

Protective Psychosocial Resources in the Lives of Latina Migrant Farmworkers

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Previous research has found that female migrant farmworkers (MFWs) report greater levels of depression and anxiety than male MFWs. The main objective of this study was to identify some of the most salient reserve capacity resources (i.e., psychosocial factors that can protect against and mitigate the effects of stressors) available to Latina MFWs. Secondly, we aimed to examine the relationships between the presence of these resources and depression, hopelessness, and suicidal ideation. Participants underwent an intensive semistructured interview and completed the Center for Epidemiologic Studies–Depression Scale (CES-D) and the Beck Hopelessness Scale (BHS). Content analyses of interviews revealed 10 psychosocial reserve capacity resources: religion/God as a source of emotional support, satisfaction with social support, feeling supported by romantic partner, having somebody to confide in, having friends in the United States, showing hope toward the future, having an end goal (e.g., saving for a house in Mexico), feeling a sense of control over her life, showing pride in the fact that she is able to support her family through farm work, and showing endurance. The aggregate protective influence of the available psychosocial resources was negatively associated with depression ($r = -.35$), hopelessness ($r = -.28$), and suicidal ideation ($r = -.29$); however, none of these associations were statistically significant. Although stress is inherent to the MFW lifestyle, we found many protective psychosocial resources available to help mitigate stress. Latina MFWs can be highly resilient in the face of exposure to structural conditions that keep them in poverty and are detrimental to their mental health.

Keywords: migrant farmworkers, reserve capacity, depression, coping, Hispanic Americans

Although it is difficult to accurately assess the demographic information of MFWs because of their highly mobile lifestyle and varying levels of citizenship status, an estimated 3 to 5 million MFWs are thought to be currently living and working in the United States (National Center for Farmworker Health, 2012). Of these, about 68% were born in Mexico (National Center for Farmworker Health, 2012). Despite the fact that migrant farm labor is integral to the 28 billion dollar United States fruit and vegetable

industry (National Center for Farmworker Health, 2012), MFWs represent some of the most economically disadvantaged people in the U.S. (Kandel, 2008). As a result of numerous structural and social stressors, MFWs are at an elevated risk for experiencing internalizing disorders such as anxiety and depression (Grzywacz, 2009).

Furthermore, previous research (Grzywacz et al., 2010; Magaña & Hovey, 2003; Zapata Roblyer et al., 2015) has suggested that female MFWs may be at a greater risk than male MFWs for experiencing anxiety and depression in response to stressors associated with being a woman working in an industry that largely employs men (Carroll, Georges, & Saltz, 2011; National Center for Farmworker Health, 2012). One possible explanation for the higher levels of anxiety and depression reported by female MFWs is that they are at the bottom of several social strata according to gender, ethnicity, citizenship, and socioeconomic status (Zapata

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Roblyer et al., 2015). As such, the objective of this study was to attempt to identify psychosocial resources available to Mexican-origin female MFWs that could potentially help mitigate the effects of stressors on their mental health.

Stressors Associated With Life as a Migrant Farmworker

Several publications (Carroll et al., 2011; Kandel, 2008; Magaña & Hovey, 2003) have noted the wide array of difficulties that are associated with an MFW lifestyle. Economic hardship is one major source of stress for MFWs. Indeed, according to the National Agricultural Workers Survey, at least 23% of farmworker families reported total family income levels that fell below the national poverty guidelines (Carroll et al., 2011). MFWs work an average of 42 hr/week and earn \$7.25/hr on average, but this “average” can vary greatly (National Center for Farmworker Health, 2012), because of differences in payment methods (e.g., hourly, piece rate) and various forms of wage theft (e.g., failure to pay overtime, underreporting of hours, unlawful deductions from workers’ pay; Bauer & Stewart, 2013). Despite their poverty, most MFWs are not eligible for social services. In addition to receiving low wages, MFWs rarely have access to worker’s compensation or disability benefits (National Center for Farmworker Health, 2012). Furthermore, because housing standards are not adequately enforced, the housing provided by the labor camps where MFWs work is often substandard (Gentry, Grzywacz, Quandt, Davis, & Arcury, 2007). For example, one study conducted in 2008 in North Carolina found that about 89% of migrant labor camps had a violation against the Migrant Housing Act of North Carolina. Violations included presence of rodents, lack of smoke detectors or alarms, and presence of mold or mildew (Vallejos et al., 2011).

