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AWARENESS AND USAGE OF COMMUNITY MENTAL HEALTH
SERVICES BY CHICANOS: THE EFFECT OF ASSIMILATION
AND SOCIAL STRATIFICATION

by

Fernando Munoz

A Thesis
Submitted to the
Faculty of The Graduate College
in partial fulfillment
of the
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Fernando Munoz

TABLE OF CONTENTS

Acknowledgements	ii
List of Tables and Figures	v

<u>CHAPTER</u>		<u>PAGE</u>
I	INTRODUCTION.....	1
	Some Theoretical Considerations.....	3
	Statement of the Problem.....	9
II	REVIEW OF THE LITERATURE.....	13
	Introduction.....	13
	The Mental Health of Chicanos and Latinos.	13
	From Mexican to Chicano.....	23
	The Chicano Today.....	31
III	METHODOLOGY.....	36
	Introduction.....	36
	The Setting.....	36
	Selection of Variables.....	38
	Degree of Ethnicity.....	39
	Alienation.....	40
	Social Relations.....	40
	Pretest.....	42
	Pretest Population.....	42
	Pretest Sample.....	43
	Pretest Instrumentation.....	43
	Pretest Data Collection.....	45
	Limitations of the Pretest Sample Data.	45
	Summary of Pretest Findings.....	46
	Research Population.....	47
	Research Sample.....	48
	Data Collection.....	50
	Research Instrumentation.....	51
	Major Research Variables.....	51
	Analysis.....	52

TABLE OF CONTENTS (Cont'd)

<u>CHAPTER</u>		<u>PAGE</u>
IV	FINDINGS.....	61
	Introduction.....	61
	Analysis of Non-Respondents.....	61
	Characterization of the Sample.....	62
	Age.....	62
	Sex.....	64
	Marital Status.....	64
	SES.....	64
	Employment Status.....	65
	Birthplace.....	65
	Religious Affiliation.....	65
	Length of Residence in Holland by Years.....	66
	Control Findings.....	66
	A Note on Controls.....	66
	Test of the Hypothesis.....	67
	Analysis of Association: Hypothesis One...	70
	Summary: Hypothesis One.....	73
	Analysis of Association: Hypothesis Two...	73
	Summary: Hypothesis Two.....	75
	Introduction: Hypotheses Three and Four...	75
	Analysis of Association: Hypotheses Three and Four.....	76
	Summary: Hypotheses Three and Four.....	78
	Summary of Total Findings.....	79
V	CONCLUSIONS AND IMPLICATIONS.....	80
	Introduction.....	80
	Review of Findings.....	80
	Theoretical Implications.....	88
	Practical Implications.....	90
	Summary.....	93
	REFERENCES.....	95
	APPENDIX.....	101

LIST OF TABLES AND FIGURES

Tables

<u>Table</u>		<u>Page</u>
1	Educational Attainment for Persons 25 Years and Older.....	32
2	Income Characteristics of U.S., Michigan, and Holland; White and Mexican-American Population.....	34
3	Frequency and Percentage Distribution of Respondents by Age, Marital Status, SES, Employment Status, Birthplace, Religious Affiliation, and Length of Residence in Holland, Michigan.....	63
4	Frequency and Percentage Distribution of Respondents by Assimilation Variables.....	68
5	Frequency and Percentage Distribution of Respondents by Awareness and Usage Variables.....	69
6	Cross-tabulation of Awareness and Ethnicity.	70
7	Cross-tabulations of Awareness and Social Relations.....	71
8	Cross-tabulation of Awareness and Alienation.	72
9	Cross-tabulation of Utilization and Ethnicity..	73
10	Cross-tabulation of Utilization and Chicano Oriented Social Relations.....	74
11	Cross-tabulation of Utilization and Alienation.	75
12	Cross-tabulation of SES and Awareness	77

LIST OF TABLES AND FIGURES (Continued)

<u>Table</u>		<u>Page</u>
13	Cross-tabulation of SES and Utilization.....	78

Figures

<u>Figure</u>		<u>Page</u>
1	Personality and Normative Behavior	5

CHAPTER I

INTRODUCTION

This is a study of the utilization of community mental health services by the Chicano population in a Western Michigan community. As members of the second largest ethnic minority group in the United States, the Chicanos are faced with many of the same social ills that plague other minorities. Discrimination, benign neglect, oppression, exclusion by institutions, poverty, high crime rate, alcoholism, physical and emotional disorder, and social disorganization are part of the everyday world of the Chicano. The inherent cultural vehicles, which Chicano culture uses in order to deal with the stresses associated with these social pathologies, will be explored. The awareness of the services offered by the local community mental health agency and the actual utilization of those services will be examined across a continuum of assimilation and social stratification of the Chicano in the Holland, Michigan community.

Although the Chicanos have unique characteristics (i.e., language, cultural norms) that would justify an anthropological approach, the utilization of mental health services and the awareness of existing services will be examined from the sociological

standpoint of social stratification, assimilation, and the availability of resources that comes with the attainment of the so-called "American norms." In this way it is appropriate to explore more fully the theoretical framework from which this author will be operating. It is not too early to note the four hypotheses of this study. Hypothesis One is that an awareness of the services offered by the local community mental health agency is directly related to the degree of assimilation of the sample. Hypothesis Two will maintain that the actual use of community mental health services is directly related to the degree of assimilation of the sample. Hypotheses Three and Four, which utilize SES as the independent variable, will maintain that the degree of awareness and utilization of community mental health services is directly related to the socioeconomic status of the sample.

This study will also propose that the abundance of literature on Latino mental health which stresses the point that Chicanos underutilize, as a whole, the full range of community mental health "traditional services" only looks at the unassimilated portion of Chicanos. It will be further argued that as Chicanos reach a high level of assimilation they are not only more likely to know about the services that are available but that they will be more likely to utilize them more readily. The other side of the coin, of course, would be that the less assimilated the Chicano is to the American

way of life, the more likely he is to rely on "natural" mental health treatment (i.e., curanderismo, folk medicine, relatives, compadrazo, etc.).

Some Theoretical Considerations

The use of assimilation as an independent variable is due to the realization that assimilation is an index of the degree to which a person "blends in" with the dominant society. This blending in requires that all persons share the same or like definitions of mental illness and help-seeking behavior since these are socially defined. To the extent that the Chicano maintains a common assumptive world with his Anglo counterpart will be the extent that awareness and utilization of community mental health services will be relatively the same or similar. For a better understanding of the assimilation process, it is worthwhile to look at the writings of some of the exponents of assimilation theory.

The body of theory that deals with assimilation is well exemplified by Milton Gordon in his book Assimilation in American Life (1964). Other writers such as Newman (1973), Leggett (1968), Park (1950), Glazer and Moynihan (1963), Marcus L. Hansen (1937), and Stonequist (1937), have also contributed greatly to the understanding of assimilation in American society. Milton Gordon's work was used as a point of departure from which to select the

independent variables for this study. In his book, Gordon puts forth a framework whereby the concept of assimilation, the independent variable of this study, can be better understood. The central theme of Gordon's work is that assimilation is not a simple social process but a number of different subprocesses or dimensions which lead to the various stages of assimilation. These types are: (1) cultural, (2) structural, (3) marital, (4) identificational, (5) attitude receptional, (6) behavior receptional, and (7) civic assimilation.

Cultural assimilation, i.e., acculturation, is seen as the basic process by which a minority group changes its cultural patterns to those of the host society. Structural assimilation refers to large scale entrance into groups, clubs and the institutions of the host society at the primary group level. Marital assimilation, otherwise known as amalgamation, is large scale intermarriage. Identificational assimilation is defined by Gordon as "the development of a sense of peoplehood based exclusively on the host society." More simply, identificational assimilation can be defined as the degree to which groups in the United States think of themselves as "Americans." Attitude receptional assimilation refers to the absence of prejudice. Behavior receptional assimilation is achieved when discrimination no longer exists. Lastly, civil assimilation refers to the absence of values and power conflicts

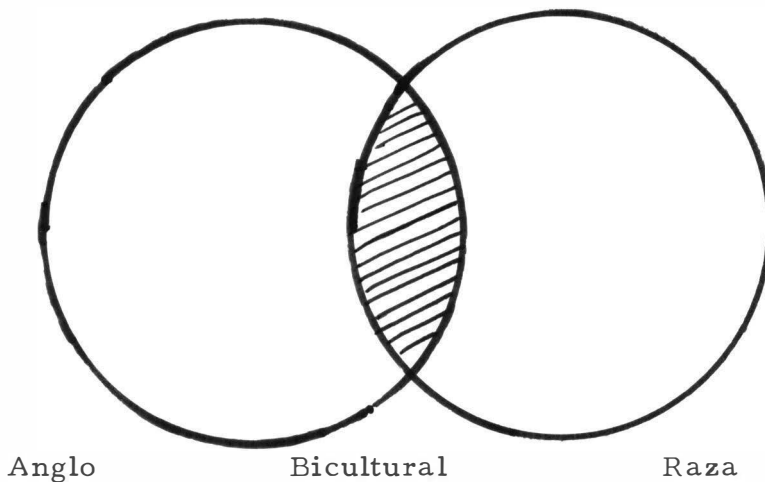
between the minority group and the host society. Gordon maintains that while some degree of cultural assimilation always occurs, the process may continue indefinitely and may never be completed.

Robert Mejia, in his unpublished paper "Cultural Conflict Theory, A Theoretical Alternative for La Raza" (1974)¹, sets forth a Latino ideology which incorporates many of Gordon's contentions. Like Gordon, Mejia sees assimilation as a process.

He presents a graphical analysis in this fashion:

Figure 1

Personality and Normative Behavior



Mejia goes on to describe the two spheres noted above in

¹This paper was written by Mejia as part of a proposal submitted to the National Institute of Drug Abuse in a successful effort to obtain funding for a Detroit based project on Latino Mental Health.

terms of personality and normative behaviors of both the Chicano and the host society. He speaks of the bilingual-bicultural person (denoted by the cross-hatched lines in the graphic) as living in a schizoid reality. Although Mejia limits his contentions to that of La Raza, it is noted that the same general contention can apply to other minority groups as Gordon suggests. The underlying theme of Mejia's work seems to be that of an overlapping of cultures with the inevitable product or by-product being marginality. Durkheim's concept of "anomie," while not exactly identical in nature, seems to also touch upon the theme of marginality. More to the point is Stonequist's "The Marginal Man" (1937). In this work, Stonequist speaks about culture-conflict and the marginal man as being a personality type peculiarly characteristic of the modern world. Park's "Race and Culture" (1950) sees the marginal man as being one whom fate has condemned to live in two societies and in two, not merely different, but antagonistic cultures. He cites the example of the Jew whose father is a Gentile and sees him condemned to grow up under the influence of two traditions. Both Stonequist and Park maintain that marginality occurs at a time and a place where, out of the conflict of races and cultures, new societies, peoples, and cultures may come into existence.

As mentioned in the earlier part of this chapter, this thesis will also explore the usage and awareness of community mental

health services by Chicanos within a framework of social stratification theory. In using stratification as an independent variable for the second set of hypotheses, this writer maintains that while assimilation brings similar mental health definitions and help-seeking behavior by a minority group and the dominant culture, it is one's socioeconomic status which controls the affordability of mental health services. To be sure, assimilation and social stratification, although apparently similar concepts, have different implications. Social stratification in the socioeconomic sense has with it not only a differentiation of class but also a differentiation of the awareness of utilization of, and affordability of, the resources of a nation. For this reason, it is believed that mental health services, a national resource, are likewise utilized in a differential fashion by the various social strata of American society. Social stratification, social conflict, and the differential rewards vis-a-vis available resources is covered in excellent fashion by Newman (1973), Bahrendorf (1959), Coser (1956), Durkheim (1893), Max Weber (1922), and Marx (1848).

William M. Newman in his book American Pluralism (1973) looks at assimilation through a social conflict perspective that incorporates stratification theory. Newman sees social conflict as "a struggle between two parties over either social rewards and resources or over social values." Societies are seen by

Newman as distribution systems for the allocation of resources. Weber (1922) regards these "resources" as those of class, status, and power. Class is seen as the material rewards, status is seen as honor, privilege, and prestige, and power is seen as the political scene. It is for this reason that Newman sees minority-majority relationships from a social conflict perspective. Minority groups are, more often than not, unassimilated to a great extent. When this is the case, minority groups are likely to be seen as socially inadequate and, thus, kept either by omission or commission, in an economically disadvantaged position. With this comes the differential allocation of power, status, and resources.

Other sociologists have addressed the issue of assimilation, stratification, and the allocation of resources according to the particular social class of the group in question. Ralf Dahrendorf in his study "Class and Class Conflict in an Industrial Society" (1959) examines the relationship of resource distribution between groups and social conflict. Newman suggests that there are several aspects of Dahrendorf's study that suggest that social class (economic position) may be the most important resource variable affecting group conflict. In sum, this study will deal with two related traditions in sociology: social stratification and race and ethnic relations as they help us to understand the problems of mental health service utilization by Chicanos.

Statement of the Problem

The agency entrusted with the delivery of mental health services to all of the population regardless of race, sex or other social variables is the Community Mental Health Center. Psychological testing, psychotherapy, mental retardation services, crisis intervention, and alcoholism programs are just some of the many services of a Community Mental Health Center. In many ways, however, these services are geared to serve only the White-Middle-Class American or minority people who adhere largely to White-Middle-Class values (Torrey, 1969; Karno & Edgerton, 1969; Miranda, 1974; Padilla, 1973). Because of this White-Middle-Class orientation, Community Mental Health Centers have failed to attract an appreciable percentage of those Chicanos in need of mental health services (Padilla, 1971; Karno & Edgerton, 1969).

There are two positions in the literature analyzing why Chicanos underutilize the existing traditional mental health services. One is that mental health services are not relevant to the experiential world of the Chicano and, thus, Chicanos naturally do not avail themselves of these services (Torrey, 1969; Karno & Edgerton, 1969; Kline, 1969). The second rationale is that there are cultural features within Chicano society (e.g., curanderismo, compadrazgo, extended family, etc.) which act as functional

equivalents to the traditional mental health services offered (Padilla, 1973; Kiev, 1968; Edgerton, Karno & Fernandez, 1970).

If the first contention is accurate, then one would expect that those Chicanos who realize the irrelevancy of existing services would exclude themselves as probable clients. This would result in de facto exclusion by the service deliverers. It would, however, also be logical to assume that Chicanos would be differentially aware of the services offered and be willing to utilize these services according to their level of assimilation to the dominant culture.

If the latter contention is accurate, then one would not necessarily expect to find a relationship between awareness and assimilation or usage and assimilation because, regardless of the relevancy of these services, Chicanos would not utilize them in any appreciable number since they have alternative vehicles with which to deal with psychotherapy. It would be expected, however, that when these cultural vehicles become dysfunctional, the Chicano would either turn to traditional mental health services or go wanting.

Proponents of Latino Mental Health argue that the Community Mental Health Agency can "Chicanoize" many of their traditional services to make them more attractive to the Chicano who turns to them when his cultural treatment alternatives are not sufficient.

