between discrimination, health, and coping by testing coping as a moderator. Given the lack of empirical findings on Latinos’ coping strategies, and to address the limitations of previous studies that presented the results of native-born and immigrant Latinos of various ancestries in the aggregate, this study only included first generation Mexican immigrants. By including only Mexican immigrants, I tried to keep any other extraneous cultural variables (e.g., national background, economic or educational background) from influencing findings in this study. I was also able to gain in-depth insight about Mexican immigrants’ coping strategies.

Overall, the purpose of this project was to test the ERDM by using mixed methods. The creation of the ERDM allowed for a more systematic examination of the factors that contribute to the ethnic-related discrimination experiences of Mexican immigrants and the ways in which they cope with such experiences. The use of an integrated model also addressed the research gap regarding the lack of theoretically-based research. Furthermore, given the increased rate of hate crimes against Latinos and the scarce availability of research based on current data, it seemed imperative to better understand Latinos’ discrimination experiences and their influence on health.
I selected a mixed methods approach because narratives can be used to add meaning to the numbers and conversely the numbers can give precision to the words or participants’ narratives (Caracelli & Greene, 1997; Johnson & Onwuegbuzie, 2004). Within the mixed methodology, I primarily focused on the quantitative data and used the qualitative data to enhance and clarify the results. By utilizing both methodologies, the goals of the study were to: (a) understand the relation between antecedent variables and experiences of discrimination, (b) test the ERDM to determine if an association exists between ethnic-related discrimination and Mexican immigrants’ mental and physical health, (c) examine the influence of coping on the relation between ethnic-related discrimination and health, and (d) use the qualitative accounts to give voice and meaning to the participants’ experiences of discrimination.
Chapter II

Literature Review

There is growing empirical evidence documenting the relation between racial- and ethnic-related discrimination and poor mental and physical health outcomes among members of racial and ethnic minority groups such as African Americans (e.g., Krieger & Sidney, 1996; Williams & Williams-Morris, 2000; Wyatt et al., 2003), Arabs (e.g., Liebkind & Jasinskaja-Lahti, 2000), and Native Americans (e.g., Walters & Simoni, 2002). Although substantially less research has examined the discrimination experiences of Latinos (e.g., Finch et al., 2000; Perez et al., 2008; Salgado de Snyder, 1987), emerging data indicate that hostility and discrimination are common experiences for this population, particularly for those who are immigrants (Capps, Castañeda, Chaudry, & Santos, 2007; Pew Hispanic Center, 2007; Southern Poverty Law Center [SPLC], 2009). For example, the Pew Hispanic Center (2007) found that immigrants are more likely than U.S.-born Latinos to report experiencing the negative consequences (e.g., fear of being deported) of anti-immigrant sentiments embedded within U.S. society. Similarly, the SPLC (2009) found that in Southern states, racial profiling by law enforcement, human rights violations, and exploitation by employers are often part of Latino immigrants’ daily experiences.

Most of the available discrimination studies on Latinos are atheoretical, rely on quantitative data, and present results for different subgroups of Latinos in an aggregate format. Although these studies have contributed to the field, the methodological shortcomings limit our understanding of Latinos’ experiences of discrimination and of factors that contribute to poor mental and physical health outcomes. In an effort to
address the aforementioned research gaps, in this study I tested the proposed Ethnic-Related Discrimination Model (ERDM), which is an integrated version of Lazarus and Folkman’s (1984) Transactional Stress and Coping Model (TSCM) and Harrell’s (2000) Model of Racism-related Stress and Wellbeing (MRSW).

The ERDM was designed to capture the: (a) the association between individual factors and experiences of discrimination, (b) the relation between ethnic-related discrimination and health outcomes among Mexican immigrants living in the United States, and (c) the role of coping as a possible moderator of the relation between ethnic discrimination and negative health outcomes. I begin this chapter with a brief discussion of discrimination among Latinos in order to present a common conceptualization of the prevalence and context of ethnic-related discrimination. I then present an overview of the TSCM and the MRSW to provide a theoretical foundation for the ERDM. I end the section with an overview of the different components of the ERDM, the variables under investigation, and related research questions.

**Discrimination and Latinos**

Although there is a lack of empirical evidence on the prevalence of discrimination among Latinos, researchers have found that discrimination is a problem for Latinos in the U.S. For example, Brodie and colleagues (2002) found that among 3,000 Latinos of various backgrounds, 83% of responders indicated that discrimination was a concern. Also, when compared to non-Latino Whites, Latinos are more likely to report experiences of discrimination. For instance, in a sample of 69 participants (50 non-Latino Whites and 19 Latinos), the authors found that Latinos were nearly 4 times more likely to report
perceived discrimination of any type as compared to non-Latino Whites (Cardarelli, Cardelli, & Chiapa, 2007).

A recent study on the prevalence of everyday ethnic-related discrimination among Latinos found that among 2,554 Latinos, only 766 (30%) reported experiencing discrimination (Perez et al., 2008). However, the rates of everyday ethnic-related discrimination varied by cultural and national characteristics. For example, Mexicans (34%) more often than Cubans (16%) reported experiencing discrimination. In addition, Latinos of Puerto Rican descent (40%) reported more discrimination encounters than Mexicans. These results suggest that Latinos of different ancestries have different levels of exposure to the U.S. culture, and that their immigration backgrounds and acculturation levels may influence their perceived level of discrimination (e.g., Finch et al., 2000; Perez et al., 2008). As such, discrimination experiences among Latinos need to be examined separately for each subgroup of Latinos (e.g., Mexicans, Cubans, and Colombians).

Consistent with this finding on the different rates of discrimination among the different subgroups of Latinos, other scholars have found that Latinos’ experiences of discrimination depend on a number of factors related to their immigrant background. For instance, some researchers have argued that immigrants may be at higher risk of discrimination than non-immigrants (e.g., Lauderdale et al., 2006; Pew Hispanic Center, 2007; Plante et al., 1995). This is because immigrants may encounter numerous barriers as they attempt to establish their lives in a culturally different and predominantly non-Latino White community. Some of these barriers include immigrants’ limited English proficiency, poverty level, lack of social support, and inadequate access to health care.
(e.g., Edwards & Romero, 2008; Lauderdale et al., 2006; Plante et al., 1995). In contrast, other scholars have found that being an immigrant and having restricted access (due to low English speaking proficiency or other factors) to the dominant community may actually limit immigrants’ experiences of discrimination. For example, Perez and colleagues (2008) reported that U.S.-born Latinos, or those who immigrated at the age of 6 or younger, were more likely than foreign-born Latinos to report ethnic-related discrimination. The authors attributed this difference to U.S.-born Latinos potentially being more acculturated, fluent in English, having higher levels of education, and higher expectations of fair and equal treatment than their immigrant sample. Similarly, Viruell-Fuentes (2007) found that recent Mexican immigrants perceived unfair treatment or “othering” messages (i.e., being looked at with suspicion or being treated differently because of one’s ethnicity) less often than their U.S.-born counterparts. These perceptions appear to be the result of their limited contact with the dominant non-Latino and non-Mexican community, which seems to have shielded them from discrimination-related experiences. Given that some studies suggest that immigrants may be more likely than non-immigrants to experience discrimination, and other studies imply the contrary, it remains necessary to continue to conduct research with this population.

As research in this area continues to grow, it is important to note that studies focusing on discrimination experiences of Latinos have often lacked clarity about whether their focus is on ethnic or racial discrimination as opposed to other forms of discrimination. Ethnic-related discrimination can include events related to the linguistic, cultural, or national aspects of person’s identity. Racial-related discrimination, in contrast, may relate to phenotype or skin tone. For the purpose of this study, I focused on
ethnic-related discrimination and attempted to keep this variable constant by only including Mexican immigrants. Ethnic-related discrimination then refers to discrimination experienced as a result of a bias towards the participants’ Mexican or Latino heritage.

**Overview of the TSCM and the MRSW**

Research guided by a theoretical framework helps to identify the variables that should be included in the investigation and to conceptualize how the proposed investigation fits within the extant literature. As such, in the present study I used the TSCM and the MRSW to guide my investigation on ethnic-related discrimination among Mexican immigrants.

**The Transactional Stress and Coping Model.** The Transactional Stress and Coping Model by Lazarus and Folkman (1984) posits that stress (i.e., the relationship between the person and the environment, in which a person perceives or appraises it as taxing) can have a negative influence on a person’s health. According to Lazarus and Folkman, the person-environment relation and its outcomes are influenced by individual characteristics (e.g., age, gender) and by how individuals cope with the appraised stress (see Figure 1). The authors identified two types of coping: (a) problem-focused, where individuals attempt to eliminate the stressor through their own actions, and (b) emotion-focused, where individuals focus on managing their emotional responses to the stressor. These types of coping strategies influence the short- and long-term consequences that the stressor can have on a person’s physical and psychological wellbeing (Carver, Scheier, & Weintraub, 1989; Lazarus & Folkman, 1984).
On the basis of Lazarus and Folkman’s (1984) conceptualization of the relation between stress and health, some scholars have used the TSCM to investigate how racial- and ethnic-related stress resulting from experiences of discrimination can lead to poor health outcomes (Brondolo, Rieppi, Kelly, & Gerin, 2003; Van Egeren, 2000; Walters & Simoni, 2002). However, in their TSCM, Lazarus and Folkman did not provide a conceptualization for how racial- and ethnic-related discrimination emerges or how it may influence health. For this reason, several models have been introduced to examine the psychological, social, and physiological factors that may contribute to individuals’ perceptions of discrimination and ultimately to their health (Clark, Anderson, Clark, & Williams, 1999). The MRSW (Harrell, 2000) is one such model designed to investigate the association between discrimination and health.

**Model of Racism-Related Stress and Wellbeing.** The Model of Racism-related Stress and Wellbeing (MRSW; Harrell, 2000) also posits that (a) stress results from the interaction between individuals and their environment (antecedent variables), (b) stress can influence health outcomes, and (c) that the relation between stress and health can be mediated by sociocultural variables (e.g., coping, cultural values, or racial identity). Although the TSCM and MRSW are conceptually similar, the MRSW was designed specifically to investigate stress caused by ethnic-related discrimination. The MRSW identifies multiple sources of stress including ethnic-related discrimination and factors that may influence individuals’ experiences of discrimination (e.g., skin tone, sociopolitical context; see Table 1).
Ethnic-Related Discrimination Model (ERDM)

The ERDM is an integrated version of the TSCM and the MRSW. The MRSW and the TSCM share numerous similarities including: (a) the recognition that person and environment factors will influence how individuals perceive an event, (b) the notion that their perceptions of the event then will lead individuals to determine how they are able to manage the situation, thus leading to a coping process, and ultimately (c) the recognition that the outcomes (e.g., psychological distress) resulting from the stressful event depend on how individuals cope with the stressful experience. Past research has indicated that certain styles of coping (e.g., problem-focused or adaptive) may be more effective at reducing the influence of stress on health whereas others (e.g., emotion-focused or maladaptive) may have the opposite result (Brown, Westbrook, & Challagalla, 2005; Koenig, Blazer, Pieper, Meador, Shelp, Goli, & DiPasquale, 1992). Little is known about the influence of different coping styles on the health of Mexican immigrants. Consistent with the common conceptualization that coping can buffer against the negative effects of stressful life situations, such as ethnic-related discrimination, coping (i.e., problem- and focused-coping styles) is considered a moderator in the ERDM (e.g., Brown et al., 2005; Koenig et al., 1992; Noh & Kaspar, 2003).

Using the models independently from each other would not allow for an in-depth investigation of Mexican immigrants’ experiences of ethnic-related discrimination. Specifically, Lazarus and Folkman’s (1984) TSCM was designed to understand the relation between stress and health, but it does not provide an explanation for how ethnic-related discrimination events may emerge as this was not the focus of this model. In contrast, Harrell’s (2000) MRSW focuses on understanding the circumstances and
sources from which racial and ethnic discrimination events may emerge. According to Harrell, racial and ethnic minorities may experience stress from the daily racism-related events that they encounter due to their group membership. Harrell refers to these types of events as “racism-related stress.” Although her recognition of racism as a source of stress provides an outlet to investigate Mexican immigrants’ experiences of race and ethnic related discrimination, the TSCM still offers a better conceptualization of the association between stress and health as evidenced by the numerous health-related investigations in which the model has been used. Subsequently, I integrated both of the models to create the ERDM.

In the present study, I tested the ERDM and explored the circumstances from which ethnic discrimination events may emerge, as well as the ways people cope with such experiences. Figure 2 describes the different components of the model including antecedent variables, perceptions of discrimination, outcomes, and coping strategies.

In the next section, I present a review of the literature on the variables that are part of the different aspects of the integrated model, which include antecedent variables (environmental and person factors) that lead to experiences of discrimination, physical and mental health outcomes, and coping.

Antecedents and Ethnic-Related Discrimination: Environmental Factors

Current Sociopolitical Climate. Media representations of immigration issues frequently dehumanize immigrants and create an environment of bigotry or dislike towards immigrant populations. For instance, a report by the Pew Hispanic Center found that Latinos have felt more discriminated against in recent years (Suro & Escobar, 2006).
Specifically, the authors found that Latinos attributed their perceived increase in discrimination to existing immigration policy debates and the pro-immigration marches across the U.S. Additional studies on Latinos’ experiences of discrimination would help to understand what immigrants perceive and how they are being treated by non-Latinos and non-immigrants. Below is an example of some of the current immigration issues Latinos encounter.

On May 12, 2008, 900 Immigration and Customs Enforcement (ICE) agents executed a raid against Latinos, both documented and undocumented, at the largest kosher slaughterhouse and meat packing plant (Agriprocessors Inc.) located in Postville, Iowa. Professor Camayd-Freixas of Florida International University, who served as one of the court interpreters for many of the deportees, described the cattle fairground where people were being detained as a “concentration camp or detention center.” Echoing what he was thinking as he witnessed the detention and deportation process, a fellow interpreter said (Camayd-Freixas, 2008):

> When I saw what it [the process of being detained following the raid] was really about, my heart sank…it was the saddest procession I have ever witnessed, which the public would never see because cameras were not allowed past the perimeter of the compound. Driven single-file in groups of 10, shackled at the wrists, waist, and ankles, chains dragging as they shuffled through, the slaughterhouse workers were brought in for arraignment...Mostly illiterate Guatemalan peasants...some Mexicans, some in tears; others with faces of worry, fear, and embarrassment...they all spoke Spanish...they stood out in stark racial contrast with the rest of us as they started their slow penguin march across the makeshift court.

Events like the one just described have been occurring with more frequency since 2003 when the Homeland Security Act (2002) was passed by Congress. This act was passed to reduce the vulnerability of the U.S. to terrorism and to authorize the establishment of ICE. The ICE replaced the Department of Justice Immigration and
Naturalization Service [INS], which was responsible for enforcing naturalization laws, investigating, detaining, and deporting undocumented immigrants in the U.S. (Capps et al., 2007; Jonas, 2006). Since the establishment of the Homeland Security Act, ICE agents have been given authority to treat immigration violators as terrorists under the guise of national security. As a result, numerous raids and illegal arrests against Latinos have been executed at work sites, shopping centers, and private residences (Capps et al., 2007; Jonas, 2006; Lendman, 2008).

As a result of these raids, Mexicans and Latinos of other ancestries who live in the U.S. have been treated with hostility by non-Latinos and have encountered anti-immigrant sentiments. This anti-immigrant climate is evident by the continuous political anti-immigrant movements or marches and also by the increased number of arrests of Latinos across the U.S. (de Uriarte, 1996; Lendman, 2008; Milkman, 2007; New York Times, 2006; Pew Hispanic Center, 2007). For instance, the number of undocumented immigrants arrested at workplaces increased from 510 in 2002 to 4,393 in 2006 (Capps et al., 2007). During the month of July 2008, 49 arrests were made in Chicago over a period of four days (Lendman, 2008). A witness from one of these raid incidents stated, “They [ICE agents] started rounding up people, citizens and non-citizens alike, merely because they had brown skin. Imagine the fallout if this had happened to White people” (Lendman, 2008, p. 2).

These raids and arrests have resulted in immediate and long-term consequences (see Capps et al., 2007; Munsey, 2008). For instance, children have suffered the immediate consequences of the worksite arrests as they were left alone for hours, and sometimes days, without an adult to care for them or to provide milk, food, diapers, and
clothes (Capps et al., 2007). There were also deleterious longer-term consequences of the worksite arrests such as increased mental and physical problems, including post-traumatic stress disorder, depression, and substance abuse (Munsey, 2008). Given the apparent sociopolitical and anti-immigrant climate in which Latinos live and the consequences this climate seems to have on their lives, it seems necessary to conduct additional research in the area of discrimination.

**Antecedents and Ethnic-Related Discrimination: Person Factors**

Lazarus and Folkman (1984) and Harrell (2000) stated in their respective models that antecedent variables, such as gender, ethnicity, and physical characteristics (e.g., skin tone), and the way these variables interact with the environment (e.g., sociopolitical context, regional location) will influence experiences of discrimination. Among Latinos, empirical evidence indicates that skin tone (Arujo & Borrell, 2006; Bohara & Davila, 1992; Telles & Murguia, 1990) and gender (Codina & Montalvo, 1994; Landrine et al., 2006; Padilla, Cervantes, Maldonado, & Garcia, 1988) influence Latinos’ experiences of ethnic-related discrimination. The lack of clarity about how these variables may be linked to experiences of discrimination among Mexican immigrants warrants further research. Therefore, I investigated these variables in the integrated model of ethnic-related stress.

**Gender.** Research studies support the influence of gender on perceived ethnic-related discrimination experiences (e.g., Codina & Montalvo, 1994; Landrine et al., 2006; Perez et al., 2008). Specifically, research shows that Latino men report more ethnic-related discrimination experiences than Latina women (Finch et al., 2000; Landrine et al., 2006; Padilla et al., 1988; Perez et al., 2008). For example, Finch and colleagues (2000)
examined experiences of discrimination among a group of 3,012 Mexicans, some of whom were immigrants, and found that men reported experiencing more discrimination incidents than women. Perez and colleagues (2008) examined the prevalence of discrimination among 766 immigrant Latinos, further supporting this finding. Specifically, they found that men (39%) were much more likely than women (29%) to report everyday discrimination. The available studies on discrimination indicate that an association exists between discrimination and gender. Specifically, research suggests that despite their skin tone, women will report less discrimination than men (Codina & Montalvo, 1994; Gomez, 2000).

**Skin tone.** Phenotypic stratification is not a new phenomenon in the U.S. Phenotypic characteristics such as hair texture, body size and shape, facial features, and most notably skin tone, have shaped current notions of race and ethnicity, thus rendering lighter skin as superior to darker skin (Gomez, 2000; Herring, Keith, & Horton, 2004). The marked racial and ethnic disparities can be seen through the unequal distribution of wealth and power between lighter- and darker-skinned individuals. For example, research on African Americans has demonstrated that having a light skin complexion was correlated with higher incomes and more years of education (Hughes & Hertel, 1990; Russell, Wilson, & Hall, 1992). Similar results have been observed among adults of Mexican descent. For instance, in comparison to lighter-skinned Mexican Americans, darker-skinned Mexican Americans have been found to have lower academic achievement and less earning potential (Allen, Telles, & Hunter, 2000; Murguia & Telles, 1996). A few studies have indicated that darker-skinned Mexican Americans are more likely than their lighter skinned counterparts to experience some form of discrimination.
(e.g., Araujo & Borrell, 2006; Codina & Montalvo, 1994; Telles & Murgia, 1990), and thus to have higher rates of depression (Codina & Montalvo, 1994; Comas-Díaz, 1994). Although there are very few studies in this area, I identified two studies that did not find an association between skin tone and experiences of discrimination. In one study, researchers found that skin tone was not related to women’s earning potential (Codina & Montalvo, 1994), and a more recent study found no association between skin tone and Latinas’ experiences of employment discrimination (Gomez, 2000). These findings suggest there may be some interactions between gender and skin tone that contribute to experiences of discrimination, which are worth investigating.

Additionally, a number of noteworthy limitations are present in the extant literature on the relation between skin tone and discrimination. First, most of the research on skin tone has investigated how individuals’ skin tone and physical features influence employment opportunities (Bohara & Davila, 1992; Espino & Franz, 2002; Telles & Murguia, 1990), which suggests the need to expand the research focus to other areas of Latinos’ lives. Second, most of the published studies used data from national surveys (e.g., National Chicano Survey, Latino National Political Survey), which date back to 1979 and 1990 (e.g., Araujo & Borrell, 2006; Espino & Franz, 2002; Murguia & Telles, 1996; Telles & Murguia, 1990). Thus, data that capture more recent experiences of Latinos in the U.S. are needed. Lastly, the ways in which skin tone has been measured has varied across studies, which makes it difficult to replicate and compare findings. For instance, in some studies, researchers have measured skin tone using categories such as light, medium, and dark (e.g., Gomez, 2000), whereas others have measured skin tone by determining the person’s skin tone (light, medium, or dark) and combining it with the
person’s physical features, which was determined by ranking people into the categories of “very European” to “very Indian” features (Murguia & Telles, 1996; Telles & Murguia, 1990). Only one study with Puerto Ricans used a spectrophotometer to measure participants’ skin pigmentation tone. However, that study focused on investigating the link between skin tone and social classification (Gravlee, Dressler, & Bernard, 2005).

The extant literature on the relation between skin tone and discrimination suggests the need to conduct further research to gain a better understanding of the influence of skin tone on discrimination among Mexican immigrants. For this reason, in the present study I investigated the role of skin tone on Mexican immigrants’ experiences of discrimination and attempted to use a systematic way to measure skin tone across participants. Specifically, I relied on the use of a skin color chart, which is described in the Method section.

**Ethnic-Related Discrimination and Health Outcomes**

Another component of the ERDM is health outcomes. Theoretical and empirical research suggests that greater ethnic-related discrimination will lead to decreased mental (e.g., depression) and physical health (e.g., poor wellbeing) among racial and ethnic minorities. There is surprisingly little empirical evidence of the effects discrimination has on the health of Mexican immigrants. In this study, I investigated the influence of ethnic-related discrimination experiences on Mexican immigrants’ level of depression and overall physical health. I focused on depression and overall physical health, as findings on these health outcomes have been inconsistent.
Depression. The influence of ethnic-related discrimination on psychological distress (e.g., depression, anxiety) has been examined in several studies (e.g., Finch et al., 2000; Gee et al., 2006; Moradi & Risco, 2006; Phinney, Madden, & Santos, 1998; Salgado de Snyder, 1987). However, findings regarding such distress have been inconsistent. For example, in a review of 138 empirical quantitative studies on the association between self-reported racism and health outcomes among Latinos, African Americans, and Asian immigrants, Paradies (2006) found that out of the 613 health outcomes examined, 206 of them focused on aspects of mental health (e.g., depression, anxiety, emotional distress). Seventy-two percent of examined mental health outcomes had a significant and positive association with racism, whereas 28% of negative health outcomes were not related to racism experiences (Paradies, 2006). Paradies attributed these findings to the inconsistent way in which perceived racism has been measured. For example, he found that studies varied in how they conceptualized or viewed discrimination. Specifically, in some studies the measurement of discrimination was based on persons’ experiences of racist attacks, harassment, or everyday discrimination, without differentiating between discrimination due to race, gender, sexuality, or other factors.