As a result of these structural hardships, MFWs are at an elevated risk for experiencing a variety of health problems (Arcury et al., 2012). In a review of the literature, Quandt and colleagues (2013) found that some of the most common health problems among immigrant agricultural workers include acute trauma (e.g., eye injury), pesticide-related illnesses, and musculoskeletal and soft-tissue disorders. Despite

the fact that MFWs are often in poor health, and are at an elevated risk for injury and illness based on the nature of the jobs, most do not have access to health care services. In fact, a mere 5% report being covered by any type of employer-provided health insurance (National Center for Farmworker Health, 2012). In the year 2000, only 20% of MFWs reported using any health care services in the preceding two years (Kaiser Family Foundation, 2005). Some of the most significant reported barriers to accessing health care services are inability to take time off of work, lack of health insurance, inability to pay for services, transportation problems, language barriers, and, in the case of undocumented workers, fear of being deported (Arcury & Quandt, 2007).

In addition to all of these physical and institutional difficulties, Latino MFWs tend to experience a number of psychosocial stressors as well. In one study by Magaña and Hovey (2003), researchers used exploratory interviews with Mexican-origin MFWs working at labor camps in northwest Ohio and southern Michigan to identify some of the most common stressors experienced by Latino MFWs in the Midwest. Psychosocial stressors identified by this sample included being away from family or friends, rigid work demands, unpredictable work, language barriers, concerns about children’s education, exploitation by employer, lack of daycare, and geographic isolation (Magaña & Hovey, 2003). Many Latino MFWs also report experiencing prejudice and hostility in the communities in which they live and work, because of their transient lifestyle and minority status (National Center for Farmworker Health, 2012).

Mental Health of Latino Migrant Farmworkers

The economic and housing challenges, in addition to the difficulties associated with acculturation (e.g., adjusting to a new language, experiencing prejudice and discrimination) and a migrant lifestyle (e.g., leaving behind friends, family, and familiar cultural norms), presented above increase the risk for Latino MFWs to develop psychological illnesses. Internalizing disorders are among the most common type of mental health concerns among Latino MFWs (Crain et al., 2012; Grzywacz, 2009; Hovey & Magaña, 2000). In a sample of adult Mexican-origin MFWs in the

Midwest, Hovey and Magaña (2000) found that 38% of their sample (females 42%, males 35%) met caseness (indicating the presence of potentially significant depression) on the CES-D, compared to 20% of the general population. Additionally, 30% of their sample (females 35%, males 22%) met caseness on the anxiety scale of the Personality Assessment Inventory, indicating the presence of potentially significant anxiety, compared to 16% of the general population. Similarly, Hiott, Grzywacz, Arcury, and Quandt (2006) found that 18% of Latino MFWs in North Carolina reported clinically significant levels of anxiety, and that 41.6% met caseness for depression. With regard to Latina MFWs specifically, Zapata Roblyer and colleagues (2015) found that 31% of Latina MFWs in North Carolina reported a level of depressive symptoms that met or exceeded the threshold for clinically significant depression. Overall, the literature suggests that internalizing disorders are common among Latino MFWs across the United States.

Previous research has found symptoms of anxiety and depression among Latino MFWs to be associated with acculturative stress, family dysfunction, lack of social support, concerns about being away from family, low self-esteem, low religiosity, and lack of power in the decision to live a migrant farmworker lifestyle (Alderete, Vega, Kolody, & Aguilar-Gaxiola, 1999; Grzywacz et al., 2006; Hovey & Magaña, 2000, 2002a, 2002b). When Alderete and colleagues examined the influences of education, income, social support, level of acculturation, language barriers, residency concerns, and discrimination on depressive symptomatology among a sample of Mexican-origin MFWs in central California, they found that high instrumental and emotional support were related to lower depression, and that greater discrimination was associated with higher levels of depression. Additionally, Crain and colleagues (2012) found farmwork-specific stressors to be associated with greater depressive and anxiety symptoms among Latino MFWs, whereas normative stressors were only associated with anxiety symptoms.

The Experience of Latina Migrant Farmworkers

Twenty-five percent of farmworkers are women (Arcury & Marín, 2009). However, most studies in the existing literature have ex-

amined primarily male samples, leaving a significant gap in our understanding of the impact of farmwork-related stressors on Latina women. This is especially disconcerting given that previous research (Grzywacz et al., 2010; Magaña & Hovey, 2003; Zapata Roblyer et al., 2015) has found that Latina MFWs report greater levels of depression and anxiety than Latino MFWs. In addition, Latina MFWs experience significant depression symptomatology at 3 times the depression rates observed among the U.S. female population, as well as the general Latino population (Pulgar et al., 2015). Clearly, further research is needed in order to better understand the risk and protective factors for depression among Latina MFWs.

One of the few studies conducted with Mexican-origin MFW women (Hovey & Magaña, 2003) identified 21 distinct stressors associated with the lifestyle of Latina MFWs, through the use of interviews. Many of the women identified stressors that were gender-neutral, such as language barriers, unpredictable work or housing, being away from family or friends, hard physical labor, and rigid work demands. However, some of the women also identified stressors associated with responsibilities specific to being female, such as their husbands not helping with household duties. Women also identified a number of family-oriented stressors (e.g., worries about the education of their children, lack of daycare, difficulty with paperwork for social services) much more frequently than men did (Magaña & Hovey, 2003).

