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STRESSORS AND COPING STRATEGIES OF UNDOCUMENTED LATINOS IN THERAPY

by

Belinda Hinojos

A DISSERTATION

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STRESSORS AND COPING STRATEGIES OF UNDOCUMENTED LATINOS IN THERAPY

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Undocumented Latinos are diagnosed with higher levels of anxiety, adjustment disorders, alcohol abuse, and other psychological problems compared to documented immigrant Latinos and U.S. born Latinos (Perez & Fortuna, 2005; Ramos-Sanchez, 2010). In addition, undocumented Latino immigrants may experience worries about their legal status and preoccupation with disclosure and deportation may increase the risk for emotional distress and impaired quality of health (Cavazos-Rehg et al., 2007). Currently, both state and proposed federal laws have become increasingly aggressive in regards to immigrants and immigrant rights. This may increase the amount of stress and anxiety undocumented individuals experience and may contribute to their reasons to seek therapy. However, there is little research that examines the impact of undocumented status on mental health, and how undocumented immigrants cope with these stressors. The current qualitative study was designed to further understand the experiences and coping strategies of undocumented Latino immigrants. Ten undocumented Latino immigrants (e.g., 8 women, and 2 men) who were participating in therapy were interviewed about their experiences with undocumented status. Participants were asked about the stressors they experience due to their undocumented status and the ways in which they cope with these stressors. Additionally, participants were asked about their experiences in therapy and how therapy might be utilized to offset these stressors.

Interviews were transcribed and analyzed using CQR, a qualitative data analysis procedure, and revealed ten domains about the experiences of undocumented Latino immigrants which include: the purpose for coming to the United States, belonging, perception of undocumented immigrants, challenges/barriers, impact on family, security, coping, therapeutic experience, policy, and future outlook. Furthermore, an additional domain “other” was used to capture the experiences of two participants and their difficult journey to the United States. Ways in which psychologists can intervene and work effectively with undocumented Latinos are highlighted. Suggestions for future research with undocumented Latinos in therapy are discussed.

Dedication

For my parents, Nina and Tomas Hinojos, thank you for your unconditional support throughout the years. You taught me to be proud of who I am and to never forget where I come from. My compassion, strength and resilience are because of you! To my son, Marcus, I love you with everything I have! Thank you for never letting me take anything too seriously.

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I am grateful to my family and friends for all of your support and encouragement. Thank you to my parents, Nina and Tomas, who modeled the importance of social justice and advocacy, long before I knew what those words meant. Thank you to my son, Marcus, for joining me at coffee shops, presentations, and research meetings, as I worked on this project. Your patience and support, at such a young age, kept me motivated and strong.

To the American Psychological Association (APA) Minority Fellowship Program (MFP), and especially my MFP cohort, I cannot express the gratitude I have for your support and encouragement. I'm still not sure how I got to be part of this incredible group, but I am honored to call you my family. Thank you to my committee for your support in reviewing my dissertation. To Dr. Wayne Babchuk, thank you for encouraging me to "be bold, be brave, and get this thing done." To my colleagues at Counseling and Psychological Services, thank you for your unconditional support and guidance, and I look forward to our future work together. Drs. Tricia Besett-Alesch, and Casey Tallent, I really don't know how I would have survived these past few years without you, thank you! To Morgan Conley, M.A., and Brittany Gundal, M.A., thank you for your dedication and commitment to this project. Thank you to my colleagues back home, for inspiring me to pursue my doctorate and supporting me along the way.

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Chapter 1: Introduction

Statement of Problem

Undocumented Latinos are diagnosed with higher levels of anxiety, adjustment disorders, alcohol abuse, and other psychological problems compared to documented immigrant Latinos and U.S. born Latinos (Perez & Fortuna, 2005; Ramos-Sanchez, 2010). In addition, undocumented Latino immigrants may experience worries about their legal status and preoccupation with disclosure and deportation may increase the risk for emotional distress and impaired quality of health (Cavazos-Rehg et al., 2007). However, there is little research into how undocumented immigrants perceive their status and the stressors associated with that status. Furthermore, there is even less research that examines how undocumented immigrants cope with stressors related to their status.

Although there are common stressors related to all undocumented immigrants, Latinos comprise approximately 76% of the 11.9 million undocumented immigrants residing in the United States (Pew Hispanic Center, 2010), and therefore will be the focus of this research. In addition, increasingly aggressive state and proposed federal legislation, such as Arizona's SB 1070, Georgia's HB 87, Alabama's HB 56 and the proposed Comprehensive Immigration Reform Act of 2007, have been criticized for being anti-immigrant and for targeting and racially profiling Latinos (NCLR, 2011). Lastly, the introduction of Senate Bill 1070 into the Arizona legislature, one of the most aggressive pieces of legislation aimed at undocumented immigrants, was passed in a state

where Latinos comprise more than one in four, and is one of five states with the largest percentage of Latinos (NCLR, 2011; Pew Hispanic Center, 2011).

Following the passage of SB 1070 several media outlets reported that nearly half of the country was considering an Arizona-like bill, and during the 2010 legislative session, 12 states introduced (and rejected) bills similar to SB 1070. Additionally, since the beginning of the 2011 session, 24 states have introduced similar bills (NCLR, 2011). If modeled after the Arizona bill these pieces of legislation will be aimed at Latinos with the consequences of discrimination and racial profiling. This further demonstrates the need for additional research into the lives of people who will be most affected by these laws in order to understand how they perceive their status, how they perceive the influence of current legislation, and how perceptions of status and legislation are related to their mental health in order to better meet their mental health needs.

Background

In 1990 Rodriguez and DeWolfe conducted a study examining psychological distress among Mexican and Mexican-American women as it related to the Immigration Reform and Control Act (IRCA) signed into law by President Ronald Reagan in 1986. Their findings were that Mexican women who did not qualify for amnesty were at risk for "significant psychological distress (e.g., hostility), especially if they have little social support" (p. 552). Rodriguez and DeWolfe stated that this increased hostility could be due to the women's perception that "American society, with the implementation of IRCA, wants them out of the country and that they are perceived as some kind of criminal" (p. 552). The authors of the study challenged mental health professionals who

worked with Mexican-American clients to use their findings and conduct future research focusing on the psychological distress of undocumented immigrants as it related to their eligibility for amnesty under the IRCA. However, since 1990, little research has been conducted to examine the psychological distress of undocumented immigrants as evidenced by a literature review conducted by Arbona et al. (2010). They found only two published quantitative studies (Perez & Fortuna, 2005; Rodriguez & Dewolfe, 1990) that examined mental health status among undocumented Latino immigrants. Similarly, in a comprehensive interdisciplinary review of the literature related to the mental health of undocumented immigrants, Sullivan and Rehm (2005) found only 14 articles related to this topic, four of which were dissertations. Several of these articles examined the daily experiences of undocumented immigrants, how their status impacted their general health, or were conceptual pieces describing the hardships of undocumented immigrants. In addition, only one of 14 articles was published in a counseling related journal (i.e., *Journal of Counseling and Development*), however the focus of this conceptual piece was on acculturative stress in Hispanics and had only a subsection on undocumented immigrants (Smart & Smart, 1995). A current review of the literature found no additional published quantitative or qualitative studies that solely explored the perceived stressors and coping strategies of undocumented Latino immigrants.

A potential reason why there are not more empirical studies or conceptual pieces related to the mental health of undocumented immigrants may be due to the sensitivity of the subject and inaccessibility to the population. Sullivan and Rehm (2005) suggest that researchers may be hesitant to study this population because of perceptions that

undocumented immigrants are not going to want to disclose their status. Additionally, researchers may fear that directly asking about undocumented status may affect the participants' willingness to participate in the study and create a sense of mistrust (Arbona et al., 2010). Lastly, there are significant consequences for this population to disclose their status and share their experiences. They may know very little and/or have little trust for the research process and therefore participants themselves may be hesitant to take this risk.

Mental Health Concerns

Although few distinctions have been made between the mental health stressors of undocumented and documented Latino immigrants, previous research has shown that "Latino immigrants, in general, experience stressors such as cultural dissonance, poverty, discrimination, and language barriers" (Ramos-Sanchez, 2009, p. 106). Moreover, research by Perez and Fortuna (2005) found that undocumented Latinos are more likely to be diagnosed with anxiety, adjustment disorders, and alcohol disorders than documented immigrant and U.S. born Latinos (Ramos-Sanchez, 2009). Several areas have been identified as contributors to the increased levels of stress found within this population. Poor working conditions, long hours, and unfair practices that many undocumented Latinos experience in regards to work have an impact on mental health. In addition, few undocumented Latinos will speak up about unfair practices for fear of having their status discovered (Carbonell, 2005). This can potentially leave the individual feeling powerless and with little control over their situation. Carbonell (2005) points out potential problems related to identity that can impact the mental health of undocumented

Latinos. Undocumented immigrants who work under a false name or with someone else's social security number may develop another identity. They may have one identity at work and another identity, including a different name, at home. Carbonell (2005) argues that research has not yet examined potential identity problems of undocumented individuals and their effects on mental health. Lastly, Ramos-Sanchez (2009) points to the potential problems undocumented immigrants may experience at home in relation to their status. Undocumented individuals often experience separation from loved ones and close family members. Often one parent migrates to the United States first and relocates the rest of the family after they are somewhat situated. This break in the family can lead to increased stress, loneliness, and depression (Falicov, 1998b). Although these areas can potentially lead to increased levels of distress in undocumented immigrants, the fear of deportation is often the foremost concern of this population.

Living in Fear

In a recent study by Ramos-Sanchez (2009), researchers found that the fear of deportation is one of the primary concerns that undocumented Latinos face and that this fear "may lead undocumented Latinos to engage in avoidance behaviors to circumvent being asked about their immigration status" (p. 107). The Pew Hispanic Center (2008) national survey reported that a majority of Latinos worry that they, or someone they know, will be deported. Nearly six-in-ten (57%) Latinos reported that they are worried about deportation. Foreign born Latinos were most likely to harbor this fear compared to native born Latinos, 73% versus 35% (Pew Hispanic Center, 2010). Furthermore, there has been an increase in the number of deportations in the United States in recent years,

making this a very real fear for undocumented immigrants. The number of individuals deported in 2008 was approximately 359,000 compared to 18,000 in 1980 (Pew Hispanic Center, 2010).

The fear of detection and deportation has significant consequences related to mental health and help-seeking behaviors for undocumented immigrants. In a comprehensive literature review about the mental health of undocumented Mexicans, Sullivan and Rehm (2005) reported that this fear may prevent undocumented immigrants from seeking basic healthcare, which can result in both poor physical health and mental health outcomes. Additionally, in a study conducted by Berk and Schur (2001), 39% of undocumented Latinos reported being afraid of seeking medical services because of their undocumented status. Lastly, a study by Cavazos-Rehg and colleagues (2007) found that Latino immigrants who expressed concerns with deportation were at an increased risk for negative health and mental health states.

Access and Utilization of Services

There has been no federal immigration legislation passed since the 1996 Illegal Immigration Reform and Immigrant Responsibility Act; however, immigration legislation at the state level has become increasingly aggressive and has limited and/or attempted to limit the access of services and basic privileges for undocumented immigrants (e.g., access to education, driving privileges, housing opportunities). Due to the large percentage of undocumented immigrants who are Latino (Pew Hispanic Center, 2010), this has greatly affected the Latino community (Ramos-Sanchez, 2009). In 1994, Proposition 187 in California attempted to deny health care and public education to

undocumented immigrants (Martin, 1995). Colorado attempted to ban undocumented immigrants from receiving non-emergency medical care (Broder, 2007), and in proposed legislation close to home, Fremont, Nebraska attempted to enforce a policy that denied housing (e.g., renting or buying) to undocumented immigrants (Marzen, 2013). Additionally, the federal Illegal Immigration Reform and Immigrant Responsibility Act of 1996 cut all "entitlement programs" (e.g., food stamps, housing assistance, Medicaid, Medicare) to undocumented immigrants (Ramos-Sanchez, 2009). Consequently, this population may not be receiving adequate healthcare or preventative services due to ineligibility or inability to pay. Undocumented Latinos may also be fearful of seeking services due to the messages these types of legislation send, and/or fear of deportation. Inability to get basic needs met (e.g., healthcare needs, housing needs) and barriers to educational pursuits may greatly impact the mental health of undocumented immigrants.

It is clear that more research needs to be conducted concerning the mental health of undocumented immigrants. Few studies have examined the stressors associated with undocumented status and their effects on mental health. Although there have been significant findings that undocumented immigrants face challenges related to status, no study has directly examined how individuals with undocumented status perceive stressors, and most importantly, how they cope.

Purpose Statement and Research Questions

The purpose of this study is to describe the experiences of undocumented Latino adults who are currently receiving mental health services. It is hoped that this study will provide insights into perceived stressors of this population and their relationship to

mental health and therapy. With these ideas in mind, the following research questions were posed:

RQ_1: What is the nature of stressors undocumented individuals face due to their status?

RQ_2: How do individuals adjust and cope with stressors associated with undocumented status?

RQ_3: How do undocumented adults utilize therapy to offset the stressors associated with undocumented status?

RQ_4: How do undocumented individuals perceive the future and that of others with this status?

Definition of Terms

The terms undocumented status, undocumented immigrant, and undocumented worker will be used interchangeably throughout this paper to describe the immigration status of people who do not have the federal documentation to show they are legally entitled to work, visit, or live in the United States (NAHJ, 2006). The National Association of Hispanic Journalists (NAHJ) issued a press statement that labeling individuals “illegals” is dehumanizing and casts the entire groups as criminals. In addition, they state that portraying undocumented immigrants as criminals has damaging effects. Lastly, the NAHJ, along with the Asian American Journalists Association, Native American Journalists Association, and the National Association of Black Journalists all denounced the use of “alien” and “illegal alien” because it separates undocumented immigrants from the rest of society and casts them as “strange beings, and inhuman

outsiders" (NAHJ, 2006, p. 1). Therefore, throughout this study the word "undocumented" will be used to describe those individuals who do not have U.S. citizenship or legal residency, and reside in the United States without the proper legal documents to do so.

In addition, the term Latino will be used to describe individuals with ancestry from Mexico, El Salvador, Guatemala, and other Latin American countries. The words Latina and Latino are often preferred terms over the word Hispanic (Gonzalez, 2005). The term Hispanic was first introduced after many individuals argued that the previous word "Spanish," did not include all Latinos because not everyone spoke Spanish. However, many have argued that Hispanic is a government imposed term and that the word implies descendancy from Spain, with little attention to indigenous roots (Steinberg, 2004). Many Latinos in the U.S. have pride in their indigenous heritage and are offended by the term Hispanic because this label associates them with the conquerors of the original Indigenous people who inhabited North, Central, and South America (Steinberg, 2004). Therefore, unless specified, Latino will be used to describe an individual from or with ancestry in Latin America.

Lastly, the term mental health has been defined in many ways. One definition of mental health defines it as "the absence of mental illness" (Westerhof & Keyes, 2009, p. 110). Counter to that definition, Snyder et al. (2011) have described mental health to include both psychological assets and deficits found within the individual. This paper will take a more balanced view of mental health as described by Snyder et al. and describe mental health along a continuum. Whereas traditional definitions of mental illness have

focused on specific disorders and/or pathology, the term mental health will be used throughout this paper to discuss a more balanced view of the individual's strengths in addition to any distress they may be experiencing.

Chapter 2: Literature Review

This chapter provides a literature review on the relevant areas related to the Latino population, their mental health, and the impact of immigration status. First, this literature review focuses on the demographics and growth of the Latino population in the United States, including a description of Latino cultural values. Second, an overview of Latino mental health is provided, with an emphasis on utilization and stigma of mental health services among the Latino population. Additionally, alternative healing practices, such as religion, spirituality, and indigenous healing practices will be discussed along with barriers to accessing mental health services and the impact of acculturation on mental health. Finally, this literature review focuses on the status of undocumented Latino immigrants in the United States and issues of language, discrimination, and fear that individuals with this status may encounter. Areas that effect undocumented immigrants such as previous and current legislation policy and the barriers to educational pursuits will also be discussed.

Individuals and Families of Latino Descent

A Growing Population.

The Latino population is one of the fastest growing ethnic minority groups in the United States with approximately 50.5 million people now self-identifying as Latino (Passel et al., 2011). In addition, the Latino population grew 43% in the last decade making this population the largest ethnic minority group in the United States (Pew Hispanic Center, 2011). Although the largest percentage of Latinos continue to live in nine states with long-standing Latino communities (e.g., Arizona, California, Colorado,

Florida, Illinois, New Mexico, New Jersey, New York, and Texas), the states with the largest growth in their Latino population include Alabama, Arkansas, Mississippi, North and South Carolina, Maryland, and South Dakota, which all saw their Latino population more than double (Pew Hispanic Center, 2011). Furthermore, the Latino population is expected to increase to 97 million by the year 2050 and will account for nearly one-fourth of the U.S. population (U.S. Department of Health and Human Services, 1999).

Cultural Values.

Latino culture is often characterized by its' unique cultural values that unite the community. Despite differences based on nationality, acculturation or language, there seems to be a set of common values that surface within this diverse population. These cultural values often influence the behaviors, actions, and even communication styles of Latinos (Añez et al., 2008). This section will highlight the cultural values of *personalismo, simpatia, colectivismo, respeto, formalismo, confianza, and familismo* (Añez et al., 2008; Falicov, 1998; Lopez-Baez, 2006; Sue & Sue, 2008) and the importance of each within Latino culture.

Personalismo (Paniagua, 1998) has been defined as "an orientation toward people characterized by warmth, sharing personal information, and preference for physical closeness to others" (Lopez-Baez, 2006, p. 190). This cultural value reflects the importance of interpersonal relationships and the preference towards warm and friendly exchanges (Añez et al., 2008). Often time's individuals of Latino descent will avoid confrontation or conflict in order to maintain *personalismo* within their relationships (Antshel, 2002; Falicov, 1998). *Simpatia* (Paniagua, 1998) is often associated with

personalismo because of its focus on the harmonious and conflict-free relationship. This cultural value promotes the need for "smooth and pleasant social relationships" so that individuals can be more empathic to one another (Lopez-Baez, 2006, p. 190). Latinos who exhibit the cultural values *personalismo* and *simpatia* can be perceived as timid, passive, or avoidant of confrontation. However, these cultural values speak to the importance of the interpersonal relationship and that harmony within close relationships is valued above one's own feelings. This is important for mental health professionals to understand because of misunderstandings that might occur based on conflicting worldviews. The potential to perceive a client as passive or avoidant instead of connected or invested in relationships can lead to a break in therapeutic alliance between clinician and client. Additionally, practitioners who do not invest in developing a therapeutic relationship or rapport may be perceived as cold, and possibly offend the client.

The cultural value of *colectivismo* (Marin & Marin, 1991; Paniagua, 1998; Triandis, 1989) reflects the collectivistic nature of the Latino culture. The emphasis on community and interdependence over the individual's needs is a key characteristic of Latinos. Additionally, the value in group cohesion contributes to a sense of belonging, safety, and trust in group members. This cultural value has several implications for practitioners working with this population. The collectivistic nature of Latino culture is in direct contrast with the individualistic culture valued in the United States. Similar to *personalismo* and *simpatia*, those who adhere to a collectivistic culture may be perceived as passive, less competitive, and possibly having poor boundaries (Lopez-Baez, 2006). Clinicians must be careful not to make these assumptions but assess how this group

orientation fits in the client's life. Additionally, *colectivismo* has implications for new immigrants who may feel isolated, lonely, and without a connection to community upon arrival in the U.S.

Although Latino culture values the warm, approachable and closeness of interpersonal relationships, there is also a clear level of respect for those of authority, elders, and those with perceived wisdom or knowledge. This cultural value, *respeto,* has been defined as "valuing and acknowledging hierarchies that define an individual's 'proper' place in society by age, gender, race, and class" (Lopez-Baez, 2006, p. 190; Paniagua, 1998). Oftentimes the more formal version of Spanish, the *Usted,* is used when addressing those with perceived status. In addition, titles (e.g., Sir, Mrs. *Don, and Doña*) may accompany names (Añez et al., 2008). Those who adhere to the cultural value of *respeto* may not express their thoughts or feelings if they think that they will conflict or disrespect the person in authority. This has implications for clinicians who may be unaware that they are not meeting the client's needs. The client may be hesitant to disclose this information for fear of disagreeing or disrespecting their therapist (Añez et al., 2008). Similar to *respeto,* the cultural value of *formalismo* stresses the importance of respect and acknowledging those in power (Lopez-Baez, 2006). *Formalismo* is characterized by the formal approach and manner Latinos greet and acknowledge those in hierarchal positions. Again, disagreement or disrespect to those in power is frowned upon and Latinos may avoid difficult conversations with those in power in order to avoid any conflict or disrespect to that person.

C*onfianza* reflects the value in deep trust and confidence within interpersonal relationships (Bracero, 1998). Although the literal translation of *confianza* is confidence or trust in, it has a much deeper meaning within Latino culture. Not only does *confianza* need to exist within interpersonal relationships, but professionals working in the community must be seen as a person of *confianza.* Añez et al. (2008) states that this can take time to develop, and individuals who adhere to this value may initially present as guarded until they feel the clinician is a person of *confianza.* This impacts practitioners who clients may initially perceive as untrustworthy. However, once the client perceives the clinician as a "*persona de confianza"* that clinician will most likely gain the trust of the individual, family, and community. Lastly, there is one cultural value that stands out above the rest, *familismo*. Latino culture values the family above all else and often times the needs of the family will come before the needs of the individual. In Latino culture the family often comprises three or four generations of relatives, and includes those that may be closely associated with the family, although they might not be actual relatives (Falicov, 1998). *Familismo* stresses the importance of inclusiveness and participation within the family network. It is typical for extended family members to share in household responsibilities, child rearing, and even problem solving with the nuclear family. The close-knit bond and collective nature of Latino families has traditionally served as a coping mechanism against barriers due to language, culture, education, and immigrant status. It is important for clinicians to understand Latinos' preference for close connectedness with family (Falicov, 1998). Mental health professionals may not be aware of the significance of these close relationships and can potentially apply diagnostic labels

(i.e., enmeshment) that are inappropriate. Labels such as “codependent,” and “enmeshment” can be damaging to Latino clients and an inaccurate view of the family (Falicov, 1998).

These cultural values reflect the importance of community, relationship building, trust, and respect within the Latino community. There is an emphasis on interpersonal relationships and closeness; however there is also a deep respect for those in positions of power. Those working with this population should be aware of the power differential and that Latino clients especially may present as quiet, passive, and humble as to not offend the therapist. Additionally, rapport building should be the focus of beginning any work with this population.