Among people of Mexican descent, studies have found that ethnic-related discrimination is associated with psychological distress, including depression, but this relation may be influenced by the individuals’ immigration status (documented versus undocumented), fluency in the English language, and country of origin (Finch et al., 2000; Gee et al., 2006; Moradi & Risco, 2006; Stuber et al., 2003), as well as by their gender and skin tone (Codina & Montalvo, 1994; Finch et al., 2000). Of the studies that
focused on the link between Latinos’ experience of ethnic-related discrimination and depression, all have found an association. In an empirical review of published articles on the topic of discrimination and depression, Paradies (2006) identified some studies that did not find an association between these variables. However, the studies in the review included African Americans, non-Latino Whites, and Latinos, and there was no information regarding which studies focused specifically on Latinos’ discrimination experiences. This lack of information leaves unanswered the question of how many of the studies that found no association between discrimination and depression included Latino participants. Paradies, however, concluded that the most consistent finding in the 138 articles was the association between racism and poor mental health outcomes. On the basis of these findings, it seems important to continue to investigate the influence of discrimination on health.

**Physical health.** Ethnic-related discrimination has been linked to poor overall health (Finch et al., 2001; Paradies, 2006; Ryan et al., 2006; Salomon & Jagusztyn, 2008). For instance, research findings from Mexicans born in the U.S. or in Mexico revealed that regardless of country of origin, discrimination had a negative influence on self-reported physical health (Finch et al., 2001). Furthermore, findings from a study on the association between discrimination and physical health (including both overall health and blood pressure) among African Americans as well as Latino and Black immigrants, showed that ethnic-related discrimination was associated with decreased physical health (Ryan et al., 2006). In contrast to these studies, Stuber and colleagues (2003) found that ethnic-related discrimination was not associated with physical health. This finding may be the result of the way health was measured, as that study only focused on self-reported
physical health, which the authors felt may have limited their ability to account for any chronic medical conditions or other aspects of health. Their finding about the lack of association between discrimination and health is consistent with findings in other studies, but those have focused on the experiences of African Americans (Krieger, 2000; Williams, Spencer, & Jackson, 1999). In sum, only a handful of studies have focused on the association between discrimination and physical health among Mexican immigrants (e.g., Krieger & Sidney, 1996; Krieger, Sidney, & Coakley, 1999; Krieger et al., 2005). Thus, further research is needed to understand how experiences of discrimination may affect the physical health of Mexican immigrants.

**Coping, Ethnic-Related Discrimination, and Health**

The extant literature contains a number of conceptualizations of coping. Consistent with Lazarus and Folkman’s (1980; 1984) TSCM, in this study, I focused on problem- and emotion-focused coping. According to Carver and colleagues (1989), as well as Lazarus and Folkman (1980; 1984), problem-focused coping is intended to eliminate or resolve the stressful situation by making an effort to do something about the problem, making a plan or identifying strategies to solve the problem, or positively reframing or finding something good in the event. Emotion-focused coping, on the other hand, is not aimed at resolving the problem; instead, it is intended to reduce or manage the emotional distress caused by the situation. Individuals may attempt to reduce the emotional distress with actions such as denying the event, telling jokes or making light of the situation, or finding ways to avoid making efforts to resolve the problem.
Research findings have suggested that problem-focused coping strategies can help to buffer the negative effects of ethnic-related discrimination on health outcomes, and emotion-focused coping strategies may in fact exacerbate this association. For example, studies with African Americans reveal that individuals who use denial as opposed to a more active problem-solving strategy to cope with ethnic-related discrimination appear to be more at risk for high blood pressure and poor mental health (Gee et al., 2006; Krieger et al., 2005). Similarly, a study on how Mexican adolescents cope with discrimination revealed that active or problem-focused coping buffered the negative effects of discrimination on the adolescents’ self-esteem (Edwards & Romero, 2008).

Although findings from these studies suggest that emotion-focused coping does seem as helpful as problem-focused coping, it is possible that some cultural variables may be influencing the potential buffering effects of this type of coping. For example, in her model Harrell (2000) suggested that variables such as coping, self-esteem, and social support may serve as mediators. However, she noted that depending on the individuals’ cultural influences, factors like self-esteem serve to buffer the effects of discrimination on health. It is possible that coping may also serve as a moderator depending on the person’s culture. For instance, in one unpublished dissertation (Arellano, 2000), the author used mixed methods and found through qualitative data that Latinas used emotion-focused strategies frequently to deal with work-related stress. The participants in her study felt this approach helped them to deal effectively with the stress experienced. The quantitative results revealed the contrary. Emotion-focused strategies were correlated with higher levels of general work-related stress. Arellano (2000) concluded that the
quantitative results may not have reflected Latinas’ culture accurately, which values the use of emotion-focused coping.

Harrell’s (2000) conclusions are consistent with the findings of Plante and colleagues (1995), who examined Salvadoran immigrants’ coping strategies in dealing with various types of stressors, including ethnic-related discrimination. They found that participants predominantly used strategies such as maintaining a positive attitude and receiving support from others, which are consistent with emotion-focused coping. However, the authors did not investigate the process through which these coping strategies ameliorated the consequences of experiencing discrimination.

From the few available studies with Latinos, it is not possible to determine whether coping, and particularly emotion-focused coping, can serve to moderate the negative influence of ethnic-related discrimination on health (e.g., Edwards & Romero, 2008; Finch & Vega, 2003; Padilla et al., 1988; Plante et al., 1995). Clearly, that further research is needed on the topic. For this reason, in the present study, I tested the moderating role of both coping approaches on the relation between discrimination and health for Latinos.

**Rationale and Purpose of the Study**

Research on ethnic-related discrimination among Latinos is still in its infancy and several gaps exist. First, very few studies have been guided by a theoretical framework and have relied primarily on the use of quantitative data. The lack of a theoretical framework guiding this empirical research has led to a poor understanding of the relation between ethnic-related discrimination and health, and of the variables (e.g., skin tone,
gender) that may influence perceptions of discrimination. Thus, research guided by a theoretical framework would make an important contribution to the literature.

Second, given that research on Latinos’ experiences of discrimination is scarce, it seems necessary to use methodologies that help to explore a topic that is in its infancy stages. Qualitative research or a mixed methodology would help to expand the available literature and to identify how discrimination experiences for Mexican immigrants may emerge. The quantitative findings at this point reveal that discrimination is a problem, but many unanswered questions remain about what discrimination looks like for Latinos and the influence those experiences may have on their health.

Qualitative data could help to answer these questions as this methodology can help to uncover the nuances of the topic. Specifically, qualitative data can help provide descriptive information about the participants’ experiences, produce details that create a fuller picture of the problem, and add vitality to the quantitative results (Johnson & Onwuegbuzie, 2004). Therefore, I used both methodologies in the present study. Past studies have used one methodology or the other and I believe that the use of mixed methodologies would contribute to the existing findings.

Third, the available literature on Latinos of different immigrant or national backgrounds includes results on their discrimination experiences in an aggregate format, which presents a limitation. Specifically, some studies focused on samples of Latinos from different national or immigrant backgrounds and the results of the investigations were presented by grouping all Latinos together (Gomez, 2000; Krieger et al., 2005; Landrine et al., 2006; Lauderdale et al., 2006; Moradi & Risco, 2006; Stuber et al., 2003). This practice is problematic as researchers have suggested that Latino subgroups differ in
their level of exposure to U.S. culture, acculturation, ethnic identity, and racial background (e.g., African vs. European physical features), which may contribute to variations in experiences of discrimination and related health outcomes (e.g., Comas-Díaz, 1994; Espino & Franz, 2002; Perez et al., 2008). Given the diversity across the different subgroups of Latinos (e.g., Colombians, Cubans, Mexicans), it would be helpful to avoid presenting data on Latinos of different national backgrounds in an aggregate format. Similarly, presenting disaggregated findings on the experiences of immigrant and non-immigrant populations would contribute to the literature, as it may help to clarify existing findings and the frequency of discrimination among this population.

A fourth limitation of the extant research on discrimination among Latinos is the lack of information on the association between ethnic-related discrimination and health. The studies that focused on a single subgroup of Latinos typically have not examined health indicators. For example, studies that have included Mexican immigrants in the U.S. have focused primarily on employment-related discrimination and these data were gathered through national probability samples targeting the states of California, Colorado, New Mexico, and Texas (e.g., Allen et al., 2000; Arce, Murgia, & Frisbie, 1987; Bohara & Davila, 1992; Codina & Montalvo, 1994; Telles & Murgia, 1990). These limitations suggest the need to go beyond employment discrimination as well as the need to expand the research to other regions of the country.

Fifth, the inconsistent way in which discrimination has been measured presents another limitation. Some researchers have assessed discrimination using two or three items in their surveys (e.g., Gee, 2002; Finch et al., 2001; Ryan et al., 2006) and others have used scales that have ranged between seven and eleven items (e.g., Edwards &
Romero, 2008; Landrine et al., 2006; Perez, et al., 2008; Phinney, et al. 1998). Studies that used two items to assess experiences of discrimination often focused on the presence or absence of discrimination. Focusing only on whether people experienced discrimination or not has shown to reduce the variance in discrimination, making it more difficult to examine the actual relation between discrimination and health. For example, two studies with a similar community sample of African Americans showed different results in regards to the link between discrimination and health. Specifically, in the study with the dichotomous measure, discrimination accounted for seven percent of the variance in health symptoms. In contrast, in the study that assessed the frequency of discrimination, discrimination accounted for 33 percent of the variance in health symptoms (Landrine et al., 2006). Results specific to Latinos are not available to make these comparisons. However, this void reinforces the need to conduct research with Latinos. To address the gap in regards to the measures, researchers have suggested the use of scales that assess discrimination experiences beyond just the presence or absence of the experience (Araujo & Borrell, 2006; Paradies, 2006).

Last, very few studies have investigated how Latinos cope with experiences of discrimination. Understanding how Latinos cope with ethnic-related discrimination and the influence coping may have on the relation between ethnic-related discrimination is important, as coping has shown to be helpful in reducing the physical and emotional burdens resulting from stressful events (Gee et al., 2006; Krieger et al., 2006). Therefore, it seems necessary to examine the potential role of coping in reducing the negative influence of ethnic-related discrimination on Latinos’ physical and mental wellbeing.
As an initial effort to address these aforementioned gaps in the literature, in the present study I tested the ERDM. Through the use of mixed methods, I examined the: (a) influence of gender and skin tone (antecedent variables) on Mexican immigrants’ experiences of discrimination, (b) association between discrimination and health outcomes (symptoms of depression and poor physical health), and (c) moderating role of coping on the association between discrimination and poor health outcomes. Specifically, the quantitative data addressed the following research questions and related hypotheses:

1. Are antecedent variables (i.e., gender and skin tone) related to experiences of ethnic-related discrimination (quantitative)?
   a. Gender will have a direct effect on reported ethnic-related discrimination, such that women will report less discrimination than men.
   b. Skin tone will have a direct effect on reported ethnic-related discrimination, such that Mexican immigrants with darker skin tones will report more discrimination.

2. Can the ERDM account for a significant amount of variance in health among Latinos immigrants (quantitative)?
   a. The ERDM will account for a significant amount of variance. Specifically, ethnic-related discrimination will be associated directly with poor health outcomes, such that Mexican immigrants who report more discrimination experiences will exhibit more symptoms of depression and poor overall health compared to those who report less or no discrimination.

3. Do coping strategies moderate the relation between ethnic-related discrimination and health (quantitative)?
   a. Coping strategies will serve as moderators of the association between discrimination and health.
The qualitative data addressed the following inquiries.

1. What does discrimination look like for this sample of Mexican immigrants? (qualitative)
   a. Where does ethnic-related discrimination occur?
   b. What do individuals do when confronted with ethnic-related discrimination?
Chapter III

Method

Research Design

A complementarity mixed methods research design was used in this study. This design requires the use of both quantitative and qualitative data and uses one method to enhance, clarify, and illustrate the results of the other (Creswell et al., 2003; Greene, Caracelli, & Graham, 1989). In the present study, I focused on the data generated through the quantitative survey and used the qualitative data to clarify and enhance the results of the quantitative data. Specifically, the qualitative interview questions for this study were constructed and used exclusively to generate data about participants’ experiences of ethnic-related discrimination and the potential influence of these experiences on their lives. This approach of using one method to clarify the results of the other provides a more in-depth and comprehensive understanding of the phenomenon being studied (Green & Caracelli, 1997; Reichardt & Cook, 1979) and allows the researcher to construct meaning of the quantitative findings as well as to give a qualitative account of people’s experiences (Creswell et al., 2003).

The quantitative and qualitative methodologies were combined during the data collection process, the results chapter, and discussion section. In the data collection process, I collected data via the use of both methodologies (survey and interview). In the results section of this investigation, I compared the qualitative findings to those yielded by the quantitative data to enhance and clarify the results. The discussion section includes my review of how findings from both methodologies contribute to the extant literature.
Participants

Participants were recruited through community liaisons (e.g., individuals who work closely with the community such as interpreters, church leaders), and through snowball sampling. Eligible participants included adult men and women over the age of 18 who self-identified as Mexican immigrants, who moved to the U.S. at the age of 16 or older, and who reported a preference for speaking Spanish over English. These inclusion/exclusion criteria were selected on the notion that people over the age of 18 would be legally able to give consent to participate. Sixteen was the cut-off age at migration into the U.S., as I wanted participants to have spent the majority of their formative years in the Mexico, and thus they would be able to make comparisons between their life in Mexico and the U.S. This decision was also influenced by past research in which recent or first-generation immigrants have been defined as those who were born and raised in Mexico and who moved to the U.S. as adults (Rumbaut, 2002; Viruell-Fuentes, 2007).

I opted to include participants with a preference for speaking Spanish over English on the basis of existing mixed research findings regarding the relation between English speaking proficiency and perceptions of discrimination (Edwards & Romero, 2008; Finch et al., 2000). Specifically, I felt that by controlling the variability in language, I would be better able to conceptualize the sample, would take into account the language needs of the target community (e.g., many of the target community members did not speak English well), and would control for the potential influence of extraneous variables. For example, individuals’ language of preference is often linked to their level of English language skill and I knew from working with the target community, that many
of the community members did not speak English well and would need to complete the interview in Spanish. Past national reports have shown that low or no English speaking proficiency is linked to low earnings, undocumented status or lack of government issued IDs (Kochhar, 2005). This language inclusion/exclusion criterion then would help to control for any other variables (e.g., income, language) that could potentially influence participants’ perceptions of discrimination.

Originally, data on 122 participants were collected through individual interviews. Participants who reported immigrating to the U.S. before the age of 16 ($n = 3$) were removed from the data leaving a total sample size of 119. The final sample included 67 (56%) women and 52 (44%) men. Socio-demographic characteristics of the sample are included in Table 1. Respondents ranged in age from 18 to 59 years with a mean age of 34 years ($SD = 8.57$). Most participants were employed (78%); their average household annual income was approximately $19,000, and 80% of the participants reported having no health insurance.

Participants’ average age at the time of migration to the U.S. was 24.34 ($SD = 7.73$) with a range from 16 to 52 years of age. Their average number of years residing in the U.S. since the time of migration was 9.88 ($SD = 6.59$) with a range of 1 to 30 years. Based on their age and the number of years residing in the U.S., I calculated how much of their lifetime participants had spent in the U.S. Forty-one percent of participants spent less than a quarter of their life in the U.S., and slightly less than 10% spent over 50% of their life in the country. Slightly over half ($n = 64$) of the sample reported making no trips back to Mexico since their migration to the U.S. The overwhelming majority of the participants reported preferring to speak Spanish more than English (92%; $n = 110$), 6%
indicated no preference for using either language, and only 2% reported preferring speaking English over Spanish.

Regarding their level of formal education, participants had an 8th grade average education ($SD = 3.14$) and 96% ($n = 116$) of the total participants attended school in Mexico. Ninety-two percent ($n = 111$) had never studied in the U.S., and only 7% ($n = 8$) of the 96% who studied in Mexico, also reported to have attended school in the U.S. The average years of U.S. education for those 8 participants was 11 ($SD = 1.75$).

**Study Site**

Data in this study were collected in Champaign and McLean counties in Illinois. The state has a population of approximately 13 million people and Mexicans constitute an estimated 9% of the 15% of Latinos residing there (U.S. Census Bureau, 2010a). Residents of counties where the data were collected are predominantly non-Latino White (U.S. Census Bureau, 2010b). The Latino population in Champaign County constitutes 4% of the 195,000 individuals who live there. The number of Latinos in McLean County is smaller than that of Champaign County. McLean has a population of 167,699, and Latinos there also represent 4% of its population (U.S. Census Bureau, 2010b). In both counties, the majority of the residents are native born, non-Latino U.S. citizens, and thus there is a lack diversity regarding residents’ national or immigrant backgrounds. For example, 8% of Champaign’s and 3% of McLean's population is foreign born (U.S. Census Bureau, 2010b), whereas 12% of the population in Illinois is foreign born.

These counties in the Midwest are considered new and fast-growing Latino destinations because they have seen a fast growth in Latino population since the year
2000 (Fry, 2008). People have typically migrated to these destinations due to the agricultural and food processing employment opportunities (Gouvenia & Saenz, 2000; Millard & Chapa, 2004). According to a report by the Pew Hispanic Center (Fry, 2008), Latino immigrants make up a greater share of the Latino population in the fast-growing destinations (42%) that they do in older, well established Latino destinations (39%). This is worth noting because destinations that have seen a large influx of immigrants are not well prepared to address and meet immigrants’ social needs (Cunningham et al., 2006; Passel, 2005). For instance, a report by the Kaiser Foundation showed that immigrants in new growth communities face more health access barriers than immigrants in more traditional immigrant destinations (e.g., California) because these new areas are less likely to have specific services for this population (e.g., the area may not have Spanish speaking providers). Immigrants in new growth areas are also less likely than immigrants in other areas to have health insurance or to have a regular source of care or regular physician (Cunningham et al., 2006). This was true for the participants in this study. For instance, the majority of participants were uninsured, and although two of the target towns had a health clinic open to uninsured residents, many Latinos encountered language and cultural barriers in accessing clinical services. Specifically, staff at that clinic did not speak Spanish and participants felt they were sometimes ignored or denied services due to their inability to speak English.

In addition, most of the participants in the targeted towns lived in neighborhoods that were predominantly Mexican. However, their place of employment, as well as shopping centers, restaurants, and grocery stores, were located within the larger and predominant non-Latino White community. This is important as scholars have suggested
that non-Latino White individuals, who have been long-term residents of towns were immigrant people are new, tend to hold xenophobic and hostile attitudes towards immigrants (Millard & Chapa, 2004). This is likely to influence participants’ experiences of discrimination. Therefore, knowing this geographic information is important as it allows us to place people’s experiences into context, to reach a deeper understanding of Mexican immigrants’ experiences of discrimination, and the sociopolitical context in which they live.
Table 1

*Sample Characteristics*

<table>
<thead>
<tr>
<th>Variable</th>
<th>Category</th>
<th>% (n)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marital Status</td>
<td>Married</td>
<td>65 (77)</td>
</tr>
<tr>
<td></td>
<td>Single</td>
<td>20 (24)</td>
</tr>
<tr>
<td></td>
<td>Divorced/Separated</td>
<td>13 (16)</td>
</tr>
<tr>
<td></td>
<td>Widowed</td>
<td>2 (2)</td>
</tr>
<tr>
<td>Employment Status</td>
<td>Yes</td>
<td>74 (88)</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>18 (21)</td>
</tr>
<tr>
<td></td>
<td>Laid off</td>
<td>7 (8)</td>
</tr>
<tr>
<td></td>
<td>Disabled</td>
<td>1 (2)</td>
</tr>
<tr>
<td>Health Insurance</td>
<td>None</td>
<td>80 (95)</td>
</tr>
<tr>
<td></td>
<td>Medicare/Medicaid</td>
<td>6 (7)</td>
</tr>
<tr>
<td></td>
<td>Private</td>
<td>3 (4)</td>
</tr>
<tr>
<td></td>
<td>Other</td>
<td>11 (13)</td>
</tr>
<tr>
<td>Skin Tone</td>
<td>Light</td>
<td>36 (43)</td>
</tr>
<tr>
<td></td>
<td>Dark</td>
<td>64 (76)</td>
</tr>
<tr>
<td>Life in the U.S.</td>
<td>Less than 25%</td>
<td>41 (49)</td>
</tr>
<tr>
<td></td>
<td>26 to 35%</td>
<td>28 (33)</td>
</tr>
<tr>
<td></td>
<td>36 to 50%</td>
<td>22 (26)</td>
</tr>
<tr>
<td></td>
<td>51 to 65%</td>
<td>7 (9)</td>
</tr>
<tr>
<td></td>
<td>66% and above</td>
<td>2 (2)</td>
</tr>
<tr>
<td>Health Status</td>
<td>Excellent</td>
<td>9 (11)</td>
</tr>
<tr>
<td></td>
<td>Very good</td>
<td>6 (8)</td>
</tr>
<tr>
<td></td>
<td>Good</td>
<td>40 (47)</td>
</tr>
<tr>
<td></td>
<td>Fair</td>
<td>37 (44)</td>
</tr>
<tr>
<td></td>
<td>Poor</td>
<td>8 (9)</td>
</tr>
</tbody>
</table>

*Note:* Life in the U.S. = portion of the participants’ life spent in the U.S.
Researchers

The research team consisted of three researchers. I was the principal investigator and collected the data. The two other members were my research advisors and they ensured accuracy in the data collection process and analysis. I identify as a bilingual Latina (Mexican-born) graduate student. My research advisors included a bilingual Latina and a monolingual English speaking African American woman. I was very familiar with the Latino community and leaders in the targeted area, as I had served as a bilingual counseling clinician for a local mental health center where I worked primarily with monolingual Spanish speaking immigrants. My knowledge of the community and social services needs of the population (e.g., employment, immigrant status issues, and lack of health care) allowed informants to feel comfortable in participating and confident that their information would remain confidential. My academic training in counseling psychology was also helpful in allowing me to build a trusting relationship with the participants and to create a comfortable and non-threatening interview setting. I was also trained in both quantitative and qualitative methodologies prior to conducting the study. My research advisors have experience conducting and supervising studies with both methodologies.

Measures

Screening questionnaire. For the purpose of this study, I developed a short questionnaire and administered it during the recruitment process to verify that participants met inclusion/exclusion criteria. Questions included: “Where were you
“How old are you?,” “How old were you when you moved to the U.S.?,” and “What language do you prefer to speak?”