In another study, Hiott and colleagues (2006) conducted interviews with 150 immigrant Latinos who had been living in the U.S. for less than five years, with the intention of explaining the observed gender differences in anxiety and depression among immigrant Latinos. They found that social marginalization was associated with higher depression symptoms in men, whereas separation from family was associated with more depressive symptoms among women. These findings were consistent with the findings of Hovey & Magaña's (2003) study in that women reported experiencing stress specific to familial roles that went above and beyond the daily stressors associated with the MFW lifestyle. Despite these findings, little research has been done to examine the specific experiences of Latina MFWs more fully. Furthermore, to our knowledge, research attempting to identify

potential protective factors in the lives of female MFWs is nonexistent.

The Resilience Framework

Broadly, resilience refers to the capacity to withstand life challenges and recover from adversity strengthened and more resourceful (Walsh, 2003). Resilience can be conceptualized as resulting from an interplay of both individual-level and environmental influences. Individual-level approaches to resilience emphasize the individual's ability to overcome stress and engage in processes that facilitate psychological well-being (Ungar, 2010). From a biopsychosocial systems perspective, resilience is seen as something that is born of multiple bidirectional influences involving individuals, families, and larger social systems. In support of both of these approaches, a recent systematic review of the literature found that individual characteristics, family strengths, cultural factors, and community supports all contribute to resilience among Latino immigrants (Cardoso & Thompson, 2010). There are a number of factors that contribute to resilience, but two factors of critical importance are the existence of supportive social relationships and the individual's ability to change their beliefs in order to make meaning of adversity (Walsh, 2003). Indeed, previous research has shown that a positive interpretation of adversity can act as a precursor of resilience among Latinos (Bender & Castro, 2000). For example, Latino immigrants tend to report that despite difficult experiences with discrimination and economic hardship, living in the U.S. affords them opportunities that they could not obtain in their country of origin (e.g., better income, education). Additionally, previous research has shown social support to be a robust protective factor for the mental health of both Mexican-origin MFWs (Alderete et al., 1999) and recent Latino immigrants (Kiang, Grzywacz, Marín, Arcury, & Quandt, 2010). With regard to family strengths specifically, Parra-Cardona and colleagues (2006) found that familism, family support, and togetherness were all critical sources of resilience among migrant families. Unfortunately, research examining resilience among Latina MFWs is scarce (Alderete, Vega,

Kolody, & Aguilar-Gaxiola, 2000; Vega & Lopez, 2001).

Reserve Capacity Model

For the purpose of this study, we chose to examine factors contributing to the resilience of Latina MFWs based on an ecological approach, using the reserve capacity model as a theoretical framework. The reserve capacity model (Gallo & Matthews, 2003) explores the influence of psychosocial factors in minority status and socioeconomic-driven health disparities. This model is applicable to Latina MFWs because they tend to experience a higher level of stress than the general population as a result of their migrant lifestyle, minority status, and economic hardships.

The basic premise of the reserve capacity model is that stressful versus positive experiences are unequally distributed across different socioeconomic levels and ethnic groups. Individuals in disadvantaged circumstances have a greater exposure to threat, uncertainty, conflict, and daily hassles (Gallo, Bogart, Vranceanu, & Matthews, 2005; Hatch & Dohrenwend, 2007; Myers & Hwang, 2004). The model posits that the chronic, day-to-day stress associated with living in disadvantaged circumstances lowers an individual's reserve capacity to effectively manage stress, thereby increasing his or her vulnerability to negative thoughts and emotions (Gallo, 2008). Conversely, if an individual does have a large reserve capacity of psychosocial resources, these resources could potentially facilitate more adaptive coping in negative situations, leading to better mental health outcomes.

Consistent with the reserve capacity model, some research suggests that the availability of psychosocial resources such as social support and perceived control can protect against the negative emotional consequences of stress associated with low social status (Chen, 2007; Lachman & Weaver, 1998). In past studies, reserve capacity has been conceptualized as a bank of interpersonal and intrapersonal resources (e.g., optimism, self-esteem, social support, and perceived control) that can moderate the effects of stress on health and emotional distress (Gallo & Matthews, 2003; Taylor & Seeman, 1999). This model proves to be relevant to the current study because Latina MFWs often are at a compounded disadvantage as a

result of low socioeconomic status and the added stressors of racial discrimination, acculturation, and immigration (Myers, 2009; Williams & Mohammed, 2009). For this study, we hoped to identify some of the most salient reserve capacity resources available to Latina MFWs, and to examine the relationship between the availability of these psychosocial coping resources and various mental health outcomes.