Understanding cultural values found within the Latino population is significant in providing outreach and clinical services to this community. In a study by Cauce et al. (2002), the researchers tested a mental health help-seeking model as a way to understand the importance of cultural values and contexts for Latino adolescents seeking therapy. The authors found that culture and context will define how the problem is defined, whether they will seek help, and who they will seek for that help. Additionally, this study found that help is usually sought from family, friends, and community first, and treatment from mental health professionals was found to be a last resort. Furthermore, a separate study conducted by Miville and Constantine (2006) examining the sociocultural variables and how they impact psychological help-seeking attitudes and behaviors in Mexican-American college students found that sociocultural variables need to be considered in order to understand the help-seeking in this population. These studies further support the

need for mental health professionals to understand Latino cultural values and how they impact help seeking.

These cultural values have implications for Latinos seeking mental health care. The Eurocentric models of therapy that focus on the individual and encourage the independence of the individual (Rastogi, 2009) are in direct conflict with the collectivistic values found in the Latino community. Traditional models of therapy focus on intrapersonal dynamics and move towards introspection of the individual. Latino clients, who adhere to the cultural value of *colectivismo,* may place more emphasis on interpersonal relationships. In addition, traditional models of therapy challenge the Latino cultural value of *familismo,* where loyalty to the family and placing the needs of the family over the individual are central (Comas-Diaz, 2006; Sue & Sue, 2008). This may not correspond with therapists' worldviews regarding family roles. Lastly, because of the value and strong reliance on family and community, Latinos may seek the help of family and community first and view them as a preferred coping strategy, over that of a formal mental health professional.

Gender Roles.

Latino culture is often characterized by its defined gender roles. Latinas are often taught to care for younger siblings, take care of the home, and to take a self-sacrificing role within the family. Many Latinas have been socialized to be "submissive, chaste, and dependent" (Raffaelli & Ontai, 2004). Lopez-Baez (2006) calls this *marianismo* and states that Latino culture expects that Latinas "should be yielding, obedient, dependent, timid, sentimental, gentle, and sexually pure until marriage." In addition, Latinas are

socialized to place a strong value in family. It is important for a young Latina to respect the hierarchy within the family (Parke & Buriel, 1998), and adhere to the cultural values of *familismo* and *respeto*.

In a study by Raffaelli and Ontai (2004) Latina participants reported having fewer freedoms than their brothers, more household responsibilities (such as caring for younger siblings), and were encouraged to act more feminine. A key finding in the study was that mothers exerted more influence over their daughters in regards to gender role stereotypes, and fathers over sons. Hence, the more a Latina mother ascribes to her traditional gender role; she will likely have a traditional gender role attitude towards her daughter.

Young Latinas, growing up in the United States often come into conflict with their parents when they reject some or all of the prescribed roles. In addition, the less acculturated a Latino person is the more likely they will adhere to traditional gender roles (Raffaelli & Ontai, 2004). As Latina youth continue to acculturate at a faster rate than their parents, they will continue to widen the gap between traditional gender role expectations and their new sense of independence. As Latina youth embrace aspects of American culture, they often find themselves challenging cultural and familial expectations.

A word typically associated with Latino males is *machismo*. Traditionally, Latino males have adopted the role of the provider, the protector, and the head of household. Sue and Sue (2003) state that "men are expected to be strong, dominant…as head of family, the male expects the members to be obedient to him." Based on these expectations, young Latinos may receive privileges from an early age that their female siblings may not

(Raffaelli & Ontai, 2004). They may do less work around the house, they may not have to care for their younger siblings, they often have more freedom to go out with friends and stay out later than their female counterparts. Although the term *machismo* has usually been associated with hypermasculine or chauvinistic attitudes and beliefs, another definition of *machismo* places emphasis in "courage, honor, virility, physical strength, and as representing a protector, provider, and authority figure" (Abreu et al., 2000; Christensen, 1975; Lazur & Majors, 1995; Mirandé, 1997).

Clearly, the definition of what it means to be a Latino male is based in very traditional values. Research suggests that young males adopt these gender role attitudes from parents who may ascribe to more traditional roles (Luddy & Thompson, 1997). Just as with young Latinas, parents play a major influence in gender socialization (Huston & Alvarez, 1990). Childhood socialization has been found to have an important role in the development of machismo in Latino males (Deyoung & Zigler, 1994). As parents adhere to more traditional attitudes about gender roles, they are likely to socialize their children in ways that conform to these beliefs (Zayas & Solari, 1994). This is problematic for young Latinos who may not adhere to traditional beliefs and feel pressure to take on the head of household role at such a young age. This is also problematic for young Latinos who do not fit this narrow definition of masculinity and feel pressure to conform to fit their culture.

Latino Mental Health

Although the prevalence of mental disorders appears to be equal or less in U.S. born Latino populations than in non-Latino white populations (Alegria et al., 2008),

Latinos continue to have less access to mental health services, especially if they are less acculturated or recent immigrants (Alegria et al, 2007; Cabassa, et al., 2006; Vega et al., 1999). In addition, clinicians have reported that they are often difficult to engage and retain in therapy (Diaz et al., 2005; Miranda & Cooper, 2004; USDHHS, 2001a), and when they do seek services they often terminate prematurely (Organista et al., 1994). Furthermore, in a meta-analysis of the variables that account for premature termination in therapy, Wierzbicki and Pekarik (1993) found that low education level, low socioeconomic status, and minority racial status are closely associated with premature termination in counseling. Although their study did not specifically look at the termination rates of Latinos; they do face these risk factors. However, Kouyoumdjian and colleagues (2003) have argued that Latinos' premature termination rates in therapy are more complex than low socioeconomic status and low education level. They point to research by Acosta (1980); which suggests that a lack of benefit from therapy, self-perceived improvement, and environmental constraints (e.g., time off from work, financial constraints, and transportation) were barriers to Latinos accessing mental health care. Kouyoumkjian and colleagues also suggest that cultural values (e.g., perceptions to mental illness, fatalism, spirituality, and familism) play a significant role in the help-seeking attitudes of Latinos and therapy. For example, Latinos will be more likely to attribute their distress to God's will, and will rely on spiritual healers and family members as primary supports, rather than a formal mental health professional. The following section describes some key issues related to Latino mental health and how they impact Latinos' willingness and ability to seek services.

Utilization and Stigma.

Even when Latinos do experience severe emotional distress, generally only 10% of the total population will ever seek the help of a mental health professional (Dischoso, 2010) and often they seek help after months of experiencing distress (Urdaneta et al., 1995). There exists a significant stigma and fear of utilizing counseling services within the Latino community. This may be in part to cultural or religious beliefs. Those who adhere to religious beliefs that dictate that life's difficulties are part of God's will may delay seeking services for beliefs that their experiences are destined, or part of a greater plan (Echeverry, 1997). In addition, they may seek relief in prayer, or spiritual healing practices not associated with counseling or therapy (Sue & Sue, 2008). These belief systems are often utilized first, and only when clients do not experience alleviation of their problems do they reach out to medical or mental health professionals (Echeverry, 1997). In addition, mental health and/or emotional problems may be seen as a sign of weakness and lack of character, possibly even a spell or bad luck (Echeverry, 1997). This belief makes it incredibly difficult for Latino clients to seek mental health care. Going to a psychologist or mental health provider may be seen as a reflection of their character and that they are crazy or weak. Furthermore, research by Gonzalez (1997) found that Latinos preferred to see a medical doctor for symptoms related to depression and anxiety, in order to avoid the stigma of seeing a psychologist.

In addition to the stigma around seeking treatment from a mental health professional, there are also very real barriers to treatment for this population. Issues such as language, cost, geographic location, schedule of services, and availability of bilingual

and bicultural mental health professionals have all been identified as barriers for Latino clients in receiving mental health services (Echeverry, 1997). The following section highlights some of those barriers and how they impact availability of mental health services for Latino clients.

Barriers to Care.

A major barrier is limited access due to cost and accessibility of services. Healthcare is expensive, especially mental healthcare (Surgeon General's Report, 2011). The cost for services may be too much for Latino clients, many of whom live below the poverty line (Sue & Sue, 2008) and are without healthcare coverage (NCLR, 2010). This may especially impact undocumented immigrants who do not qualify for federal or state based insurance due to their undocumented status. In addition, immigrants who are undocumented may avoid seeking treatment from mental health professionals for fear that they will be reported to Immigrations and Customs Enforcement (ICE). A study by Berk and Schur (2001) found that 39% of undocumented Latinos expressed fear about seeking medical services because of their status. Those in their study who reported fear of seeking services also reported difficulties in acquiring medical care, dental care, prescriptions, and eyeglasses. Their study suggests that worries about documentation status do impact both seeking and obtaining the appropriate medical care. In addition, many counseling centers and agencies operate on normal business hours (i.e., 9-5), which may not be practical for this population. This is a community over-represented in service-oriented occupations (NCLR, 2010). There is often little flexibility with these types of

jobs and asking for time off, especially to make weekly therapy appointments, is not practical.

Language and Family.

English language proficiency has long been used as an indicator of acculturation status (Miranda et al., 2006). In addition, limited English language proficiency has been linked to increased levels of psychological distress for immigrants (Nicholson, 1997). Therefore, any ability to speak English is a privilege for many immigrant families who struggle to learn the language. Often it is the children of immigrants who learn the language and learn to communicate in both English and Spanish. These children are often used as interpreters and translators for older family members. They often accompany their parents and family members to doctors' visits, teacher and parent meetings, and any appointments that require their English language ability. This places Latino children in the unique position of having a certain level of privilege and at times power over their parents or older family members. Children are often privileged to adult conversations or intimate details of their parents' lives. This level of privilege can cause an imbalance in the family structure of Latino families (Roizblatt & Pilowsky, 1996). In several studies this phenomenon, known as language brokering, has been shown to have both positive and negative effects on both the child serving as the language broker, and the adult family members (Corona et al., 2012; Morales & Hanson, 2005; Morales et al., 2012; Villaneuva & Buriel, 2010). In a review of the literature in regards to language brokering, Morales and Hanson (2005) identified 24 resources (e.g., articles, book chapters, a dissertation, and unpublished manuscripts) where both positive and negative attributes were associated

with language brokering. The researchers found that the children who served as translators reported positive feelings in serving as the language broker. They felt they were contributing to their family and felt proud that they could help their parents. However, participants also reported feelings of frustration, embarrassment and pressure to translate accurately. From the literature review, researchers also identified a set of characteristics common to language brokers. They were typically young, between the ages of eight years-old and twelve years-old, they began translating for their family members shortly after arriving in the United States, and they were usually female. Although researchers were able to identify key characteristics and positive and negative outcomes for language brokers, they stated that there was still more research to be done.

In a qualitative study by Villanueva and Buriel (2010) researchers interviewed nine Latina adolescents who served as language brokers. Researchers found that these young ladies were serving as translators for their parents, for their peers in school settings, and also for school personnel, and that they were primarily translating in school and medical settings. Participants in this sample did identify that translating for their parents in school settings was the most stressful. Researchers attributed this to Latinas expectations to do well and their desire to please their parents. Although Latinas in this sample were also translating in medical setting, they did not identify this as stressful. Villanueva and Buriel indicated that this is problematic, given the potential for interpreter error. Overall, participants in this study saw their role as a language broker as positive and described it as a normal family responsibility.

In two more recent studies, researchers have explored the impact of language brokering on both the child who is translating and also their parent who is relying on their child to communicate (Corona et al., 2012; Morales et al., 2012). Within Latino families there is a high level of respect for the father, who is the provider and head of household, and a level of respect and deep admiration for the mother, who is the protector and caregiver of the family. However, as less acculturated Latino parents become dependent on their children in order to communicate, it creates a different dynamic within the family. This cultural norm violation where Latino children have a sense of power over their parents has the potential to reduce parents' authority and respect within the family (Miranda et al., 2006). This was supported in research by Corona, Stevens, Halfond, Shaffer, Reid-Quinones, and Gonzalez (2012). In their qualitative study of 25 Latino adolescents and their parents, researchers found that parents felt embarrassed and ashamed that they had to rely on their children for everyday tasks and conversations. This violation of cultural norms was further evidenced in research by Morales, Yakushko, and Castro (2012), who in their qualitative study of 6 families found a tension that exists between the language broker and the parents. Morales and colleagues found that the language brokers in their study felt pressured to interpret and translate accurately and that their parents expected them to serve as language brokers. The child serving as the translator would rebel, which caused tension within the family. In addition, researchers found that there was shift in the family dynamic, with power dynamics between parents and children challenging traditional cultural values. Although both studies (Corona et al., 2012; Morales et al., 2012) also found positives associated with language brokering (e.g.,

pride in being bilingual, and giving back to family), there were clear stressors identified by both parents and the children who translate for them.

Language and Mental Health.

It is estimated that roughly a quarter of US Latina/os consider themselves "English dominant" (Pew Hispanic Center, 2005). However, even for Latino clients who do speak English, it may be more comfortable to express their emotions and feelings in Spanish (Villalba, 2010). In addition, Latino clients may feel that Spanish language is a way for them to express their heritage and can be a source of identity and pride (Santiago-Rivera & Altarriba, 2002). Therefore, it is important that clinicians working with the Latino community to place an emphasis in assessing the preferred language of their Latina/o clients, particularly because client's primary and secondary language has been shown to affect the clinical evaluation and assessment of psychopathology (Malgady & Costantino, 1998; Marcos, 1994). Sue (1990) has indicated that clinicians can misinterpret clients' tone, rate of speech and inflection, when they are communicating in their secondary language.

In a review of the literature examining the role of language in the mental health treatment of Latinos, researchers found that language and cultural value differences between the client and clinician contribute to inaccurate assessment and misdiagnosis (Altarriba & Santiago-Rivera, 1994; Atkinson et al., 1989; Del Castillo, 1970; Guttfreund, 1990; Marcos, 1976a, 1976b, 1979, 1988). In this comprehensive review of the literature on language and its effect on mental health treatment, researchers found conflicting results regarding assessment and evaluation in clients' primary and secondary

language (Altarriba & Santiago-Rivera, 1994). In some studies, when clients were evaluated in their secondary language (i.e., English), they were described as having greater psychopathology (Marcos et al., 1973). However, in other studies, when clients were assessed in their native language (i.e., Spanish), they were described as more psychotic than when evaluated in English (Del Castillo, 1970; Gonzalez, 1978; Price & Cuellar, 1981). Altarriba and Santiago stated, that although findings were contradictory, it was important to highlight that these studies consistently reported that language affects the expression of pathology and that clinicians must be mindful of that.

Lastly, in a study by Sentell, Shumway, and Snowden (2007), researchers found that non-English speaking Latinos were less likely to receive mental health care services than their English speaking Latino counterparts. Researchers used the 2001 California Health Interview Survey (CHIS), which was distributed to 55,428 households throughout California. Their findings indicated that Latinos with limited English proficiency were less likely to receive needed mental health services than English speaking Latinos when controlling for race/ethnicity, poverty, insurance status, U.S. nativity, and length of time in the U.S. Findings by Sentell and colleagues suggest that limited English proficiency does contribute to disparities in mental health care.

Healing Practices.

Spirituality and religiosity have been identified as key healing practices within the Latino culture (Cervantes, 2010; Falicov, 1998; Reyes-Ortiz et al., 2009; Sue & Sue, 2008). The Catholic Church, the Virgin Mary, priests, and indigenous practices such as *limpias* and visits to *curanderas* are often cited as healing practices Latinos embrace

when in distress (Falicov, 1998; Santiago-Rivera et al., 2002b; Sue & Sue, 2008; Villabla, 2010). The following two sections differentiate between religion and spiritual or indigenous healing practices and how both play significant roles in the healing process of Latinos.

Religion.

Religion has been defined as the "relationship that members of a culture have with their deity (ies) through formalized institutions" (Constantine et al., 2004, p. 118). Additionally, religion is often associated with a formal set of rituals or practices and is socially constructed to bring individuals together (Schlosser et al., 2010). One of the largest and longest standing organized religions is Catholicism. The Catholic faith plays a salient role in the lives of many Latinos with Roman Catholicism being identified as the predominant religion among Latino groups (Falicov, 1998; Sue & Sue, 2008). However, there is an infusion of indigenous beliefs and practices within the formal religious faith that Latinos embrace that make it difficult to separate religion from spirituality. In order to have an understanding of the importance of Catholicism within Latino culture, and how indigenous beliefs have been integrated into the religion one must look at the history of colonization in Latin America.

The conquest of Mexico along with the colonization of Latin American countries by Spanish and Portuguese *conquistadores* brought with it a Christian belief system. The Catholic Church funded many of the trips from Spain and Portugal to what is now Latin America and often traveling with the conquistadors were clergy (Villalba, 2010). Prior to the arrival of the Spanish and Portuguese conquerors, the indigenous people of Latin

America prayed to their Gods, held ceremonies, and embraced spiritual teachings (Cervantes, 2010). However, with the colonization of their countries they were forced to embrace Roman Catholicism. What emerged is a fusion of the religion with indigenous spirituality. Cervantes (2010) calls this *Mestizo* spirituality and points out a key example of this fusion, *La Virgen de Guadalupe*. *La Virgen de Guadalupe*, or the Virgin Mary is often cited in the literature as a prominent figure in the lives of Latinos and especially related to their belief system, healing practices, and even gender role expectations (Cervantes, 2010; Falicov, 1998). The Virgin Mary, known as the mother of Jesus in the Catholic faith, has become a symbol of protection, guidance, and affirmation who many Latinos pray to, and at times, instead of God. As Cervantes (2010) points out "the belief in the earth mother is the core to many ancient and shamanic belief systems" (p. 531). He states that she has been embraced by the Latino culture and that she plays a prominent and curative role in the healing process of Mexican and Mexican-American communities. Another impact of the Catholic religion in the healing practices of Latinos is the concept of *fatalismo.* Sue and Sue (2008) state that belief in the Catholic Church and its values has left some Latinos to experience *fatalismo,* or that their experiences, whether good or bad, are because of fate. Due to Catholic beliefs such as "sacrifice in this world is helpful to salvation, being charitable to others is a virtue and you should endure wrongs done against you," Latinos may believe that their circumstances are unchangeable and seek resolution through prayer (Sue & Sue, 2008, p. 382). Additionally, in a study by Reyes-Ortiz et al. (2009), 60% of Latinos identified prayer as a source of healing, while 49% asked others to pray for healing. This study included 3,728 Latino respondents across the

United States. Participants were asked questions related to their medical care and well-being and how often they pray for healing, ask others to pray for healing, or utilize spiritual healing (e.g., *curanderos,* spiritual healers). The authors state that Latinos often utilize spirituality as a coping behavior and that "greater spirituality (specifically increased religiosity) among Latinos has been linked to health benefits" (p. 546).

Furthermore, in a qualitative study by Moreno & Cardemil (2013) researchers explored the association between religiosity and attitudes toward mental health services among Latinos. Researchers interviewed 17 Latino men and women who identified as religious and conducted semi-structured interviews. The interview protocol was guided by the following research questions: 1. Among religious Latinos, what forms of coping with adversity are most commonly endorsed, 2. What facilitates seeking religious counseling? and 3. What facilitates seeking formal mental health services? Moreno and Cardemil found that Latino participants identified religious and spiritual practices as important and preferred religious and spiritual coping methods in the face of adversity. Sixty-five percent of Latinos in their sample endorsed engaging in religious coping, and 82% of participants in their study endorsed engaging in spiritual coping. In addition, participants preferred religious counseling services because they were consistent with their religious beliefs. Participants felt that they would feel more comfortable and trusting of religiously oriented mental health services, and that they would share similar beliefs and values with those at a religious counseling agency. In addition, participants identified that comfort with a priest or pastor, a preexisting relationship with the religious community, and accessibility were all contributing factors to them seeking religious

counseling services. For those participants who sought formal mental health services, they were typically highly acculturated, had more years of formal education, and typically had a college or advanced degree. When there were significant mental health problems or if problems were attributed to biological origins, then participants felt that formal mental health services were more suitable. Lastly, participants who did seek formal mental health services indicated that it was important that their mental health provider understand their religious and spiritual beliefs.

Findings by Moreno and Cardemil have been supported by earlier research which also found that Latinos identify religious beliefs as a method of coping (Herrera et al., 2009; Sanchez et al., 2012). Herrera and colleagues found that religious coping was associated with reduced psychological distress. In addition, researchers found that negative religious coping (e.g., blaming God for problems, or feeling God was punishing the individual) was associated with greater psychological distress. There was mixed effects of religious coping in a study by Sanchez and colleagues (2012). Researchers examined the effects of religious coping in 527 recent immigrated Latinos and found that those who engaged in more religious coping before immigration experienced more acculturative stress after their immigration. The authors suggested that immigration process may make it difficult for Latinos to feel connected to their religious coping resources, which makes them vulnerable to acculturative stress (Moreno & Cardemil, 2013).

With 90% of Latinos in the United States reporting that they are religiously committed (Hispanic Churches in American Public Life national survey, 2003), it is

important that therapists working with Latinos have an understanding of the role religion plays in the healing process. However, given the history of religion and religious practices within Latino culture, it is also important to incorporate discussions on spirituality into conversations regarding religion and religious healing. Spirituality encompasses the indigenous healing practices that many Latinos utilize when in distress. The following section will highlight the role of spirituality and indigenous healing practices in the lives of Latinos.

Indigenous Healing Practices.

Spirituality has been defined as "the 'breath' that animates life; or a sense of connection to oneself, others, and to that which is beyond self and others (e.g., G-d, love, the transcendent, universal energy)" (Knox et al., 2005, p. 287). Spirituality plays a key role in the lives of Latinos and they often attribute physical and/or mental health concerns with spiritual imbalance (e.g., bad luck, supernatural events; Constantine et al., 2006). In turn, they turn to spiritual and indigenous healings practices as curative factors or to ward off evil spirits (e.g., *mal de ojo*). Comas-Díaz (2006) describes this as "calling back the spirit" (p. 440) and states that calling back the spirit allows Latinos to embrace their indigenous roots and find empowerment through indigenous practices. This "Latino spirituality" (Comas-Diaz, 2006, p. 444) transcends religious affiliation and is associated with deeper meaning and purpose. *Mestizo* or Latino spiritually (Cervantes, 2010; Comas-Diaz, 2006) includes the use of *dichos, curanderos, cuentos,* in addition to praying to the Virgin Mary and other saints, the use of herbal teas for healing, and visiting a *temescal*. Often times these practices are used in addition to prayer or rituals

more closely associated with Catholicism or formal religion. Although the utilization of *curanderos* has been mixed in previous studies (e.g., 29% of Latinos in an outpatient clinic in Colorado; 26% among Mexican-American female college students; 13% of Mexican-American adults in Rio Grande Valley Texas; 5.8% in a nationwide telephone study of Latinos living in the United States) it is clear that indigenous practices play a salient role in the healing process of Latinos (Keegan, 2000; Lopez, 2005; Padilla et al., 2001; Reyes-Ortiz et al., 2009).

