

CONTRIBUTIONS OF DOCUMENTATION STATUS, SPIRITUAL COPING, AND
ACCULTURATION ON THE STRESS LEVEL OF ADULT HISPANIC
IMMIGRANTS

by

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ABSTRACT

ELBA CAROLINA BENITEZ. Contributions of Documentation Status, Spiritual Coping, and Acculturation on the Stress Level of Adult Hispanic Immigrants
(Under the direction of DR. PHYLLIS POST)

Nearly 35% of the more than 55 million Hispanics who live in the United States are foreign-born (U.S. Census Bureau, 2016). The Pew Research Center (2017b) reported that in 2015, approximately 11 million of these were undocumented immigrants.

Research has suggested that the mental health of Hispanics is indisputably connected to the immigration experience. Counselors predict that the impact of current political and societal disputes surrounding this population is having a detrimental effect on their mental health and, more specifically, their stress level. Clinicians and, therefore, counselor educators are called upon to the psychological needs of ethnic populations such as Hispanics from a framework that addresses cultural values, communication styles, and socioeconomic factors. Therefore, it is imperative that researchers work to provide counselor educators and clinicians with the tools necessary to assess, diagnose, treat, and support Hispanic clients. This study sought to examine how relevant stressors such as documentation status, spiritual coping, and acculturation precede stress and contribute to that literature.

The sample in this study included 139 foreign-born adult Hispanics. The sample was recruited from the researchers established network with two local churches and a local health clinic, all with a predominantly Hispanic representation. Participants responded to the survey in person, anonymously. The complete survey included the Abbreviated Version of the Hispanic Stress Inventory for Immigrants, Spiritual Coping

Strategies Scale, and the Psychological Acculturation Scale, and a demographic questionnaire, totaling 58 questions.

A standard regression analysis was used to analyze the data, which indicated that documentation status, spiritual coping, and acculturation did not contribute to stress levels in the sample. Findings indicated a small correlation between documentation status and stress and no correlation with the other two variables. Implications for counselors and counselor educators and recommendations for future research are discussed in light of the observations made by the researcher.

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DEDICATION

I dedicate this achievement to my parents, Carlos and Maria Benitez. You selflessly gave up so much so that we could dream a little bigger and reach a little farther. Sabiendo que no existirán jamás las palabras para agradecer una vida de lucha y sacrificio constante, quiero que sepan que mi amor y admiración por ustedes trascienden el tiempo y el espacio. Mi esfuerzo, hoy y siempre, será un testimonio de gratitud y eterno reconocimiento por su herencia de amor, valentía, compromiso y esfuerzo.

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CHAPTER I: INTRODUCTION

Presently, immigrant populations are at the center of political debates in this country. Recent estimates reveal that there are over 55 million individuals of Hispanic origin living in the United States, of whom nearly 35% are foreign-born (U.S. Census Bureau, 2016). According to the Pew Research Center (2017b), in 2015, there were approximately 11 million undocumented Hispanic immigrants living in the United States. In 2012, the Department of Homeland Security (DHS, 2013) reported that an estimated 78% of undocumented immigrants were from either Canada, Mexico, the Caribbean, or Central America, while about 7% emigrated from South America. While in the past, approximately 59% of undocumented immigrants resided in California, Texas, Florida, New York, New Jersey, and Illinois, many have begun settling in areas where few unauthorized immigrants did so even two decades ago, including North Carolina. In 2010, it was reported that North Carolina was one of the top ten states with the largest unauthorized immigrant population (Passel & Cohn, 2011). In 2014, the Pew Research Center reported that North Carolina ranked eleventh among states with the highest Hispanic population.

As the largest, and one of the most diverse minority groups living in the United States, Hispanics have sparked national interest in a number of areas, including mental health and health care; education; jobs and the economy; and immigration (Krogstad, 2014). In addition to intra-cultural differences that include national origin and history, Hispanic groups differ greatly in the causes leading to migration to the United States, including socio-political relationships between their country of origin and the United States and how it affects reception here, as well as opportunities to which they have

access upon and after arrival. Both intra- and extra-cultural differences impact the intensity with which their mental health is affected (Arbona, et al, 2010; Smart & Smart, 1995). Consequently, given the significant diversity among Hispanic individuals, it is imperative to understand the salient cultural and structural factors that lead to mental health difficulties within this population.

In 1993, the American Psychological Association (APA) established guidelines for working with populations that are culturally, linguistically, and ethnically different from their service providers. That same year, the American Counseling Association (ACA) also adopted a framework, the multicultural counseling competencies, and later developed the Multicultural and Social Justice Counseling Competencies (MSJCC) (Ratts, Singh, Nassar-McMillan, Butler, & McCullough, 2016), seeking to integrate both elements in all aspects of the counseling profession. In addition to recognizing the differences that exist among clients and mental health professionals, these standards call on providers to observe a sociocultural framework that addresses the importance of cultural values, communication styles, and socioeconomic factors that help to shape individuals' worldviews.

Understanding of the factors related to the mental health of Hispanics is limited despite the growing numbers and diversity observed in the Hispanic population and despite the identified stressors experienced by this group (Takeuchi, Alegria, Jackson, & Williams, 2007). According to several studies, Hispanics and other minorities face similar and very complex stressors related to social, physical, and financial factors (Alegria et al., 2008; Garcia & Lindgren, 2009). It is also well known that the mental health of Hispanics is undeniably connected to the experience of immigration (Cardemil

et al., 2007; Dow, 2011; Shobe, Coffman, & Dmochowski, 2009; Smart & Smart, 1995; Takeuchi et al., 2007). However, Smart and Smart (1995) identified the uniqueness of the immigration experience for Hispanics and its effects on their psychological well-being. Several studies have also defined stress among Hispanics in connection to acculturation as well as physical health; however, research in the area of mental health has rarely examined the antecedents of stress among Hispanics apart from acculturation (Torres & Wallace, 2013). Research indicates that factors likely to impact the level of stress of Hispanic immigrants include documentation status, spiritual coping, and acculturation. The following sections, Hispanics and stress, followed by stress, documentation status, spiritual coping, and acculturation provide an overview of these variables.

Hispanics and Stress

Hispanic immigrants in the United States experience a number of stressors related to their minority status. Level of stress, for example, is undoubtedly connected to geographical proximity to their homeland and a legacy of armed conflict (Abraído-Lanza, Echeverría, & Flórez, 2016; Smart & Smart, 1995); recent policy changes that affect access to health care (Ortega, Rodriguez, & Bustamante, 2015); and longstanding trust issues between Hispanics and several government agencies (Cardemil et al., 2007). It is, therefore, understandable that such factors can keep some Hispanic immigrants within an intermediate place between the old and the new culture that can affect stress.

Some studies conducted on specific Hispanic subgroups, including farmworkers (Hiott, Grzywacz, Davis, Quandt, & Arcury, 2008), have found Hispanic immigrant communities that identify stress as a health concern. However, the majority of research conducted on the experience of Hispanic immigrants in this country as it relates to stress,

has generally explored “acculturative stress” and focused on the post-immigration factors that may lead to such a response (Concha, Sanchez, De La Rosa, & Villar, 2013; Dillon, De La Rosa, & Ibañez, 2013; Sanchez, Dillon, Ruffin, & De La Rosa, 2012). The literature indicates that poor or negative interpersonal experiences, perceived discrimination, isolation, subpar working conditions, and other psychosocial stressors all contribute to greater symptoms of stress among Hispanics (Arbona et al., 2010; Brabeck and Qingwen, 2010; Cavazos-Rehg, Zayas, & Spitznagel, 2007).

This complex interplay between status as a minority immigrant and stress is difficult to understand for Hispanics. It is well documented that some aspects of the immigration experience negatively impact Hispanics in the United States. Through the investigation of the effects of documentation status, spiritual coping, and acculturation, the results of the present study contributes to research on factors related to Hispanics’ stress and extends clinicians’ knowledge and understanding about how to serve Hispanic clients who are impacted by stress.

Stress

Existing research on Hispanic immigrants and stress is very limited, due, in part, to the confounding definitions of the term. A broad segment of the research consistently refers to stress among Hispanics as “acculturative stress”; therefore, presupposing that the experience of acculturation is inherently related to stress. By grouping both terms, some researchers have failed to recognize that stress, among Hispanics, can be the result of tensions or vulnerabilities following any number of pressures that affect this population. Acculturative stress, as it is referred to in much of the research, has not been definitively or formally defined (Rudmin, 2009). The term has been generally interpreted in several

ways, including as an emotional reaction that is precipitated by individuals' appraisals of particular events and circumstances in their lives (Arbona et al., 2010); "the difficulties and stressors that arise during the acculturative process" (Castillo, Conoley, Brossart, & Quiros, 2007, p. 233); a reaction to life events coming from acculturation that is characterized by stress (Wei et al., 2007); and as the losses that transpire when individuals adjust to or integrate into a new culture (Caplan, 2007). However, a more accurate conceptualization of acculturative stress may be its inherent focus on the negative outcomes produced by acculturation. Therefore, some researchers have endorsed the notion of dropping acculturative stress as a term altogether because of the confusion and overgeneralization this terminology brings (Rudmin, 2009), causing many to utilize it as an all-encompassing phrase when referring to problems faced by minorities.

In their cognitive theory of stress and coping, Folkman, Lazarus, Dunkel-Schetter, DeLongis, and Gruen (1986) assert that people are likely to experience stress and difficulty with coping when faced with situations or events perceived to be a threat to their well-being or when they do not believe they have the resources to face these situations. Since stress is developed as a result of an individuals' appraisal of their circumstances, it is important to understand the context under which the individual made the assessment. In the case of Hispanic immigrants, the variables of interest that were explored in this study (documentation status, spiritual coping, acculturation) were among factors most expected to impact stress.

Documentation Status

The process of immigrating to the United States has often been described as complex. According to the U.S. Department of State, foreign-born individuals may travel

to the United States for short visits (i.e.: tourism, visit relatives or friends, medical treatment), short-term business arrangements, employment, study, and to live permanently (U.S. Department of State, 2017). According to the agency, individuals who wish to apply for an immigrant visa and live permanently in the United States, must be sponsored by a U.S. citizen relative, lawful permanent resident, or a potential employer. The process begins when the sponsor files a petition with the U.S. Citizenship and Immigration Services on behalf of the immigrating individual(s).

Locally, state and regional governments are responsible for enacting laws and policies that affect their residents. Immigrants who enter the country are also subject to such policies, whether they are documented immigrants or not. Said policies affect the livelihood of immigrants, from law enforcement to education and even health services. Laws around immigration are not only at the center of political debates, they are currently an important part of many legislators' political agendas. Federal law mandates the implementation of laws and programs that are, at least in theory, designed to serve the needs of all its inhabitants. However, in practice, federal and state immigration laws have left many with a sense that such policies are serving a more punitive purpose. One such example is Alabama's HB 56, passed in 2011. HB 56 received overwhelming amounts of attention from the media and community alike, in part because of what many believed to be the state's approval of racial profiling. In essence, the anti-immigrant law required police officers to determine the immigration status of anyone they stopped, detained or arrested, required all elementary and secondary public schools to determine citizenship status of its students, and prohibited landlords from renting homes to undocumented immigrants. One of the state's representatives and the bill's sponsor boasted to the media

that it “attacks every aspect of an illegal alien’s life” and that it was designed to “make it difficult for them to live [in Alabama]” (Chandler, 2011). This is believed to be the most severe anti-immigrant state law recorded. Fortunately for many immigrants across Alabama and the United States, the HB 56 was deemed unconstitutional and its more far-reaching elements are no longer in place.

Arbona et al. (2010), Brabeck and Qingwen (2010), Cavazos-Rehg et al. (2007), and Derr (2016) identified that oppressive, undesirable, and unstable occupational settings, negative reception by the host culture, social isolation, legal vulnerability, and fear of detainment and deportation are among the more salient issues for many undocumented Hispanics, all leading to a prolonged exposure to stress. Additionally, existing research studies that have been conducted with this group have not included or have not made direct queries about documentation status (Arbona et al., 2010; Cavazos-Rehg et al., 2007) although many have established such as a principal role in understanding the Hispanic immigrant experience. This study provides a better understanding of how the documentation status of Hispanics immigrants that is lived by so many every day is associated with stress.

Spiritual Coping

In mental health research, specifically, spirituality can include religious and non-religious people (Hodges, 2002). The literature is unclear about the differences between spiritual and religious coping, and often utilizes both terms interchangeably. Reyes-Ortiz, Rodriguez, and Markides (2009) identified the difference between the two within the collectivistic nature of religion and individualistic nature of spirituality.

There is substantial evidence suggesting that religion is a major way many individuals deal with stress (Ano & Vasconcelles, 2005; Sanchez et al., 2012), regardless of their culture. Existing research has examined the effects of religious and spiritual resources, but has also mostly focused on other minorities, such as African Americans (Sanchez et al., 2012; Szymanski & Obiri, 2011). Spiritual coping is specifically relevant for many Hispanics, because religion and spirituality are considered central values within the culture (Cervantes & Parham, 2005; Sue & Sue, 2008). Few studies have explored these relationships among U.S. Hispanics (Ellison, Finch, Ryan, & Salinas, 2009; Reyes-Ortiz et al., 2009). Research that explores the significance of cultural values and spirituality and religion on the help-seeking behaviors of Hispanics is limited (Gonzalez, 2007), but scholars agree that spirituality exists in many levels of Hispanic life and transcends religious affiliation (Comas-Diaz, 2006). For example, related to mental health, fatalistic beliefs are considered one of several cultural barriers to Hispanics accessing services (Caplan et al., 2011). Fatalism among Hispanics may inform how and when Hispanics seek help, and is defined as the belief that life's trials and illness are beyond people's control and due to destiny or God's will (Gonzalez, 2007). However, when individuals perceive that they share a collaborative relationship with God, such beliefs may counteract the cultural belief of fatalism (Flórez et al., 2009).