Although the reserve capacity model was originally created with the intention of examining the relationship between socioeconomic status, cardiovascular diseases, and all-cause mortality, it has since been applied to research examining the diminished psychosocial reserve capacity of other disadvantaged groups as well, such as racial minorities (Brondolo et al., 2008; Howarter & Bennett, 2013) and people in low-status jobs (Gallo, Bogart, Vranceanu, & Walt, 2004). The model also has been tested with reference to a diverse array of outcome variables, including negative affect (Brondolo et al., 2008), emotional reactivity (Gallo et al., 2005), social conflict (Gallo et al., 2005), and ambulatory blood pressure (Gallo et al., 2004).

Purpose of the Present Study

As presented above, stress has been identified as a precursor for negative mental health outcomes. Because Latina MFWs generally report high levels of stress, anxiety, and depression (Hiott et al., 2006; Pulgar et al., 2015; Zapata Roblyer et al., 2015), it is important to identify some of the available psychosocial resources that could potentially mitigate the stress inherent to their situation. To our knowledge, this is one of the first studies to focus specifically on the influence of psychosocial resources in the lives of Latina MFWs.

Notably, much of the existing information about the lives of MFWs has been derived from survey-based closed question approaches such as the National Agricultural Workers Survey. Although quantitative approaches are undoubtedly useful, they do not always succeed in capturing etiological and maintenance factors of mental health problems. Therefore, the purpose of the current study was to conduct semistructured interviews with Latina MFWs to obtain, in their own words, information about their daily stressors and about the psychosocial resources

available to them that could potentially contribute to their resilience in the face of these stressors. This qualitative approach allowed us to gain a richer understanding of each participant's idiographic experience in context. To supplement the interview data, we also present correlational data between total number of reserve capacity resources and depression, hopelessness, and suicidal ideation.

In sum, this study aims to address a gap in the available research by focusing specifically on the lives of Latina MFWs. Our study expands the knowledge base on this historically underrepresented group by asking Latina MFWs directly about the psychosocial resources that they utilize to remain resilient in the face of the structural and psychosocial stressors that are inherent to their lifestyle.

Method

Participants

Twenty women participated in this study. All participants were female first-generation Mexican immigrants. Participants ranged in age from 20 to 59 years ($M = 34.25$, $SD = 11.61$). Sixty-five percent of the women reported an annual individual income of less than \$5,000, and 35% reported an annual individual income of \$5,000 to \$14,999. All but one of the women reported having children. All of the women had a very low level of acculturation, as measured by the language use subscale of the Short Acculturation Scale for Hispanics (SASH; Marin, Sabogal, Marin, Otero-Sabogal, & Perez-Stable, 1987). Table 1 contains a description of participants based on age, years spent living in the U.S., marital status, migration group, religion, and level of education.

Measures

Exploratory interview. A semistructured interview was conducted individually with each participant. The purpose of the interview was to obtain descriptions of the daily experiences specific to the lifestyle of a female migrant farmworker. This was achieved through an open-ended interview format, in order to obtain data in the participants' own words. The first part of each interview consisted of demographic questions such as age, ethnicity, marital status, place

Table 1
Demographic Characteristics of Sample (n = 20)

Demographics	Percent	n
Age		
25 years or younger	35.0	7
26–35	20.0	4
36–45	20.0	4
46–55	20.0	4
56 or older	5.0	1
Years in the U.S.		
Less than 5 years	45.0	9
5–10 years	25.0	5
10–15 years	15.0	3
15 years or more	15.0	3
Marital status		
Single	5.0	1
Married	45.0	9
Living with a partner	15.0	3
Separated	15.0	3
Widowed	5.0	1
Migrating group		
Family	75.0	15
Friends	5.0	1
Both family and friends	5.0	1
Alone	5.0	1
Did not specify	10.0	2
Religion		
Catholic	90.0	18
Education		
Less than 2 years	35.0	7
3–5 years	40.0	8
6–8 years	15.0	3
9–11 years	5.0	1
Some college	5.0	1

of birth, religious preference, work history, patterns of migration, and reasons for choosing farmwork. The second part included questions that asked about the woman's current stressors, social support system, thoughts on raising her children in an MFW setting, expectations toward the future, and attitude toward positive and negative aspects of a farmworker lifestyle (see the [Appendix](#) for interview questions).

SASH. Participants' level of acculturation was assessed with the language use subscale of the SASH (Marin et al., 1987). The language use subscale of the SASH consists of five items rated on a 5-point scale ("only Spanish" to "only English"), with higher scores representing a greater level of acculturation to the dominant, English-speaking culture of the United States. The language use subscale of the SASH has been shown to have good internal reliability and construct validity among a sample of Latino

immigrants (Cronbach's alpha = .90; Marin et al., 1987). Cronbach's alpha for the current study was .87.