Padilla and colleagues (2001) conducted a survey of 405 Latino participants attending an outpatient primary and urgent care clinic in Denver, Colorado. Researchers approached participants in the waiting room of the clinic and asked them to complete a two-page, 22 item survey. Participants were asked to provide demographic information, in addition to their history of use of a *curandero*, the type of problem they sought a *curandero* for, the treatment outcome and overall satisfaction with the use of a *curandero*. Of those 405 Latino participants, 118 had been to a *curandero* at some point in their lives, additionally, 91% knew what a *curandero* was. Overall, participants were satisfied with the treatment they had received from the *curandero* and most participants indicated that they sought a *curandero* for a headache, intestinal discomfort, *nervios* (nerves), *susto* (fright), *embrujado* (witchcraft), *mal aire* (bad air), fatigue and pain. In addition, a few participants also indicated that they sought a *curandero* for kidney problems, wounds, for cleansing, and diabetes. This study revealed that those participants who sought the help of a curandero had not informed their primary care physician. In their findings, Padilla and colleagues encouraged physicians to have conversations about

alternative healing practices with their patients and that it can be problematic if patients are seeking alternative care without discussing the implications with their physician. Researchers also pointed out the psychological implications and that a number of the symptoms or reasons why Latinos consulted a *curandero* are associated with mental health distress.

Religion and spirituality are interwoven and have deep historical and cultural roots within the Latino population. Both are significant healing practices that are utilized by Latinos in times of despair. Since Latinos may feel that stressors or life experiences are out of their control they may lean on their religious or spiritual beliefs to guide them through difficult times. It is important for clinicians to recognize the impact of these healing practices and assess how salient they are in clients' lives.

Acculturative Stress.

An additional area that impacts the mental health of Latinos is their level of acculturation. Acculturation has been defined as a "culture change that results from continuous, first-hand contact between two distinct cultural groups" (Redfield et al., 1936). The theoretical conceptualization of acculturation has changed from a unidirectional model (e.g., unacculturated to assimilated; Mexican to American) to one that recognizes the ongoing process that occurs when individuals come into contact with different cultures and societies (Stephenson, 2000).

The unidirectional model of acculturation (Parks & Miller, 1921) had been called "unilinear" because it describes only one outcome of acculturation—assimilation. However, the bidirectional model of acculturation describes the interaction of two distinct

cultures: one of the individual and the other of a new culture. Berry and colleagues (1986) have outlined four types of acculturation based on the bidirectional model of acculturation: separation, assimilation, marginalization and integration. They define separation as a positive view towards the home culture coupled with a negative view toward the host culture. Assimilation is defined as a negative view of the home culture coupled with positive view toward the host culture. Marginalization is a negative view toward both cultures; and integration is a positive attitude toward both cultures (Stephenson, 2000).

As Latinos continue to embrace cultural beliefs, traditions, and language of their home country, they are continuously intermixing with American culture. At times these competing beliefs may conflict leaving the individual feeling torn between the two cultures. Smart and Smart (1995) state that this "long-standing process emerges from the perceived imbalance of cultural demands and available resources" (Torres, 2010, p. 257). This imbalance can leave an individual feeling distressed and caught between two worlds. In fact, acculturative stress is positively correlated with psychological distress (Cervantes et al., 1991) and other studies have found that depression and anxiety are also positively correlated with dimensions of acculturative stress (Alderete et al, 1999; Finch et al., 2000; Grzywacz et al., 2006, Salgado et al., 1990). In a study by Torres (2010), being an immigrant in the United States and living in an environment that devalues one's culture increases the likelihood of distress. Level of acculturation may also impact help-seeking behaviors within the Latino population.

A study by Miville and Constantine (2006) found that level of acculturation was related to help seeking behavior in Mexican-American college students and whether they would seek psychological treatment. Researchers explored the sociocultural predictors of psychological help-seeking attitudes of Mexican-American college students. One hundred and sixty two Mexican-American undergraduate students were recruited from a predominantly White university. Participants were given the Stephenson Multigroup Acculturation Scale (SMAS; Stephenson, 2000), Cultural Congruity Scale (CCS; Gloria & Robinson Kurpius, 1996), Multidimensional Scale of Perceived Social Support (MSPSS; Zimet et al., 1988), and the Attitudes Toward Seeking Professional Psychological Help Scale-Short Form (ATSPPHS-S; Fischer & Farina, 1995). In addition, they were asked to indicate whether or not they had sought mental health care in the past year. Researchers found that acculturation into U.S. society was moderately and positively predictive of help-seeking behaviors.

Although issues such as language barriers, separation from family, and discrimination can contribute to acculturative stress, a study by Arbona et al. (2010) found that fear of deportation was the strongest predictor of acculturative stress among both undocumented and documented Latino immigrants. Researchers examined the differences between documented and undocumented Latino immigrants and the prevalence of three immigration related challenges (e.g., separation from family, traditionality and language barriers). Arbona and colleagues sought to determine the associations between legal status, the challenges related to legal status, and fear of deportation to acculturative stress related to social contexts. Participants were recruited

from two major cities in Texas and were approached at churches, social service agencies and clinics in densely populated Latino communities. A total of 416 participants were included in the study and responded to a demographic questionnaire, in addition to the Spanish version of the Hispanic Stress Inventory-Immigrant form (HIS-I). This protocol (HIS-I, Cervantes et al., 1991) was developed to assess acculturative stress, specifically with Latino immigrants in the United States. Arbona and colleagues found that both undocumented and documented Latinos fear deportation.

Furthermore, differences in level of acculturation between Latino immigrants and U.S. born Latinos have yielded significant results as related to mental health. Latino immigrants, despite the numerous barriers they encounter, have been shown to have better mental health than their U.S. born counterparts (Cook et al., 2009). This finding, called the "immigrant paradox," disappears the longer the Latino immigrant lives in the United States, and findings show that the mental health of immigrants declines the longer they are in the United States (Vega et al., 1999). In a study by Cook et al. (2009) they found that it is not nativity alone that accounts for the immigrant paradox, but areas associated with acculturative stress. Both perceived discrimination and family cultural conflict accounted for part of the ways that acculturation might relate to decreased mental health in U.S. born Latinos. The authors suggested that although U.S. born Latinos have the documented status and resources that their immigrant counterparts do not, they are also fully aware of the discrimination that exists and barriers against them in the United States. Differences in acculturation, differing family values, and conflicting belief systems found within the family are also part of acculturative stress that is commonly

found with U.S born Latinos. In addition, the authors suggest that the longer immigrants live in the U.S. they may become more aware of the discrimination and unfair practices that exist, which can contribute to distress. Additionally, the value of *familismo* may be challenged as intergenerational conflict emerges between family members as they establish new values and beliefs in the United States.

In a comprehensive review of the literature on acculturation, enculturation and mental health, Yoon and colleagues (2013) found that in 325 studies, acculturation was favorably associated with both negative (e.g., depression, anxiety, and psychological distress) and positive (self-esteem, satisfaction with life, and positive affect) mental health outcomes, whereas enculturation was only associated with positive mental health. Enculturation is defined as the process of "incorporating and maintain one's ethnic cultural norms," (Kim, 2007b, p. 143). Overall, their findings revealed that the more externally acculturated a person (e.g., language, and behaviors) and the more internally enculturated (e.g., identity), the better mental health outcomes they exhibit.

The previous section reflects the various issues that impact Latino mental health. There exists a strong stigma related to help-seeking, and therefore, many Latinos will seek help from the Church or indigenous healers long before they will seek help from a mental health professional. In addition, stressors related to living a bicultural life may also impact Latino mental health. Those who experience acculturative stress are also likely to report feeling distressed. This may be even greater for undocumented immigrants who face additional challenges related to their status.

Immigration Status

Current Status of Undocumented Immigrants.

Undocumented Latinos are diagnosed with higher levels of anxiety, adjustment disorders, alcohol abuse, and other psychological problems compared to documented immigrant Latinos and U.S. born Latinos (Perez & Fortuna, 2005; Ramos-Sanchez, 2009). In a study by Perez and Fortuna (2010), they conducted a clinical chart review of 197 outpatient adult psychiatric charts in a Latino mental health outpatient treatment program. They compared clinical diagnosis and mental health care use of undocumented Latinos (i.e., N=29), with that of documented Latino immigrants (i.e., N=144), and U.S. born Latinos (i.e., N=24). Perez and Fortuna specifically looked at diagnoses at initial assessment, and mental health care usage in the clinic after initial assessment. They found that undocumented Latinos in their study were more likely to have a diagnosis of anxiety, adjustment disorder, alcohol abuse disorder, and other psychosocial problems related to occupation, access to healthcare, and the legal system. The undocumented Latinos in their study also identified an average of 5 stressors at intake (i.e., family/primary support, social environment, occupational problems, legal difficulties, and access to health care), compared to the average of 3 stressors (i.e., family/primary support and social environment) identified by both documented Latino immigrants and U.S. born Latinos. Their findings suggest that undocumented Latinos do experience increased distress, compared to their documented immigrant and U.S. born Latino counterparts. In addition, undocumented Latino immigrants may experience worries about their legal status and preoccupation with disclosure and deportation may increase the risk for emotional distress and impaired quality of health (Cavazos-Rehg et al., 2007). However, little

research exists into how undocumented immigrants perceive their status and the stressors associated with that status. Furthermore, there is even less research that examines how undocumented immigrants cope with stressors related to their status.

Discrimination and Fear.

Deportation has been identified as one of the primary concerns that undocumented Latinos experience (Ramos-Sanchez, 2009). In addition, they may feel a need to segregate themselves from the larger community in order to protect their identity and to avoid being asked about their status (Arbona et al., 2010; Hagan & Rodriguez, 2002). This is further supported by a national survey conducted by the Pew Hispanic Center (2008). The survey focused on the 2008 presidential election and the attitudes regarding immigration and enforcement, remittance behavior, crime and the criminal justice system and media use by Latinos. Survey respondents indicated that a majority of Latinos, both documented and undocumented worry about deportation. This survey was distributed to a nationally-representative sample of 2,015 Latino respondents ages 18 and older, between June 9, 2008 and July 13, 2008. This is a very real fear given that there has been a significant increase in the number of deportations over that past 30 years (e.g., 18,000 in 1980 vs. 359,000 in 2008).

The constant fear of discovery has significant implications for the healthcare of undocumented Latinos, including help-seeking behaviors. (Berk & Schur, 2001; Cavazos-Rehg et al., 2007; Sullivan & Rehm, 2005). In a multisite study of undocumented Latinos, Berk and Schur (2001) sent out surveys to households identified as primarily Spanish speaking, in four different neighborhoods across the southwest

United States (e.g., Houston, TX, El Paso, TX, Fresno, CA, and Los Angeles, CA). The Project Hope Undocumented Immigrant Health Care Access Survey was distributed to households, with the assistance of trained Latino interviewers fluent in Spanish. The household screener guided the interviewee through eligibility criteria and responses to the survey. Overall, 973 individuals participated in the study. Ultimately, analysis was limited to 756 participants after researchers eliminated surveys that were incomplete, and for those participants who had been in the United States for less than 6 months. Researchers found that 39% of participants reported being afraid of seeking out medical services for fear of discovery. This is based on participants' responding "yes" to the following question, "At some time were you afraid you would not receive medical service because you did not have 'papers'?" The study concluded that fear of discovery is a major barrier for help-seeking. The findings of this study were also supported Sullivan and Rehm (2005), who in a comprehensive review of the literature on the mental health of undocumented Mexicans, found that fear of discovery prevents them from seeking basic healthcare. They concluded that this would have a negative impact on both their physical and mental health. Based on the limited research examining the impact of undocumented status and help-seeking, it is clear that fear of discovery is a determinant in whether undocumented Latinos will seek medical services.

Immigration Legislation.

Legislation aimed at controlling immigration flow is not new to the United States. One of the first pieces of legislation policy dealing with immigration was the Chinese Exclusion Act of 1882. This piece of legislation restricted, for the first time, entrance into

the United States based on ethnicity (Segal et al., 2010). It did however, allow immigrants from Central, Eastern, and Southern Europe into the country. The next piece of legislation came during the "restriction and exclusion period" of 1921-1952. It was during this time period that a quota system was introduced, controlling the number of entrants from European countries. However, Asian immigrants were still excluded from entering the United States and from eligibility for citizenship (Segal et al., 2010). In 1952, this ban against Asians was lifted and they were allowed the same quota as immigrants from Europe, as well as potential U.S. citizenship. It wasn't until 1965, the "liberalized policy period," that the United States began to see an influx of immigrants from countries other than Europe. This piece of legislation provided an opportunity for those relatives of citizens and permanent residents a chance to migrate to the U.S., and also created a broader 20,000 per country limit to allow for more immigrants across the world the opportunity to migrate to the United States. However, since 1965, there have been several pieces of legislation or actions that have shaped current policy (Segal et al., 2010). In 1980, the Refugee Act was introduced which removed refugees from the preference category and instead allowed the President and Congress to determine the number of refugee entrants into the country. In 1986, the Immigration Reform and Control Act allowed several undocumented immigrants the opportunity for residency and/or citizenship, however the Act made it illegal to employ undocumented workers. The Immigration Act of 1990 increased the limit of immigrant entrants to 700,000 a year and also introduced the "immigrant investor program." The investor program allots up to

10,000 visas annually for those who are willing to invest between $500,000 and one million dollars in the United States.

A significant piece of legislation that has impacted immigrants in the U.S. came in 1996 with the Welfare Reform act. This piece of legislation made it illegal for undocumented immigrants to receive cash and medical assistance (e.g., TANF, Medicaid, and Medicare). Lastly, the 1996 Illegal Immigration Reform and Immigrant Responsibility Act was the last piece of federal immigration policy passed in the U.S. This piece of legislation expanded the role of Immigration and Customs Enforcement (ICE), then Immigration and Naturalization Services (INS). In 2007, the Comprehensive Immigration Reform Act was introduced, but failed to pass in the House. This bill focused on managing illegal immigration into the U.S. (Segal et al., 2010). Although the 2007 bill failed, several pieces of immigration policy have been passed at the state level that has significantly impacted the lives of undocumented immigrants.

One of the biggest pieces of legislation aimed at providing opportunities for undocumented immigrants is the Development, Relief and Education for Alien Minors (DREAM) Act which allows for undocumented students who have been living in the United States a designated number of years and have graduated from high school an opportunity to attend an in-state college or institution at in-state tuition costs. However, the DREAM Act is not active in all U.S. states and continues to fail at the federal level. Although the DREAM Act is aimed at providing opportunities for undocumented immigrants, the majority of state legislation has been aimed at taking away basic privileges based on undocumented status.

In 1994, Proposition 187 in California attempted to deny health care and public education to undocumented immigrants. Colorado attempted to ban undocumented immigrants from receiving non-emergency medical care, and the federal Illegal Immigration Reform and Immigrant Responsibility Act of 1996 cut all "entitlement programs" (e.g., food stamps, housing assistance, Medicaid, Medicare) to undocumented immigrants (Ramos-Sanchez, 2009). Several states have taken away driving privileges to undocumented immigrants, making it mandatory to provide a social security number at the time of application (Lopez, 2008). Prior to September 11th, 2001, several states were in the process of lifting restrictions that prevent undocumented immigrants from obtaining a driver's license. Fifteen states were moving towards removing the social security number requirement from the driver's license application because of the obstacles it created when undocumented individuals attempted to apply for the license. However, post 9/11, when it was revealed that a number of the hijackers were able to obtain a valid driver's license from states they did not reside in, all conversations to make driver's license more accessible were halted. To date, there continues to be a heated debate as to whether those with undocumented status should be granted a driver's license (Lopez, 2008).

In addition, legislation in Alabama, Arizona and Georgia advocated for police officers to pull over anyone who looked "illegal" and gave them permission to ask about their status and show proof of residency or citizenship (Johnson, 2011). These laws required state and local law enforcement officials to verify the immigration status of anyone they felt was "reasonably suspicious." Furthermore, the Alabama law would have

required school districts to check the immigration status of students and parents. This piece of legislation attempted to prevent children of undocumented immigrants from receiving primary and secondary education benefits (i.e., attend school). Lastly, in proposed legislation close to home, Fremont, Nebraska attempted to enforce a policy that denied housing (e.g., renting or buying) to undocumented immigrants. However, with the backlash from the Arizona immigration bill, Nebraska decided to let the piece of legislation die for fear it would cost tax-payers too much money in appeals (Marzen, 2013).

It is clear that immigration legislation has become more aggressive in recent years. Although immigration policy has a long history within the United States, no major legislation in regard to immigration has been passed at the federal level in several years. As states continue to create their own policies in regards to immigration reform, this will continue to be a debated subject with undocumented immigrants caught in the middle. Additionally, undocumented Latino immigrants may experience worries about their legal status and preoccupation with disclosure and deportation may increase the risk for emotional distress and impaired quality of health (Cavazos-Rehg et al., 2007).

Conclusion

Clearly there are several factors that impact the mental health of this growing population. The number of Latino communities is growing in both historically Latino and non-Latino areas of the United States. However, along with this increase in the population also come several concerns in the area of mental health. Separation from family, navigating new communities, acculturative stress, language barriers, and societal

barriers are just a few of the stressors new immigrants may face and can potentially lead to significant distress. This may be even more troublesome for undocumented immigrants who live in constant fear of their status being discovered. In addition, undocumented immigrants may face the additional stigma of being “illegal” and the stereotypes associated with that label (e.g., criminal, poor, and uneducated). However, few studies have explored the impact of undocumented status on the individual, and even less on their mental health. The few studies that have been done, albeit valuable to the field, did not directly ask about documented status, nor did they provide in-depth exploration about the experiences of those with undocumented status. The current study explores the perceptions of undocumented immigrants and asks them how they perceive their status in the United States. In addition, this study explores the perceived stressors associated with being undocumented and how undocumented immigrants cope with and/or utilize therapy to deal with these stressors.

Chapter 3: Methodology

Qualitative research has a long history of exploring the subjective experience of individuals. It has been credited for giving a voice to individuals who may not have the opportunity to tell their story otherwise. However, individuals already have a voice and when researchers re-tell their story, they are filtering through their own cultural lens and worldview. This is a strength of qualitative research and one that is embraced in the Counseling Psychology literature. Ponterotto (2005b) states that this "emotive interaction is transformative, thus creating a change in both the researcher and the participants" (p. 583). Furthermore, Sciarra (1999) states, "not only are emotions allowed in qualitative research, they are crucial. Because entering the meaning-making world of another requires empathy, it is inconceivable how the qualitative researcher would accomplish her goals by distancing herself from emotions" (p. 44-45).

While the interpersonal nature of qualitative research is a match for Counseling Psychologists, qualitative methods also allow researchers to explore areas that are not easily identifiable or are less researched (Morrow, 2007). Qualitative research has been credited with working best with multicultural populations or populations in which there is limited research (Heppner et al., 2008). This is because of its focus on context, the participant's point of view, and the ability to engage with the participants on a more personal level. Due to the lack of literature related to the mental health of undocumented immigrants, a qualitative approach would best capture an in-depth view of the phenomenon by allowing the researcher to establish a strong rapport with the participants.

Selecting which approach that will best tell the participants' story while acknowledging the researcher's role in that story is paramount in qualitative research. Consensual Qualitative Research has been chosen as the qualitative methodology for this study for two primary reasons: 1) the attention to the dynamics between the researchers and participants, and 2) the use of the research team throughout the study to avoid researcher bias and to maintain the integrity of the study and that it captures the true experiences of the participants. This chapter provides an overview of Consensual Qualitative Research (CQR), and the steps used to execute this qualitative approach are highlighted. In addition, information about the current study's sample, recruiting procedures, and data analysis are discussed.

Consensual Qualitative Research

Consensual Qualitative Research (CQR) relies on the use of a research team to review the data, and through thorough examination and collaboration, reach consensus as to what that data represents (Hill et al., 1991). Similar to other qualitative approaches, CQR aims to describe the phenomenon being studied and to ensure the best representativeness of the data. This is accomplished by continuously examining the data, both within-cases and across-cases, to ensure the data is being interpreted correctly and captures common themes or phenomena between the selected participants. Different from the traditional qualitative approaches, CQR introduces the use of a research team throughout the study; beginning to end. This provides an opportunity to introduce diverse perspectives and experiences throughout the study; in addition, it serves as a checks and balances for the group. The multiple researchers work both independently and together at

different stages of the research to identify and discuss their biases and expectations regarding the participants and the study. In addition, the research team must reach consensus at each stage of analysis before final coding of the data. CQR provides a systematic approach to analyzing the data, beginning with the formation of the research team, but also includes the feedback of an auditor at different stages of data analyses. This is all included to ensure the representativeness of the data to the research participants. The following sections include a more detailed description of the CQR procedures. (See appendix E, Figure 1.1 for a graphic illustration of the major steps involved in CQR).

Research Team.

One of the strengths of CQR is the attention that is paid to the dynamics of the research team. Team members must come to consensus when analyzing the data, developing the domains and categorizing the data. CQR recommends a team of three to five individuals and one to two auditors (Hill et al., 1997). According to CQR, a research team that is “diverse” and has “multiple perspectives” can analyze the data and derive a true reflection of the interviewee’s experience (Hill et al., 1997; Marshall & Rossman, 1989). Team members analyze the data independently and come together throughout the analysis process to discuss their ideas (Hill et al, 1997). The primary strength of incorporating a research team is to have meaningful discussions about the data and to think critically and challenge each other’s ideas rather than to obtain inner-rater agreement.

Consensual qualitative research encourages team members to have open discussions about power differentials in the group. Although the ideal research environment would be one where no power differentials exist, CQR acknowledges that this is a rarity and encourages team members to have discussions about their role and status within the research team early on. The research team should be committed to the research topic and be open to developing new ideas and flexible in their thinking. They should feel comfortable being challenged and confident enough to challenge other team members as well. Because the research team will meet several times throughout the analyses process to discuss the data, team members must feel comfortable, respect each other and be open to learning from each other (Hill et al., 1997).

The research team for this study included the primary investigator, who was a fifth year, Latina, doctoral student in Counseling Psychology. This project was the primary investigator's dissertation and she had the sole role of interviewing participants and writing the data analysis and results. Two additional doctoral students in Counseling Psychology were also part of the research team; a third year, African-American female and a fourth year, Caucasian female. The students were selected to be part of the research team because of their experience working with multicultural populations as well as knowledge of qualitative methodology.

The research team met for an introductory meeting prior to the start and recruitment of the study. They discussed the prior relationships they had with each other and potential conflicts due to those relationships. The primary investigator laid out the expectations for the study; given it was her dissertation and explained that she would take

on a majority of the initial research and write-up. In addition, the team discussed the time commitment expected for the study and conflicts that might arise (e.g., coursework, field placement, and internship).