As mentioned in the earlier part of this chapter, traditional

mental health services are thought to be largely white -middle -class oriented. The word middle -class has with it an understanding that this group has a degree of affluence or affordability of resources. If, in fact, traditional mental health services are geared to the affordability of America's middle -class, then there is a low accessibility of these services to those Chicanos who are not of the middle class. This, of course, results in a differential awareness and usage of community mental health services by Chicanos according to their social strata.

Considering these schools of thought, our hypothesis can be stated in the probability form:

Hypothesis I: The greater the degree of assimilation of Chicanos, the greater will be their awareness of mental health services. Operationally, it can be said: Those Chicanos scoring low, medium or high on an assimilation scale would also accordingly score on awareness of Community Mental Health Services.

Hypothesis II: The greater the degree of assimilation of Chicanos, the greater will be their usage of mental health services. Operationally, it can be said: Those Chicanos scoring low, medium or high on an assimilation scale would also accordingly score on self-reported use of Community Mental Health Services.

Hypothesis III: The higher the SES of Chicanos, the greater will be their awareness of mental health services.

Operationally, it can be said: Those Chicanos scoring low, medium or high on SES would also accordingly score on awareness of Community Mental Health Services.

Hypothesis IV: The higher the SES of Chicanos, the greater will be their usage of mental health services. Operationally, it can be said: Those Chicanos scoring low, medium or high on SES would also accordingly score on usage of Community Mental Health Services.

CHAPTER II

REVIEW OF THE LITERATURE

Introduction

This chapter will deal with the review of existing literature in three ways. First, a review of the Chicano Mental Health picture as seen in the existing Latino Mental Health literature. Secondly, a brief historical development of the Chicano as a minority group will be presented in order to better understand the cultural differences that set Chicanos apart from Anglos. Lastly, a brief comparison of the socioeconomic plight of the Chicano at several levels will be described. These are the national, State of Michigan, and Holland, Michigan levels. These will then be contrasted with the non-Chicano statistics in a graphic analysis.

The Mental Health of Chicanos and Latinos

Mental health researchers throughout the nation have begun to explore the implications of ethnic and cross-cultural applications of the existing mental health delivery system (Padilla, 1973). Although the community mental health concept, as we know it, came about on February 5, 1963, when President John F. Kennedy appealed to Congress to bring about a bold new approach to mental

health care (Alvarez, 1974), the implementation of the concept is still very much in the developmental stages. When it comes to Latino Mental Health, and more specifically, Chicano Mental Health, the institutionalization process is painfully slow.

Even though publications on the mental health of the Spanish speaking can be traced as far back as 1923, it wasn't until the summer of 1971 that Latinos from different parts of the United States convened in Washington, D. C., to assess the mental health needs of the various Spanish speaking communities of the United States. It was out of this momentous meeting that a systematic search and review of literature concerning Latino mental health was launched (Padilla, 1973).

The literature that has been amassed by the National Institute of Mental Health and, particularly, the Latino Mental Health component of this agency is contradictory and confusing. However, some consensus has been reached on many issues. Before reviewing some of the existing literature on the subject, it is worthwhile to define a few terms in order to better put in perspective the contents of this thesis. It should be pointed out that the definitions set forth are those with which this writer grew up and, thus, they may, in some sense, be derived more from an experiential "gut-level" perspective than from any known dictionary. The term "Latino" is used in much of the literature as an all-encompassing term to

include all persons from a Latin or Spanish speaking --Spanish surnamed cultural lineage. The term "Chicano" is, on the other hand, used to denote specifically those people living in the United States who trace their roots to Mexico. The term "Chicano" is one which goes hand in hand with a rebirth in the cultural awareness of people of Mexican descent and, thus, can be likened to the Black's preference for Black instead of Negro as an identifying term. The difference, though subtle, has tremendous importance as one tries to understand the psyche of the Spanish speaking --Spanish surnamed of Mexican descent. Another term which is commonly used to identify a people who share many cultural similarities, as Puerto Ricans, Cubans, and Mexicans do, is the term "La Raza." For simplicity's sake I will use the term Chicano through this thesis. Where there is deviation from this, it shall be so noted and explained.

Literature on Chicano mental health repeatedly reports that Chicanos consistently underutilize community mental health clinics. Explanations for this phenomenon as reviewed by Padilla (1973) are: (a) That Chicanos naturally experience a lower frequency and severity of mental illness; (b) That Chicanos use curanderos (folk healers) as alternatives to conventional treatment modalities; and (c) That traditional mental health clinics practice institutional policies that discourage Chicano self-referrals as well as

continuation of treatment once contact with a clinic is made.

Jaco (1959, 1960) and Madsen (1964) advance the belief that Chicanos naturally suffer a lower frequency and severity of mental illness. By studying samples of Chicanos from South Texas, they conclude that the extended family of the Chicano cushions him against mental breakdown by acting as a stress-relieving support system. Madsen goes on to say that the extended family not only lends emotional support to its members but that it also discourages referrals to mental health clinics because these are viewed as being hostile and irrelevant. A substantial body of research (e.g., Hollingshead & Redlich, 1958; Langer & Michael, 1964) seems to disagree with both Jaco and Madsen. These researchers conclude that the poorer classes not only have a higher prevalence of mental illness, but in fact they have a greater incidence of the more severe psychosis. The literature which claims that a correlation exists between stress and mental breakdown (Karno & Edgerton, 1969) further lends credence to the studies. For Chicanos who suffer high incidences of arrest, drug use, crime, alcoholism and economic deprivation, stress is an ever-present reality. Because of the massive stress that is encountered by Chicanos it is deemed unlikely by Padilla (1973) that Chicanos as a rule experience less incidence of mental illness than the general population, the extended family support system notwithstanding.

In exploring the use of curanderismo among the Chicanos of San Antonio, Kiev (1968) notes that this is a widely used alternative system of mental health care for many of those that do not utilize the traditional mental health clinic. In reviewing the literature on this subject, Padilla (1973) came to the conclusion that the Chicano might, in some instances, prefer to use curanderismo because of the fact that Chicano culture does not differentiate well-being in terms of physical and mental components, but that, in fact, both physical and mental health or "salud mental" is nonexistent and discomfort, in the mental health sense, calls for a visit to the doctor or the curandero who deals with the person on a physical basis. Padilla sees this as a crucial point in understanding the mental health needs of Chicanos. It is further pointed out that research on the incidence of curanderismo usage and practice should be looked at very carefully. Research done by non-Chicanos such as Kiev (1968), Garrison (1971, 1972) and other Anglo researchers is to be scrutinized for validity since their respondents may have responded in the way which they were expected to respond. Curanderismo is, after all, an in-group phenomenon and only Chicano researchers acting in a participant observation fashion can truly expect to be successful in separating "the wheat from the chaff." In conclusion, Padilla is not convinced that the use of curanderismo is a viable explanation for the underutilization of

mental health services by Chicanos. He, however, offers no evidence to support his contentions.

Addressing the issue of underutilization of mental health services by Chicanos, Torrey (1969) concludes that these are for the most part irrelevant to the experiential world of Chicanos. Several factors are cited as discouraging clinic practices. These include geographic isolation, class-bound values, language barriers and culture bound values.

In citing geographic isolation of mental health clinics, it is pointed out that traditional mental health clinics are usually located outside of the barrios and, thus, inaccessible to the poor. Transportation problems too often accompany poor people.

Mental health professionals too often hold middle-class values which manifest themselves in their therapeutic contact with the lower class Chicano. When this happens, the therapeutic relationship is strained by the lack of a common assumptive world. Class-bound values serve to further unbalance the apparent power relationship which exists between any "helper-helpee" relationship as pointed out by Waitzkin and Waterman (1974). This power is derived from an extreme unbalance in educational differences, the therapist having an academic edge.

The concept of language barriers is relatively easy to understand. Many mental health centers throughout the nation

have a very limited number of bilingual (English-Spanish) staff. Because of this, many non-Spanish speaking therapists, psychologists, and psychiatrists conduct therapy with monolingual (Spanish) clients by way of paraprofessional interpreters such as bilingual secretaries, clerks and in extreme cases, maintenance personnel (janitors, cleaning ladies, etc.). At other times, bilingual relatives of the client are utilized in a haphazard attempt at diagnosis and therapy. In cases where Chicanos understand survival English, the barrier still exists in terms of concepts. An example is the word "compromise." In Anglo terms this concept would seem significant; in Chicano culture it is non-existent. This word literally translated from the English "compromise" becomes "compromiso." However, where in English the word means "a settlement in which each side makes concessions," in Spanish the word means "an obligation or responsibility incurred," (Campa, 1972). It is evident that language barriers serve as a major deterrent to Chicano clients. Miranda (1976), however, notes that having a bilingual therapist is not enough to make an impact on whether the Chicano client stays in treatment or not. He discovered that the client's acculturation was the deciding factor although he did find biculturalism and bilingualism of the therapist helpful.

Addressing culture-bound values, Torrey (1969) and Mejia (1974) point out the tendency of mental health workers to impute

mental illness in clients who are from a culture other than their own. This results in gross professional misjudgment. Frank (1975) maintains that what is seen as mental illness in one culture may not necessarily be mental illness in another. He states that because resulting disturbances in personal functioning involve a person's social behavior, the attitudes and values of his society determine which manifestations of personal distress it classifies as mental illness. He goes on to say that psychotherapy, like psychiatric diagnosis, cannot be divorced from cultural influences and moral judgments. Padilla (1973) sets forth an example when he notes that an assertive Anglo male seemingly overly concerned with his masculinity is likely to be diagnosed as exhibiting certain "latent homosexual tendencies" manifested by overcompensation. This would especially be true if a therapist with a psychoanalytical orientation made the evaluation. If this diagnosis holds true in a cross-cultural sense then one could conceivably label all Chicanos in this manner (except perhaps the assimilated). The reason for this is that Chicano "machismo" has at its core, the conveyance of an all-male image. This is, of course, not a written code, but every macho is expected not to cry, to love and sometimes dominate several women, and to defend one's honor (Aramoni, 1972). The therapist who does not experience, from a cultural reality, the concept of "machismo" is likely to mis-diagnose his Chicano client.

Another danger of the culture-bound approach of many therapists is that the Chicano client may, during the interview, state some information which is relevant to him. The therapist, not understanding the significance of this data, is likely to omit the information from the client's file.

In conclusion, it must be pointed out that a culture-bound perspective of mental illness when applied to a different culture cannot help but be inadequate.

What remains in question is the quality and type of treatment that Chicanos do receive once at the mental health center. Literature pertinent to this question is scarce but some references may be located. Hollingshead and Redlich (1958) conclude that although some lower-class individuals have a greater need for psychotherapy, their illnesses are often treated with electroshock therapy, psychotropic drugs or confinement. Enrico Jones (1975) maintains that this coercive type of therapy is used by white middle-class professionals as a means of social control. He further notes that "talk" therapy may be successful in helping that minority client gain insight if the loquacious therapist can break down therapeutic jargon into concepts which are digestible by the lower-class individual. He goes on to say that poor people are often not accepted into psychotherapy because they are not good treatment risks. Jones feels that when poor people are perceived as being

more pathological, they are excluded from therapy that is afforded the white middle-class who are thought to be more neurotic.

Reissman, Cohen, and Pearl (1964) in their "Mental Health of the Poor" maintain that not only is diagnosis affected by the social class of the client but treatment outcome as well as evaluation of the client is directly affected by his social class.

Padilla (1973) goes one step further in his analysis of irrelevant services by offering alternative treatment methods that are culturally syntonetic. Among these he lists (a) community consultation as a preventive measure, (b) crisis intervention as a matter of course, and (c) "back-up" treatment with individual, group, family or drug therapies. Each of these recommendations is elaborated by Padilla and the reader is admonished to review this work.

When testing is required, the tools used to test Chicanos are often interpreted with no consideration given to the cultural non-relativity of the tools. Too often illness is found where none exists. On I. Q. tests the Chicano falls hopelessly short of Anglo expectations, partly because of restricted educational opportunities which result in a tightly circumvented experiential world. In Holland, Michigan, an amazing 43% of children in special education classes were of Chicano extraction. Selection for these classes had been done on the basis of I. Q. criteria. In an effort to bridge

the language gap in testing, tools are being translated into Spanish. The worth of these translated tests remains a question since the Spanish used in the translation of the tools is mostly Castillian dialect or "King's Spanish" as it is known in the barrios. This dialect is meaningless to Chicano children who adhere to "Tex-Mex," "Barrio," or "Calo." These are the languages learned in the street. The apparent consequence of cultural-biased testing and inadequate translation are confusion and ultimate poor services to those Chicanos unfortunate enough to approach the mental health center.

As a review of the literature on Chicano Mental Health indicates, there is indeed a need to look at present mental health philosophy from a cross-cultural point of view. In order to do this it is necessary to trace the evolution of Chicano culture and the underlying dynamics that go into his personality makeup. Using a historical viewpoint one can begin to understand the present day Chicano more readily.

From Mexican to Chicano

Chicanos, who trace their lineage back to the union of the Spanish Conquistador and the different Indian groups of the Americas, have been in this country before any pilgrim ever had the notion of leaving the old world. Valdez (1972) succinctly states "No statue of Liberty ever greeted our arrival in this country....

We did not, in fact, come to the United States at all. The United States came to us." The heritage which the Aztec, Mayan, Inca, and the other Indian nations left the Chicanos has become poor solace for a people who became strangers in their own land after the Treaty of Guadalupe Hidalgo ended the so-called Mexican-American War. The acquisition of Chicano citizens by the United States was largely the result of military conquest. The Texas War of Independence of 1836 and the Mexican-American War of 1846 left little or no choice to former Mexican and Spanish citizens but to accept the accomplished fact of United States citizenship. As history has shown, conquered people have a way of being reduced to mere wretches. Eventually a stereotype builds around them. They are viewed as simple child-like and foolish folk, requiring nothing more than the bare necessities of life, a fiesta or two, and a strong dose of police influence less they get uppity.

The stereotype persists throughout history. Writers like Carter (1970), Meier and Rivera (1972), Castro (1974), Gambio (1971), Gutierrez (1970), and Samora (1966), shed much light on the lot of Chicanos within the United States. Officially approved history textbooks tend to portray the continued existence of the Chicano as a passive onlooker of the booming economic development of his former lands by the profit-seeking dominant culture. Chicano children are seldom told of the back-breaking labor of the conquered

people in building the railroads, herding sheep and cattle, mining and the agricultural toil which has been endured. Instead, these children are taught to worship the cowboy, Daniel Boone, Davy Crockett and other American heroes.

With the onset of the Mexican revolution, many Mexican immigrants fled Mexico so that between 1910 to 1925 a great influx of Mexicans crossed the border to live within the United States. Since then the number of immigrants has fluctuated according to the demands of American agriculture and factory labor demands. In many instances those Mexicans who possess a skill or have had managerial abilities are confronted with American licensing demands and other exclusionary practices. Not having the knowledge of the English language, these professionals, like the unskilled immigrants, find their first few years laden with the shock of displacement and their encounter with welfare offices. The combined effect of military conquest, usage by American farmers as cheap foreign labor and the treatment received as unwanted immigrants has given the Chicano an image of an ethnic group in dire need of social and cultural assimilation.