CES-D. Participants' depressive symptomatology was assessed using the CES-D (Radloff, 1977). The CES-D measures level of depressive symptoms over the past week, and consists of 20 items rated on a 4-point scale ("rarely or none of the time" to "most or all of the time"). Scores can range from 0 to 60, with higher scores representing a higher level of depressive symptomatology. A score of 16 or higher suggests that the participant is at risk for depression. The CES-D has been shown to have good internal reliability and construct validity among Latino samples generally (Alderete et al., 1999; Guarnaccia, Angel, & Worobey, 1989; Hovey, 2000; Roberts, Vernon, & Rhoades, 1989), as well as among Latino farmworkers specifically (Grzywacz et al., 2010). The Spanish version of this measure is frequently used to measure depression among Spanish-speaking Latino populations, and has been shown to have good internal consistency as well ($\alpha = .85$; Camacho et al., 2009). Cronbach's alpha for the current study was .80.

BHS. The BHS (Beck, Weissman, Lester, & Trexler, 1974) is a self-report measure that consists of 20 true-false questions examining participants' negative attitudes toward the future. Specifically, it was designed to measure three major aspects of hopelessness: feelings about the future, loss of motivation, and expectations. The BHS has shown a high association with clinical ratings of hopelessness (Beck et al., 1974) and eventual suicide (Beck, Steer, Kovacs, & Garrison, 1985). The BHS has shown good reliability and validity in previous studies examining hopelessness in a Latino population ($\alpha = .82$; Smokowski, Buchanan, & Bacallao, 2009). Cronbach's alpha for the current study was .86.

Suicidal ideation. Because suicide is such a highly stigmatized subject among the Latino immigrant population (Goldston et al., 2008; Interian et al., 2010; Nadeem et al., 2007), we chose to assess for suicidal ideation with a simple yes or no question, rather than including an extensive questionnaire on the subject. This technique has been used before (Hovey & Magaña, 2003) in light of participants refusing to answer a lengthy survey about suicide. It is not uncommon to use a single item to assess for

suicidal ideation, as evidenced by use of both the suicide item from the Hamilton Rating Scale for Depression and the suicide item from the Beck Depression Inventory to assess for suicidal ideation among psychiatric and community samples (Brown, 2000). Participants were asked to indicate whether they had ever experienced any suicidal thoughts, and suicidal ideation was coded dichotomously (0 = *not experienced*; 1 = *experienced*).

Procedure

Participants were recruited from three different labor camps in rural Southeast Michigan. Migrant Health Promotion, a local community agency that has well-established ties to this population, aided in the recruitment process. Participation was voluntary, anonymous, and confidential. Twenty women agreed to participate. Two bilingual interviewers, both native Spanish speakers from Mexico, conducted the interviews. The interviewers were both trained extensively in exploratory interviewing techniques. All of the interviews were in Spanish and took place at the labor camps. Following consent, the interviewer asked each woman a set of prepared open-ended questions and allowed them to speak freely on the topic at hand. Interviews lasted from 45–60 min. Each interview was audio recorded, and later transcribed and translated by the interviewers. There were no inconsistencies or disagreements between translators. In addition to an interview, each woman also was asked to complete a series of self-report questionnaires. All measures that were not available in Spanish were translated using the back-translation method (Brislin, Lonner, & Thorndike, 1973). To address concerns about the functional literacy of the population, the researchers read the questionnaires to the participants. Each woman was paid \$25 cash as compensation for participation. All research was approved by the University of Toledo Institutional Review Board.

Data Analysis

Interview data were analyzed consistent with a grounded theory framework (Glaser & Strauss, 2008), which aims to generate theory derived from data and illustrated by characteristic examples. This qualitative tradition produces explanations of phenomena that are

“grounded” in data provided by participants (Fassinger, 2005). Specifically, members of the research team used open, axial, and selective coding, which are considered to be the most accepted phases of data analysis in grounded theory (Fassinger, 2005), to analyze interview data. The analysis for this article focuses on statements made in the sections of the interview that concerned support systems, questions about self, expectations about the future, and positive aspects of the migrant farmworker lifestyle.

