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**The Impact of Immigration on Maternal Separation
Anxiety and their Relationship to Toddler Affect
Regulation**

By
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A dissertation submitted to the Graduate Faculty in
Psychology in partial fulfillment of the requirements for
the degree of Doctor of Philosophy, The City University of
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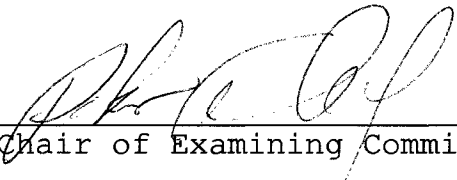
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TABLE OF CONTENTS

Chapter 1: Literature Review	1-36
Introduction	1-2
Immigration and Acculturation	2-11
Affect Regulation	11-17
Attachment	17-22
Maternal Separation Anxiety	22-28
Resilience	28-33
Summary of Literature	33-35
Statement of Hypothesis	35-36
Chapter 2: Methods	37-55
Participants and Recruitment	37-40
Materials/Instruments	40-54
Procedure	54-55
Chapter 3: Results	56-78
Quantitative Data	56-68
Qualitative Data	69-78
Chapter 4: Discussion	79-93
Interpretation of the Results	79-84
Reapproaching the Data	84-86
Limitations to the Study	86-91
Clinical Implications	91-93
Appendix A	94-96
Bibliography	97-105

LIST OF TABLES

Table 1A: Maternal Separation Anxiety and Immigration-Based Loss- Regression Analysis	57
Table 1B: Maternal Promotion of Sociability & Independence and Immigration- Based Loss-Regression Analysis	58
Table 1C: Employment-Related Separation Concerns and Immigration- Based loss-Regression Analysis	59
Table 1D: Aggregate Maternal Separation Anxiety and Immigration-Based Loss-Regression Analysis	61
Table 2: Acculturation and Immigration-Based Loss-Regression Analysis	61
Table 3: Pearson Correlations Between Acculturation and Maternal Separation Anxiety	62
Table4: Qualitative Data	76

CHAPTER 1

Introduction

It is well documented that immigration is a time of multiple stressors and emotional turmoil (Berry, 1997; Padilla, Cervantes, Maldonado & Garcia, 1988) often involving the loss of the mother country (i.e., the country of origin), the loss of opportunities to use the mother tongue, and the loss of regular contact with extended family (Zuniga, 2002). As families struggle to adapt to the host country, it would seem natural for them to want to preserve ties to people, objects and activities that represent the mother country. These ties likely provide the immigrant with continuity in the face of the adaptational changes made to accommodate to the host country. For immigrant women, their children may become the transitional objects that provide this sense of connection to the mother country left behind. They may thus seek to maintain proximity to their children so as to maintain a sense of security in a new environment and to also insure their

children's safety in a country which is unfamiliar. Separation from the child may thus lead to increased anxiety in the mother, resulting in fewer separations, which may ultimately impact the child's ability to develop independent activities, a sense of self and regulatory capacities.

Given the stressors involved in immigration, Latino cultural values that stress the importance of family and collectivism and the importance placed on individualism in Anglo society, Latina mothers overall may score higher on maternal separation anxiety than Anglo mothers. Of interest is the subset of Latina immigrant mothers who score higher within their cohort, as it is hypothesized that higher scores are somehow influenced by their immigration experience; it is believed that mothers with a higher degree of immigration-based loss may rely more on their children for comfort and security in the host country.

Immigration and Acculturation

In the spirit of qualitative research, in which part of this dissertation is rooted, it is interesting to let the voices of immigrants speak first and then review that

which has been written about them:

Just imagine the hardships that came along with this (immigration). Families being broken up to come here where they are treated with hostility because they are different. We came here in search of a better life and instead what we got was a life as minorities (Padilla, 1997).

There was nothing familiar in this new, alien landscape (Kim, 2000).

You can believe we sisters wailed and paled, whining to go home. We didn't feel we had the best the United States had to offer. We only had second-hand stuff...at school epithets (spic, greaseballs) were hurled our way (Alvarez, 1992).

In a few short months I had gone from talking with Omma to this noisy place with many people speaking a language I had no hope of understanding. I was utterly bewildered (Kim, 2000).

Regardless of the reason for leaving the homeland, all immigrants face the complex task of adapting to the demands of a new culture and a new society (Nesdale, Rooney & Smith, 1997). Acculturation is the term used to refer to a person's or family's cultural transformations resulting from group encounters with the host culture. Psychological acculturation and adaptation refer to the psychological changes and eventual outcomes that occur as a result of an individual's experience of acculturation (Berry, 1997; Berry 2002). Although this definition may appear to represent an unidirectional view of acculturation, the

classical definition was intended to reflect bidirectionality: "acculturation comprehends those phenomena which result when groups of individuals having different cultures come into continual contact with subsequent changes in the original culture patterns of either or both groups" (Redfield et al, 1936, as cited in Berry, 1997). However, current conceptualization of the term often focuses on the process of change the immigrant must undergo with respect to her conceptualization of culture as defined in her country of origin, as she attempts to adapt to the host culture. It often does not reflect her impact on the culture of the country of immigration nor does it emphasize that which the immigrant loses as she adapts to her new environment (i.e., her language, native food, social support). It places her as a passive receiver of culture and often does not account for the trauma caused by what was left behind.

Acculturative stress is defined as the emotions experienced by immigrants that are a direct consequence of the acculturative process and adaptation to the host culture (Thomas, 1995). It is considered to be an inherent aspect of the immigrant experience (Thomas, 1995), although some experience it more intensely than others.

Acculturative stress, like other problematic experiences, states, or physical conditions, is found to vary on three dimensions: duration, pervasiveness, and intensity (Smart & Smart, 1995).

Berry (1997) outlines four patterns of acculturating to the host country: (1) assimilation, a process whereby the individual has no wish to maintain his cultural identity and so seeks to interact daily with the host country; (2) separation, which occurs when the individual places a value on retaining his original culture and simultaneously wishes to avoid interaction with the host culture; (3) integration, whereby there is some degree of cultural integrity maintained, while at the same time the individual seeks participation as an integral part of a larger social network; (4) marginalization, where there is little possibility and interest in integrating with others. Each of these four patterns incurs different types of stress resulting from that which the individual sacrifices, chooses to retain and the degree to which a social support network is in place. During acculturation individuals attempt to achieve a coherent sense of self by balancing their ideal self with the realistic constraints of living in a new country, which at times may be rejecting.

Acculturative stress is highest when the acculturative pattern utilized is marginalization and it is least when integration is the model chosen (Berry, 2002).

In addition to the options an individual has for dealing with the host country, Berry (1997) also discusses other factors that influence the level of acculturative stress experienced: (1) Age-younger individuals tend to experience less stress in connection to the acculturative process, (2) Gender-females tend to be at higher risk than males for the negative effects of acculturation, (3) Education-higher levels of education reduce acculturative stress, and (4) Socioeconomic status (SES)-higher SES tends to be a protective factor against negative consequences of acculturation.

Smart and Smart (1995) outline three stages immigrants experience once arriving in the host country. Stage one: the immigrant may feel relief at having arrived in the new country and hopes for better economic and political future; Stage two: faced with multiple stressors involved in adapting, the immigrant questions her decision to leave home; Stage three: if acculturative stress is reduced the immigrant is able to organize herself so that she can make a new life in the host country. For Latino families, in

which the family is often the center of personal identity and well being, the process of immigration and acculturation may be particularly stressful given the loss of social support from family ties that are often disrupted when leaving the country of origin. It has been found that when immigrants retain close ties with coethnics they experience a greater need for closure and are less likely to assimilate to the host culture (Kosic, Kruglanski, Pierro & Mannetti, 2004).

Smart and Smart (1995) discuss three other characteristics of the Latino immigration experience that foster and sustain acculturative stress and impede adaptation: 1) discrimination on the basis of skin color, 2) illegal immigration status, and 3) the often close proximity to the homeland. Immigrants with physical features which set them apart from the host country may experience prejudice and discrimination which may cause the immigrant to be reluctant to assimilate (Berry, 2002). Illegal immigration status often forces the person to give up core aspects of her identity in order to obtain housing and employment. As a patient once explained to me, she purchased someone's social security card and birth certificate so that she could secure employment. This

resulted in her putting on another person's identity including the name, for up to twelve hours a day while at work.

Illegal status also makes immigrants fearful of using public institutions such as schools, hospitals and the police as authorities in these institutions may report them to Immigration and Naturalization Service (INS) resulting in deportation (Smart & Smart, 1995). This mistrust of the host's country's institutions makes it difficult to establish new relationships and support networks. It also results in the often protective stance immigrant mothers take with respect to their children; if they are not close to the children the feeling is the children are not safe.

For those immigrants from the Caribbean and Mexico, where the motherland is merely hours away, the prospect of one day returning seems feasible and may prevent them from thinking of the host country as a permanent home. The immigrant often harbors the fantasy that once enough money is saved she will return to the country of origin. Thus employment, education, and other goals are undertaken with the mentality that they are the means by which to attain the end of returning to the motherland.

For many immigrants, acculturative stress is further

compounded by poverty, language barriers, and a decrease in social status. Padilla, Cervantes, Maldonado, and Garcia (1988) examined psychosocial stressors among Mexican and Central American immigrants. They found that not knowing English was rated by these immigrants as the most difficult challenge: sixty-four percent of males and eighty-three percent of females reported that not knowing English made life in the United States most difficult, followed by lack of employment and undocumented status. This study found use of social support networks effective as a coping response for seeking and obtaining employment, locating a place to live and overcoming language barriers. Because for recent immigrants, the social network is often small, stress is often particularly high in the initial months or years following immigration. Hovey (2000) studied one hundred and fourteen Mexican immigrants and found that family dysfunction, geographical separation from family members, negative expectations in reference to the future and low socioeconomic status led to increased acculturative stress. For Latino immigrants, it has also been found that acculturative stress is increased when there is a deficit in stress-coping resources, when degree of acculturation is low and with length of stay in this

country (Miranda & Matheny, 2000).

The stressors accompanying immigration can have a profound impact on family life and functioning. It is common for immigrant parents to obtain several jobs in order to support the family, decreasing the amount of time available to children and the family unit as a whole (Thomas, 1995). It also requires that they redefine their roles and parenting to accommodate to these changes. Numerous studies of parent-child relationships indicate that stressful life events are associated with less positive parenting and an increase in child behavior problems. For example, Short and Johnston (1997) found that increased levels of maternal distress were associated with an increase in child behavior problems. Also higher levels of acculturative stress have been associated with increased depressive symptoms (Santisteban & Mitrani, 2002), which also impact parenting.

Given what we know about the stress involved in immigration, we may assume that it affects the mother-child dyad. The mother will not only be stressed by economic and social factors, but she is also likely to experience distress as she learns that she must adjust her concept of parenting to be more in sync with that of the majority

culture. This may create feelings of insecurity and anxiety in relation to her representations of motherhood, which may effect her interactions with her child and subsequently the child's attachment and regulatory skills.