The literature is clear that in Hispanic culture religion and spirituality are influential resources during trying times, such as the ones experienced during the immigration and acculturation process. However, it is still unclear how spiritual coping, specifically, is related to Hispanic immigrants experiencing stress.

Acculturation

The concept of acculturation is related to the attitudes and behaviors of specific ethnic groups and provides insight into the adaptation process and its effects on stress. Acculturation leads to changes in ideology and worldview based on interaction with a new and different culture to navigate the integration of new societal values (Abraído-Lanza, Armbrister, Flórez, & Aguirre, 2006; Gordon, 1964; Schwartz, Unger, Zamboanga, & Szapocznik, 2011). The factors that influence such changes include birthplace, generation level, ethnic association, and preference for a host language.

The acculturation process exposes immigrants to new traditions and practices of the dominant culture, which are sometimes adopted and can involve social mores more acceptable of potentially harmful behaviors. For example, research has indicated that Hispanic adolescents may exhibit a decrease in acceptance of family values, such as family connectedness and respect for parental authority, leading to an increase in alcohol use (De La Rosa, 2009; Gil, Wagner, & Vega, 2000), cigarette smoking (Lorenzo-Blanco, Unger, Ritt-Olson, Soto, & Baezconde-Garbanati, 2011), and depression (Gonzales, Deardorff, Formoso, Barr, & Barrera, 2006; Potochnik & Perreira, 2010). Therefore, the risk of increased levels of stress due to acculturation challenges among Hispanics is high. Since studies have found that the impact of migrating has detrimental effects on mental health and stress levels (Torres, 2010; Umaña-Taylor & Alfaro, 2009), it makes sense that a deeper understanding of the effects of acculturation can also help researchers to explain variance in Hispanics' stress levels.

Purpose of the study

The purpose of this study was to investigate how documentation status, spiritual coping, and acculturation are related to stress level of adult Hispanic immigrants.

Significance of the Study

This study was designed to investigate factors that may impact stress in Hispanics to help clinicians gain a deeper understanding of specific elements that may affect their work with the Hispanic population. Clinicians and clients alike have expressed frustration with efforts to establish a counseling relationship amidst the cultural and societal differences present in the counseling session. Thus far, therapists have been charged with the responsibility of becoming familiar with the relevant cultural traditions and values that shape clients' worldviews. Studies that focus on expanding, not only our understanding of Hispanic culture, but that also provide practical information about the most essential considerations to assess in therapy, are invaluable. Understanding clients' context, for example, may allow clinicians to unearth a wealth of sociocultural dynamics and resources that would support their efforts in therapy. Since successful outcome of therapy is incumbent on a collaborative trusting relationship, clinicians should be interested in honing in on client's values, coping strategies, and most impactful stressors. Similarly, as educators and gatekeepers of the field, counselor educators can also gain from research that aims to expand our knowledge about how to serve minorities and other underserved and under researched groups such as Hispanics. As stated before, stress levels among Hispanics in the United States are alarmingly disparate when compared to other populations. Therefore, since stress leads to physical and mental ailments, it is

important to examine these specific components in an effort to reduce stress levels among Hispanics. This study aimed to contribute to the literature evidencing this need.

Research Question

The researcher sought to answer the following research question: What are the relationships among documentation status, spiritual coping, and acculturation as they relate to stress levels of Hispanic immigrants?

The research question was explained using the following research hypothesis: Increased stress is explained by undocumented status, high acculturation, and low spiritual coping. (Figure 1)

Conceptual Framework

The conceptual framework of the study (see Figure 1) was based on the core theoretical assumptions that:

- Documentation status-related issues and the cultural changes that occur during acculturation expose Hispanics to stress, which can increase the risk for declining health (Pumariega, Rothe, & Pumariega, 2005; Rudmin, 2009). Based on these general theoretical assumptions documentation status and acculturation were assumed to impact stress level.
- Spirituality is a key cultural value among Hispanics (Cervantes & Parham, 2005; Sue & Sue, 2008) and serves as a foundation for coping with difficult situations (Campesino & Schwartz, 2006; Reyes-Ortiz et al., 2009). Based on these general theoretical assumptions spiritual coping was assumed to decrease stress level in Hispanics.

Documentation status was coded 0 for undocumented and 1 for documented and in the models below, the + and – signs on the model indicate the *a priori* directional hypotheses.

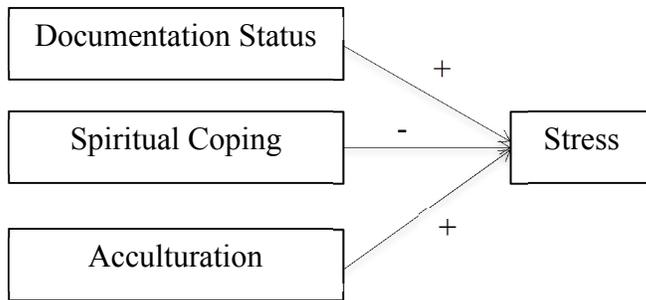


Figure 1. Conceptual Model of the Study

Assumptions

The following assumptions were made in proposing this study:

- Participants completed all surveys and scales honestly and willingly.
- Participants comprehended and respond to each survey item.
- Participants were able to read and write.
- Participants with different documentation status, spiritual coping, acculturation, and stress levels were included in the study.

Delimitations

The researcher identified the following delimitations:

- Participants were Hispanic adult immigrants.
- The sampling procedure was purposive.
- As foreign-born Hispanics, participants' first language was Spanish.

- Information was obtained via self-report surveys.

Limitations

The following limitations are true of this study:

- The study's purposive sample limits the ability of the researcher to generalize results to Hispanics living in other regions of the United States that are dissimilar to North Carolina in population profile or size.
- The selective nature of data collection excluded potential participants who do not frequent pre-selected locations.
- Social desirability bias is the tendency of participants to answer survey questions in a way they think might be favorable viewed by others (Maccoby & Maccoby, 1954). Questions and methods may have increased the social desirability of the participants' answers, which may have limited the study.
- Because the research design is correlational, no causal inferences were made.

Threats to Internal Validity

Gay, Mills, and Airasian (2009) stated that threats to internal validity deal with accurate interpretation of study results. A second threat to validity is related to instrumentation. The study only used instruments that have been evaluated for reliability and validity in previous studies and were deemed reliable and valid. Lastly, social desirability and the possibility that participants' inherent desire to be viewed favorably by the researcher may have impacted the way they responded to questions. The researcher anticipated that by extending anonymity in their responses to participants, they would be more likely to provide accurate and truthful answers.

Threats to External Validity

According to Gay et al. (2009), external validity focuses on whether the results of a study can be generalized to the population. In this study, Hispanic adult immigrants were investigated. However, the researcher expected results to be generalizable only to other Hispanics in cities similar to Charlotte.

Operational Definitions

The operational definitions for the variables included in this study are as follows:

Stress

Cohen, Kessler, & Gordon (1997) define stress in terms of the environmental pressures that fall on an individual which they perceive as exceeding their coping resources and that lead to physical and mental changes. For this study stress was operationally defined as each participant's total score on the abbreviated form of the Spanish or English version of the Hispanic Stress Inventory for Immigrants (HSI-I) (Cervantes, Paddilla, & Salgado de Snyder, 1991; Cavazos-Rehg, Zayas, Walker & Fisher, 2006).

Documentation status

Undocumented individuals are people who either entered the United States without legal permission or who failed to leave when legal status was lost. By contrast, a documented individual is someone who entered legally or has obtained permission to reside permanently or temporarily in the United States. Documentation status in this study was operationally defined as each participant's self-report to a question about his or her documentation status on the demographic questionnaire developed for the study.

Spiritual coping

Spiritual coping refers to the use of spirituality, religious beliefs, attitudes, or practices to reduce the emotional distress caused by stressful life events. In this study spirituality was operationally defined as each participant's total score on the Spanish or English version of the Spiritual Coping Strategies Scale (SCSS) (Baldacchino & Buhagiar, 2003; Hawthorne, Youngblut, & Brooten, 2011).

Acculturation

Berry (2005) defines acculturation as both psychological and cultural, occurring when more than one cultural group and its members come into contact. Rodriguez, Myers, Mira, Flores, and Garcia-Hernandez (2002) contribute to the discussion stating that in addition to affecting new immigrants, acculturation also impacts subsequent generations. In this study acculturation was operationally defined as each participant's total score on the Spanish or English version of the Psychological Acculturation Scale (Tropp, Erkut, Coll, Alarcón, & Vazquez-García, 1999).

Chapter Summary

The mental health field will benefit from a comprehensive understanding of the factors that contribute to stress among Hispanic immigrants in the United States. In this chapter, the researcher provided a brief overview of the immigrant experience of adult Hispanics in the United States and its impact on stress levels in this population. Documentation status, spiritual coping, and acculturation were introduced, followed by the purpose of the study. Assumptions, delimitations, limitations, and threats to validity were identified, followed by the operational definitions of each variable.

Organization of the Study

This research study is divided into five chapters. This first chapter includes background for and significance of the study, followed by an introduction to the each of the relevant variables and the research questions. In chapter 2, the researcher examined relevant professional literature related to each independent variable (documentation status, spiritual coping, acculturation) and the dependent variable (stress). Finally, the third chapter covers the selected methodology for the study and includes sections on the participants, procedures, instruments, research design, and data analysis.

CHAPTER II: REVIEW OF THE LITERATURE

The purpose of this study was to explore how documentation status, spiritual coping, and acculturation contribute to stress levels of adult Hispanic immigrants. This chapter is divided into six main sections. The first section provides a definition of immigrants and an overview of the immigrant Hispanic population in the United States. The next section provides a theoretical framework, followed by a conceptual and empirical understanding of stress and its effects on Hispanic immigrants. In order to demonstrate the need for this research, the remaining three sections of this chapter include empirical research related to each of the predictor variables (documentation status, spiritual coping, and acculturation) and adult Hispanic immigrants, as well as the relationship between each variable and the dependent variable, stress.

Hispanics and Mental Health

According to Ogbu (1987), whether migration is voluntary or not, it always produces effects on an individual's mental health. The research on these effects is limited, although some studies have been conducted to explore them. Today, Hispanic individuals immigrate to the United States from all across the American continent and research conducted on this population and their mental health suggests that stressors associated with this journey are a shared experience among Hispanic immigrants (Furman et al., 2009). As a result, questions arise about the stress caused by living under such conditions and its effects.

In a time of marked human migration into the United States, clinicians and counselor educators in this country are burdened with the responsibility of understanding, diagnosing, and treating clients from very diverse ethnic, racial, cultural, linguistic, and

socioeconomic backgrounds. The Hispanic population in this country now reaches over 55 million, and almost 35% of these individuals were born outside of the United States (U.S. Census Bureau, 2016). By 2060, this number is projected to increase to 42% (U.S. Census Bureau, 2016) and its growth represents one of the many challenges in reaching diagnostic and treatment accuracy and agreement. In order to improve service delivery, clinicians and counselor educators should seek to consistently examine and improve our understanding of working with this at-risk population.

Theoretical Framework: Cognitive Theory of Stress and Coping

With the exception of behaviorism, psychiatric and psychological approaches to mental health assess well-being in terms of positive self-conceptions and a positive outlook of one's environment and resources. By contrast, pathology is understood as a negative appraisal of self and situational demands that can challenge or threaten one's ability to cope. Challenges and threats that originate outside a person can leave individuals feeling as though they lack the necessary resources to overcome those obstacles. Lazarus and Folkman (1984) emphasize the importance of stress, appraisal, and coping. According to their theory, individuals use these processes as mediators between the person and their environment.

Stress, according to Lazarus and Folkman (1984), is that feeling individuals experience when they perceive a deficit in their resources. According to the authors, neither the event nor individuals' reactions define stress, but rather their perception of the psychological situation. Their theory conceptualizes that the effects of stress also depend more on those feelings of vulnerability and ability to effectively cope, than on the event itself.

Within this framework, appraisal is the process by which individuals consider the threat and their own resources to eradicate or minimize the threat. In general, individuals continually appraise their state of well-being and their ability to deal with particular situations. This appraisal is made in relation to personal goals, values, and beliefs (Folkman, 2013). The process of appraisal is different for each individual. Because immigrants also vary in their goals, values, beliefs, and how well-equipped they are to respond to threats, their responses to stress also vary.

The coping process involves a constant shift in behavioral and cognitive efforts to manage the demands that were deemed taxing. Appraisal is directly related to coping and how individuals might evoke those strategies to deal with a stressor, which subsequently impacts their well-being. When the outcome of the appraisal indicates that personally significant harm is possible and that maintaining control of the situation and/or outcome is sparse, the situation is said to be stressful. Lazarus and Folkman (1984) assert that although individuals may share a similar stressor, their physical and psychological reactions will vary because of their individual views about what constitutes a threat and each one's cognitive appraisal of their own resources.