The first phase of data analysis (i.e., open coding) consisted of breaking down interview data from the sections of the interview noted above into discrete units of analysis, labeling these different conceptual units, and analyzing the phenomena embedded within them (LaRossa, 2005). In order to monitor biases during this phase of the data analysis, the two graduate students who conducted the process of open coding continuously cross-checked their codes. To ensure the trustworthiness (i.e., the standards that should be met in order to ensure the quality and accuracy of qualitative data analysis; Morrow, 2005) of this phase of data analysis, the codes generated by these investigators were shared with other members of the research team for revision and discussion. Axial coding, which was the second analytical phase, consisted of reaching a higher level of conceptualization of the data by creating categories (LaRossa, 2005). For example, concepts such as “I want to help my children and all of us get ahead,” “I hope to save money here so that we can go to Mexico,” “I am saving money to make a home in Mexico,” and “I hope to learn more English and get my G.E.D.” were integrated into a higher level concept labeled as “Has an end goal she is striving for.” To maximize trustworthiness during this phase of data analysis, two graduate students independently and then jointly identified higher-level concepts that encompassed the conceptual units identified during the open coding phase. The 10 higher-level concepts that are discussed in the present study are those that the two graduate students both agreed were present in the interview data.

The final phase of analysis (i.e., selective coding) involved choosing the main story underlying the analysis that most accurately described the participants’ experiences (Fassinger, 2005; LaRossa, 2005). This phase of analysis involved several hours of discussion among members of the

research team. It was decided that the 10 higher-level concepts identified during the axial phase fit well within a resilience framework. As such, they were classified as psychosocial resources in keeping with the theoretical framework of the reserve capacity model.

In an effort to estimate the sample's overall mental health, we report descriptive statistics for depression, hopelessness, and suicidal ideation. In addition, to supplement the qualitative data, we present the associations among the total number of psychosocial reserve capacity items and depression, hopelessness, and suicidal ideation. In order to calculate the total number of reserve capacity items identified by each woman, we had two undergraduate coders read through the transcripts and independently code whether they thought each reserve capacity item was endorsed during the interview. The interrater reliability for the undergraduate coders was found to be $\kappa = .53$, ($p < .05$), which is considered moderate agreement (Landis & Koch, 1977). Any disagreements were discussed among the coders, with one of the original graduate students moderating, until an agreement was reached.

Data analysis was conducted by a research team consisting of two graduate students in Clinical Psychology, one Latina and one White; two undergraduate students, both White psychology majors; and the faculty advisor, a Latino man with a PhD in Clinical Psychology. The articulation of researcher bias is an important element of qualitative approaches (Miles & Huberman, 1994; Morrow & Smith, 2000). As such, researcher expectations and biases were discussed openly throughout the data analytic process. Team members expected that our sample would report relying heavily on social support systems during times of stress. Everybody also expected the aggregate influence of the reserve capacity items to be protective against negative mental health outcomes.

Results

Reserve Capacity of Psychosocial Resources

The 10 psychosocial "reserve capacity" items identified were: religion/God as a source of emotional support, general satisfaction with social support, feeling supported by romantic partner, having family or friends to confide in, having friends in the United States, showing hope toward the future, having an end goal (e.g.,

saving for a house in Mexico) to strive for, feeling a sense of control over her life, showing pride in the fact that she is able to support her family through farm work, and showing endurance. Table 2 summarizes these categories, their operationalization, illustrative responses, and the number of participants who addressed each category.

Depression, Hopelessness, and Suicidal Ideation

The sample reported a relatively high overall level of depressive symptoms ($M = 12.25$, $SD = 10.09$). Thirty percent of participants reached caseness on the depression scale with a score of 16 or higher, which is consistent with previous findings among Latina MFW samples (Hovey & Magaña, 2000; Zapata Roblyer et al., 2015). When using a more conservative caseness threshold score of 24, 20% of the sample reached caseness. The sample also reported a relatively high overall level of hopelessness ($M = 4.30$, $SD = 3.76$). Twenty percent of participants scored above the critical score of 9, thus reaching caseness for hopelessness. Thirty-five percent of the sample reported experiencing some level of suicidal ideation within the past year. Table 3 summarizes the mental health characteristics of the current sample. All participants were provided with information on local mental health and community resources following participation.

Associations Between Reserve Capacity, Depression, Hopelessness, and Suicidal Ideation

All of the available psychosocial resources were compiled into an aggregate "reserve capacity score" for each woman. Table 4 shows the associations between this "reserve capacity total" and each of the mental health variables of interest (i.e., depression, hopelessness, and suicidal ideation). The aggregate protective influence of the available psychosocial resources was most strongly negatively associated with depression ($r = -.35$). Reserve capacity total also was negatively associated with hopelessness ($r = -.28$) and suicidal ideation ($r = -.29$). However, none of these associations were statistically significant.