**Demographic questionnaire.** A demographic questionnaire was constructed for the purpose of this study. Data collected included information such as gender, age of entry to the U.S., age, education, and employment status. Two questions regarding the participants’ ability to speak and understand English were also included. For these two items, participants rated how well they spoke and how well they understood English at the time of the study. Response options ranged from 0 (not at all) to 3 (very well) with greater scores indicating greater English language proficiency. Scores from both items were averaged to create a *language proficiency* index.

**Skin tone.** To characterize participants’ skin tone, I used a color chart designed by CoverGirl, the cosmetic line founded in 1958. CoverGirl is the top beauty makeup brand in the U.S. (La Ferla, 2008). It creates products for diverse groups of women including non-Latina Whites, African American, and Latinas. This color chart has 15 shades ranging from light to dark tones. As such, each participant’s skin tone was measured using a 15-point scale ranging from 1 (light) to 15 (dark). The participants self-reported their skin tone by placing the color chart against the inside of their forearm and then selecting the shade that best matched their skin tone. Although the participants determined their skin tone, the interviewer also provided an independent rating. At the end of data collection, ratings obtained from the participant and interviewer were compared to determine whether there were any significant differences (e.g., mean scores would be two or more standard deviations apart). In 38 instances the researcher provided a different rating than the participants. In 23 of those 38 instances, the researcher gave a
lower (e.g., lighter) skin-tone rating than the participant’s self-report. Despite this difference, the means of both ratings were comparable. The mean skin tone for the participants’ rating was 8.58 ($SD = 3.1$) ranging from 2 to 14 and the interviewers’ rating had a mean score of 8.48 ($SD = 3.0$) with a range of 2 to 13. This similarity in scores suggested that the participant and I had similar perceptions in regards to his or her skin tone, therefore given the similarity between the scores, the participants’ self-rating was used for data analyses. Because past research has shown that people with darker skin tones report higher levels of perceived discrimination (e.g., Araujo & Borrell, 2006; Codina & Montalvo, 1994; Telles & Murguia, 1990), self-ratings were dichotomized into lighter (0) and darker (1) skin tones in order to examine this hypothesis. Individuals whose skin tones were between 2 and 8 were categorized as having a lighter skin tone (36%, $n = 43$) and those whose skin tones ranged between 9 and 14 were categorized as having a darker skin tone (64%, $n = 76$).

**Discrimination Survey** (DS; Alegría, Takeuchi, Canino, Duan, Shrout, Meng, 2004). The DS is a 9-item measure taken from the Detroit Area Study (DAS; Jackson & Williams, 1995; Krieger et al., 2005) and adapted for the National Latino Asian American Study (NLAAS), which consisted of 2,554 Latino participants, 56.5% of whom were of Mexican ancestry (Pennell et al., 2004). The DS assesses whether participants have ever experienced discrimination in each of the nine specified situations and the frequency of occurrence in a given situation. Responses are rated on a 6-point scale ranging from 0 (*never*) to 5 (*almost every day*). The question and nine situation options read: “In your day-to-day life, how often have any of the following things happened to you?” Some of the nine incidents or situations listed under the question include: “Being
treated with less courtesy than other people,” “Received poorer service than other people at restaurants or stores,” and “Were called names or insulted.” To determine the frequency of the occurrence of an incident, I totaled the frequency scores and created a mean score.

In addition to these 9 items, the original Detroit Area Study (Jackson & William, 1995; Krieger et al., 2005) included a question about the reasons or causes leading to that experience. Therefore, to assess information about the potential causes of participants’ discrimination, I also included this one item. The question read “What do you think was the main reason for this experience?” Response options included: ethnicity or Mexican background, gender, race, age, skin tone, sexual orientation, income or education level, and other. In past studies, the Cronbach’s alpha coefficient estimates have ranged between .82 (Alegría, Shrout, Woo, Guarnaccia, Sribney, Vila, et al., 2007) and .91 (Alegría et al., 2004; Perez et al., 2008) when administered to U.S.-born and immigrant Latinos. The DS has been significantly related to depression, anxiety, and substance use disorder when used with immigrant and U.S.-born Latinos (Alegría et al., 2007). This measure is available in Spanish and English. The reliability coefficient estimate for the scale in this study was .84.

**Unfair Treatment Scale (UTS).** It assessed unfair treatment using three items taken from Finch and colleagues’ study (2000) in which they examined Mexican adults’ experiences of discrimination. The three items are designed to capture participants’ perceptions of discrimination in daily life and across three different situations. The three questions are: “How often do people dislike you because you are Mexican?” “How often do people treat you unfairly because you are Mexican?” and “How often have you seen
someone (e.g., friends, neighbors, or family members) be treated unfairly because they were Mexican?” Responses are rated on a 4-point scale ranging from 0 (never) to 3 (always). Scores are computed by averaging participants’ scores. This average score provides the frequency with which unfair treatment was experienced. Finch and colleagues (2000) reported an alpha coefficient of .76. In the present study, the Cronbach’s alpha coefficient estimate was .71.

Coping. The 24-item Brief COPE (Carver, 1997; 2007) was administered in this study to assess problem-focused and emotion-focused coping styles. This measure is based on the transactional stress and coping model (Lazarus & Folkman, 1984). It is an abbreviated version of the 60-item COPE Inventory (Carver et al., 1989). It has a total of 12 subscales of two items each. The 12 subscales include: active coping, planning, positive reframing, acceptance, humor, religion, use of emotional support, self-distraction, denial, venting, use of a substance, and behavioral disengagement.

The Brief Cope has usually been used to assess how people cope with a variety of stressful situations. Thus, the author recommended that researchers use it to fit their particular study by asking participants to focus on a specific stressful event (e.g., discrimination). Therefore, in order to assess how people cope with discrimination, I asked participants to think of an ethnic-related discrimination incident they experienced during the past two years and to rate how often they engaged in one or more of the given coping responses. Sample questions include: “How often did you say to yourself ‘this isn’t real’?,” “How often did you express your negative feelings?,” and “How often did you make fun of the situation?” Response options are rated on a 4-point scale ranging from 1 (I didn’t do this at all) to 4 (I did this a lot). Higher scores on the scale indicate
relatively greater use of a particular coping strategy. When administered to Latinos, the
total scale alpha coefficient estimate was .86 (Arellano, 2000; Fogel, Albert, Schnabel,
Kickoff, & Nougat, 2003). The Cronbach’s alpha coefficient for the total scale score in
the present study was .77.

**Depression.** The Center for Epidemiologic Studies-Depression Scale (CES-D; Radloff, 1977) was used to measure depression symptomatology. The CES-D is a 20-item scale used to estimate depressive symptom prevalence within the last week. Sample questions include: “I was bothered by things that usually don’t bother me,” “My sleep was restless,” and “I felt lonely.” The CES-D uses a 4-point scale ranging from 0 (*rarely or none of the time; less than one day*) to 3 (*all of the time, 5-7 days*). Total scores range from 0 to 60 with higher scores reflecting more depressive symptoms. The generally accepted cut-off between non-depressed and depressed individuals is a total score of 16 or higher (Hiott, Grzymacz, Arcury, & Quandt, 2006; Radloff, 1977).

The scale has been used in numerous health-related studies and with diverse racial and ethnic samples including Latinos (Codina & Montalvo, 1994; Finch et al., 2000; Fisher, Chesla, Mullan, Skaff, & Kanter, 2001; Roberts, 1980). In studies with immigrant and non-immigrant Latinos the Cronbach’s alpha coefficient estimates have ranged from .83 to .92, with 2- to 4-week test-retest coefficients ranging from $r = .50$ (Fisher et al., 2001) to $r = .84$ (Cervantes, Padilla, & Salgado de Snyder, 1991). This measure is available in Spanish and English. For the present study, the Cronbach’s alpha coefficient estimate was .91.

**Physical health.** A single-item indicator of general self-reported health was used. The question was “How would you rate your health at the present time: excellent, very
good, good, fair or poor?” Response categories ranged from 1 (poor) to 5 (excellent). This question has been used in numerous health studies (Idler & Benyamini, 1997), has served as a helpful tool to assess someone’s health status, and has shown to be a reliable predictor of future population mortality (Idler & Benyamini, 1997; Schulz, Gravlee, Williams, Israel, Maentz, & Rowe, 2006). Although reliability on a single item cannot be computed, this item has been helpful in predicting poor health outcomes as a result of experiencing discrimination (Schulz et al., 2006). This one item has also been found to have good validity and has been related to declines in health functioning in various studies (Idler & Kasl, 1995; Kaplan, Strawbridge, Camacho, & Cohen, 1993).

**Qualitative Semi-Structured Interview Guide**

For the purpose of this study, one semi-structured open-ended question was used to generate qualitative data on participants’ experiences of ethnic-related discrimination. The purpose of including this question was to use the data to enhance and clarify the results of the quantitative data and vice-versa. To be able to make the comparisons between the data, I used the open-ended question to create the space for participants to discuss their experiences of discrimination, the way they cope with them, and to discuss they ways they feel discrimination would influence their health. Consequently, to generate these data, I used the open-ended question from the 32-item (Coping Strategies Inventory, Tobin, 1984) and revised it for this study. The 32-items were not used because to my knowledge the scale is not available in Spanish and has not been validated to use with Latinos. The qualitative portion of the inventory asked participants to describe a
stressful event, the ways they coped with it, and why the event was important to them.

The question read as follows:

Take a few moments and think about an event or situation that has been very stressful for you during the last month. By stressful we mean a situation that was troubling you, either because it made you feel bad or because it took effort to deal with it. It might have been with your family, with school, with your job, or with your friends. In the space below, please describe this stressful event. Please describe what happened and include details such as the place, who was involved, what made it important to you, and what you did. The situation could be one that is going on right now or one that has already happened.

For the purpose of this study, the above question was slightly modified. Rather than asking participants to describe a general stressful event, I asked them to focus on a situation in which they felt they were treated unfairly. Additionally, participants were asked to talk about the influence they felt discrimination could have on their health.

Specifically, the revised question read as follows:

Take a few moments and think about an event or situation that happened in the last two years where you feel you were treated unfairly for being Mexican or of Mexican origin or a situation that was stressful for you. By stressful we mean a situation that was troubling you, either because it made you feel bad or because it took effort to deal with it. It might have been with your family, with school, with your job, or with your friends. Please share that situation with me, describe what happened, and include details such as the place, who was involved, what made it important to you, and what you did. The situation could be one that is going on right now or one that has already happened. Also discuss what influence, if any, do you believe this experience of unfair treatment could have or had on your health?

As recommended by Brislin’s (2000), I used the back translation method and translated this question into Spanish; subsequently, a fully bilingual research assistant working in my research advisor’s lab back translated it into English. This translation method helps to enhance translation accuracy. During the back
translation process no discrepancies between translations were noted, thus the Spanish translation was used with no changes. To analyze the data I used thematic analysis (Ely, Anzul, Friedman, Garner, & Steinmetz, 1991). The analysis process is described later in this section and the results of this analysis are included in the results section.

**Procedures**

Data were collected between March and July of 2009. Prior to data collection, approval from the Institutional Review Board was obtained. I recruited participants through community liaisons (e.g., counselors, business owners, and clergy), organizations servicing the cultural needs of Mexican immigrants (e.g., food stores, churches, social services centers) and snowball sampling technique. I contacted and informed community liaisons about the study. Community liaisons, in turn, identified potential participants (i.e., adult men and women Mexican immigrants), and gave them general information about the study (e.g., flyers and/or a description of the study) and an interest form for them to complete if interested in participating (Appendix A and B). Community liaisons returned the interest forms to the researcher. I then contacted all potential participants and gave them a brief description of the study. They were assured that their participation in the study was voluntary and confidential. I also informed them that they had the option to refuse to participate and that if the selected to not participate, their relationships with the community liaisons or the organizations from which they were recruited would not be harmed. Specifically, they were told that they would not lose any rights or privileges to which they were otherwise entitled through those community liaisons or institutions.
Once the participants confirmed their interest in participating, I administered the screening questionnaire to ensure they met inclusion/exclusion criteria. If participants met the criteria and were interested in participating, an interview was scheduled at a time and location of their choice (e.g., their home, public library). About 16% of the identified individuals either declined ($n = 17$) or did not meet the criteria to participate ($n = 7$). All those who met the criteria to participate and who agreed to participate completed the interview in Spanish.

Before describing the interview process, it is imperative to note that recruiting participants for this project would not have been possible without developing trust. Attaining participants’ trust was a very intensive and intricate process. Although my previous volunteer experiences (e.g., would assist in church or Latino festivals), association with my research advisor, whose research with the Latino community is highly respected, and my counseling work with the community facilitated my access to the community liaisons, I still had to work on building a trusting relationship with potential participants. For instance, my recruiting phone calls lasted between 30 to 60 minutes. During my conversations with the participants, I was often asked to explain how the results would be used and how their identity would be kept confidential. I was also asked about my ties to or relationship with the community liaisons; on many occasions, the participants and I talked about our respective families and shared interests. These types of conversations also took place during the actual data collection process. Evident from those conversations was the imperative role culture, language, and family play in the lives of Latinos, as well as in the recruitment and data collection process. My ability and willingness to share aspects of my life they inquired about (e.g., Do you have family
here?, Are you married?) helped them feel I could be trusted. This also created the space for them to talk to their friends or relatives about the study and these individuals agreed to participate because they had heard I was “buena gente” or “a person who could be trusted.”

Once I established rapport with the participants, we began the interview. At the beginning of the interview, I reminded them that their participation was voluntary. Participants were told that this project was part of my doctoral dissertation, and that their information would be kept confidential. Before completing the survey, I gave participants an information letter (instead of a consent form) that included their rights as participants, related benefits and risks, and my contact information and that of my research advisors (see Appendix C). After participants provided verbal agreement, I assigned an ID number prior to administering the survey verbally in a face-to-face structured interview format. The first section of the survey generated quantitative data on participants’ demographic information, physical health, experiences of discrimination, mental health, and the ways in which they cope with their discrimination experiences. The second section included the qualitative portion of the survey and consisted of the two semi-structured open-ended questions (see Appendix E).

Participants had the opportunity to grant permission to digitally record the open-ended portion of the structured interview. All 119 participants answered the question, but 13 (9 females, 4 males) did not agree to have their interview recorded for personal concerns about privacy (e.g., fear that other people besides the researchers would hear their responses). For these 13 individuals, I made notes of their responses. The length or duration of the interviews varied and generally took between 1 and 3 hours with an
average time of 2 hours. During the audio recording portion of the interview, I only used the participants’ first names. At the end of the interview, participants received a list of community resources (see Appendix G), educational materials about health and discrimination published by the National Cancer Institute and a small gift (e.g., picture frame, candle) as a token of appreciation for their time and participation in the study. To ensure all data were kept confidential, only my research advisors and I had access to the data. I kept all the data in a locked metal cabinet in my office and electronic data were kept in a computer that is password protected.

**Qualitative Data Analysis**

To identify themes regarding participants' experiences of discrimination, I used thematic analysis (Ely et al., 1991). The purpose of using thematic analysis was to capture the richness embedded in participants’ accounts of discrimination by first developing categories to organize the data and later progressing from categories to themes (Ely et al., 1991). An embedded assumption of the thematic analysis process is that all available data are reviewed throughout the analysis process. However, Patton (2002) and Morse (2000) have suggested that a review of large amounts of data does not necessarily translate to higher quality results. Specifically, they suggested that large amounts of data may not allow for an in-depth analysis as smaller amounts of data would permit. This is because larger amounts of data can be difficult to organize and may require more time to analyze, which may mean that less time is spent on each of the interviews and therefore the reviews may not be as thorough. As such, I combined the thematic analysis methodology put forth by Ely and colleagues (1991) with Patton’s and
Morse’s recommendations for selecting smaller amounts of source data to review, in order to achieve a rigorous and in-depth analysis of the data. The resulting data analysis process involved four steps, which I describe in detail in the next section.

**Step One: Becoming grounded in the data and identifying initial categories.**

In the first step, my goal was to get to know the data and to become intimately familiar with it. To achieve that purpose, I reviewed all of the interviews by listening to the 106 audiorecordings and reviewing my handwritten notes for the 13 participants who did not agree to be recorded. I listened to each of the recordings and reviewed the handwritten notes until I felt I had a clear understanding of the participants’ discrimination experiences, their feelings and struggles related to discrimination, and their views about the influence of ethnic-related discrimination on their health.

It was also during this review process that I made a list of preliminary categories capturing my initial impressions and thoughts of themes that may be embedded within the data. Examples of these initial categories include: “discrimination at work,” “discrimination at stores,” and “discrimination in social service agencies.”

**Step Two: Re-defining the categories.** Next, I reviewed the list of categories that I created in step one and refined it to create mutually exclusive categories that best captured participants’ experiences of discrimination. Specifically, I wanted to ensure that the categories accurately represented an understanding of the participants’ accounts and perspectives, thus enhancing the trustworthiness and validity of the data (Maxwell, 1992). In this review process I consulted with my research advisors and members of their qualitative research laboratories to make meaning of the data and refine the categories as needed. As a result of this review process, I combined and revised some of the categories.
For example, I combined the categories “discrimination at work,” “discrimination at stores,” “discrimination in social service agencies,” into a category labeled “context of discrimination.” This category better reflected the participants’ experiences because not all participants experienced discrimination in each of the identified locations, but discrimination was always experienced within a salient context and for similar reasons (e.g., ethnic background).

**Step Three: Re-review of the data and initial identification of themes.** In order to progress from categories to themes as recommended by Ely and colleagues (1991), I reviewed the data again. The main goal at this step is to ensure that all categories are represented within the data before progressing to themes. Therefore, to review the data in more depth, I integrated Patton’s (2002) and Morse’s (2000) recommendations for selecting a subsample of data to review in greater detail. I felt that a more in-depth review of the interviews would add to the quality, credibility, and trustworthiness of the data, as I would be able to dedicate much more time and attention to each of the participants’ accounts, given that the sample would be more manageable (Patton, 2002). By dedicating more time to the interviews, I listened to the audio recordings several times and I was able to verify that the categories I was creating were consistent with the participants’ experiences.

Additionally, during earlier steps of analysis I realized that not all interviews added something new or enriched the results in a specific way. For example, some participants were more reserved and quiet while others were more talkative. As such, the more reserved participants were less descriptive about their experiences and I was therefore less able to obtain examples that would illustrate Mexican immigrants’
experiences of discrimination. In contrast, the more talkative participants seemed better able to describe their experiences. These observations were consistent with Morse’s (2000) recommendations on selecting amounts of data necessary for reaching saturation and bringing to life the nuances in the data. Saturation for this study was defined as the point where the qualitative data did not seem to provide any new information that would help to clarify the results of the quantitative data. To guide my decision on the amount of interviews needed, I relied on Morse’s recommendations. Specifically, Morse recommended that if the topic being studied is specific, participants’ answers are clear, and the information in the interviews is easily obtained, fewer participants or interviews are needed to reach saturation. Similarly, scholars have argued that the number of interviews or participants included in a study is ultimately a matter of judgment and can be based on the researcher’s assessment of the quality of the data (Morse, 1994, 2000; Patton, 2002).

Keeping in mind that some interviewees were not as descriptive in their accounts as others, relying on Morse’s (2000) and Patton’s (2002) recommendations, and on my previous experience analyzing qualitative data, at this stage of the analysis I focused on a review of 20 interviews. Specifically, my criteria for selecting the 20 interviews included: (a) excluding participants who were not as descriptive in their accounts and/or excluding participants whose experiences were not consistent with those of the majority of the participants (b) selecting participants who provided descriptive details of their accounts, and (c) including participants from different stages of the data collection process (e.g., beginning, middle, and end).
On the basis of the first criterion, I excluded a total of 22 interviews from this analysis including the 13 handwritten notes of those participants who did not want to have their interviews audiotaped, 8 audiotapes from 5 males and 3 female participants who were not clear in describing their experiences, and 1 audiotape from a woman participant who in the context of her discrimination experience reported that she had been raped by her employer. Although her experience was important, it did not resemble that of any other participant, and thus I felt it would be best to exclude her account from this process. After removing these 22 interviews and before proceeding with the analysis, I identified and kept six participants (3 men and 3 women) who provided descriptive examples of multiple contexts in which they experienced discrimination, thus meeting my second criteria. After selecting these 6 interviews, I had 91 interviews from which to select the remaining 14 audiotapes for the saturation process. I divided the 91 interviews into three groups based on whether I had conducted the interviews toward the beginning, middle, and end of the data collection period. This third criterion allowed me to take into account any differences in my data collection approach during the data collection process. For example, I wanted to take into account that at the start of the data collection I did not know as much about participants’ experiences and thus at later stages of the data collection process my questions served to clarify any inconsistencies or questions that resulted from earlier interviews. On the basis of this criterion, I selected one participant randomly from each group until I had a sample of 20 participants (5 from the beginning; 5 from middle, and 4 from the end. Six were identified earlier in the process). The final sample consisted of 11 men and 9 women; 7 interviews were from the beginning, 8 from the middle, and 5 from the end of the data collection process.
Once I identified the 20 interviews, I listened to their content several times and verified that the revised categories from step 2 were represented within the data (Ely et al., 1991). Through this process, I found that all categories were well represented within the data and no new categories emerged. As I ensured that all categories were represented, I started to note sections of the interviews that could be used as quotes to illustrate each of the categories. I did this by making a note of how many minutes into the interview the participant talked about a particular category. During this review process, I also created a list of possible themes based on the categories. For example, one of the possible themes was “It happens in a lot of places” and emerged from the “context of discrimination” category.

**Fourth step: Theme and quote selection.** In this final step, I had two goals: (a) to finish creating the themes that accurately represented the data, and (b) to select quotes that would bring to life participants’ experiences. This process resulted in the following six themes: “It happens in a lot of places,” “Psychological impact of discrimination,” “Gender role conflicts,” “The process of immigration and settlement,” “Ethnic and national pride,” and “Dealing with discrimination.” Because the purpose of including a mixed methodology design in this study was to use the results derived from one method to enhance the results of the other, only the themes that helped to enhance and clarify the quantitative data are the focus of this study. Therefore, in the results section I describe the results specific to each of the following themes: “It happens in a lot of places,” “Influence of discrimination on psychological adjustment,” and “Dealing with discrimination.”

The quotes I present in the results section were also translated following Brislin’s (2000) back translation method. Specifically, I translated the Spanish quote into English.
and then the bilingual research assistant back translated the English quote into Spanish. At that point, I compared the original Spanish quote with the Spanish back translation. I also reviewed the English version to ensure it reflected the original meaning in the Spanish language quote. I found minor inconsistencies in the translations. For instance, the English phrase “to look” in Spanish could be “mirar” or “ver.” The use of either Spanish word does not change the meaning of the message. In cases where I found distinction on the Spanish words used, I made sure that the message of the back translated Spanish quote was consistent with its original Spanish version. Overall, throughout the back translation process, I found that the English version accurately represented the Spanish transcriptions.
Chapter IV

Results

I used a complementarity mixed methods research design to generate data on the participants’ experiences of discrimination. A common practice in complementarity designs is that often one method constitutes the primary focus of the study (Caracelli & Greene, 1997). In this study, the quantitative data were the dominant method and I used the qualitative data to further understand and enhance the results of the quantitative data. Consistent with complementarity designs, mixed methods analysis involved independent analysis of each methodology. Specifically, I used SPSS to generate a statistical analysis of the quantitative data and used thematic analysis to analyze the qualitative data. Mixing of the results occurred after the analysis of each of the types of data, and it involved identifying themes that seem to have something in common and that help to enhance the results of the quantitative data (see Caracelli & Greene, 1997). Thus, for this study, I mixed the findings in both the results and the discussion chapters. In the next section, I describe the results of the quantitative data, followed by a description of the qualitative findings and how these relate to the quantitative data.