However, Chicanos, whose culture has been rooted in American soil longer than any other ethnic group, have repudiated the notion of assimilation as a condition for their share of the American dream. Sociologists, anthropologists or any other

demographers would be hard-pressed to find large scale assimilation even in those areas which are geographically distant from Mexico, such as Michigan, Wisconsin, and Illinois. Despite the traumas of military conquest, of dispossession of land by legal trickery or prejudicial treatment of migrant laborers and condescending acceptance of bewildered immigrants, the blood stream of Chicano culture has never ceased to be replenished.

Rodolfo "Corky" Gonzales (1972) offers a poem which epitomizes the plight of the Chicano. In it he states, "Lost in a world of confusion, caught up in a whirl of a gringo society, confused by the rules, scorned by attitudes, suppressed by manipulations, and destroyed by modern society, my fathers have lost the economic battle and won the struggle of cultural survival."

Others have also addressed the question of whether the Chicano/Latino has become largely assimilated to the American way of life. Humphrey (1943) maintains that while Mexican cultural norms have not been largely adopted by the Americans, the American cultural norms have been largely incorporated by Mexicans and, thus, he maintains that Mexican cultural norms as a functional structure will more than likely be expunged by the third generation. Ramirez (1967, 1969) using empirical data also suggests that Mexican culture within the United States is changing. He maintains that the young Chicanos are less insistent on rigid sex roles and

that both men and women are rejecting the traditional concept of masculine superiority. He does, however, point out that other facets of Mexican culture such as strict child-rearing practices and submission to authority are relatively unchanged. Fernandez, et. al (1958) notes that the extended family structure is also changing due to the vast migration of Chicanos to the cities. The consensus of these writers seems to be that the Chicano is indeed assimilating along certain variables if not as a total cultural entity.

Other writers, however, refute the notion that Chicanos are assimilated to a great degree. Carlos and Sellers (1972) in a study of Latin America found little if any waning influence of the extended kinship group. The notion of disintegration and disorganization of the kinship group was also refuted. Given the close proximity to the United States, one wonders if the assimilated Chicanos exist only in the northern regions of the United States. Mejia (1974) cites the 1969 Bureau of the Census as noting that 6.7 million persons listed Spanish as their first language. This is roughly half of all Chicano/Latinos in the United States. Glazer and Moynihan (1970) have to a large extent refuted their own belief that Blacks and Latinos would assimilate into the "melting pot" and, instead, they note that there is less assimilation in 1970 than there was in 1963.

As rationale for the survival of Mexican cultural norms

in the U. S., Campa (1972) argues that cultural differences can be traced to the different colonization efforts of the Spanish and the English. He points out that while the English isolated themselves from the Indians physically and culturally, the Spanish intermarried with the Indians giving birth to the *meztizo*, a mixture of Spanish and Indian blood which is the dominant strain of the Chicano. Campa states that English culture was absolutist at the onset; all the dominant values were to be the same for all. Values such as justice, charity, and honesty were considered the supreme social order and they are reflected in the American constitution which followed. The Spaniard, on the other hand, brought with him the relativistic viewpoint that saw fewer moral implications in man's actions. This set the stage for the development of different values and social folkways and mores. Some examples which Campa points out are: Spanish individualism vs Anglo collectivism, differences in sharing of goods, a different time perspective, differences in materialism, different measurement of self-worth, and finally differences in linguistic concepts.

Elaborating on the above cultural differences, Campa notes that the Spanish were very individualistic in all walks of life. They saw individualism as a revolt against the incursion of collectivity, strongly asserted when they felt the ego being fenced in. This attitude, it is believed, led to a deficiency in those social

qualities based on collective standards. This, however, was not considered to be negative by the Spanish as they saw individualism as a measure of resistance to standardization and, therefore, a measure of individual freedom. The Anglo, on the other hand, not only seeks collectivization but sees it as a must if one is going to succeed in business. The lack of a concerted plan reached by a consensus is seen as unwise and chaotic. The person who does not contribute to the collective wisdom of the corporation or institution is soon chastized and forced to "play ball."

When it comes to sharing their wealth, there again appears a definite difference in the approach. The Anglo will regularly contribute to a charitable organization such as the Red Cross, Cancer Research Fund, etc., without really knowing what his dollar is being spent on. The Chicano prefers to give the money directly to the person that he is helping so that he can actually see the person.

The Chicano time perspective is something that is very hard for the non-Chicano to understand. The Chicano cultivates the present to the exclusion of the future because the future is not a reality. Because of this the Chicano hangs on to the present until it actually becomes the past. This is manifested in a time perspective such that ten o'clock is ten o'clock until eleven rolls around. If a Chicano had an appointment at ten he is likely to show up at 10:30 and say he is right on time. To the Anglo who perceives that

"time is money" the Chicano time perspective is likely to be very unsettling. The Anglo not only buys his cemetery plot on installments, but he orders his car one year ahead of time.

Another basic difference which Campa notes is the difference between "doing" and "being." The Anglo, he states, achieves individualism and identity by what he does. This achievement orientation to self-worth is foreign to the Chicano who derives his self-worth by being.

A corollary of the above contention is that the Anglo person strives to amass material wealth in order to achieve a sense of self-worth and social acceptance. The Chicano who is engrossed in being does not measure his worthiness by material wealth. Chicanos, in fact, disassociate themselves from material things or action that may intrude on their sense of being. Campa states that this is characterized in the language of the Chicano culture. He notes that in Spanish one says, "se me cayo la taza" (the cup fell away from me) instead of the English "I dropped the cup." It is further noted that this disassociation from material things prompts people to view the Chicano as lazy. The Chicano, however, demonstrates no lassitude when it comes to defending those things which he views as important, such as his honor, his family and his friends.

As was mentioned before, the linguistic differences span not

only the obvious differences in words but go to the difference in concepts. It is noted that the word versatile is a compliment in English and an insult in Spanish. The word apology means one thing in English and a totally different thing in Spanish. As was noted before, the word compromise also has different meaning in the respective languages. It should also be noted that in the Spanish language and culture, the concept of a "suspension slip" as issued in American schools is non-existent. These are just some of the linguistic differences. There are others.

The Chicano Today

Having traced the historical evolution of the Chicano, his cultural perspectives, and his cultural conflicts, it is essential now to also explore the present day socioeconomic plight of this second largest minority group in the United States. The statistics used to describe the Chicano demographically are mostly derived from the 1970 census and, thus, these do not necessarily reflect the most accurate picture possible. However, these statistics are perhaps the most up-to-date. Upon perusal of this data it becomes clear that Chicanos (noted as Mexican-Americans and Spanish-Speaking in some demographics) when compared with their Anglo counterpart fare very poorly.

Statistics on Education are sobering (see Table 1).

TABLE 1

Educational Attainment for Persons 25 Years and Older³

Estimated Population	Mex - ⁴					
	Amer. National	S.S. Michigan	S.S. Holland	White National	White Michigan	White Holland
Median yrs. schooling	9.4	10.4	6.1	12.1	12.1	12.1
% with 8 yrs. of school or less	47	9.7	--	27	13.7	---
% of high school grads or +	28	24.1	9	54	34.6	52
% with 4 yrs. of college or more	2.5	3.5	--	12.6	5.4	--

3. Statistics for the National heading are from 16 years old or older; Michigan and Holland statistics are 25 years or older.

4. It should be noted that this statistic denotes Mexican-American as opposed to the other two headings which denote Spanish-Speaking. No Michigan or Holland Mexican-American statistics were available.

SOURCES:

Holland - "Latino and Anglo in Holland, Michigan, A Report by the Human Relations Commission," Sept. 1972 based on 1970 census.

Michigan - "Michigan Minorities at the Mid-Seventies," a report by Charles Stewart Mott Foundation using 1970 census data.

National - "U. S. Bureau of the Census, 1970 census of population.

Nationally, the Chicano has attained a median schooling of 9.4 years as opposed to the Anglo attainment of 12.1 years. This is almost three full years of education. In the state of Michigan,

Chicanos fare somewhat better than they do nationally, attaining a median schooling of 10.4 years. The biggest difference is in the Holland community. Here Chicanos have attained a median schooling of only 6.1 years. This is almost half as much as that of the 12.1 median attained by the Anglo. Of all the Mexican-Americans in the U. S., 47% have attained an eighth grade education or less. This is almost half of the Chicano population with so little education. In Holland, the percent of Chicano graduating from high school was a dismal 9% compared to the national Chicano percentage of 28% and the Anglo percentage of 54%. To reiterate, the Chicano is woefully behind his Anglo counterpart in educational attainment.

Income characteristics are also indicative of the socio-economic disadvantage experienced by Chicanos (Table 2). The national median family income for Chicanos is \$6,962 as opposed to \$9,590 for Anglos. This is almost a \$3,000 difference. Although three thousand dollars doesn't seem to be a big difference, one should keep in mind that the Chicano family size is among the largest in the United States. Roughly one quarter of all Chicano families in the U. S. are living below the poverty level (24%) as compared to only 11% of their Anglo counterpart. The per capita income nationally is also significantly low. The most revealing statistic is the percentage of female headed families. Nationally, the Chicanos with female headed household who are living below

the poverty level surpasses 50% (57%). Chicanos in Holland fare somewhat better in income than they do nationally, although not as well as the rest of the Chicanos in the State of Michigan.

TABLE 2

Income Characteristics of U. S., Michigan, and Holland; White and Mexican-American Population

	Mex- Amer. National	S.S. Michigan	S.S. Holland	White National	White Michigan	White Holland
Median Family Income	\$6,962	\$9,817	\$8,750	\$9,590	\$12,243	\$12,200
Per capita Income	1,716	2,469	1,757	3,139	3,373	3,005

SOURCES:

U. S. Census 1970

1970 Socioeconomic data, Michigan Civil Right Commission
"Latino and Anglo in Holland, Michigan, A Report By the
Human Relations Commission," Sept., 1972, based on 1970
census data.

In summation, this chapter has attempted to put forth those issues concerning both the relevancy of existing community mental health services to Chicanos given the separate reality that comprise their experiential world. The fact that Chicano cultural structure serve to a great extent as functional equivalents of traditional treatment modes has also been seen as pertinent. In an effort to familiarize the reader with the historical evolution of Chicano cultural

realities within the United States a brief historical description was given. Assimilation was discussed from two different perspectives; the perspective that says Chicanos are heading rapidly toward total assimilation and the one arguing against this notion. Finally, a brief picture of the socioeconomic picture of the Chicano in today's world was introduced. This was done in order to put the research population to be discussed in the next chapter into perspective.

CHAPTER III

METHODOLOGY

Introduction

This chapter will contain five major sections. The first section will concern itself with a very brief description of the geographical setting in which the research took place. The second part will deal with the selection of variables and their operationalization. The third part will involve the pretest methodology, including the pretest population, sample, analysis, and limitations. The fourth part will narrate the actual research methodology employed for this thesis. Included in this section will be a description of the population, sample, collection methods, and the major variables operationally defined. Lastly, the analytical methodology will be explored.

The Setting

The research for this study took place in Holland, Michigan, a city of approximately 35,000 people. Holland is a predominantly Dutch community with a strong Protestant tradition epitomized by the more than 80 Reformed and Christian Reformed Churches within the area. Situated in Ottawa County, Holland is the biggest city of that county. Although industry seems to be the major

employer of the citizenry, there are a number of large farms around Holland which produce nursery stock. These farms have been the major attractors of large numbers of Chicano migrant workers who, after the harvest season is over, decide to join the industrial work force and settle out of the migrant stream.

Although Hollanders like to brag about the absence of a visible barrio (Spanish for ghetto), there are existing residential patterns which divide the city and can be readily observed to contain different socioeconomic groups. The two most affluent areas of Holland are the Waukazoo Woods and the Holland Heights areas. These are characterized by expensive homes and schools which have few, if any, minority enrollment. The other extreme of the socioeconomic picture is the area in Holland bordered on the north by Eighth Street, on the east by Lincoln Avenue, on the south by Twentieth Street and on the west by Diekema Avenue. This large square is characterized by older multi-family dwelling units which are either owned or rented by the poor white or the Chicano. High unemployment, low education (see Tables 1 and 2), crime, and juvenile delinquency are some of the social ills that are abundant in this area. It should also be noted that within this area are two elementary schools with a large enrollment of Chicanos. Lincoln School has an enrollment of over 50% Chicano. Washington School has roughly a 40% enrollment of Chicanos. To be sure, Chicanos

can be found in many other sections of town, but the greatest number are located in this area. This thumbnail sketch should serve to familiarize the reader with the general setting in which the research was done.¹

Author's Note. Operationalization of assimilation variables, data collection and scale construction for the research was done in collaboration with Mrs. Denise Tyiska, a fellow graduate student at Western Michigan University's Department of Sociology who is currently conducting a study on Milton Gordon's theory of assimilation. In agreement with our advisors, it was decided that one mutually beneficial research effort could yield the necessary data for both of our studies.

Selection of Variables

In the previous chapters, it was stated that the independent variable for the study would be assimilation. It was also stated that assimilation was seen as a multidimensional concept (Gordon, 1964). Selection of variables which would be major indicators was carried out with Gordon's work in mind. Several major variables were

¹For more detailed demographics the reader is urged to contact the Human Relations Commission, Holland, Michigan.

used as indicators of the independent variable, assimilation.²

Degree of Ethnicity

It was maintained that ethnicity is a strong indicator of assimilation. In earlier discussion, it was stated that identificational assimilation was seen as the degree to which groups think of themselves as Americans. Conversely, a group that identifies itself as other-than-American (i.e., Chicano, Mexican) is likely to be less assimilated in their cultural and value systems and, thus, at the lower end of the continuum of assimilation to the American norm (Gordon, 1964). Ethnicity in this sense is seen as antithetical to assimilation such that the higher the ethnicity, the lower the assimilation. Operationally, this variable was defined as the sum of the scored responses to a nine item scale developed by the author and Mrs. Tyiska for the purpose of this research. Each item was arbitrarily scored giving a total response range from 36 to 9. The cutoff points were arbitrarily fixed with high being a score ranging from 24 to 36, medium 17 to 23, and low being a score ranging from 9 to 16.

²Where reference is made to scale items in the operationalization of the major variables, the author is referring to specific questions constructed or borrowed from other studies to secure the necessary information about the respondent. In all instances, the reader is referred to the actual questionnaire in Appendix A.

Alienation

Alienation is also seen as a major indicator of assimilation. The belief is that high alienation results in low integration and subsequently low assimilation. Again, the reader is referred to the earlier discussion on Gordon's (1964) notion of structural assimilation whereby the group gains entrance into the social and political institutions of the dominant culture. This concept was operationally defined as the sum of the scored responses to a five item scale developed by Leo Srole (1956) to measure powerlessness and alienation. Values range from 0 to 20. A score of 0 indicates no response, a score of 1 to 5 is low alienation, 6 to 14 is medium, and 15 to 20 is high. The cutoff points were arbitrarily set.