Affect (Emotion) Regulation

Affect regulation is a relatively new area of study and definitions tend to vary across researchers. Although technically, "affect" refers to the overall expression of "emotion" which is the experienced feeling state, the terms affect regulation and emotion regulation are used interchangeably. Affect regulation refers to processes that serve to manage emotional arousal and support adaptive social and non-social responses; it is the set of processes involved in the initiating, maintaining and modulating emotional responsiveness, both positive and negative (Calkin & Johnston, 1998; Grolnick, Kurowski, McMenemy, Rivkin & Bridges, 1998). Emotion regulation strategies like self-comforting, help seeking, and distraction may help a child manage frustration and fear in situations where the control of negative emotions is warranted. How then does a child learn to regulate his or her emotions? In infancy there is an almost total reliance on parents for the modulation of affect, and over time interactions with

caregivers in emotion-laden contexts teach children that certain strategies work better at reducing arousal than others (Calkins et al., 1998).

Most parents seem to believe that the regulation of emotions is a desirable goal for their children and so a large part of the early interactions between parent and child focus on the acquisition of emotional control (Casey & Fuller, 1994). Maternal attunement to the arousal of her infant and her responsiveness to these levels of arousal is how the infant first becomes able to make sense of his internal world. It is through interactions with his primary caregiver, in many instances his mother that he begins to organize his emerging sense of self.

Thus, the emergence of effective affect regulation strategies is central to the child's overall psychological and social development. For instance, there is a relationship between emotionality, emotion regulation and peer competence in early childhood. In one study, Calkin et al. (1998) examined the relationship between a young child's ability to regulate emotions and a mother's style of interacting with her child. Regulatory behaviors included self-soothing, orientation to the mother when distressed, ability to distract oneself when affectively

aroused and constructive coping. Maternal style was coded as either negative control or positive guidance. It was found that toddlers who showed distress in response to a frustrating event tended to have mothers who did things for them, rather than allowing the children to do things for themselves. The authors concluded that when mothers exert control, rather than guiding the child, the child does not have the opportunity to learn regulatory strategies, and so has a lower level of frustration tolerance. This study also highlights the importance of maternal attunement to the child's affective states, as well as her ability to structure them as events that are transient and able to be mastered. However, this study, and many others that take a cross-sectional rather than prospective approach does not control for the possibility that children who lag behind in frustration tolerance or other skills may elicit more controlling maternal behavior.

In another study, Grolnick et al. (1998), examining predominantly European-American mother-child dyads, found that as children grew, mother initiated active engagement during times of toddler distress generally decreased, while child initiated engagement increased. When children were distressed, mothers in this study attempted to involve

their children in playful behaviors or distract their attention from the stressor, in an attempt to modulate emotional arousal. Mothers who maintained engagement in a strategy after their children were contained tended to undermine their children's attempts at self regulation. These findings underscore the attunement essential to affect regulation once the child has developed a sense of internal regulation. Mothers must learn to recognize, foster and support their children's attempts at autonomous regulation.

Affect regulation is also related in reciprocal fashion to the development of symbolic competence, a child's developing ability to use symbols representing objects and events, an importance precursor to symbolic play. Symbols emerge within an interactive context during positive affective interchanges between caregiver and child (Feldman & Greenbaum, 1997). Synchronous play is crucial in this process as it provides infants with their first chance to engage in a co-construction of perceptual-motor-affective chains. Feldman and Greenbaum (1997) found that maternal synchrony, a mother's ability to respond in kind to her child's shift in attention, interest, and level of arousal at three and nine months was associated with higher

levels of symbolic play in toddlerhood. They also found that maternal affect attunement at three months correlated with later symbolic play and internal state talk, and that infant affect regulation at three months was correlated with all four measures of cognitive competence at age two. Stifter, Spinard, and Braunguart (1999) found that infants low in affect-regulatory behaviors were less compliant as toddlers, which in turn impacted social development and academic success. A study conducted by NICHD early child care (2004) found that toddlers classified as dysregulated at either 24 or 36 months exhibited more negative behaviors during preschool and early elementary years. They also scored higher on impulsivity.

In summary, the regulation of affect emerges within the context of the mother-child dyad. It is through this relationship that the child learns strategies to cope with emotional arousal and learns to self regulate. Research has shown that the ability to self regulate is associated with social competence, cognitive competence and symbol formation.

Affect Regulation and Immigration

It is hypothesized that a mother's ability to regulate her own and her child's affect may be compromised by her

immigration experience. If the immigrant mother is struggling with the loss of her homeland and this causes her to maintain closer physical proximity to her child, the risk that she will do too much for the child rather than let him explore for himself may compromise the development of his regulatory strategies. Pauline Boss (1999) has postulated that immigration can create in the immigrant what she has termed "ambiguous loss," incomplete or uncertain loss. If this loss is not reconciled and the immigrant is unable to create congruence between her psychological and physical families "the legacy of frozen grief may affect their offspring for generations (p. 4)." Boss (1999) goes on to state that ambiguous loss is stressful and tormenting because it is unclear and vague; it is not marked by a headstone or death certificate. The immigrant is thus left in a state of interminable grief and if unable to resolve it will be prevented from reorganizing the roles and rules of physically present relationships. This state of endless suffering is exhausting and can create depression and anxiety in the immigrant and her family. The attachments to the both the psychological and physically present family members may be deregulated and

this will impact later on the immigrant's ability to form attachments to the host country (Boss, 1999).

Attachment

Like affect regulation, attachment develops in the context of the mother-infant dyad. Attachment theory has its roots in the work of Bowlby (Slade & Aber, 1992). In the tradition of object relations, Bowlby believed that the infant is predisposed at birth to form a selective attachment relationship with one or multiple caregivers (Bowlby, as cited in Slade & Aber, 1992). This predisposition toward the formation of attachments was described as "attachment behaviors." These behaviors include crying, looking and reaching and elicit nurturing and proximity in the caregiver.

Empirical examination of Bowlby's theoretical formulations was first undertaken by Mary Ainsworth, with the development of the Strange Situation research method. In this situation, mother and child undergo separation and reunions in the presence of a stranger who attempts to offer the child comfort during his mother's absence (Ainsworth, M.D.S., Blehar, M.C., Waters, E., & Walls, S., 1978). In examining the separation-reunion episodes, Ainsworth identified three patterns of attachment behavior

which she termed, secure, anxious-avoidant and anxious-resistant. Results indicate that securely attached infants are freer to play at higher levels of symbolism (Aber et al, as cited in Slade & Aber, 1992), are more persistent and positive in difficult problem-solving tasks (Matas et al., as cited in Slade & Aber, 1992) and are more successful in adapting to new teachers at school (Erickson et al, as cited in Slade & Aber, 1992).

The mother-child interactions that result in different attachment styles are characterized largely by the different ways mother and child interact around the child's affect. However, "there is general agreement that the ability to tolerate the experience of negative emotions, to feel comfortable expressing such feelings productively in intimate relationships and to integrate them, is vital to healthy development and sensitive parenting" (Slade & Aber, 1992). Mothers classified as secure are as likely to attune to their infants negative emotions as they are to their positive ones, and to thus provide a thorough model of affect regulation. Work by Haft and Slade (1989) found that securely attached mothers were more emotionally attuned to their babies than were mothers who were insecurely attached. Secure mothers were also found to

attune to a range of child affect while insecure mother's responded to some affect and dismissed others. Aber, Slade, Belsky and Crnic (1999) found that mothers with secure and autonomous working models of their relationships with their own caregivers developed representations of their toddlers which were high in joy, coherence and pleasure. This representational schema influenced parenting style in that these mothers engaged in more positive and less negative parenting behaviors. Thus it becomes obvious that the attachment relationship is the context in which affect regulation develops.

Although it is often claimed that the Strange Situation is unbiased across cultures, recent research has begun to investigate the bias inherent in the classification system (Rothbaum, Weisz, Pott, Miyake, & Morelli, 2000). It has also been stated that it is important to take into account the infant's assessment of pre-separation episodes as well as their response to the "stranger." In different cultures infants have various levels of exposure to strangers which may impact their level of stress and thus their and their parents' behavior during reunion. For example, Japanese infants and Israeli kibbutz infants have far less exposure to strangers than

infants reared in the United States and thus appear more anxious during pre-separation (Sagi, VanIjzendoorn, & Koren-Karie, 1991).

Work by Harwood, Schoelmerich, Venture-Cook, Schulze et al. (1996) illustrates the error of using Western cultural values in examining and classifying mother-infant dyads in other cultures. In this study, mother-infant dyads from middle-class Anglo families in rural Connecticut were compared to a matched group of dyads from Latino families of the same social class and similar living contexts in Puerto Rico. Puerto Rican mothers were found to engage more in "physical control" and active structuring of their children's behaviors than did Anglo mothers who encouraged autonomy and exploration. According to Anglo-base attachment theory, this type of high control exhibited by the Puerto Rican mothers is believed to result in insecure attachment. However, the research found that high control in Puerto Rican families was associated with warmth and responsiveness resulting in secure attachment and positive behaviors in the children (Harwood et al., 1996). In a study examining attachment patterns and its relationship to parenting behavior in Puerto Rican and Dominican mothers, it was found that increased parental

interventions were related to secure attachment classifications (Fracasso, Busch-Rossnagel, & Fisher, 1994).

As the above research indicates, parenting style and child socialization are culturally-mediated variables which may influence a child's behavior differently in the Strange Situation. Minority group parents, for example, have development goals for their children determined by the values of their cultures, and so their reactions, perceptions and behaviors will differ from majority group parents who are influenced by their own cultural values (Zayas & Solari, 1994). For instance, in Latino families the individual develops in close interaction with the family. The socialization process thus involves the child's acceptance of the family as the central focus of their lives. Child rearing thus involves insistence on conformity to parental and extended family authority. Interestingly, immigrant parents rate conforming to external standards as being more important to instill in their children than the development of autonomous behaviors (Zayas & Solari, 1994).

Latino families also generally display closer mother-child relationships and more verbal and physical expression

of parental affection than Euro-American samples (Zayas & Solari, 1994). For instance, Puerto Rican mothers view securely attached infants in terms in sync with Puerto Rican culture, namely as affectionate, dignified, respectful, responsive to mother and others, and proximity seeking (Harwood, 1992). It is imperative then that when classifying infants one keep in mind the context in which the child is being reared. While a parent or child behavior may seem pathological by Euro-Western standards, it may be adaptive and rewarded in the culture of origin.

Maternal Separation Anxiety

Maternal separation anxiety is defined as an unpleasant emotional state in the mother tied to mother-infant separations. It may be evidenced by a woman's feelings of loss, sadness or guilt. Maternal separation anxiety can also be described as "an unpleasant emotional state reflecting a mother's apprehension about leaving her child" (Hock & DeMeis, 1990). Three components related to the level of maternal separation anxiety are: (1) mother's distress related to being away from her infant, (2) perception of her child's distress as a result of separation and (3) concern about the adequacy of alternative caregiver (Scher, Hershivitz, & Harel, 1998).