The present study sought to explore specific factors known to have an impact on stress in Hispanic immigrants. Per the theoretical framework of Lazarus and Folkman (1984), individuals not only appraise their environment, but also their own resources when faced with stressful situations. As such, it was important to first consider the impact of stress on Hispanic immigrants and also the precursors that impact stress in order to shed light on possible ways to ameliorate its impact on their mental health.

Stress among Hispanics

The World Health Organization (WHO) defines health as an overall state of well-being that includes mental, physical, and social welfare (World Health Organization, 2014). Mental health also includes the same factors and describes a condition that would allow individuals to effectively cope with life stressors, realize their potential, and to make contributions to their community. The impact of stress on mental and physical health has been well documented (DeLongis, Folkman, & Lazarus, 1988; Larzelere & Jones, 2008). Stress can be defined as “environmental demands that tax or exceed the adaptive capacity of an organism, resulting in psychological and biological changes that may place a person at risk for disease” (Cohen et al., 1997, p. 3). Since the effects of stress extend beyond physical health to include financial hardship, low status, and community instability, and because the factors that exacerbate it are also related to organic and mental and emotional changes in an individual’s life, studies conclude that its impact is pronounced. Therefore, it is important that new research focus on addressing the antecedents that lead to stress in an effort to ameliorate its impact on people’s lives and health. Consistent with the literature on Hispanics, documentation status, spiritual coping, and acculturation are also salient elements to consider relative to stress.

In the field of mental health, researchers have found connections between psychological distress and such variables as minority status (Kessler & Neighbors, 1986; Thoits, 2010). Some researchers have stated that racial and ethnic minorities suffer from higher levels of mental and physical health problems when compared to Whites as a result of more stressful situations and chronic strains (Meyer, Schwartz, & Frost, 2008; Turner & Lloyd, 2004), while others have singled out Hispanics as an especially

vulnerable population (Cohen & Janicki-Deverts, 2012). According to a recent national survey conducted by the American Psychological Association, when compared to other minority groups in the United States, Hispanics reported higher levels of stress and that their stress levels had increased over the past year (APA, 2017). Other recent investigations have stated that Hispanics suffer from mental health disorders in similar rates as non-Hispanic Whites; more important, however, is the finding that rates of psychiatric disorder for Hispanics actually increase over time spent in the United States (Perez, Fortuna, & Alegría, 2008; Rosenberg & Rosenberg, 2013).

In the case of ethnic minorities, the definitions of stress and acculturative stress are intertwined in the research and literature, making it difficult to differentiate one from the other. In an early study, Joiner and Walker (2002) noted the positive correlation between acculturative stress and general stress in their study of African Americans and concluded that individuals who endure acculturative tension may be experiencing general life stress. Also related to minorities, Rudmin (2009) stated that although the presumptions still exists that mental health improves as a result of acculturation, such inferences are rooted in deep-seated beliefs that “ethnic minorities should have impaired health either due to the inferiority of their cultures, or to the distress of intercultural contact, or to the distress of acculturative change.” (p. 107). Furthermore, Rudmin (2009) asserts that current research still addresses the issue of acculturative stress from the standpoint that minority mental health is deficient and needs improving.

For Hispanics, Markides and Coreil (1986) were among the first to review the research that suggested the possibility of this paradox. The authors found that although Hispanics were expected to display similar physical health disadvantages as those of

African Americans due to the shared socioeconomic disadvantages, on key health indicators, their health more closely resembles the health of Anglos. In part, they concluded that key cultural characteristics, like strong family bonds and orientation, appear to contribute to overall Hispanic health. When assessing stress relative to acculturation, although the presumption is that adjustment into a new culture should lower stress, in reality, cultural changes result in higher levels of stress (Rudmin, 2009).

Mental health providers continue to face challenges as they assess, diagnose, and treat Hispanic clients due to their multiethnic backgrounds (Acevedo-Polakovich et al., 2007). These demographic differences also present challenges to reaching a clearer understanding of how cultural, societal, and environmental factors influence health outcomes for this population in particular. Still, researchers have given far less theoretical and research attention to specific, and perhaps more culturally relevant factors that may influence these results. Without such an understanding, Hispanics are more likely to continue suffering disproportionality from unmet mental health needs. Cabassa, Zayas, and Hansen (2006) reported that a review of the literature confirms that the mental health needs of Hispanics in the United States and Puerto Rico have been unmet for decades. The present study adds to this important body of knowledge by focusing on how documentation status, spiritual coping, and acculturation impact stress level among Hispanic immigrants.

Documentation Status

The effects of illegal immigration are a reality lived by an estimated 11.3 million unauthorized immigrants who reside in the U.S. (Pew Research Center, 2017a). Of these, around 52% come from Mexico and over 20% from other Latin American countries (Pew

Research Center, 2017b). Related to the experience of immigration, documentation status is one stressor that has been found to increase the risk for declining health status and developing socio-emotional problems that come from prolonged exposure to stress (Pumariega et al., 2005). Moreover, the impact of documentation status has been associated with emotional and physical well-being among Hispanic immigrants (Shedlin, Decena, & Oliver-Velez, 2005). Presently, understanding the emotional and psychological effects of documentation status has been one of the main challenges for researchers.

Documentation status and stress

Immigration forces a constant interchange between people and their surroundings. This study aligns with early research on immigration that views it as a continuous and dynamic process (Cervantes & Castro, 1985). Since immigration does not begin or end at the border, it is possible that Hispanic immigrants experience numerous potentially traumatic encounters at various points of the journey. From the lens of the general systems theory (von Bertalanffy, 1968), loss, transition, and adaptation could be the main elements contributing to the myriad of stressors that many Hispanic immigrants encounter. According to Smart and Smart (1995) an adjustment to a new life would include different stages that categorize emotions and thoughts associated with immigration to include feelings of joy and relief, regret, stress, and reorganization. To develop and implement a culturally sensitive approach to the mental health issues of Hispanic undocumented immigrants, it is important to immerse oneself with the participants and their story. Thus far, research studies that have been conducted with this group have not included legal status singularly, nor have they focused on the journey of

immigration. However, scholars agree that immigration represents a particularly germane stressor for this population because of the way many Hispanics immigrate (Torres & Wallace, 2013). If the immigration status is undocumented, the possibility of reuniting or continuing to rely on family for support becomes slim. Regardless of documentation status, on average, Hispanics are disproportionately burdened by low incomes (Arbona et al., 2010; Becerra, Quijano, Wagaman, Cimino, & Blanchard, 2015; Garza, Glenn, Mistry, Ponce, & Zimmerman, 2017), making it equally difficult to reach back to the protective and secure support network that was left behind. Therefore, it is essential that the effects of immigration and documentation status be explored any time a clinician seeks to embark on the process of therapy with a Hispanic client.

In their seminal work, Lazarus and Folkman (1984) stated that when individuals face important challenges in their lives, that is precisely when the experience of stress and coping is most germane. For most Hispanics in the United States, immigration constitutes an example of an important challenge. Yakushko, Watson, and Thompson (2008) conducted a literature review exploring stressors faced by immigrants and refugees. Their review included both pre-immigration stressors (violent experiences pre-immigration, trauma, fear related to migrants' flight) and post-immigration stressors (physical and mental health issues, stress caused by relocation, loss of social status, oppression by the host culture). Prior research indicates that these are all important factors inhibiting adult Hispanics from accessing mental health services and when accessed, receiving quality of care.

Empirical Related Research

Studies investigating the effects of documentation status on the well-being of Hispanic immigrants have found that immigration policy changes and increased enforcement have deleterious consequences for members of this group (Arbona et al., 2010; Becerra, Androff, Cimino, Wagaman, & Blanchard, 2013; Hacker et al., 2011). The current political climate and nationwide interest in immigration policies are of particular interest for mental health professionals who work with a population that is already predisposed to negative mental health outcomes due to other socioeconomic factors (Hatzenbuehler et al., 2017). Current policy changes and enforcement create fear and confusion among Hispanics, which undoubtedly leads to stress.

Prior research has found that issues related to Hispanic mental health always undoubtedly involve the immigration experience (Smart & Smart, 1995; Takeuchi et al., 2007). However, one of the challenges faced by researchers who are interested in exploring specific factors related to accessing mental health services is the population's general mistrust of the system. Although well intended, it is often times difficult to approach and gain the trust of a population who may perceive government agencies as threatening. For this reason, it is possible that documentation status prevents immigrants from participating in and contributing to research studies surrounding the Hispanic population.

Sullivan and Rehm (2005) compiled a literature review and concluded that Mexican immigrants are more likely to experience a traumatic event, be vulnerable to exploitation, be alienated, and have fewer resources available to them with which to face the stress caused by such circumstances. In their review, the authors sought to contribute

to an already scarce body of literature concerning undocumented Mexican immigrants and the mental health status of these individuals. They identified such themes as failed attempts of success in the country of origin, threatening conditions under which border crossings occur, inadequate resources, real and perceived defenselessness, and even depression and stress. The authors found that according to previous studies, and related to stress, undocumented Mexican immigrants were more likely to rate their health as fair/poor simply based on legal status. They admit that the stigmatization caused by an “illegal” identity brings about psychological implications, but that at the time, those were rarely considered in previous research. The study states that it is important to try and answer questions about the stress caused by living under such stigmatization in light of the health disparities that exist between Whites and minority racial and ethnic groups. Sullivan and Rehm (2005) sought to explore the relationship between documentation status and mental health, whether undocumented Mexican immigrants were at greater risk than their documented counterparts, and whether documentation status should be considered in health assessments. Their findings denote the need to research issues of immigrant documentation status in mental health because while many studies have focused on the immigrant’s experience, few have delved into the role that documentation status plays in relieving or increasing immigrant stress (Sullivan & Rehm, 2005). The purpose of this study was to fill this gap in the literature.

This is not the first time scholars have declared a need for further research. Arbona et al. (2010) located two quantitative studies that explored mental health issues of undocumented immigrants in the United States (Perez & Fortuna, 2005) and in Canada (Rodriguez & Dewolfe, 1990). In their own study Arbona et al. (2010) noted that

researchers often do not ask Hispanic subjects about documentation status in an effort to gain their trust and to improve participation numbers. One of the purposes of the authors was to examine stressors related to immigration among documented and undocumented immigrants. Participants were recent immigrants from Mexico and Central America. In comparison to women and documented immigrants, men and undocumented immigrants reported the highest levels of immigration-related challenges. In this study the Hispanic Stress Inventory—Immigrant Form (HSI-I) (Cervantes et al., 1991) was used to measure acculturative stress. An important limitation referenced by the authors was that the data were collected between 1998 and 1999; therefore, immigration-related issues that Hispanics faced in the early 2000s were not captured. The present study was conducted at a time when Hispanics are facing some deleterious consequences to controversial policy decisions around immigration reform.

Rodriguez and DeWolfe (1990) conducted a study after the passing of new immigration law in 1986 that affected many Hispanic immigrants. In essence, the Immigration Reform and Control Act (IRCA) offered undocumented immigrants who had been living in the U.S. since 1982 the possibility of an amnesty, or legal immigration status. The authors explored psychological distress among U.S.-born and Mexico-born women in response to the new law. Ninety participants were divided into three groups: undocumented Mexican women who did not qualify for amnesty, documented Mexican women who did qualify, and U.S.-born women of Mexican descent. The results of their study indicated that undocumented women who did qualify for this protection experienced less anxiety than predicted compared to the other two groups, while those who did not qualify reported higher levels of hostility than all others. Although the study

differentiated among women with and without legal documentation status, its focus was on measuring the impact of a new immigration law. Since that time, no other major immigration law offering a general amnesty has been offered; therefore, most Hispanic immigrants in this country who either did not qualify for the amnesty, or who immigrated here since that time have lived under little to no protection for over three decades.

In their study, Perez and Fortuna (2005) explored the effects of various stressors, which combined, pose distinctive psychiatric risks for Hispanics living without legal documentation in the United States. Their study states that for Hispanics, their place as minorities in this country, poverty, undocumented status, and specific group experiences all contribute to psychosocial challenges. They conducted a clinical chart review comparing use of mental health services and diagnoses of adult undocumented Hispanic immigrants ($N=29$) with those of documented ($N=124$) and U.S.-born Hispanic individuals ($N=44$). Their findings show that the undocumented sample were more likely to be diagnosed with anxiety, adjustment, and alcohol abuse disorders, as well as report a mean number of 5 stressors when compared to their documented and U.S.-born counterparts (mean number = 3, $p < .001$). The same sample also reported psychosocial stressors related to the legal system, occupation, and access to health care. However, Perez and Fortuna (2005) also found that undocumented individuals attended less mental health appointments and made less lifetime use of these services. Their findings suggest that undocumented Latinos may experience heightened distress about legal status and the ramifications of such a scenario. Research shows that undocumented Latino immigrants are subject to an increased risk for emotional distress and impaired quality of health due to the preoccupations that accompany an irregular legal status and fear of disclosure and

deportation (Cavazos-Rehg et al., 2007). Results such as these uphold what researchers have been ascertaining for decades – that helping professions still lack much needed information about how to assess, diagnose, and treat individuals from immigrant and minority groups.

Summary

To date, some research on the effects of immigration has been conducted; however, researchers have yet to consistently inquire how documentation status specifically affects psychological functioning in Hispanic immigrants. It is not unreasonable to anticipate that long-term exposure to stress associated with documentation status is likely to have a negative impact on an individual's mental health, specifically, their stress level. Although there are studies that have looked at the negative impact of immigration on Hispanic health and quality of life, none have specifically measured its impact on stress. The purpose of this study was to fill this gap in that literature.