Social Relations

In many instances, a group's social relations patterns can determine in gross terms the degree of assimilation (Gordon, 1964; Park, 1950). If these social relations are such that they characterize an "in-group" or "out-group" dichotomy without a diverse mixture of friends, then the degree of assimilation might be suspected as being low. Wagenfeld (1977) alludes to this when he mentions the "culture of poverty" and their value characteristics of which one is mistrust of outsiders beyond one's kinship group. This variable was operationally defined as the sum of the scored

responses to a seven item scale. This scale was composed of specific questions which are designed to elicit information from the respondent about his contact with the dominant culture, and, conversely, the degree of Chicano oriented social relations. The values range from 26 to 6. A score in the range of 6 to 11 denotes a low Chicano (in-group) orientation, 12 to 17 denotes a medium orientation, and 18 to 26 denotes a high Chicano orientation (in-group).

The variable SES (socioeconomic status) was also included for use in this study. This variable will be used as an independent variable to test the association between SES and the two dependent variables in an exploratory fashion. This variable was comprised of three items: income, education, and occupation. SES was operationalized as the sum of the scores of three three items. The values ranged from 10 to 3. A score ranging from 8 to 10 is high, 7 to 5 is medium, and 4 to 3 is low SES.

The dependent variables for this study are awareness of existing mental health services and utilization of community mental health services.

Awareness of existing community mental health services was operationalized as the sum of the scored responses on a three item scale devised by the writer. The three questions are devised to elicit the awareness of the services offered, the location of the agency or any of its branches, and the names of any of the agency

employees. The values range from 3 to 0. A score of 3 is high awareness, 1 to 2 is medium awareness, and 0 is low awareness.

Utilization of community mental health services was operationalized as the score on a single item which elicited a response to the question "Have you or any member of your family ever received services from the Ottawa County Community Mental Health Agency?" Operationally, an answer of "Yes" scored a 2, and an answer of "No" scored a 1. A no response secured the score of 0.

Pretest

In an effort to test the initial draft of the questionnaire, a pretest was carried out. This served the dual purpose of testing the research instrument as well as the interviewer's technique.

Pretest Population

The pretest population was arbitrarily defined as those adult Chicanos 18 years and older residing in Holland and its immediate outlying areas. By using Gordon's model of assimilation an assessment of the population's assimilation was to be made. Mental Health research items were also introduced in an effort to assess not only the awareness, but also the utilization of Mental Health services. These would be measured by self-reporting responses given by the subjects.

Pretest Sample

The pretest sample data was gathered by this writer on April 24, 1977. Data was obtained by interviewing each respondent using a previously constructed questionnaire.

Saint Francis de Sales Catholic Church in Holland sponsors social gatherings after the 1:00 p.m. Spanish Mass. This provided an opportunity to select a sample by identifying every fourth person coming from the Mass to the social gathering as a possible subject. Of the possible 20 respondents sought, only 12 completed the interview.

Pretest Instrumentation

Data was collected by means of self-administered questionnaires except in those cases where the subject was illiterate in both English and Spanish. The interviews lasted from thirty minutes to one hour and fifteen minutes. The somewhat lengthy questionnaire was perhaps responsible for us having obtained such a small response to our pretest. Analyzing those 12 people who did respond, it was perceived, simply by being a member of that church, that these 12 people generally take part in after-Mass activities and, thus, are seldom in a hurry to rush home after Mass. This peculiarity of the respondents further renders them atypical of the congregation-at-large who listen to Mass and depart immediately thereafter.

The interview questionnaire was comprised of questions formulated by us as well as some extracted from the literature available on the subject of interest. Care was taken to avoid open-ended questions to help minimize coding problems.

Several indices were included in the body of the questionnaire. Some were ad hoc indices constructed of items suggested in the literature and some were developed by our advisors. Of particular interest to this writer were the mental health items which were later to become the source of an "awareness" index which would make up the dependent variables. These items were largely derived from Padilla's work, "Mental Health Service Utilization by Mexican Americans" (1976). As mentioned earlier, the questionnaire, in its pretest form was somewhat lengthy. This was due to the exhaustive demographic questions that were asked as well as the thorough composition of the several indices. Other questions regarding mental health, cultural perceptions of mental health problems, and alternative mental health treatment items were also included. These, however, were mainly included for future usage in additional research efforts.

Having completed the questionnaire, this writer had to translate the entire instrument into Spanish. Careful consideration was taken to insure colloquialisms, Tex-Mex (a mixture of English and Spanish), as well as formal Spanish were used in such a manner

as to reach the greatest number of Spanish-speaking individuals.

Pretest Data Collection

The interviews were conducted by a self-administered questionnaire with the respondent having the choice of a questionnaire printed in English or in Spanish. Two respondents could not read in either language and the Questionnaire was administered to them orally in Spanish. Two other respondents preferred the Spanish questionnaire while the remaining eight respondents selected the English questionnaire. Instructions for filling out the questionnaire were also given in the language of choice as this writer is fluent in both Spanish and English.

Limitations of the Pretest Sample Data

The most obvious limitation of the pretest sample data is the small number of respondents. Whereas an N of 20 would have allowed more spread of responses, the small N of 12 limits analysis of responses. Another noticeable limitation of the pretest sample data is the fact that by definition, all respondents were of the Catholic faith. This limits one's ability to generalize to the research population. It should be noted, however, that even though these two limitations did impede generalization to the larger population, the pretest *did serve to test the instrument in terms of its clarity, structure, and practicality.*

Summary of Pretest Findings

Analysis of the pretest findings was of little value since the small response yielded clustered data with little clear-cut differentiation in terms of any of the relevant variables which would have given forth criterion reference groups. The pretest respondents were 50% male and 50% female. There was an undesirable clustering along the age, education, and occupation variables. The age variable clustered at the 21 to 30 year range. Seventy-five percent of the sample were employed with 83% in the professional or white collar classification. Income characteristics had the most spread although these were also not distributed in any appreciable fashion. Pretest findings were summarily deemed unreliable because of the clustering found. Mental Health questions items included in the questionnaire also demonstrated clustering and, thus, were deemed unreliable. However, it should be noted that the respondents did not demonstrate any difficulty in answering these, thus, these items were deemed suitable for the final instrument to be used in the actual research endeavor.

A Note on Collaboration. As mentioned in the author's note, the actual research effort was conducted by this writer and Mrs. Denise Tyiska. In subsequent meetings with our advisors, Drs. Lewis Walker and Morton Wagenfeld, it was decided that Mrs. Tyiska's research necessitated her finding three reference

criterion groups that would denote a high, medium, and low assimilation. It was, therefore, agreed that once Mrs. Tyiska had identified these groups with this writer's help, the groups would be used in an attempt to test the hypothesized relationship between assimilation and awareness of community mental health services as well as actual usage of these services.

With the above in mind it is necessary to trace the methodology used in arriving at the reference groups as well as this writer's methods of using mental health criteria. It should be kept in mind that although our research takes on a sequential pattern, that actual research design and data collection was carried out jointly.

Research Population

The population from which our sample was drawn consists of all Chicano males and females 18 years and older residing in Holland, Michigan, and its immediate surrounding areas. The research is intended to demonstrate a relationship between the independent variable, assimilation, and the dependent variables, awareness and actual utilization of Community Mental Health Services in Ottawa County.

Research Sample

A stratified sampling technique was agreed upon in order to assure ample distribution of relevant factors. This assures that the desired qualities are not unevenly distributed in the sample. In a highly heterogenous population such as the Chicanos in our setting, it is highly possible to end up with more unlike or atypical samples than desired. The stratified sample utilizes prior knowledge of the population to divide groups of subjects into "sub-populations" or strata and then simple random samples are drawn from each sub-population. "When it is desirable to make comparisons among the different strata, the strata are differentiated on the basis of one or more of the independent variables of the study" (Loether & McTavish, 1974).

The stratified random sample is one in which each subject has the same chance of being selected as every other subject. As mentioned above, prior knowledge of the population characteristics is crucial if one is to divide the population into subgroups. In our study, this proved to be a major problem as demographic data about Chicanos is scarce. The Human Relations Commission in Holland does have access to existing demographic data, however, another Chicano agency, H. O. Y. (Helping Our Youth) also has access to available data. In order to arrive at a consensus about prior

knowledge of our population, three judges were chosen from the Holland Community. Mr. Alfredo Gonzales, Executive Secretary for the Human Relations Commission was enlisted as a judge because of his vast knowledge of the Holland community. Ms. Linda Almanza, who is Mr. Gonzalez's assistant in charge of certain duties having to do with city planning. Together these two individuals have amassed what is perhaps the best available data concerning Chicanos in Holland.

The third judge is Mr. Salvador Sandoval. As assistant director for HOY, he has knowledge of the Holland community.

With the assistance of the above-named judges, a list of 250 Chicanos was amassed. This list was then stratified into three strata based on socioeconomic status. A table of random numbers was subsequently used to enumerate the population. Persons were then selected from this table as possible respondents. While this methodology may be a bit tenuous in terms of external validity, internal validity is enhanced by the random selection of the actual sample.

Because difficulty was encountered in trying to locate some of the subjects' addresses, it was decided, also through the same table of random numbers, that a backup list of subjects be made available. It should be noted that the actual research sample size was that of 150. After this was selected, there still remained 100

subjects from which to choose the backup group. This backup group, however, was not stratified and in the event that it had to be fully utilized, it posed a threat to the validity of the study.

Data Collection

The interviews were conducted by Mrs. Tyiska and this writer. Our original schedule called for a beginning date of May 20, 1977 to run for two weeks. It was thought that two weeks time would be sufficient to collect the desired 150 questionnaires. Our original methodology, however, proved to be ineffective in that all interviews were conducted in the subject's home while we waited for the subject to finish the questionnaire. The lengthy 81 item questionnaire required at times up to one and a half hours to be completed. Since most interviews were conducted in the evening or on weekends, only about four questionnaires were collected each outing.

For this reason, it was decided that we would still phone the subject ahead of time to notify them that we were coming, but, instead of waiting for the subject to fill out the questionnaire, we would leave it and pick it up later that evening or the following day. Instructions were, of course, given before departing the subject's home. While this technique allowed us to drop off more questionnaires at one time, the efficiency was hampered by the fact that

without our presence, the respondents seemed to procrastinate. When a visit was made to pick up the questionnaire, or when the person was called to ask if the questionnaire was filled, the subject would confess that he or she had forgotten to fill it out. At other times we would be asked for an additional day to fill out the questionnaire. It was soon discovered that those people who were procrastinating were actually non-respondents and impeded our efforts. Consequently, the backup list of possible respondents was utilized in order to achieve the desirable number of subjects.

On June 21, 1977 data collection was terminated. By this date 144 questionnaires had been collected. This is six less than originally planned.

Research Instrumentation

The pretest instrument was used with only slight adjustments in the language to clarify some ambiguous points. The Spanish version was especially troublesome due to the translation process. Both the English and the Spanish questionnaires are included for review in Appendix A.

Major Research Variables

The major research variables utilized in the pretest were retained. In addition, a host of questions designed to elicit

demographic data were included. These were age, sex, marital status, birthplace and employment status. Other variables of interest were also included. These are previous residence, length of residency in Holland, perception of social class, reasons for moving to Holland, religious affiliation, and the residency of the majority of the respondent's relatives. These additional items serve to better characterize the sample. Not all of these, however, will be analyzed separately for brevity's sake.

Analysis

The final part of this chapter concerns itself with the nature of the analysis utilized. The analysis is discussed in three sections.

Section one is a descriptive analysis of the total research sample. Frequency distributions and measures of central tendency, where appropriate, are the techniques employed.

The second section deals with the two hypotheses of this study. Assimilation is the independent variable and this is operationalized by scores of high, medium, and low on the indicators alienation, ethnicity, and social relations, respectively. The existence of an association between each indicator and the two dependent variables will be analyzed. Awareness of existing Community Mental Health Services and actual utilization of these services are the dependent variables. The hypothesized association

will first be examined by cross-tabulation for visual examination of the percentage tables. A Chi^2 test for independence will then be performed. A .05 level of significance will be maintained.

Where an association is confirmed, a Gamma statistic as well as a Sommers d_{yx} statistic will be computed to measure the strength of the association.

Having determined the strength and nature of the association, a test of significance for Gamma will be used. Again, a .05 level of significance will be maintained.

The Chi^2 test for independence is a frequently used method of testing the existence of an association between two variables. The method employed tests the null hypothesis of no association between two variables. If this null hypothesis of no association is rejected, then the nature of the confirmed association is further examined with more elaborate techniques such as Gamma and Somers d_{yx} . When the Chi^2 is determined along with the degrees of freedom, the score is compared to a Chi^2 sampling distribution with the appropriate degrees of freedom. If the computed Chi^2 with x degrees of freedom is equal to or greater than the score in the Chi^2 distribution with the same degree of freedom at the present level of significance, then the null hypothesis of no association is rejected. If the null hypothesis of no association is not rejected then it becomes unnecessary to compute further measures of

association. It is worthwhile to do a Chi^2 test of independence to test for an association before proceeding with other measures (Loether & McTavish, 1974).

Gamma is a symmetrical measure of association suitable for use with ordinal-level data. It can be used on an $r \times c$ table to assess the hypothesized association. Gamma scores range from 1 for a perfect direct association to a -1 for a perfect inverse association. Because it is a symmetrical measure it does not distinguish between the independent and the dependent variables on the $r \times c$ cross tabulation table.

Somers d_{yx} , on the other hand, is an asymmetrical ordinal measure of association which distinguishes between the independent and the dependent variables. Given the nature of this study, this technique is generally preferred where appropriate. Like Gamma, Somers d_{yx} ranges from -1 for a perfect inverse relationship to a 1 for a perfect direct relationship. Intermediate values in both cases are interpreted according to their relative approximation to these values.

Having determined if an association exists, testing of the null hypothesis will be carried out.

Generally, the null hypotheses to be tested are:

1. H_0 : Respondents scoring in a low, medium, or high level of assimilation will not exhibit any differential awareness of

existing community mental health services.

Below are the general substantive hypothesis associated with the null hypothesis:

H_{01} : Respondents scoring in a low, medium or high level of assimilation will exhibit a corresponding awareness of existing mental health services.

Specifically, the general null hypothesis is tested by actually testing the null hypothesis of the three indicators: ethnicity, social relations, and alienation. These are:

H_{0a} : Respondents scoring high, medium, or low on ethnicity will not exhibit corresponding awareness of existing Community Mental Health Services.

H_{0b} : Respondents scoring high, medium or low on social relations will not exhibit corresponding awareness of existing Community Mental Health Services.

H_{0c} : Respondents scoring high, medium, or low on alienation will not exhibit a corresponding awareness of existing Community Mental Health Services.

2. The second general null hypothesis to be tested is:

H_{02} : Respondents scoring in a low, medium, or high level of assimilation will not exhibit a corresponding differential utilization of existing Community Mental Health Services.

The general substantive hypothesis associated with the

second null hypothesis is:

HO₂: Respondents scoring in a low, medium, or high level of association will exhibit a corresponding differential awareness of existing Community Mental Health Services.

Specifically, the second general null hypothesis is tested by actually testing the null hypothesis of the three indicators: ethnicity, social relations and alienation. These are:

HO_a: Respondents scoring in a low, medium or high level of ethnicity will not exhibit a corresponding differential utilization of existing Community Mental Health Services.