In addition to the core research team, the auditor played a significant role in the analyses of data. The auditor served as the checks and balances of the group and examined the coded data at different points of analysis to ensure it accurately represents the participants. It is important that the auditor be detail-oriented and able to give clear feedback to the group (Hill et al., 1997). In addition, Hill (2012) states that if the CQR project is part of a dissertation, it may be beneficial for the auditor to be part of the dissertating student's committee. The auditor for this study was part of the dissertation committee for the primary investigator. In addition, the auditor has extensive knowledge and experience in a range of qualitative methodologies.

Participants.

The participants for the current study had to meet three requirements to participate in the study: a) identify as Latina/o, b) possess undocumented legal status within the United States, and c) be involved in therapy at the time of the interviews. Participants were selected from a community based mental health agency that serves a large number of Latino clients. Initially, the primary investigator went to the agency and presented the details of the study to the clinical team. She distributed scripts to the staff that were read to potential participants. These scripts described the study in detail, listed the primary investigator's contact information and indicated that there would be no consequences should the participants decline to participate in the study. In addition, information was

provided to potential participants regarding anonymity; participants were told that they did not have to provide any identifying information (i.e., name, consent signature) to participate in the study. Waived signed consent was granted by the institutional review board due to the sensitivity of the population. Participants were also informed that they would be compensated $25 for their time. Participants contacted the primary investigator directly to set up an interview time or to ask additional questions. Additionally, flyers with identical information to the scripts were posted in the waiting room of the community mental health agency.

Participant Characteristics.

Ten individuals participated in the current study. Although recruitment flyers were placed in the waiting room of the participating agency; all 10 participants contacted the primary researcher after learning about the study through their individual therapist. Eight women and two men contacted the primary researcher and all of them met the study's criteria: a) they were all currently in therapy and b) all identified as undocumented Latino immigrants. The majority of the participants were originally from Mexico with nine of the ten identifying Mexico as their country of origin. One female participant identified El Salvador as her home country. The participants ranged in age with the youngest being an 18 year-old female and the oldest participant, a 60 year-old male. However, the remaining participants fell between the ages of 30 and 43 years-old. Information regarding their estimated time in the United States and their time in therapy was collected during the interview process. The shortest period of time reported was 2 years in the United States, with the longest time living in the U.S. being 22 years. Other

participants reported seven, ten, twelve, thirteen, seventeen, and eighteen years since first leaving their country of origin.

Similar to age and time in the United States, participants varied on the amount of time they have been in therapy. The shortest amount of time reported was three months since starting therapy while the longest time was eight years intermittently. The majority of participants reported one year or less in therapy (e.g., six participants), however, two participants reported one and half and two years. One participant did not disclose their time in therapy. Lastly, information regarding the participants' occupations was revealed through the interviews. Although some participants reported that they were currently unemployed or stay at home mothers, they all reported working at some point during their time in the U.S. The majority reported working in service oriented occupations (e.g., cooks, fast food restaurants, maids). One participant was not working because she is currently a full-time high school student. (See Appendix F, Table 2 for a summary of participant demographics).

Procedures

Expectations and Biases.

In qualitative research, there is an assumption that there is no objective experience. The researchers will bring in biases and their own subjective perspectives (Morrow, 2007). However, the research team can address their biases and discuss ways they may impact their expectations or results of the study. In addition, discussing and recording expectations and biases can prepare the research team for future problems that may arise throughout the research process. By recording the expectations and biases,

team members can revisit them at the conclusion of the study and see what they may have learned throughout the research process (Hill et al., 1997).

The research team met prior to data collection in order to discuss their expectations and biases about the research project and sample participants. They discussed what each team member expected to hear from the participant interviews and what biases they brought based on their own experiences and/or their understanding of the literature review. Hill et al., (1997) encourages team members to record their expectations and biases in order to be aware of them and attempt to put them aside during the research process. Therefore, a list with each team member's biases and expectations was recorded. The research team discussed how this might impact the relationship dynamics within the team, and also how it might influence the study.

Overall, it appeared that each group member had varying degrees of knowledge and experience with the sample population. The team members acknowledged that it would be natural to defer to the primary investigator who had the most experience with the population; however, challenged themselves to avoid doing so. It became apparent that all three members of the research team took a social justice and advocacy stance to research and this was sure to influence their work. The team members all expected that participants were going to identify negative experiences and experiences of discrimination due to their status. They discussed the implications of their assumptions and the way in which their varying levels of exposure to the research topic would impact the study. It served as a reminder throughout data analysis to challenge themselves, as well as other team members when disagreements arose.

Addressing Biases and Research Positioning.

Researcher positioning is defined as "the process of reflecting critically on the self as researcher, the 'human as instrument'" (Lincoln & Guba, 2000, p. 183). In addition, Merriam (2009) states that researchers must "explain their biases, dispositions, and assumptions regarding the research to be undertaken" (p. 219). This is consistent with CQR, which requires that team members present their expectations and biases prior to beginning data collection (Sim et al., 2012).

The primary investigator for this study is a 35-year-old Latina with more than10 years of experience working with the Latino population. She has worked as an advocate, case manager, and therapist to both documented and undocumented Latinos. She currently works with subsets of the Latino population through her graduate work in her doctoral program. She has a strong interest in Latino mental health and has extensive knowledge in the literature examining different aspects of the Latino population. The primary investigator formerly worked at the agency where the interviews were conducted. However, she has not worked as a therapist in that agency for several years and no conflicts arose in regards to knowing the research participants. In addition, the primary investigator is the daughter of a parent who maintained undocumented status for several years before becoming a permanent resident. Her maternal grandparents also maintained undocumented status in the United States throughout their time in the U.S., up until their death. However, the primary investigator's understanding of the unique challenges encountered by undocumented individuals brought increased empathy which led to strengthened rapport with the research participants. This allowed participants to

feel more comfortable and provide a more in-depth account of their experience and deeper understanding of the phenomenon.

Additionally, the primary investigator brings a postmodernist/feminist/critical theory stance to research methodology. Her belief is that context (e.g., social construction of gender, race, power differentials, and hierarchies such as class) impacts the individual. The hope of the primary investigator is that this research will be used to empower individuals as well as to bring a critical eye to institutions, policies, and aspects of society that are oppressive to individuals (Creswell, 2007).

Data Collection.

Two methods of data collection were used for this study. Participants completed a demographic questionnaire (e.g., age, gender, occupation, nationality, length of time in country, length of time in therapy, connectedness to the U.S.), and also participated in an in-depth, semi-structured interview. The semi-structured interview protocol was developed from the existing literature. Examples of research questions included: How do you think people with undocumented status are perceived in the US? Are there other challenges you experience because of your status? What are some consequences of someone discovering your status? In what ways do you cope with some of these challenges? Have you discussed this in therapy? If so, how has this been useful? (See appendices C and D for a copy of the demographic questionnaire and interview protocol). A pilot interview was conducted to ensure the questions would be understood by the participants and that the interview questions would best capture their experiences.

Interviews.

CQR recommends the use of an interviewer with clinical training and experienced clinical skills to conduct the interviews (Hill et al., 1997). A big part of the interview process is building rapport with the participants and having them feel comfortable in order to tell their story. The interview should flow and feel natural to both the interviewer and interviewee. The skilled clinician will provide a safe and non-judgmental atmosphere for the participant to share their experience (Hill et al., 1997). They will also know when to ask questions, when to stray from the semi-structured protocol and when to allow the participant to speak freely about their experience. A potential strength of one interviewer will be the ability to ensure some consistency in the interview process across all participants. However, it is important to note that a limitation in using one interviewer is the inability to control for interviewer bias (Hill et al., 1997).

The interviews took place at the site of the agency where the participants were receiving services and lasted approximately one hour in duration. All interviews were conducted by the primary researcher on this project. She had several years' experience providing therapy to the Latino population in addition to having experience conducting therapy in Spanish. This was a key and crucial point to the study because all of the participants were non-English speaking. All of the interviews were conducted in-person and in Spanish. Interviews were audio recorded and transcribed for later analysis. The interviewer did not take additional notes throughout the interview processes in order to reduce potential anxiety by the participant. After the completion of each interview the primary investigator recorded notes, comments and impressions about the session. Hill et al. (1997) recommends that the interviewer record these observations to refer back to at a

later date when analyzing the data. These impressions were useful to help understand the data better and gave some context to the data and the way the interviewee responded.

Transcriptions.

CQR suggests that all members of the research team transcribe the data if possible. This will familiarize the research team with the data prior to analyses. In addition, team members will feel a connection to the data and may become more invested in the project (Hill et al., 1997). However, because this was the primary researcher's dissertation, she was responsible for the bulk of the clerical work throughout this project, including transcriptions. In addition, all of the interviews were conducted in Spanish and the primary researcher was the only member of the research team fluent in the language. The primary researcher transcribed the interviews directly into Spanish. Member checking is recommended in consensual qualitative research in order to give participants a chance to verify, add, correct or clarify any portion of the data (Hill et al., 1997). However, since no identifying information was collected from the research participants, it was impossible to contact them after the initial interviews were conducted. To ensure that the transcripts were accurately capturing the words of the participants, the primary researcher enlisted the help of outside party to verify the transcriptions were recorded and translated correctly. The outside party was a 34 year-old, Latina, who works as a medical interpreter and translator. Once the primary researcher completed the transcriptions, both the audio recordings and transcripts were given to the outside consultant to check the transcriptions against the recorded audio files. There were a few corrections that were suggested and made to the ten transcripts. After the corrections were made to the

transcripts, they were translated into English by the primary investigator. Again, once they were translated they were given to the outside consultant who checked the translated document against the original transcript. She made several corrections and suggestions that were implemented to the ten transcripts. At this point the transcripts were ready for the research team to begin data analysis.

Data Analysis

Domains.

The first step in analyzing the data was for the research team to create domains. The domains are broad categories based on the literature review and interview protocol that serve as an umbrella to the interview data. Each line of the interview data from each participant is coded into the appropriate domain. The research team met to develop an initial set of domains prior to reviewing the transcribed data. They used the transcript from the pilot interview to "practice" coding the data into the appropriate domain. The team did this individually and then met as a group to review their coding. This allowed the team to discuss how they were defining each domain and also make adjustments to the domain "other." The "other" domain serves as a catch-all for the data that does not seem to fit in the other domains, however, is not common throughout the transcript to warrant the creation of another domain. Through the pilot coding the research team was able to identify data that needed to be captured that were not by the initial set of domains. Once additional domains were created, this cut down on the use of the "other" domain. The pilot coding was important because it allowed the research team to refine the domains and also experience the consensus process prior to actual data analysis.

Once the team agreed on the initial domains, each team member worked independently to review the individual transcripts. The research team met weekly to go through each transcript and review how the team coded the data independently. When there was disagreement amongst the research team members, the team discussed their reasoning for assigning the domain to the line of data. The members spent as much time as necessary until consensus was reached for each line, within each transcript. Within the first two interviews, additional domains were created. Once a new domain is created, the original transcripts must be recoded to include the new domain. However, no new domains were added after the third interview leaving the research team with 22 domains to use in the coding of the data. The research team continued this process for a total of 6 transcripts, or 60% of the interviews. Following CQR recommendations, once a research team has reached consensus and for at least four to six transcripts, they may begin working independently to code the remaining data into domains (Hill, 2012). The two supporting research team members each coded one interview and the primary research coded the final two and then exchanged the transcripts. The team met to only discuss the sections of the transcript where there were questions or disagreements about the coding. Once all ten interviews were coded within their respective domains, a consensus version of the transcript was created. This consensus version of the transcripts included the raw data and the domain it had been assigned to.

Core Ideas.

The next step of data analysis was the development of core ideas. The core ideas are summaries of the raw data that capture the essence of the participants' words (Hill,

2012). The purpose is to transform the participants' words into clearer and more concise language so that the research team can compare the data across cases. The research team continued to work with the transcripts individually. They worked independently with each transcript and summarized the raw data under each domain into core ideas. Once the team had independently developed the core ideas from the consensus transcripts, they came together to discuss the summaries. Similar to the discussion of domains, research team members worked together until agreement was reached regarding the core ideas. The team did this for four transcripts, and once consensus was reached, the primary investigator finished the remaining six interviews.

Auditing Domains and Core Ideas.

Once the research team came to consensus regarding the domains and core ideas for each transcript; a document was created listing the interview number (e.g., interview 1, interview 2, etc.,), the lines of the raw data (e.g., lines 2-10, lines 12-17), the raw data, the core idea for that section of raw data, and the domain it had been coded. This document was sent to the auditor. The auditor reviewed the cases to ensure**:** a) that the domains captured the data, b) that the data fit into the appropriate domain(s), and c) the representativeness of the core ideas to the data. The auditor had no major changes for the research team at this point of analysis.

Interpreting Data

Cross Analyses.

The next step was to begin examining the data across transcripts to identify similarities among the cases. The primary researcher reorganized the data so that instead

of the core ideas being organized by the transcript of the participant, they were now organized by the domain they were coded. This creates a “mega-document,” (Hill, 2012, p. 117) where the data is sorted by domains, instead of by interviews (e.g., domain 1 vs. interview 1, domain 2 vs. interview 2). Similar to the earlier process of coding domains and core ideas; the research team initially worked independently to identify common themes across the cases. In CQR, once common themes are identified, categories are created to organize the data and capture those themes. Unlike the domains that were created from the literature review and interview protocol, the categories are derived from the data. There is no limit to the number of categories that can be created per domain, and sub-categories might develop in the case of larger domains as a way to capture the data (Hill, 2012). After working independently to identify similarities within the domains; it became apparent to the research team that similar categories were developing across domains. After further analysis, the team decided to collapse several domains; the twenty-two initial domains were collapsed into 11 domains. The team reviewed the domains and core-ideas again to ensure that they were all coded correctly after collapsing several domains. After the domains were collapsed, the categories became clearer and more representative of the data. The research team concluded their independent analysis of the transcripts and met to reach consensus regarding the categories and sub-categories. The research team reviewed 4 of the 11 domains independently and then came together for consensus. The remaining 7 domains were initially coded by the primary researcher; the research team then met to review the coding and make adjustments until consensus

was obtained. (See appendix G, Table 3 for a complete list of the domains and how they changed throughout data analysis).

Auditing Cross Analyses.

Once the research team came to a consensus about the categories and sub-categories within each domain, the data was sent back to the auditor for review. An updated document was given to the auditor with the data reorganized by the 11 domains and the core ideas sorted into 29 categories and 23 sub-categories. Similar to the domain and core idea check, the auditor was able to offer feedback and suggestions regarding the categories and if they were representative of the core ideas (Hill et al., 1997). Although there were no major changes to the newly formed domains, categories or sub-categories; the auditor gave valuable feedback about the emergence of themes and how that could be best captured in the write-up of the research project.

Chapter 4: Results

Thoughtful recruitment and interviewing of participants yielded rich and descriptive data that illustrates the experiences of undocumented Latinos in therapy. Consensual Qualitative Research (CQR) analyses revealed that undocumented Latinos in therapy experience several challenges and barriers related to their status. These perceived challenges and barriers affect individuals' daily functioning, family, sense of security, and overall mental health. However, results also reveal the nature in which individuals with undocumented status cope and the sense of hope they have in seeing eventual change at both an individual and systemic level.

The experiences of the participants will be detailed through the 11 domains that emerged from the data: a) purpose for coming to the United States, b) belonging, c) perception of undocumented immigrants, d) challenges and barriers, e) impact on family, f) security, g) coping, h) therapeutic experience, i) policy, and j) future outlook. There was also one underdeveloped domain; the "other" domain consisted of information shared by a participant that was not common to the experiences of other participants. However, two individuals shared significant experiences regarding their journey to the United States that was captured by the "other" domain and are discussed later in this chapter. The categories and subcategories that emerged under each domain, along with excerpts from the transcripts are shared to best describe the lives of undocumented Latinos in therapy.

Frequency information was obtained by the number of participants who identified core ideas under each domain, category and/or subcategory. Participants were counted once, even if they had several core ideas under a category. The conventional labels

general, typical, and variant were used to describe how representative each category was for the sample. Per CQR, categories are labeled "general" consist of data from all, or all but one of the participants (e.g., 9-10 cases). Categories that include data from more than half but not all of the participants are labeled "typical" (e.g., 6-8 cases). Lastly, categories that include data from at least two participants but not quite half of the participants are labeled "variant" (e.g., 2-5 cases; Hill, 2012). Categories applied to one case are not reported. (See Appendices H and I, Tables 4.1 and 4.2 for the general, typical, and variant domains, categories and subcategories that emerged in the analysis). For ease in reporting findings, general, typical and variant categories are described in detail under their own unique sub-headers. All categories and subcategories are organized by the domain they describe.

Purpose for Coming to the United States

The domain labeled "Purpose for Coming to the United States" describes the reasons why participants decided to leave their country of origin to immigrate to the United States. Initially, the intention of the research team was to code this section as demographic information. However, as participants shared their reasons for coming to the U.S. and the hope they had that the United States would lead to a better life, the team decided that it was important that it stood alone as a domain. One general category (e.g., opportunity) and three sub-categories (e.g., economic opportunities, academic opportunities, and opportunities for family/children) were identified that reflected participants' purpose for coming to the U.S. Frequencies for each category are provided in Appendix H, Table 4.1.

Opportunity.

Every participant indicated that they initially came to the United States for opportunity. They believed that life in the U.S. would improve the quality of living for themselves and their families. Generally, participants felt that the sacrifice to leave their families and homes in their country of origin would be rewarded by the opportunities they would encounter in the United States. Participant six explained, "Like everyone, for the American dream, for a better economy, for the kids, more than anything for the future of the kids." Participants felt that life in the U.S. would bring opportunities to their children. As participant one stated, "With the purpose to have a better life, I have an older son, at that time he was 2 years old, and we wanted him to have a better possibility of opportunities than us." Typically participants listed economic opportunities as their purpose for coming to the United States, however, academic opportunities and opportunities for family and children were also identified.

Economic.

Half of all participants reported that their sole purpose in coming to the United States was for the hope of economic opportunity. They stated that conditions in their home countries left little opportunity for employment or advancement and that wages in the United States were much better than in their home country. Participant four stated, "You can earn $100 in half a day of work here, in Mexico you can't." Participants identified that economic opportunities through work would lead to an improved quality of living. As participant five shared, "We come to work and have a better life."

Family/Children.

Opportunities for family and children were also identified as the reason participants emigrated to the United States. Four individuals shared that the United States could provide opportunities to their children that would otherwise not be available in their home country. These opportunities included safety, economic opportunities, improved health-care, and education. Several participants described dangerous conditions and expressed fear for their families' safety in their country of origin. This is exemplified in participant three's statement:

> I do not want to go to my country now, because this last time I was there when my mom was sick they threatened me and said that they would do something to my son, the middle son, because the gangs have found a way to ask for money from families, they call it rent. That I had to give them a monthly rent or they were going to kill my son.

This participant described her fear of returning to her country of origin and felt that by moving her family to the United States she could provide them with a sense of safety that they did not have in their home country. Participant ten stated that she emigrated to the U.S. so that she could support her husband and contribute financially to her family.

> My husband lost his job and he was already 35 years old and at that age he couldn't find another job. He'd been at the job 17 years and if it were to have gone to judgment it would have taken too long. I have brothers here so I talked to them about it and asked if I could come here because that was the only way I knew I could help him and they said yes so we came up here.

Academic.

Two participants reported that their purpose for coming to the United States was motivated by the pursuit of academic opportunities. Participant nine was an 18 year-old female who came to the United States with the hopes of graduating from high school and pursuing higher education at a university. She stated that upon arriving in the U.S. she hoped that educational opportunities like the DREAM Act or Deferred Action for Childhood Arrivals (DACA) would apply to her. She stated: "The biggest difference for me would be that I could go to college here. I would have more educational opportunities." Unfortunately, with a few months left until her high school graduation she found out she would not qualify for these programs. Participant seven shared that he came to the U.S. for academic opportunities for his children. He stated, "My kids needed to study, so then I came to the United States and brought my family." He felt that opportunities for education in the U.S. were much better compared to his country of origin.

Belonging

The domain "Belonging" captures the sense of connection the participants felt to their country of origin and to the United States. All ten participants felt a sense of belonging and/or participation in their community, either in their home country or within the U.S. The research team identified two general categories (e.g., perception of home country, and connection), with several subcategories (e.g., dangerous, connected by family, to U.S., and to U.S. and home country). See Appendix H, Table 4.1 for frequency of responses across categories in this domain.

Perception of Home Country.

Generally, participants indicated that they felt a distance and lack of connection to their home country due to the number of years they had been living in the U.S. Although some participants expressed a desire to eventually return to their country of origin in order to visit extended family, many acknowledged that they no longer were familiar with that country and would find it difficult to reside there. All participants shared their perceptions of their home country, which fell into two subcategories: a) perception of home country as dangerous, and b) continued connection to their home country based solely on family living in that country.

Dangerous.

Half of the participants perceived their country of origin as dangerous. They felt that the conditions in their home country had worsened since their departure and that it was no longer safe to live there. Participant four said the following: "In Mexico now it's another life you can get killed for nothing, the insecurity and the violence. Here in the US if you call the police they will come, in Mexico they might come or they might not." There were several comparisons to the sense of safety participants felt living within the United States, compared to the perceived lack of safety and dangerous conditions in their country of origin. Participants also expressed a fear that should they return to their home country, they would be targeted due to perceptions of Latinos living in the United States. Participant three stated:

> It is dangerous, very dangerous, especially if they know you come from here (the U.S.) because they think you have money. Then they think you can give them

> what they want, and that's not true because if you don't have documents you can't get a good job here. It is very difficult.

Connected by Family.

Although a majority of participants felt a distance from their country of origin, there were three participants who viewed their home country in a positive light, which was attributed to family still residing in that area. These participants shared that their families viewed their country of origin in a strong and positive manner and often shared less negative news about the happenings in the community. Although a significant consequence of being an undocumented immigrant is the inability to return to their country of origin safely, these participants shared their desires to return because of family. Participant nine shared that her sole reason to visit would be to see her parents, although she emphasized that she would return to the U.S. She stated:

> Yes, because my parents are there, it's not my house but it's as if it is because I lived there, I think so. I just want to go visit, and enjoy and return! That is what I most desire, like instead of coming for vacations somewhere here, I'd go there. Yes, if I could I'd go to Mexico to remember, and see and then return.

Connection.

Generally, participants felt a strong sense of connection to either the United States, or to the United States and their country of origin. All participants felt a strong sense of belonging, with the majority feeling most connected to the U.S. Two subcategories (e.g., connection to the United States and connection to the United States

and country of origin) are used to best describe the connectedness participants feel to their communities.

Connection to United States.