Spiritual Coping

Spiritual and religious communities are an important means of support for many people, and, for some, can even contribute to stable mental health (Hodges, 2002). For Hispanics, spirituality and religion are part of what is considered key healing and coping practices (Cervantes, 2010; Falicov, 1998; Reyes-Ortiz et al., 2009; Sue & Sue, 2008). Within this culture, concepts such as God and daily prayer constitute crucial components of individuals' lives (Flórez et al., 2009). Spirituality transcends religious affiliation and cultural boundaries for Hispanics (Comas-Diaz, 2006), and its impact is an important component of the culture (Caplan et al., 2011). Additionally, spirituality may play an

important role in mental health outcomes related to Hispanics (Applewhite, Biggs, & Herrera, 2009). For example, when compared to Caucasians, Hispanics are more likely to believe that prayer can help alleviate depression (Cabassa, Lester, & Zayas, 2007).

In the literature, spirituality has been difficult to define universally since religions have different understandings of spirituality. However, in order to conduct research in this area, it is necessary to understand the difference between the two constructs. In general, religion is understood to involve connections to a group with shared beliefs and rituals, while spirituality is more individualistic and self-determined (Reyes-Ortiz et al., 2009). Constantine, Myers, Kindaichi, and Moore III, (2004) defined religion as a “relationship that members of a culture have with their deity (ies) through formalized institutions” (p. 118). Conversely, Moberg (2008) defined spirituality as “ a more existential and experiential focus upon an individual’s internalized faith, values, and beliefs along with their consequences in daily behavior” (p. 97). After considering the roots of the word, Thoreson (1998) defined it as follows:

The need to transcend or rise above everyday material or sensory experience, one’s relationship to God or some other higher universal power, force, or energy, the search for greater meaning, purpose, and direction in living, and healing by means of non-physical kinds of intervention (e.g. prayer, beliefs). (Thoreson, 1998, pp. 412-413)

The need herein described and the way in which it affects Hispanic immigrants on a psychological level is still not completely understood. We do understand, however, that spirituality is recognized as a core cultural value among Hispanic subgroups, even if Hispanics are likely to use the term interchangeably with religiosity and if its expressions

may be different between individuals or groups (Cervantes & Parham, 2005). Within this culture, this expression may include a close interconnection with God and various divine entities, such as Jesus, Our Lady of Guadalupe (Nuestra Señora de Guadalupe), and saints (Elizondo, Deck, & Matovina, 2006; Rodriguez, 1994).

Nativity status and subgroup membership is an important factor when researching spirituality among Hispanics. According to Reyes-Ortiz et al., (2009), U.S.-born Hispanics are less likely to indicate that religion is important in their life when compared to foreign-born Hispanics. They also state that Mexicans, Central Americans, and Puerto Ricans are more likely to consider religion as very important in their life when compared to Cubans. In their study, foreign-born Cubans, Puerto Ricans, and Central and South Americans reported notably higher percentages for considering spirituality healing as very important compared to their counterparts who were U.S.-born.

Spiritual coping and stress

In research, and due in part to the difficulty of defining the term, spirituality has received less attention than religiosity. For the purposes of this study, although spiritual and religious coping may overlap, they are defined separately. Spirituality will be treated as a broader concept that represents beliefs and values that are transcendental and that may or may not be related to religious organization (Hodges, 2002). Following the stress and coping theoretical framework, it is expected that spirituality will bear a significant implication in discerning how Hispanic immigrants deal with stress arising from negative experiences. However, existing research has focused on religiosity and acculturative stress rather than on spirituality and stress as one possible measure for mental health.

Empirical Related Research

In mental health research, the term spirituality has been inclusive of religious and of non-religious people, at times making it particularly difficult to conduct and interpret its results. Because there is no agreed-on definition, it has been challenging for scholars to measure spirituality. Researchers have agreed that spirituality promotes an optimistic and hopeful worldview. Among Hispanics and other minority groups, spirituality is a principal element of commonly used mind-body alternative therapies (Ortiz, Shields, Clauson, & Clay, 2007; Reyes-Ortiz et al., 2009). For Hispanics, in addition to playing a role in health and well-being, spirituality also serves as an underpinning of fortitude and coping with life's challenges (Campesino & Schwartz, 2006; Reyes-Ortiz et al., 2009).

In a review of the research, Koenig (2009) details how the beginnings of mental health were once closely aligned with religion. Although over time those binds were broken and religion came to be associated with neurosis and hysteria, over the last twenty years, researchers have once again suggested that religion and spirituality provide coping mechanisms and resources, as well as enable individuals to make sense of suffering. In mental health, and in all health-related fields, it is crucial that clinicians, educators, and researchers promote resilience, and that the means by which it is promoted align with the cultural values of a population.

In a study conducted by Reyes-Ortiz et al. (2009), related to medical care and well-being, a total of 3,728 participants were asked how often they pray for healing, ask others to pray for healing, or make use of spiritual healing (e.g., spiritual healers). The authors found that approximately 60% of Hispanics identified prayer as a source of healing and 49% reported asking others to pray for healing. Their findings indicate that

“greater spirituality (specifically increased religiosity) among Latinos has been linked to health benefits” (p. 546). Although the study focused on the patient-physician relationship and Hispanics’ use of services, the authors make an important statement that Hispanic individuals often make use of spirituality as a coping behavior.

Within a multiethnic sample of 527 recent adult Hispanic immigrants, Sanchez et al. (2012) conducted a study examining the association between religious coping practices pre-immigration and acculturative stress post-immigration. In their research, the authors found that those who utilized higher levels of religious coping prior to immigration also reported higher levels of acculturative stress after immigrating. Undocumented immigrants also used more religious coping resources pre-immigration and experienced higher levels of acculturative stress in comparison to those who were documented. The authors claim to be the first to possibly explore pre-immigration religious coping and believe their results may be highlighting a loss of social and religious support in the lives of recent immigrants.

Cobb, Xie, and Sanders (2016) conducted another study that specifically examined coping techniques and their association with depression among undocumented Hispanic immigrants. In this study, two general categories of coping were outlined: problem-focused and emotion-focused, where the latter is further divided into active-emotional, and avoidant-emotional. Problem-focused coping describes individuals’ attempts to change or address the problem directly, while emotion-focused requires managing emotions about the problem. “Prayer and meditation” were categorized under the problem-focused, while “see bad things positively and get comfort from someone” both fit the active-emotional category, and both categories were the most used by

undocumented Hispanics. Since active coping strategies, such as use of spirituality, are consistently associated with lower levels of depression among Hispanics (Cobb et al., 2016; Crockett et al., 2007) and greater mental health (Gloria, Castellanos, & Orozco, 2016), the authors hypothesized that active coping strategies would negatively correlate with depression in undocumented Hispanics. Their results indicated otherwise, and the authors stated that time in the U.S. was one of the factors that accounted for additional variance of depression. By also measuring acculturation, the present study seeks to explore the effects of both on documented *and* undocumented Hispanic immigrants.

Summary

Coping skills utilized by immigrants are permeated by culture and affect their ability to effectively recognize and mobilize resources and support available to them. Spirituality is known to enhance coping behaviors during stressful life events and it is a central cultural value across Hispanic subgroups. However, there are important gaps in the stress and spiritual coping literature about Hispanic immigrants. If conceptualized from a stress and coping perspective, research supports findings that adaptation and coping strategies through intercultural behaviors and cognitive responses can serve to buffer immigrants against stress. However, existing research on Hispanic immigrants and spiritual coping is limited to exploring physical health, help-seeking behaviors, and specific mental health diagnoses. In spite of increased risk for stress, no research to the author's knowledge has investigated Hispanic immigrants' use of spiritual coping related to stress. This study will seek to fill this gap by exploring the specific relationships between stress levels of Hispanic immigrants and the predictor variables of documentation status, spirituality, and acculturation.

Acculturation

Some studies have indicated that in certain health-related aspects, ethnic minority immigrants who are still in the early stages of acculturation exhibit better health outcomes when compared to the White population or more acculturated or native-born individuals from the same race or ethnicity (Alvarez, Jason, Olson, Ferrari, & Davis, 2007; Franzini, Ribble, & Keddie, 2001). In Hispanic research this phenomenon is known as the *Hispanic Paradox* (Franzini et al., 2001; Markides & Eschbach, 2005); however, it has been noted that many of those studies have mainly focused on Mexican immigrants. Yet, researchers who are interested in Hispanic immigrant health concerns have found that despite a well-documented lower socioeconomic status and poor health association, most Hispanics appear to arrive in this country with fairly better health status when compared to measures after time of arrival (Franzini et al., 2001).

Related to acculturation, Falcón and Tucker (2000) stated that a heightened burden related to learning to navigate two dissimilar cultures raises concerns about the development of psychopathology for Hispanics. Regarding appraisal, we know that the individual makes a cognitive evaluation of the stressor. This stress appraisal process is affected by a plethora of external factors (e.g. access to mental health services, documentation status, etc.) as well as internal factors (e.g. gender and gender role, coping strategies, etc.). An additional moderating variable occurring is that of acculturation, which includes phase of acculturation (length of time in the U.S.). Since coping is necessary for immigrants to effectively handle the emotional and mental challenges during the acculturation process, it is important that both factors be considered as part of the Hispanic immigrant research. Berry's (2006) acculturation strategies theory does state

that the quality of acculturation experienced by migrants depends upon their ability to effectively cope with stress amidst cultural adaptation. In multicultural mental health, and consistent with Lazarus and Folkman's (1984) theory, this adaptation is appreciated as a dynamic process that includes adjusting to stress and the development of coping mechanisms in response to that stress.

Acculturation and stress

Many studies have focused on investigating how acculturation impacts overall health among Hispanics (Lara, Gamboa, Kahramanian, Morales, & Bautista, 2005). For example, research has found that consistent with Hispanic values, many individuals seek and favor the advice of family members based on acculturation (Prieto, McNeill, Walls, and Gomez, 2001). This knowledge can help clinicians find new and improved ways to approach and conduct counseling with Hispanics, especially as it relates to stress.

Acculturation has both positive and negative impacts on stress levels for Hispanics (Ogbu, 1987; Zuniga, 2002) and the literature supports the connection between acculturation and stress, particularly for this population (Valentine, Godkin, & Doughty, 2008). Research suggests that a number of protective factors found within the Hispanic culture contribute to overall better health outcomes when compared to non-Hispanics (Suárez-Orozco & Suárez-Orozco, 2001). However, acculturation also functions as a stressor when it leads to taxing incidents such as discrimination, marginalization, and trauma, or when perceived as involuntary (Finch, Kolody, & Vega, 2000; Perreira, Chapman, & Stein, 2006; Zuniga, 2002). In some cases, studies have focused on the effects of immigration on stress as part of the acculturation process (Aronowitz, 1984; Oppedal, Røysamb, & Sam, 2004), while others have identified the importance of culture

in the health choices made by Hispanics who immigrated to the United States (Markides & Coreil, 1986; Markides & Eschbach, 2005).

Empirical Related Research

Acculturation has been the focus of a large body of research, specifically its role in shaping the health of Hispanics (Abraído-Lanza et al., 2016; Lara et al., 2005).

Currently, acculturation research for this population has faced many challenges related to operationalization and measurement of the process, due in part to research suggesting that rather than a linear process, it is a dynamic exchange between the new and host culture (Lopez-Class, Castro, & Ramirez, 2011; Schwartz et al., 2011; Thomson & Hoffman-Goetz, 2009). As previously stated, another important finding is the conflicting evidence that while the health of some Hispanic immigrants benefits from greater acculturation, we see health decline in others (Lara et al., 2005).

Existing research on Hispanics and acculturation has also focused on various aspects of their health, including healthy behaviors and physical activity (Banna, Kaiser, Drake, & Townsend, 2012). In that study, results suggested that increased levels of language acculturation might be linked to sedentary behaviors in Hispanic females, possibly due to the influence of U.S. culture on those women. Studies have also focused on substance abuse, for example, Caetano, Ramisetty-Mikler, and Rodriguez (2009) conducted a study where 5224 adult Hispanics were interviewed and found that alcohol abuse and dependence rates were higher among U.S.-born South/Central Americans and Puerto Ricans than their foreign-born counterparts. Another important finding was that Hispanics are affected by similar risk factors for substance abuse and dependence as the majority population in the U.S. (e.g. lower income, lower education, and male gender),

but are still at higher risk if belonging to the group reporting higher acculturation. With regard to cardiovascular disease, Chang et al. (2015) examined its link to acculturation in Hispanics with diabetes. Their results suggest an association between smoking and higher acculturation and they concluded that Cuban-Americans are perhaps among the Hispanic subgroups in most need of cessation programs. Daviglius et al. (2012) also studied cardiovascular disease among adult Hispanics of diverse backgrounds, concluding that higher acculturation was a strong factor in prevalence of the disease. In their study, Isasi et al. (2015) found length of residency in the U.S. to be the strongest predictor of obesity, rather than acculturation, while Pérez-Escamilla (2011) found results that support the connection between obesity and acculturation, concluding that tailored interventions are needed in order to reduce health disparities among Hispanics.

Studies already support the relationship between health and acculturation among Hispanics in the United States (Abraído-Lanza et al., 2016; Lara et al., 2005; Schwartz & Unger, 2017). As the diversity among the U.S. Hispanic immigrant population's profile continues to shift, it is imperative that we also shift in our perceptions and understanding of this group's needs with regard to mental health specifically. In addition to new methodologies, further consideration of other factors impacting stress among Hispanic immigrants is necessary; therefore, this study builds on existing evidence and focuses on the impact of acculturation on stress.