HO_b: Respondents scoring low, medium, or high levels of social relations will not exhibit a corresponding differential utilization of existing Community Mental Health Services.

HO_c: Respondents scoring in a high, medium, or low level of alienation will not exhibit a corresponding differential utilization of existing Community Mental Health Services.

In order to test the null hypothesis, the test of significance for Gamma was used. The prediction that there is a direct relationship between the dependent and the independent variable justifies the utilization of a one-tail-test. In all instances a .05 level of significance will be maintained.

The third part of the analysis involves an analysis of the possible relationships between the SES variable and the dependent

variables. The same analytical techniques employed in the analysis of the first two hypotheses are used. Essentially, the second set of hypotheses will maintain that there is a direct relationship between SES and the awareness and utilization of the existing Community Mental Health Services. In probability form this becomes two null hypotheses with corresponding substantive hypotheses.

Null hypothesis 3 is:

HO: Respondents scoring high, medium, or low on SES will not demonstrate a corresponding differential awareness of existing Community Mental Health Services.

The substantive exploratory hypothesis associated with this exploratory null hypothesis is:

HO₃: Respondents scoring high, medium, or low on SES will exhibit a corresponding differential awareness of existing Community Mental Health Services.

The fourth null hypothesis is:

HO: Respondents scoring high, medium, or low on SES will not exhibit a corresponding differential utilization of existing Community Mental Health Services.

The substantive hypothesis associated with the fourth hypothesis is:

HO₄: Respondents scoring in a high, medium, or low level of SES will exhibit a corresponding differential utilization of

existing Community Mental Health Services.

To secure the necessary Gamma statistic as well as Somers d_{yx} , the Colchi Computer Program was utilized. This is a program which utilizes frequencies to calculate not only the Chi^2 statistics but upon request, summarizes the Gamma statistics as well. Care must be taken to enter the variables in such a way that the independent variable is on the horizontal axis and the dependent variable is on the vertical axis due to the requirements of the Somers d_{yx} statistic. Below is a sample output of the teletype using the dependent variable awareness (noted as index) and the independent variable ethnicity (noted as ETHS2).

```
.R COLCHI
```

```
HOW MANY ROWS?  4
```

```
HOW MANY COLUMNS?  3
```

```
Enter Identification.  Index, Eths2
```

```
Enter Frequencies.
```

```
3, 29, 13
```

```
4, 11, 3
```

```
5, 26, 12
```

```
4, 16, 18
```

```
Index, ETHS2
```

Contingency Table

VAR	1	2	3	
1	3	29	13	45
2	4	11	3	18
3	5	26	12	43
4	4	16	18	38
	16	82	46	144=N

CHI-SQUARE = 9.38059 PROB 0.15328

CONTINGENCY COEFFICIENT = 0.24730

PHI-SQUARE = 0.06514

PHI-PRIME = 0.18048

DEGREES OF FREEDOM = 6

TYPE:

1. to terminate
2. to enter more data
3. to collapse
4. for GAMMA statistics
5. for Theta

4

GAMMA = 0.14877

TAU-A = 0.06216

TAU-F = 0.09657

TAU-C = 0.09259

$$DYX = 0.10997$$

$$DXY = 0.08480$$

CHAPTER IV

FINDINGS

Introduction

This chapter presents the findings in four parts. First, a brief discussion on non-response is presented. Secondly, a characterization of the respondents using demographic data will be discussed. Third, the nature of the hypothesized association along with the hypothesis testing will be presented. Finally, the elaboration of the hypothesized association using the SES variable will be presented.

Analysis of Non-Respondents

The many incidents of people not being home and/or forgetting to fill out the questionnaire introduced a threat to the validity of the sample. This threat was especially acute since we were dealing with a stratified random sample. The backup list of respondents was not stratified and, thus, the fear of disproportionate number of respondents along the necessary criteria imposed itself. Although this type of disproportion posed a threat, the real danger was in getting a systematic non-response pattern. This, however, did not turn out to be the case. Non-response was somewhat random as procrastination occurred not only in the inner city sector where the

poor live, but also in the other sections of town where the middle class and the upper middle class Chicano lives. In this sense, the non-response pattern, if any, was a random one and, thus, minimized the threat of the validity of the study. It should be kept in mind that the research design was developed to facilitate the gathering of information on 150 subjects, 50 being lower SES, 50 being middle SES and 50 being upper SES. The final sample gathered turned out to be only 144. Of these, 46 were high SES, 61 were middle SES, and 37 were low SES. The distribution though not equal numerically, clearly shows that non-response did not greatly alter the initial design and, thus, validity was safeguarded.

Characterization of the Sample

Each frequency and percentage distribution presented in this section considers the entire sample (N=144).

Age

The research sample is generally quite young. The mean age is 28.8 years old and the modal category is the 21-30 age group. The modal category comprises 53% of the sample. The next largest group, having 18% of the sample, is the 31-40 year category. The remaining 29% of the sample was somewhat evenly distributed.

TABLE 3

Frequency and percentage distribution of respondents
by age, marital status, SES, employment status,
birthplace, religious affiliation, and length of
residence in Holland, Michigan

Variable	Frequency (%)	
<u>Age</u>		
18 - 20	18	(13)
21 - 30	77	(53)
31 - 40	26	(18)
41 - 49	9	(6)
50 - +	14	(10)
<u>Marital Status</u>		
Married	91	(63)
Separated	7	(5)
Divorced	11	(8)
Single	33	(23)
No Response	2	(1)
<u>SES</u>		
Low (3 -4)	37	(26)
Medium (5 -7)	61	(42)
High (8 -10)	46	(32)
<u>Employment Status</u>		
Employed	113	(79)
Unemployed	28	(19)
No Response	3	(2)
<u>Birthplace</u>		
Mexico	20	(14)
Michigan	21	(14)
Southwestern US	95	(66)
Other	8	(6)

TABLE 3 (Continued)

Variable	Frequency	(%)
<u>Religious Affiliation</u>		
Catholic	115	(80)
Protestant	13	(9)
No Affiliation	8	(6)
Other	2	(1)
No Response	6	(4)
<u>Length of Residence in Holland (Years)</u>		
10 - +	11	(8)
7 - 9	22	(15)
4 - 6	23	(16)
1 - 3	26	(18)
Less than 1	56	(39)
No Response	6	(4)

Sex

This variable was almost evenly distributed. The sample consisted of 71 males and 73 females.

Marital Status

Nearly two-thirds of the sample is married and nearly one-third is single. Twelve and one-half percent of the sample reports disrupted marital relationships (divorced or separated). Two respondents declined to answer this item.

SES

The research design was intended to distribute a sample

of N=150 along the SES variable with 50 respondents in each category of low, medium and high SES. Due to the data gathering problems encountered, this intention did not materialize. Distribution on SES, however, had enough spread to adequately represent each of the categories.

Employment Status

The major percentage of the research sample was employed (79%) as opposed to the unemployed percentage (19%). Three subjects declined to answer.

Birthplace

Nearly two-thirds of the sample was born in Southwestern United States. There was an even distribution between Mexico and Michigan with 14% each. Six percent of the respondents fell into the "other" category.

Religious Affiliation

Overall, the sample was largely Catholic in its religious affiliation (80%) while only nine percent described themselves as Protestant. Six percent were not affiliated and four percent did not respond. The category listed as "other" brought a write in response of mainly Jehovah's Witness.

Length of Residence in Holland by Years

There was a lot of dispersion along this variable. The modal category was "less than one year" (39%). Only eight percent lived in the Holland area ten years or more. Overall, the sample is quite arriviste in nature. A four percent non-response on this variable is quite insignificant.

Control Findings

Analysis of the possible existence of a relationship between assimilation and SES proved to be negative. In no instance was a significant relationship found. It was, thus, concluded that although SES and assimilation have some similar components, in this instance the concepts were indeed measuring different things. It is, therefore, wise to use both variables as independent variables in the analysis of the four hypotheses of this study.

A Note on Controls

As mentioned in Chapter I, the concepts of assimilation and socioeconomic status have certain elements that are alike in nature. This led to a fear that the two items would somehow confound the data. Controls utilizing both assimilation variables as well as SES variables were, thus, done in the same analytical fashion that the main independent-dependent relationship was explored. If a

significant relationship were to be found between any indicator of the variable assimilation and the variable SES, then the two variables would be said to be confounding.

Test of the Hypothesis

It was stated in the first chapter that research done on the subject of Chicanos and Community Mental Health too often focuses on the unassimilated Chicano and, thus, it is often concluded that CMH services are not relevant to the experiential reality of the Chicano. Others maintain that under-utilization of services by Chicanos is not due to the lack of relevancy of services but rather due to the functionally equivalent methods employed by Chicanos in dealing with their mental health problems. In both instances, it behooves researchers to utilize a poorly assimilated sample to justify their contentions.

If, however, three groups with different degrees of assimilation are tested on their awareness and their utilization of Community Mental Health Services, one might discover that assimilation is the underlying factor which mitigates the awareness and utilization of services. This writer maintains that only those Chicanos who are unassimilated are likely to employ functionally equivalent vehicles to deal with mental problems. This same group is also likely to be less aware of services. Furthermore, as Chicanos assimilate into

TABLE 4

Frequency and Percentage Distribution of Respondents
by Assimilation Variables

Variable	Frequency (%)	
<u>Ethnicity</u>		
Low (10-16)	16	(11)
Medium (17-23)	82	(57)
High (24-29)	<u>46</u>	<u>(32)</u>
Totals	144	(100)
<u>Alienation</u>		
Low (1-5)	26	(19)
Medium (6-14)	102	(72)
High (15-25)	<u>13</u>	<u>(9)</u>
Totals	141	(100)
<u>Social Relations</u>		
Low (6-11)	12	(8)
Medium (12-17)	66	(46)
High (18-26)	<u>16</u>	<u>(46)</u>
Totals	94	(100)

The dependent variables were also collapsed in similar fashion in order to better analyze the data.

Anglo society, they will utilize services accordingly. Their awareness of these services will also increase.

In testing the hypothesis the non-respondents have been summarily excluded so that the N=144 is not constant. Where a

TABLE 5

Frequency and Percentage Distribution of Respondents
by Awareness and Usage Variables

Variable	Frequency (%)	
<u>Awareness</u>		
Low (0)	45	(31)
Medium (1-2)	61	(42)
High (3)	<u>38</u>	<u>(27)</u>
Totals	144	(100)
<u>Usage</u>		
Low (no)	110	(78)
Medium (yes)	<u>32</u>	<u>(22)</u>
Totals	142	(100)

smaller N is used, it is noted and reported.

There are two hypotheses:

1. Chicanos assimilated to the Anglo way of life will exhibit significantly greater awareness of existing Community Mental Health Services than those less assimilated.
2. Chicanos assimilated to the Anglo way of life will report a higher utilization of Community Mental Health Services than those who are less assimilated.

In both instances, the independent variable is assimilation operationalized by the scores on three indicators: ethnicity, alienation and social relations. In order to better handle the data, all three indicators were each divided into three major groups of low,

medium and high according to preset criteria.

Analysis of Association: Hypothesis One

Writer's Note. In all analysis of association to follow, numbers in parentheses are percentages. Those numbers not in parentheses are frequencies.

Awareness of Existing Community Mental Health Services and Degree of Ethnicity

TABLE 6

Cross-tabulation of Awareness and Ethnicity

Awareness	Ethnicity		
	Low	Medium	High
High	4 (25)	16 (20)	18 (39)
Medium	9 (56)	37 (45)	15 (33)
Low	<u>3 (19)</u>	<u>29 (35)</u>	<u>13 (28)</u>
Totals (N=144)	16 (100)	82 (100)	46 (100)
Chi ² =7.6	4 Degrees of Freedom p>.05		

Examination of the percentage table reveals a curilinear relationship.

Chi² is not significant at the present level. Rejection of the null hypothesis of the test is not feasible. No association can

be supported. Further tests are not warranted.

Awareness of Existing Community Mental Health
Services and Chicano Oriented Social Relations

TABLE 7

Cross-tabulations of Awareness and Social Relations

Awareness	Social Relations		
	Low	Medium	High
High	5 (42)	15 (23)	18 (27)
Medium	4 (33)	29 (44)	23 (43)
Low	<u>3 (25)</u>	<u>22 (33)</u>	<u>20 (30)</u>
Totals (N=144)	12 (100)	77 (100)	66 (100)
Chi ² =1.9	4 Degrees of Freedom p>.05		

Examination of the percentage table reveals a curvilinear relationship.

Chi² is not significant at the present level. Rejection of the null hypothesis of the test is not feasible. No association can be supported and no further tests are warranted.

Awareness of Existing Community Mental Health
Services and Degree of Alienation

TABLE 8

Cross-tabulation of Awareness and Alienation

Awareness	Alienation		
	Low	Medium	High
High	5 (19)	32 (31)	1 (8)
Medium	12 (46)	44 (43)	3 (23)
Low	<u>9 (35)</u>	<u>26 (26)</u>	<u>9 (69)</u>
Totals (N=141)	26 (100)	102 (100)	13 (100)
Chi ² =11.5	4 Degrees of Freedom $p > .05$		

Examination of the percentage table reveals an inverse relationship.

The Chi² value is significant at the .05 level. The association is confirmed. Rejection of the null hypothesis of the test is warranted.

Gamma was computed. A Gamma value of -.12 shows a relatively weak inverse relationship. Somers d_{yx} was also computed. This statistic, with a value of -.08, also confirms a weak inverse relationship.

The Gamma test of significance was computed. At the .05 level of significance, the computed score of .54 does not warrant rejection of the hypothesis of this study and support cannot be given

to the substantive hypothesis.

Summary: Hypothesis One

Testing of the hypothesis by way of the indicators of assimilation and the dependent variable "awareness" failed to generate support for the substantive hypothesis. No association was found between awareness and degree of ethnicity or awareness and social relations. While an inverse relationship was found between awareness and alienation, the test of significance failed to generate support for the substantive hypothesis.

Analysis of Association: Hypothesis Two

Utilization of Community Mental Health Services and Degree of Ethnicity

TABLE 9

Cross-tabulation of Utilization and Ethnicity

Utilization	Ethnicity		
	Low	Medium	High
High	4 (25)	19 (24)	9 (20)
Low	<u>12 (75)</u>	<u>61 (76)</u>	<u>37 (80)</u>
Totals (N=142)	16 (100)	80 (100)	46 (100)
Chi ² = .356	2 Degrees of Freedom		p > .05

An examination of the percentage table reveals no association. χ^2 is not significant at the present level. Rejection of the null hypothesis of the test is not feasible. No association can be supported.

Utilization of Community Mental Health
Services and Chicano Oriented Social Relations

TABLE 10

Cross-tabulation of Utilization and Chicano Oriented
Social Relations

Utilization	Social Relations		
	Low	Medium	High
High	5 (42)	13 (20)	14 (32)
Low	<u>7 (58)</u>	<u>53 (80)</u>	<u>50 (78)</u>
Totals (N=142)	12 (100)	66 (100)	64 (100)
$\chi^2=2.04$	2 Degrees of Freedom		$p>.05$

Examination of the percentage table reveals no association. χ^2 is not significant at the present level. Rejection of the null hypothesis of the test is not feasible. No association can be supported.