Quantitative Results: Preliminary Data Analyses

Data cleaning. The frequency distributions of the relevant study variables were reviewed by examining the skewness, kurtosis, and potential outliers. The skewness and kurtosis statistics for participants’ scores on the Unfair Treatment Scale (Finch et al., 2000), Discrimination Survey (Alegría et al., 2004), CES-D (Radloff, 1977), and Brief COPE (Carver, 1997, 2007) ranged from -.95 to .83, indicating that the measures met the
assumptions of normality. Specifically, the standard error values of the skewness and kurtosis statistics, regardless of the ± sign, were not 2 or more, thus indicating they did not differ from normality (Tabachnick & Fidell, 2007).

**Frequency of discrimination scores.** As both the DS and the UTS assessed participants’ experiences of discrimination, I combined scores for the two measures into a single variable labeled *frequency of discrimination*. To determine the frequency of discrimination, I standardized the scores from each measure given that each measure was scored on a different Likert-type scale. I combined and averaged the standardized z-scores to arrive at the frequency of discrimination score. The standardized frequency of discrimination scores for the combined measures ranged from -1.16 to 2.57, with higher scores indicating greater frequency of discrimination.

**The Brief COPE factor structure.** As recommended by Carver (1989, 2009), I conducted an exploratory factor analysis to create higher-order factors of the Brief COPE using the subscale scores. To assess the appropriateness of using factor analysis on the data, I used two indicators. I used Kaiser-Meyer-Olkin (KMO; Kaiser 1970) and Tabachnick and Fidell’s (2007) measure of sampling adequacy. Specifically, the KMO provided an index between 0 and 1 regarding the proportion of variance among the variables that might be common variance. KMOs near 1.0 support factor analysis and anything less than 0.5 suggest that the data is no amenable for a factor analysis.

Consistent with Kaiser’s recommendation, Tabachnick and Fidell (2007) suggest that values greater than .60 are required for factor analysis. In the present study the KMO index was .67 indicating the sample was appropriate for factor analysis. Additionally, Barlett’s test of sphericity was statistically significant (*p* < .01), thus supporting the use
of factor analysis on this data. I first conducted a principal components analysis on the 12 subscales to determine the number of potential components to specify in the exploratory factor analysis. Factors to consider for subsequent analysis included those that had eigenvalues greater than one (Kaiser, 1958). Therefore, I inspected the scree plot and identified factors having eigenvalues greater than one.

On the basis of this review, I examined two-, three-, and four-factor solutions using principal axis extraction with a varimax rotation as this rotation compared to the oblique rotation searches for a linear combination where the variance of the loadings is maximized. The 2-factor solution appeared to best fit the data because there were no item crossloadings (items did not load in both factors) and there were item loadings above .40 on each factor. To describe the factors, I retained subscale loadings within each factor that had absolute values greater than .40 (Floyd & Widaman, 1995). Factor 1 included the active coping, planning, and positive reframing subscales and accounted for 14% of the variance. Factor 2 included the acceptance, humor, and emotional support subscales and accounted for an additional 10% of the variance. Because factor 1 subscales represent active attempts to solve the situation or problem, I labeled them as problem-focused coping style. In contrast, factor 2 subscales represent attempts or actions to reduce and manage any emotions resulting from the situation; thus, I labeled factor 2 as emotion-focused coping style. These labels are consistent with the TSCM (Lazarus & Folkman, 1980, 1984). The Cronbach’s alpha for the problem- and emotion-focused coping subscales were .75 and .66, respectively. Table 2 highlights the results of this procedure.
Table 2

*Brief COPE Factor Loadings: Two Factor Solutions - Principal Axis with Varimax Rotation*

<table>
<thead>
<tr>
<th>Factor Solutions</th>
<th>Factor Loadings</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
</tr>
<tr>
<td><strong>Factor I: Problem-Focused Coping</strong></td>
<td></td>
</tr>
<tr>
<td>Active Coping</td>
<td>.81</td>
</tr>
<tr>
<td>Planning</td>
<td>.61</td>
</tr>
<tr>
<td>Positive Reframing</td>
<td>.56</td>
</tr>
<tr>
<td><strong>Factor II: Emotion-Focused Coping</strong></td>
<td></td>
</tr>
<tr>
<td>Emotional Support</td>
<td>.18</td>
</tr>
<tr>
<td>Humor</td>
<td>-.13</td>
</tr>
<tr>
<td>Acceptance</td>
<td>.19</td>
</tr>
</tbody>
</table>

Eigenvalue       | 2.75            | 1.46            |
% variance       | 14              | 10              |
*M*             | 16.41           | 16.04           |
*SD*            | 4.60            | 4.13            |
Coefficient alpha | .75             | .66             |
Total Variance   | 24              |                 |

*Note:* Boldface indicates highest factor loadings

*Each coping strategy under each factor represents a subscale of the Brief Cope. Each subscale includes 2 items.*

**Descriptive statistics.** Descriptive statistics on the measures are presented in Table 3. The overall average score for the total frequency of ethnic-related discrimination (i.e., the combined and averaged standardized frequency of stress scores across the DS and UTS) was 0 (*SD* = .89). These standardized scores indicate that, on average, participants experienced discrimination at least several times a month. I used this frequency of ethnic-related discrimination score on subsequent analyses. The mean score on the CES-D Scale (*M* = 15.81; *SD* = 12.09) revealed that participants endorsed one or more symptoms of depression at the time of the interview. Forty-two percent (*n* = 50) of the participants obtained scores of 16 or higher, which is the generally accepted cut-off to
categorize someone as depressed. In regards to their physical health, participants’ average self-reported score was 1.73 ($SD = 1.02$) and 40% ($n = 47$) of them considered their health to be “good.”

Table 4 presents the zero-order correlations among study variables. Findings from the zero-order correlations suggest a medium, positive, and significant association between frequency of ethnic-related discrimination and depression ($r = .42$). Gender was significantly correlated with health status ($r = -.18$). This indicates that men reported better health than women. Skin tone was negatively related to depression ($r = -.19$), and positively related to health status ($r = .21$) and to problem-focused coping ($r = .21$), indicating that participants with dark skin tones experienced less symptoms of depression, better health, and used problem-focused coping more often than participants with lighter skin tones. Problem-focused and emotion-focused coping styles were not correlated with either depression or health status.
Table 3

**Means, Standard Deviations, and Alphas for Relevant Study Variables for Total Sample and by Gender**

<table>
<thead>
<tr>
<th>Variables</th>
<th>Range</th>
<th>Total Sample (n = 119)</th>
<th>Men (n = 52)</th>
<th>Women (n = 67)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>M</td>
<td>SD</td>
<td>α</td>
</tr>
<tr>
<td>Skin Tone</td>
<td>1 – 14</td>
<td>8.58</td>
<td>3.13</td>
<td>-</td>
</tr>
<tr>
<td>Health Status</td>
<td>0 – 4</td>
<td>1.73</td>
<td>1.02</td>
<td>-</td>
</tr>
<tr>
<td>Frequency of Discrimination*</td>
<td>-1.16 – 2.57</td>
<td>.00</td>
<td>.88</td>
<td>-</td>
</tr>
<tr>
<td>Problem-Focused Coping</td>
<td>6 – 24</td>
<td>16.41</td>
<td>4.60</td>
<td>.75</td>
</tr>
<tr>
<td>Emotion-Focused Coping</td>
<td>6 – 24</td>
<td>16.04</td>
<td>4.13</td>
<td>.66</td>
</tr>
<tr>
<td>Depression</td>
<td>0 – 60</td>
<td>15.81</td>
<td>12.09</td>
<td>.91</td>
</tr>
</tbody>
</table>

*Note: Scores are standardized using z-scores. Problem-focused coping = includes the active coping, planning, and positive reframing subscales; Emotion-focused coping = includes humor, acceptance, and emotional support subscales; Following Helms, Henze, Sass, and Mifsud’s (2006) recommendations, alpha coefficients for the DS and UTS were omitted as discrimination scores reflect participants’ experiences and not specific attributes or characteristics of the individuals.
Table 4

Zero-order Correlations Among Main Variables

<table>
<thead>
<tr>
<th>Measure</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Gender</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Skin Tone</td>
<td>-.28&lt;sup&gt;b&lt;/sup&gt;</td>
<td>-</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Life in U.S.</td>
<td>-.15</td>
<td>-16</td>
<td>-</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Problem-Focused Coping</td>
<td>-.13</td>
<td>.21&lt;sup&gt;a&lt;/sup&gt;</td>
<td>-.07</td>
<td>-</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Emotion-Focused Coping</td>
<td>.01</td>
<td>.05</td>
<td>-.14</td>
<td>.20&lt;sup&gt;a&lt;/sup&gt;</td>
<td>-</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Frequency of Discrimination</td>
<td>-.12</td>
<td>-.04</td>
<td>.03</td>
<td>.13</td>
<td>.00</td>
<td>-</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Depression</td>
<td>.07</td>
<td>-.19&lt;sup&gt;a&lt;/sup&gt;</td>
<td>-.05</td>
<td>.17</td>
<td>-.11</td>
<td>.42&lt;sup&gt;b&lt;/sup&gt;</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>8. Health Status</td>
<td>-.18&lt;sup&gt;a&lt;/sup&gt;</td>
<td>.21&lt;sup&gt;a&lt;/sup&gt;</td>
<td>-.01</td>
<td>-.02</td>
<td>-.00</td>
<td>.12</td>
<td>-.34&lt;sup&gt;b&lt;/sup&gt;</td>
<td>-</td>
</tr>
</tbody>
</table>

Note: Gender = dummy coded as 0 = male and 1 = female; Skin Tone = dummy coded into 0 (lighter skin tone) and 1 (darker skin tone); Life in U.S. = portion of participants’ life spent in the U.S.  
<sup>a</sup>p<.05 * ; <sup>b</sup>p<.01
Table 5 provides descriptive statistics on the DS and UTS. Results from the combined discrimination scores revealed that 92% of the participants reported experiencing at least one type of discrimination during their daily life. When examined individually, two-thirds of the participants (66%) reported that in the past they have seen people treated unfairly because of their Mexican heritage; 59% reported that they themselves had been treated unfairly because of their Mexican heritage; 58% stated feeling they were treated with less courtesy than other people, and 54% reported feeling like people act as if they were better than the participants themselves. Related to their experiences of ethnic-related discrimination and not included on the table is information on the causes of the incidents. When asked to identify the primary cause of their discrimination experiences, participants attributed their experiences to a bias toward their perceived Latino or Mexican heritage (48%), to language issues (e.g., people not wanting them to talk in Spanish; 17%); and to educational or economic-status-related issues (5%). Twenty-one percent of the participants opted to select “other factors” as the cause of their discrimination experiences, and 5% reported not knowing the cause. These other factors or causes of discrimination include an individual’s immigrant status, abuse of power by employers, gender, and skin tone.
Table 5

*Descriptive Statistics for Discrimination Scales*

<table>
<thead>
<tr>
<th>Scale Items</th>
<th>Percent who experienced a given discrimination item</th>
<th>Frequency of Experience $M (SD)$</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Discrimination Scale (Alegría et al., 2004)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. You are treated with less courtesy than other people.</td>
<td>58 (69)</td>
<td>1.55 (1.73)</td>
</tr>
<tr>
<td>2. You are treated with less respect than other people.</td>
<td>40 (48)</td>
<td>.93 (1.42)</td>
</tr>
<tr>
<td>3. You receive poorer service than other people at restaurants or stores.</td>
<td>34 (40)</td>
<td>.73 (1.16)</td>
</tr>
<tr>
<td>4. People act as if they think you are not smart.</td>
<td>54 (64)</td>
<td>1.33 (1.57)</td>
</tr>
<tr>
<td>5. People act as if they are afraid of you.</td>
<td>20 (24)</td>
<td>.51 (1.22)</td>
</tr>
<tr>
<td>6. People act as if they think you are dishonest.</td>
<td>38 (45)</td>
<td>.84 (1.41)</td>
</tr>
<tr>
<td>7. People act as if they think you are not as good as they are.</td>
<td>54 (64)</td>
<td>1.16 (1.37)</td>
</tr>
<tr>
<td>8. You are called names or insulted.</td>
<td>25 (30)</td>
<td>.54 (1.16)</td>
</tr>
<tr>
<td>9. You are threatened or harassed.</td>
<td>16 (19)</td>
<td>.36 (.95)</td>
</tr>
<tr>
<td><strong>Unfair Treatment Scale (Finch et al., 2000)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. How often do people dislike you because you are Mexican?</td>
<td>34 (45)</td>
<td>.76 (.74)</td>
</tr>
<tr>
<td>11. How often do people treat you unfairly because you are Mexican?</td>
<td>59 (70)</td>
<td>.68 (.65)</td>
</tr>
<tr>
<td>12. How often have you seen someone (e.g., friends, neighbors, or family members) be treated unfairly because they were Mexican?</td>
<td>66 (79)</td>
<td>1.03 (.92)</td>
</tr>
</tbody>
</table>

*Note.* Following Helms et al. (2006) recommendations, alpha coefficients for the DS and UTS were omitted, as discrimination scores reflect participants' experiences and not specific attributes or characteristics of the individuals.
Quantitative Results: Main Analyses

**Research Question 1: Are antecedent variables (i.e., gender and skin tone) related to experiences of ethnic-related discrimination?** To examine the relation between antecedent variables (i.e., gender and skin tone) and ethnic-related discrimination, I performed a two-by-two analysis of variance with ethnic-related discrimination as the dependent variable. Before performing the Anova, I dummy coded gender (0 = man and 1 = woman) as well as skin tone (0 = light skin tone and 1 = dark skin tone). Results indicated that there were no gender or skin tone differences nor was there an interaction between gender and skin tone $F(3, 115) = .56$

**Research Questions 2 and 3: Does the ERDM account for a significant amount of variance in mental and physical health among Latino immigrants? Do coping strategies moderate the relation between ethnic-related discrimination and health?** I conducted two separate hierarchical multiple regression analyses to examine these research questions; in the first analysis, depression served as the criterion variable and in the second analysis physical health was the criterion variable. The predictor variables included the antecedent factors (i.e., gender and skin tone), ethnic-related discrimination frequency, coping styles, and the interaction between discrimination and coping. Before conducting the analyses, I examined and found that the data met the assumptions of normality, linearity, and homoscedasticity (see Cohen, Cohen, West, & Aiken, 2003). In step 1, I entered gender and skin tone, both variables were dichotomized into 0 and 1. In step 2, I entered the standardized frequency of ethnic-related discrimination as well as problem- and emotion-focused coping variables, and in the third and final step I entered the interaction terms. Following the recommendations of
Aiken and West (1991) and Frazier and colleagues (2004), I then standardized the predictor (i.e., ethnic-related discrimination) and moderator (i.e., problem- and emotion-focused coping) variables using z-score transformations to reduce multicollinearity. Last, I created two interaction terms by calculating the products of frequency of discrimination x problem-focused coping, and frequency of discrimination x emotion-focused coping.

Hierarchical Regression Analysis: Depression. Table 6 includes the results of this analysis. The overall model was statistically significant accounting for 27% of the variance in the depression scores, $F (7, 111) = 5.93, p < .01$. Step 1 and Step 3 did not contribute a significant amount of variance to depression scores; Step 2 contributed to a significant increase on the depression scores accounting for 26% of the variance in the depression scores, $F (3, 113) = 11.27, p < .01$. Discrimination ($\beta = .40$), skin tone ($\beta = -.18$), and problem-focused coping ($\beta = .20$), emerged as unique predictors of depression.

Hierarchical Regression Analysis: Physical Health. Health status as criterion variable in the hierarchical multiple regression was not significant $F (7, 111) = 1.78$. Therefore, no results are presented for this variable.
Table 6

Hierarchical Multiple Regression Analysis Predicting Depressive Symptoms from Ethnic-Related Frequency of Discrimination, Problem-Coping Strategies, and their Interactions (N = 119)

<table>
<thead>
<tr>
<th>Variables</th>
<th>B</th>
<th>SE</th>
<th>ß</th>
<th>Adjusted R²</th>
<th>R²</th>
</tr>
</thead>
<tbody>
<tr>
<td>Step 1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gender</td>
<td>0.40</td>
<td>2.30</td>
<td>.02</td>
<td>.02</td>
<td>.03</td>
</tr>
<tr>
<td>Skin Tone</td>
<td>-4.52</td>
<td>2.38</td>
<td>-.18</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Step 2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>.22</td>
</tr>
<tr>
<td>Gender</td>
<td>2.20</td>
<td>2.07</td>
<td>.09</td>
<td>.26</td>
<td></td>
</tr>
<tr>
<td>Skin Tone</td>
<td>-4.41</td>
<td>2.16</td>
<td>-.18</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Frequency of Discrimination</td>
<td>5.48</td>
<td>1.13</td>
<td>.40</td>
<td>.40</td>
<td></td>
</tr>
<tr>
<td>Problem-Focused Coping</td>
<td>2.39</td>
<td>1.03</td>
<td>.20</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emotion-Focused Coping</td>
<td>-1.68</td>
<td>1.00</td>
<td>-.14</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Step 3</td>
<td></td>
<td></td>
<td></td>
<td>.23</td>
<td>.27</td>
</tr>
<tr>
<td>Gender</td>
<td>2.00</td>
<td>2.07</td>
<td>.08</td>
<td>.43</td>
<td></td>
</tr>
<tr>
<td>Skin Tone</td>
<td>-4.54</td>
<td>2.16</td>
<td>-.18</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Frequency of Discrimination</td>
<td>5.88</td>
<td>1.16</td>
<td>.43</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Problem-Focused Coping</td>
<td>2.33</td>
<td>1.04</td>
<td>.19</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emotion-Focused Coping</td>
<td>-1.73</td>
<td>1.01</td>
<td>-.14</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Discrimination X Problem-Focused Coping</td>
<td>-1.77</td>
<td>1.18</td>
<td>-.13</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Discrimination X Emotion-Focused Coping</td>
<td>0.93</td>
<td>1.26</td>
<td>.06</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: "p < .05, "p < .01."
Qualitative Results

The purpose of this analysis was to identify themes that represented the participants’ experiences, thus bringing to life the nuances involved in their experiences of ethnic-related discrimination. Three themes emerged: “It happens in a lot of places,” “Influence of discrimination on psychological adjustment,” and “Dealing with discrimination.” In the next section, I present a description of the qualitative findings as a way to provide contextual background for the quotes in each theme and discuss how the qualitative and quantitative findings relate to each other. This is followed by a description of the themes.

Qualitative findings. Participants’ experiences of ethnic-related discrimination took many forms (e.g., treated with less respect than non-Latinos, called names or insulted, received poor service in restaurants). This is consistent with participants’ quantitative accounts, but the qualitative data helps to understand where the various forms of discrimination occurred. This information is something the quantitative data did not provide. The participants’ qualitative accounts revealed that ethnic-related discrimination occurred in various places (e.g., work, stores). The perpetrators of the incidents ranged in their ethnic and racial background, gender, and age. The qualitative data also revealed that participants’ ethnic and immigrant backgrounds and/or language proficiency were often the target of the prejudice or discriminatory acts they experienced. This is consistent with the quantitative results that revealed that close to half of participants experienced discrimination based on their Latino heritage and about one-fifth attributed it to language-related issues.
Next, I describe each of the themes and I provide examples of the different ways in which participants experienced discrimination. Whenever possible, I also include information about the identity of the perpetrator.

**It Happens in a Lot of Places.** Consistent with the quantitative data, participants’ qualitative accounts revealed that ethnic-related discrimination is a significant problem in their everyday lives. They reported that discrimination incidents happened in a variety of places during their everyday activities. Therefore, the theme heading refers to the settings or situations in which participants experienced discrimination.

Participants reported experiencing ethnic-related discrimination in a variety of settings including their workplaces, when trying to access social services (e.g., food stamps), while shopping, while driving (e.g., racial profiling), and when receiving services at hospitals and medical clinics. Because employment settings were the most talked about, as participants spent most of their time working, I provide more examples in the context of this setting as opposed to other places where discrimination occurred.

Ethnic-related discrimination in employment settings took many forms. For example, participants stated that when compared to their non-Latino White or African American coworkers, they were given more work, were paid less, and were often treated with less respect by employees or customers. Manuel eloquently described what discrimination meant to him and the form it took:

Discrimination to me is when they [non-Latino White employers] assign to you many more tasks than they do to those from here [U.S.-born]. And that happens to me a lot at work. They ask me to do many more things, and I do them because I like to work. So, I will do them, but often I am very busy…
Manuel’s experience was shared by other participants who also talked about the lower wages they received despite the many tasks they were given at work. A common statement among participants was “At work they [employers] pay you less [than they do to non-Latinos]. Everyone knows it.” Also while at work, language was a common factor related to their discrimination experiences. Some participants reported to have heard or been told: “If you don’t speak English, go back to Mexico.” Others like Teresa, who reported not speaking English well, recalled being treated with less respect than their non-Latino coworkers by patrons:

When I was working at the restaurant, many times I felt, I would say, discrimination from many patrons. Because I didn’t understand what they would ask, I received insults which I didn’t understand until later [when I became more familiar with the English language]… There were many times, I didn’t count them, but maybe 15, 20 instances where clients would yell while ordering. They would even snap their fingers. And personally, it is offensive.

Also in their workplaces, some participants encountered instances where people, typically non-Latino Whites, would use individuals’ ethnic and immigrant status to perpetuate stereotypes and thus degrade and dehumanize them. Antonio, a participant in his 30s with advanced English proficiency, recalled the following:

Antonio: Two years ago I worked at a restaurant and many guys, well, Halloween was approaching, and one guy was going to dress up as Mexican…

Researcher: What was the ethnic background of this guy?

Antonio: Americans [non-Latino Whites]. One was going to dress as Mexican and the other as immigration [an immigration agent]. I felt it was a mockery and they saw it as fun. And the worse thing is that even a Mexican guy felt that it was funny. And I felt so angry.