According to Bowlby (1969, as described in Mc Bride & Belsky, 1988), mothers' instinctual inclinations to protect their young result in anxiety when a separation from the child interferes with their ability to provide this protection, security and comfort. As Schaeffer (1977, quoted in Hock, McBride & Gnezda, 1989) highlights, "it is the couple that has become separated and not just the child, and so both individuals rather than just one must subsequently readjust (p. 793)." Thus maternal separation anxiety, like attachment, is based on instinctual drives, intended to maintain the safety of the child.

A woman's sense of self is believed to be an important mediator of the instinctual basis of maternal separation anxiety. Sense of self refers to the extent to which an individual has acquired a differentiated experience of self as a constant, discreet individual. A healthy sense of self is believed to contribute to confident, autonomous functioning in the maternal role (Lutz & Hock, 1994). In one study, high levels of separation anxiety were associated with less healthy aspects of emotional functioning, including more negative self-representations and higher levels of depressive symptomatology (Hock & Schirtzinger, 1992). It is evident that the degree to

which a mother experiences anxiety in reference to separation from her child has implications for the child's emotional development and the mother's mental health. For instance, mothers with higher levels of depressive symptomatology, as a result of maternal separation anxiety, might provide less adequate affect regulation for their children as their own affect will likely be dominated by sadness.

Factors which contribute to the isolation of the mother-infant dyad also tend to heighten a mother's anxiety about separation. For example, in an Italian sample, anxious mothers were younger, less educated, and also received less support from significant others, contributing to feelings of isolation (Fein, Garibaldi & Boni, 1993). Maternal separation anxiety has also been linked to quality of attachment. Lutz and Hock (1994) found that mothers with secure attachment representations were more likely than those with insecure representations to recall their mothers as accepting and encouraging of independence during childhood and had lower scores on maternal separation anxiety when their own children were two months old. At the end of one year, Scher, Hershkovitz and Harel (1998) found that mothers with preoccupied attachment

classifications had higher levels of maternal separation anxiety than secure mothers.

The degree to which a mother experiences anxiety with respect to separations affects the way she relates to her child. Mothers with higher levels of anxiety tend to pick up the child immediately or display soothing behaviors, even when the child is not distressed, impacting the child's ability to self monitor and regulate. These mothers are also less likely to promote autonomy in their toddlers (McBride & Belsky, 1988). In sum, according to Euro-Western definitions, mothers with secure attachments, positive self representation, higher levels of education and adequate social supports will display lower levels of maternal separation anxiety than mothers with insecure attachment styles, negative self-schema, lower levels of education and social isolation.

Maternal Separation Anxiety and Immigrant

Many first-generation immigrant mothers, including those of Latina descent, are less educated, experience social isolation and have fewer social supports available to them than women who are second generation or non-immigrants. Thus it may be that the level of separation anxiety in this sample is higher than in non-immigrant

women. In particular, Latina mothers tend to spend more time in closer physical proximity to their children than Anglo mothers and traditionally are the primary caretakers of their infants. It is quite possible that adopting the parental goals of the United States will provoke anxiety in Latina immigrant mothers. For example, as noted earlier, Latina mothers tend to foster collectivism in their children, with the family being the center of life. This is in stark contrast to the United States, in which parents pride themselves on fostering autonomy and independence in their children (Zayas & Solari, 1994). Furthermore, the Latina identity is closely connected with images of motherhood and caretaking (Collier, 1986), and so the concept of daycare and nonkinship childcare may be foreign and frightening. Many Latina mothers believe that only they can provide adequately for their children, and so are reluctant to separate from their children before it is necessary to send them to kindergarten.

Issues around separation may be amplified for immigrant women because of a sense of mistrust and anxiety about safety in the host country. Given that through the process of immigration, the immigrant mother may have experienced the loss of regular contact with many of her

kin, she may cling more tightly to family members in the host country, especially her children. This may subsequently impact the child's ability to develop independent regulatory strategies.

A Latina woman who adheres to the traditional idea that a mother is her children's primary caregiver and should be physically present at all times until their school years, may experience guilt and anxiety when separated from her child, believe that separations are harmful for the child and reject the use of other caregivers feeling that she alone is capable of providing care (Hock & DeMeis, 1990).

It should be noted that while immigrant Latina mothers in general may experience higher levels of maternal separation anxiety than their Anglo counterparts, the current study is based on the assumption that within the Latina immigrant population there will be within-group differences, hypothesized to be mediated by the nature of the immigration and acculturation experience. For example, an immigrant woman who leaves her country of origin to move to the United States with her children and without her spouse may experience immigration as more frightening and

isolating than one who comes with her nuclear family intact and has the support of her spouse.

Resilience

Given the stress involved in immigration and the impact it may have on affect regulation, attachment and maternal separation anxiety, it is hoped that the proposed study can clarify factors that contribute to the resilience of immigrant families and suggest interventions to mediate the risks.

In 1955, an interdisciplinary team of pediatricians, psychologist, public health and social workers began a prospective study of development using a cohort of all infants born on Kauai, a Hawaiian island. The main goals of the study were: (1) to document the course of pregnancies and outcomes and (2) to assess the long-term consequences of perinatal complications and adverse conditions on development and adaptation (Werner, 1996). One third of the cohort (N=201) were deemed at-risk for poor developmental outcomes because of both biological and environmental factors. Biological factors included congenital defects, low birth weight, being born addicted to drugs and/or alcohol, and/or having a "fussy" temperament. Environmental factors included poverty,

family discord, violence and abuse, substance abuse, numerous siblings, parental psychopathology and low educational attainment of parents (Rak & Patterson, 1996).

To the surprise of the researchers of the at-risk cohort, seventy-two individuals "defied the odds" and did not experience unusual levels of pathology or exhibit maladjustment, despite experiencing a number of these risk factors (Werner, 1996). The "well adaptation" of these individuals led the researchers and others in the field to explore factors which contributed to their normal development. These at-risk children, who defied the odds, were deemed "invincible," but today are better described as resilient.

Resilience refers to the process of, capacity for, or outcome of successful adaptation despite challenging or threatening circumstances (Dyer & McGuinness, 1996). Psychological resilience is concerned with behavioral adaptation, usually described in terms of internal states of well-being and/or effective functioning in the environment (Masten, Best & Garmenzy, 1990). It can also be conceptualized as an assembly of closely related abilities that work together, but that can also occur separately and independently (Demos, 1989). Protective

factors help promote resilience and are thought to moderate the effects of individual vulnerabilities and/or environmental hazards so that the adaptation trajectory is more positive (Masten, Best & Garmenzy, 1990).

Three cluster of protective factors emerged in the at-risk sample of the Kauai Longitudinal Study. Cluster one includes temperament factors, cluster two includes skills and values that lead to an efficient use of personal abilities, and cluster three includes characteristics and caregiving styles that represent parenting competence and that foster self-esteem and ego development (Werner, 1993). These clusters have often been grouped into areas of: personality disposition, family cohesion and social support. Personality disposition included as child's I.Q., temperament, sociability, level of interest in novel stimuli, self-regulatory skills and competence in school. Family cohesion included consistent parenting practices, fewer separations from primary caregivers during the first year of life and greater spacing between children; social support included things like a mentor, a confidante, or someone outside the family, who was a consistent source of guidance and support (Blout, 1996; Werner, 1996).

Whereas protective factors are believed to foster resilience and act as a buffer against psychosocial stressors, risk factors are believed to exacerbate vulnerabilities, both biological and environmental. Risk can be conceptualized as a deviation from an average expectable environment and/or a deviation from biological endowment or life experience (Mayes, 1994). Risk factors are hazards--either social, environmental, biological or both--which negatively affect the developmental trajectory (Masten, Best & Garmenzy, 1990). Some risk factors discussed above are poverty, low socioeconomic status, low birth weight, family instability and poor academic achievement.

Resilience and Immigrants

It has been found that socioeconomic status influences development of intellectual growth after the first year of life (Seifer & Sameroff, 1987). Given the often precarious financial situation of the immigrant family, as well as other stressors involved in the immigration process such as poverty and low level of social support, children of immigrants may be at-risk for poor adjustment. Fostering resilience in both parents and children may buffer against these risk factors. For example, research has shown that

resilient children spend more time interacting with teachers for instructional purposes and are able to elicit positive responses from both adults and peers (Padron, Waxman, & Huang, 1999). They also tend to have better academic achievement and an array of hobbies and interest (Werner, 1993), as well as having higher educational aspirations than their nonresilient peers (Tiet, Bird, Davies, Hoven, Cohen, Jensen & Goodman, 1998). To foster resilience in immigrant families, it is important to learn what coping strategies these families use, what they have found helpful and harmful in their process of adapting to the host country, and to explore those resources already in place that can provide a support system.

A family resilience approach aims to identify and strengthen important interactional processes that enable families to withstand and rebound from disruptive life events, including immigration (Walsh, 1998). The way a family deals with and manages disruptive events, protects itself against stress, reorganizes itself in the face of stressors and continues to grow influences the long-term and immediate adaptation and survival of the family unit and each member (Walsh, 1998). Family resilience is also influenced by social constructs and so the culture, both of

the family and society as a whole are important to examine when understanding how families respond to and cope with disruptive events. Given the enormous strain individuals and families undergo during the immigration process, it will be important to explore how these families cope, what has been useful and effective and what has been difficult and ineffective when trying to understand fully the narrative of their immigration.

Summary and Synthesis of Literature Review

The purpose of the proposed study is to examine the relationship between quality of immigration experience and maternal separation anxiety, and the relationship of these variables to affect regulation in mother-toddler dyads. The literature on resilience indicates that immigrant families often face psychosocial stressors that could make them susceptible to poor outcomes. For example, immigrant families often experience a loss in status, have lower incomes, live in poorer neighborhoods that are filled with violence and drugs, and have fewer social supports in place. These risk factors, in conjunction with acculturative stress and the lack of fluency with English many immigrants face, highlight the multiple risk factors encountered by these families.

These stressors often lead immigrants to feel that the United States is not a safe place to raise children and may contribute to a mother's higher level of separation anxiety. Her level of anxiety is further exacerbated by the loss of her homeland and the extended social support left behind, in addition to simultaneously having to adjust to a new culture. Acculturative stress can come from the discrepancy between the culture of origin's beliefs about the appropriate style and goals of parenting and those held by the country of immigration. Latina mothers who have immigrated to the United States find themselves caught between their country of origin's emphasis on high parental involvement and child obedience and the prevailing ideology of the United States, which encourages mothers to foster autonomy in their children and to use reliable day-care to provide "mothering" in their absence. American culture encourages mothers to be independent and define themselves as mothers and as individuals, often dissonant with the Latina self-representation in which the two are more likely interrelated. This heightened level of maternal separation anxiety may lead the mother to cling to her child and thus impact the child's ability to regulate affect. It has been shown that higher levels of separation anxiety result in

more intrusive behavior by mothers and an often misreading of the child's distress.