Typically, participants felt most connected to the United States, with six participants indicating they felt completely connected to the U.S. Many of them attributed their comfort level in the United States to the number of years they have lived in the country and to the young age they were brought or emigrated to the U.S. As participant two states:

> Well I'll be honest I already feel like I'm from here because as I tell my mom I'm not neither from here nor there, it's been half of my life here and half I lived there in Mexico, my childhood so to speak. And so I'm practically from here, I just lost my dad and that made me feel like I was already part of here because I cannot return.

Other participants felt connected to the U.S. because of the relationships they had created after moving to the country. In addition, they felt that because their young children were either born in or had grown up in the United States, it made their connection to the country stronger. Participants felt that they could no longer return to their country of origin because that country would be foreign to their children. Participant five stated:

> It's not easy because we've made roots here, and the children don't want to go back. When I was having a lot of problems with my first husband, the father of the girls I wanted to go back, the girls were 7 then and I asked them if they

> wanted to go back and they said no, they didn't want to go to Mexico. And if I ask them now, they're going to be 15; they're really not going to want to go back.

Connection to United States and Country of Origin.

A few participants felt a strong connection to both the United States and their country of origin. Three participants stated that they valued the opportunities that both countries offered. Although, they felt a greater sense of opportunity regarding life in the U.S., they felt a sense of serenity and simplicity when describing their home country. Participant eight shared her appreciation for the academic opportunities in the U.S., but missed the sense of community she felt in her country of origin:

> Yes, I miss my friends and going out. It is different here; in Mexico, like, I'm from a ranch and I can go out walking, to stores and to the market. And well, I can't buy as much or as many clothes as I can here, it is more expensive in Mexico, but it's beautiful.

Perception of Undocumented Immigrants

The domain **"**Perception of Undocumented Immigrants" captures the way undocumented Latinos perceive how they are seen by both non-Latino Americans, and Latinos, both U.S. and non-U.S. born with documented status. Generally, undocumented Latinos described negative experiences coming from other Latinos in the U.S., specifically those with documented status. Their experiences with non-Latino Americans were mixed (i.e., both positive and negative). One general category (e.g., perception by non-Latino Americans), and one typical category (e.g., perception by Latinos, both U.S. and non-U.S. born with documented status) are used to describe their experiences. The

subcategories include: a) positive experiences by non-Latino Americans, b) negative experiences by non-Latino Americans, c) mixed experiences by non-Latino Americans, and d) negative experiences by Latinos, both U.S. and non-U.S. born with documented status. Frequencies for each category in this domain are provided in Appendix H, Table 4.1.

Non-Latino Americans.

Generally, participants had a strong sense of how non-Latino Americans viewed undocumented Latinos in the United States. Participants varied across the interviews in regards to how they experienced perceptions of their status from non-Latino Americans. Four participants experienced mixed perceptions of undocumented Latinos and stated that their encounters with non-Latino Americans were both positive and negative whereas three participants felt discriminated against by non-Latino Americans. On the other hand, two participants indicated that non-Latino Americans treated them better than how they are treated by authorized Latinos.

Mixed.

Four participants felt that non-Latino Americans were conflicted because they valued the work ethic and reduced cost to produce this work that undocumented immigrants often provide. However, when non-Latino Americans didn't directly benefit from the services of undocumented Latinos, participants felt a more negative viewpoint from non-Latino Americans. Participant seven stated:

> Well, here in the United States, there are 2 types of people. I think when people are familiar with the situation; they look at immigrants favorably, because they

> know that the undocumented immigrant is not someone who is costing the United States anything. In fact, the immigrant is hard working and comes to work in jobs that are inferior, that many times people do not want to do. They are jobs that are very hard, or that do not pay very much. And then there is the other type of person, who does not need the immigrant to help them in their work doing construction or working in the shops, they do not need the immigrant, so they are going to see him as an intruder; they are going to see the immigrant as someone who comes to create disorder and they will not accept him here in this country.

Negative.

Although a variant subcategory, three participants described their experiences with non-Latino Americans as negative. They stated that they were blatantly discriminated against and were perceived to be criminals. Participant two stated: “I think there are all kinds of people, some who look at you as if you’re just here to take their work, and yet we are all here for a reason, to advance, and sometimes they look, like racist.” Others felt that the media and political campaigns fueled the negative stereotypes often associated with undocumented Latino immigrants. For example:

> In fact on the TV you see that too much, people who don’t...the campaigns, in everything, there is a lot of talk that people who don’t have documents just come to take the jobs of people that do have documents, that we steal the opportunity. That the students steal the opportunities to study, of others that do have papers. All of that is well discriminatory right because in reality we're not doing that.

> Inclusively many American citizens, or of the brown race, they don't have the slightest idea what life is like for a person who has no documents.
>
> *Participant one*

Positive.

Two participants felt that it was non-Latino Americans who expressed the most interest and were accepting of their life in the United States. These two participants felt that when compared to Latino Americans, both U.S. and non U.S. born, non-Latino Americans were the most welcoming. Participant nine shared the positive experiences she has had with non-Latino Americans stating:

> I would say that they see us as hard working people. They are always saying we cook so well and we work so hard and our houses are always clean. 'How do we do it to not have debt and have decent cars even when you start with nothing?' There are some that are interested in learning about how we live.

Latinos (U.S. and non U.S. born) with Documented Status.

Seven participants shared their perceptions of how Latinos in the U.S. with documented status view those who are undocumented. One typical subcategory emerged, with all seven identifying that Latinos in the U.S. with documented status view them negatively. Participant one stated: "As if they have already forgotten that they didn't have papers at one time too!"

Negative.

Typically, participants felt that U.S. born and non U.S. born Latinos needed to separate themselves as different from undocumented Latinos. Participants felt that they

felt discriminated against or most threatened by those who shared their ethnicity. They expressed a lack of trust in the community when it came to revealing status. Additionally, participants stated that having "papers" was definitely seen as a privilege. Participant five stated:

> If someone knows that you don't have papers it's a danger, that person is a danger. Many people will con them, you understand me, because if they know you don't have papers with every little thing they say 'hey I'm going to call immigration on you,' even Hispanics. Right away they tell you 'I'm going to call immigration on you so they take you.' They are even happy when bad things happen, 'they fired her because she didn't have papers', or no, 'this one is wet' or whatever in between themselves, there's discrimination and sometimes even more than what I would say than whites and African-Americans. There is more discrimination between the Hispanics, unfortunately.

Participants also felt that Latinos in the U.S. with documented status perpetuated some of the stereotypes associated with undocumented Latinos. Participants felt that Latinos in the U.S. viewed themselves as superior than undocumented immigrants because of their differences in status. One participant expressed her frustration with a boy in her class who dismissed that his family members were once immigrants themselves:

> I heard this boy in my class say 'don't you hate it when people come from Mexico and expect handouts and all they do is ask for help.' He said it with disgust and like it was something very bad. I'm the only one from Mexico in my class;

everyone else is Latino, but born in the US with maybe parents born in Mexico. That boy acted like he was better than the immigrant from Mexico.

Participant eight

Challenges and Barriers

The domain "Challenges and Barriers" identifies a range of challenges Latino immigrants experience due to their undocumented status in the United States. One general category emerged, with all ten participants identifying health care as a major barrier due to their status. Four typical categories emerged: a) ability to obtain a driver's license, b) ability to obtain work, c) access to higher education, and d) language barriers. In addition, one variant category was identified (i.e., home). See Appendix H, Table 4.1 for frequency of responses for each category.

Heath care.

All ten participants identified health care as a significant barrier due to their status. There were a number of reasons that participants highlighted health care as a barrier, including: a) lack of work or the type of work that would allow them to qualify for insurance, b) discrimination, c) poor treatment when one does receive medical care, and d) policies that deny services to undocumented immigrants. For participant three, it was the way she was treated that was most humiliating. She stated: "It's the treatment. Not only can you not get the service, but they treat you different, they look at you like an ugly animal." Another participant's negative experience being turned away for treatment because of her status has led her to feel hesitant about seeking health care when needed. Participant nine stated:

> It is very difficult because they won't assist us, once I went to [clinic], it was many years ago, but because I didn't have ID they turned me away without assistance; now people say it's different but I don't want to hear about that clinic. They treated me badly, humiliated me. I was there ready to see the doctor, I was in pain, I was crying from the pain, but because I had no identification they sent me away. It's very hard, these are really harsh experiences.

Other participants stated that hospitals will turn away undocumented immigrants if it is not a designated emergency. Participants shared that they often have to go without physicals, laboratory work, x-rays, and any specialized treatments because they are not considered an emergency. Participant five stated:

> The last time I needed a test done because when I had my pap done they saw something that could be cervical cancer and so they sent me to [clinic] but they didn't want to accept me because of my status. In the hospitals they will not help people with no status.

Driver's License.

Eight participants identified the inability to obtain a driver's license as a major barrier due to their undocumented status. They felt that without a license, they did not have the proper identification that is asked for repeatedly in various settings. In addition, participants expressed fear of the consequences of being discovered driving without a license when they were required to drive. Participant one stated: "But I've always had that fear, what if I get stopped, they will send me away, and what will happen to my children. Being undocumented is difficult; there are many things that one is limited on." Other

participants felt that when they couldn't provide a driver's license, it was an automatic indication that they were undocumented. For example, participant three stated:

> I had my driver's license but it expired in 2010 and I couldn't renew it; and well you need identification. You can't leave, so we don't go out to places that are far, we don't go. We don't drive because if we are stopped by the police everything is over, because the first thing they ask for is the license; if the license is not valid that means you don't have papers.

Participant nine shared the great lengths individuals go to in order to obtain a license, so that they can feel safe and secure while driving. She shared that many states do not allow undocumented immigrants to apply for a driver's license; therefore, they are required to drive a long distance to a state where they might be eligible. She stated:

> But if they would give it to me I would start going out feeling calmer. I would drive carefully but more calmly; I would be satisfied with a license. My husband has his license but it's because he went to New Mexico because they do give them out here. He made the trip, that was far, he indebted himself, he struggled, but he got his license. He speaks a little bit of English and he understands everything but speaks enough only to defend himself, so then he was able to get his license. He told me he wanted to take me but he didn't have enough money for both of us and besides I might not pass the test. I told him no, that it was best if he went, and secured himself, and he did it, for me it's still impossible.

Work.

Participants also identified the inability to work legally as a major barrier due to their status. Considering that the most common reason stated by participants for emigrating to the U.S. was for economic opportunity, struggling to obtain consistent work due to a lack of documentation was a significant barrier for the participants. Participants discussed the risk they took when working under a false social security number; many participants were very thoughtful about weighing the risk if they were to be caught with false identification with the need for employment. Participant five stated: "I admire the people that work without papers because they risk everything to give their families a better life; without thinking that at any moment immigration can get them." Several participants discussed work opportunities at temporary agencies and that these settings often did not ask for proof of a social security number. However, there was no guarantee that daily work would be available and often this type of work is unreliable. For example, participant six stated:

> Well I have gone to apply for jobs and because of the social, I haven't been able to. Also, I haven't had that much time, and I can't work. Sometimes the desperation makes me and I go and apply, and they ask for a social security number and everything. In some they don't ask, but that's through the agencies and they can send you somewhere once a week but you can lose the whole day being there seeing if they need you and you still have to pay for childcare for that day, and sometimes I lose more. So I haven't tried too much like that through agencies, but other places they ask for a social.

An additional barrier related to work was the lack of security and risk of getting caught working under a false social security number. Several participants shared their experiences leaving a job unexpectantly because of fear they were about to be discovered or getting fired from a place of employment. Other participants described being taken advantage of because employers knew they had very little options or rights in regards to work. Participant two stated:

> I worked cleaning in a hotel. I was able to work for a while, but when they checked for socials, they fired us. I have gone to apply, but then they say 'we'll call you' and they don't call. I work a lot in my house but that doesn't resolve the economic issues and so then here we are with my husband's wages. By the way he doesn't work through agencies or through application either, because of that, the social. He works for someone that pays him cash, but it's very little. I think they take advantage of him; the lady takes advantage of him because he works a lot and he makes the minimum.

Education.

Typically, participants identified the pursuit for higher education as a significant barrier due to their status. Six participants acknowledged that they were not able to pursue their own career interests because of barriers to attend a college or a university. Participants also perceived these same educational barriers for their children. Participant one stated: "You can't study, can't. I have many years I would have liked to study something, be something different. But if I don't have a social security I don't have anything." Many times, participants identified cost to attend college, especially out of

state tuition, as a major barrier. Participant three shared the difficult decision her family made to withdraw her son from school. She stated that he was awarded a partial scholarship; however, it was not enough to pay for his full tuition and expenses. She stated:

> He's 20 years old, and with lack of papers. Without a social security number he couldn't continue because he couldn't find work, and the truth is I can't get $6,000 or $7,000 for each semester to pay for it. I definitely can't do that. It was our wish that he could work and with both of us working we could pay for his education, but unfortunately we couldn't. He had to stop studying, he definitely had to leave school and it was something very difficult. He says, first god and someday I will have papers and I will go back to school.

Language.

Half of the participants identified barriers related to language and that often times they were perceived negatively for not being able to speak English. Participant two stated: "Many people, if I have an accent when speaking in English, they tell me 'I don't understand you, I don't understand you,' they don't want to understand you." Participants shared difficulties they experienced with coworkers, customers, and as consumers with individuals becoming frustrated with language barriers and talking down to them. Additionally, participants felt that this barrier exacerbated the aforementioned barriers, particularly when they needed to advocate for themselves in attempting to seek healthcare, work, or other resources, but were unable to do so due to language barriers.

Home.

One variant category emerged from the data related to challenges and barriers undocumented Latinos experience. This category, home, describes the participants' inability to return to their country of origin because of their status. Two individuals described painful experiences of feeling "stuck" in the United States and unable to visit family because of the difficulty and near impossibility to return to the U.S. Participant one described the difficulty traveling back to her home country because of restrictions related to obtaining a driver's license. She stated:

> Yes, it would be very different because even traveling within the country it is difficult. If you want to buy a plane ticket you need an ID, and if you don't have one, they can call immigration on you, right there in the airport. If you take the risk of traveling by road, a racist police officer could pull you over and the same might happen. It's like you're in prison here if you don't have a status.

Participant ten discussed the difficulty she would encounter if a family member in her home country were to become ill or pass away. She feared that she would not be able to return to the United States to be with her husband and children if she were to leave the country and therefore would have to sacrifice seeing a loved one in the case of an emergency. She stated:

> Well one barrier is that since I don't have my documents, I cannot leave the country and I cannot go and visit my family in Mexico. If someone gets sick, I cannot go and see them, even if it's my mother, or brother. This is a barrier, because if someone in my family were to die, I cannot even go and see them, attend their burial even. This makes one very sad.

Impact on the Family

The domain "Impact on the Family" captures the unique and difficult ways an individual's lack of documented status affects their families. The research team identified two general categories, 1.) impact on children, and 2.) the development and challenges of mixed-status families. One typical category, (i.e., separation of families due to status) was also reported. See Appendix H, Table 4.1 for frequency of responses across categories in this domain.

Impact on Children.

Generally, participants indicated that their children were significantly affected by their decision to move to the United States and reside as undocumented immigrants. This was especially true for those individuals who brought their children to the United States as undocumented babies or young children and were now adolescents or young adults with undocumented status. Participant five reported the verbal abuse her daughters had to endure because of their status. She stated:

> A girl at school told them that they were, what's that word in English, when they call them "wetbacks." She told them that they had contagious coughs and that they were dirty. They got into a fight, a physical fight, and that girl and one of my daughters were suspended for 10 days from school over it. They feel American because they arrived here as one year olds and they have never known Mexico. They tell me they feel American, but I tell them no, that they are Mexican, but they reply that they don't know Mexico and they don't speak Spanish very well, it's difficult for them.

Other participants felt that their children had to face a harsh reality because family may not qualify for services or had to be protective about their identity due to status. They felt that their children were put in difficult positions to defend the family against criticism. Participant six stated:

> Sometimes the oldest girl tells me, ‘Mommy in school they say there are good programs, but because you are undocumented it’s difficult for you but you can find help.’ There are kids who tell him “your mother is an illegal immigrant," so to speak, "they're going to send her to Mexico." And they make fun.

Lastly, participants generally felt an obligation to share details about their status to their children at a young age so that they could understand the hardships the family faced due to their undocumented status. Participants stated that this was a difficult conversation and parents often feared how their children would respond. Participant nine was brought to tears when her son shared the following:

> My 8 year old boy tells me ‘don’t worry mom when I grow up I'm going to help you,’ because he asks me why I don’t go to Mexico to see my mom and I say I can’t because I wasn’t born here, ‘but I was born here,’ he says, ‘I am American and when I grow up I'm going to help.’

Mixed-Status Families.

All participants shared their difficulties as mixed-status families. Mixed-status families are those in which some of the family members have undocumented status, whereas, others in the family have documented status. Often, it is the younger children who have documented status while parents and older siblings are undocumented.

Participants described how the privilege of status affects the family and, at times, the unfairness it creates. Participant six shared the difficulties when some family members qualify for services or resources, and others are left without. She stated:

> Yes, for example when I went to fill out an application for the Christmas gifts for the kids, they only gave me for the ones that are citizens. There are three [that are citizens], and there are three Mexicans, and they didn't get any. I was really happy for the three that got gifts but really sad for the three that didn't, so then they just shared. If you don't have a social security number or a birth certificate they don't give you any, and what can you do? It was that and on another occasion they were giving out school supplies and that was also at a place where you apply for the supplies; again, they only gave me for the three kids with socials.

Other participants expressed their concern regarding the power dynamics that are created when there are some siblings with documented status and others without. Participants shared that because they have to introduce conversations about status at a young age, children pick up very quickly that having status means something significant. Participant ten shared:

> Yes, as a matter of fact even between them I tell them they cannot bring up the differences about the papers because my son used to tell my daughter 'I have papers and you don't' and that would make her feel bad so I told him 'no, you can never say that to her.' I would tell him '"B" does have papers, we all have papers'. I came here when I was 5 months pregnant with him and so even he

> would tell friends at school that she didn't have papers, even among siblings they say those things, that he was born here and she wasn't, but I told him that wasn't right.

Separation of Families.

Eight participants expressed the stress and difficulty they faced in being separated from their families because of their status. Participants were aware that they will have a difficult, almost impossible journey back to the U.S. if they should leave. This knowledge, and its direct consequence of impeding participants' ability to visit extended family, affected the closeness and sense of community participants experienced with their immediate and extended family members. Several participants discussed the inability to meet younger family members, or to introduce their own children to grandparents and older relatives. Typically, participants felt that traditions and customs were being lost because of this distance between the family. Participant nine stated:

> It is a big price to miss every Christmas, every birthday. I have my children here but a father, a mother, and a brother is always missed too. And for me that I'm alone, it is necessary, a friend is not the same. Here the traditions, as hard as you might try to carry them out with your children, it's just not the same.

Security

The domain "Security" captures the worry and fears that undocumented Latinos experience while living in the United States with undocumented status, in addition to the consequences they face should someone discover their status. Two general categories were identified: 1) fear of discovery, and 2) consequences of discovery. Two typical (e.g.,

anxiety and worry, and deportation) and four variant (e.g., police, impact on family, work, and isolation) subcategories were also identified. Frequencies for each category in this domain are provided in Appendix H, Table 4.1.

Fear of Discovery.

Generally, participants expressed their daily fears and worries of someone discovering their status. They shared that there is a sense of shame that is associated with being undocumented which, combined with the consequences of discovery, increased their level of anxiety and worry. Nine of the participants in this study acknowledged that they live with a daily worry of being discovered as undocumented. This was especially true when it came to interactions with police; participants identified police as being a major group to avoid in order to reduce one's chances of being discovered.

Anxiety and Worry.

Participants typically indicated an increased sense of anxiety and worry related to someone discovering their status. They shared that this anxiety led to feelings of stress, exhaustion and physical ailments because they had to be strategic about where to shop, when to go, and how much to reveal about themselves. Participants acknowledged that this took a toll on their mental health; however, they felt little control in regards to reducing this anxiety. Participant four stated: "We can't get ahead, it's gotten harder, very hard and the depression sometimes overwhelms me even though I don't show it." Other participants discussed the tendency to isolate themselves when their anxiety was fueled by a news report or story on the radio regarding someone being discovered. Participant

three discussed her fears leaving her home because of rumors that immigration officials were in the neighborhood. She stated:

> One doesn't even want to go out sometimes; one doesn't even go out for days because of the fear that one hears a rumor. They say that immigration is at such place or they'll be at the store and so one doesn't even go to the store. Then one doesn't go to the store and they wait for it to pass, that the waters will calm as they say, so that we can go out. Then all of a sudden there are round ups and if one doesn't know where it's best, one doesn't leave the house. And there we are also trying to call everyone we know. My husband also, he works in construction, but he also works like that, and one is also with the fear that 'oh if he's late and he doesn't answer the telephone, oh I hope nothing has happened, what if the police has him, did immigration go', we are always, one is always afraid.

Police.

Four participants expressed their fear of police and worried what would happen to them and their families should they be stopped by a police officer. They stated that police do not represent safety in the undocumented community and that this message is often passed down to children. Participant six stated:

> We would see the patrol cars pass by their and my children, they don't do it much anymore, but we would see them and they would hide in the car. They always had on their seatbelts but they would hide, 'don't let them see us because they'll take us to Mexico.' That's how it was the first 4 years, the first years we were here; they would even cry if they saw the patrol cars.

Other participants stated that what fueled their fear of police officers was never knowing what would happen if they were to be stopped by police. They stated that some officers would let the person go with a warning if it was a minor traffic stop, however, other times participants felt singled out and harassed by police due to their status. The inconsistency in treatment by police officers resulted in participants often avoiding police even if that meant not reporting a crime when they were a victim. Participant one stated:

> You have to be really lucky for the cops not to stop you. And there are many police officers who if they know you don't have identification or know you're illegal they will hand you over to immigration, it's very hard. Some policemen will just give you a ticket and then you have to go to court and then the court will decide what will happen to you. Thank God it hasn't happened to me, but to many people I know that's happened.

Consequences of Discovery.

Generally, participants were very aware of the consequences should their status be discovered. Many feared for their families, especially their children and how discovery of their status would affect them. Others described their worries about providing for their family should they be fired or deported because of their status. Most importantly, participants felt they had to live in secret and isolate themselves from others to avoid being detected.

Deportation.

The number one consequence of discovery reported by participants was deportation. Seven participants listed deportation as their biggest fear and worried what

would happen to their families if they were to be deported. Many discussed that there is often no warning before they are incarcerated by immigration and customs officials and that they would not have a way to contact their children. Participant nine stated:

> It's a horrible trauma of always being afraid, all the time even if the entire world is being good you always have the fear that they will discover us that they will deport us, and our kids. I have two small kids and I always think if they deport me what will become of my children. It's very traumatizing.