Utilization of Community Mental Health Services
and the Degree of Alienation

TABLE 11

Cross-tabulation of Utilization and Alienation

Utilization	Alienation		
	Low	Medium	High
High	7 (28)	22 (22)	3 (23)
Low	<u>18 (72)</u>	<u>79 (78)</u>	<u>10 (77)</u>
Totals (N=139)	25 (100)	101 (100)	13 (100)
Chi ² = .44	2 Degrees of Freedom		p > .05

Examination of the percentage table shows no association. Chi² is not significant at the present level. Rejection of the null hypothesis of the test is not feasible. No association can be supported.

Summary: Hypothesis Two

No association was found between the dependent variable "utilization" and the three indicators of assimilation. Since no association could be determined, support for the substantive hypothesis could not be claimed.

Introduction: Hypotheses Three and Four

It was stated in the first chapter that awareness of existing Community Mental Health Services as well as utilization of these

would be examined from an assimilation as well as social stratification standpoint. In order to assess the impact of social class, the variable SES was used as an indicator of social class. It should also be kept in mind that the sample is stratified along the SES variable. This analysis was done in an exploratory fashion to see if social class has more of an impact on awareness and utilization of Community Mental Health Services than assimilation.

In Chapter II of this study, it was stated that underutilization of Community Mental Health Services often occurred because the Mental Health Agency practiced "discouraging institutional policies." One of these cited by Padilla (1973) is that of inaccessible geographic locations. Another such policy reported by Padilla is a middle class orientation to treatment. If these contentions are accurate then one would expect that Chicanos who are middle and upper class would have a higher awareness of services available and that they would be able to afford the services. In short, geographic location would not be a problem to the more mobile middle and upper class.

Analysis of Association: Hypotheses Three and Four

SES and Awareness of Existing Community Mental Health Services

TABLE 12
Cross-tabulation of SES and Awareness

Awareness	SES Low	Medium	High
High	6 (16)	9 (15)	23 (50)
Medium	13 (35)	28 (46)	20 (44)
Low	<u>18 (49)</u>	<u>24 (39)</u>	<u>3 (6)</u>
Totals (N=144)	37 (100)	61 (100)	46 (100)
Chi ² =28.8	4 Degrees of Freedom		p>.05

Examination of the percentage table shows a direct relationship between the two variables. The Chi² value is significant at the present level. Rejection of the null hypothesis of this test is warranted. An association is confirmed.

A Gamma score of .53 and a Somers d_{yx} of .36 confirm a direct relationship of moderate strength. A Gamma test of significance was computed. The z score of 3.54 was well into the critical region. The direct relationship is confirmed. Support is, thus, claimed for the substantive hypothesis.

SES and Utilization of Community Mental
Health Services

TABLE 13

Cross-tabulation of SES and Utilization

Utilization	SES		
	Low	Medium	High
High	10 (28)	12 (20)	10 (22)
Low	<u>26 (72)</u>	<u>48 (80)</u>	<u>36 (78)</u>
Totals (N=142)	36 (100)	60 (100)	46 (100)
Chi ² = .80	2 Degrees of Freedom		p > .05

Examination of the percentage table shows no relationship. Chi² is not significant at the present level. Rejection of the null hypothesis of the test is not feasible. No association can be supported.

Summary: Hypotheses Three and Four

Tests of association between the variable SES and the dependent variable Awareness and Utilization were done in order to test for a possible association. SES and Awareness proved to be related in a positive direct manner. No association could be ascertained between Utilization and SES.

Summary of Total Findings

The sample was characterized by means of frequency and percentage tables. All tests of the two hypotheses of this study failed to generate support for them. No association could be found between the independent and the two independent variables.

An exploratory analysis between SES and Awareness of Community Mental Health Services produced a direct relationship of moderate strength. No association, however, was found between SES and Utilization of Services. In sum, SES and Awareness proved to be the most encouraging relationship found in the analysis.

CHAPTER V

CONCLUSIONS AND IMPLICATIONS

Introduction

This chapter discusses the findings of this study focusing upon the theoretical and practical implications.

The first two substantive hypotheses of this study are:

1. Respondents scoring in a low, medium, or high level of assimilation will exhibit a corresponding differential awareness of existing mental health services.
2. Respondents scoring in a low, medium, or high level of assimilation will exhibit a corresponding differential utilization of existing mental health services.

The two substantive hypotheses have not been accepted according to the findings.

In order to evaluate the findings of this study some thought must be given to the theoretical and methodological factors which may render possible explanations for these findings.

Review of Findings

This study maintained at the outset that previous mental health research which addressed the underutilization of community mental health services by Chicanos only considered the poorly assimilated Chicano. It was further stated that this uneven

representation of high, medium, and poorly assimilated Chicanos might be a factor affecting the conclusions arrived at by researchers such as Torrey (1969), Karno and Edgerton (1969), and Padilla (1971). For this reason assimilation was chosen as the variable which might shed some new light on the existing literature. Findings, however, failed to support the notion that assimilation is the determining factor which decides whether a Chicano will or will not utilize existing mental health services. Assimilation, as measured in this study, also failed to have an impact on the awareness that Chicanos might have of the services offered by the existing mental health center. However, the relationship between socioeconomic status which was found in the exploratory analysis poses some possible routes for future research. This notion, however, is to be approached with caution in light of the finding which failed to support a relationship between socioeconomic status and actual utilization of existing mental health services.

The findings further require a critical analysis of the methods used in this study. The restriction of the research population which arose out of the use of judges is to be taken into account. It is possible that this method introduced a bias to external validity and, thus, generalization is somewhat tenuous. As stated before, however, the random selection of the sample from the sampling distribution enhanced the internal validity of the study.

It is suggested, for a replication of this study that a sampling distribution be compiled from a number of sources such as the customer lists of power companies, city directories, telephone directories, etc. The simple random sample might also be considered in future studies instead of the stratified random sample. The simple random sample would facilitate broadening of the target population.

Additional suggestions for replication would be that the questionnaire be shorter and more to the point. The somewhat lengthy questionnaire used in this study impeded cooperation as it required at least an hour to be completed competently. Because of this, respondent fatigue cannot be ruled out as a factor affecting the answers given to the tail end of the questionnaire. This can also be a threat to the validity of the study.

The question remains, why didn't Chicanos in different stages of assimilation exhibit a corresponding degree of awareness of community mental health services? The answer may lie in the efforts which the Ottawa County Community Mental Health Agency undertakes to make its services known to the Chicano community. As former director of the HOY program in Holland, the author became acutely aware of the apparent lack of mental health program literature available to Chicanos in Holland. No Spanish language advertisement of available services is directed at the Chicanos.

Where literature is made available in Spanish, the translation of current community mental health concepts (i.e., crisis intervention, transactional analysis, gestalt therapy, etc.) does not convey to the Chicano the true nature of what community mental health services really are. It may well be that Chicanos who responded to the question, "Are you familiar with the Ottawa County Community Mental Health Agency and the services that it offers?" should have been asked, "What services do you think the Ottawa County Community Mental Health Agency offers?" While a question such as this would have certainly caused coding problems for analysis, it may well have been a better way of assessing whether a respondent really knew what services are offered. When an agency hopes to address its services to a particular target group, the result cannot help but be that of differential awareness of those services by the target population.

Aronson (1972) addresses the notion of propaganda and its impact of consumerism. It is apparent that if the community mental health agency hopes to generate awareness among the Chicano it must address the Chicano mind and obey the first tenet of social work, "Start where the client is at." The finding of a direct relationship between socioeconomic status and awareness of existing community mental health services is significant. The possible explanation for this differential awareness by SES can be explained

when one considers that one of the variables comprising SES is that of education. Education in American society affords one the cognitive appreciation for terminology that is periodically in vogue. Freudianism, Gestalt Therapy, Encounter Group, etc., are concepts which have become popularized in this modern era. The mass media, high schools, colleges, and even barbers elaborate upon these concepts ad infinitum. The person with a certain degree of education cannot help but come in contact with mental health terminology. By a mere process of "fall-out" the individual becomes aware of mental health terminology and subsequently of services. The relationship between SES and awareness makes sense given the above considerations. Unfortunately the individual items, education, occupation, and income were not entered into the analysis independently to afford a further elaboration of this association. This is highly recommended for future replication attempts.

The question "Why did Chicanos in the different levels of assimilation fail to utilize in a corresponding manner the existing community mental health services?" is yet to be explained. The answer to this question brings us back to the arguments put forth in the first chapter. It was stated that Chicanos do not avail themselves of existing community mental health services because these are irrelevant to the experiential world of the Chicano or because Chicano society has cultural structures (curanderismo, extended

family, compadrazgo, etc.) which act as functional equivalents to the traditional mental health services offered.

The second part of this argument seems to be disproven in this study when one considers the demographic characteristics found. In Chapter IV, it was stated that the bulk of the sample was young, employed, of medium socioeconomic status, married, Catholic, and newcomer in nature. The newcomer nature of the sample would preclude the use of the extended family as a counseling alternative since the extended family is likely to have remained "back home." Curanderismo as outlined by Kiev (1968) is not widely practiced in Holland today, therefore, the use of this alternative cannot explain the findings of the hypothesis. Compadrazgo, the network of Godfathers and Godmothers is flourishing in Holland and given the fact that 80% of the sample was Catholic, this is not surprising. Compadrazgo might help to explain part of the findings of the hypothesis. Further research is needed in this area. In sum, the argument that Chicano society has social structures which impede self-referral to the community mental health agency does not seem to stand up in the face of empirical evidence to the contrary.

The second part of the argument which maintains that existing mental health services are irrelevant to the experiential reality of the Chicano can be further analyzed by again looking at

the actual functioning of the Ottawa County Community Mental Health Agency. As stated earlier, the author has had continuous contact with the mental health agency for a period of four years. During these four years, the Ottawa County Community Mental Health Agency has lived up in every way to the description of the traditional mental health agency set forth by Torrey (1969). The discouraging institutional practices which Torrey outlines are very much alive in Holland. The adult outpatient clinic is located in the northern part of Holland, accessible only by automobile or the Dial-a-Ride Transport system which charges passengers a nominal fee. Plans are now underway to construct a permanent home for this outpatient clinic. It is to be located between Holland and Grand Haven. This will be further from the present site and more inaccessible to the Chicano population. The mental retardation services are located in Zeeland, a neighboring town approximately six miles away. Geographic isolation of services exists in Holland.

The services offered are White-Middle-Class oriented. There are no Chicano social workers, psychologists or counselors on the adult outpatient staff. The mental retardation services have one Chicano bilingual-bicultural staff member. No Chicano staff exists in the substance-abuse branch of the community mental health agency. In sum, the class-bound, value-bound, language-bound approach outlined by Torrey (1969) is in operation in the local

community mental health agency. The irrelevance of services offered is to be considered as a valid argument in this study. The fact remains, however, that although services are thought to be irrelevant 20% of the sample utilized in this study admitted having utilized these services. Given the small n, 20% utilization is a statistic that cannot be overlooked. The reason for the high incidence of reported utilization may be that the HOY program, a substance abuse, alcohol, and family counseling center, which addresses the needs of Latinos in Holland renders many services similar in nature, yet culturally syntonc, as those offered by the local community mental health agency. It is conceivable that some confusion may have occurred as to the differentiation of the two agencies. If this is so, then the findings of the second and fourth hypotheses must be interpreted with due caution.

Another reason for the 20% utilization by the sample may lie in the large-scale "psychopathologizing" that occurs in Holland. Juvenile offenders, Chicanos convicted of alcohol-related offenses and those Chicanos convicted of violent-type offenses are referred by the court system to the community mental health agency for psychological evaluation. In many instances, counseling by mental health personnel is made a condition of probation. In sum, Chicanos are coerced into receiving services from the mental health agency.

It should also be kept in mind that the 20% usage appears

to be high in a common sense way. However, no epidemiological studies are available for comparison. In sum, 20% usage although seemingly high, may actually be rather low utilization.

Future research on utilization patterns should include an analysis of those Chicanos who have utilized the services, their perception of the services, and their willingness to return.

The analysis positing a relationship between SES and utilization is of interest. While a direct relationship between SES and awareness was found, no such relationship could be ascertained between SES and utilization of mental health services. A plausible explanation for this may rest in the fact that awareness can be either negative or positive. A person may be aware of the poor services rendered or a person may be aware of the good services rendered. In sum, awareness does not necessarily reflect in referrals.

In general, the findings of this study are consistent with the findings of Torrey (1969) and Padilla (1976).

Theoretical Implications

Assimilation was presented as a multi-dimension process. From the different subprocesses outlined by Gordon (1964), three indicators were chosen as indices of assimilation. It was maintained that high ethnicity would result in low assimilation and vice-versa. Alienation was seen in the same way. Chicano social relations were

explored to define three levels of in-group and out-group social patterns. Socioeconomic status was retained as an exploratory variable. The findings of this study suggested that assimilation did not have an impact on whether a client is aware of the existing mental health services or whether he utilizes these. Socioeconomic status, however, did have an impact on awareness but not on utilization.

It is not suggested that assimilation be discarded as a possible telling factor in future research. It is rather suggested that the definition of assimilation be expanded and that more rigorous expansion of what constitutes awareness be done. That no relationship was found between assimilation and actual utilization does not necessarily mean that assimilation is not a worthy theoretical point of departure. The hesitancy of self-disclosure by the respondent could have had a biasing effect on the proposed relationship. It is suggested that future research consider the attitude aspect, "Would you utilize community mental health services?" instead of the actual "Have you utilized community mental health services?"

Social stratification, measured in this study by SES, proved to be the most encouraging independent variable. Research on Latino mental health has not made extensive use of this theoretical approach. The reason may be that cultural and anthropological explanations seem to be more in line with the neo-Chicano awareness of his "roots." Another reason why social stratification theory may

not be widely used by Latino researchers may be that the theory is much too broad to appeal to the experiential world of the Chicano, hence it is scrapped in favor of cultural and anthropological research. Social stratification theory and its implications for Latino mental health is an area in dire need of research.

In sum, the findings of this study show that both assimilation and social stratification theory have much to offer to the field of community mental health and the minority people who are in need of such services.

Practical Implications

The findings of this study were presented in the following fashion: demographic analysis using eight descriptive variables, tests of the two hypotheses, and test of exploratory hypothesis. This section will discuss these findings and their implications regarding existing policy of the Ottawa County Community Mental Health Services.

The summary of the descriptive statistics characterized the research sample as being generally young, employed, of medium socioeconomic status, married, Catholic, and newcomer in nature. What can be said of this finding is that a Chicano middle-class group exists alongside the White-Middle-Class in Holland. The newcomer nature of this group, suggests that their extended

families are not available to them since the network of brothers, cousins, grandparents, uncles, etc., are likely to have remained "back home." The newcomer characteristic may also indicate that a certain cultural disorganization may be present with no curanderos, hierberos, or other cultural fortes available to help them through troubled times. The fact that the bulk of the sample is of middle socioeconomic status may be an artifact of the sampling process. One cannot overlook the notion of marginality which seems to accompany groups who relocate to a new area. That the Holland area has a very strong Dutch culture which is at times antagonistic to the Chicano lifestyle also suggests that the frustration level of the Chicano may at times reach a high level. Consider for example that 80% of the research sample scored in the medium and high alienation category. It should also be noted that 39% of the research sample scored in the medium and high ethnicity category and 92% scored in the medium and high category of Chicano oriented social relations. In sum, the research sample appears to be of high and middle ethnicity, high and middle Chicano oriented social relations, and also of high and medium alienation. These descriptive characteristics of the Chicano should serve to familiarize mental health practitioners with the nature of the Chicano in Holland. That the Chicano is ethnic bound in his lifestyle clearly indicates that mental health programs, if they hope to attract Chicanos, must take

steps to make some of its services culturally syntonetic with Chicano culture.