José, who was around Antonio’s age and also had advanced English language proficiency, shared a similar story:
At work… a woman [non-Latino White] asked me… well, she made a remark to me “Why are so many of you [Mexicans] here illegally? Why do so many of you come here [to the U.S.]?” And I told her that “If all illegal immigrants left this country, this country would not function. So, I don’t know why you get mad…If you stop and think you will see that not only Mexicans here [in the U.S.] are illegal or that they [Mexicans in the U.S.] are not [all] immigrants…

Consistent with the way in which discrimination was encountered in employment settings, participants reported that outside of their workplaces, ethnic-related discrimination also took many forms. For example, in stores participants reported having been treated with less courtesy than non-Latinos, having received poorer service than other people, and to have often been ignored. Sometimes, based on the perpetrators’ actions, participants felt they were disliked for their Mexican background. Claudia, a woman in her 30s with beginner English language skills, provided an example of this type of encounter, which also reflects the experiences of many other participants:

...[I had] one experience at a store where I really felt bad. A woman was in front of me. She was going to pay and there were several people, but I was behind her and one person left, so I moved forward to get closer to the cashier. So, I was [directly] behind her. It never occurred to me that she would get bothered by this. It was her turn, so she moved forward, so I moved closer. She turned around and stared at me and said “Hispanic!” and then she started to talk to the cashier…so she got mad. She looked at me like saying “Why do you get so close to me?”…and even the American women [non-Latino White women] behind me noticed. They just looked at her.

Claudia reported that the shopper who became angry at her was an older woman; similarly, other participants reported that in the stores sometimes older people would hit them with their shopping carts while waiting in the cashier line. In these types of incidents, women reported that they wanted to believe it was an accident when it first
happened. However, they changed their minds once the person continued to hit them and make comments like the one Claudia described.

Men’s experiences of discriminatory incidents were different, but they still experienced differential treatment in the stores. In contrast to women participants, men participants reported being ignored or treated like they were going to steal something.

Edgar’s experience describes how he was treated by store attendees:

Edgar: I went to visit some friends of mine in this area of Chicago and I went into this store, a little store. And when you come from Mexico you want to look at things, look around, so I was looking at things. I had this bulky coat and people were just staring at me.

Researcher: To protect yourself from the cold?

Edgar: Yes.

Researcher: And where these people White [non-Latino White]?

Edgar: Yes. And suddenly the police came. And not even knowing the language. So, now I realize what they were telling me. They asked me “What is your name? What are you doing here?” I imagine I understood because I remember saying, telling them in Spanish, “I came to buy a soda, I am looking at sunglasses…” and then he said something like “You are stealing” [struggling to pronounce the word]. I still remember the word. So I took out my wallet, my friends had given me money. So, I took out the wallet and said “Look.” Then he said, “Okay, so you have money to buy. Ok.” So, I felt [surprised], these people don’t want us [Mexicans] here [in the U.S.].

Although this incident occurred over 15 years ago when Edgar first arrived to the U.S. in his 20s, he said that this incident was salient to him. He said that despite how long ago it had occurred it was still fresh in his mind because in different ways discrimination incidents like the one he described is something that he continues to experience. He reported that when he is not experiencing it himself, he witnesses the discrimination of others and his friends share similar stories.
In addition to employment and store settings, ethnic-related discrimination occurred in social services agencies. In these places, participants felt the agency workers had a bias against their nationality or immigrant background. For example, Julieta shared that when attempting to apply for social services for her infant, the clerk asked her for information that was irrelevant to the application:

This person asked questions [about how I came to the U.S.] that should not have been asked and I felt discriminated by her. Given she too was a Latina person [of a different nationality than the participant], she should have helped, and she was there [in her job position] to help! But, you could say that, instead, she put rocks on the road [obstacles in my path]. So I kept telling her “I am not asking [assistance] for myself, the help is for my kids who are U.S. citizens”…I think that she doesn’t really like Latinos although she is Latina herself…and maybe she doesn’t do that to those from her country because she is [Latin American country of origin], but to Mexicans, I know of many Mexicans she has treated the same way.

Julieta’s experience echoes that of other women; a number of the women I interviewed reported a similar encounter with this agency worker. In some cases, women reported that they were seeking to renew their applications for social services and that the agency worker would tell them they no longer qualified for the services.

As evident from participants’ accounts, ethnic-related discrimination seemed to happen in all aspects of their everyday lives and in different places including work, public service agencies, and stores. The discrimination encountered took many forms and these experiences seemed to have triggered a number of emotions. As such, the following theme illustrates their reactions and feelings about their experience.

**Influence of Discrimination on Psychological Adjustment.** This theme refers to the psychological reactions participants experienced as a result of their ethnic-related discrimination encounters. Psychological reactions include emotional (e.g., feelings of
anger or sadness) and cognitive effects (e.g., ruminating thoughts) that resulted from ethnic-related discrimination. These emotional and cognitive reactions occurred during and after the event.

Participants reported a mix of emotions, including shock, anger, sadness, embarrassment, frustration, physical discomfort, and nervousness. These reactions are psychological expressions consistent with symptoms individuals with depression may experience. Thus, participants’ accounts of the psychological reactions they had as a result of their experiences seem to correlate with the quantitative data on mental health.

In addition to these emotions, participants also reported feeling as if they were invisible. For example, many participants described incidents at work where non-Latino Whites would walk into their work stations and would say hello to everyone (non-Latino) but not to them. In such instances, participants reported feeling invisible and also reported feeling embarrassed about being ignored. They said that often they did not know what to do in such instances.

In cases where participants were clearly attacked or told something negative about their ethnic or immigrant background, they reported experiencing cognitive and emotional distress. Expression of these types of distress included questioning their decision to move to the U.S., headaches, and sadness. Isabel, a 28-year-old woman with beginner English language skills, with tears in her eyes described her reactions to her ethnic-related discrimination experience. Her tearful account is similar to psychological reactions reported by other participants:

Isabel: Not long ago at the hotel that I worked…I was stocking my little cart. This I have not told anyone, not even my husband because it made me feel like…[she cuts herself off and appears to be unable to label her feelings]. A Black man entered and he says to
me “Hola [Hello]” and so I said “Hola [Hello]”. Always when someone speaks to you in Spanish, in the moment you like it. So, he says “Hola [Hello]” and I said, “Hola, ¿Cómo estás? [Hello, how are you?]” “Bien [Well]” he says. So I said to him “¿Estás cansado? [Are you tired?]” “Sí, muy cansado [Yes, very tired]” he says. But like serious. So, I just said okay and he got into the elevator, the doors closed, and he repeated everything he said and what I said. And at the end, he said “Hispanos! [Hispanics!],” and later in English he said “Shit Hispanics, shit…” and I don’t know what else he said because I didn’t want to hear. When I don’t want to hear something, I block my mind and I say to myself “no, no, no, I don’t want to listen, I don’t want to listen”….

Researcher: …And what do you feel when you hear such things about Mexicans or Hispanics?

Isabel: …I don’t know. I just close my eyes and feel tension, lots of tension here [touching her forehead and head]

As Isabel shared her story with me, she touched her head and let me know that the pain she felt was something she could not forget because it is something, she said, she feels when ethnic-related discrimination occurs. Another example of the emotional distress experienced by participants was shared by Rodrigo. He was a male in his early 20s, with intermediate English language skills, and talked about how he felt when he and his girlfriend were trying to order dinner at a restaurant and the waitress, an African American woman, kept ignoring them and pretending that she did not understand them.

Researcher: So, how did you feel during the restaurant incident with that waitress?

Rodrigo: Like she was being discriminatory toward us…She got so angry…I felt so embarrassed, I even got flushed red, I just felt so embarrassed, and then I just left my girlfriend there [sitting at the table] alone.

Rodrigo recalled feeling so embarrassed that he left his girlfriend at the table for her to continue to try to communicate with the waitress. Rodrigo said that he walked to the front of the restaurant to wait for his girlfriend and eventually returned to the table
when another waiter, a non-Latino White man apologized to them for the experience. Like Rodrigo, many other participants indicated feeling embarrassed during these encounters.

Across participants, embarrassment and anger were common reactions to discrimination. For example, while attempting to apply for a job, Victoria was told by the restaurant employee to go to the social security office. The employee insinuated to Victoria that she did not have a valid social security card and should not be applying for a position there. Victoria recalled:

Victoria: I told my son, can you believe this stupid guy..! He says that my social security [card] is not valid…and then I told my son, do me a favor… Let’s go talk to the manager to tell him what happened. And my son says “Oh, not me mom, I get embarrassed! Right now you are too agitated, too mad…,” he said…

Researcher: So, you were very mad?

Victoria: Yes, I tell you, and I started to cry

Researcher: So, you cried right there in the restaurant?

Victoria: Yes, at a table, I cried….

Despite the anger she felt, Victoria said that she did not insist on notifying the manager as she did not want to place the employee in jeopardy of losing his position because she believed that he, too, was of Mexican descent. In addition to the reactions participants experienced during and after the discriminatory incidents, participants also suggested that beyond the short-lived emotional responses like anger, discrimination could have more severe or longer-term consequences on their psychological health. They indicated that some of these consequences involved becoming depressed, losing one’s self-esteem, believing that one is worthless, having recurring thoughts about the issue,
and having less energy to work or eat. For example, in Lorena’s case, her Latino employer, often forced her to work extra days or would make it difficult for her to take a day off. She shared that after being told many times by her employer that she had to work on a day that would typically be her day off, she begin to worry and think about it constantly. She said that her employer would say “Thinking about your daughter” as a way to blackmail her into working extra days. This is how she reported feeling:

Lorena: When the time would come for him begin to create the work schedule…I would start thinking, thinking, and thinking that he was going to ask me to work on Saturdays. Like, I didn’t want him to keep telling me that I had to work on Saturdays. And, I just kept thinking.

Researchers: Did you feel any other way besides thinking about it?

Lorena: Yes, I think I did. Angry. Angry yes, it bothered me...

Lorena’s reactions illustrate one of the long-term consequences (i.e., ruminating thoughts about an issue) participants reported could be the result of discrimination. Although Lorena did not feel that her experience would have any other severe or long-term consequences on her health or life, she did feel these experiences could affect others. She reported that as a result of being treated differently at work, being looked at differently by non-Latinos, or by feeling discriminated against “some [Mexicans] would become depressed and would feel bad about who they are [their Mexican identity].”

Lorena’s perceptions about the possible long-term consequences of discrimination were shared by Alejandro, who had been in the U.S. for 4 years and reported low levels of English proficiency. He said that discrimination in work settings could lead people to constantly think about the rejection or bad treatment experienced and as a result, those individuals “Would not have the courage to seek another job…in
their mind they would have whatever comment they were told before…They would not have the same self confidence [as they had before the incident].” Although he talked about ethnic-related discrimination in work settings and Lorena talked about ethnic-related discrimination in any setting, both shared the notion that discrimination could influence people to doubt themselves.

Present in participants’ accounts about the consequences of discrimination was the notion that the way in which individuals cope with their experiences can influence the severe or permanent consequences of these events. As such, in the next section, I report how participants coped with the discrimination experiences and highlight the coping strategies participants found most helpful in dealing with the aftermath of the discrimination.

**Dealing with Discrimination.** This theme represents the participants’ coping approaches to manage discrimination experiences. Consistent with the quantitative data, two different coping approaches emerged and to be consistent with the theoretical research and the quantitative findings in this study, I labeled them as problem- and emotion-focused coping. Problem-focused coping in the quantitative data included active coping (e.g., doing something about it, problem solving), planning, and positive reframing strategies and these were consistent with the strategies reported through the qualitative data. These problem-focused strategies are directed at changing the stressful situation. Emotion-focused coping, in contrast, included strategies that were directed at changing the way one feels and thinks about the situation. The quantitative data revealed that participants often relied on acceptance, humor, and emotional support. The qualitative data revealed that in addition to those three strategies, participants often used
avoidance or denial. This last strategy involved not paying attention to the incident or ignoring the event. Participants’ thoughts about coping and examples of their coping styles are described next.

Participants felt that only individuals who are “too weak or sensitive” would experience long-term consequences from experiences with discrimination. By “too weak or sensitive,” they were referring to individuals who were not able to put their experiences aside or ignore them, or who continuously though about them. Most participants felt that their discrimination experiences would not have long-term consequences on their health because of the way they dealt with such experiences. Participants seemed to rely on both problem- and emotion-focused coping to deal with their negative experiences and they felt their coping approach would keep them from suffering any long-term consequences.

When using problem-focused coping, participants looked for positive things within their discrimination experiences. They also tried to take action to avoid or prevent future discrimination incidents. For example, Vicente reported that while attending a party at a coworker’s house, a non-Latino White male spit in his face and the other guests told him that they did not like him because of his Mexican background. He remembered being asked to leave the house and as he told his story tears filled his eyes. He said that it was a very painful memory, but his approach to coping with it was to stay away from his coworkers to avoid further incidents of discrimination. Vicente also recalled to have focused on his career and personal goals as a way to improve his situation. He clarified that his goal for coming to the U.S., like that of other many immigrants, was to improve his financial stability. However, after the incident where he was put down for being
Mexican, he made a conscious decision to grow emotionally if he could not improve his financial status. Specifically, he said:

Vicente:…I decided to leave that place [of employment]...to focus on my thing, on me…it helped me to tell myself “You know what?, I don’t need this, I came here to improve myself, if I can’t improve my financial status, it will be [I will grow] emotionally…”

Researcher: So, as a result of this experience you believe you focused more on yourself as a person?

Vicente: Yes, on me as a person and on helping others…I am not going to tell you that I share with them [tell them] my experience, but I tell them to be mindful of whom they surround themselves with.

Vicente’s coping style represents the problem-focused way to deal with discrimination because he not only decided to switch jobs, but he also decided to provide support or help to others when they experience unfair treatment. He felt that by doing something about it, whether it was to stay away from his coworkers or talk to others, it would help him to continue focusing on himself and to not think about the event.

Gilberto, a male in his 30s with advanced English proficiency, eloquently summarized this coping strategy as he discussed the influence discrimination can have on someone’s health. He identified specific strategies he felt kept him from experiencing any long-term consequences:

If you don’t learn to deal with it [discrimination], it will affect you. You will let yourself fall, you will fall, and will get even more depressed. And you will make mistakes. It will drive you to make mistakes that you may later regret. In contrast, dealing with them [discrimination events], you search for the good things, the positive. You notice that not everything is bad, and from all this you can take something good that can be beneficial.
Gilberto’s problem-focused coping approach emphasized the use of positive self-talk or reframing. Even within a negative experience, he tried to identify and focus on the positive aspects of the experience.

Emotion-focused coping was the second approach used by participants to deal with discrimination events. This approach involved acceptance, the use of denial, humor, and the use of emotional support (e.g., talking to people about it). For example, Alejandro’s comment reflects an example of denial, which participants felt could keep people from experiencing the negative effects of discrimination:

Researcher: So, do you feel that the experiences you described, like being rejected at work…Would they affect you?

Alejandro: “No, I don’t think so. Not as long as you don’t pay attention to them [incidents of discrimination]…If the person is too sensitive, yes.”

Alejandro, like many others, felt that by denying the experience or not focusing on it, he could keep from experiencing potential lasting consequences. This coping strategy did not emerge in the quantitative data, but was salient to the participants’ way of dealing with discrimination. Susana provides another example of this second approach to dealing with discrimination, which involved the use of social support to avoid thinking about it:

I try not to pay attention and I have been here for a little while….I decided that if I want to live here… well, then, I can’t pay any attention to them [discrimination incidents]. Like my partner told me, not all [people] think the same way, not all are the same, so for one person who thinks that way, I can’t let it ruin my future and that of my kids.

Susana, a 28-year old woman with intermediate English language skills, talked to her husband about her experiences, and through their conversations she decided to ignore
or not put a lot of effort into thinking about her experiences of discrimination as a way to prevent any consequences on her life. When talking to family members, participants often made jokes about these incidents in order to see them in a different light and thus move forward with their lives.

The qualitative findings of this study indicated that ethnic-related discrimination was present in all aspects of Mexican immigrants’ lives in this sample. Ethnic-related discrimination occurred every day and manifested itself in various forms and with different people. As a result of their discrimination encounters, participants experienced a number of emotions mostly related to psychological distress (e.g., sadness, anger). Participants coped with their experiences and emotions in different ways. From their accounts, participants felt their coping styles could keep them from experiencing any severe or lasting consequences.
Chapter V

Discussion

The primary purpose of the current investigation was to test the Ethnic-Related Discrimination Model (ERDM). The ERDM, an integrated version of the Transactional Stress and Coping Model (TSCM; Lazarus & Folkman, 1984) and the Model of Racism-related Stress and Wellbeing (MRSW; Harrell, 2000), was proposed to provide a framework to better understand Mexican immigrants’ experiences of discrimination. Findings from the quantitative and qualitative data lend partial support to the ERDM. Quantitative findings from this study extend the literature by revealing that among this sample of Mexican immigrants living in the Midwest, ethnic-related discrimination is a stressor. Increased experiences of discrimination are associated with greater levels of depression. The qualitative findings support and extend the quantitative findings and the extant literature by revealing the context in which discrimination experiences emerge, the ways in which these experiences manifest, and by providing information on the psychological responses people have as a result of their discrimination encounters. Next, I discuss how the results support components of the ERDM and how these contribute to the extant literature on discrimination and Latinos.

Consistent with previous research (Araujo & Borrell, 2006; Lauderdale et al., 2006; Paradies, 2006; Perez et al., 2008), findings from the quantitative data revealed that ethnic-related discrimination was pervasive among Mexican immigrants in this sample. The overwhelming majority of the participants experienced at least one form of ethnic-related discrimination during their everyday life. Previous studies indicate that for Mexican immigrants and other Latinos in the U.S., discrimination is an everyday stressor
(e.g., Brodie et al., 2002; Lauderdale et al., 2006; Perez et al. 2008; Stuber et al., 2003). National surveys suggest that anywhere between 30% (Perez et al., 2008) and 83% (Brodie et al., 2002) of Latinos report experiencing ethnic-related discrimination, including being treated differently, receiving lower wages, being treated with less respect or courtesy than other people, and having poor access to health care (e.g., Araujo & Borrell, 2006; Lauderdale et al., 2006; Murgia & Telles, 1996). The high prevalence of discrimination in this study may be explained by the geographical region in which it was conducted. The sample was recruited from four Midwest towns experiencing fast-growth from Latino immigrants, with the limitation of having very few social services available to them. Consistent with previous findings, participants in this study were sometimes disliked by non-Latino Whites or other non-Latino members of the community. They were also perceived as the “outsiders,” those who come to take the jobs away from “Americans.” This is something participants in the present study reported having been told by non-Latinos.

Missing from most of the research is information on the context and nature of ethnic-related discrimination. In this study, the qualitative data served to provide additional descriptive information about characteristics of the participants’ experiences. Specifically, the qualitative data supported the notion that ethnic-related discrimination occurred in their everyday lives and expanded this finding by providing a contextual understanding with details of where ethnic-related discrimination was experienced by participants. For example, through the qualitative data, I found that discrimination occurred across various places including work sites, clinics, stores, social services agencies, and through racial profiling. This finding is consistent with that of Krieger and
colleagues (2005) who found that Latinos experienced incidents of discrimination in eight different situations including some of the ones identified by the participants in this study (e.g., at work, when getting medical care, and at restaurants or stores).

Within the different situations or places identified in this study, ethnic-related discrimination took many forms. Some expressions of discrimination involved being given more work than non-Latinos, and being called names or hearing devaluing comments about their national, ethnic, or immigrant background. Sometimes participants were told to go back to their country of origin, some were treated as if they were invisible, and some were stared at, which made them feel uncomfortable. These results support both quantitative and qualitative findings in the literature (e.g., Edwards & Romero, 2008; Krieger et al., 2005; Viruell-Fuentes, 2007). For example, Viruell-Fuentes’ (2007) qualitative results on participants’ experiences of discrimination revealed that some participants reported that Whites “looked at them ugly” or would make comments about their ethnic or immigrant background. She referred to these types of encounters as “othering,” which are actions or messages meant to alienate or make people feel different. These messages also reflect the lack of exposure non-Latino Whites and long-term residents of these new immigrants destinations (e.g., Midwest states) may have to Latinos, and particularly non-English speaking Latinos. In the current study, “othering” messages were evident in participants’ stories. These messages manifested in different ways. For example, José, who reported experiences with discrimination in his work place, was asked by a non-Latina White woman “Why are so many of you [Mexicans] here illegally? Why do so many of you come here [to the U.S.]?” Her questioning implies that all Mexicans are in the country illegally and consciously or not,
she sends the message that some people belong in this country whereas others do not. Similarly, Edgar’s incident where the police came and questioned him about being in the store sends the message that non-Latinos look at Mexicans with suspicion and with the idea that they are not to be trusted. This is consistent with Millard and Chapa’s (2004) observations of non-Latino White’s xenophobic attitudes towards immigrants in new growth immigrant destinations. The authors found that Anglos or non-Latino Whites held a number of negative stereotypes and beliefs about immigrant Latinos. For instance, Anglos often viewed Latinos as those who brought problems and who became welfare recipients by moving into their communities. These beliefs and types of “othering” messages helped to promote separation between the Latinos and non-Latinos and fueled feelings of mistrust and rejection.

Edgar’s feelings and interpretations of the event also serve as an example of how, through that situation, he became aware of his “other” status. Specifically, he said he was surprised that the police came to question him and that he came to the conclusion that “…these people [non-Latinos] don’t want us [Mexicans] here [in the U.S.].”

Reports of ethnic-related incidents were related to participants’ psychological health. Specifically, both the quantitative and qualitative findings provided support for the ERDM by suggesting an association between ethnic-related discrimination experiences and poor mental health. Consistent with previous quantitative research with Latinos (e.g., Araujo & Borrell, 2006; Finch et al., 2000), ethnic-related discrimination experiences were significantly related to symptoms of depression in this sample. This finding adds to the accumulating evidence that people who report higher frequency of discrimination also experience more depressive symptoms (e.g., Araujo & Borrell, 2006;
For example, Finch and colleagues (2000) found a direct relation between ethnic-related discrimination and depressive symptomatology among immigrants and U.S.-born Mexicans. In another study with Latinos and African Americans, the researchers found that participants who experienced discrimination due to their ethnic background were 17% more likely to experience poor mental health compared to respondents reporting no discrimination (Stuber et al., 2003).

Participants’ qualitative accounts about the emotional and cognitive distress they experienced during and after their discrimination incidents extend the extant research. Many participants reported feeling embarrassed, sad, and angry after experiencing ethnic-related discrimination. Most of these emotional responses are consistent with symptoms of depression, which participants reported could be a long-term consequence of discrimination. These qualitative findings about the different psychological responses and their perceived connection to depression are consistent with Gee and colleagues’ (2006) study. In their study among adult Mexican Americans, other Latinos, and African Americans, they found that anger and discomfort were related to poor psychological wellbeing and were common emotions resulting from discrimination.

Discomfort, and specifically anger, is a powerful emotion that could have a negative effect on individuals’ health. From my own counseling work with Latinos and non-Latinos, I have observed that anger is a very powerful emotion that stems from feelings of frustration, hurt, or annoyance. Although the participants did not use the word “hurt” to describe what they felt, their tears as they recalled their experiences serve as
evidence that these experiences were painful. Although anger is a common reaction to painful or abusive situations, anger is an underlying cause of depression.