Summary

Acculturation is an important variable to take into account when researching stress levels of Hispanic immigrants in the United States. Research shows that acculturation has an important, and sometimes deleterious, effect on the physical and

mental health of Hispanics in the United States. In addition, we know that there are protective factors within the Hispanic culture that sometimes guard this population from some of the effects of acculturation. A more nuanced understanding of the contribution of this process on stress levels is needed. The goal of this study is to contribute to the literature by examining the specific contributions of acculturation to stress levels among this group.

Chapter Summary

The growth of the Hispanic population in the United States introduces a notable opportunity for our field to research and understand the factors that impact this population's stress. Research on stress among Hispanic immigrants has not recognized the role of how documentation status, spiritual coping, and acculturation influence stress. Presently, there exists a great need to conceptualize and capture changes and needs in this population. The impact of recent national policies on Hispanic immigrant health, for example, highlights the disproportionate effect they have on Latino communities and their health and give evidence of health disparities among Hispanics and other groups (Abraído-Lanza et al., 2016).

However, at this time it is not enough to recognize the unfair differences in quality and access to mental health care. Within the Hispanic population, there are serious and persistent disparities in both aspects of care, some of which are a result of limited research. Therefore, clinicians and counselor educators are in need of a more in-depth understanding about what the needs within this population are. Whether barriers to care fall under the umbrella of cultural or structural barriers, they undoubtedly contribute to decreased use of mental health services among Hispanics and other minorities.

The literature herein reviewed emphasizes the importance of researching stress levels among Hispanic immigrants in the United States within the context of the separate contributions of documentation status, acculturation, and spiritual coping. To the author's knowledge, this study will be among the first to examine predictors of stress among Hispanic immigrants in the United States. As such, the purpose of this research will be to explore how documentation status, spirituality, and acculturation are related to stress levels of adult Hispanic immigrants in the United States.

CHAPTER III: METHODOLOGY

The purpose of this study was to address the research question and the supporting hypothesis about the relationships among documentation status, spiritual coping, and acculturation as they relate to stress levels of Hispanic immigrants. This chapter describes the methodology of the study. Included within the methodology is a description of participants, procedures, instruments that were used, the research design, and data analysis.

Description of Participants

The population of interest in this study was Hispanic men and women who immigrated to the United States and reside in North Carolina. The inclusion criteria were: a) at least 18 years or older, b) be born outside of the United States and Puerto Rico, c) reside in North Carolina. Recruitment of participants occurred through the researcher's networks with individuals and agencies within the city of Charlotte, North Carolina, established through previous employment and volunteering interactions. A purposive sampling method was used to increase between-subject variability and increase representativeness (Sheperis, Young & Daniels, 2010). Therefore, the principal researcher approached already identified sites where the phenomenon of Hispanic immigration was strongly represented. Sites were selected on the basis of goods and services offered and/or an established concern with immigration issues in general, such as local Hispanic churches and local health clinics serving predominantly Hispanic patients. The researcher's power analysis results indicated that a minimum sample size of 77 participants were needed to garner medium effect size for the data analysis that was used.

In order to ensure significance in the results, the researcher's goal was to reach 120 participants.

Data Collection Procedures

The principal researcher obtained Institutional Review Board (IRB) approval from the University of North Carolina at Charlotte prior to conducting the study. It was noted that the principal researcher has a history of interaction with some of the agencies being contacted for the study (i.e. past employment, volunteering, and community events). The principal researcher contacted each church and business to request a phone or in-person meeting to explain the purpose, risks and benefits of the study, and request permission to approach individuals seeking goods and services. Each agency and business also received an outline of the study that includes the principal researcher's contact information for questions and concerns (see Appendix A).

The researcher is Hispanic and bilingual in English and Spanish, which facilitated communication with interested participants. After the initial contact and approval by an authorized person at the place where the data was collected, the researcher personally approached individuals to request participation (see Appendix A), which could be declined at any time without explanation. All communication, either written or verbal, was offered in Spanish or English, highlighting that participation was confidential, voluntary, and anonymous. Participants were also informed that consent could be rescinded at any time during the study without explanation. If interest was expressed, participants received an informed consent outlining the purpose, study criteria, confidentiality statement, and statement of fair treatment and respect (see Appendix B). Participants were then given a paper and pencil version of the survey, which totaled 58

items and took approximately 7-15 minutes to complete. Additionally, all were offered the opportunity to enter a drawing for a \$100 Wal-Mart gift card. Upon completing the surveys, those who wished to be entered into the drawing provided email addresses for future contact. Several participants, and without the researcher's knowledge, wrote down phone numbers instead.

Instrumentation

Four instruments were used in this study to collect necessary data for all variables. The creators of each instrument were contacted to grant permission to the researcher for their use. Participants responded to the following instruments: Demographic Questionnaire, the Abbreviated Version of the Hispanic Stress Inventory for Immigrants, Spiritual Coping Strategies Scale, and the Psychological Acculturation Scale. The complete survey consisted of approximately 58 questions.

Demographic Questionnaire (See Appendix C)

A demographic questionnaire was developed by the principal researcher to gather descriptive information about participants' preferred language, age, gender, education level, employment status, marital status, country of origin, primary language spoken at home, method of entry, length of time in the United States, and current documentation status. Participants' response to the question about documentation status was one of the independent variables. It took individuals approximately one minute to complete the survey.

Abbreviated Versions of the Hispanic Stress Inventory for Immigrants – Spanish and English Versions (See Appendix D)

The abbreviated version of the Hispanic Stress Inventory for Immigrants (HSI-I)

(Cervantes et al., 1991; Cavazos-Rehg et al., 2006) consists of 17 items and appraises psychosocial experiences on the following five subscales: Occupation/Economic, Parental, Marital, Immigration, and Family/Culture. Results of the validation study supported a two-factor scale that combines items in the Immigration and Occupation/Economic subscale into an Extrafamilial Stress factor and the others into the Intrafamilial Stress factor. Respondents are asked to review each item and consider whether the particular stressor has occurred within the previous three months, selecting either “Yes” or No”. After answering positively to whether a situation produced a stress response, participants are instructed to rate the degree of stressfulness of the incident on a 5-point Likert scale ranging from 1 (“Not at all worried/ tense” or “Nada preocupada(o)/tensa(o)”) to 5 (“Extremely worried/ tense” or “Muy preocupada(o)/tensa(o)”). Sample items include: “Because I do not know enough English, it has been difficult for me to interact with others.” “My income has not been sufficient to support my family or myself.” “My spouse and I have disagreed on how to bring up our children.” Scores on the abbreviated version of the HSI-I range from 17-85. Higher scores correspond to higher levels of subject anxiety.

The instrument was validated through a sample of 143 adult Hispanic immigrants recruited from churches and a community festival in the metropolitan St. Louis area. The internal consistency reliability coefficients for the two factors were .86 for Intrafamilial Stress and .87 for Extrafamilial Stress. Convergent validity of the instrument is supported with moderately positive relations through self-report measures of depression, anxiety, and anger mood levels. Although the validation study of this instrument did not report overall mean scores, the total score of the abbreviated version of the Hispanic Stress

Inventory for Immigrants was used for this study.

Spiritual Coping Strategies Scale – Spanish version and English Versions (See Appendix E)

Past research has defined religious coping as synonymous with spiritual coping. The English version of the scale was developed to assess religious and spiritual (nonreligious) coping strategies of individuals facing stressful experiences. A Spanish version of the instrument was developed (Baldacchino & Buhagiar, 2003; Hawthorne et al., 2011). Both measures consist of nine religious and 11 nonreligious coping strategies that are answered on a 4-point Likert-type scale that ranges from 0 (“Never used”) to 3 (“Often used”) to indicate the respondent’s frequency of use of each coping strategy presented. Items include such statements as “Using personal/private prayer,” “Discussing problems with someone else,” and “Trusting in God, hoping that things will get better.” Scores on the SCS range from 0-60.

The religious coping strategy subscale measures belief in God and attitudes toward religion from a Judeo-Christian faith. The spiritual (non-religious) coping strategy scale measures humanistic strategies that are oriented toward relationship with self, others, and the environment. Validation of the Spanish version of this instrument included a sample of 51 bilingual adults, of whom 25 completed the survey 2-3 weeks later. All participants responded to the Spanish version of the scale, followed by the English version. Test-retest correlations after this period ranged from .76-.84 for the English version and .61-.96 for the Spanish version. Total and subscale scores correlations between the English and Spanish versions ranged from .98-.99 for the first measure and .64-.96 for the second. Higher summative subscale and total scale scores

indicate greater use of religious and/or spiritual coping strategies. This study used the total score of the Spiritual Coping Strategies Scale. Validity testing of the SCS Scale was conducted for both samples, where means for the first sample ($N = 51$) were almost identical for both languages. Respondents who took the English and Spanish versions of the scale had mean scores of 44.1 ($SD = 8.00$) and 44.2 ($SD = 7.83$), respectively. The second group ($n = 25$) reported mean scores of 46.6 ($SD = 8.83$) and 44.2 ($SD = 12.10$) for the English and Spanish versions, respectively.

Psychological Acculturation Scale – Spanish and English Versions (See Appendix F)

The Psychological Acculturation Scale (PAS) is a 10-item instrument (Tropp et al., 1999) that measures individuals' sense of attachment to and understanding of Anglo-American and Latino/Hispanic cultures. Participants respond to questions on a 9-point Likert-type scale that ranges from 1 ("only Hispanic/Latino"), to 9 ("only Anglo/American"). Items include such statements as "With which group of people do you feel you share most of your beliefs and values?" "Which culture do you feel proud to be a part of?" and "Which culture do you know the most about (for example: its history, traditions, and customs)?" Scores range from 1 to 9. Lower scores on the PAS suggest a higher Latino/a identification, with 4.5 being the cutoff, while scores higher than 4.5 suggest greater a greater Anglo-American orientation. A mid-point score (4.5) suggests biculturalism, meaning that individuals identify with both Anglo-American and Latino/a culture. The total score of the Psychological Acculturation Scale used for this study.

The Psychological Acculturation Scale was validated through three studies. The first study included 36 self-identified Latinos/as and the second included 107 Puerto Rican men and women. These two studies yielded Cronbach's alphas of .83 and .90 for

the Spanish version and .85 and .83 for the English version. The third study 247 Puerto Rican adolescents and 228 of their mothers. Coefficients for that study were .91 for both samples. Additionally, the instrument has been used with different ethnic groups in the United States, with excellent internal consistency (Ghorpade, Lackritz, & Singh, 2004) and it has also been adapted to other ethnic groups and languages (Miglietta & Tartaglia, 2009). In the first study, the norming sample for the PAS yielded mean scores of 4.37 ($SD = .86$) and 4.42 ($SD = 1.06$) for the Spanish and English versions, respectively. Overall, the mean PAS scores on the second study were 3.48 ($SD = 1.38$). In that same study, authors reported that participants who selected the English version of the questionnaire had higher scores on the PAS ($M = 4.1$) than did those who chose the Spanish version, $M = 3.1$, $t(104) = -4.22$, $p < .001$. Related to nativity, this study found that respondents born in the U.S. mainland tended to have higher PAS scores ($M = 4.2$) than did respondents born in Puerto Rico, $M = 3.3$, $t(103) = -2.93$, $p < .01$. Their third sample, which included adolescents and parents, found that the overall mean acculturation score for adolescents was 1.57 on a 5-point scale ($SD = .62$). They noted that because the second sample only used some of the response options, the scale was reduced for the third study, and that they tried an interview format to test the robustness of the scale across different forms of administering. Again, respondents who chose the English version of the interview tended to have higher scores ($M = 1.99$) than did those who chose the Spanish version, $M = 1.52$, $t(243) = -3.75$, $p < .01$. Among the adolescents, U.S.-born participants tended to have higher scores ($M = 1.72$) than did their Puerto Rico-born counterparts, $M = 1.33$, $t(241) = 4.98$, $p < .001$. The mothers' sample in the third study yielded an overall mean of 1.55 on the 5-point scale ($SD = .61$). Among

the parents, those who chose the English version of the interview tended to have higher scores ($M = 2.01$) than did those who opted for the Spanish version, $M = 1.50$, $t(224) = -4.00$, $p < .001$. Their results were similar to previous regarding nativity with respondents born in the U.S. scoring higher ($M = 2.40$) than their Puerto Rico-born counterparts, $M = 1.46$, $t(219) = 7.53$, $p < .001$.

Data Analysis

The present study used a non-experimental correlational research design and regression analysis. Collected data was entered into the Statistical Package for the Social Sciences (SPSS). Descriptive statistics were used to describe the participants in the study.

A bi-variate correlation analysis was utilized to examine if there was an association between the variables and/or whether there was an observed covariance between the variables of interest (Kachigan, 1991). In this study the researcher used the correlation coefficient (r) to determine if there was a positive or negative association between the variables under study.

A regression analysis was used to examine how the independent variables of documentation status, spiritual coping, and acculturation were related to the dependent variable, stress. The regression did not yield significant results; therefore, a path analysis was not warranted.

Chapter Summary

The research methodology for the study is outlined in this chapter. Participants and procedures were discussed, and information about the different instruments being used in the study was provided. Finally, the research design and data analysis were presented.