Statement of Hypothesis

It is hypothesized that the degree to which first-generation immigrant Latina mothers have experiences of loss of their homeland, as demonstrated by their responses in the qualitative interview, will be related to both their self reported degree of acculturation to the United States as demonstrated by scores on the Acculturation Scale, and their degree of maternal separation anxiety, as demonstrated by scores on the Maternal Separation Anxiety Scale (MSAS).

Hypothesis 1: Specifically it is hypothesized that women higher in immigration-based loss will have higher scores on the MSAS than women with middle and low levels of loss. In turn, women with lower degrees of immigration-based loss will have lower scores on the MSAS than women with middle levels of loss.

Hypothesis 2: Furthermore, it is hypothesized that women categorized as high in the degree of immigration-based loss will have lower Acculturation Scale scores than women with mid-level and low degrees of immigration-based loss; and that women categorized as at a mid-level of immigration-

based loss will have lower Acculturation Scale scores than women with a low degree of these losses.

Hypothesis 3: It is hypothesized that degree of acculturation will be negatively correlated with maternal separation anxiety, as demonstrated by scores on the Acculturation Scale and Maternal Separation Anxiety Scale.

A subset of the data will explore the impact of immigration-based loss and maternal separation anxiety on toddler affect regulation. It is hypothesized that mothers with higher degrees of immigration-based loss and more maternal separation anxiety will have children with more difficulty with affect regulation.

CHAPTER 2

METHODS

The data analyzed for this study were previously collected as part of another CUNY-IRB approved study which examined the challenges and coping skills in the transition from immigration to work. No new measures were administered for this study and no new subjects recruited.

Participants

Data were analyzed from the first thirty mothers interviewed, who had completed questionnaire packets for the above mentioned study. Participants were first generation Latina mothers whose children were attending the Columbia University Head Start and Early Head Start Program (CUHS/EHS). Women who participated in the study had a mean age of 31.5 years (range 21-45, SD=6.16), 56 % were Dominican, 23 % were Mexican, 13% were Ecuadorian, 3% were Cuban and 3% were Peruvian. Approximately 16.6 % of the sample had no high school education, 16.6% had some high school education, 43.3% were high school graduates, 16 % reported some college and 10 % were college graduates. To meet the Head Start financial requirements for participation, families' incomes must fall at or below the poverty line (i.e. an individual earns less than \$9,000

annually and a family of four has an annual income of less than \$18,000).

Method of Sample Selection

In an attempt to include families of different levels of acculturation and functioning, families for the original study were selected using a two-stage process (a mixed selection procedure involving stratified sampling and random sampling within stratifications). In the first step, each eligible CUHS/EHS family who had been in the program for a minimum of three months was given a global rating of overall level of adjustment to life in the United States, on a scale from 1 (Extremely Difficult Adjustment) to 6 (Excellent Adjustment). The primary purpose of this stratified sampling was to increase the likelihood that families across a range of needs and adjustment levels were sampled. The ratings considered adjustment in terms of employment, social/community connectedness, mastery of pragmatic resources (shopping, use of medical facilities, etc...), family interactions and stability, psychological and emotional adjustment of family members, and mastery of English. The ratings were made independently by the Director of CUHS/EHS, the Adult Development Coordinator and the Program Coordinator, all of whom had the most extensive

knowledge of the families. The three raters met to discuss their ratings of each family, came to consensus and assigned each family the consensus score. The families were divided into three adjustment groups: High (rating 5-6), Medium (rating 3-4), and Low (1-2) adjustment. Families within each group were then randomly selected to be participants in the study using a random numbers table.

In order to inform all potential participants about the study, the research project coordinator presented it to the mothers during a parent group session at CUHS/EHS. That way, when women were randomly selected and contacted, they already had been informed about the study, had had a chance to think about it, and could better decide whether they wanted to participate, than if they were called without having heard anything about it beforehand. Mothers who were randomly selected and those who were interested in participating then met individually with the project coordinator, were given more detailed information about the study, and then if still interested signed Informed Consent to Participate. Within two weeks of this initial contact, mothers were then scheduled for the first interview session. Those families that declined to participate were replaced by the next family randomly

selected (Frankel, 2000). In all 61 women were approached to participate in the study, 34 agreed to participate and 31 completed the entire study.

Materials/Instruments

Each measure to be described below as well as the directions for the Tool Task was translated from English into Spanish by this writer and Helena Deutsch. These Spanish translations were then translated back into English by a team of three research assistants, all fluent in Spanish, to ensure the accuracy of the translations. Any discrepancies in back translation were reviewed by this writer and Helena Deutsch. In addition to the procedure described above, all consent forms were submitted to the Hispanic Research and Recruitment Committee at Columbia University. This committee reviews all translations for accuracy. All the forms submitted were approved for use.

Demographics Questionnaire

This questionnaire asks for demographic information about the participant. It includes items on educational level attained, job history, current employment status, maternal age and ethnicity. This questionnaire has been used by Dr. Fraenkel in a previous study examining the impact of homelessness on work (personal communications,

1999). For the purpose of this study information regarding maternal age, education level attained and ethnicity were recorded.

Work and Immigration Interview

These interview questions were designed by Dr. Fraenkel, and this writer, with the input of Dr. Carmen Rodriguez and Dr. Arietta Slade. The first portion of this interview, which was coded for this study, contains questions regarding the family's experience of immigration and the impact this process has had on the family. The first several questions attempt to tap the sense of homeland loss evoked by the immigration process. Interview items also inquire about changes in parenting practices and level of support the family has experienced in the United States.

Utilizing a grounded theory approach (Strauss & Corbin, 1998), a new qualitative code was created, or a previously created code was assigned, for each "thought unit." Thought units were defined as an interview response that expressed a single thought and these were typically a sentence, or a phrase within a sentence in length. Once all responses had been coded in this manner, these codes

were clustered under more general themes or "concepts" (Strauss & Corbin, 1998).

The responses were coded as a team by me, another doctoral student in clinical psychology, and a master's student in psychology. The coding team received 6 hours of initial training in qualitative coding by Dr. Fraenkel, and he periodically reviewed the codes and their relationship to the raw data. During the initial training, we engaged in an exercise to identify our preexisting ideas about immigrant Latina mothers and their parenting, so as to assist ourselves to "bracket" or decrease the automatic influence of these ideas on what we heard and how we coded participants' responses. We also engaged in a group process to enhance the likelihood that all members of the coding team would feel equally able to offer codes and critique each other's coding suggestions. Coding sessions involved all three members of the team meeting together to view videotaped interviews, with each member of the team suggesting possible codes for each thought unit. These suggestions were then refined into a final code through dialogue and consensus. The portion of the interview coded was items A-F (Appendix A), which on average consisted of approximately 30-45 minutes of videotape. It took

approximately 3.5 hours to code each woman's videotaped interview for this portion of videotape.

Based on her codes and their placement under broader themes, each mother was then rated on degree of immigration based-loss. Prior to this phase, the code team met to discuss criteria for high, medium and low degrees of immigration-based loss and to refine the definition of immigration-based loss. Immigration-based loss was defined by the team as the sense/feeling of loss experienced by the individual as part of the immigration process. The concept was defined so as to reflect the feelings evoked by what was left behind in the country of origin and the sense of continual loss experienced in the host country.

Immigration has previously been posited to involve a grieving process in which the immigrant is viewed as the survivor and the loss symbolized by the homeland and those left behind (Arrendondo-Dowd, 1981), but it had not been viewed as an *ongoing* feeling of loss that is associated with the individual's perception of their immigration experience and their current life in the host country. The present conception of immigration-based loss holds that this sense of loss can be ongoing, rather than limited to period around the actual immigration.

High immigration-based loss encompassed themes including: home defined as in the country of origin, perseveration in talking about the homeland, desire to return home, feelings of intense isolation in United States, an overall sense of emptiness, as well as, a description of the immigration process as though it was still in the present. In addition, women rated as high on immigration-based loss had an overall affect which was sad, nostalgic and tearful, and used negative adjectives to describe their leaving the homeland and their adaptation to the host country.

Moderate immigration-based loss was defined by a woman's ability to discuss home in both countries, a moderate sense of belonging to a community in the United States, moderate feelings of nostalgia or thoughts of returning, a balanced description of the immigration experience and adjectives which were both positive and negative to describe her feelings regarding leaving home and her new life in the United States.

Low immigration-based loss was defined as a feeling of home in the United States, description of life and routines that focused on the U.S., an immigration process which appeared resolved, an affect that was full range,

adjectives which were overwhelmingly positive and optimistic, and a strong sense of belonging to the host country.

To rate mothers on the degree of immigration-based loss, each mother's response to each question was read aloud to the coders. The coders independently rated the woman's responses on a three point scale (1 to 3 with 1 being low immigration-based loss) and consensus was then reached among the team. If the team could not agree, the responses were read aloud again and rated until consensus was reached. Women were then assigned scores ranging from 1 (low immigration-based loss) to 3 (high immigration-based loss).

Maternal Separation Anxiety Scale (MSAS)

This instrument was developed by Hock, McBride, and Gnezda (1989). It is a 35-item, self-administered, paper-and-pencil questionnaire designed to measure maternal separation anxiety. The scale is designed to measure maternal separation anxiety, which is defined as "an unpleasant emotional state reflecting a mother's apprehension about leaving her child" (Hock et al, 1989). Each questionnaire item is answered on a five-point Likert scale ranging from strongly agree (5) to strongly disagree

(1). It consists of three subscales, each of which assesses a different aspect of maternal separation anxiety and can be looked at separately in relation to other data. Subscale 1, assesses and is titled, Maternal Separation Anxiety (feelings of guilt resulting from or anticipating leaving her child); Subscale 2, assesses and is titled, Perception of Separation Effects on the Child (it relates to maternal attitudes and feelings about a child's ability to cope with and benefit from nonmaternal care; it also looks at mother's belief that separation promotes sociability and independence) and Subscale 3, assesses and is titled, Employment-Related Separation Concerns (it relates to maternal concerns about work-related separation). The Cronbach's coefficients alpha for the items on the three subscales and the total MSAS were computed to estimate internal consistency. The coefficients for Subscales 1, 2, 3 were .90, .71 and .79 respectively (Hock et al, 1989). The internal consistency of the total MSAS was .88 as per Hock et al (1989).

Under the guidance of the director of CUHS/EHS, the wording of certain items was changed to make them applicable to the population being examined in this study. For example, the word "career" was changed to "job" since

many of the mothers in our sample were entering or attempting to join the work force at an entry-level position and did not have an established career.

Modified Acculturation Questionnaire

This is a paper-and-pencil, self-administered questionnaire consisting of 30 items answered on a 5 point Likert scale with 1= not at all to 5= all the time, which asks participants questions regarding the host country and their country of origin. It inquires about language preference and use, group membership and affiliation, and daily activities. For example, a typical question states "on a regular week, how often do you eat Latino food". It is a modified version of the acculturation measure designed by Cortes, Rogler & Malgady (1994, as cited on measure) and was modified by an NYU doctoral student, Teresa Leite, for the population of CUHS/EHS. Information regarding reliability and validity are currently being gathered.