In their qualitative accounts, participants also emphasized that individuals’ self-esteem and confidence could deteriorate after experiencing ethnic-related discrimination. These findings are consistent with previous quantitative findings (Edwards & Romero, 2008; Moradi & Risco, 2006). For example, Edwards and Romero (2008) found that among a sample of Mexican adolescents, lower self-esteem was related to higher reports of discrimination. In the current study, participants reported believing that as individuals continue to experience discrimination, they begin to doubt themselves, their abilities to do certain things (e.g., get a job, perform the job correctly), or even their decision to come to the U.S. From their accounts, it became evident that ruminating about lack of employment, the job search, or discrimination encounters can lead to self-doubt and low self-esteem. Ruminating thoughts and self-doubt, in turn, can lead to psychological distress and longer-term psychological consequences.

The influence of discrimination on physical health was also examined in this investigation, but the quantitative results were not statistically significant. It is possible that the use of a single self-report item as an indicator of health may not have captured participants’ health status in this sample. Consequently, it’s possible that other indicators are necessary to measure the relation between ethnic-related discrimination and physical health. Some of these health indicators could include exploring immigrant Latinos’ views on health and their beliefs about what contributes to their health (e.g., eating during regular hours, having contact with their family). In addition, it is possible that this item, which was originally developed in English and later translated into Spanish, may not
accurately assess Spanish speaking Latinos’ health. For instance, Viruell-Fuentes and colleagues (in press) noted on their research review of self-rated health among Latinos and non-Latino Whites, that Latinos often report worse health than non-Latino Whites even when objective measures are used. She concluded that traditional health assessments, particularly those who were originally designed in English and later translated to Spanish do not accurately assess Spanish speaking participants’ health because of cultural influences, language of interview, and individuals’ limited access to resources (e.g., education, healthcare).

The scholars’ conclusion and the potential factors (e.g., cultural influences, participants’ access to resources) contributing to the poor assessment of Latinos’ health is consistent with the demographic characteristics of this sample, which may have contributed to the lack significant findings in this study. The majority of participants in the present study had low levels of education and did not have health insurance, which limits their access to health care. The lack of health care may have influenced how they rated their health as it is possible that in the absence of regular medical checkups, participants may have relied solely on the absence of physical symptoms (e.g., pain or illness) to rate their health. The absence of physical symptoms may not be a good measure of health, as people with medical conditions may not have any symptoms at early stages of the problem (e.g., blood pressure, diabetes).

Consistent with the quantitative results, the qualitative data did not reveal any relation between discrimination and physical health. This may be the result of my interview questions. Specifically, as part of the open-ended semi-structured interview, participants were asked to discuss what influence they believed discrimination could have
on their health. However, I did not specify which type of health (e.g., physical, emotional) and when talking about long-term consequences, participants primarily discussed aspects of their psychological health.

Another component of the ERDM posits that individual or personal factors (e.g., gender and skin tone) contribute to perceptions of ethnic-related discrimination. In addition to these factors, I focused on discrimination based on individuals’ ethnic background. Ethnic backgrounds include national, immigrant, and linguistic aspects of the persons’ identity (Phinney, 1996). By including only Mexicans who had a preference for speaking Spanish over English, I tried to maintain this variable constant to focus specifically on their accounts of ethnic-related discrimination.

Ethnic background emerged as a contributing factor of ethnic-related discrimination. The quantitative data revealed that when asked to identify the primary cause of their discrimination experiences, close to half of the participants attributed their discrimination experiences to a bias toward their Latino or Mexican ethnic heritage. Similarly, in their qualitative accounts participants often attributed their discrimination experiences to their ethnic background, including their nationality, language, and immigration background. For example, some people like Antonio, who talked about his coworkers’ decision to dress as a Mexican and as an immigrant agent respectively to celebrate Halloween, were mocked for being Mexicans or immigrants. Similarly, others were told to speak English or to return to their home country, and yet others where stared at while being called “Hispanics,” with a derogatory and arrogant tone.

Participants’ perceptions about the possible causes of their experiences are consistent with Phinney’s (1996) definition of ethnicity, which encompasses individuals’
nationality, immigration, and linguistic backgrounds. In past research (e.g., Edwards & Romero, 2008; Finch et al., 2000; Perez et al., 2008; Viruell-Fuentes, 2007), these different aspects of ethnicity have been linked to experiences of discrimination. For example, Edwards and Romero (2008) found that among their sample of 69 Mexicans, 29% reported to have been treated differently because of their language accent. Similarly, Finch and colleagues (2000) found that U.S.-born Mexicans reported more discrimination than immigrant Mexicans and they attributed this finding to U.S.-born individuals’ ability to understand and speak English. Findings in this study provide support for results in the extant literature. Specifically, the quantitative and qualitative findings on the factors contributing to discrimination indicate that ethnic background or aspects of one’s ethnic background can influence perceptions of discrimination.

The remaining person factors investigated in this study (i.e., skin tone and gender) did not collectively account for a significant amount of variance in perceived ethnic-related discrimination. In contrast to past research (e.g., Araujo & Borrell, 2006; Edwards & Romero, 2008; Landrine et al., 2006; Murgia & Telles, 1996), the quantitative data revealed that these person factors were not predictors of ethnic-related discrimination.

The qualitative data highlighted the relation between language and discrimination. In their personal accounts of experiences with ethnic-related discrimination, participants discussed the ways in which language was perceived to be associated with their experiences. Specifically, I found that a number of participants’ experiences of discrimination were linked to their English language proficiency skills. For example, I found that as participants learned English they were able to notice things (e.g., comments people made, employers’ manner in assigning tasks) that they had not noticed when they
primarily spoke Spanish. This finding is consistent with Finch and colleagues’ (2000) quantitative study. They concluded that Spanish speaking individuals in their study were more likely to perceive discrimination as they developed a better mastery of the English language. Other studies in which language was dichotomized suggest that Spanish-proficient speakers are more likely than English-proficient speakers to experience discrimination (Edwards & Romero, 2008; Lauderdale et al., 2006). Findings from this study do not support this notion. For example, Teresa, who experienced discrimination by patrons at her worksite, reported that she was often insulted and treated differently than her coworkers. Later when she developed a better mastery of the English language she was able to understand the verbal insults patrons were saying. Her case illustrates that throughout her process of learning English (from beginner to intermediate), she did not experience discrimination any less or more between her beginner and intermediate language levels. Instead as she learned English, she was better able to interpret peoples’ actions and although at her beginner language level she could not interpret peoples’ comments, it is evident that she still felt bad about the insults or derogatory gestures patrons made to her.

Teresa’s case suggests that concluding that Spanish speakers are more likely than English speakers to experience discrimination, or vice-versa, may be inaccurate or at best, may not fully explain immigrants’ experiences. Instead, a plausible conclusion could be that discrimination experiences emerge differently as participants learn English. For example, as Enrique learned English over the years, he noticed discrepancies between the ways in which employers treated Latinos and non-Latino White workers. Like a number of the participants, Enrique noticed that when employers assigned work tasks,
they often gave more detailed instructions and related safety precautions to non-Latinos when compared to Latinos, and particularly to those who did not speak English. This suggests that as individuals learn English they begin to understand remarks or comments made by others, which they may have missed or not may not have understood before. In such cases, it seems people are better able to make interpretations of their experiences and therefore better able to label their experiences as discrimination if that is the case. The notion that English speakers may notice things that Spanish-only speakers may not notice, can be explained by the idea that English speakers have greater exposure to White mainstream culture and “othering” messages as suggested by Viruell-Fuentes (2007). Specifically, researchers have found that when people have some ability to speak and understand English, they tend to have more contact with non-Latinos, are less isolated from cultural nuances, and therefore are more vulnerable to experiencing discrimination (Finch et al., 2000; Viruell-Fuentes, 2007). Given the mixed findings reported in the extant literature in regards to language, it seems imperative to examine quantitatively and qualitatively the influence of language in future studies.

Neither the quantitative or qualitative data revealed skin tone or gender differences in regards to the frequency with which participants experienced ethnic-related discrimination. These findings are consistent with those of several previous studies. For instance, Plante and colleagues (1995) did not find a relation between gender and social discrimination. Similarly, Codina and Montalvo (1994) found no association between skin tone and participants’ work earnings or opportunities. Despite these few studies, most of the empirical data indicates that there is an association between skin tone, gender, and discrimination (e.g., Araujo & Borrell, 2006; Espino & Franz, 2002). This suggests
the need to conduct additional studies to examine the influence of these variables on discrimination in Mexican immigrant populations. The contradictory findings between the present study and the extant literature may also be the result of methodological differences in regards to how skin tone was measured, the focus of past studies, and the types of research samples (e.g., all Latinos, immigrant and non-immigrant).

First, skin tone in the present study was measured with a chart that participants were able to place against their forearm to select a tone that best matched their skin tone. In past studies (e.g., Bohara & Davila, 1992; Gomez, 2000; Murgia & Telles, 1996; Telles & Murgia, 1990), the interviewers themselves rated their participants’ skin tone as light, medium, and dark. In some studies, the researchers also considered the participants’ physical features and the interviewers determined whether the participant had European or Indian features. In such instances, the researchers combined both the skin tone rating and physical features to create a phenotype variable that they later used to examine the relation between ethnic-related discrimination and phenotype. However, when presenting their results, the researchers often presented (e.g., skin tone and physical features) as if they were two separate variables and therefore it is unclear whether skin tone or physical appearance, or both, contributed to participants’ discrimination experiences (Bohara & Davila, 1992; Murgia & Telles, 1996; Telles & Murgia, 1990).

A second explanation for the lack of association between skin tone, gender, and ethnic-related discrimination relates to the focus of past studies. Past investigations explored differences regarding participants’ income, employment, or life opportunities (Allen et al., 2000; Bohara & Davila, 1992; Codina & Montalvo, 1994; Gomez, 2000). In this study, I focused on ethnic-related discrimination and ultimately the influence
discrimination has on mental and physical health. Future research should continue to investigate the potential influence of these factors on ethnic-related discrimination and different outcomes of health. Additionally, research that examines interactions between gender, skin tone, and health would add to the extant literature as past research shows that skin tone is not related to women’s depression scores as it is for men (Codina & Montalvo, 1994). Gender and skin tone may also serve as moderators. For instance, women have different ways of dealing with stressful events than men and they may have more access to social support as well, which could influence the relation between discrimination and health.

The last component of the ERDM model posits that coping moderates the relation between ethnic-related discrimination and health. I first outline the findings about the types of coping strategies participants reported using to manage the negative consequences of ethnic-related discrimination. This is followed by a discussion about the role of coping on the relation between ethnic-related discrimination and health. In this study, the quantitative data revealed that participants used two types of coping approaches to manage their experiences of ethnic-related discrimination. These approaches to dealing with discrimination were problem- and emotion-focused coping. The use of these two strategies to cope with discrimination is consistent with past research indicating that stressful events can elicit both types of coping (Folkman & Lazarus, 1980; 1984; Maldonado, 2005; Walters, 1994).

Similarly, the qualitative data revealed that participants used a number of strategies to manage their distress. Some styles were consistent with the problem-focused approach in the quantitative study and included strategies such as seeing things in a more
positive light, making attempts to find positives in the negative experiences and doing something about the situation (e.g., not going back to the same place where the incident occurred or avoiding contact with the perpetrators). Other strategies participants reported in the qualitative data were consistent with the emotion-focused approach found in the quantitative data. These type of approach included the use of humor, seeking emotional support (e.g., talking to people about the event), or accepting the event. However, the qualitative data revealed that participants also relied on the use of denial to cope with discrimination. Participants felt that denying or ignoring the event was a helpful strategy to them. This finding is consistent with that of Padilla and colleagues (1988) who found that among Mexican and Central American immigrants, the use of denial was a common practice. Specifically, they found that immigrants often used denial to deal with work related discrimination because they were afraid to lose their jobs, were undocumented, or were not able to speak English, and therefore could not address their employers about this issue. Similar to the participants in that study (Padilla et al., 1988), some participants in the present investigation did not address issues of discrimination. For example, Lorena, who was constantly asked or possibly harassed into working on her days off, did not quit or speak to her employer about this issue. It is possible that she elected not to address the issue and ignore it as a way to deal with it, in order not to lose her job.

Participants’ use of these two types of coping is consistent with the extant research that shows that Latinos will use either type of coping to manage the same type of stressor (Arellano, 2000; Maldonado, 2005; Plante et al., 1995). Contrary to my hypothesis, the quantitative results indicated that neither one of these two coping approaches moderated the relation between ethnic-related discrimination and health. This
lack of moderation effect was consistent with a study that examined the moderating effects of three different types of coping, which the authors called problem-focused coping, on the relation between perceived discrimination and depression among Asian Americans (Wei, Ku, Russell, Mallinckrodt, Liao, & 2008). The problem-focused approaches examined were reflective (e.g., planning, taking steps to solve the situation), suppressive (e.g., avoiding problem) and reactive (e.g., tendency to have strong emotional responses) coping styles. Wei and colleagues (2008) found that the use of reflective and reactive coping styles did not moderate the relation between perceived discrimination and depression. Suppressive coping did have a moderating effect and when the authors examined how the high or low use of this approach would influence the relation between discrimination and mental health they found that high levels of suppressive coping were related with a positive association between discrimination and depressive symptoms. It is important to note that although the authors labeled each of the three approaches as problem-focused coping, suppressive and reactive coping fall under the definition of emotion-focused coping used by Lazarus and Folkman (1984). The use or definition of these types of strategies as problem-focused coping and related findings, emphasize the need to continue to study issues of coping. Investigations on the different types of coping, particularly among ethnic minorities, would help to understand the different types of coping approaches, the coping process of ethnic minorities, and ultimately its potential buffering effects.

I only found one other study (an unpublished dissertation) that examined how coping may moderate Latinos’ discrimination experiences (Walters, 2004); the findings were consistent with those of my study. It is unclear why the results are similar, as
Walters investigated the discrimination experiences of English speaking non-immigrant Latinos and used a different measure (i.e., Perceived Racism Scale for Latina/os; Collado-Proctor, 1998) to assess coping styles. The only similarity between both of the studies is the focus of the investigation, which was discrimination.

It is possible that among Latinos coping process for dealing with discrimination may be more complex than when dealing with other types of stressors (e.g., family conflict, health issue). For example, it is probable that coping with discrimination involves more than the presence or absence of either type of approach and may be related to whether the stressor is a one-time incident or something that occurs every day, as discrimination incidents did for these participants. Therefore, the coping measures used by Walters (2004) and myself may not have fully captured the coping process of Latinos dealing with discrimination. In these studies, participants were asked to describe how they coped with a past event and not something that is still taking place.

This may partially explain why in their qualitative accounts participants in this study believed that their coping approaches were helpful in preventing long-term consequences. Specifically, the qualitative data revealed that participants perceived to be protected from psychological consequences such as low self-esteem or lack of confidence if they engaged in either problem- or emotion-focused strategies. Their perceptions of the helpfulness of problem-focused coping strategies are consistent with past research. For example, in one study among Mexican adolescents researchers found that problem-focused coping buffered the negative effects of discrimination on self-esteem (Edwards & Romero, 2008). In studies with African American participants, problem-focused
strategies appeared to lower the risk of poor physical and mental health as a result of discrimination (Gee et al., 2006; Krieger et al., 2005).

In regards to the function emotion-focused coping plays in Latinos’ coping process, it is possible that as authors have point out, emotion-focused may be culture specific (Arellano, 2000; Padilla et al., 1988). For example, the immigrant sample in Padilla and colleagues’ study felt that their denial approach to dealing with discrimination in the workplace was effective, and this strategy is related to emotion-focused coping. Similarly, in their narratives, participants in this study identified emotion-focused as helpful in dealing with the effects of ethnic-related discrimination. This finding counters quantitative results in the area (Gee et al., 2006; Krieger et al., 2005) and as I mentioned, there may be some cultural aspects that influence this results. The findings in Arellano’s unpublished dissertation (2000) may help to illustrate this. In her study, she used mixed-methods to explore how Latina women coped with work related stress and found that the qualitative data revealed cultural and diverse ways of coping that the quantitative data did not reveal. For example, participants in her study used folk healers and yoga and these strategies were not assessed with the coping measure. When comparing the data generated through the Brief Cope and her qualitative data, she found that Latinas relied on the use of emotion-focused coping more than problem-focused coping. The participants found their approach helpful in managing the distress, but the quantitative data did not support this finding. Emotion-focused coping in the quantitative data was related with higher levels of stress. She concluded that emotion-focused coping may not be maladaptive or less effective than problem-focused coping in helping Latinas manage their stress. Instead, she suggested that existing coping measures may be capturing all
aspects of coping strategies, and do not measure the use of cultural or non-mainstream coping strategies. This may help to explain findings in the extant literature that until now have indicated that problem-focused coping may be more effective in reducing stress.

Unfortunately, within the coping literature there is little on how people cope with discrimination and how coping may moderate the link between discrimination and health. There is even less research on Latinos’ coping styles and particularly on how they cope with discrimination. In sum, the quantitative findings of this study indicate that neither one of the coping strategies play a role in buffering the effects of discrimination on health. The qualitative findings suggest something different based on the participants’ accounts. They believe their coping styles are effective, but further research is needed to empirically test their perceptions. Given findings from the qualitative and quantitative data, it seems necessary to continue to investigate Latinos’ copying styles and the potential moderating role in the relation between discrimination and health.

Limitations of the Study

As in any study, limitations are an inherent part of the research process and these serve to identify research gaps and the directions of future research. Therefore, despite the contributions this study makes to the literature on ethnic-related discrimination there are limitations to the findings. These limitations pertain to the inclusion/exclusion criterion, generalizability of the findings and the types of measures used.

I only included individuals who identified Spanish as their language of preference (e.g., preferred to speak Spanish all the time and/or more often than English), which may have led to less variance in participants’ language proficiency indexes and mean scores.
In this study, mean language proficiency score was 1.13 ($SD = .66$) with scores of one indicating beginner language skills to three indicating advance English proficiency skills. This indicates that several participants had beginner to intermediate language proficiency skills and based on my knowledge of the community and the participants’ interviews, it is safe to say that a large majority of the sample could not easily communicate in English. Therefore, findings from this study should not be generalized to Mexican immigrants who report different language abilities.

Regarding the generalizability of the findings, it is important to remember that the sample only included residents from Latino communities within the state of Illinois. As such, results should be used with caution when attempting to relate the findings to Mexican immigrants or other Latinos in other parts of the country or in areas where Latinos have traditionally lived in (e.g., California).

In regards to the measures used, I relied on past studies to select my measure of health and selected a one item measure to assess self-reported health. This item in other studies has been helpful in assessing health (Idler & Benyamini, 1997; Schulz et al., 2006). However, it is possible that it was not helpful in the present study because participants did not have health insurance and therefore a way to rely on a professional opinion to assess their health. Another possible explanation is that participants may have overestimated their actual level of wellness (Viruell-Fuentes, Morenoff, Williams, & House, in press). Regardless of what may have influenced this finding, further research is needed to understand how people conceptualize and understand their health. Another limitation in the measures relates to the use of the Brief Cope. This measure had lower
than desirable alpha levels (problem-focused coping $\alpha = .75$; emotion-focused coping $\alpha = .66$) and it may not have captured cultural aspects of Mexican immigrants’ coping styles.

Despite these limitations, this study includes various strengths that can be used to guide future investigations. For instance, the recruitment and data collection approach and cultural nuances involved throughout the conceptualization of the study and the data collection and analysis processes suggest the usefulness of utilizing a mixed-methodology approach. In this study, I used mixed-methods, which allowed for the integration of two different paradigms. The qualitative paradigm is viewed as subjective and process-oriented while the quantitative paradigm is considered to be objective and outcome-oriented (Reichardt & Cook, 1979). On the basis of these differences, some researchers would argue that these methods could not be combined. However, in this study both methodologies were helpful. Their integration enhanced and clarified participants’ experiences of discrimination. I learned that the recruitment process is just as important as if not more important than the actual collection process. The data collection process started when I began telling people about the study. Their perceptions of me and whether I was to be trusted allowed for more genuine and honest conversations about their experiences. This in exchange, contributed to the quality and richness of data presented in this study.

Future Research

Understanding the ethnic-related discrimination of Latinos could help to better address the psychological distress resulting from such experiences. Additionally, research on the area of discrimination could help to identify ways to reduce discrimination or
create more awareness about the contemporary problem. Specifically, efforts should be made to examine the influence discrimination can have on other aspects of health (e.g., blood pressure levels) as past research has shown that discrimination can lead to high blood pressure (Brondolo et al., 2003; Salomon & Jagusztyn, 2008; Ryan et al., 2006). Similarly, others aspects of psychological health (e.g., anxiety, self-esteem, somatic complaints) should be examined as research shows there is a relation between these variables and discrimination experiences (e.g., Gee et al., 2006; Landrine et al., 2006; Moradi & Risco, 2006).

As well, research with other subgroups of Latinos is necessary because Mexican immigrants only represent one subgroup of the Latino population in the United States. Research has shown that different subgroups of Latinos have different sociodemographic backgrounds, and thus may have different levels of exposure to U.S. culture and acculturation, which can contribute to variations in experiences of discrimination and related health outcomes (e.g., Comas-Diaz, 1994; Espino & Franz, 2002; Perez et al., 2008). This type of study would also provide information on the prevalence of discrimination experiences among other groups of Latinos. Related to factors that may contribute to experiences of discrimination, future researchers should include samples of Latinos who have a good command of both the English and Spanish language to clarify the existing mixed findings in regards to whether Spanish or English speakers perceive greater levels of discrimination.

Furthermore, to better understand the relation between discrimination and health, it might be helpful to follow Stuber and colleagues’ (2003) suggestion of conducting longitudinal investigations that take into account the discrimination individuals
experience over time to gain more insight about the effects of discrimination on health. Along those lines, it would also be important to assess the degree of exposure (e.g., monthly vs. daily), duration (e.g., 1 month vs. 3 months), and severity of the incidents as these would provide insight about possible long term health consequences. Understanding the consequences of discrimination or related stressors would help health professionals to better prepare for working with Latinos. Research on the different ways in which people cope with discrimination would also help to highlight ways to help people manage their ethnic-related discrimination distress. Therefore, investigations on the influence of each of the different coping subscales on the relation between discrimination and health would contribute to the extant literature.

**Contributions to the Counseling Psychology Field**

The use of mixed methods on this study contributes significantly to the field of counseling psychology as scholars in the field have noted the underutilization of this type of research methodology (Hanson, Creswell, Plano, Petska, & Creswell., 2005; Haverkamp et al., 2005). Haverkamp and colleagues (2005) stated that both qualitative and quantitative methodologies are of value to the field as both help to explore and understand individuals’ experiences, albeit in different ways. Consequently, they urged counseling psychologists to use a mixed methods approach in future investigations, especially when studying discrimination experiences among groups of Latinos as this research is still in its infancy. These types of studies would contribute to the psychology field and specifically the area of counseling psychology, as to my knowledge, no studies
among counseling-related journal articles have used mixed method to investigate issues of ethnic-related discrimination (Hanson et al., 2005).