CHAPTER IV: RESULTS

The purpose of this study was to investigate how documentation status, spiritual coping, and acculturation are related to stress level of adult Hispanic immigrants. The primary research question was: what are the relationships among documentation status, spiritual coping, and acculturation as they relate to stress levels of Hispanic immigrants? This chapter includes the results of the study, organized as follows: description of the participants, instrument reliabilities, bivariate correlations, results, and summary.

Description of Participants

In this study, the population of interest was Hispanic adults who were born outside of the United States and Puerto Rico and reside in North Carolina. Participants were recruited through the researcher's established networks in the city of Charlotte, North Carolina, primarily from two churches and a local health clinic. In addition to being at least 18 years of age, participants had to self-identify as being a Hispanic immigrant. From all of the locations, approximately 147 participants agreed to complete the survey. Of those 147 who expressed interest in the study, two were born in the U.S.; therefore, they did not meet the inclusion criteria. Six other participants did not answer the question about documentation status, so their surveys were not included in the study. In total, 139 met the criteria and responded to all questions on the survey and the question about documentation status on the demographic questionnaire, resulting in 139 total participants included in the study. No data was missing from the surveys. There was no invalid data.

The researcher utilized the demographic questionnaire to collect descriptive data about participants. The data showed that 71.2% ($n=99$) were female and 28.1% ($n=39$)

were male, while one participant did not respond. Participants' age ranged from 18-81 with a mean age of approximately 44 years.

Participants also answered questions pertaining to marital status, educational attainment, and employment status. The majority of participants (63%) reported being married or living in a domestic partnership. Relative to education, most participants reported they had a high school diploma (35.3%), followed by either some college education or completion of a college degree. When asked to indicate employment status (52.5%), the majority of participants reported working full-time. The frequencies and percentages of the demographic variables are shown in Table 1 below.

Table 1: *Numbers and percentages of demographic variables*

Variable	Frequency	Percent
Gender		
Female	99	71.2%
Male	39	28.1%
Missing	1	.7%
Marital Status		
Single/Never married	29	20.9%
Married/Domestic partnership	88	63.3%
Divorced/Separated	17	12.2%
Widowed	2	1.4%
Missing	3	2.2%
Education Level		
None beyond middle school	20	14.4%

Table 1: (Continued)

Did not complete high school	11	7.9%
High school diploma	49	35.3%
Some college	26	18.7%
College degree	25	18%
Graduate/Professional Degree	6	4.3%
Missing	2	1.4%
Employment Status		
Full-time	73	52.5%
Part-time	29	20.9%
Not in labor force	34	24.5%
Missing	3	2.2%

The sample population was 38.1% ($n=53$) undocumented and 61.9% ($n=86$) documented. Participants also answered questions related to method of entry into the U.S., preferred language, and primary language spoken at home. Most reported an unauthorized entry (43.2%, $n=60$), while 28.8% ($n=40$) entered with a Visa (Business, Student, Visitor/Tourist), 23% ($n=32$) with a Green Card (Lawful Permanent Resident), and 2.2% ($n=3$) entered under another non-LPR lawful entry.

The majority of participants (94.2%, $n=131$) indicated a preference for Spanish. Of all 136 participants who responded to a question about the primary language spoken at home, 95.7% ($n=133$) also identified Spanish. The estimated ancestry distribution across the data was: 30.9% Mexican, 12.9% Honduran, 12.9% from El Salvador, 7.9%

Colombian, 5.8% Peruvian, 5.0% from Ecuador, 3.6% Dominican, 2.9% Guatemalan, 3 2.2% Venezuelan, and 1.4% from Cuba, Costa Rica, and Argentina. In Table 2 the results of the descriptive data analysis are shown.

Table 2: *Numbers and percentages of demographic variables*

Variable	Frequency	Percentage
Documentation Status		
Undocumented	53	38.1%
Documented	86	61.9%
Method of entry into the U.S.		
Visa	40	28.8%
Green card	32	23.0%
Other non-LPR	3	2.2%
Unauthorized entry	60	43.2%
Missing	4	2.9%
Primary language spoken at home		
Spanish	133	95.7%
English	3	2.2%
Missing	3	2.2%

Screening of Data

Prior to conducting the analysis using SPSS, the researcher screened for accuracy of data entry, missing values, outliers, normality of distribution, linearity, homoscedasticity, and multicollinearity. There were no missing values for any of the

variables. Outliers were examined and considered to be acceptable. A visual inspection of the frequency distribution suggested that stress and acculturation data were positively skewed, while the spiritual coping data were negatively skewed. All skewness coefficients were below 1.0. Variable tolerance and variation inflation factors (VIF) were examined to assess multicollinearity. Tolerance values were low for all variables, ranging from .88 to .91, in addition to low standard error values. VIF values for all independent variables ranged from 1.06 to 1.14. Stated results indicated that there were no violations of the multicollinearity assumption.

Reliability of Instruments

In research, scholars often evaluate measures used in the study, including internal consistency and reliability of those instruments (Huck, 2012). Reliability is the “consistency across the parts of a measuring instrument, with the “parts” being individual questions or subsets of questions” (Huck, 2012, p. 71) where acceptable alpha values range from 0.70 to 0.95 (DeVellis, 2003). The present study utilized Cronbach’s alpha internal consistency measures to estimate reliability for the Hispanic Stress Inventory for Immigrants (HSI-I) (Cervantes et al., 1991; Cavazos-Rehg et al., 2006), Spiritual Coping Strategies Scale (SCSS) (Baldacchino & Buhagiar, 2003), and the Psychological Acculturation Scale (Tropp, et al., 1999).

The Hispanic Stress Inventory for Immigrants (HSI-I) consists of 17 questions and the total score was used for this study. The HSI-I was used to appraise psychosocial experiences on a two-factor scale measuring Intra- and Extrafamilial stress. For this scale, scores could range from 17-85, where lower scores correspond with lower levels of subject anxiety. In the current study, HSI-I scores ranged from 0-81 with an overall mean

of 21.7 ($SD=15.40$). Cronbach's alpha internal consistency estimates for the HSI-I was .86.

The Spiritual Coping Strategies Scale (SCSS) consists of nine religious and 11 nonreligious coping strategies indicating the participant's frequency of use of each strategy. Spiritual coping was measured using the SCSS. Scores for this instrument range from 0-60 and higher scores indicate greater use of those nonreligious and/or religious coping strategies. This study produced scores that ranged from 16-57 for the total score. The overall mean for the SCSS total score was 42.1 ($SD=9.41$). Cronbach's reliability estimate for the SCSS yielded an alpha of .86.

Lastly, the Psychological Acculturation Scale (PAS) presents 10 items and scores range from 1-9. Tropp et al.'s (1999) PAS scale was used to assess participant's sense of connection to and understanding of Latino/Hispanic and Anglo-American cultures. Scores closer to 1 suggest a higher Latino/a identification, while a score of 4.5 indicates the individual identifies with both cultures. Scores higher than 4.5 suggest a greater Anglo-American orientation. The present study used the total score of the PAS and participant scores ranged from 1-9, with an overall mean of 2.98 ($SD = 1.57$), indicating higher Latino/Hispanic identification among participants. The reliability estimate for the PAS was .94. In Table 3, the alpha coefficients, number of items, means, and standard deviations for each of the instruments are shown.

Table 3: Cronbach's alpha, number of items, and descriptive statistics of predictor and outcome variables

	HSI-I	SCSS	PAS
Coefficient α	.86	.86	.94
Items	17	20	10
Mean	21.7	42.1	2.98
Median	19.0	44.0	3.24
Std. Deviation	15.40	9.41	1.57
Variance	237.24	88.51	245.92
Range	81	41	8
Minimum	0	16	1
Maximum	81	57	9

Note. HSI-I = Stress (3 months); SCSS=Spiritual Coping; PAS = Acculturation

Bivariate Correlations

The researcher used the Statistical Package for the Social Sciences to analyze the data. Correlations between the predictor variables (documentation status, spiritual coping, and acculturation) and the outcome variable (stress) were measured using a Pearson product-moment coefficient. The results of the analysis indicated a statistically significant inverse relationship between documentation status (0 = undocumented, 1 = documented) and stress ($r = -.16$, $p = .03$). This is considered a small relationship and suggests that undocumented individuals tended to have higher stress. Spiritual coping ($r = .08$, $p = .19$) and acculturation ($r = -.08$, $p = .17$) were not significantly correlated to stress. There were statistically significant positive correlations between documentation

status and the other two predictor variables of spiritual coping ($r = .22, p = .03$) and acculturation ($r = .30, p < .01$), suggesting that participants who were documented tended to report higher spiritual coping and higher acculturation. The Pearson correlation matrix is displayed in Table 4.

Table 4. *Pearson correlation matrix between the predictor and outcome variables*

Variable	Stress	Documentation Status	Spiritual Coping	Acculturation
Stress	1	-.156*	.075	-.080
Documentation Status		1	.216*	.297**
Spiritual Coping			1	.143
Acculturation				1

Note. ** Indicates significant correlation at the $p < .01$ level (2-tailed).

* Indicates significant correlation at $p < .05$ level (2-tailed).

Multiple Regression Analyses

The research question in this study was the following: What are the relationships among documentation status, spiritual coping, and acculturation as they relate to stress levels of Hispanic immigrants? The relationship between predictor variables and stress was examined by conducting a standard multiple regression analysis. The unstandardized regression coefficients (B) and intercept, the standardized regression coefficients (β), and semipartial correlations (sr) are reported in Table 5. The analysis indicated that 4% variance was accounted by the variables and the multiple R was not statistically significant ($F(3, 139) = 1.81, p = .149$); stated another way, documentation status, spiritual

coping, and acculturation when considered simultaneously were not related to stress among adult Hispanic immigrants.

Table 5. *Unstandardized Regression coefficients (B) and Intercept, the Standardized Regression Coefficients (β), Semipartial Correlations (sr), t-values, and p-values*

Independent Variable	<i>B</i>	β	<i>sr</i>	<i>t</i> -value	<i>p</i> -value
Intercept	18.29			2.96	<.01
Documentation Status	-5.28	-.17	-.16	-1.86	.07
SCSS	.19	.12	.12	1.35	.18
PAS	-.05	-.05	-.05	-.54	.59

Note. HSI-I = Stress (3 months); SCSS=Spiritual Coping; PAS = Acculturation

Summary

The purpose of this research was to examine how documentation status, spiritual coping, and acculturation related to stress among adult Hispanic immigrants. The study included 139 participants, most of who were documented ($n=86$, 61.9%) at the time of the survey. Most participants ($n=60$, 43.2%) also indicated an unauthorized entry into the United States. Approximately 73% of participants reported they were employed full-time. Overall, 95.7% ($n=133$) of all who completed the survey did so in Spanish.

The bivariate correlation analysis results confirmed a significant correlation between documentation status and stress. Additionally, significant correlations were found between documentation status and the other two predictor variables (spiritual

coping and acculturation). The standard regression analysis results did not confirm the hypothesis that documentation status, spiritual coping, and acculturation were related to stress levels of adult Hispanic immigrants in the current sample.

CHAPTER V: DISCUSSION

The purpose of this study was to examine how documentation status, spiritual coping, and acculturation are related to stress level of adult Hispanic immigrants. In this chapter, the results of the study are discussed. The chapter begins with an overview of the study, followed by a discussion of the results, contributions, limitations, implications of the findings, recommendations for future research, and finally, concluding remarks.

Overview

Presently, there are over 55 million individuals of Hispanic origin living in the United States, of whom nearly 35% are foreign-born (U.S. Census Bureau, 2016). In 2015, there were approximately 11 million undocumented Hispanic immigrants living in the United States (Pew Research Center, 2017). North Carolina has the eleventh highest Hispanic population in the United States (Pew Research Center, 2014) and is one of the top ten states with the largest unauthorized immigrant population (Passel & Cohn, 2011). Therefore, given these important statistics, it has become imperative for clinicians and researchers to understand the salient cultural and structural factors that lead to mental health difficulties within such a numerous and diverse population.

While many Hispanic immigrants, documented and undocumented alike, demonstrate incredible resilience and strength, the adverse experiences associated with immigration can have a lasting psychological impact (Cardemil et al., 2007; Dow, 2011; Shobe, Coffman, & Dmochowski, 2009; Smart & Smart, 1995; Takeuchi et al., 2007). In counseling, cultural and societal differences present challenges for clinicians and Hispanic clients in their efforts to establish a therapeutic relationship (Acevedo-Polakovich et al., 2007). Hispanics are especially vulnerable to the stress caused by

situations related to immigrant and minority status (Cohen & Janicki-Deverts, 2012). Studies that focus, not only on expanding our understanding of Hispanic culture, but that also provide practical information about the most essential considerations to assess in therapy, are invaluable. While research has explored the impact of stress on mental and physical health (DeLongis, Folkman, & Lazarus, 1988; Larzelere & Jones, 2008) and even its association with variables such as minority status (Kessler & Neighbors, 1986; Thoits, 2010), little attention has been paid to the antecedents of stress in Hispanic immigrants. This study sought to gather a better understanding of how documentation status, spiritual coping, and acculturation may contribute to or mediate stress among adult Hispanic immigrants.

The population of interest for the study was Hispanic immigrants who were at least 18 years of age, born outside of the U.S. and Puerto Rico, and were living in North Carolina at the time of the survey. A total of 147 participants responded to the survey; however, only 139 were eligible and were included in the study.