Tool Task (also known as Tool-Use Task)

This behavioral measure was originally designed by Alan Sroufe and his colleagues at the University of Minnesota to study the link between quality of attachment in infancy and problem-solving behaviors in two-year-olds (Matas, Arend, & Sroufe, 1978).

The Tool Task provides an opportunity to observe mothers and children interact around a series of successively more challenging puzzles. The first two tasks are simple: removing a lure (in our case stickers) from a space between two-closely positioned wooden panels or from inside a tube using a stick. The remaining two problems are increasingly difficult: putting two sticks end to end in order to get a lure (in our case Blue Clues stickers) from a long tube and weighting down a lever with a block to raise a prize (in our case, Blue Clues and Clifford Bubbles) through a hole in a Plexiglas box. This final problem resembles a glass-encased seesaw in which the piece containing the prize is submerged under the Plexiglas until the level is weighed down by the block provided.

The procedure involves a toddler and his/her mother, being brought into the lab (in our study, a room at Columbia University Head Start Program) for a 10-minute free-play period, a 6-minute clean-up period, and a problem-solving task. At the end of the 10-minute free play, the mother is asked to initiate a clean-up period. After these 6-minutes of clean-up, the child is presented with four problem solving tasks. The experimenter explains the problem to the mother and presents the apparatus to the

child, and then withdraws to the far corner of the room. The mother is told to let the child work on the problem independently for a while (although no amount of time is specified), then to give "any help you think he/she needs." As described above, the first two tasks are simple: removing a lure from a space between two closely spaced wooden panels or from a tube using a stick. The other two problems are increasingly difficulty: putting two sticks end to end in order to get a lure from a long tube and weighting down a lever with a block to raise a prize through a whole in Plexiglas apparatus.

Using the Manual for Scoring Mother Variables in Tool-Use Task Applicable for Two Year Old Children sent to this writer by Dr. Alan Sroufe as a guide, mothers were rated for supportive presence and quality of assistance, and children were rated on dependency, noncompliance, coping, anger and affect during task engagement.

Supportive presence is defined as the emotional support with which the mother helps the child have a positive and enjoyable learning experience, no matter how challenging the task. It may be characterized by the balance of encouragement of autonomous work through condition of secure base by the caretaker and a level of

involvement that ensures the child will obtain emotional assistance, as needed (manual). Supportive presence includes secure base and mother involvement as major criteria and subcriteria include: focusing the child on task when needed, tuning the child to reinforcing aspects of the task as needed, mood setting for the problem, helping the child experience self-efficacy, sharing joy in the solution, encouraging and supporting the child's efforts, being physically present when needed, anticipating frustration and taking action to help the situation and the mother remaining calm. The subcriteria comprising each major criterion overlap. For example, secure base includes staying calm, mood setting, tuning the child to the tasks reinforcing aspects, anticipating frustration, encouraging and supporting the child's efforts in addition to providing physical presence as needed; mother involvement includes tuning the child to the tasks' reinforcing aspects, anticipating frustration, encouraging and supporting child efforts and sharing joy in the solution.

Quality of assistance involves the mother's skill at aiding her child in a manner which helps the child stay interested and motivated while allowing the maximum amount of exploration and discovery (manual). The subcriteria for

quality of assistance include grading of hints, clarity of hints, flexibility to change instructions if not working, timing and pacing of instructions, cooperation defined as giving hints the child needs, having control of the situation, giving space initially, giving helpful comments and effectiveness of instructions. Each subcriterion for both supportive presence and quality of assistance is rated on a 3 point system: yes, minimal, no. The ultimate rating of the major criteria (i.e. supportive presence and quality of assistance) are then determined on a 7 point scale, 7 being the best and 1 the worst, which is defined by the number of subcriteria met. For example, a mother would receive a scale point of 7 for supportive presence, if she meets all subcriteria.

Child criteria are also rated on a scaled score system. "Dependency is defined as the degree of nurturance, attention, reassurance and help-seeking the child seeks (manual)." It is rated on a 6 point scale with 1 being very low dependency and 6 being very high dependency. Noncompliance measures the degree to which the child complies with the mother's task directions and measures his/her willingness to listen to the mother's suggestions (manual). It is also rated on a 6 point scale

with 6 being the child rejects virtually all the mother's suggestions and 1 being the child actively orients toward the mother's directions and complies with all major instructions. Coping relates to the degree of stress and frustration the child can tolerate (manual). This is measured on a 7 point scale with 7 being that the child stays organized and involved in the face of great challenge/frustration and 1 being that the child has an extremely low coping ability (even with support the child becomes disorganized in the face of challenge-manual). Anger is the degree of expressed anger by the child regardless of its origin (manual). This is measured by a 6 point scale with 1 being no signs of anger and 6 being more than one tantrum or one full blown tantrum persisting for a minute or more. Affect is rated as positive: (1) cheerful, (2) content, (3) neutral or negative: (1) neutral, (2) neutral with some crying, whining, (3) numerous instances of negative affect (4) predominant negative affect.

Given the exploratory nature of this part of the study, the small sample size and in consultation with a statistician, we did not engage in the rather time consuming process of establishing inter-rater reliability between independent coders. Rather coding was done by

utilizing the consensus approach. This writer and another doctoral student in clinical psychology watched each dyad once for an overall impression, replayed the tape a second time and then independently rated each mother and child criteria. Coders discussed their independent ratings and if a discrepancy arose watched the video again, re-rated the criteria in question until consensus was reached.

My Child (Emotion Regulation Checklist)

This checklist was designed by Shield and Cicchetti (1997) and has 24 questions that are positively and negatively coded to assess the emotionality and regulation of a child including affect lability, intensity, and appropriateness of affective response. Raters, in our case mothers, judge each item on a 4 point Likert scale (from almost always to rarely never/rarely) as to how typical each is for the child being rated. The checklist items are worded in such a way that "almost always" could be indicative of positive or negative behavior. There are two factors to the scale: lability/negativity and emotion regulation. The lability/negativity factor examines the inappropriate management of negative emotions and mood lability; typical items are "has big mood swings" and "is easily frustrated." The emotion regulation factor examines

degree of appropriate display of emotions such as empathy; typical items are "is a cheerful child" and "responds well to adults who are friendly or neutral." Cronbach's alpha for the lability/negativity scale is .96 and for the emotion regulation scale it is .83. Internal consistency for the entire scale is a composite score of .89 (Shield & Cicchetti, 1998). This questionnaire was examined for the six mother-child dyads that were coded for the Tool Task.

Procedure

After a mother agreed to participate and signed Informed Consent, she was scheduled for the first interview session within two weeks. The mother was then interviewed regarding her immigration experiences and adjustment to life in the United States. The entire interview on average took approximately 4 hours to complete over a two-day period.

At the beginning of the second interview session, the mother and child participated in a 30-minute interactive activity called the Tool Task.

On a third day within several weeks of completing the interview and Tool Task, the mother returned to complete a packet of questionnaires. Mothers sat in a group with other study participants, but did not discuss their

responses to the questionnaires. This was done to ensure confidentiality of all data. The purpose of the group questionnaire session, rather than sending mothers' home with the questionnaires to complete on their own, was to have research assistants present who could assist parents with reading the questionnaires. All questionnaires were available in English and Spanish, and subjects were allowed to select the language of administration based on preference. All women chose Spanish questionnaires.

While mothers were completing the questionnaires, child care was provided for their children in a separate room equipped with age appropriate toys at the Head Start. Lunch was also provided to the families and this allowed mothers the opportunity to socialize with each other and possibly create support networks.

Mothers received \$30 compensation for completing the interview and mother-child interaction and \$25 for completed questionnaire packets.

CHAPTER 3

RESULTS

Quantitative Analysis of IBL, MSA and Acculturation

The data were normally distributed with no significant skewedness or kurtosis. As was anticipated the mean score for maternal separation (scale 1: MSAS) was above the midpoint for this sample indicating that in general the cohort was high on maternal separation anxiety. The mean score for immigration-based loss was a 2 (range 1-3) indicating that women in the sample were experiencing moderate levels of immigration-based loss. What follows are the results for each of the quantitatively examined hypotheses; each hypothesis was examined for each subscale of the MSAS measure.

Hypothesis 1A: Maternal Separation Anxiety and Immigration-Based Loss

A bivariate regression model (which in this case is identical to a Pearson correlation) has been estimated to assess the relationship between maternal separation anxiety and immigration-based loss. The findings from the model are displayed in Table 1A. As indicated in the table, immigration-based loss "explains", or accounts for, 0% of the variation in the dependent variable. In effect, this finding implies that

maternal separation anxiety is completely unrelated to, and therefore cannot be predicted from, immigration-based loss ($R^2 = .00$, $F=0.01$, $(1,28)$, $p = .92$).

Table 1A: Maternal Separation Anxiety and Immigration-Based Loss - Regression Analysis

Predictor:	β	F	df	p	R^2
Immigration-Based Loss	-.02	.01	(1,28)	.92	.00

Hypothesis 1B: Maternal Promotion of Sociability and Independence (Perception of Separation Effects on the Child) and Immigration-Based Loss

A second bivariate regression model has been estimated to assess the relationship between maternal promotion of sociability and independence and immigration-based loss. The findings from the model are displayed in Table 1B. As seen in this table, immigration-based loss "explains," or accounts for, relatively little, i.e., 2%, of the variation in the dependent variable. Again, this finding implies that maternal promotion of sociability and independence is unrelated to, and therefore cannot be predicted from, immigration-based loss ($R^2 = .02$, $F=0.45$, $(1,28)$, $p = .51$).

**Table 1B: Maternal Promotion of Sociability & Independence
and Immigration-Based Loss - Regression Analysis**

	β	F	df	p	R^2
Predictor:					
Immigration-Based Loss	.13	.45	(1,28)	< .51	.02

Hypothesis 1C: Employment-Related Separation Concerns and
Immigration-Based Loss

A third regression model has been estimated to assess the relationship between the employment-related component of maternal separation anxiety and immigration-based loss. The findings from the model are displayed in Table 1C. As indicated in this table, immigration-based loss "explains," or accounts for, 21% of the variation in the dependent variable, and this increment in "variation explained" is statistically significant ($R^2 = .21$, $F=7.41$, (1,28), $p < .02$). Inspection of the standardized regression coefficient, which in this model is identical to the familiar Pearson correlation coefficient, indicates that the relationship between employment-related separation concerns and immigration-based loss is negative or inverse. In addition, the "strength," or "magnitude," of this

relationship can be characterized as “moderately strong,” i.e., $\beta = -.46$, $p < .02$. Substantively, this result indicates that higher levels of immigration-based loss are moderately predictive of lower levels of employment-related separation anxiety.