The question remains "What is a culturally syntonetic approach and how can it be implemented?" Alvarez (1975) describes several programs and models which have generated widespread acceptance by Chicanos in various parts of the United States. The first such model necessitates that the professional and paraprofessional staff of a center receive some form of nonstandard training or adapt itself to the specific requirement of service Latinos. An inherent part of this program, of course, is the requirement that all the staff be bilingual and bicultural. Treatment programs are geared more to prevention and crisis intervention. This model is called the "Professional Adaptation Service Model."

The second model is known as the "Family Adaptation Service Model." This model sets forth a psychotherapy group that utilized prior knowledge about Chicano family patterns to facilitate the group. For example, in Chicano culture the father is typically described as a dominant authoritarian figure while the mother is somewhat submissive. The older male sibling is perceived as a figure whom the other children admire and respect. With these family dynamics in mind the therapists translated these into therapy dynamics which were carried out in group psychotherapy. Again, the latent dynamic operating here is that the approach is not foreign

to the client and, thus, he does not perceive it as hostile.

The final approach is that of a "Barrio Service Model." This model maintains that the vast majority of stressful situations encountered by Chicanos are of economic origin. The program is staffed with a staff dedicated to the relief of those stressful situations by intervening in job placement, bank loans, unemployment compensation and a host of other related services.

It is evident that the culturally syntonic approach to the delivery of mental health services is feasible.

Summary

The findings of the two hypothesis of this study failed to show a relationship of assimilation between assimilation and awareness or assimilation and utilization of existing mental health services. Given the existing staffing patterns, therapy approaches, and testing tools being carried out at the Ottawa County Community Mental Health Agency, the findings of this study are not surprising. The findings of the hypothesis as well as the descriptive characteristics of the research sample can be valuable cues for this agency to utilize in its planning for future services. Failure to do so will only serve to perpetuate the double-standard of services which have plagued minority people for so long in the United States.

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APPENDIX "A"

English Questionnaire

Spanish Questionnaire

APPENDIX "A"

Please answer the following questions honestly and to the best of your knowledge.

BACKGROUND INFORMATION:

1. Sex: ☐ Female
☐ Male
2. What is your marital status: ☐ Married
☐ Single
☐ Divorced
☐ Separated
3. Where were you born? _____
4. What is your employment status? ☐ Employed
☐ Unemployed
5. What is your occupation? _____
6. If employed, give a brief description of your job duties:

7. Age: ☐ Over 50 years old
☐ 41-49 years old
☐ 31-40 years old
☐ 21-30 years old
☐ 20 years or less
8. What is the yearly income of your family? ☐ Less than \$2,999
☐ \$ 3,000 - \$4,999
☐ \$ 5,000 - \$7,999
☐ \$ 8,000 - \$9,999
☐ \$10,000 - and over
9. How many years of school have you completed? (Circle Grade Completed) ☐ Elementary 1 2 3 4 5 6
☐ Junior High 7 8 9
☐ Senior High 9 10 11 12
☐ G.E.D.
☐ Junior College 13 14
☐ College 13 14 15 16
☐ Graduate Study 17 18

10. If you attended college, did you receive a degree? ☐ Yes
☐ No
11. If you received a degree, what level: (You may check more than one). ☐ B.S. or B.A.
☐ M.A.
☐ Ph.D.
☐ Specialist
12. If you were asked to use one of the following names for social class status, which would you say you belong to? ☐ Lower
☐ Middle
☐ Upper
☐ Don't know or can't decide
13. Where did you live prior to coming to the Holland area? _____
14. How long have you lived in this area? ☐ less than one year
☐ 1 - 3 years
☐ 4 - 6 years
☐ 7 - 9 years
☐ 10 or more years
15. Why did you (or your family) move to this area of Michigan? ☐ To work or look for work
☐ To live with relatives
☐ Educational opportunity
☐ It's a better place to live
16. Do you intend to live in the Holland area for the rest of your life? Why? ☐ Yes
☐ No _____
17. Do you own or rent your home? ☐ Rent
☐ Own (paid for)
☐ Still paying for
☐ Other
18. I prefer to be identified as: ☐ Mexican
☐ Chicano
☐ Mexican-American
☐ American
☐ Other: _____

19. I speak: ☐ Only Spanish
☐ Both Spanish & English
☐ Only English
20. I speak Spanish: ☐ All of the time
☐ Only at home
☐ Only to relatives
☐ Never
20. I prefer to listen to Spanish music: ☐ All of the time
☐ Half of the time
☐ Some of the time
☐ Never
22. I eat Mexican foods: ☐ All of the time
☐ Half of the time
☐ Some of the time
☐ Never
23. I would rather eat Mexican foods: ☐ All of the time
☐ Half of the time
☐ Some of the time
☐ Never
24. "Capirotada" is the traditional food during what time of year? ☐ Lenten Season (Easter)
☐ Christmas
☐ Thanksgiving
☐ Don't know
25. Members of my family consult or use (curanderas) "folk medicine." ☐ All of the time
☐ Half of the time
☐ Some of the time
☐ Never
26. Members of my family prefer to go to a professionally trained medical doctor when they are sick: ☐ Strongly Agree
☐ Agree
☐ Don't know
☐ Disagree
☐ Strongly disagree
27. If Mexican children are to get ahead in life, they should grow up to be more like Anglo people? ☐ Strongly Agree
☐ Agree
☐ Don't know
☐ Disagree
☐ Strongly Disagree

28. I feel good about being Mexican: ☐ All of the time
☐ Most of the time
☐ Some of the time
☐ Never

FAMILY DIMENSIONS

29. If married, how many children are there in your family? ☐ 10 or more
☐ 6 - 10
☐ 3 - 6
☐ 1 - 3
☐ None
30. Where do your relatives live? ☐ In the Holland Area
☐ In the Southwest U.S.
☐ In Mexico
☐ Other _____
31. Specify the number of relatives that live in the Holland, Ottawa County Area: (Check relative and write number of each relative in blank provided)
☐ Father(s) _____
☐ Mother(s) _____
☐ Son(s) _____
☐ Daughter(s) _____
☐ Grandmother(s) _____
☐ Grandfather(s) _____
☐ Aunt(s) _____
☐ Uncle(s) _____
☐ Cousin(s) _____
☐ Brother(s) _____
☐ Sister(s) _____
32. Relatives no matter how distant, are more important than friends? ☐ Strongly Agree
☐ Agree
☐ Don't Know
☐ Disagree
☐ Strongly Disagree
33. All Mexican children should have "padrinos." ☐ Strongly Agree
☐ Agree
☐ Don't Know
☐ Strongly Disagree
☐ Disagree

RELIGIOSITY

34. What is your religious affiliation?

- | | |
|--|--|
| A. <input type="checkbox"/> Catholic | D. <input type="checkbox"/> Not Affiliated |
| B. <input type="checkbox"/> Protestant | E. <input type="checkbox"/> Other (please |
| C. <input type="checkbox"/> Lutheran | specify) <input type="text"/> |

35. If you are religiously affiliated, how often do you attend church services?

- A. ☐ Once a week or more
 B. ☐ At least once a month, but not weekly
 C. ☐ Less than once a month, but more than once a year
 D. ☐ Less than once a year

36. The Church I attend has a congregation that is:

- A. ☐ All Mexican
 B. ☐ Mostly Mexican
 C. ☐ Less than one-half Mexican
 D. ☐ Mostly Anglo

37. I would prefer our church services to be:

- A. ☐ In Spanish only
 B. ☐ Mainly in Spanish
 C. ☐ In both Spanish and English
 D. ☐ Mainly in English
 E. ☐ In English only

SOCIAL RELATIONSHIPS

38. My close friends are:

- A. ☐ All of Mexican origin
 B. ☐ Most of Mexican origin
 C. ☐ Some of Mexican origin
 D. ☐ None of Mexican origin

39. How often are you in close personal contact with Anglo persons during the week?

- A. ☐ Never have contact
 B. ☐ Seldom have contact
 C. ☐ Occasionally have contact
 D. ☐ Frequently have contact

40. Do you belong to any group(s) in which all of the members are Mexican?

 Yes No. If yes, please list them.

41. Outside of the home, activities that I participate on are:

- A. _____ All Mexican
B. _____ Mostly Mexican
C. _____ Less than half Mexican
D. _____ Mostly Anglo

42. I would prefer to participate in social events that are:

- A. _____ All Mexican
B. _____ Mostly Mexican
C. _____ Less than half Mexican
D. _____ Mostly Anglo

43. I usually celebrate holidays with persons that are:

- A. _____ All Mexican
B. _____ Mostly Mexican
C. _____ Less than one half Mexican
D. _____ Mostly Anglo

44. I believe that personal problems should be discussed only with relatives or friends of Mexican origin.

- A. _____ Strongly Agree
B. _____ Agree
C. _____ Disagree
D. _____ Strongly Disagree

The following questions deal with mental health. Please assist us by answering them to the best of your knowledge.

45. If you were aware that either you or a member of your family had an emotional problem such as depression, anxiety or suicidal thoughts, would you seek help from:

- A. _____ Your family doctor
B. _____ Your relatives or compadre
C. _____ A friend

- D. _____ Your priest or reverend
 E. _____ Community Mental Health Agency
 F. _____ A private psychiatrist or psychologist
 G. _____ A curandero
 H. _____ Other, Explain _____
46. Have you or any member of your family consulted a curandero for an emotional or physical problem within the last two years? yes _____ no _____
47. Have you or any member of your family ever consulted a curandero?
 yes _____ no _____
48. Are you familiar with the Ottawa County Community Mental Health Agency and the different services that it offers?
 yes _____ no _____
49. Do you know where any branch of the Community Mental Health Agency is located?
 yes _____ no _____
50. If yes, do you feel that these locations are easy for you to get to?
 yes _____ no _____
51. Have you or any member of your family ever received services from any branch of the Ottawa County Community Mental Health Agency?
 yes _____ no _____
52. If yes, were the services satisfactory? yes _____ no _____
53. Do you know the names of any Spanish-Speaking employees of the Community Mental Health Agency? yes _____ no _____
54. Have you or any member of your family ever had an alcohol related offense for which you had to appear in court?
 yes _____ no _____
55. If you or any member of your family had an alcohol problem

would you seek help from:

- A. ☐ The Ottawa County Community Mental Health Agency
- B. ☐ A relative or compadre
- C. ☐ A friend
- D. ☐ Your priest or reverend
- E. ☐ Your family doctor
- F. ☐ A curandero
- G. ☐ A private psychiatrist or psychologist
- H. ☐ Other. Explain _____

56. Do you feel that there is a problem with alcohol among the Spanish-Speaking people of the Holland area? yes ☐ no ☐

57. If you or any member of your family had a problem with drugs (marihuana, heroin, cocaine, pills, etc.) would you seek help from:

- A. ☐ Your priest or reverend
- B. ☐ A private psychiatrist or psychologist
- C. ☐ Your family doctor
- D. ☐ A relative or compadre
- E. ☐ A friend
- F. ☐ The Community Mental Health Agency
- G. ☐ A curandero
- H. ☐ Other. Explain _____

58. Do you feel that there is a drug problem among the Spanish-Speaking people of the Holland area? yes ☐ no ☐

59. If I were to consult a psychologist, counselor, or social worker, I would prefer for that person to be able to speak:

- A. ☐ Only English
- B. ☐ Only Spanish
- C. ☐ Both English and Spanish

60. If I were to consult a psychologist, counselor, or social worker, I would prefer that the person be:

- A. ☐ Of Mexican descent
- B. ☐ Of Anglo descent
- C. ☐ It doesn't matter

61. Have you or any member of your family ever used "folk medicine" such as herbs, curing the evil eye, curing for fright, etc.? yes _____ no _____
62. If your answer was yes, how often do you do this?
- A. _____ Very often
 - B. _____ Once in a while
 - C. _____ When there is no other alternative
 - D. _____ Very frequently
63. If you or any member of your family were having marital problems, would you seek help from:
- A. _____ A relative or compadre
 - B. _____ Your priest or reverend
 - C. _____ A private psychiatrist or psychologist
 - D. _____ The Community Mental Health Agency
 - E. _____ Your family doctor
 - F. _____ A friend
 - G. _____ A curandero
 - H. _____ Other. Explain _____
64. If you had a drug, alcohol, marital, or emotional problem would you prefer to visit an agency which was known to be:
- A. _____ Totally for the Spanish-Speaking
 - B. _____ For both Anglos and Spanish-Speaking
 - C. _____ Mostly for Anglos
 - D. _____ Mostly for Spanish-Speaking
 - E. _____ It doesn't matter

ACTIVITIES IN VOLUNTARY ASSOCIATIONS

65. I feel that it is important to be a member of some group(s) or organization(s).
- A. _____ Strongly Agree
 - B. _____ Agree
 - C. _____ Disagree
 - D. _____ Strongly Disagree
 - E. _____ Don't know
66. Please indicate any of the groups listed below which you are a member.

- A. ☐ Latino American Society
- B. ☐ Latinos United for Progress
- C. ☐ Neighborhood or block clubs
- D. ☐ Religious groups
- E. ☐ Union
- F. ☐ Sports Club
- G. ☐ PTA
- H. ☐ Political Organization
- I. ☐ Fraternal Club
- J. ☐ Other (please specify) _____

67. How often do you attend meetings?

- ☐ 0-1 a month
☐ 2-or more times a month

We would like to know your feelings about your mother's role in the family. Please assist us by answering these related questions.

68. The Mother should bring most of the money into the family.

- A. ☐ All of the time
- B. ☐ Most of the time
- C. ☐ Half of the time
- D. ☐ Some of the time
- E. ☐ None of the time

69. The Mother should give the money to pay the rent or house note.

- A. ☐ All of the time
- B. ☐ Most of the time
- C. ☐ Half of the time
- D. ☐ Some of the time
- E. ☐ None of the time

70. The Mother should give money to buy food for the family:

- A. ☐ All of the time
- B. ☐ Most of the time
- C. ☐ Half of the time
- D. ☐ Some of the time
- E. ☐ None of the time

71. My Mother decides which person in the family will pay the rent or house note:

- A. ☐ All of the time
- B. ☐ Most of the time
- C. ☐ Half of the time
- D. ☐ Some of the time
- E. ☐ None of the time

72. My Mother decides upon the kind of recreation for the children:

- A. ☐ All of the time
- B. ☐ Most of the time
- C. ☐ Half of the time
- D. ☐ Some of the time
- E. ☐ None of the time

73. My Mother is the real breadwinner in the family.

- A. ☐ All of the time
- B. ☐ Most of the time
- C. ☐ Half of the time
- D. ☐ Some of the time
- E. ☐ None of the time

74. My Mother is the real authority in the family.

- A. ☐ All of the time
- B. ☐ Most of the time
- C. ☐ Half of the time
- D. ☐ Some of the time
- E. ☐ None of the time

75. The mother should be the one from whom the child(ren) receive(s) permission to do something.

- A. ☐ All of the time
- B. ☐ Most of the time
- C. ☐ Half of the time
- D. ☐ Some of the time
- E. ☐ None of the time

76. The mother should be the one to spank the children for misdeeds.

- A. ☐ All of the time
- B. ☐ Most of the time
- C. ☐ Half of the time
- D. ☐ Some of the time

E. _____ None of the time

Please indicate how you feel about the following statements.