Discussion of the Results

The discussion section of the study highlights demographic findings, assessments, and observations regarding the findings. All the findings are discussed in relation to previous literature and research.

Demographic Data

A demographic questionnaire was used to collect descriptive data about the participants of this study. An examination of the demographic data indicated great diversity among the Hispanic adults who responded to the survey with regard to national origin. Almost 31% of participants in this study were Mexican. However, the data also

included individuals from Honduras, El Salvador, Guatemala, Costa Rica, the Dominican Republic, Colombia, Cuba, Peru, Ecuador, Venezuela, and Argentina. Previous studies have collected data from, or focused mostly on Mexican or Puerto Rican individuals (Arbona et al., 2010; Cavazos-Rehg et al., 2007; Sanchez et al., 2012; Sullivan & Rehm, 2005). The heterogeneity among participants in this study is a reflection of the diversity within the Hispanic population in the United States.

In this study, most participants were married, female, with an education level of a high school diploma or higher. This is consistent with previous studies where researchers were also able to collect data from a sample where most participants were married women (Alegria et al., 2008; Caplan & Busyke, 2015; Cavazos-Rehg et al., 2007). However, these findings contrast with research that surveyed Hispanic participants with lower education levels (Banna et al., 2012; Becerra et al., 2012; Caetano et al., 2010; Caplan & Buyske, 2015; Cavazos-Rehg et al., 2006; Cavazos-Rehg et al., 2007; Cobb et al., 2016). Most participants in this study were employed (over 73%) and this is consistent with the literature on Hispanics in the United States (Alcantara et al., 2017; Garza et al., 2017; Hiott et al., 2008). However, close to 25% were not and this may have impacted the results, especially as some questions in the survey related stress to employment.

Assessments Used in this Study

With regard to the outcome variable in this study, stress, it is important to consider the findings in light of the validation studies for the scale used, the Hispanic Stress Inventory for Immigrants (HSI-I) (Cervantes, Padilla, & Salgado de Snyder, 1991; Cavazos-Rehg et al., 2006). The original study for the abbreviated version of the HSI-I

did not report overall mean scores for participants and instead focused on two subscale scores, where family, marital, and parental concerns were combined into one, while occupational and immigration concerns comprised the second. The current study utilized the overall score and found a mean of 21.7 ($SD = 15.40$) with a range of scores from 17-85 points. For this scale, higher scores correspond to higher levels of subject anxiety. Thus, the mean, compared to the range, indicated that participants were not experiencing high stress. The demographics in the present sample may have contributed to those scores. For example, the present study's sample was older than the original study, with a mean age of 44 years compared to their 37. Approximately 43% of participants in this study were over the age of 50 and perhaps not likely to be raising small children or be concerned with adolescents' behaviors in the home. Both the validation and the present study reported that over 63% of participants were married or in a domestic partnership. In the present sample, 25% of participants were not working, and although the original study did not report findings related to employment status, it did place significant emphasis on a strong correlation found between the occupational/economic stress subscale and their criterion variable of anger. Given the differences in the distribution of age and the low mean score for stress found for the current participants, it is possible that the scale was not a good fit for this sample.

Results from the current study indicated that 38% of respondents were undocumented. Previous research that has also reported this level of response from undocumented Hispanic immigrants have either not inquired about documentation status (Cano et al., 2015), not included an immediate and forthright question such as the one used here (Arbona et al., 2010; Derr, 2016), or relied on information other than self-

report to determine documentation status (Cavazos-Rehg et al., 2007). This is not uncommon, as researchers are often not likely to inquire about documentation status in an effort to increase participation or to gain the trust of their participants (Arbona et al., 2010). However, it is agreed that this variable is a salient immigrant stressor (Garcia & Lidngren, 2009; Pumariega et al., 2005; Shedlin et al., 2005; Torres & Wallace, 2013). In this study, every respondent made a selection indicating their documentation status. It is noteworthy that participants did not express mistrust or concern with a topic that is generally deemed sensitive, perhaps pointing to a comfort level that is present when participants and researcher, who is also a Hispanic immigrant, share commonalities such as race and immigration experience.

Previous research and the theoretical framework for this study suggest that Hispanics are likely to rely on spiritual and religious coping strategies as a source of support (Cervantes, 2010; Falicov, 1998; Reyes-Ortiz et al., 2009; Sue & Sue, 2008). Spiritual coping in the present study was operationally defined as the total score on the Spiritual Coping Strategies Scale (SCSS) (Baldacchino & Buhagiar, 2003; Hawthorne et al., 2011) where scores could range from 0-60, and higher scores indicated greater use of those nonreligious and/or religious coping strategies. Participants in the validity study of the SCSS had mean scores of 44.1 ($SD = 8.00$) for the English version and 44.2 ($SD = 7.83$) for the Spanish version. The re-test sample ($n = 25$) reported mean scores of 46.6 ($SD = 8.83$) and 44.2 ($SD = 12.10$). The present study had similar findings with a mean of 42.1 ($SD = 9.41$). Scores in the present study ranged from 16-57. These results did not support the hypothesis that higher levels of spiritual coping were related to lower stress in participants. Perhaps this finding can be attributed to the current sample's report of low

stress.

This study used the Psychological Acculturation Scale (PAS) (Tropp et al., 1999) to measure acculturation. Each item on the scale is scored on a 9-point Likert scale with scores lower than 4.5 suggesting a higher Latino/Hispanic identification, and scores higher than 4.5 suggesting greater Anglo-American orientation. The total score is the average score of all the item scores. In this study, the mean was 2.98 ($SD = 15.68$), which indicated that participants generally had greater attachment to and understanding of the Latino/Hispanic culture than the American/Anglo culture. These results were lower than those from the validation studies (Tropp et al., 1999) that reported mean scores of 4.37 ($SD = .86$) and 4.42 ($SD = 1.06$) for the Spanish and English versions, respectively. A second validation study yielded mean PAS scores of 3.48 ($SD = 1.38$). The authors compared U.S.-born and foreign-born participants from Latin American and Puerto Rico and found that foreign-born Hispanics tended to score lower on the scale. The present study's mean scores were slightly lower at 2.98 ($SD = 15.68$). The disparity may be attributed to the difference in the samples with regard to place of birth. The present sample excluded Puerto Ricans and U.S. Hispanics; therefore, the results were not skewed by scores of U.S.-born individuals whose experiences may produce scores reflecting more Anglo/American influence.

The present study was the first to examine how documentation status, spiritual coping, and acculturation were related to stress level among adult Hispanic immigrants. Bivariate correlations identified an association between documentation status and stress, albeit a weak one, which is consistent with previous research (Pumariega et al., 2005; Torres & Wallace, 2013). However, when documentation status is combined with the

other independent variables in this study, the results of the multiple regression analysis yielded a variance of only 4%, suggesting that none of the variables contributed significantly to the prediction of stress. These findings are inconsistent with previous research that indicated that pressures related to acculturation may have a negative impact on Hispanic immigrants (Falcón and Tucker, 2000; Lara et al., 2005; Valentine et al., 2008). However, the present sample's stress scores lacked variability; therefore, the observed restriction of range may have attenuated the correlation between the criterion variable and the predictor variables. Previous research found that spiritual coping is an effective strategy for individuals in general (Hodges, 2002) and for Hispanics, specifically (Cervantes & Parham, 2005; Reyes-Ortiz et al., 2009; Sue & Sue, 2008). The results of this study did not support those findings. Perhaps the data collection method or the instruments used in the current study are possible explanations for these findings.

Contributions of the Study

This study contributes to the literature on Hispanic immigrants and ultimately the work of mental health professionals with this population. Existing research has explored factors that impact Hispanic immigrants' health, but few have focused on psychological health. This research adds to this body of literature and focuses attention on the importance of looking at factors that may lead to stress among Hispanic immigrants. The researcher was the first to examine how documentation status, spiritual coping, and acculturation relate to stress in this population.

One of the main strengths is the study's diversity with regard to national origin. In the past, most samples used in studies have consisted specifically of individuals of Mexican or Puerto Rican descent and have included both U.S.-born and foreign-born

Hispanics (Arbona et al., 2010; Cavazos-Rehg et al, 2007; Sanchez et al., 2012; Sullivan & Rehm, 2005). This study intentionally targeted locations for data collection that were likely to have a diverse representation of Hispanic nationalities; therefore, offering the opportunity to expand our knowledge of other Hispanic subgroups.

In this study, there was initial concern that the researcher would have some difficulty collecting data from participants about their documentation status. However, every participant in the study shared their status freely and without reservation, to the researcher's knowledge, thus contributing to research about Hispanic immigrants. Researchers and counselor educators are interested in practical ways to access such populations and information. This study helps to fill this gap with practical observations. For example, the researcher's presence within the local Hispanic community certainly contributed to her ease in collecting data. The researcher benefited from established relationships formed through regular participation in community service and other volunteering opportunities, by being a member of a local Hispanic faith community, and through her reputation as a professional. Undoubtedly the shared cultural, linguistic, and immigrant background between the researcher and the participants also increased participants' comfort level responding to that question. Therefore, non-Hispanic researchers may benefit from following a similar approach and focusing on connecting with the Hispanic population of interest before attempting to engage them as participants.

For clinicians, related to their work with Hispanic immigrants, this study supports the evidence that documentation status is a critical factor contributing to stress. In serving this population, clinicians must assess stress levels and actively ask questions related to their clients' immigration experience as part of the assessment process. Consequently,

counselors must be informed about the most prominent stressors affecting their local Hispanic immigrant community.

Limitations of the Study

One limitation in this study could be the stress measure used. The instrument's validation studies confirmed its internal consistency and sensitivity to cultural themes; however, the scale limited experiences to the previous three months. Many respondents indicated this limited their ability to refer to events that had occurred beyond the previous three months but that were still causing them stress. Researchers have stated that the experience of Hispanic immigrants in the United States causes distress and is persistent and of long duration (Arbona et al., 2010; Brabeck & Qingwen, 2010; Shobe et al., 2009; Smart & Smart, 1995); therefore, studies that aim to explore on-going stress may choose to use another assessment.

Another potential limitation in the study concerns social desirability and implications of cultural norms. Several individuals indicated difficulty acknowledging the presence of stress as an effect of their minority status. The Hispanic culture values privacy and resilience and may not have been open to expressing or conceding to perceived weakness.

A final limitation of the study is related to the sampling method. Although participants were recruited from two community churches and a local health clinic, the author urges caution in generalizing the results. As previously mentioned, all data was self-reported from a fairly small sample in one geographical location.

Implications of the Findings

This study adds to existing literature on Hispanic immigrants living in the United States. The researcher explored three variables (documentation status, spiritual coping, acculturation) that the literature hypothesized are related to stress in this population. From the analysis of all variables, a relationship between documentation status and stress emerged. This relationship is supported in the literature, which recognizes undocumented status as a “persistent and insidious psycho environmental stressor” in the lives of Hispanics living in the United States (Cavazos-Rehg et al., 2007, pg. 1127). Additionally, the results presented here suggest that the effects of documentation status may be even more far-reaching than anticipated. Therefore, at minimum, counselors are urged to inquire about the immigration status of Hispanic clients and about how this issue may be affecting other areas of their lives.

Those who conduct research on and provide clinical services to Hispanic individuals support the notion that ethnic minority status is associated with psychosocial distress (Kessler & Neighbors, 1986; Thoits, 2010) and that, compared to other populations, Hispanics suffer from disparate levels of stress (Arbona et al., 2010; Brabeck and Qingwen, 2010; Cavazos-Rehg, Zayas, & Spitznagel, 2007). Although the current study did not find definitive conclusions about stress levels of Hispanic immigrants, the concern about its impact on the health of this population remains. Previous research and the findings of this study point to the importance of investigating other variables that, in combination with documentation status, may contribute to stress levels among Hispanic immigrants in the United States.

Lastly, counselors have been tasked with the responsibility of utilizing sensitive approaches in their work with populations that are culturally, linguistically, and ethnically different from themselves. The Council for Accreditation of Counseling and Related Educational Programs (CACREP) highlights multicultural and social justice counseling competencies as part of a core area in counselor education (Ratts et al., 2016). The Hispanic population in the United States is one such group that, in addition to exhibiting tremendous growth, has been the center of attention in political and social debates across the country. Therefore, counselor education programs must systematically infuse their multicultural curriculum with opportunities for students to learn how to work with Hispanic clients and, specifically, how to address concerns related to documentation status and to stress. Additionally, our programs must focus on how to attract and recruit both faculty and graduate students of Hispanic descent. At the institutional level, Hispanic faculty will be key in developing and training non-Hispanic professionals who are interested in serving this community via research, the provision of counseling services, and through advocacy programs.

Recommendations for Future Research

The observations made by the researcher while collecting the data, as well as the results of the present study, speak strongly to the need for qualitative research with Hispanic immigrants. From a research perspective, qualitative data could more deeply explore and measure the potential contributors of stress among Hispanic immigrants in this country. For example, as practitioners, we know that stress is an experience that can only be fully understood by the individual undergoing the stressor (Cavazos-Rehg et al., 2006) and the same is evidently true about the immigrant experience. Therefore, the

conceptualization of those experiences relies heavily on the subjective account of individuals. The researcher of this study noted that participants demonstrated an interest in sharing or discussing the circumstances surrounding their experiences of stress, as well as their perspectives about how documentation status and living in a different culture impacted their life in the United States. Many participants had opinions about the importance of the study for them, the applicability of items on the surveys, or of how critical spiritual resources were in dealing with difficult situations. Additionally, although not observed in this study, previous research has noted a general mistrust among Hispanics participants (Cardemil et al., 2007); therefore, qualitative research methods may be most effective in addressing such issues. Furthermore, in qualitative inquiry, because data collection so heavily relies on the researcher's ability to access the thoughts and feelings of study participants, researchers are very likely to be interested in and pay attention to cultural norms and how they influence the interviewing process and other aspects of data collection. Consequently, at this time, qualitative methods may provide a more culturally sensitive approach to research with undocumented immigrants. Finally, the exploratory nature of qualitative research may allow researchers the opportunity to unearth themes related to stress rather than focusing on the measurement of predetermined variables. This, in turn, can open the door for future quantitative research designs to identify variables that were not explored here.