Table 2
Reserve Capacity Resources Identified by Female Migrant Farmworkers

Coding category	Definition	Illustrative response	Percent	<i>n</i>
Has somebody to confide in	Has somebody that she can talk to in times of stress, is able to discuss her fears and concerns with somebody without feeling like a burden	"When I worry about my children I talk with the women here and that helps."	75.0	15
Has friends in the U.S.	Has friends in the U.S., feels connected to people in the U.S.	"I have many good friendships. They lend us a hand."	75.0	15
Shows endurance	Shows active initiative and perseverance, has a "can-do spirit"	"I tell myself that I can get ahead. I pep myself up. I tell myself that I can do it."	75.0	15
Shows hope toward future	Has a hopeful, optimistic outlook toward the future	"I am hopeful that things will go well."	65.0	13
Sense of control over her life	Feels a sense of empowerment as a result of her work, is happy to have some influence over the direction of her life and/or the lives of her children	"I feel I have control over my lifestyle . . . I bought a home in Mexico and I have saved some money so I want to open a small business in Mexico and make a living from that."	60.0	12
Shows pride in the work she does	Derives pride and/or pleasure from her work, is proud to be able to provide for her family	"I have earned more money as compared to Mexico. When I separated from my husband people were telling me to go back to Mexico but I thought, 'I have 3 kids and instead of helping my parents I would be an expense.' Here even if I earn little money it is enough to support them . . . I feel good working."	60.0	12
Has an end goal she is striving for	Derives meaning from her current situation, feels it is "worth it," because she is working toward something (e.g., saving for a house, sending children to college)	"I want to make a home in Mexico. His parents have a home and we want to save money to have our own home."	55.0	11
Supported by romantic partner	Feels supported, respected, and/or loved by her romantic partner	"I can rely on him as much as I need."	50.0	10
Satisfied with social support	Feels satisfied with the general level of social support available to her	"I think [my social support] is okay because I know several people."	45.0	9
Religion	Mentions the influence of faith, spirituality, prayer, and/or the belief that God will care for her	"I frequently talk to God when I have troubles."	40.0	8

Discussion

Despite the fact that the structural and social stressors associated with being a female MFW place Latina MFWs at an elevated risk for psychological illness (Grzywacz et al., 2006; Hovey & Magaña, 2000; Zapata Roblyer et al., 2015), very little has been done to identify potential resources and protective factors that Latina MFWs are utilizing to mitigate their stress. The current study generated valuable information regarding the experiences of this historically understudied group by collecting information through an interview format. To our knowledge, this is the first

study to directly ask Latina MFWs about their perceptions of the psychosocial resources that help them cope with the stressors inherent to their lifestyle. Consistent with previous findings from Latina MFW samples (Hovey & Magaña, 2000; Zapata Roblyer et al., 2015), our sample reported a relatively high level of depressive symptoms and hopelessness. Fortunately, analysis of interview data revealed many protective psychosocial resources available to Latina MFWs to help mitigate stress.

Having somebody to confide in during stressful times and having friends in the U.S. were

Table 3
Mental Health Characteristics of Sample (n = 20)

Variable	n	Mean	Percent	SD	Range
Depression		12.25		10.09	0–32
Caseness at cutoff score of 16	6		30.0		
Caseness at cutoff score of 24	4		20.0		
Hopelessness		4.30		3.76	0–12
Caseness at cutoff score of 9	4		20.0		
Suicidal ideation (in the past year)	7		35.0		0–1

two of the most commonly identified psychosocial resources by our sample. As such, our findings are reflective of the idea that the existence of supportive social relationships is an important part of resilience (Walsh, 2003). Our sample also frequently described experiences in which they showed endurance, and mentioned having hope for the future. Additionally, more than half of the women mentioned deriving pride from their work, feeling an increased sense of control over their lives as a result of their work, and feeling as if the difficulties inherent to their MFW lifestyle were “worth it,” because of the ability to save for a future goal (e.g., saving for a house, sending children to college). These results are consistent with Bender and Castro’s (2000) findings that positive interpretation of adversity can act as a precursor of resilience among Latinos, and reflect the broader assertion that attempting to see the good in a difficult situation is also a hallmark of resilience (see Ungar, 2010).

In sum, our findings are consistent with previous research (Cardoso & Thompson, 2010; Parra-Cardona et al., 2006) suggesting that individual characteristics and community supports both contribute to resilience among Latino immigrants. Indeed, resilience among this sample appears to be largely born of the existence of

supportive social relationships and the ability to change one’s beliefs in order to make meaning of adversity (Walsh, 2003). Our study contributes to the existing literature by applying a well-established theoretical model within a resilience framework to better understand observed mental health outcomes among this relatively understudied population.

Clinical Implications

There are a number of barriers that prevent Latina MFWs from receiving traditional mental health care (Arcury & Quandt, 2007). However, in the event that clinicians do have the opportunity to work with this population, they are advised to use a strengths-based approach to interventions. Additionally, clinicians working with Latina MFWs should receive special training and education regarding the specific risk and protective factors that are relevant to this population.