77. A person's future is largely a matter of what fate has in store for them.

- A. _____ Strongly Agree
- B. _____ Agree
- C. _____ Don't Know
- D. _____ Disagree
- E. _____ Strongly Disagree

78. Nowadays, people do not realize what an important role luck plays in their lives.

- A. _____ Strongly Agree
- B. _____ Agree
- C. _____ Don't Know
- D. _____ Disagree
- E. _____ Strongly Disagree

79. Getting a job depends on being at the right place at the right time.

- A. _____ Strongly Agree
- B. _____ Agree
- C. _____ Don't Know
- D. _____ Disagree
- E. _____ Strongly Disagree

80. The government is run by a few people; the little man has no power over his own life.

- A. _____ Strongly Agree
- B. _____ Agree
- C. _____ Don't Know
- D. _____ Disagree
- E. _____ Strongly Disagree

81. There is nothing I can do to change the things are today.

- | | |
|-------------------------|----------------------------|
| A. _____ Strongly Agree | D. _____ Disagree |
| B. _____ Agree | E. _____ Strongly Disagree |
| C. _____ Don't Know | |

APPENDIX "A"

Informacion Personal

1. Sexo ☐ Hombre ☐ Mujer
2. Esta usted ☐ Casado
☐ Soltero
☐ Divorciado
☐ Separado
3. Donde nacio: _____
4. Esta usted ahora ☐ empleado
☐ desempleado
5. Cual es su oficio? _____
De una breve explicacion de su trabajo. _____
6. Que es su edad? _____
7. Cual es el salario anual de su familia?
 - A. ☐ menos de \$2,999
 - B. ☐ \$3,000 - \$4,999
 - C. ☐ \$5,000 - \$7,000
 - D. ☐ \$8,000 - \$9,000
 - E. ☐ \$10,000 - o mas
8. Cuantos anos de escuela ha completado?
 - A. ☐ Primaria 1, 2, 3, 4, 5
 - B. ☐ Junior High 6, 7, 8
 - C. ☐ Secundaria 9, 10, 11, 12
 - D. ☐ Universidad or colegio
 - E. ☐ Recibio su diploma? si ☐ no ☐
 - F. ☐ Estudios Avanzados si ☐ no ☐
 - Recibio el Maestria? si ☐ no ☐
 - Receibio el Doctorado? si ☐ no ☐
9. De que categoria social se considera
 - A. ☐ Clase baja
 - B. ☐ Clase mediante
 - C. ☐ Clase alta
 - D. ☐ No se o no puedo decidir

10. Donde vivio antes de venir a la vecindad de Holland: _____

11. Cuantos anos a vivido en esta area?

- A. _____ menos de un ano
- B. _____ 1-3 anos
- C. _____ 4-6 anos
- D. _____ 7-9 anos
- E. _____ 10 anos o mas

12. Porque se mudo usted o su familia a esta area?

- A. _____ a trabajar o a buscar trabajo
- B. _____ a vivin con familiares
- C. _____ buscando oportunidades educacionales
- D. _____ es un mejor ambiente para vivir

13. Piensa vivir en esta area toda su vido? si _____ no _____
Porque o Porque no _____

14. Es dueno de su casa o renta?

- A. _____ Estoy rentando
- B. _____ Soy dueno, la casa esta pagada
- C. _____ Todavia estoy pagando la casa
- D. _____ Otras aneglos: Explique _____

Caracter Nacional

15. Prefiero que me identifiquen como

- A. _____ Mexicano
- B. _____ Chicano
- C. _____ Mexico-Americano
- D. _____ Americano
- E. _____ Deotra manera (explique)

16. Yo hablo

- A. _____ Nomas Espanol
- B. _____ Ingles y Espanol
- C. _____ Nomas Ingles

17. Yo hablo Espanol

- A. ☐ Todo el tiempo
B. ☐ Nomas en casa
C. ☐ Nomas can familiares
D. ☐ Nunca
18. Prefiero escuchar musica en espanol
- A. ☐ Todo el tiempo
B. ☐ mitad de tiempo
C. ☐ cada cuando
D. ☐ nunca
19. Como comida mexicana
- A. ☐ Siempre
B. ☐ Mitad de veces
C. ☐ Cada cuando
D. ☐ Nunca
20. Prefiero comer comida mexicana
- A. ☐ Siempre
B. ☐ Mitad de las veces
C. ☐ Cada cuando
D. ☐ Nunca
21. "CAPIROTADA"ES comida tradicional durante cual parte del ano?
- A. ☐ Cuaresma (Easter)
B. ☐ Navidad
C. ☐ Dia de dar Gracias
D. ☐ No se
22. Miembros de mi familia consultan o usan curanderismo o curanderos
- A. ☐ Todo el tiempo
B. ☐ Mitad de las veces
C. ☐ Cada cuando
D. ☐ Nunca
23. Miembros de mi familia prefieren consultar un doctor medico cuando se enferman.
- A. ☐ Estoy sumamente de acuerdo
B. ☐ Estoy de acuerdo

- C. No Se
 D. No estoy de acuerdo
 E. De ninguna manera estoy de acuerdo
24. Si niños de descendencia Mexicana quieren avanzar en la vida, deben tratar de ser mas como el Anglo.
- A. Estoy sumamente de acuerdo
 B. Estoy de acuerdo
 C. No se
 D. No estoy de acuerdo
 E. De ninguna manera estoy de acuerdo
25. Me siento orgulloso de ser de descendencia Mexicana.
- A. Siempre
 B. Casi siempre
 C. Cada Cuando
 D. Nunca

Dimensiones Familiares

26. Si es casado o casada, cuantos niños tienen?
- A. Ni uno
 B. 1 -3
 C. 3 -6
 D. 10 o mas de 10
27. Donde viven la mayoría de sus familiares?
- A. Cerca de Holland
 B. En el sudoeste de los Estados Unidos
 C. En Mexico
 D. en otro lugar (Donde) _____
28. Diga cual o cuantos de sus familiares viven en Holland o el condado de Ottawa.

<u>Familiar</u>	<u>Cuantos</u>	<u>Familiar</u>	<u>Cuantos</u>
Padre	<input type="text"/>	Abuelas	<input type="text"/>
Madre	<input type="text"/>	Abuelos	<input type="text"/>
Hijos	<input type="text"/>	Tias	<input type="text"/>
Hijas	<input type="text"/>	Tios	<input type="text"/>
		Primos	<input type="text"/>

29. No importa que tan separados esten, los familiares son mas importantes que los amigos.
- A. ☐ Estoy sumamente de acuerdo
 - B. ☐ Estoy de acuerdo
 - C. ☐ No Se
 - D. ☐ No estoy de acuerdo
 - E. ☐ De ninguna manera estoy de acuerdo
30. Todos los ninos de decendencia Mexicana deben tener padrinos.
- A. ☐ Estoy sumamente de acuerdo
 - B. ☐ Estoy de acuerdo
 - C. ☐ No se
 - D. ☐ No estoy de acuerdo
 - E. ☐ De ninguna manera estoy de acuerdo
31. Diga cuales de los familiares nombrados viven en su casa
- A. ☐ Los abuelos
 - B. ☐ Tios, tias, o primos
 - C. ☐ Padrinos
 - D. ☐ Todos estos
 - E. ☐ ni uno de estos
32. Participa con sus familiares en actividades como fiesta de cumpleaños, bodas, comidas, ver television, etc.
- A. ☐ todo el tiempo
 - B. ☐ mitad del tiempo
 - C. ☐ cada cuando
 - D. ☐ nunca
33. Para mi la familia es lo mas importante en la vida
- A. ☐ Estoy sumamente de acuerdo
 - B. ☐ Estoy de acuerdo
 - C. ☐ No se
 - D. ☐ No estoy de acuerdo
 - E. ☐ De ninguna manera estoy de acuerdo

Religiosidad

34. Cual religion prefiere?

- A. ☐ Catolica
B. ☐ Protestante
C. ☐ Luterana
D. ☐ No tengo Preferencia
E. ☐ Otra (explique) _____
35. Si es miembro de alguna religion, que tan frecuente assiste a mista?
- A. ☐ Una vez a la semana o mas
B. ☐ Si quiera una vez al mes
C. ☐ Menos de una vez al mes pero mas de una vez al ano.
36. La Iglesia a la cual voy tiene una congregacion cual es:
- A. ☐ Todos Mexicanos
B. ☐ Casi todos Mexicanos
C. ☐ Menos de la mitad Mexicanos
D. ☐ Casi todos Anglos
37. Prefiero que la misa sea:
- A. ☐ Solo en espanol
B. ☐ Casio solo en espanol
C. ☐ Eh ingles y espanol
D. ☐ Casi solo en ingles
E. ☐ Solo en ingles
38. Mis intimos amigos son:
- A. ☐ Todos de decendencia Mexicana
B. ☐ Casi todos de decendencia Mexicana
C. ☐ Unos pocos de decendencia Mexicana
D. ☐ Ninguno es de decendencia Mexicana
39. Que tan frecuente hace contacto con Anglos durante la semana?
- A. ☐ Nunca
B. ☐ Casi nunca
C. ☐ Cada y cuando
D. ☐ muy seguido
40. Es miembro de un grupo donde todos los miembros son Mexicanos? ☐ si ☐ no

41. Fuera de mi hogar, los actividades a las que participo son:
- A. _____ de tipo Mexicano
 - B. _____ Casi todos de tipo Mexicano
 - C. _____ Menos de la mitad de tipo Mexicano
 - D. _____ Casi todos de tipo Anglo
42. Prefiero participar en cosas sociales que son:
- A. _____ completamente Mexicanos
 - B. _____ Casi todos Mexicano
 - C. _____ Menos de la mitad Mexicanos
 - D. _____ Casi todos de tipo Anglo
43. Celebro dias de fiesta con personas que son:
- A. _____ Todos Mexicanos
 - B. _____ Casi todos Mexicanos
 - C. _____ Menos de la mitad Mexicanos
 - D. _____ Casi todos Anglos
44. Creo que problemas personales deben ser discutidos con familiares o amigos que son Mexicanos:
- A. _____ Estoy sumamente de acuerdo
 - B. _____ Estoy de acuerdo
 - C. _____ No estoy de acuerdo
 - D. _____ De ninguna manera estoy de acuerdo
45. Yo creo que es importante ser miembro de algun grupo o organizacion:
- A. _____ Estoy sumamente de acuerdo
 - B. _____ Estoy de acuerdo
 - C. _____ No estoy de Acuerdo
 - D. _____ De ninguna manera estoy de acuerdo
 - E. _____ No se
46. Por favor diga a cuales de los grupos nombrados pertenece usted.
- A. _____ Sociedad Latino Americana
 - B. _____ Latinos Americanos unidos por el progreso
 - C. _____ Organizaciones de su vecindad
 - D. _____ Grupos religiosos

- E. Unidos
 - F. Grupos politicos
 - G. otros grupos (nombrelos)
-

47. Que tan seguido a tiendo juntas de su grupo.

- A. 0-1 veces al mes
- B. 2-0 mas veces al mes

Trabajos Segun el Sexo

48. La madre gana la mayor parte del dinero para la familia

- A. Todo el tiempo
- B. Casi todo el tiempo
- C. Mitad del tiempo
- D. Cada y cuando
- E. Nunca

49. Madre gana el dinero para pagar la renta o la nota de la casa

- A. Todo el Tiempo
- B. Casi todo el tiempo
- C. Mitad del tiempo
- D. Cada y cuando
- E. Nunca

50. Madre gana el dinero para comprar la comida para la familia.

- A. Todo el tiempo
- B. Casi todo el tiempo
- C. Mitad del tiempo
- D. Cada y cuando
- E. Nunca

51. La madre decide cual persona pagara la renta o la nota de la casa

- A. Todo el tiempo
- B. Casi todo el tiempo
- C. Mitad del tiempo
- D. Cada y cuando
- E. Nunca

52. La madre decide la clase de recreo para los ninos .
- A. Todo el tiempo
 - B. Casi todo el tiempo
 - C. Mitad del tiempo
 - D. Cada y cuando
 - E. Nunca
53. La madre es quien de veras mantiene a la familia .
- A. Todo el tiempo
 - B. Casi todo el tiempo
 - C. Mitad del tiempo
 - D. Cada y cuando
 - E. Nunca
54. La madre tiene la autoridad en el hogar
- A. Todo el tiempo
 - B. Casi todo el tiempo
 - C. Mitad del tiempo
 - D. Cada y cuando
 - E. Nunca
55. La madre es a quien los ninos deben pedirle permiso para hacer algo .
- A. Todo el tiempo
 - B. Casi todo el tiempo
 - C. Mitad del tiempo
 - D. Cada y cuando
 - E. Nunca
56. La madre es quien debe diciplinar a los ninos .
- A. Todo el tiempo
 - B. Casi todo el tiempo
 - C. Mitad del tiempo
 - D. Cada y cuando
 - E. Nunca
57. El futuro de una persona esta pre-determinado lo que a ser, sera
- A. _____estoy sumamente de acuerdo
 - B. _____estoy de acuerdo

- C. ☐ no se
D. ☐ no estoy de acuerdo
E. ☐ de ninguna manera estoy de acuerdo
58. Ahoy en dia, uno no realiza que importancia la suerte tiene en la vida de uno.
- A. ☐ estoy sumamente de acuerdo
B. ☐ estoy de acuerdo
C. ☐ no se
D. ☐ no estoy de acuerdo
E. ☐ de ninguna manera estoy
59. Para conseguir un trabajo uno tiene que estar en un afortunado lugar a una afortunada hora.
- A. ☐ estoy sumamente de acuerdo
B. ☐ estoy de acuerdo
C. ☐ no se
D. ☐ no estoy de acuerdo
E. ☐ de ninguna manera estoy de acuerdo
60. El gobierno es controlado por muy pocas personas, un individuo no tiene poder sobre su vida.
- A. ☐ estoy sumamente de acuerdo
B. ☐ estoy de acuerdo
C. ☐ no se
D. ☐ no estoy de acuerdo
E. ☐ de ninguna manera estoy de acuerdo
61. No hay nada que pueda yo hacer para cambiar como estan las cosas a hoy.
- A. ☐ estoy sumamente de acuerdo
B. ☐ estoy de acuerdo
C. ☐ no se
D. ☐ no estoy de acuerdo
E. ☐ de ninguna manera estoy de acuerdo