Several participants mentioned random raids that they heard about in their communities and worried about police stops and "round ups" at grocery stores and local restaurants that were heavily frequented by Latinos, many presumed to be undocumented. Participant four shared his experience when a dance he attended was raided by immigration and customs officials. He stated:

> We didn't' even know where to go to a dance but we went and about half an hour after we got there they turned on the lights. We hadn't even had a beer yet but they turned on the light and announced there were minors and undocumented persons in the place. It was a terrible experience, when they came in they said if you have an ID stand over here, and there were only two or three, and everyone else stand over here, and well it was basically all of us. So then I started shaking and I thought something horrible is going to happen. They had a computer and a little machine where you put your fingerprint and that's when they stated; 'you come here, you get out, you present yourself in Homeland Security,' then it was me and my wife together and she was first and she was sent to Mexico. If they let

> you go everything was fine but if they put you to the side you already knew that something bad was going to happen.

Impact on Family.

Four participants listed the negative impact on their families as a significant consequence of discovery. They stated that the inability to contact family should they be discovered and/or where to send their children upon discovery were major concerns for them. Others felt that they would not be able to function without their partner or family member should one or the other be discovered and deported. Participant four shared his experience caring for his young children when his wife was suddenly deported. He stated:

> They sent her directly to Mexico; they gave a lot of them a court date, but others they didn't. They were sent directly, this happened on a Sunday and they were sent back to Mexico on Wednesday. Our children, I had to look after them, I had to take them to school and I could not watch the kids and work. If you don't look after the children that's bad; if you take care of the child and don't work and lose your job? I was struggling a lot so I said no; I have to get her back as quickly as possible.

Work.

Three participants listed loss of work as a significant consequence of discovery. Many identified times when they were asked to produce proof of residency or citizenship and were not able to do so. Consequently, they lost their jobs or resigned before they were fired. All three participants listed an extensive work history with many different experiences. They stated that they had to constantly change jobs in order to avoid the

employer ultimately asking about their status. The instability with work led to financial difficulties. Participants felt that without a secure, steady income, their hopes and dreams would be negatively impacted. Participant ten stated:

> The is no security in practically anything, you would want to do things in this country you consider your own but you can't because you say well tomorrow immigration will get me and take me, and I'll have nothing, everything has ended including the dreams for my kids.

Isolation.

Two participants listed isolation from others as a consequence should their status be discovered. They felt that friends and possibly some family members would distance themselves in order to protect their own status or identity. One participant shared that he kept his status from his friends and that he avoided or attempted to change the subject if issues of status arose in their conversations. Participant one described her own experiences with friends and stated: "Well there are some people who will distance themselves from you because you don't have your status, like they don't want to be part of your group, or your friend anymore. They see you differently."

Coping

The domain "Coping" includes the supports that undocumented immigrants identified as methods they use to cope with the stressors related to their status. One general category was identified by the research team (i.e., Religion and Faith). Four variant categories: a) support from others, b) planning, c) maintaining a positive attitude, and d) therapy were also identified as ways undocumented Latinos in this study coped

with stressors related to status. See Appendix H, Table 4.1 for frequency of responses across categories in this domain.

Religion and Faith.

Seven participants identified religion and faith as their primary way to cope with the stressors related to their status. They held faith in God that the struggles they encountered and the discrimination they faced were part of a larger plan. They felt that they needed to have faith in God to appreciate what they did have. Participant three stated:

> I've also learned that God always put you where he wants you, and even though it does make me sad that I can't hug my parents, I'm consoled because I can hug my kids. And it would be worse if my husband would get deported, or if I would get deported or we both would and then our kids would have to be over there. So I have to be strong and take it, so my kids can be here and have their life here.

In addition, participants felt that their faith in God would not let them down and believed that immigration reform would come as long as they maintained their faith. Typically, participants felt that by staying close to God they could handle whatever came their way. Examples of this include:

> We're strong, as undocumented immigrants, we are strong and we face many barriers, but somehow we cope and get through it. I think it's because we are close to God and we know that one day God is going to help us so that our situation gets better.
>
> *Participant one*

> We might not have the best of everything but we have what we need. I also tell them to never let go of God's hands because the day you let go you can fall, we are Catholic and that is another thing I try to instill in them.
>
> *Participant nine*

> I have a good record, I don't mess with anyone and I don't have any felonies, I'm clean. But it still scared me that they might catch me driving because that's my form of transportation to go to the doctor, the schools and church. It scares me a lot, that they might catch me and ask for my license and I don't have it. Every time I go out I don't know how many prayers I say on the trip so that God might protect me and my children.
>
> *Participant six*

Support.

Four participants identified support from family, friends, and community as a way they cope with stressors related to their undocumented status. Although participants felt isolated from the larger community, they seemed to find comfort and support with other undocumented immigrants. Participants discussed ways they advocated for one another. For example, if someone was aware of a potential raid at a job or store, he or she would alert the community to ensure others were aware and safe. Participant ten stated:

> On the radio or if someone is listening to the radio and they hear a warning, they send a message via the cell phones to everyone they know that they are doing stops at such location. They use the term "green lemons" as the code. Or if they have stops, which they could be for speed limits or drinking, they still let

> everyone know because we're all exposed to it. Sometime they say the same thing about certain stores and it might not be true but why would we go and check right [laughter].

Participants also identified family as a key support in their coping with barriers due to status. They felt that they drew their strength from their children and that their children's goals and hopes for the future kept them going despite the hardships they faced. Participant nine stated:

> We survive day by day, I live day by day. It gives me strength that my children understand, if not, I don't know what I'd do. If I wasn't a mom I'd act worse than the kids, I would give up; but they give me strength, and so I believe I do good for them. They are my inspiration, my goal, my everything. My support and strength comes from my kids

Attitude.

Three participants identified that maintaining a positive attitude was key to protecting against stressors associated with their status. These participants felt that a positive and resilient attitude would ward off some of the fears and anxieties they experienced regarding discovery of status. Participant ten shared that maintaining a positive attitude helped buffer against negative thoughts she had about discovery. She stated that if she let these thoughts get to her it would lead to a depression. She stated:

> This is how I try to cope with the things that might come up, to always see life with hope and in a positive manner. I try to be an optimist, try not to get

> depressed; so I don't get depressed for my children or be hysterical from the same depression in that it will affect my kids, with that, I try to be positive.

Other participants felt that they simply were not going to live their life in fear. Participant eight in particular felt that she wouldn’t be able to enjoy the benefits of living in the United States if she was constantly worried about being deported. She stated:

> I can’t spend my life worrying everyday about getting discovered. It is a reality and a possibility, but if I worried about it every day I wouldn’t be living life. I want to enjoy the rest of the days I do have here in the US; so whatever happens I will deal with it when it comes. I don’t want to spend my last months here worried if the police are going to pull me over. It is a worry, but not one I want to preoccupy myself with.

Planning.

Three participants identified financial planning as important to their coping with the stressors related to undocumented status. These participants were very aware of their limited resources and inability to obtain help (e.g., insurance, bank loan, and credit card) if an emergency should arise, resulting in them feeling as if they could only depend on themselves. Participant two stated:

> Because we are well aware that we are undocumented and that we do not have the same benefits as citizens and so we need to have that emergency money available so they won’t let us die, and not that we know anyone that that has happened to, but we have to be ready if that barrier ever presents itself.

In addition, participants felt that due to the lack of security and stability that coincides with having undocumented status, it was imperative that they save money to prepare for the future. For example, participant seven stated:

> Well, let me tell you, I know that life in the United States is expensive and I know that I make little money in my temporary job. So how do I cope? Well for example, with my car I learned how to repair my car. I became a mechanic for my car so that I can save on any repairs it might need. And if my car needs a part, well then I go to a junkyard and I find that part and replace it myself. That way I am able to save money. So we've really learned how to rely on ourselves, like my example with the car. Another example is with clothes; sometimes we don't have the money to buy new clothes. It can be very difficult to not be able to afford clothes, but what we've done is go to a thrift store to buy clothes. That is how we save money and cope with the stress of not having enough.

Therapy.

Although a variant category, two participants identified therapy as a method they use to cope with stressors related to their undocumented status. These participants felt that they were able to discuss difficulties related to their status in therapy which in turn helped them to manage those difficulties. Therapy provided participants a safe place to feel heard and validated as they revealed their status. Participant nine stated:

> So my depression has always been that that I wanted to go back to Mexico because I wasn't happy here and didn't want this life. I wanted to be in Mexico and get married and have my children and take care of my husband and not have

> to work so hard because sometimes I would like a mule. To be able to be with my parents in the festivities and be able to go by even if just to stick my head in the window and see that they're okay, that is what hurts my soul because I've always been the most sentimental and lovable one. So therapy has helped me a lot, she [therapist] is always there for me.

Therapeutic Experience

The domain "Therapeutic Experience" represents participants' experiences and attitudes towards therapy. Participants shared what they gained from therapy and also how the topic of their legal status was approached. There was one general category that emerged from the data (i.e., benefits from therapy) and one typical category (i.e., discussed status in therapy). Four subcategories were identified under the category benefits from therapy, those include: a) support and validation, b) increased self-worth, c) hope, and d) improved relationships. Frequencies for each category are provided in Appendix H, Table 4.1.

Benefits from Therapy.

Generally, participants expressed positive experiences in therapy and all ten reported that they had benefited from being in counseling. Within therapy, participants were able to openly discuss the frustrations and stressors that they experienced as undocumented immigrants, in a safe place. Participants acknowledged that having undocumented status affected their mental health; hence it was important to discuss these effects with a professional. Participant seven stated: "We are frustrated; we suffer from

depression because of feeling this way. That is why we come here [agency] for therapy, to let out frustrations and experiences and the heavy heart we carry due to our status."

Support and Validation.

Six participants identified support and validation as being the primary benefit from participating in therapy. They felt that they could talk openly about their status without being judged or questioned about their right to be in the United States. Participants typically felt that their therapist heard their concerns and provided meaning to what they had been struggling with yet did not have the words to describe. They found that speaking with a professional counselor made a significant difference in feeling heard and understood when compared to speaking with a friend or family member. Participant five stated:

> Yes, and therapy has helped a lot because we've been able to discuss all the hardships we've faced in life. And simply having someone listen to you helps; and then to have them support you, that is what one needs. To come here and have a specialist, a therapist, listen to your problems, because there are many things that one cannot just share with anybody, especially about status. One needs to confide in someone they can trust and who is a professional and that is what I've found here.

Others felt that clinical staff had an understanding of the challenges undocumented Latinos face and that their knowledge helped participants feel that their therapist was truly an advocate for them. Participant eight shared:

> Well, she asked me about school and how things were going and I opened up about my status and the difficulties I was having regarding my future. She looked up information regarding the DREAM Act and Deferred Action and tried to find me some help and people I could talk to about going to school here.

Increase in Self-worth.

Half of the participants felt that since beginning therapy they experienced an increase in their self-worth and self-esteem. Participants acknowledged that negative messages in the media and throughout the community regarding undocumented immigrants were hard to avoid. Although they received support from others within their community, it was still difficult to avoid internalizing these messages. However, participants felt that therapy was a good place to discuss how messages regarding undocumented immigrants affected their self-esteem. Participant three shared:

> I have been helped greatly by the therapies I have received here because you learn to live with who you are and what you have. I have learned the value that just because you don't have what others have [documented status] doesn't mean you're less of a person.

Hope.

Three participants reported that they had gained a sense of hope from participating in therapy. They felt that it was easy to get discouraged about the future and the lack of opportunities available to them in the U.S. Participants felt that with the enforcement of strict legislation, it was difficult to stay hopeful. However, they felt that

therapy gave them a place to discuss these challenges and to look at things from a different perspective. Participant one shared:

> Yes, yes [my therapist] has helped me a lot; to see my life from another point of view, of seeing the future, not only today but to see that there are more years to come and how I look at those years. I did not I want to see myself how I see myself right now, I want to see myself maybe being a professional, I want to see myself helping others, like her. Helping others to leave their problems, to cope with problems; I see myself speaking better English and a house where I can see my kids running in the yard and say this is my home. I see myself being able to go visit my brothers in Mexico and being able to return with my children.

Improved Relationships.

Three participants indicated that they saw significant improvement in their relationships since starting therapy. Participants acknowledged that stressors related to their status often affected the ways they interacted with other people. Participants primarily attributed their interpersonal struggles to excessive stress and worry due to status. However, they also felt that they may distance themselves from others in order to protect others from discovering their status or to protect themselves from developing strong attachments when their future was so unknown. Participant nine shared that stressors due to her status affected her family. She stated:

> Well it [therapy] has been helpful for me because I've learned how to share and get things out that I bury down inside. It has helped with my marriage and my family, and I've also been able to organize my thoughts and feel supported, so

> that I can face the difficulties in life, especially difficulties related to my status. It takes time, it is definitely slow, but I see myself changing and things changing around me.

Discussed Status in Therapy.

Typically, participants were open to discussing their status and its affects in therapy. Seven participants reported that they initiated the topic of status and disclosed their status to their therapist. (See Appendix J, Table 5 for a description of participants' attitudes towards disclosing status in therapy). Although difficult, participants found disclosing their status strengthened the therapeutic alliance with their therapist as well as the quality of therapy. They felt that their therapist now had a complete picture of their struggles and could address their stressors because of a deeper understanding of what those stressors were. This was exemplified in the following statements:

> It was me who decided to talk about this. It was very difficult for me because as I said it is not something one is proud to speak of; nearly everyone always wants to have it hidden so that the least amount of people will know about it. One always fears that someone will tell on you, in fact at work one does not say you do not have papers because your best friend can become your worst enemy. In an instant she will be the one to point you out. So when I talked to my therapist I felt I was releasing something so heavy that was on my back; I felt like free. Now, I can talk about whatever because that's something that you always turn from. And she could help me in a better way because she could see options that could help me too. It was difficult but it was very beneficial.

Participant three

> Well look, this is one of those subjects that sometimes is touched upon and sometimes it's not. I've had two psychologists and only with one have I've talked about my entire legal situation. I have been a little difficult because I've wanted to remain anonymous, nobody knows my status, but it is impossible to hide the sun with a finger. I think that this has helped me a lot because the person who's helped me was able to listen and to fully understand.

Participant five

Two participants did not disclose their status in therapy and had not discussed stressors related to their status with their therapist. However, they felt that it could be beneficial to discuss this in therapy. They acknowledged that they had few places where they could safely disclose their status, let alone talk about the impact of their status on their daily lives. They felt comfortable and safe with their therapist, however, stated that the subject never presented itself, and they chose not introduce it either. Participant two stated that she may discuss this more in her next session because she felt it could be beneficial. She shared:

> I would think so, because it affects the family in a lot of ways, because even the kids see that you're worried. Like I had said when we would go to the stores I would be really scared when I would see the security in brown and I thought it was immigration and I would be scared and that would scare them. And when the car would break down we were scared because we didn't have anyone to help us. And thinking that the police are going to get us and take us and who are we going

to leave the children with. So much worry, so yes, that's why I think it could be necessary and helpful to discuss this with her [therapist].

Policy

The domain "Policy" captured the knowledge that participants had regarding the current state of affairs for undocumented Latinos in the United States. Nine participants discussed an aspect of policy and how it affected them and their families. Two typical (i.e., legislation, and contribution to the United States) and one variant (i.e., change) categories were identified. Two subcategories (i.e., reference to President Obama, and faith in youth) are also addressed. Frequencies for each category are provided in Appendix H, Table 4.1.

Legislation.

Seven participants made reference to some piece of legislation or immigration reform that is currently being heard in several courts across the United States. They typically discussed the importance of obtaining a driver's license and that several states did not allow undocumented immigrants to obtain a license. Participants also discussed the importance of maintaining a "clean record," and were very knowledgeable that if they should have a criminal record then it would destroy their chances to ever have documented status in the U.S. Other participants made reference to the DREAM Act or Deferred Action for Childhood Arrivals (DACA) when discussing the hope they see for undocumented youth. Overall, participants were very knowledgeable about current legislation and the importance of courts to make decisions soon on some of these provisions. This was exemplified in the following statements:

> Hopefully this year, if they could at least give us licenses like they are already doing in Chicago that would be an advantage. What gives me hope is that we don't have criminal records, or debt record or police records so all of that is a point in our favor.

Participant four

"They can apply on behalf of me through the U visa because I was assaulted or through the Deferred Action, through one of those two things. Right now we are feeling a little more faith."

Participant three

"He was recently able to qualify for deferred action, which was introduced by President Obama, and he's now been granted his 2 year permit. He's doing good and because of that I feel good."

Participant seven

Contribution to the U.S.

Half of the participants reported that undocumented immigrants contribute greatly to the economy of the United States because of the resources undocumented immigrants provide. In fact, participants felt that it would benefit the U.S. economy if undocumented immigrants were allowed to legally work because tax money would go back into the economy. Participant four stated:

> They say there are no jobs and how will they employ 12 million people? The truth is the majority are already working, they wouldn't have to break their heads figuring out how to employ them, most are already working but now they would

> work legally. And a lot of people who work and those taxes could also benefit the government; by having a license we would have to pay for the license and pay for insurance and it would also help, it would help the government a lot.

Additionally, participants stated that if undocumented immigrants were able to study and work in the United States legally, they could utilize their skills and abilities in careers that would contribute greatly to the economy, instead of working in service-oriented occupations they often have to fill regardless of talent. For example, participant seven stated that many undocumented immigrants emigrate to the U.S. with formal education and college degrees; however, because of their status they must work in jobs that do not utilize their training or skills. He stated:

> When a person is living in the US and is undocumented, one is very limited because he is unable to do the jobs and work that he knows he can do. For example, in Mexico, I worked in an office and here I could do the same thing, work in an office and do a good job, but I can't. It is the United States that is losing out, because there are lots of immigrants that could be helping the economy by using their skills in jobs that would contribute back to the US. However, we have our hands tied and can only work in jobs that don't maximize our skills. We want to help the US and we could help to stabilize the economy, but for that to happen, they (US) would have to give us a chance to fix our papers. That way we would have more opportunities to work in different areas and maximize the skills we have. Right now, we feel as though our hands are tied, with the limited opportunities we have.

Change.

Four participants made reference to upcoming changes they see for undocumented immigrants in the United States. They anticipated that immigration reform is imminent and that positive changes were on the horizon for undocumented immigrants. They felt that there were two agents who would facilitate this change: 1) President Barack Obama, and 2) the undocumented youth who are fighting for their rights to education.

President Obama.

Half of the participants made reference to President Obama at some point during their interview. Many had faith that he would bring immigration reform to the courts and implement a policy on the federal level. Others felt that it was Latinos who supported President Obama and ensured his re-election; therefore, he would feel compelled to enact immigration policy. This was exemplified in the following statements:

"I have hope that Obama will keep his word and that will be able to help me too."

Participant one

"Because Hispanics voted for Obama because he was going to bring us out of the darkness, but Obama can't do anything here, that's up to Congress and the House of Representatives, but there is always a lot of hope."

Participant four

> I say God willing this will not be anything bad and we will see how we do it, to see if, having faith in God to see if like president Obama said soon they will do something with the amnesty hoping that they do that; all the hope there.

Participant ten

Youth.

Three participants had faith that undocumented youth would be the key to implementing changes for all undocumented individuals. They felt that undocumented youth, who have recently been very vocal about their rights to education, would be advocates for all undocumented immigrants. These participants believed that as undocumented youth secured their right to education, they would become professionals and help their families. There was an expectation that the success of undocumented youth would help other generations. Participant six stated:

> Well, simply if your children that are students get this problem solved it's obvious that the whole family will truly change. It will change because we will have a better lifestyle and if you have a child who can go to college and can graduate as a degree holder he can have a career; obviously the lifestyle of the whole family will truly change. By supporting him they will be more optimistic to see the future with a better option and try to improve them all as a family, to support the person who has, in a sense it will change the lives of the entire family. And the youth are the tomorrow, they are going to be professionals, and they'll be people that help society and will change the lives of many people. They will change the lives of many people by helping other people and also if we could get this also that we could be at that same level, we could solve, could solve many problems.

Future Outlook

The domain "Future Outlook" captures the anticipated actions or future changes that undocumented Latinos expect for those with their status. One general category

emerged from the data (e.g., life with documented status) and one typical category was identified as well (e.g., hope for the future). See Appendix H, Table 4.1 for frequency of responses for each category.

Life with Documented Status.

All ten participants could visualize what their life would look like if they had documented status. They all hoped for a day that they wouldn't have to limit their dreams and goals and could reach their aspirations. Several participants had hopes of getting a better job, of receiving health care for themselves and their children, and being able to acquire a driver's license so that they didn't have to drive in fear. They felt that life would be much less stressful and that their basic needs and wants regarding security would be met. For example:

> If I had my papers and I was documented things would be different because I would have a better job. I could also give back to the community, for example, I could work with police officers so that they could learn Spanish because they need that. Maybe my son could become a firefighter and help the community that way. It would be a great change financially! Also, my health would be better because I could go to the doctor and have regular physicals. I could buy a house, I could visit my family in Mexico, and I could buy a better car! There are many things that would improve if I had documented status. It would make such a big change for me, my family, my community, and ultimately the country.
>
> *Participant seven*

> It would be super different because they would feel better, like the oldest one says he wants to have papers to find a job and to continue school because his dream is to continue studying. It would be different even in where we could live because you can't rent just anywhere. You can't even put your name on your utilities if you don't have documents. I feel that it would change my life completely if I had papers.
>
> *Participant four*

Participant nine felt that life with documented status would lead to improved mental health. She stated that there would be less stress related to security and that families could reunite and spend time together. She stated:

> I think there would be less depression, less crying, less longing. Because I know that if we had our papers we would work hard all year so that in the summer or during Christmas we could go for at least two weeks. Also, if my dad could get a visitor visa to be able to come here and visit! So mainly I think that would be the difference, to suffer less and miss my people less, well my family, like my parents and siblings.

Hope for the Future.

Typically, participants were very hopeful about the future for undocumented Latinos in the United States. They held a lot of faith in their religion, in President Obama, and also themselves. They felt that other undocumented individuals, especially undocumented youth, would lead change towards immigration reform. Others felt that Latinos had supported President Obama through the recent election and that he would

make good on his promises towards national immigration reform. Participant eight stated: "I think you can feel the hope; hopefully they can carry this through so that a lot of people can have their status that would make a lot of difference here." Regardless of the mode, most participants carried hope that things would get better in the near future. They felt that they were carrying a great burden but that ultimately it would be rewarded. Participant ten stated:

> I'm amazed with people; that is what makes us brave. We are careful; we drive very good, we get insurance, we make sure our car has working lights and is working fine. We do everything we can to do well and not draw attention to ourselves. The undocumented immigrant is a brave person; we took the risk and left our country for the American Dream. Even though that dream has been difficult, we have to act right, be close to God, work hard and do well by our families. It is a risk we take, but there are many great things that will continue to come with that risk.

Other

Journey to the U.S.