Collectively, the quantitative and qualitative findings from this study contribute to the counseling literature by highlighting the different ways in which psychological distress related to discrimination may manifest (e.g., anger, sadness, self-esteem issues, depression) among Mexican immigrants. Knowing this information could help in assessing the causes of mental health problems among Latinos.

Counseling and General Implications

Findings from the quantitative and qualitative data underscore the pervasiveness of discrimination in the everyday lives of Mexican immigrants and demonstrate that ethnic-related discrimination is a stressor that contributes to symptoms of depression. This suggests that psychologists or counselors working with Latinos may need to consider the role of ethnic-related discrimination in case conceptualization, intervention, and treatment planning as we know that discrimination is related to psychological distress. The participants’ accounts about their reactions and emotions (e.g., embarrassment, anger, sadness) related to their discrimination experiences could also be used to normalize Latino counseling clients’ experiences of discrimination. As well, counselors should not discount the potential efficacy of emotion-focused coping styles as participants in this study found them helpful.

Related to the treatment of individuals struggling with issues of discrimination is their English speaking ability. A lack of English-speaking proficiency may lead to less access to psychotherapy treatment (Alegría et al., 2007) or other resources or options
(e.g., unable to file a complaint for being discriminated). This creates fewer opportunities for individuals to process or understand their experiences and consequently may lead to greater psychological distress.

The high prevalence of discrimination in this study, the various contexts in which it is experienced, and findings from past studies that have indicated employment or earning-related inequalities (e.g., Allen et al., 2000; Bohara & Davila, 1992; Murgia & Telles, 1996), highlight the existing and continuous social inequity within our society. This suggests the need for population-level interventions as a prevention effort to eliminate or at least create awareness of the prevalence of discrimination and its influence on health (Ryan et al., 1995). Creating awareness about the prevalence of discrimination may lead policy makers to consider making changes to the hiring and paying practices currently used by employers that seem to affect ethnic minorities.

Furthermore, I believe that researchers in the areas of physical or psychological health, Latino/a issues, and any other field could play a significant role in building on the existing research to better understand Latinos’ experiences of discrimination. By continuing to address issues of discrimination through research and publications, scholars may be able to serve as advocates to promote social justice or at least promote the empowerment of oppressed groups.

Conclusion

An integrated model of Ethnic-Related Discrimination was tested in this study to better understand Mexican immigrants’ experiences of discrimination. This model was used in an effort to study discrimination within the context of a theoretical framework,
which past studies have lacked. The use of this model also represents an original effort to examine the influence of two styles of coping (e.g., problem and emotion-focused) through a moderating lens. Specifically, in past studies problem-focused coping has been identified as the healthier or more adaptive way of coping, but qualitative findings from this study suggests that emotion-focused coping may be helpful in dealing with discrimination and thus merits further attention.

Consistent with the existing literature, factors that contribute to discrimination experiences were identified and it was found that ethnic-related discrimination can have negative consequences on the psychological health of Latinos. Although coping did not moderate the relation between discrimination and health, findings indicated that participants are likely to use two types of coping to manage their discrimination experiences. Understanding what factors contribute to discrimination and how people cope can broaden our understanding of a contemporary and ongoing problem that negatively impacts individuals’ health. This knowledge can help to develop specific interventions and treatments to eliminate or create awareness of the prevalence of discrimination.
References


Appendix A

Recruitment Materials, English

Is Discrimination an Issue for Mexicans in the U.S.?
**I want to know what you think. Call and find out more about how to participate in a survey and make your opinion count!**

**Your name and all information will be kept confidential**

Your Opinion Counts!!

Receive a Complementary Gift!

I am conducting a survey to learn what type of experiences Latino/a people have in the United States. My purpose is to use this information to identify ways to promote your health. I am a student at the University of Illinois and your participation will be greatly appreciated. The survey takes about 40-60 minutes to complete. **Your participation will be kept confidential.**

IF YOU ARE INTERESTED IN PARTICIPATING
PLEASE CALL 217-328-1273
Survey

The purpose of this survey is to understand your experiences as a Latina/o living in the United States and the impact these experiences have on your health.

Are you interested in participating?

_______ Yes _______ No

Name ________________

Telephone ________________

You will be contacted by Nallely Galván and she will be the only one to have access to your phone number.
¿Es la discriminación un problema para Mexicanos en los Estados Unidos?
**Me interesa saber lo que usted piensa. ¡Llame para saber cómo participar en una encuesta y haga valer su opinión!**
**Su nombre y toda información se mantendrán confidencial.**

¡Su opinión cuenta!

¡Reciba un regalo!

Estoy haciendo una encuesta para aprender qué tipo de experiencias tiene la gente Latina en los Estados Unidos. Mi propósito es usar esta información para identificar maneras de promover su salud. Yo soy estudiante de la Universidad de Illinois y le agradecería mucho su participación. La encuesta toma entre 40-60 minutos para llenarse. **Su participación será confidencial.**

SI ESTÁ USTED INTERESADO EN PARTICIPAR
POR FAVOR LLAME AL 217-328-1273
Encuesta

El propósito de esta encuesta es el de entender sus experiencias como Latina/o viviendo en los Estados Unidos y el impacto que están han tenido en su salud.

¿Está usted interesado en participar?

_______ Si   _______ No

Nombre ________________
Teléfono __________________

Usted será contactado por Nallely Galván y solo ella tendrá acceso a su número de teléfono.
Appendix C

Participant Information Letter, English

CONSENT FORM TO PARTICIPATE IN A STUDY

Purpose and Procedures: This study is conducted by Nallely Galván, a graduate student at the University of Illinois at Urbana-Champaign. The study is intended to understand experiences of unfair treatment you may have encountered since arriving to the U.S., and it is being supervised by Dr. Lydia Buki and Dr. Helen Neville. Participation in this study involves participating in one-on-one 40-60 minutes interview about your health, the experiences you have had with unfair treatment, and the ways you have managed those situations. At some point during your interview, we will ask you to share a story of an unfair treatment experience you have had and your opinion about the influence you believe this had in your health. In order to ensure that no data is lost, we will audio-tape this section unless you specify otherwise (e.g., have the interviewer take notes). Only your first name would be used to protect your confidentiality. The interview will take place in a safe, secure, and private location of your choosing. Your responses will be kept confidential. Your name will not be included in any reports created from the results of this study.

Voluntariness: Your participation in this research is completely voluntary. You may refuse to participate, discontinue, skip any questions, not have the interview audio-taped, or stop the conversation at any point without penalty or loss of benefits to which you are otherwise entitled. Your decision to participate will not affect your access to the services provided in the community or your current or future relationship with the University of Illinois.

Risks and Benefits: You might feel some mild discomfort by some of the questions in the interview. If this is the case, you may discontinue your participation at any point. You will also receive a list of social services resources (e.g., medical and counseling) in case you would like to further explore the issue discussed. You will probably not receive any direct benefits from participating in this research although in similar studies participants have reported that it was beneficial for them to reflect on their experiences and voice their opinions on this issue. In addition, your participation may help researchers and clinicians understand your experiences and the problems you encounter in this community.

Confidentiality: Only the investigators will have direct access to any information collected. We will not associate your name with any data collected, nor will your name or responses to the interview be given to anyone. The investigators will not write down your name on the response sheet, all data collected will be assigned an ID number that will not be linked to your name. Results obtained from this study may be disseminated through academic journals, professional conferences, and/or may be reported in a grant application, but there will be no way to identify you as a research participant.

Who to Contact with Questions: Questions about this research study should be directed to the investigators in charge, Dr. Lydia Buki and Dr. Helen Neville. Dr. Buki speaks Spanish, and can be reached at 217-265-5491 or email at buki@illinois.edu. Dr. Neville can be reached at 217-244-6291 or via email at hneville@illinois.edu. You can also contact the graduate student, Nallely Galván, by calling 217-328-1273 or via e-mail at ngalvan2@illinois.edu. You are welcome to call collect. Questions about your rights as a research participant should be directed to the University of Illinois - Institutional Review Board Office at 217-333-2670; irb@illinois.edu. You are welcome to call collect.
Appendix D

Participant Information Letter, Spanish

FORMA DE CONSENTIMIENTO PARA PARTICIPAR EN UN ESTUDIO

Propósito y Procedimientos: Este estudio es conducido por Nallely Galván, estudiante de la Universidad de Illinois en Urbana-Champaign. El estudio tiene el propósito de entender experiencias de trato injusto que usted haya tenido desde su llegada a los E.U.A., y está siendo supervisado por la Dra. Lydia Buki y la Dra. Hellen Neville. Participación en este estudio requiere participar en una entrevista de 40 a 60 minutos acerca de su salud, experiencias de trato injusto que usted haya tenido, y de su manera de sobrellevar estas experiencias. En algún momento durante su entrevista le pediremos que comparta una historia de una experiencia de trato injusto que haya tenido y su opinión acerca de la influencia que usted cree esta experiencia tuvo en su salud. Para asegurarnos que no se pierda ningún dato, nosotros grabaremos esta sección al menos que lo indique usted de otra manera (e.g., hacer que la investigadora tome notas). Solo su nombre será usado para proteger su confidencialidad. La entrevista se hará en un lugar seguro, privado, y donde usted elija. Sus respuestas se mantendrán confidenciales. Su nombre no será incluido en ningún reporte que sea creado con los resultados de este estudio.

Voluntad: Su participación en este estudio es completamente voluntaria. Usted puede rehusarse a participar, descontinuar, pasar alguna pregunta, no dejar que se grabe la entrevista, o parar la entrevista en cualquier momento sin ningún penalí o pérdida de los beneficios a los cuales usted tiene derecho. Su decisión de participar no afectará su acceso a los servicios disponibles en la comunidad, su presente o futuras relaciones con la Universidad de Illinois.

Riesgos y Beneficios: Usted quizás se sienta un poco incomodo con algunas de las preguntas en la entrevista. Si este es el caso, usted podrá descontinuar su participación en cualquier momento. También recibirá una lista de recursos de servicios sociales (e.g., médicos y de consejería) en caso de querer explorar el tema más a fondo. Es probable que usted no reciba ningún beneficio por participar en este estudio sin embargo en estudios similares participantes han reportado que les fue útil el haber reflejado en sus experiencias y el haber dado su opinión en este tema. Además, su participación ayudará a investigadores y clínicos entender sus experiencias y los problemas que enfrenta en esta comunidad.

Confidencialidad: Solo las investigadoras tendrán acceso a cualquier información obtenida. No asociaremos su nombre con ninguno de los datos obtenidos, ni su nombre o respuestas a la entrevista serán dados a alguien. La investigadora no escribirá su nombre en la hoja de respuestas, todo los datos obtenidos serán dados un número de identificación el cual no será conectado con su nombre. Los resultados obtenidos de este estudio quizás sean diseminados en revistas académicas, conferencias profesionales, y/o en reportes para solicitar fondos, pero no habrá manera de identificarlo como participante del estudio.

A Quien Contactar en Caso de Tener Preguntas: Preguntas acerca de este estudio deben ser dirigidas a las investigadoras encargadas, la Dra. Lydia P. Buki y la Dra. Helen Neville. La Dra. Lydia Buki habla español y puede ser contactada llamando al 217-265-5491 o por correo electrónico, buki@illinois.edu. La Dra. Helen Neville puede ser contactada al 217-244-6291 o por correo, hneville@illinois.edu. También puede llamar a la estudiante, Nallely Galván, llamando al 217-328-1273 o por correo electrónico, ngalvan2@illinois.edu. Usted puede llamar por cobrar. Preguntas de sus derechos como participante en el estudio deben ser dirigidas a la Oficina de Institutional Review Board (IRB) de la Universidad de Illinois at 217-333-2670; irb@illinois.edu. Usted puede llamar por cobrar.
Appendix E

Survey, English

INTERVIEW CHECKLIST

1. Call person interested in participating
   a. Determine person meets eligibility criteria via the screening questions (see attached form)

2. Schedule interview

3. Confirm interview (i.e., reminder call)

4. Arrange all interview forms, consent letter, and gifts to take to interview

5. Arrive at designated location early (10 minutes before)

6. Greet participant and begin rapport building

7. Read interview introduction describing study

8. Obtain verbal consent and give a copy of the consent letter to the participant

9. Begin interview

10. Allow participant to ask any questions

11. Give participant resource list, educational materials, and small gift
Interview Introduction
Thank you very much for agreeing to learn more about this project. As I mentioned on the phone, my name is Nallely Galván, and I am a graduate student in Counseling Psychology at the University of Illinois. The goal of this project is to explore and understand experiences of unfair treatment you have had, how you dealt with them, and how these relate to your health. There are no right or wrong answers. My goal is simply to learn about your experiences. Your answers and insights will be very helpful.
Just so you know what to expect, I thought I would first outline the interview process, go over the consent form, and answer any questions you may have before we actually begin with the interview. Would that be okay?

Interview process: the interview and research process will last between 40 to 60 minutes and I will ask you a little bit about your background (e.g., where you were born, your age, etc.) your health, and about your everyday experiences living in the United States. I will also ask you to share a story/memory of a time you felt you were treated unfairly and how you reacted to that event. In order to ensure that no data are lost during the last section of the interview (when you share your story), I will audio-tape your response. Would this be okay with you? ____________
If not, could I take notes? __________

Consent form: Highlight key points of consent form (see attached form)

Begin interview: Continue on next page
Demographic Questionnaire

1. What is your age? ______________

2. What is your gender (F/M)? ______________

3. What city___________________ and country ___________________ were you born in?

4. How old were you when you moved to the U.S.? ______________

5. How long have you lived in the U.S? _____________ years and ____________ months.

6. How many trips have you made back to Mexico since you moved to the U.S.? ______________
   a. When was the last trip? ___________

7. What is the maximum level of formal education you have completed?

<table>
<thead>
<tr>
<th>Mexico</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
<th>11</th>
<th>12</th>
</tr>
</thead>
<tbody>
<tr>
<td>U.S.</td>
<td>1</td>
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<td>4</td>
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<td>10</td>
<td>11</td>
<td>12</td>
</tr>
</tbody>
</table>

8. Are you currently employed?
   ☐ Yes ☐ No

9. What is your primary occupation? _________________

10. What was your household annual income last year?
    __________ weekly or __________ monthly

11. How many people live with you (including yourself)? ________________

12. What is your marital status?
    ☐ Single ☐ Married/Cohabiting ☐ Divorced/Separated ☐ Widowed

13. Do you have children?
    ☐ Yes ☐ No If yes, how many? __________

14. Do you have health insurance? ☐ Yes ☐ No
    If so, what kind of insurance do you have?
    ☐ Private ☐ Medicare, Medicaid ☐ None ☐ Other: ____________________________
15. What language do you prefer to speak?

- [ ] Spanish only
- [ ] Mostly Spanish, some English
- [ ] Mostly English, some Spanish
- [ ] Spanish and English about equally (bilingual)
- [ ] English Only

16. How well do you speak English?

- [ ] Very well
- [ ] Well
- [ ] Not very well
- [ ] Not at all

17. How well do you understand English?

- [ ] Very well
- [ ] Well
- [ ] Not very well
- [ ] Not at all

18. Based on the color chart, what color would you say best matches your skin tone?

Interviewer Score _____________    Participant Score _______________

------------------------------------------------------------------------------------------------------------

**Physical Health**

_The next questions are about your health._

1. How would you rate your health at the present time?

- [ ] Excellent
- [ ] Very well
- [ ] Well
- [ ] Fair
- [ ] Poor

2. Have you ever been told by a doctor or other health professional that you had hypertension, also called high blood pressure?

- [ ] Yes    Since when? ______________   [ ] No    [ ] Don’t know

3. If so, are you currently, taking any medications to control your high blood pressure?

- [ ] Yes    [ ] No    [ ] Don’t know

4. Do you have a particular doctor or clinic that you would call your regular doctor or place of care?

- [ ] Yes    [ ] No

*Continued on the next page.*
Experiences of Unfair Treatment

In your day-to-day life how often have any of the following things happened to you?

<table>
<thead>
<tr>
<th></th>
<th>Almost every day</th>
<th>At least once a week</th>
<th>A few times a month</th>
<th>A few times a year</th>
<th>Less than once a year</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. You are treated with less courtesy than other people.</td>
<td></td>
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<tr>
<td>2. You are treated with less respect than other people.</td>
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<td>3. You receive poorer service than other people at restaurants or stores.</td>
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<td>4. People act as if they think you are not smart.</td>
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<td>5. People act as if they are afraid of you.</td>
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<td>6. People act as if they think you are dishonest.</td>
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<tr>
<td>7. People act as if you are not as good as they are.</td>
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<td>8. You are called names or insulted.</td>
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<td>9. You are threatened or harassed.</td>
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</table>

What do you think was the **main** reason for this/these experience(s)? Would you say….?

- Your ancestry or national origin or ethnicity (e.g., being Mexican)
- Your gender or sex
- Your race
- Your age
- Your height
- Your skin color
- Your sexual orientation
- Your weight
- Your income or educational level
- Other, specify________________________
- Don’t know
Please check any other factors that you believe may have contributed to this/these experience(s):

☐ Your ancestry or national origin or ethnicity (e.g., being Mexican)
☐ Your gender or sex
☐ Your race
☐ Your age
☐ Your height
☐ Your skin color
☐ Your sexual orientation
☐ Your weight
☐ Your income or educational level
☐ Other, specify________________________
☐ Don’t know

Unfair treatment part 2:

1. How often do people dislike you because you are Mexican or of Mexican origin?
   ☐ Never   ☐ Sometimes   ☐ Often   ☐ Always

2. How often do people treat you unfairly because you are Mexican or of Mexican origin?
   ☐ Never   ☐ Sometimes   ☐ Often   ☐ Always

3. How often have you seen someone (e.g., friends, neighbors, or family members) be treated unfairly because they were Mexican or of Mexican origin?
   ☐ Never   ☐ Sometimes   ☐ Often   ☐ Always
Emotional Health Questionnaire

I will read several statements and I want you to select the choice that best describes how you have felt over the past week:

<table>
<thead>
<tr>
<th>Statement</th>
<th>Rarely or none of the time (&lt;1 day)</th>
<th>Some or little of the time (1-2 days)</th>
<th>Occasionally or moderate amount of the time (3-4 days)</th>
<th>Most or all of the time (5-7 days)</th>
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</thead>
<tbody>
<tr>
<td>1. I was bothered by things that don’t usually bother me.</td>
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<tr>
<td>2. I did not feel like eating: my appetite was poor.</td>
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<td>3. I felt that I could not shake off the blues even with the help from my family and friends.</td>
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<td>4. I felt that I was not as good as other people.</td>
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<td>5. I had trouble keeping my mind on what I was doing.</td>
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<tr>
<td>6. I felt depressed.</td>
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<td>7. I felt that everything I did was an effort.</td>
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<td>8. I felt hopeless about the future.</td>
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<td>9. I thought my life had been a failure.</td>
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<tr>
<td>10. I feel fearful.</td>
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<tr>
<td>11. My sleep was restless.</td>
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<tr>
<td>12. I was unhappy.</td>
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<tr>
<td>13. I talked less than usual.</td>
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<tr>
<td>15. People were unfriendly.</td>
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<tr>
<td>16. I did not enjoy life.</td>
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<tr>
<td>17. I had crying spells.</td>
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<td>18. I felt sad.</td>
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<tr>
<td>19. I felt that people disliked me.</td>
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<tr>
<td>20. I could not get &quot;going.&quot;</td>
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</table>
Following are some ways of coping with difficult situations. Think of a situation you had to face during the past year where you were treated unfairly. We want to know how you coped with that experience.

<table>
<thead>
<tr>
<th>How often did you?</th>
<th>I didn’t do this at all = 1</th>
<th>I did this a little bit = 2</th>
<th>I did this a medium amount = 3</th>
<th>I did this a lot = 4</th>
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</thead>
<tbody>
<tr>
<td>1. Turned to work or other activities to take your mind off things.</td>
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<tr>
<td>2. Concentrated your efforts on doing something about the situation I’m in.</td>
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<td>3. Said to yourself “this isn’t real.”</td>
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<tr>
<td>4. Used alcohol or other drugs to make myself feel better.</td>
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<tr>
<td>5. Gotten emotional support from others.</td>
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<tr>
<td>6. Given up trying to deal with it.</td>
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<tr>
<td>7. Taken action to try to make the situation better.</td>
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<td>8. Refused to believe that it has happened.</td>
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<td>9. Said things to let your unpleasant feelings escape.</td>
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<tr>
<td>10. Gotten help and advice from other people.</td>
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<tr>
<td>11. Used alcohol or other drugs to help you get through it.</td>
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<td>12. Tried to see it in a different light, to make it seem more positive.</td>
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<td>13. Criticized yourself.</td>
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<td>14. Tried to come up with a strategy about what to do.</td>
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<tr>
<td>15. Gotten comfort and understanding from someone.</td>
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<tr>
<td>16. Given up the attempt to cope.</td>
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<td>17. Looked for something good in what is happening.</td>
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<td>18. Made jokes about it.</td>
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<tr>
<td>19. Done something to think about it less, such as going to movies, watching TV, reading, daydreaming, sleeping, or shopping.</td>
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<tr>
<td>20. Accepted the reality of the fact that it has happened.</td>
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<td>21. Expressed my negative feelings.</td>
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<td>22. Tried to find comfort in my religion or spiritual beliefs.</td>
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<tr>
<td>23. Tried to get advice or help from other people about what to do.</td>
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<tr>
<td>24. Learned to live with it.</td>
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<td>25. Thought hard about what steps to take.</td>
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<td>26. Blamed yourself for things that happened.</td>
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<td>27. Prayed or meditated.</td>
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<tr>
<td>28. Made fun of the situation.</td>
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</tbody>
</table>
Qualitative Interview

1. At the start of the interview, you rated your health as ______ (fill in the blank with the participants' rating). What kinds of things did you take into consideration to rate your health in that way?

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________
Coping Strategies Inventory

In the next section, I am going to ask you to share a personal account of a situation in which you feel you were treated unfairly and what you did to deal with the situation. Take a few moments and think about an event or situation in which you feel you were treated unfairly because you were Mexican or of Mexican origin or a situation that was stressful for you during the last month. By stressful I mean a situation that was troubling you, either because it made you feel bad or because it took effort to deal with it. It might have been with your family, with school, with your job, or with your friends.

Please share that situation with me. Describe what happened, and include details such as the place, who was involved, what made it important to you, and what you did. The situation could be one that is going on right now or one that has already happened.