Table 1C: Employment-Related Separation Concerns and Immigration-Based Loss - Regression Analysis

Predictor:	β	F	df	p	R^2
Immigration-Based Loss	-.46	7.41	(1,28)	< .02	.21

Based on the significance of the above finding, post-hoc analysis were conducted comparing non-employed and employed groups' mean scores on the three maternal separation anxiety subscales and overall mean for maternal separation anxiety. This analysis is based on 29 of the participants as employment status for one mother was unknown. Of the remaining sample, 6 participants were employed and 23 were unemployed at the time of the study. T-tests reveal that employed mothers' overall level of maternal separation anxiety (i.e. the mean of the three subscales) was lower than that of their non-employed counterparts; the mean of employed mothers (18.69) was significantly lower than that of the unemployed group

(21.12) ($t=2.90$, $df=27$, $p=.007$). The second statistically significant finding was for Maternal Separation Anxiety (subscale 1), the employed group's mean score (24.72) was significantly lower than that of the unemployed group (27.83) ($t=2.26$, $df=24$; $p=.033$).

Hypothesis 1D: "Overall" Maternal Separation Anxiety and Immigration-Based Loss

A summary regression model has been estimated to assess the relationship between an aggregate of the three maternal separation anxiety measures (i.e. MSAS total) and immigration-based loss. More specifically, the three maternal separation anxiety measures which have been analyzed as individual measures to this point have now been aggregated by taking their mean for each woman in the study. This aggregated measure now serves as the dependent variable in a bivariate regression model in which immigration-based loss is the independent or predictor variable. The findings from the model are presented in Table 1D. As indicated in the table, immigration-based loss accounts for a statistically insignificant proportion of the variation in this aggregate measure ($R^2 = .05$, $F=1.39$, $(1,28)$, $p < .25$). This finding indicates that the construct, "maternal separation anxiety," as operationally

defined by the average of these three measures, is unrelated to immigration-based loss.

Table 1D: Aggregate Maternal Separation Anxiety and Immigration-Based Loss - Regression Analysis

Predictor:	β	F	df	p	R ²
Immigration-Based Loss	-.22	1.39	(1,28)	.25	.05

Hypothesis 2: Acculturation and Immigration-Based Loss

Another bivariate regression model has been estimated to assess the relationship between acculturation ("Americanization") and immigration-based loss. The findings from the model are displayed in Table 2. As indicated in the table, immigration-based loss "explains," or accounts for, 1% of the variation in the dependent variable. Again, this finding implies that acculturation is not predictable from immigration-based loss ($R^2 = .01$, $F=0.27$, (1,28), $p = .61$).

Table 2: Acculturation and Immigration-Based Loss - Regression Analysis

Predictor:	β	F	df	p	R ²
Immigration-Based Loss	-.10	.27	(1,28)	.61	.01

Hypothesis 3: Maternal Separation Anxiety and Acculturation

This third hypothesis states that women who report greater levels acculturation will also report less maternal separation anxiety of any type, i.e., general maternal separation anxiety, promoting sociability and independence in children, employment-related separation anxiety, or a composite of all three subtypes. Table 1 below presents the relevant data.

Table 3: Pearson Correlations between Acculturation and Maternal Separation Anxiety

Acculturation	r	p
Maternal Separation Anxiety	-.08	.67
Promoting Sociability and Independence	-.16	.40
Employment-Related Separation Concerns	-.10	.62
"Overall" Maternal Separation Anxiety	-.23	.22

As seen in this table, all of the correlations are negative in the sample, which is the predicted direction. However, none is statistically significant at the conventional level, i.e., $p \leq .05$. Given these results, there is no evidence of a relationship between acculturation and maternal separation anxiety.

Hypothesis 4A (additional analysis): Maternal Separation
Anxiety, Acculturation, and Immigration-Based Loss

A hierarchical multiple regression model has been estimated to evaluate the hypothesis that the relationship between maternal separation anxiety and immigration-based loss are moderated by the level of acculturation ("Americanization"). This tests the likelihood that immigration-based loss may predict levels of maternal separation anxiety for women whose level of acculturation is lower, but not for women whose level of acculturation is higher. In the first stage of the model-building process, the two "main effects," i.e., immigration-based loss and acculturation, are entered simultaneously into the regression model. Taken as a set, these two variables are not significantly related to maternal separation anxiety ($R^2 = .01$, $F=0.10$, $(2,27)$, $p = .91$). Moreover, when each predictor is examined individually, the standardized partial regression coefficient for each predictor is also statistically insignificant (immigration-based loss: $\beta = -.03$, $F= 0.02$, $df=(1,27)$, $p = .89$; acculturation: $\beta = -.09$, $F= 0.19$, $df=(1,27)$, $p = .66$).

Despite the absence of a "net," statistically significant relationship between maternal separation anxiety and immigration-based loss, that is, controlling

for, or "averaging across," the different levels of acculturation, it is still possible that there is a statistically significant relationship between maternal separation anxiety and immigration-based loss at specific "levels" of acculturation. To evaluate this possibility, an "interaction" or "crossproduct" term between acculturation and immigration-based loss is entered in a second stage of the model-building process. Although, the addition of this term contributes an additional 3% to "variation explained" in the dependent variable, i.e., maternal separation anxiety, this incremental contribution is also not statistically significant ($R^2_{\text{incremental}} = .03$, $F=0.87$, $(1,26)$, $p = .36$). Given the fact that interaction term does not contribute any statistically significant, incremental variation to the prediction of maternal separation anxiety, the data do not support the claim that the relationship between maternal separation anxiety and immigration-based loss is moderated by acculturation.

Hypothesis 4B: Maternal Promotion of Sociability & Independence, Acculturation, and Immigration-Based Loss

A second hierarchical multiple regression model has been estimated to evaluate the hypothesis that the relationship between maternal promotion of sociability and

independence and immigration-based loss is moderated by acculturation.

In the first stage of the model-building process, the two "main effects," i.e., immigration-based loss and acculturation, are again entered simultaneously into the regression model. These two variables are not significantly related to maternal separation anxiety ($R^2 = .04$, $F=0.53$, $(2,27)$, $p = .59$). Moreover, when each predictor is examined individually, the standardized partial regression coefficients for each predictor is also statistically insignificant (immigration-based loss: $\beta = .11$, $F= 0.35$, $df=(1,27)$, $p =.56$; acculturation: $\beta = -.15$, $F= 0.61$, $df=(1,27)$, $p = .44$).

As outlined above, despite the absence of a "net," statistically significant relationship between maternal promotion of sociability and independence and acculturation, it is still possible that there is a statistically significant relationship between the outcome measure and immigration-based loss at specific "levels" of acculturation. To evaluate this possibility, an interaction term between acculturation and immigration-based loss is entered in a second stage of the model-building process. The addition of this term contributes 0% to "variation

explained" in the dependent variable ($F=0.03, (1,26), p = .87$). Again, these data do not support the claim that the relationship between the maternal promotion of sociability and independence and immigration-based loss is moderated by acculturation.

Hypothesis 4C: Maternal Employment-Related Separation Concerns, Acculturation, and Immigration-Based Loss

A third hierarchical multiple regression model has been estimated to evaluate the hypothesis that the relationship between maternal employment-related separation concerns and immigration-based loss is moderated by acculturation.

In the first stage of the model-building process, again, the two "main effects," i.e., acculturation and immigration-based loss, are entered simultaneously into the regression model. Taken together, these two variables are significantly related to employment-related separation concerns ($R^2 = .23, F= 4.01, (2,27), p = .03$).

Moreover, when each predictor is examined individually, the standardized partial regression coefficient for acculturation is not statistically significant, $\beta = -.14, F= 0.69, df=(1,27), p=.41$, but that for immigration-based loss is highly significant, $\beta = -.47, F= 7.70, df=(1,27), p=.01$. As already observed from the

findings in Hypothesis 1C, higher levels of immigration-based loss are moderately predictive of lower levels of employment-related separation concerns, even when controlling for level of acculturation. Still, these findings from the "main effects" model are not the principal question of this hypothesis. Rather, we wish to determine whether the relationship between employment-related separation concerns and immigration-based loss is moderated by acculturation. As noted above, findings from the "main effects" model is not informative for this question. To address the question of moderation, a "crossproduct" or "interaction" term between acculturation and immigration-based loss has been entered into a second stage of the model-building process. The addition of this term contributes no incremental variation to the regression model ($F=0.01$, (1,26), $p = .92$). As such, the data do not support the claim that the effect of immigration-based loss on maternal employment-related separation concerns is moderated by acculturation.

Hypothesis 4D: "Overall" Maternal Separation Anxiety, Acculturation, and Immigration-Based

A fourth, and final, hierarchical multiple regression model has been estimated to evaluate the hypothesis that

the relationship between "overall" maternal separation anxiety and immigration-based loss is moderated by acculturation. The findings of the "main effects" model indicate that the two predictors, immigration-based loss and acculturation, taken together, are not significantly related to the aggregated maternal separation anxiety composite ($R^2 = .11$, $F=1.68$, $(2,27)$, $p = .21$). This conclusion also holds when examining the unique effects of each predictor, i.e., neither predictor is individually statistically significant (immigration-based loss: $\beta = -.24$, $F= 1.76$, $df=(1,27)$, $p = .20$; acculturation: $\beta = -.25$, $F= 1.93$, $df=(1,27)$, $p = .18$).

As outlined above, these findings are really not the focus of Hypothesis 3D. Again, the focus is on whether there is any evidence that the relationship between immigration-based loss and "overall" maternal separation anxiety depends upon level of acculturation. The interaction term is insignificant ($p=.46$). Given this finding, and consistent with all of the other Hypothesis 3 findings presented above, there does not appear to be any evidence to support the claim that acculturation moderates the relationship between immigration-based loss and "overall" separation anxiety.

Qualitative Analysis of the Tool Task

What follows is a report of the qualitative analysis which explored the effects of immigration-based loss on toddler affect regulation. This portion of the study was also intended to examine the effects of maternal separation anxiety on toddler affect regulation, but as noted above, no significant relationship was found between immigration-based loss and maternal separation anxiety and for the six women in this sample MSAS scores were relatively on par with one another.

As described in the Methods, both mother supportive presence and quality of assistance, as well as toddler affect regulation, were measured by coding mothers' and toddlers' behaviors during the Tool Task. In addition, mother's rated their children's affect regulation on a scale called My Child (Emotion Regulation Checklist). Six mother-toddler dyads, two from each level of immigration-based loss (high, medium, low) were examined. The mean age of the toddlers was 2.3 years (range 21 months-36 months; SD=.74) and mean age of mothers participating was 31.2 years (range 23-39; SD=6.68).