The domain "Other" is traditionally reserved for those pieces of data that are not shared among other participants and that do not develop into larger themes. However, one variant category emerged among the data and was discussed by two participants. This was not common among the cases; however, important information surfaced within this domain and the research team felt it needed to stand out separately from the other domains and categories. Two participants shared the story of their journey to the United

States and the hardships and trauma they experienced in the pursuit of a better life. Participant six details her travel to the U.S. with the use of a *coyote* and how she managed to make the journey with her one year-old twin daughters. She stated:

> I left Mexico on November 3rd and I got to the border three days later because I came via bus; we stayed in a hotel and the first attempt we did was at Aguas Prietas. I had already walked all the desert but it was very cold and the girls were crying so immigration heard us and caught us. There were 50 of us: Salvadorians, Mexicans, Guatemalans, Hondurans, there were all kinds. But since there were a lot of us they didn't fingerprint or photograph us, they just sent us back to Aguas Prietas. So we got back all disillusioned, back to the hotel. We waited two days and we tried it again, only this time the *coyotes* bought this medication for the girls to make them sleep, but instead of making them sleep it made them really hyper. They were crying in the desert and they wanted to leave me there alone! The *coyote* wanted to leave me there but there were two guys that were from where I was from and they said no that they couldn't leave me alone with two babies and that they would stay with me. So the three of us and another *coyote* went a different way and the other *coyote* left with 47 people in the group. I'm not sure where we were but we passed through a cattle stable and I'm not sure how that place was but the mud reached our knees. The helicopter was shining its lights from overhead and we hid between the cows legs. There we were, in all that mud and cow shit, and when we reached the barbed wire fences I had to toss the girls one at a time through the bottom by the rock and the other people would grab

them from the other side. And when we finally got to the van everyone else was already there, they were just waiting for us. They fit all of us one on top of the other, 50 in a van that seats 8. Then we passed by Arizona where we stayed hiding for two weeks in a two-bedroom house with about 200 people; there were already people there when we got there. All the women were in one room and the men in another and the living room and the basement. But they said a neighbor had called immigration so they moved us to an apartment and then I arrived in Kansas City on November 19th. That's why I tell my girls, 'the only way I'd go back to Mexico would be if I had my status/papers, because I would never go through that again. It was a horrible experience, you might not remember because you were babies but I remember.' My heart crumbles just thinking about what I exposed them too. How could I expose them so that a bug could bite them or someone could take them? I would never go through something like that again! I tell them, you girls went through a lot. Can you imagine taking a medicine? I didn't even know what that 'coyote" was giving them. And I gave it to them because I was ignorant, they might not even be here now, if they would have died I would have the guilt of having brought them. Thank God it made them hyper instead of putting them to sleep, because they were the only kids in the whole group of 50 people. They also robbed us in the desert; it was a lot of suffering. You could see heads, skulls of people that had died there, clothes and backpacks that had been abandoned long ago.

Participant ten shared her journey coming to the U.S. with her husband, however, was pregnant at the time. She also had to leave her 5 year-old daughter and trust strangers that her daughter would make it to the U.S. safely ahead of her. She documents that although she was with her husband during the journey, she still experienced anxiety and fear for herself and for her family. She stated:

> When me and my husband came our daughter was 5, but I was also 5 months pregnant. My brothers recommended me to the people that were crossing us so I was never separated from my husband. And my husband is tall and blonde so they always used him in front to mislead anyone. He always rode in the front of the car or walked in front and that helped us. We came part on plane, part by care and then we walked. We waited till it was night to walk and we walked all night. At the end I couldn't walk anymore! We were walking through a field and it was wet so the mud was sticking to our shoes and it was very heavy so they took me by the arms and helped me. Arizona, so once we crossed there we were taken to a place and they gave us to eat and we were full of thorns, but we had to be hiding. As a matter of fact they told us that they would scream or whistle when immigration was coming so that we could run. So then there was a scream and so we all ran, but it wasn't true, immigration wasn't coming. They were just trying to train us, so I ran and jumped over this tree trunk! Yes, and thank god nothing happened because I wasn't even thinking that I was pregnant we just ran. We went through a lot of struggles. I started crying after that and I just wanted to turn back but they said no its okay we just want you guys to be prepared. It was a good group we

were with, we helped each other; there was another woman that fainted because they didn't have any water and they never left her, we were all together until the end. There have been other people where they have left someone that couldn't go on; but not with this group, it was a good group we supported each other. But towards the end I couldn't make it any more. And my daughter they had taken her the night before. Yes, they came for my daughter before and they dressed her like a boy because they were going to pass her with the papers of a little boy, so they pulled up her hair and put a cap and some pants on her and they crossed her like that. And they put her to sleep, and I felt that they might have drugged her because she was very happy and when I got to her she was very sleepy and the cereal was all on the floor so I feel they drugged her so she wouldn't be a bother. And I'd never been apart from her but she was like that, like out of it for like a day. She was asleep when we got there and I told my husband I think they drugged her, five years old, but thank God they crossed her. She crossed at noon and we left at 6am and we spent that whole day and night in transit until the next morning we saw her so it wasn't that long that we didn't see her. Thank God it was fast but to me it seemed like an eternity. They just kept saying we just have to reach that light, and that light seems so far away and so we kept walking and the baby was active so my husband was talking to it and it finally calmed down. It wasn't till about 6am that we go to where we had to be to get picked up by a car. So we finally got there and we showered and changed and ate and later that evening they put us on a plane to get here.

Conclusion

Participants in the current study came to the United States for opportunity, and although they have encountered adversity due to their status, they continue to feel that emigrating to the U.S. was beneficial for themselves and their families. Participants discussed the challenges and barriers they face as undocumented Latino immigrants in the United States, including the mixed and negative responses they receive from authorized residents, including other Latinos. They discussed the numerous barriers they encounter due to their status, including the affect their status has on their family, and the fear and worry they have about someone discovering their status. Participants were very aware of the consequences should someone discover their status and did the best they could to cope with these stressors. They often utilized religion, their community, and even therapy to offset these stressors. Additionally, they tried to maintain a positive attitude and plan for the future as best as they could. All ten participants had positive experiences with therapy and they all felt that therapy is currently, or could be a beneficial place to discuss stressors related to status. They felt that therapy gave them hope, support, and increased their self-worth, and most were very open to disclose their status in therapy. Overall, participants in the current study were hopeful for the future. They were very knowledgeable about immigration policy and have hope that both President Obama and undocumented youth will work to create change for undocumented Latinos. Lastly, two participants shared their experience in coming to the United States and the difficult journey they experienced in pursuit of opportunities in the U.S.

Chapter 5: Discussion

The current study explored the stressors and coping strategies of undocumented Latinos in therapy. Four primary research questions were identified: 1).What is the nature of stressors undocumented individuals face due to their status? 2). How do individuals adjust and cope with stressors associated with undocumented status? 3). How do undocumented adults utilize therapy to offset the stressors associated with undocumented status? and 4). How do undocumented individuals perceive the future and that of others with this status? Ten undocumented Latino immigrants (i.e., 8 women, and 2 men) who were participating in therapy were interviewed about their experiences with undocumented status. Participants were asked about the stressors they experience due to their undocumented status and the ways in which they cope with these stressors. Additionally, participants were asked about their experiences in therapy and how therapy might be utilized to offset these stressors.

The chapter will discuss the significant findings of this study in relation to the literature on mental health concerns of undocumented Latinos in the United States. Following implications of the findings will be discussed. Finally, limitations of the study will be presented along with suggestions for future research with undocumented Latinos in therapy.

Findings

Previous research has indicated that undocumented Latinos experience higher levels of distress, and psychological problems compared to Latinos with documented status (Perez & Fortuna, 2005; Ramos-Sanchez, 2009). It has been suggested that worries

about their legal status and concerns regarding deportation may increase the risk for psychological distress (Cavazos-Rehg et al., 2007). However, little research has examined how undocumented Latinos perceive their status and what challenges they associate with undocumented status. Furthermore, we know even less about how they cope with these challenges.

Over two decades ago, Rodriguez and Dewolf (1990) examined the impact of the Immigration Reform and Control Act (IRCA) of 1986 on the psychological health of Mexican-American and Mexican immigrant women. Their findings indicated that undocumented Mexican women who did not qualify for amnesty under the IRCA were at risk for increased psychological distress when compared to documented participants and participants who were undocumented, but qualified for amnesty. The authors of the study challenged mental health professionals to conduct future research examining the psychological distress of undocumented immigrants. However, since 1990, there have been few published studies that aim to understand the mental health concerns of undocumented immigrants (Cavazos-Rehg et al., 2007; Perez & Fortuna, 2005; Ramos-Sanchez, 2009; Sullivan & Rehm, 2005). The current qualitative study presents findings regarding the experiences of ten undocumented Latinos in therapy at a community based agency in the Midwest. This is one of the first studies in counseling psychology that gives voice to the perceived challenges undocumented Latinos face, their experiences in therapy and how they utilize therapy to offset stressors related to their status.

Results of the current study provide an in-depth analysis of undocumented Latino immigrants' experiences in the United States, specifically the challenges and barriers they

face due to their status and how they cope with these stressors. The findings also offer a rich, in-depth understanding of undocumented Latinos' approach to therapy and the way therapy can provide a safe and accepting space where undocumented Latinos can discuss barriers related to status. The data suggest ten prominent themes in describing the experiences of undocumented Latinos, including how they perceive their presence in the United States. These ten themes provide important details about: Undocumented Latinos purpose for coming to the United States, their level of belonging, how they think others perceive them, the challenges and barriers they face, their level of security residing in the U.S. as unauthorized citizens, how they cope with these stressors, their experience of therapy, how they view policy, and their future outlook.

What is the nature of stressors undocumented individuals face due to their status?

Generally, Latino immigrants in the current study came to the United States for opportunity. They identified economic opportunity as the primary motivator for coming to the U.S.; increased opportunities for family and educational opportunities were also motivators. However, participants encountered several challenges and barriers after emigrating to the U.S. that made it difficult to achieve the opportunities they initially sought. The nature of stressors identified by participants ranged across five categories: a) challenges and barriers related to work and resources, b) stressors related to the impact on their family, c) lack of security and fear of discovery, d) the negative way they are perceived in the U.S., especially from other Latinos, and e) their sense of belonging.

Challenges and Barriers.

Participants identified barriers related to work, access to higher education, seeking healthcare, obtaining a driver's license, and difficulties due to language. Work has long been an issue in undocumented communities and has been identified in previous literature as a challenge for undocumented Latinos. Carbonell (2005) identified that poor working conditions, long hours, and unfair practices are common in the type of work settings that undocumented Latinos employ and that negative working conditions such as these have an impact on mental health. In addition, Carbonell argued that undocumented Latinos are hesitant to report unfair practices due to fears related to having their status discovered. These assertions are supported in the current study; participants indicated that it was difficult to find work and when they did, it was often at a low-wage and with little security. They worried about working under false identification, but had little opportunity for employment otherwise. Participants expressed fear that their lack of documentation would be discovered at their work and often did not stay at one job for very long in order prevent employers from discovering their status. Frequent work transitions have negative implications for financial security and work advancement. These negative consequences are even more problematic considering that undocumented Latinos already make up a large percentage of service-oriented occupations where there is little opportunity for advancement to begin with (NCLR, 2010). Mather (2009) found that undocumented immigrants are more likely than their documented counterparts to be working full-time, even if their jobs are low paying and unstable (Yoshikawa, 2011). As we learned in our study, undocumented Latinos are constantly searching for full-time employment and will

often take jobs that are not satisfying, rewarding, or secure in order to provide for their families.

In addition to barriers related to advancement at work, participants felt that they are even more limited when it comes to accessing opportunities related to education. This was primarily due to cost and the inability to access financial aid due to their status. Although, there are limited opportunities for undocumented individuals to seek out high education such as the Development, Relief and Education for Alien Minors (DREAM) Act and the Deferred Action for Childhood Arrivals (DACA), both policies are limited by age and time of arrival in the United States (NCLR, 2010). Participants in the current study did not qualify for either policy, which reflects the reality that very few opportunities for educational advancement are available for undocumented immigrants after a certain age.

An additional barrier identified by participants was access to healthcare. Participants felt that they simply could not access healthcare when needed and were often treated poorly by healthcare staff when they did seek services. Several participants discussed systemic barriers to accessing healthcare (e.g., not qualifying for insurance, and denying services to undocumented individuals because of cost, and fear of discovery) as well as barriers related to their treatment (e.g., being talked down to, humiliated, and shamed). Participants in the current study felt they were not receiving adequate healthcare and were being denied preventative and life-saving procedures. These findings coincide with a study by Sullivan and Rehm (2005) that found that undocumented Latinos are fearful of seeking health care services due to the risk associated with having

their status discovered resulting in low help-seeking behavior, which, in turn, has a negative impact on health outcomes.

Although, there is little to no research on the impact of access to a driver's license with undocumented immigrants, this was identified as a significant stressor to participants in the current study. Participants identified the inability to access a driver's license as a barrier and one that contributed to them breaking the law by making it difficult for them to drive legally, qualify for car insurance, and register a vehicle. They also found it difficult to provide identification in other settings without a state-issued license. Furthermore, participants felt that being discovered without a license (e.g., during a traffic stop) automatically identified them as undocumented immigrants. As stated, there is no current research on the impact on being denied access to a driver's license; nonetheless, it is clear that it is both a practical and emotional barrier that the majority of participants identified as a stressor.

Lastly, a final challenge that was identified by participants was difficulties related to language. Consistent with prior studies (Miranda, et al., 2006; Nicholson, 1997), our participants described language difficulties as stressors that caused them psychological distress due to perceptions of how others felt about their language difficulties and their inability to advocate for themselves. They reported that others would talk down to them and display frustration when holding conversations, resulting in participants feeling negatively toward themselves. Language barriers also prevented participants from advocating for themselves when they were mistreated at work or seeking services. This is consistent with prior research by Ding and Hargraves (2009) who found that immigrants

with a language barrier were more likely to report increased stressed and poorer health than those without a language barrier.

Impact on Family.

An additional stressor identified by participants was the impact of their status on family. Participants described the difficulties their children faced because of their parents' undocumented status. One participant described her child being singled out because of his "illegal immigrant" mother. Another shared her son's kind words that he would help her one day because he was "born here" and could help. This is significant given that 79% of children whose parents are undocumented are citizens themselves (Passel & Taylor, 2010); this is equivalent to more than 4 million citizen children living in homes with undocumented parents (APA, 2012). If the experiences of our participants are any indication, then they will also experience negative encounters or hear negative messages regarding their parents' status.

Participants also identified difficulties associated with mixed-status families, whereby some members of the family are citizens and others are not (Passel & Taylor, 2010). Parents shared how difficult it was to see some of their children qualify for services or opportunities, while others could not. One participant shared that she has to remind her son, who is a U.S. citizen, not to tease his older sister who is undocumented. The reality is that nearly 1.1. million children are undocumented themselves (APA, 2012), and will face similar hardships and discrimination that their parents' do. However, the situation becomes increasingly complicated with mixed-status families, where privilege will impact the opportunities siblings may or may not have.

Lastly, participants identified separation of families as a significant stressor. Participants were required to make difficult decisions regarding parents, siblings and extended family left behind in their country of origin once they immigrated to the United States. Several participants described having to go years without seeing their parents, or missing the funeral of a close relative, because of their inability to leave the country and safely return. This is especially difficult for Latino families, who adhere to the cultural value *familismo,* and place a high value in the relationship with family (Marin & Marin, 1991).

Security.

A significant stressor for undocumented Latinos is the lack of security they feel residing in the U.S. and a constant fear of being discovered. Previous research by the Pew Hispanic Center (2008) found that the majority of Latinos worry that they, or someone they know, will be deported. This was further reflected by our participants with many of them voicing concerns related to the consequences of discovery, including deportation. Generally, our participants reported daily fears, worry and constant anxiety of someone discovering their status. This general concern and worry related to discovery has been supported in other research. For example, Ramos-Sanchez (2009) found that the fear of deportation is one of the primary concerns for undocumented Latinos resulting in Latinos often isolating themselves in order to protect from discovery. Police were identified as a primary source of this fear; participants stated that they feared police would stop them and inquire about their status, resulting in an avoidance of police at all costs. Additionally, this fear of police was passed on to their children. Unfortunately, the police

are not seen as a symbol of safety in the undocumented community and posed a great threat to participants in our study.

In addition to anxiety, worry, and the fear of discovery, participants also worried about the consequences of deportation and the impact of deportation on their children. They worried about how they would notify their children and/or who would care for them should they be deported. This is a very real fear considering that parents of more than 100,000 citizen children have been deported over the last ten years (U.S. Department of Homeland Security, 2009). One participant shared his experience after his wife was deported. He struggled to take care of his children and continue to work, and felt lost without her. He did not feel he had any other choice but to bring her back into the United States.

Perception by Others.

An additional stressor that undocumented Latinos face is the way they are perceived in the United States. Participants felt non-Latino Americans perceived them in both a positive and negative manner. Some Americans valued their work ethic while others praised aspects of their culture (e.g., food, attention to cleaning, and childcare). However, participants shared that Americans also held negative attitudes towards them and, at times, discriminated against them. Several participants felt that hostility in American society was fueled by the media and political campaigns. These negative attitudes towards undocumented Latinos are supported by the emergence of legislation that was directed at terrorism post-911. The Border Security Act of 2001 and the USA Patriot Act of 2001 were intended to increase security and safety measures within the

United States (Ramos-Sanchez, 2009). However, these acts have significantly affected undocumented Latinos at the border, who are viewed as criminals, terrorists, and threats to the safety of American citizens. In addition, television footage has depicted Latinos crossing the border to commit crime and threaten the security and safety of Americans (Ramos-Sanchez, 2009). These images have been criticized for popping up at the time of elections when a candidate is trying to sway public opinion. Additionally, in a study by Fujioka (2011) negative news images of Latino immigrants were associated with greater perceived threats and negative immigrant attitudes towards Latino immigrants. Fujioka survey 326 college students, enrolled at a large southeastern university. Findings in this study indicated that both White and African-American respondents equally reported unfavorable attitudes towards Latino immigrants after watching negative images of Latino immigrants in the news.

Unfortunately, participants in the current study felt most marginalized by other Latinos in their community. Participants felt that both Latinos born in the U.S. and naturalized Latinos held the most negative views toward undocumented immigrants. Our participants viewed this as a way for U.S. born and documented Latinos to separate themselves from the negative stereotypes and perceptions of undocumented Latinos. However, participants felt that U.S. born and documented Latinos perceived themselves to be better than undocumented Latinos because of their privileged status.

Marginalization from other Latinos can be a significant stressor given that Latino culture is a collectivistic culture and places value on the relationships within the community (Marin & Marin, 1991; Paniagua, 1998; Triandis, 1989). Since many

undocumented Latinos may not feel accepted by the documented Latino community, the emphasis on community and interdependence is challenged. Although, participants in the current study formed a tighter close-knit community with other undocumented Latinos, this rupture can rightfully impact undocumented Latinos sense of belonging and trust within the larger Latino community.

Belonging.

Lastly, the data indicated that undocumented Latinos feel connected to the United States. Six participants indicated they feel completed connected to the U.S., and three additional participants voiced their connection to both the U.S. and their country of origin. In addition, participants in the current study felt less of a connection to their home country based on the number of years they had been away. They viewed their country of origin as dangerous and felt that their safety would be compromised if they were to return. However, those that did still feel connected to their home country attributed that to the connection they maintained with family who currently reside there.

It is clear that participants in the current study face a number of daily stressors due to their status. They identified challenges related to work, home, seeking healthcare, language barriers and how they were perceived and treated by those who are documented. This resulted in a constant state of worry and fear about others discovering their status and how it would affect the way they are treated, or even worse, deported. However, despite these challenges, undocumented Latinos also feel connected to the U.S. For this reason it was important to explore how they adjust and cope with these stressors, and how they survive under this incredible amount of stress.

How do individuals adjust and cope with stressors associated with undocumented status?

Religion and Spirituality.

The data indicated that undocumented Latinos use religion and faith as the primary method to cope with stressors related to their status. Participants believed that the struggles they face due to their status were part of a larger plan and that they needed to trust in God. This has been supported in previous literature with Latinos; those who adhere to religious beliefs and believe that life's difficulties are part of God's will (Echeverry, 1997). Additionally, a study by Reyes-Ortiz et al. (2009) found that 60% of Latinos identified prayer as a source of healing, while 49% asked others to pray for healing. This was true for participants in the current study, who believed that staying close to God and praying would result in God hearing their prayers for immigration reform. Participants felt that with God, they could face whatever came their way.

Support.

There were four variant categories that participants identified as additional ways they cope with the stressors of possessing undocumented immigration status. Four participants discussed the importance of support from their family, friends and community. As stated previously, they feel isolated from the larger Latino community; however, have created a system of support within their own circle. One participant shared how they will inform the community of raids, or traffic stops, in order to ensure safety and to avoid discovery of status. This emphasis on community has been well documented in the literature (Marin & Marin, 1991; Paniagua, 1998; Triandis, 1989) and is

representative of the emphasis on community and interdependence over the individual's needs, which is a key characteristic of Latinos (Marin & Marin, 1991).

Positive Attitude and Planning.

Additionally, maintaining a positive attitude (i.e., a positive and resilient attitude to ward off fear and anxiety related to status) and planning for the future were also identified by participants as ways they cope with the stressors related to their status. Participants stated that they were required to plan for barriers that arose (e.g., healthcare costs, academic restrictions, and other financial barriers). Lastly, therapy was identified as a way undocumented immigrants cope with stressors related to their status. This was only mentioned by two participants, however, they both felt that therapy provided a safe and validating place where they could discuss stressors related to their status. The fact that only two participants mentioned therapy may be due in part to way in which the question was presented. Participants were asked, "In what ways do you cope with some of these challenges," and typically responded with religion and faith. This is consistent with research by Echeverry (1997) who found that in times of distress, other belief systems (i.e., religion) are often utilized first and foremost. It is possible that when asked how they cope with these stressors, participants responded with more traditional coping methods.

How do undocumented adults utilize therapy to offset the stressors associated with undocumented status?

Therapeutic Experience.

Although they did not initially list therapy as a coping strategy, all ten participants felt that therapy was helpful, and provided them with support, validation, hope, improved self-worth, and improved relationships. Most importantly, for the purpose of this study, participants felt that therapy gave them a safe platform to discuss stressors related to their status. Seven participants indicated that discussing their immigration status in therapy was beneficial and allowed them to see a different perspective regarding the opportunities available to them. Participants reported that it was easy to become overwhelmed with stressors related to their status; therapy provided them with a safe space to voice their feelings and increase their hope. Two participants did not discuss issues related to their status in session; however, both of them felt that discussing stressors related to their status could be beneficial. Overall, participants felt that clinicians had a better understanding of their struggles when they were aware of their status, and in some cases, acted as advocates. One participant shared that her therapist called to get information regarding the DREAM Act and DACA once she was aware of her status and aspirations to attend college.