In addition, future research should continue to focus on examining the extent to which immigration challenges affect undocumented immigrants in comparison to those who are documented. Such information is vital for the effective provision of counseling services for Hispanics, and perhaps even more so for non-Hispanic professionals who

may not be familiar with the culturally relevant stressors affecting this community. This study confirms the importance of addressing stress in counseling among Hispanic clients who are concerned about issues related to documentation status. Additionally, the results found here raise questions about the relationships between documentation status, spiritual coping and acculturation. Therefore, in the future, researchers should explore how this issue affects other areas of concern in this population.

The present study explored three possible variables contributing to stress in Hispanic immigrants. Researchers who are interested in contributing to this body of literature should explore additional variables related to the immigration experience, such as time spent in the United States, method of entry into the country, and attitudes and beliefs about the immigration experience.

Researchers (Campesino & Schwartz, 2009; Ortiz et al., 2007) state that Hispanics, throughout their history, have held religion and faith as vital to the maintenance of their health and well-being. However, clinicians often do not have clarity about how spiritual and religious strategies in the Hispanic community are beneficial in coping with stress. Therefore, future research should continue to provide a clearer understanding of how those who are facing stress within this population utilize spiritual and religious perspectives and other protective factors.

Future quantitative studies exploring the same criterion variable as the present study may benefit from utilizing an alternate assessment for stress. As previously mentioned, the stress scale selected for this study did not measure on-going stress; therefore, limiting participants' ability to rate an experience that, at least for immigrants, should not be restricted to a few months.

There are two final general recommendations to be made. Future studies should explore national origin-related differences among Hispanic immigrant populations. It is imperative that we gain a deeper understanding of how within population differences as well as demographic factors, such as age and age at arrival, impact stress among Hispanic immigrants in the United States. Lastly, studies will benefit from extending sampling reach and size in order to increase generalizability of the results.

Concluding Remarks

As the Hispanic population in the United States continues to grow, researchers, counselor educators, and counselors are presented with the opportunity to address the factors that impact this population's stress and psychological well-being. Immigrants within this community have been the focus of some research; however, the literature is sparse with regard to their mental health. As the current political climate and policy enforcement continue to change, we can expect stress levels of this population to increase. Therefore, it is imperative that counselor educators and clinicians have access to high quality research that helps them understand how to assess, diagnose, treat, and support Hispanic clients who are suffering from stress. This study sought to add to this literature through examining how documentation status, spiritual coping, and acculturation related to stress.

The findings of this study indicated that documentation status was related to stress, but none of the independent variables (documentation status, spiritual coping, acculturation) were predictors in the multiple regression analysis. Further examination is required. Perhaps the most important contribution of this study is in its findings and methods. The findings shed light on the importance for continuing research in the area of

documentation status and its impact on stress among Hispanics, while the methods utilized help to provide an understanding of how to conduct this research. The study also highlights the importance of discussing multicultural training in counseling courses and brings up important factors to consider in the field of counseling when assessing and treating individuals of Hispanic descent.

Researchers and the counseling field in general have acknowledged the importance of using a culturally specific framework to conceptualize and understand the mental health needs of Hispanic immigrants. The effects of stress in this population are of concern in the field of counseling; therefore, it is important that we work from a preventative approach to uncover the causes of stress on populations that are especially at risk, such as Hispanics immigrants.

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APPENDIX A: RECRUITMENT SCRIPT

Dear Participant,

You are invited to participate in a research study investigating the contributions of documentation status, spiritual coping, and acculturation are related to stress level of adult Hispanic immigrants. The study is being conducted as part of the requirements for a doctoral degree in counseling.

Eligibility requirements: You are invited to participate in this study if you (a) are at least 18 years old, and (b) were born outside the United States and Puerto Rico.

Description of Participation: Your decision to participate in this study is completely voluntary. You may decide at any time to leave the study for any reason without explanation. You will be asked to complete a demographic questionnaire that consists of 11 items, including your documentation status and method of entry into the United States, but no identifying information. Three additional surveys will ask questions related to rating of stress, spiritual coping, and acculturation, totaling 58 items. Your name will not be included on the questionnaire or surveys. All communication, either written or verbal, is available for you in Spanish or English. Your participation will take approximately 30 minutes.

Risks and Benefits of Participation: Potential risks of participation may include psychological and/or emotional discomfort due to the personal nature of some of the questions. Your participation in this research will contribute to the mental health field at both the educational and professional levels. Information gathered from this study will contribute to the literature on Hispanic immigrants and ultimately the work of mental health professionals with this specific population.

Confidentiality: Your participation in the study is confidential. You will not be required to include identifiable information such as your name. If you decide to be entered into the drawing for the \$100 Wal-Mart gift card, you will be asked to share your email address, which will remain confidential to the extent possible and will only be disclosed as required by law. Once the drawing is completed and a winner is selected, he or she will be contacted via email. All email addresses will be discarded once the winner has received the gift card.

Statement of Fair Treatment and Respect: UNC Charlotte wants to make sure that you are treated in a fair and respectful manner. Please contact the university's Research Compliance Office 704-687-1871 if you have questions about how you are treated as a participant in this study. If you have any questions about the actual study, please contact E. Carolina Benitez at 704-426-9724 or ecbenite@uncc.edu, or Dr. Phyllis Post at ppost@uncc.edu.

Sincerely,

E. Carolina Benitez, MA, LPCA
Doctoral Candidate
University of North Carolina at Charlotte

APPENDIX B: INFORMED CONSENT



Department of Counseling
9201 University City Boulevard, Charlotte, NC 28223-0001

Informed Consent Form

*Contributions of Documentation Status, Spiritual Coping, and Acculturation
on the Stress Level of Hispanic Immigrants*

To Whom It May Concern:

Thank you for your consideration of this research study. Below is important information about your participation.

Purpose of the study: The purpose of this study is to investigate how documentation status, spiritual coping, and acculturation are related to stress level of adult Hispanic immigrants.

Participants must be: (1) 18 years or older, (2) born outside of the U.S. and Puerto Rico.

Confidentiality Statement: Participation is voluntary and confidential. Participants may at any time leave the study for any reason without explanation. You are not required to include identifiable information such as name. Participants who decide to enter the drawing for the \$100 Wal-Mart gift card, will be asked to share an email address, which will remain confidential to the extent possible and will only be disclosed as required by law. Once the drawing is completed and a winner is selected, he or she will be contacted via email. All email addresses will be discarded once the winner has received the gift card.

Statement of Fair Treatment and Respect: UNC Charlotte wants to make sure that you are treated in a fair and respectful manner. Please contact the university's Research Compliance Office 704-687-1871 if you have questions about how you are treated as a participant in this study. If you have any questions about the actual study, please contact E. Carolina Benitez at 704-426-9724 or ecbenite@uncc.edu, or Dr. Phyllis Post at ppost@uncc.edu.

Participant Consent: I have read the information in this consent form, I am at least 18 years of age, and I agree to participate in this research project.

With Sincere Thanks,
E. Carolina Benitez
Doctoral Candidate
Department of Counseling
University of North Carolina at Charlotte

Dr. Phyllis Post
Dissertation Chair
Department of Counseling
University of North Carolina at Charlotte

APPENDIX C: DEMOGRAPHIC QUESTIONNAIRE

1. Please indicate your preferred language for the survey: English [] Spanish []
2. What is your age? _____
3. What is your gender? Male [] Female [] Prefer not to say []
4. What is your highest completed education level?
No schooling beyond middle school [] Did not complete high school []
High School Diploma [] Some College [] College Degree []
Graduate/Professional Degree []
5. What is your employment status?
Full-time [] Part-time [] Not in the labor force []
6. What is your marital status?
Single/Never married [] Married/Domestic partnership []
Divorced/Separated [] Widowed []
7. What is your country of origin? _____
8. What is the primary language spoken at home? English [] Spanish []
9. In what year did you arrive in the United States? _____
10. Please indicate your method of entry into the United States:
Visa (Business, Student, Visitor/Tourist) []
Green Card (Lawful Permanent Resident) []
Other non-LPR lawful entry [] Explain: _____
Unauthorized Entry []
11. Do you have legal authorization to reside in the United States?
Yes [] No []

**APPENDIX D: ABBREVIATED HISPANIC STRESS INVENTORY—
IMMIGRANT VERSION**

Please circle on your answer sheet whether the following situations have occurred to you during the last 3 months. Then if it did occur to you, indicate how worried or tense the situation made you feel. If the situation did not happen to you, check "no" on your answer sheet and skip to the next question. Remember there is no right or wrong answer so try and be as honest as you can.

Answer the following statements using the 5 point scale below:

Not at all worried/tense	A little worried/tense	Moderately worried/tense	Very worried/tense	Extremely worried/tense
1	2	3	4	5

Example 1: It has been difficult for me to find medical care.
Has this occurred to you in the past 3 months?

	Yes	No	1	2	3	4	5
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Example 2: I have been criticized about my work.
Has this occurred to you in the past 3 months?

	Yes	No	1	2	3	4	5
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	Circle 1:		Identify your feeling using the scale below:				
	Yes	No	1	2	3	4	5
			Not at all worried/tense	A little worried/tense	Moderately worried/tense	Very worried/tense	Extremely worried/tense
1. Because I do not know enough English, it has been difficult for me to interact with others.	Yes	No	1	2	3	4	5
2. My spouse and I have disagreed on how to bring up our children.	Yes	No	1	2	3	4	5
3. Because of my poor English people have treated me badly.	Yes	No	1	2	3	4	5
4. My children have not respected my authority the way they should.	Yes	No	1	2	3	4	5
5. Because I am Latino I have been expected to work harder.	Yes	No	1	2	3	4	5
6. My income has not been sufficient to support my family or myself.	Yes	No	1	2	3	4	5

7. I have felt that my children's ideas about sexuality are too liberal.	Yes No	1	2	3	4	5
8. There has been physical violence among members of my family.	Yes No	1	2	3	4	5
9. Because I am Latino I have had difficulty finding the type of work I want.	Yes No	1	2	3	4	5
10. My children have talked about leaving home.	Yes No	1	2	3	4	5
11. My children have received bad school reports (or bad grades).	Yes No	1	2	3	4	5
12. I have had to watch the quality of my work so others do not think I am lazy.	Yes No	1	2	3	4	5
13. Because I am Latino it has been hard to get promotions or salary raises.	Yes No	1	2	3	4	5
14. I had serious arguments with family members.	Yes No	1	2	3	4	5
15. I have been forced to accept low paying jobs.	Yes No	1	2	3	4	5
16. There have been conflicts among members of my family.	Yes No	1	2	3	4	5
17. I have felt pressured to learn English.	Yes No	1	2	3	4	5

Source: Cavazos-Rehg, P. A., Zayas, L. H., Walker, M. S., & Fisher, E. B. (2006). Evaluating an Abbreviated Version of the Hispanic Stress Inventory for Immigrants. *Hispanic Journal of Behavioral Sciences*, 28(4), 498 – 515.

APPENDIX E: SPIRITUAL COPING STRATEGIES SCALE

For each statement, circle the number showing how often you use the coping strategies stated below:

0 = *Never used*

1 = *Seldom used (at least once in 6 months/year)*

2 = *Sometimes used (at least once in a month)*

3 = *Often used (at least once daily)*

	<i>Never used</i>	<i>Seldom used</i>	<i>Sometimes used</i>	<i>Often used</i>
1. Using personal/private prayer	0	1	2	3
2. Relationship with God or higher power	0	1	2	3
3. Relationship with friends or relatives	0	1	2	3
4. Praying with someone else or group	0	1	2	3
5. Discussing problems with someone else	0	1	2	3
6. Using spiritual/religious objects/icons	0	1	2	3
7. Seeing the positive side of your situation	0	1	2	3
8. Using radio or TV religious programs	0	1	2	3
9. Hoping that the future will be brighter	0	1	2	3
10. Hoping that the future will be brighter	0	1	2	3
11. Accepting the current situation of life	0	1	2	3
12. Finding meaning and purpose to live	0	1	2	3
13. Appreciating the beauty of arts	0	1	2	3
14. Confiding in relatives and friends	0	1	2	3
15. Attending church	0	1	2	3
16. Using reflection to identify potentials	0	1	2	3
17. Helping others to give love and peace	0	1	2	3
18. Trusting in God, hoping that things will get better	0	1	2	3
19. Vowing to God or votive offering	0	1	2	3
20. Appreciate nature, for example, sea and sun	0	1	2	3

Adapted from: Hawthorne, D., Youngblut, J. M., & Brooten, D. (2011). Psychometric evaluation of the Spanish and English versions of the spiritual coping strategies scale. *Journal of Nursing Measurement, 19*(1), 46-54.