In pursuing a more intensive qualitative exploration of the data, a fewer number of cases were examined to

explore the hypotheses. At each level of immigration-based loss, one dyad with a female and one with a male toddler was coded. Mothers were rated on supportive presence and quality of assistance. Again, as specified in the Methods, supportive presence is defined by a mother's ability to provide a secure base, to help the child feel comfortable with the task and by her involvement (i.e. mother's attentiveness to the child and task-manual). Quality of assistance is defined as the degree to which the mother provides the minimal assistance needed to keep the child working and directed at the solution without solving the problem for the child and also assesses how she helps the child see the connection between the actions required to solve the problem (manual). Again as specified in the Methods, children were coded for dependency, noncompliance, coping, anger and overall affect during the task.

Mothers' Tool Task Behavior and Children's Tool Task Behavior

For mothers rated high on immigration-based loss maternal behavior during the Tool Task varied significantly. Mother 1 (male child) received a score of 7 for supportive presence reflecting her meeting all of the subcriteria; she was able to focus the child on the task,

set the mood and remain calm, provided the child with a sense of efficacy and shared his joy in solving the problem. In addition, she was able to anticipate frustration and respond accordingly. In contrast her peer, Mother 2, (female child) only received a score of 3 for supportive presence. This score reflects her inability to fulfill some subcriteria and only minimally meet others. She was unsuccessful in focusing the child on task and on providing physical presence when needed. In fact, she rarely moved from her chair throughout the interaction and did not redirect the child to the task; the child never completed task 4. This mother only minimally set the mood and provided her daughter with a sense of efficacy. In addition, she only weakly anticipated and intervened appropriately when her child was frustrated or shared her child's joy when completing a task. These two mothers received equally discrepant scores for quality of assistance. Mother 1 received a score of 6 indicating that her assistance was "quite good but not 100%" (manual). She did not initially provide the child space to explore and only minimally graded hints and controlled the situation. She did however, successfully provide clear instructions, was helpful and effective and was tuned to

her child's level of understanding. Mother 2, again scored significantly lower, and received a score of 3 for quality of assistance. This score is indicative of weak maternal assistance. She minimally provided clear hints, gave helpful comments or provided space to explore.

As would be expected given the drastic differences in maternal behavior, the children of these two women performed differently during the problem solving tasks. Mother 1's child affect was rated as content with some negative periods. He demonstrated good coping skills (7), was basically compliant with maternal instructions (3), showed moderate dependency (4) and had an isolated period of anger (3). His peer, mother 2's child had an affect marked by negativity (3), refused to comply with most maternal instructions (6), had more than one period of anger (4), demonstrated poor coping skills (2) and displayed only slight dependency (2).

For mothers rated as moderate on immigration-based loss, maternal behavior during the Tool Task was not as discrepant. Mother 3 (male child) received a score of 7 for supportive presence. As noted above, a score of 7 reflects a mother's ability to provide a secure base and remain attentive to the task and child. This mother kept

the child focused, set the mood and stayed calm, provided the child with a sense of efficacy and shared his joy in the solution, as well as anticipated and dealt appropriately with frustration from the child. Her peer, mother 4, (female child), received a score of 6 for supportive presence. She technically met all criteria, but did not give all support possible. In this instance, she only minimally focused the child on task and tuned her to its reinforcing aspects. Mothers' scores for quality of assistance were also on par. Mother 3 received a score 5 indicating that she provided moderately good assistance, but did not meet 2-3 subcriteria. In this instance, mother 3 was able to time and pace her instructions and maintained control of the situation, but did not provide clear and effective instructions and was inflexible about changing her strategy when ineffective. Mother 4 received a score of 4 on quality of assistance indicating that she demonstrated more than a few strengths, but was unable to meet several subcriteria. She was successful at providing clear, paced and well-timed hints, which were helpful and also provided the child space to explore. However, she had minimal control of the situation, showed only slight cooperation and slight flexibility. Interestingly, their

children also performed similarly during the task. Both demonstrated low dependency (1), showed no anger (1), were basically compliant with maternal instructions (3) and displayed positive and cheerful affect (1). The two differed in coping in that mother 3's son scored a 6 for coping indicating that he could handle a great deal of frustration, whereas his peer received a 3 indicating reasonable coping.

Mothers rated as low on immigration-based loss performed similarly with respect to supportive presence, but differed in ability to provide quality assistance. Mother 5 (male child), scored a 7 for supportive presence as she was able to focus the child, set the mood, provide her son with a sense of efficacy, shared his joy in the solution, stayed calm, anticipated child frustration and was physically present when needed. Her counterpart, mother 6 (female child), received a score of 6 for supportive presence. She met all of the criteria above except only minimally focused the child on task rewards. The two mothers scored differently for quality of assistance. Mother 5 received a 7 as she met all criteria successfully such as providing helpful, effective and well-timed hints. Mother 6 only received a score of 4 as her

quality of assistance was categorized a moderately good but with some weaknesses. She was successful at cooperating with child's need for hints, of having control of the situation and of giving the child space. However, she only minimally paced, timed and graded hints and did not provide effective instructions. These children displayed some similarities on task performance, but there were also notable differences. For example, both children demonstrated low dependency (1). Anger was also low for both, but mother 5's son did demonstrate one isolated period of anger (2), while his peer had no angry episodes (1). Both also rated similarly on coping with mother 5's son receiving a 7 and mother 6's daughter receiving a 6. The two differed in terms of affect in that mother 5's son had a neutral affect, whereas mother 6's daughter affect was content. Also mother 5's son was compliant with complete orientation to maternal instructions (1) whereas mother 6's daughter was basically compliant (3).

In summary, mothers rated as high on immigration-based loss exhibited the most discrepancy on their performance during the Tool Task. It is of interest, that only the child of a mother in this category failed to complete all four tasks. Similarly, it was a mother in

this category who scored the lowest of the entire sample for both supportive presence and quality of assistance. Of interest, is that mother 1, who was rated high on IBL and received a 7 for supportive presence, had a child who scored higher on dependency than his peers. Mothers in the category of moderate immigration-based loss performed almost identically as did their children, with relatively high scores on supportive presence and good scores on quality of assistance. Likewise, both mothers in the category of low immigration-based loss were found on the high end of supportive presence, with one at the high end and one more moderate in quality of assistance. Their children both scored low on dependency and anger and high on coping, although there were some differences on affect and following instructions.

Mothers' Tool Task Behavior and Mothers' Affect Regulation Ratings of their Children

Table 4

S	IBL	Supp P	Qual A	Emotion T	Lability T
1	H	7	6	29	32
2	H	3	3	24	27
3	M	7	5	20	32
4	M	6	4	23	32
5	L	7	7	28	26
6	L	6	4	22	32

Table 4 represents the mothers' ratings on immigration-based loss (IBL), scores for supportive presence (Supp P) and quality of assistance (Qual A), and their ratings of their children's affect for both emotion regulation and lability as reported on My Child (Emotion Regulation Checklist). As has been stated above, high scores on supportive presence and quality of assistance reflect better maternal performance during the Tool Task, whereas higher ratings for immigration-based loss are hypothesized to negatively impact maternal performance and child regulation. A high emotion total score is believed to indicate better regulation and a low score on lability total is believed to indicate more stable affect.

As is reflected above, mothers' ratings of their children's affect do not appear related to their performance on the Tool Task, as mothers ranked equally high on supportive presence rated their children differently for degree of regulation and lability. Interestingly, mother 1, who is believed to have high degrees of immigration-based loss, rated her child highest on emotion regulation, but also rated him as labile. Also of interest, is that the child rated second as least labile by her mother, had the mother who was most deficient in

providing a supportive presence and high quality assistance and who herself demonstrated a negative affect during task engagement. The two discrepant patterns noted above were from mothers rated high on immigration-based loss, which may suggest that degree of immigration-based loss interferes with the accuracy with which a mother interprets her child's affect.

CHAPTER 4

DISCUSSION

Interpretation of the Results

As has been stated, immigration is a time of enormous stress and upheaval for families. In particular, cultural displacement has an impact on the dilemmas of motherhood, as it requires adaptation to changing conceptions of gender roles and attachment, bicultural conflicts, and changing family structure and social networks (Tummala-Narra, 2004). Immigrant mothers must contend with the stressors of adapting not only to a new culture, but also to a new concept of motherhood, and often without the social supports they received in their mother country. It was anticipated that first-generation Latino immigrants, given their cultural expectations and adherence to beliefs such as Marianismo (which fosters the idea that, like the Virgin Mary, women must sacrifice themselves and their needs for those of their family), would experience high degrees of maternal separation anxiety. As was anticipated, the mean score for maternal separation anxiety (subscale 1) was above the midpoint for this sample, indicating that in general the cohort was higher than average on maternal separation anxiety.

However, it was found that maternal separation anxiety was not related to and therefore could not be predicted from immigration-based loss as had been anticipated. Mothers who received scores indicative of higher degrees of immigration-based loss and therefore unresolved immigration experiences were not found in this cohort to experience more maternal separation anxiety than their peers with lower levels of immigration-based loss. It appears that maternal separation anxiety in this sample of first-generation Latina mothers was influenced by factors unrelated to their immigration experience. It may be that their own experience of being mothered and attachment style are what influences their degree of anxiety, and research exploring attachment styles and maternal representations of immigrant mothers may provide insight into the influence of internal working models on separation anxiety in this population.

A subscale of the maternal separation anxiety scale that measured, maternal promotion of sociability and independence/perception of separation effects on the child (subscale 2), was also found to be unrelated to degree of immigration-based loss. This is in direct contrast to the expected result in that it was anticipated that mothers

with higher degrees of immigration-based loss would cling more to their children and utilize them as a transitional object bridging the home and host country. It may be that as children often acculturate more rapidly than adults and as such often serve as mediators for their parents in the host country, mothers may seek to promote their children's integration into the host country to facilitate their own adaptation. Children of immigrant parents often act as their parents' translators and become parentified post immigration in an interesting role reversal. Future research should examine the degree to which role reversal in immigrant mother-child dyads impacts the quality of attachment and the mother's adaptation to the host country.

A third subscale of maternal separation anxiety, employment-related separation concerns, was found to be inversely related to immigration-based loss. As such, higher levels of immigration-based loss were found to be predictive of lower levels of employment-related separation anxiety. This is an unexpected finding in that it was predicted that those women with more unresolved immigration experiences would be mistrustful of the host country and thus reluctant to spend time away from their children, even for working purposes. The finding can be explained,

however, by the fact that many of the participants were from working class backgrounds in their country of origin and so employment may have been utilized by this sample as the transitional object bridging both their home and host countries. Employment may also provide a concrete opportunity for these women to care and provide for their children at a time when their maternal identity may be challenged by the immigration experience. Furthermore, basic survival of the family may rely on the mother's ability to work and so the instinct to survive may supersede the anxiety she may experience by leaving her children when she goes to work. Post hoc analysis of the data illustrates that employed participants did in fact report significantly less maternal separation anxiety than their unemployed counterparts as evidenced by their responses on the Maternal Separation Anxiety Scale.