_____________________________________________________________

_____________________________________________________________

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_____________________________________________________________

_____________________________________________________________
What influence, if any, do you believe this experience of unfair treatment could have or had on your health?
LISTA DE PREPARACION PARA LA ENTREVISTA

12. Llamar a la persona interesada en participar
   a. Determinar si la persona tiene los requisitos usando las preguntas de verificación (ver forma adjunta)

13. Planear fecha y horario de entrevista

14. Confirmar entrevista (e.j. llamada de recordatorio)

15. Alistar todas las formas de la entrevista, la carta de consentimiento, y el regalo para llevar a la entrevista.

16. Llegar temprano al lugar designado (10 minutos antes)

17. Saludar al participante y comenzar a establecer una conexión

18. Leer la introducción a la entrevista descriptiendo el estudio

19. Obtener consentimiento verbal y dar una copia de la carta de consentimiento al participante

20. Comenzar entrevista

21. Permitir a los participantes que hagan preguntas

22. Dar a los participantes la lista de recursos, materiales educacionales, y el pequeño regalo
Introducción a la Entrevista
Muchas gracias por estar de acuerdo en aprender un poco más acerca de este proyecto. Como le mencioné en el teléfono, mi nombre es Nallely Galván y soy estudiante del programa doctorado en consejería psicológica de la Universidad de Illinois. La meta de este proyecto es el de explorar y entender las experiencias de trato injusto que usted haya tenido, el cómo sobrelleva estas experiencias, y cómo se relacionan estas a su salud. No hay respuesta buena o mala. Mi meta es simplemente la de saber de sus experiencias. Sus respuestas e ideas serán muy útiles.
Solo para que sepas qué esperar, pensé que primero le describiría el proceso de la entrevista, revisaríamos el contenido de la forma de consentimiento, y respondería a cualquier pregunta que usted tenga antes de comenzar la entrevista. ¿Le parece bien?

Proceso de entrevista: la entrevista y el proceso de investigación durará entre 40 a 60 minutos y le preguntaré un poco acerca de su persona (e.j., donde nació, su edad, etc.) su salud, y acerca de sus experiencias diarias viviendo en los Estados Unidos. También le pediré que comparta un historia de cuando alguna vez usted sintió que fue tratado injustamente y cómo reacciono a ese evento. Para asegurarme de no perder ningún dato durante la última sección de su entrevista (cuando comparte su historia), grabaré su respuesta. ¿Estaría bien con usted? __________
Si no, ¿podría tomar notas? ___________

Forma de consentimiento: Notar puntos importantes de la forma de consentimiento (ver forma adjunta)

Comenzar la entrevista: Continuar en la siguiente página
Información Demográfica

1. ¿Qué edad tiene? __________________________

2. ¿Cuál es su sexo (M/H)? __________________________

3. ¿En qué ciudad _____________ y país nació usted _____________?

4. ¿Qué edad tenía cuando se movió a los E. U.? _____________

5. ¿Cuántos años lleva viviendo en los E.U.? _____________ años y _____________ meses.

6. ¿Cuántos viajes ha hecho a México desde que se movió a los E.U.? _____________
   a. ¿Cuándo fue su último viaje? _____________

7. ¿Cuál es su nivel más alto de educación formal?

<table>
<thead>
<tr>
<th>México</th>
<th>1</th>
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<tbody>
<tr>
<td>E.U.</td>
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<td>12</td>
</tr>
</tbody>
</table>

8. ¿Actualmente, tiene empleo?
   □ Sí  □ No

9. ¿Cuál es su ocupación principal? __________________________

10. ¿Cuál fue su ingreso anual el año pasado?
    _____________ semanal o _____________ mensual

11. ¿Cuántas personas viven con usted (incluyéndose a sí mismo)? _____________

12. ¿Cuál es su estado civil?
    □ Soltera/o  □ Casada/o/Unión Libre  □ Divorciada/Separada  □ Viuda

13. ¿Tiene niños?
    □ Sí  □ No  Si sí, ¿Cuántos? _____________

14. ¿Tiene usted seguro médico? □ Sí  □ No
    Si la respuesta es sí, ¿qué clase de seguro tiene?
    □ Privado  □ Medicare, Medicaid  □ Ninguno  □ Otro: _____________
15. ¿En qué idioma prefiere hablar?
   - [ ] Solo español
   - [ ] Más español, menos inglés
   - [ ] Más inglés, menos español
   - [ ] Igual en español que en inglés (bilingüe)
   - [ ] Solamente inglés

16. ¿Qué tan bien habla usted inglés?
   - [ ] Muy bien
   - [ ] Bien
   - [ ] No muy bien
   - [ ] Nada bien

17. ¿Qué tan bien entiende usted inglés?
   - [ ] Muy bien
   - [ ] Bien
   - [ ] No muy bien
   - [ ] Nada bien

18. Según la tabla de colores, ¿qué color diría que mejor combina su tono de piel?
   Calificación del Entrevistador ____________  Calificación del Participante ____________
   
   Salud Física

Las siguientes preguntas son acerca de su salud.

1. ¿Actualmente, usted diría que su salud es?
   - [ ] Excelente
   - [ ] Muy Buena
   - [ ] Buena
   - [ ] Regular
   - [ ] Mala

2. ¿Alguna vez un doctor u otro profesional de salud le ha dicho que usted tiene hipertensión o presión alta?
   - [ ] Sí  ¿Desde cuándo? _______________  [ ] No  [ ] No sabe

3. Si su respuesta es sí, ¿está tomando algún medicamento para controlar su presión alta?
   - [ ] Sí  [ ] No  [ ] No sabe

4. ¿Tiene un doctor o clínica en particular que usted llamaría su doctor o clínica de cabecera (regular)?
   - [ ] Sí  [ ] No

Continúe en la página siguiente.
**Experiencias de Trato Injusto**

En su vida diaria, ¿con qué frecuencia le ocurren las siguientes situaciones?

<table>
<thead>
<tr>
<th></th>
<th>Casi todos los días</th>
<th>Al menos una vez a la semana</th>
<th>Varias veces al mes</th>
<th>Varias veces al año</th>
<th>Menos de una vez al año</th>
<th>Nunca</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Le tratan con menos cortesía que a otras personas.</td>
<td></td>
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</tr>
<tr>
<td>2. Le tratan con menos respeto que a otras personas.</td>
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<tr>
<td>3. Recibe peor servicio que otras personas en restaurantes o en tiendas.</td>
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<tr>
<td>4. Las personas actúan como si pensaran que usted no es listo(a).</td>
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<tr>
<td>5. Las personas actúan como si le tuvieran miedo.</td>
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<tr>
<td>6. Las personas actúan como si pensaran que usted no es honrado.</td>
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<tr>
<td>7. Las personas actúan como si usted no fuera tan buena persona como lo son ellos.</td>
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<tr>
<td>8. Le ponen sobrenombres o le insultan.</td>
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<tr>
<td>9. Le amenazan o le hostigan.</td>
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</tbody>
</table>

¿Cuál cree usted que fue la causa **principal** para que se diera(n) estas situación(es)? Diría usted que…

- [ ] Su ascendencia o su origen nacional o etnicidad
- [ ] Su género o su sexo
- [ ] Su raza
- [ ] Su edad
- [ ] Su estatura
- [ ] Su color de piel
- [ ] Su preferencia sexual
- [ ] Su peso
- [ ] Su ingreso o nivel educativo
- [ ] Otro, especifique_________________
- [ ] No sabe
Por favor marque cualquier otro factor que usted cree contribuyó a esa(s) experiencia(s):

☐ Su ascendencia o su origen nacional o etnicidad
☐ Su género o su sexo
☐ Su raza
☐ Su edad
☐ Su estatura
☐ Su color de piel
☐ Su preferencia sexual
☐ Su peso
☐ Su ingreso o nivel educativo
☐ Otro, especifique________________
☐ No sabe

Trato injusto parte 2:

1. ¿Con que frecuencia le disgusta usted a la gente por ser Mexicano/a o de origen Mexicano?
   ☐ Nunca    ☐ A veces    ☐ Frecuentemente    ☐ Siempre

2. ¿Con que frecuencia le trata injustamente la gente por ser Mexicano/a o de origen Mexicano?
   ☐ Nunca    ☐ A veces    ☐ Frecuentemente    ☐ Siempre

3. ¿Con que frecuencia ha visto usted ha alguien ser tratado injustamente (i.e., amigos, vecinos, familiares) porque ellos eran Mexicanos/as o de origen Mexicano?
   ☐ Nunca    ☐ A veces    ☐ Frecuentemente    ☐ Siempre
**Cuestionario de Salud Emocional**

Leeré varias frases y quiero que elija la que mejor describa cómo se sintió en el mes pasado.

<table>
<thead>
<tr>
<th></th>
<th>Raramente o ninguna vez (&lt;1 día)</th>
<th>Alguna o pocas veces (1-2 días)</th>
<th>Ocasionalmente o una cantidad moderada (3-4 días)</th>
<th>La mayor parte del tiempo (5-7 días)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Me molestaron cosas que usualmente me molestan.</td>
<td></td>
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</tr>
<tr>
<td>2. No me sentía con ganas de comer; no tenía apetito.</td>
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<tr>
<td>3. Me sentía que no podía quitarme de encima la tristeza aún con la ayuda de mi familia.</td>
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<tr>
<td>4. Sentía que yo era tan bueno como cualquier otra persona.</td>
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<tr>
<td>5. Tenía dificultad en mantener mi mente en lo que hacía.</td>
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<tr>
<td>6. Me sentía deprimido.</td>
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<tr>
<td>7. Sentía que todo lo que hacía era un esfuerzo.</td>
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<tr>
<td>8. Me sentía con esperanza sobre el futuro.</td>
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<tr>
<td>9. Pensé que mi vida había sido un fracaso.</td>
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<tr>
<td>10. Me sentía con miedo.</td>
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<tr>
<td>11. Mi sueño era inquieto (e.j., no pudo dormir, estaba inquieto)</td>
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<tr>
<td>12. Estaba contento.</td>
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<tr>
<td>13. Hablé menos de lo usual.</td>
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<tr>
<td>15. La gente no era amistosa.</td>
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<tr>
<td>16. Disfruté de la vida.</td>
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<tr>
<td>17. Pasé ratos llorando.</td>
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<tr>
<td>18. Me sentí triste.</td>
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<tr>
<td>19. Sentía que yo no le caía bien (gustaba) a la gente.</td>
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<tr>
<td>20. No tenía ganas de hacer nada.</td>
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</tbody>
</table>
Las siguientes son algunas maneras de enfrentarse y adaptarse a situaciones difíciles. Piense en una situación que tuvo que enfrentar en los últimos 2 años y donde fue tratado/a injustamente. Estamos interesados en saber cómo enfrentó esa experiencia.

<table>
<thead>
<tr>
<th>¿Con qué frecuencia usted…?</th>
<th>No hice esto en lo absoluto = 1</th>
<th>Hice esto un poco = 2</th>
<th>Hice esto con cierta frecuencia = 3</th>
<th>Hice esto con mucha frecuencia = 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Se enfocó en el trabajo u otras actividades para distraer su mente.</td>
<td></td>
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<tr>
<td>2. Concentró sus esfuerzos para hacer algo acerca de la situación en la que estaba.</td>
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<tr>
<td>3. Se dijo a sí mismo(a), esto no es real.</td>
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<tr>
<td>4. Usó alcohol o otras drogas para sentirse mejor.</td>
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<tr>
<td>5. Recibió apoyo emocional de otras personas.</td>
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<tr>
<td>6. Se dio por vencido(a) de tratar de lidiar con esto.</td>
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<tr>
<td>7. Tomó acción para poder mejorar la situación.</td>
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<tr>
<td>8. Se rehusó a creer que esto hubiera pasado.</td>
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<tr>
<td>10. Usó alcohol u otras drogas para que le ayudaran a pasar por esto.</td>
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<tr>
<td>11. Trató de verlo con un enfoque distinto para que pareciera más positivo.</td>
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<tr>
<td>12. Trató de crear una estrategia para saber que hacer.</td>
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<tr>
<td>13. Recibió apoyo y comprensión de alguien.</td>
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<tr>
<td>14. Dejó de hacerle frente a la situación en la que estaba.</td>
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<tr>
<td>15. Buscó algo bueno en lo que estaba pensando.</td>
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<tr>
<td>16. Hizo bromas acerca de eso.</td>
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<tr>
<td>17. Hizo algo apara pensar menos en esto, como ir al cine, ver T.V., leer, soñar despierto(a), dormir, ir de compras.</td>
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<tr>
<td>18. Aceptó la realidad de que esto haya pasado.</td>
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<tr>
<td>19. Expresó sus pensamientos negativos.</td>
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<tr>
<td>20. Trató de encontrar apoyo en su religión o sus creencias espirituales.</td>
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<tr>
<td>21. Aprendió a vivir con esto.</td>
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<tr>
<td>22. Pensó mucho cuales eran los pasos a tomar.</td>
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<tr>
<td>23. Rezó o meditó.</td>
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<tr>
<td>24. Hizo gracia de la situación.</td>
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</tbody>
</table>
Entrevista Cualitativa

1. Al comienzo de la entrevista, usted indicó que su salud es ____________ (completar con la respuesta del participante). ¿Qué tipo de cosas tomó en cuenta para evaluar su salud de esa manera?

________________________________________________________________________________________________________________________________________
Cuestionario de Estrategias

En la siguiente sección, le pediré que comparta una historia o situación personal en donde usted sintió que fue tratado injustamente y lo que hizo para lidiar con esa situación.

Tome unos minutos y piense en un evento o situación que le paso durante los últimos 2 años donde usted sintió que fue tratado injustamente por ser Mexicano/a o de origen Mexicano o una situación que fue estresante para usted. Con estresante quiero decir que esta situación le molestó, ya sea porque lo hizo sentir mal o porque le tomó esfuerzo el lidiar con ella. Quizás ocurrió con su familia, en la escuela, en el trabajo, o con sus amigos.

Por favor comparta esa situación conmigo. Asegúrese de incluir detalles como el lugar, quien estaba, que lo hizo importante para usted, y que hizo. La situación pude ser algo que le está ocurriendo actualmente o algo que ya pasó.
¿Qué influencia, si alguna, cree usted que esta experiencia de trato injusto podría tener o tuvo en su salud?

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________
## Appendix G

**Support Services Resources, English**

<table>
<thead>
<tr>
<th>Agency/Program</th>
<th>Type of Services</th>
<th>Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Carle Clinic/Hospital</strong></td>
<td>Provides various medical services including counseling. * Spanish speakers are available</td>
<td>(217) 383-3311 602 W. University Champaign, IL</td>
</tr>
<tr>
<td><strong>Mental Health Center of Champaign County</strong></td>
<td>Provides psychiatric help and services to children, adolescents, and adults. Services fee is based on family household. Insurance is accepted. Visit: <a href="http://www.mhcenter.org">www.mhcenter.org</a> * Spanish speakers are available</td>
<td>(217) 398-8080 1801 Fox Drive Champaign, IL</td>
</tr>
<tr>
<td><strong>Padre a Padre (Parent to Parent)</strong></td>
<td>Support group for parents who speak Spanish. Sessions are completely in Spanish. Parents get together every month to discuss a variety of topics. * Spanish speakers are available</td>
<td>(217) 693-4580</td>
</tr>
<tr>
<td><strong>Champaign County Health Care Consumers</strong></td>
<td>Provides support services and information for all types of problems/complaints regarding the health care system. * Spanish speakers are available</td>
<td>(217) 352-6533 44 E. Main St. Suite 208 Champaign, IL</td>
</tr>
<tr>
<td><strong>Hispanic Outreach Program</strong></td>
<td>Provides health education and social services to Latinos. * Spanish speakers are available</td>
<td>(309) 829-9231 600 N. Western Ave. Bloomington, IL 61701</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Agency/Program</th>
<th>Type of Services</th>
<th>Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Center for Latino Mental Health</strong></td>
<td>Provides community services to Latinos, primarily in the areas of mental health. * Spanish speakers are available</td>
<td>(312) 467-8604 325 N. Wells St. Chicago, IL 60664</td>
</tr>
<tr>
<td><strong>Apoyo Latino and DUI Counseling Center</strong></td>
<td>Provides substance abuse treatment and assistance with DUls. * Spanish speakers are available</td>
<td>(773) 489-5490 3411 West Diversey Ave. (Kimball Building) Chicago IL 60647</td>
</tr>
<tr>
<td><strong>Association House of Chicago</strong></td>
<td>As an affiliate of the National Council of La Raza, this group provides Latino communities with information on a variety of topics including: financial issues, education, immigration, mental and physical health. * Spanish speakers are available</td>
<td>(773) 772-7170 1106 N. Kedzie Ave. Chicago, IL 60651</td>
</tr>
<tr>
<td><strong>Community Health Partnership of Illinois</strong></td>
<td>Provides health and housing information to migrant and seasonal farmworkers. * Spanish speakers are available</td>
<td>(312) 795-0000 202 W. Randolph St. Chicago, IL 60606</td>
</tr>
<tr>
<td><strong>Centro De Salud Esperanza</strong></td>
<td>Community health center - provides the following services: Pediatrics, Family Practice, Internal Medicine, Gynecology and Laboratory Services * Spanish speakers are available</td>
<td>(773) 584-6200 2001 S. California Ave. Suite 100 Chicago, IL 60608</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other Resources</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Su Familia - National Alliance for Hispanic Health</strong></td>
</tr>
<tr>
<td><strong>Consulado Mexicano - Chicago</strong></td>
</tr>
<tr>
<td><strong>East Central Illinois Refugee Mutual Assistance Center</strong></td>
</tr>
</tbody>
</table>
## Support Services Resources, Spanish

### Agencias Sirviendo al Condado de Champaign y Áreas del Alrededor

<table>
<thead>
<tr>
<th>Agencia/Programa</th>
<th>Tipo de Servicio</th>
<th>Información de Contacto</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carle Clinic/Hospital (Carle)</td>
<td>Ofrecen varios servicios médicos incluyendo servicios de consejería.</td>
<td>(217) 383-3311 602 W. University Champaign, IL.</td>
</tr>
<tr>
<td>Mental Health Center of Champaign County (MHCC)</td>
<td>Provee ayuda y servicios psiquiátricos para niños, adolescentes y adultos.</td>
<td>(217) 398-8080 1801 Fox Drive Champaign, IL.</td>
</tr>
<tr>
<td>Padre a Padre (Parent to Parent)</td>
<td>Gruppo de apoyo para padres que hablan español. Las reuniones son completamente</td>
<td>(217) 693-4580</td>
</tr>
<tr>
<td></td>
<td>en español. Se reúne cada mes para discutir una variedad de temas de interés para</td>
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<tr>
<td></td>
<td>los padres. * Se habla español</td>
<td></td>
</tr>
<tr>
<td>Champaign County Health Care Consumers (CC)</td>
<td>Provee servicios de apoyo e información para todo tipo de problemas y quejas</td>
<td>(217) 352-6533 44 E. Main St. Suite 208</td>
</tr>
<tr>
<td></td>
<td>acerca del sistema de salud. * Se habla español</td>
<td></td>
</tr>
<tr>
<td>Hispanic Outreach Program (Programas de Orientacion</td>
<td>Provee educación de la salud y servicios sociales para Latinos.</td>
<td>(309) 829-9231 600 N. Western Ave. Bloomington, IL.</td>
</tr>
<tr>
<td>para Hispanic)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Center for Latino Mental Health (Centro de Salud</td>
<td>Provee servicios de comunidad para Latinos, especialmente en las aras de</td>
<td>(312) 467-8604 325 N. Wells St. Chicago, IL.</td>
</tr>
<tr>
<td>Mental Latino)</td>
<td>salud mental. * Se habla español</td>
<td></td>
</tr>
<tr>
<td>Apoyo Latino and DUI Counseling Center (Casa</td>
<td>Provee tratamiento para abuso de drogas y asistencia con DUIS</td>
<td>(773) 489-5490 3411 West Diversey Ave. (Kimball Building) Chicago IL.60647</td>
</tr>
<tr>
<td>Asociación de Chicago) (Casa Asociación de</td>
<td>(manejoando tomado). * Se habla español</td>
<td></td>
</tr>
<tr>
<td>Chicago)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Association House of Chicago (Casa Asociacion de</td>
<td>Como un afiliado del Comité Nacional de la Raza, este grupo provee una seria</td>
<td>(773) 772-7170 1116 N. Kedzie Ave. Chicago, IL.60651</td>
</tr>
<tr>
<td>Chicago)</td>
<td>de información para Latinos incluyendo: finanzas, educación, inmigración, y</td>
<td></td>
</tr>
<tr>
<td></td>
<td>salud física y mental. * Se habla español</td>
<td></td>
</tr>
<tr>
<td>Community Health Partnership of Illinois</td>
<td>Provee información de salud y vivienda para inmigrantes y trabajadores del</td>
<td>(312) 795-0000 202 W. Randolph St. Chicago, IL.60606</td>
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<td></td>
<td>campo temporales. * Se habla español</td>
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<tr>
<td>Centro De Salud Esperanza</td>
<td>Centro comunitario de salud – provee los siguientes servicios: Pediatría,</td>
<td>(773) 584-6200 2001 S. California Ave. Suite 100 Chicago, IL.60608</td>
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<td></td>
<td>Practica Familiar, Medicina Interna, Ginecología, y Servicios de Laboratorio</td>
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<tr>
<td>Su Familia - National Alliance for Hispanic Health</td>
<td>Ofrece a consumidores Latinos información de salud gratuita y confidencial y la</td>
<td>1-866-783-2645 (Other) 1-800-504-7081 (Prenatal Issues)</td>
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<td>ayuda a navegar el sistema de salud. * Se habla español</td>
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<tr>
<td>Consulado Mexicano - Chicago (Centro de Refugados)</td>
<td>Ofrece información de visas y asuntos relacionados para ciudadanos Mexicanos.</td>
<td>(312) 855-1380 204 S. Ashland Ave. Chicago, IL. 60607</td>
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<td>* Se habla español</td>
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<tr>
<td>East Central Illinois Refugee Mutual Assistance</td>
<td>Asiste a inmigrantes de todos los países a acomodarse en los E.U.A., y provee</td>
<td>(217) 344-8455 302 S Birch St Urbana, IL. 61801</td>
</tr>
<tr>
<td>Center (Centro de Refugados)</td>
<td>información en temas de inmigración y derechos legales. * Se habla español</td>
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### Otros Recursos

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<th>Tipo de Servicio</th>
<th>Información de Contacto</th>
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Appendix I

Author’s Biography

Nallely Galván graduated from Eastern Washington University in 2003 with a Bachelors of Science degree in Psychology. She started her doctoral degree in Counseling Psychology at the University of Illinois at Urbana-Champaign in 2004 after completing a Master of Science and an Education Specialist Degree in Counseling Psychology from Indiana University. During her tenure at UIUC, and with the supervision of her research advisor, Dr. Lydia P. Buki, she has conducted research within the Champaign County and surrounding communities. From her research work, Nallely identified the lack of social and counseling services available to immigrant Latinas/os. In response to this need, she worked as a bilingual clinician (English and Spanish) at a local Mental Health Center for almost four years. As a clinician and with the support from the center, she worked with a diverse population including families, couples, and adult monolingual Spanish speaking Latinos. The clinical concerns presented included adjustment issues, history of sexual trauma, depression, marital and family conflicts.

Nallely’s research interests include women’s health issues, exploring and understanding the health, psychosocial and mental health needs of Latinos. In addition to research, she enjoys teaching and clinical work. Currently, Nallely is completing her clinical internship at the Federal Medical Center in Fort Worth, Texas, where a number of female inmates are monolingual Spanish speakers.