Participants' responses to their experiences in therapy were overall very positive. Seven participants initiated conversations about their status to therapists, which is likely reflective of a sense of trust participants felt with their therapist and a strong working alliance. In addition, through the collection of demographic information prior to the interview, we found that participants consistently attended counseling sessions and had been in therapy for enough time to develop strong bonds with their therapist (e.g., 3 months to over 8 years).

Our findings are in contrast to the other studies which have found Latino clients to be difficult to engage and retain in therapy (Diaz et al., 2005; Miranda & Cooper, 2004; USDHHS, 2001a) and to terminate prematurely (Organista et al., 1994). Barriers such as language, cost, geographic location, schedule of services and the availability of bilingual and bicultural mental health professionals have all been identified as challenges for Latinos seeking mental health services (Echeverry, 1997). However, in the current study, the participating agency met the needs of participants by offering counseling services in their primary language, offering expanded operating hours when counseling was available, and therapy was provided by bicultural, Latina/o therapists. In addition, the agency prides itself on being immersed in the community and participants may see the agency as a trusted resource. This could indicate why our participants had a very different experience in therapy. It addition, it is well documented that there exists a stigma in Latino culture regarding utilization of counseling services (Echeverry, 1997). However, this was not discussed in the current study, nor was it asked by the research team. This may not have been mentioned since participants were actively in therapy at the time of the interviews and were experiencing it as positive and helpful.

How do undocumented individuals perceive the future and that of others with this status?

Hope.

The data indicated that undocumented Latinos are hopeful about their futures and the futures of others with undocumented status. Participants believed that immigration reform is imminent and positive changes were on the horizon for undocumented

immigrants. They felt that there were two agents who would facilitate this change: 1) President Barack Obama, and 2) the undocumented youth who are fighting for their right to an education. Participants felt that Latinos overwhelmingly supported President Obama in his most recent presidential campaign and that this would result in the president advocating for national immigration reform. Participants were knowledgeable about the policies recently put into place (e.g. anti-immigrant legislation and pro-immigration policy) and acknowledged it would be an up-hill battle; however, they still expressed hope in our president. In addition, three participants expressed their hope in the undocumented youth who are advocating for an education. They felt that youth receiving a visa or status through educational attainment would guarantee some resolution for the family. This assumption adheres to the cultural value of *familismo* (Marin & Marin, 1991), and the expectation that if one member of the family is successful, they will help other family members.

Participants in our study were overall very hopeful about their futures and could visualize what life with documented status would be like for them. They aspired for very simple things, such as: a) the ability to work freely, b) to pursue their education, c) to drive legally and without fear, and d) to receive healthcare they needed. They looked to God, their faith, President Obama, and Latino youth as agents of change regarding immigration reform. However, regardless of the mode, most participants carried a lot of hope that things would get better, and soon. They felt that they were carrying a great load, but that ultimately it would be rewarded.

Implications for Psychology Practice

Our findings are important to psychologists working with the Latino community because of the perceptions undocumented Latinos hold about their status, the stressors they attribute to their status, and the ways they cope with those stressors (e.g., religion and faith, support, attitude, planning, and therapy). Our findings are similar to other research that has suggested that the stressors undocumented Latinos face have an impact on mental health (Cavazos-Rehg et al., 2007; Perez & Fortuna, 2005; Ramos-Sanchez, 2009). Aspiring to meet the recommendations for counseling psychologists to act as agents of change and in the interest of social justice (Vera & Speight, 2003), our results hope to remove institutional barriers often associated with therapy, and offer several directions for the development of outreach efforts and clinical interventions with undocumented Latinos. Several of these recommendations require psychologists to think outside the box and within the context of the clients (i.e., undocumented immigrants) they hope to serve.

Implications for Outreach.

A major strength of this study was partnering with an agency which is currently meeting several of the barriers often associated with Latinos and therapy. They are a community agency that employs bilingual and bicultural staff and has a long history of providing services in the Latino community. They are known for being advocates for both undocumented and documented Latinos and collaborate with several schools, churches, and other community agencies to meet the needs of their community. The researchers understand that this is not typical of most sites assisting Latino clients. Therefore, it is important that clinicians are mindful of the traditional barriers to

counseling that the general Latino community faces (e.g., language barriers, cost, location, schedule of services and lack of bicultural staff) and has previously been documented in the literature (Echeverry, 1997; Marcos et al., 1973; Villalba, 2010; Sue & Sue, 2008).

Based on the findings in our study, it is important for clinicians to align with agencies and individuals that undocumented Latinos are already seeking out to cope with the stressors of undocumented status. Since religion and faith were determined to be the primary coping methods used by undocumented Latinos to protect against stressors related to status, it is important that psychologists and mental health professionals working with the undocumented community partner with community religious leaders to assess the needs of the community and represent themselves as an ally. It will also be important to partner with other community agencies seen as supports to the undocumented Latino community, including radio stations, community centers, community organizations, neighborhood store owners and any other established member or organization within the community.

Education to the larger community regarding the stressors undocumented immigrants experience as they relate to mental health is essential to successful outreach efforts with the undocumented community. This may be particularly important for the medical community. Based on our findings, undocumented Latinos had several negative experiences with healthcare providers and often left hospitals and clinics without the services they needed and little intention to return. It is important for psychologists to advocate on behalf of healthcare for all individuals at the legislative level, in addition to

educating community providers about the impact of immigration status on mental health. Furthermore, educating the general Latino community about the stressors and privileges related to status may also be valuable in combating the lack of support and power imbalance experienced by many individuals with undocumented status. It is important to highlight this to community members and allies so that assumptions are avoided regarding the cohesion of the community.

Implications for Treatment.

Research by Añez et al. (2008) encouraged practitioners to integrate Latino cultural values (e.g., *personalismo, respeto,* and *confianza*) when using motivational interviewing with Latino clients. They found that integration of Latino cultural values increased treatment engagement by clients and decreased ambivalence towards therapy. By creating effective models of engagement that represent the values of the clients they serve, counselors can meet the unique needs of their clients. Similar to the recommendations of Añez et al. we encourage psychologists and other mental health professionals to integrate Latino cultural values into therapy, regardless of clinical orientation or intervention used. Based on our findings, undocumented Latinos valued their community and built trust with their therapists in order to disclose information regarding their status. It will be important for clinicians working with undocumented Latinos to understand the values of the population they serve and integrate those values into their clinical work.

Furthermore, once rapport and trust is established, we encourage psychologists and mental health professionals to openly discuss the implications of undocumented

status in therapy. Fortunately, the participants in the current study felt safe to disclose and initiate conversations related to their status. Not one therapist in the current study initiated this conversation. However, it does not fall on the client to bring up sensitive or difficult issues related to culture. Following the suggestions of researchers in the multicultural literature (Lee, 2006; Sue & Sue, 2008), psychologists must be comfortable introducing difficult topics related to identity rather than ignoring an elephant in the room. However, it is important that sensitive issues be addressed only after rapport and trust is established. Psychologists might assess for undocumented status by asking about challenges and barriers the individual is facing and decide how those challenges might relate to barriers often associated with undocumented individuals. For this reason, psychologists should seek information regarding undocumented immigration status (e.g., barriers, implications, and current news) so that they are informed of the unique concerns related to this population. It is important to never assume undocumented status, and to be mindful of the relationship that exists before inquiring about status. Clients will have the platform to discuss their experiences of possessing undocumented status and the implications of their experiences, but must not be the sole educators to the psychologist.

Lastly, it is important to note that our findings indicate a lack of trust and significant fear toward police officers by undocumented Latinos. This is related to fears regarding discovery of status and the uncertainty regarding the intentions of the police officers. Previous research has indicated that undocumented Latinos may be less willing to report incidents or crimes to authorities for fear of discovery and deportation (Ramos-Sanchez, 2009). This is important for psychologists and mental health providers to keep

in mind, especially when assessing for risk or working with individuals in potentially dangerous situations (i.e., interpersonal partner violence, sexual assault, stalking, etc.). These clients may be less willing to call police, even when in danger. It is important that clinicians have conversations regarding safety early in therapy and develop alternative safety plans with clients if they are hesitant to contact police.

Limitations and Future Research

Limitations.

There are several limitations with the current research. First, all of the participants were drawn from one large metropolitan community in the Midwest. In addition, they were all receiving services from the same mental health community agency and there may have been some overlap with the clinicians they were seeing. Furthermore, a majority of the participants were from Mexico and women. There was one participant from El Salvador and two men included in the sample. Other studies are needed to gain additional information from a broad range of undocumented Latinos to explore what challenges they might face depending on country of origin, gender, or geographic location within the United States.

Second, this study is based on one source of data, the in-depth semi-structured interviews. A second interview could have affected the comfort level of participants and supplemented their original interview with additional information. However, since no identifying information was collected from participants, there was no way to follow-up with participants to verify researchers' interpretations of participant responses (i.e.,

member checking). However, the role of the auditor was crucial in reviewing the data to reduce the likelihood of misperceptions.

Lastly, two major criticisms of qualitative research have been the inability to generalize the findings to a larger population, and the subjectiveness of interpreting the data by the researcher (Merriam, 2009). However, qualitative research is ideal when there is little known about an area, making it difficult to know what questions to ask or what measures to use (Lyon et al., 2012). Researchers in the current study made every attempt to make sure the data represented the experiences of the participants by following the recommendations of CQR in regards to data collection, analysis, and especially by paying attention to the dynamics of the research team. Although the results of the study are not generalizable, they are valuable in that they will assist in allowing a deeper understanding of the experiences of undocumented Latino adults who are currently in therapy. This deeper understanding fits with the aim of consensual qualitative research, in that there will be something gained beyond the experiences of a few individuals (Hill, 2012). A potential limitation of the research team was that it was comprised of all women and it is possible gender factored into the research process. However, the composition of the research team is also a strength in that the team was ethnically diverse, each team member was at a different level in their doctoral training and each brought in their own unique clinical and research experiences to the study.

Future Research.

We encourage that research continue to explore mental health concerns unique to individuals with undocumented status; we have identified several areas that require

further inquiry. The first area is related to trauma. Although, the experiences shared by two participants regarding their migration to the U.S. were categorized as “other,” we felt that it was important to share the touching and vulnerable accounts of their journeys. The trauma they endured provided the research team a greater understanding of the trauma undocumented immigrants may experience on their travels to the United States. It is well documented that undocumented immigrants use *coyotes* and travel through harsh and dangerous conditions, often at night and with strangers, to get to the U.S. border. It will be important for future research to explore the effect of such travels and their impact on mental health. This, in addition to pre-existing trauma or abuse that may have experienced in their country of origin, may contribute to anxiety disorders, depression, post-traumatic stress disorder, and other diagnoses, in addition to the stress they experience once in the U.S.

Additionally, it is important for future researchers to explore the impact of mixed-status families. All ten participants were part of a mixed-status family, where some families members were citizens and others were not. They discussed the challenges they faced as mixed-status families and briefly discussed power differentials between siblings. It is important for future researchers to explore how this power differential affects relationships between siblings and family dynamics. This may be particularly important as children mature into adulthood and are placed in positions where they can or cannot advocate for family members.

Much of the current research on undocumented Latinos focuses on undocumented youth or college age students (i.e., Dreamers) due to policy change regarding these

students. Whereas this area of research is important, it is also necessary to build on current research with other segments of the undocumented Latino community. This study is unique in that it is not focused on college aged students but rather on individuals who are not currently experiencing direct benefits from current legislation. It important that research continues to examine the stressors and coping strategies of all individuals with undocumented status.

Lastly, it is important for future research to focus on the experiences of psychologists and mental health providers currently working with this population. Future research can explore the strategies clinicians use to build rapport and gain trust with undocumented Latinos in therapy. In addition, exploring how clinicians approach the topic of undocumented status with clients and the ways in which they incorporate these discussions into therapy will be valuable for other clinicians to learn from. This knowledge can, in turn, inform counseling psychologists to engage in advocacy work with this population.

Conclusion

The Latino population is one of the fastest growing ethnic minority groups in the United States with approximately 50.5 million people now self-identifying as Latino (Passel et al., 2011). In addition, Latinos comprise approximately 76% of the 11.9 million undocumented immigrants residing in the United States (Pew Hispanic Center, 2010). However, we know very little information about undocumented Latinos and the information presented in media is often negative and from the perspective of those who do not want them here. Our study focused on the experiences of undocumented Latinos in

therapy and provided participants the opportunity to share how they perceive their status within the United States and describe the stressors they experience due to their status. In addition, our intention was to focus on Latinos currently in therapy to explore the coping strategies used to protect against stressors. Our findings indicate that our sample of undocumented Latinos in the Midwest have positive experiences in therapy and utilize therapy as a way to discuss stressors related to status. Participants found it beneficial to discuss their status with their therapist. In addition, although undocumented Latinos face a number of barriers related to their status, participants were hopeful for the future and had faith that immigration reform will improve their quality of life. This study provides a richer understanding of the experiences of undocumented Latinos in therapy, and we hope that others continue to build on this research and explore the further needs of this community.

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Appendix A: Demographic Questionnaire-English version

1. Gender:
2. Age:
3. Nationality:
4. Occupation:
5. How long have you lived in the United States?
6. Why did you come to the United States?
7. How long have you been in therapy?
8. How connected do you feel to United States?

   Not at all somewhat completely

Appendix B: Demographic Questionnaire-Spanish version

1. Sexo:
2. Edad:
3. Nacionalidad:
4. Ocupacion:
5. Cuanto tiempo ha vivido en los E.E.U.U.:
6. Por que vino a los E.E.U.U:
7. Cuanto tiempo tiene en terapia:
8. Que tan conectado se siente a los E.E.U.U?
9. De Ninguna Manera Un Poco Completamente

Appendix C: Semi-structured interview protocol-English version

1. How do you think people with undocumented status are perceived in the US?
2. Have you experienced discrimination because of your status? Can you tell me more about that?
3. Are there other challenges you experience because of your status?
4. Has your status impacted your family; if so in what ways?
5. What are some consequences of someone discovering your status?
6. How safe or concerned are you about someone discovering your status?
7. Has your status ever prevented you from seeking services, such as medical care?
8. In what ways do you cope with some of these challenges?
9. Have you discussed this in therapy? If so, how has this been useful?
10. Was this something you brought up or your therapist? How difficult was it to talk about?
11. What would be different if you did have documented status?
12. Do you see things changing for you or for others with undocumented status? If so, in what ways?

Appendix D: Semi-structured interview protocol-Spanish version

1. ¿Como cree que la gente de los E.E.U.U. ve a la gente indocumentada?
2. ¿Ha tenido experiencias de discriminación sobre su estatus/ o condición inmigratoria? Me puede platicar un poco mas de sus experiencias?
3. ¿Ha tenido barreras o desafíos que ha vivido por su estatus
4. ¿Su estatus ha impactado a su familia? Me puedes platicar en que forma o que modo?
5. ¿Que consecuencias hay en que alguien descubriendo su estatus?
6. ¿Que tan seguro o preocupado esta Ud. que alguien descubre su estatus?
7. ¿Has sentido que su estatus le ha impedido buscar servicios, por ejemplo servicios médicos o cualquier otro servicios?
8. ¿De que manera haces frente con estas barreras o desafíos?
9. ¿Ha discutido sobre esto en la terapia? ¿Cómo ha sido útil?
10. ¿Fue algo que introducio Ud. o su terapista? ¿Fue difícil platicar de este tema?
11. ¿Que seria diferente si tuviera un estatus documentado?
12. ¿Puede ver que las cosas están cambiando para usted o otras personas con un estatus indocumentado? En que manera ve cambios?

Appendix E: Consensual Qualitative Research (CQR) Flowchart

FIGURE 1.1

GETTING STARTED

1. Choose a topic and review the literature.
2. Select a research team.
3. Develop and pilot test an interview protocol.
4. Select the target population and develop criteria for selecting participants from the population.
5. Recruit participants.
6. Conduct and transcribe the interviews.
7. Send transcripts to participants for corrections and additions.

WITHIN-CASE ANALYSIS

1. Develop Domains.
2. Construct core ideas for each case.
3. Auditors check domains and core ideas for each case.
4. Revise domains and core ideas based on audit.

CROSS-ANALYSIS

1. Develop categories within domains across all cases.
2. Auditors check cross-analysis.
3. Revise cross-analysis based on audit.

WRITING THE MANUSCRIPT

1. Write, rewrite, rewrite.
2. Get feedback and revise.
3. Keep rewriting until you convey a good, clear story that reflects the data.

Steps involved in consensual qualitative research.

From *Consensual Qualitative Research: A Practical Resource for Investigating Social Science Phenomena* p. 13, by C. Hill, 2012, Baltimore, MD: United Book Press.

Appendix F: Table 2 Participant Demographics

Table 2

Participant Demographics

Participant	Sex	Age	Home Country	Time in U.S.	Time in Therapy	Occupation
1.	F	43	Mexico	22 yrs.	10 mos.	Unemployed
2.	F	36	Mexico	18 yrs.	8 yrs.	Service-orient.
3.	F	37	El Salvador	12 yrs.	10 mos.	Hairstylist
4.	M	30	Mexico	10 years	11 mo.	Cook
5.	F	34	Mexico	13 yrs.	3 mos.	Housewife
6.	F	35	Mexico	7 yrs.	5 mos.	Housewife
7.	M	60	Mexico	12 yrs.	1 yr.	Temp. Agency
8.	F	18	Mexico	2 yrs.	2 yrs.	HS student
9.	F	38	Mexico	17 yrs.	Unknown	Cake baker
10.	F	40	Mexico	13 yrs.	1.5 years	Landscape

Appendix G: Domain List

Table 3

List of Domains Throughout Data Analysis

Initial Domains	Adjusted Domains	Final Domains
Discrimination	Discrimination	Purpose for Coming to the U.S.
American Perception	American Perception	Belonging
Challenges/Barriers	Challenges/Barriers	Perception of Undocumented Immigrants
Consequences of Discovery	Consequences of Discovery	
Impact on Family	Impact on Family	Challenges/Barriers
Security	Security	Impact on Family
Help-Seeking	Help-Seeking	Security
Coping	Coping	Coping
Policy	Policy	Therapeutic Experience
Having Documented Status	Having Documented Status	Policy
Future Outlook	Future Outlook	Future Outlook
Therapeutic Experience	Therapeutic Experience	Other
Other	Support	

Table 3

List of Domains Throughout Data Analysis, cont'd

Initial Domains	Adjusted Domains	Final Domains
	Connection to Family	
	Aspirations	
	Purpose for Coming to the U.S.	
	Discrimination by Other Latinos	
	Contribution to the U.S.	
	Religion/Faith	
	Connection to the U.S.	
	Other	

Appendix H: Domains and Categories

Table 4.1

General, Typical, and Variant Categories of Undocumented Latinos in Therapy: Domains and Categories

Domain	General (9-10 cases)	Typical (6-8 cases)	Variant (2-5 cases)
Purpose for Coming to the US (10)	Opportunity (10)		
Belonging (10)	Perception of Home Country (9) Connection to U.S. (10)		
Perception of Undocumented Immigrants (10)	By Non-Latino Americans (9)	By Latinos: U.S. and non-U.S. born (7)	
Challenges and Barriers (10)	Health-Care (10)	Work (7) Education (6) Driver's License (8)	Home (2) Language (5)
Impact on Family (10)	Impact on Children (9) Mixed-Status Family (10)	Separation of Family (8)	
Security (9)	Fear of Discovery (9) Consequences Of Discovery (9)		

Note: Frequencies for each category are provided in parentheses.

Table 4.1

General, Typical, and Variant Categories of Undocumented Latinos in Therapy: Domains and Categories, cont'd

Domain	General (9-10 cases)	Typical (6-8 cases)	Variant (2-5 cases)
Coping (9)		Religion/Faith (7)	Therapy (2) Attitude (3) Planning (3) Support (4)
Therapeutic Experience (10)	Benefits from Therapy (10)	Disclosed Status (7)	
Policy (9)		Legislation (7)	Contribution to the U.S. (5) Change (4)
Future Outlook (10)	Visualize life with Documented Status (10)	Hope (7)	
Other (2)			Journey to U.S. (2)

Note: Frequencies for each category are provided in parentheses.

Appendix I: Domains, Categories and Subcategories

Table 4.2

General, Typical, and Variant Categories of Undocumented Latinos in Therapy: Domains, Categories and Subcategories

Domains/Categories	Frequency
Purpose for Coming to US	
Opportunity	General
Family/Children	Variant
Economic	Variant
Academic	Variant
Belonging	
Perception of Home Country	General
Dangerous	Variant
Connected by Family	Variant
Connection	General
To US	Typical
To US and Home Country	Variant
Perception of Undocumented Immigrants	
By Non-Latino Americans	General
Positive	Variant
Negative	Variant
Mixed	Variant
By Latinos (US and non-US born)	Typical
Negative	Typical
Challenges/Barriers	
Education	Typical
Health-Care	General
Driver's License	Typical
Home	Variant
Language	Variant
Work	Typical
Impact on Family	
Impact on Children	General
Mixed-Status Family	General
Separation of Family	Typical

Table 4.2

General, Typical, and Variant Categories of Undocumented Latinos in Therapy: Domains, Categories and Subcategories, cont'd.

Domains/Categories	Frequency
Security	
Fear of Discovery	General
Anxiety/Worry	Typical
Police	Variant
Consequences of Discovery	General
Deportation	Typical
Impact on Family	Variant
Work	Variant
Isolation	Variant
Coping	
Religion/Faith	Typical
Therapy	Variant
Attitude	Variant
Planning	Variant
Support	Variant
Therapeutic Experience	
Benefits from Therapy	General
Support/Validation	Typical
Hope	Variant
Improve Relationships	Typical
Increase Self-Worth	Variant
Discussed Status in Therapy	Typical
Policy	
Contribution to U.S.	Variant
Legislation	Typical
Change	Variant
Obama	Variant
Youth	Variant
Future Outlook	
Visualize life with Documented Status	General
Hope	Typical
Other	
Journey to U.S.	Variant

Appendix J: Mode of Therapy, Usefulness, and Disclosure by Client

Table 5

Mode of therapy, perceived usefulness of therapy, and participants' disclosure of status in therapy

Participant	Type of Therapy	Introduction of Status	Was it Helpful?	Could it be?
1	Group Therapy	Client	Yes	
2	Family Therapy	N/A	N/A	Yes
3	Couple and Family Therapy	Client	Yes	
4	Individual Therapy	Client	Yes	
5	Individual Therapy	Client	Yes	
6	Individual and Family Therapy	N/A	N/A	Yes
7	Individual Therapy	Client	Yes	
8	Individual Therapy	Client	Yes	
9	Individual and Couple Therapy	Client	Yes	
10	Individual Therapy	N/A	N/A	Unknown