It had also been expected that the degree of acculturation would be related to immigration-based loss in that women who experienced higher degrees of immigration-based loss would likely be less acculturated to American culture. This hypothesis was not supported by the data in that acculturation was not predictable from immigration-based loss. This finding suggests that the degree to which

an immigrant mother adapts to her host country may not be influenced by the degree to which she experiences loss of the mother country. Adapting to the host country may thus be a process independent from separation from the homeland. Further investigation needs to be conducted to explore those factors which impact degree of acculturation in Latino mothers.

It was also anticipated that maternal separation anxiety would be inversely related to degree of acculturation, with women experiencing higher maternal separation anxiety being less acculturated to the host country. Although our results did not meet statistical significance, the data suggests that a negative relationship between the two variables does exist. Perhaps with a larger sample size and a more sensitive acculturation measure the results of this analysis would have achieved statistical significance.

The results of the preliminary qualitative exploration examining the influence of immigration-based loss on toddler affect regulation suggests that mothers with higher degrees of immigration-based loss may misinterpret their children's affect. Perhaps mothers with higher degrees of immigration-based loss are preoccupied

with their own experiences and as such misread their children's emotional state, just as their own affect may be incongruent with the way it is portrayed within the family and even to the larger community.

Reapproaching the Data

While the outcomes remain surprising, I continue to have a sense that there is a relationship between immigrant mothers' experience of immigration and maternal separation anxiety. I would like to propose a few ideas as to other ways that the qualitative interview data could be explored which may capture the nature of this relationship, which clinical experiences suggest to be true.

Although the present study included participants' overall expressed affect during the interview as a criterion for placement into the categories of high, medium and low immigration-based loss, perhaps coding specifically for affect in a more detailed, comprehensive way would have provided a useful indicator of a woman's perceived sense of loss, including her anger and frustration regarding her experience of immigration and adjustment to the new country. It is also worth considering that asking questions about the immigration experience in terms of a woman's sense of betrayal and disillusionment may have

allowed more expression of negative emotions. For example, many of the participants discussed how they had believed that the United States was the land where money lined the streets and life for them and their families here would be significantly improved. Yet rarely did the conversation capture the sense of anger and betrayal felt when reality did not live up to this expectation. This is likely an artifact of the Latino cultural value of *Marianismo*, the veneration of the Virgin Mary which fosters the notion that women should be self-sacrificing, put the needs of their family first and accept whatever fate brings them without complaint (Collier, 1986). *Marianismo* encourages passivity and frowns upon displays of aggression. As such, without the prompting of specific questions allowing for the display of the anger, frustration, and betrayal participants may have felt as part of their immigration and resettlement, the women may not have felt comfortable discussing these issues.

In support of this idea is the observation that, in instances where issues around conflict were discussed, the participants' responses often became vague and more challenging to code, possibly signifying the repression of unacceptable emotions. It may be that women for whom

aggression is more unacceptable are more likely to experience higher levels of anxiety about separation from their children than women who, upon direct, encouraging questioning, can express and "hold" their aggressive feelings. This question cannot be answered by the current data.

Limitations to the Study

The study had several limitations which were unable to be addressed prior to data analysis in that the research undertaken for this study examined data previously conducted as part of a larger study. By far the largest weakness was the relatively small number of participants (N=30). However, being aware of the recruitment efforts and methods of the original study, the number of participants is reflective of the difficulty of conducting research with an underserved, underrepresented and difficult to engage population. In general, the Latino immigrant population is not familiar with psychological principles and less so with empirical research. With immigrant populations there is also an inherent fear of working with larger institutions which in their mind can be related to INS and result in their deportation.

Another problem may have been that sampling limitations led to a restricted range of scores. In the larger study equal effort was made to recruit subjects from all three levels of functioning (i.e. high, medium, low) and yet those in the mid range were most responsive. Those functioning at the highest level were already engaged in employment and/or educational programs and could not commit the time to participate and those in the lowest level of functioning were inconsistent in attendance to the interview dates and in completing questionnaires. If a wider range of functioning had been represented in the sample, that might have translated into a wider range of scores and resulted in significant findings.

Another limitation related to sampling was the fact that all participants had children enrolled in Columbia University Head Start/ Early Head Start. There was thus an implicit sampling bias in that parents enrolled in this type of program are likely to be more acculturated to Western society than those women who opt to keep children at home until they are required to register for kindergarten. Once again, this sampling bias may have restricted the range of scores on the key measures of

acculturation, immigration-based loss, and maternal separation anxiety.

The larger study was a collaborative project with Columbia University Head Start and Early Head Start which provided a unique set of challenges. During the planning phases of the study it was recommended that an acculturation measure which was well validated and normed on a Latino population be used. However, the Director of CUHS/EHS had already agreed that all research at her program involving an acculturation instrument would utilize one designed by an NYU graduate student for the purpose of her dissertation. The measure is a paper and pencil questionnaire which modified an existing acculturation scale, but did not itself have established norms. For purposes of this study the original dissertation of Dr. Leite was located and the designer of the original scale, on which it was based, contacted to obtain clarification regarding scoring information. Statistical manipulations were also performed to change the scale from a bivariate model to a univariate model. It is believed that if a more sensitive and better validated acculturation scale had been utilized a significant correlation may have been found to exist.

The concept of immigration-based loss as conceptualized in this study is a novel concept in that others have described the losses associated with immigration, such as language use and contact with extended family, as stressors, but have not explored the immigrant's perception of these losses and its relation to her experience of immigration and daily life in the host country. As such the study pioneered a method of exploring this concept by designing questions based on the Adult Attachment Interview (George, Kaplan & Main, 1996). It may be that such open-ended questions are not the most accurate way to assess the concept, in that the Spanish language has multiple meanings for some words and multiple associations. A more concrete approach may yield more accurate results.

For example, it was not uncommon for a woman to initially respond to the question regarding her immigration experience with the phrase "mas o menos", which literally means "more or less," but which is understood to mean not too bad, but not too good. Depending on intonation "mas o menos" could convey a better than good experience or a worse than bad experience. As such when asking the women in the study to list five adjectives to describe what it was like to leave their country of origin, we often

encountered that they used phrases such "mas o menos" and required prompting to give a single word descriptor. This presented a particular challenge when coding in that the women would often answer the question posed and then return to a previous question to elaborate further, believing the prompting was an attempt to elicit more information rather than concise information. The narratives were amazing, but the presentation was often intricate and required diligence when coding. Given the persistent themes that emerged from the codes during this study, in the future it may be advised that rather than ask the participants to list adjectives, they be provided with a list of the ten most popular responses and then asked to circle the five that best capture their experience of leaving the homeland. In addition, instead of beginning with the open-ended question, "When you think of home, what comes to mind?," perhaps we should begin with one of the probes we included: "Tell me about a time that truly captures the images that come to mind when you think of home."

Another aspect of the interview that may have affected results is whether mothers' participation in the interview, which many reported, was their first opportunity to discuss and reflect upon their immigration experience,

in some way provided a cathartic experience, subsequently impacting their performance during the Tool Task. Perhaps having had the opportunity to verbalize their experiences of leaving their homeland left them less preoccupied with these thoughts and feelings and so they were able during the parent-child interaction to attend in ways that were less intrusive than had been anticipated.

Clinical Implications

To the extent that the relative lack of significant findings are not artifacts of methodological limitations, one implication of this study is that clinicians should be careful not to assume simple, intuitive relationships between immigration-based loss, acculturation, maternal separation anxiety, and child emotion regulation. In other words, the results of this study (or lack thereof) challenge the preconceived notion that high immigration-based loss necessarily impacts negatively on parenting. Although the hypotheses of this study seemed reasonable based on psychodynamic and family systems theory as well as clinical experience, the data did not support these assumptions. The relationship between these variables may simply be much more "idiographic" or individual and case specific.

On the other hand, it is too soon to reject these hypotheses entirely, and clinical experience does suggest they may be worth further investigation. For instance, in my clinical experience on an acute in-patient psychiatric unit, many of the first generation immigrant patients and their families report patient's first psychotic breaks occurring upon arrival to this country or shortly thereafter. This comparison is not to suggest that immigration-based loss is akin to psychosis, but internal preoccupation with the experience of immigration may similarly impact affect and relationships to others. Many of these first generation immigrant patients despite their current degree of psychosis, while on the unit, relay in vivid detail and in a somewhat organized manner their experiences of immigration and the subsequent feelings of abandonment and isolation. Allowing them the opportunity to discuss these feelings and experiences during session often provided them with relief from their internal fixations on these experiences. In fact during my initial intake with patients, it is now my practice to inquire about immigration history.

In both research and clinical inquiry, perhaps what should be explored is how mothers' cope with their grief

over the loss of the mother country and what personal or community supports help them to manage effectively their immigration experiences. The women in this study all had children enrolled in a community-based Head Start program, which offered them the opportunity to interact with other immigrant mothers, as well as, support staff that provided models of parenting techniques. The mere fact of belonging to a community-based agency may foster resilience in first generation immigrants in that it helps to reduce their feelings of isolation, brings them into contact both with reminders of the mother country and with new schema of functioning based on the host country. In addition, contact with community-based organizations helps reduce the stigma that larger institutions within the host country are dangerous and/or pose a threat to the immigrant and her family. It would thus be advised that clinicians working with first generation immigrants attempt to engage their clients in community-based organizations, or if their practice affords the opportunity, to offer groups focused on the exploration of clients' immigration experiences.

APPENDIX A

Families and Work Interview: Version 3

Note to Interviewer: Instructions to you are bolded. All other sentences are questions to ask interview participants.

A) Before we begin discussing work, I'd like us to talk a little about home. When you think of home, what comes to mind?

***Probe for positive and negative associations, thoughts, and feelings.**

***Ask interviewee to tell about a time that truly captures the images that come to mind when thinking about home (ask for two vignettes). Probe for thoughts, feelings, sights, sounds and smell.**

***Remember to probe for negative associations if only positive are given and vice versa. For example, we have talked about pleasant things that come to mind regarding home, can you think of anything that is not so positive?**

***If interviewee begins by discussing home in the U.S., ask about home in the country of origin. For example, now I'd like for you to think about home in your**

country of origin. Vice versa, if interviewee begins with the country of origin.

B) When you think of your life here in the United States, what are the things that remind you of your homeland?

***Probe for things they do**

***Probe for things they see, hear, smell, eat**

***Probe for thoughts and feelings**

C) What else in your life here reminds you of home in your country? What do you do when you're really missing home? **(Probe for thoughts, feelings, etc...)**. Can you think of a time you wanted to go back home? What was going on in your life at the time?

D) **If you have not yet heard about the immigration experience ask:**

I'd like for you to tell me the story of your immigration. **(Probe for positive and negative aspects and for thoughts and feelings)**

E) List 5 adjectives that tell me what it was like to leave your country of origin. **(Probe for reason behind each adjective)**

List 5 adjectives that tell me about your new life in the U.S. **(Probe reason behind each adjective)**

F) When you think of being a mother in your country of origin, what comes to mind? **(Probe for negative and positive associations)**

When you think of being a mother in the U.S, what comes to mind? **(Probe for positive and negative associations)**

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