Because social support has been shown to be a robust protective factor for the mental health of Mexican-origin MFWs (Alderete et al., 1999; Kim-Godwin & Bechtel, 2004) and recent Latino immigrants (Kiang et al., 2010), making support groups available at labor camps in order to better facilitate the formation of friendships

Table 4
“Reserve Capacity” Correlations With Depression, Hopelessness, and Suicidal Ideation

Variable	1	2	3	4
1. Reserve capacity total				
2. Depression	$r = -.35 (p = .125)$			
3. Hopelessness	$r = -.28 (p = .227)$	$r = .56^* (p = .010)$		
4. Suicidal ideation	$r = -.29 (p = .216)$	$r = .49^* (p = .027)$	$r = .40 (p = .082)$	

Note. Because of the small sample size of this study, it is more important to focus on effect sizes than significance values when analyzing the observed effects (Sullivan & Feinn, 2012). Pearson’s *r* values of .10, .30, and .50 typically represent small, medium, and large effect sizes, respectively (Cohen, 1988).

* $p < .05$.

and the establishment of a reliable social support network might be beneficial. Additionally, it is important to consider that because the stressors experienced by female MFWs differ from the stressors experienced by male MFWs, and their stressors tend to center on familial roles (Hovey & Magaña, 2003), it may be useful to establish women's support groups specifically. These groups could focus on sharing goals and discussing hopes for the future, in addition to sharing personal strategies for coping with adversity. Such groups would combine two of the most frequently endorsed aspects of resilience by our sample—social support and positive re-interpretation of a stressful situation. In addition, minimizing external stressors by providing women with information about opportunities for children's schooling, after-school programs, and learning English, among other things that relate to supporting family structure, could be of use. Furthermore, efforts should be made to educate Latina MFWs about available social services that can potentially aid in easing stress related to their economic hardship (e.g., Supplemental Nutrition Assistance Program). Finally, policy change ensuring greater oversight and quality control at the labor camps employing MFWs is a crucial next step in improving the lives of MFWs.

Limitations and Future Research

It is important to consider the study's results in the context of its limitations, which include its utilization of self-report methodology and its cross-sectional design. Additionally, because the participant responses that we analyzed for this study closely followed questions asked, our research was constrained by the interview questions that we chose at the outset of the study. Therefore, interviews that use a different set of questions may produce different themes. In addition, future research should focus on increasing the study's generalizability by sampling from other areas of the country, rather than focusing solely on one migrant stream. It also would be useful to ask Latino (male) MFWs similar interview questions to explore possible gender differences among Latino MFWs with regard to coping strategies and resilience. The use of collateral reports and a review of health records could provide additional information that may aid in identifying maintenance factors

for poor mental health outcomes in this population. Finally, longitudinal research is imperative to obtaining a better understanding of the relationships among stress, coping resources, and mental health outcomes, as these constructs are dynamic and change over time.

Conclusions

The present study, along with other studies on the mental health of MFWs, indicates that Latina MFWs are highly resilient (Bender & Castro, 2000; Cardoso & Thompson, 2010; Parra-Cardona et al., 2006), and utilize a number of psychosocial resources to help mitigate their stress. Specifically, our sample demonstrated that the existence of a strong social support network and the ability to make meaning out of adversity are particularly important components of resilience among Latina MFWs. Regardless of their ability to mitigate stress, Latina MFWs are exposed to numerous structural conditions that keep them in poverty and are detrimental to their mental health. As such, large-scale structural change is needed in order to begin to improve the mental health outcomes for this population.

References

- Alderete, E., Vega, W. A., Kolody, B., & Aguilar-Gaxiola, S. (1999). Depressive symptomatology: Prevalence and psychosocial risk factors among Mexican migrant farmworkers in California. *Journal of Community Psychology, 27*, 457–471. [http://dx.doi.org/10.1002/\(SICI\)1520-6629\(199907\)27:4<457::AID-JCOP7>3.0.CO;2-D](http://dx.doi.org/10.1002/(SICI)1520-6629(199907)27:4<457::AID-JCOP7>3.0.CO;2-D)
- Alderete, E., Vega, W. A., Kolody, B., & Aguilar-Gaxiola, S. (2000). Lifetime prevalence of and risk factors for psychiatric disorders among Mexican migrant farmworkers in California. *American Journal of Public Health, 90*, 608–614. <http://dx.doi.org/10.2105/AJPH.90.4.608>
- Arcury, T. A., & Marín, A. J. (2009). Latino/Hispanic farmworkers and farm work in the Eastern United States: The context for health, safety, and justice. In S. A. Quandt & T. A. Arcury (Eds.), *Latino farmworkers in the Eastern United States* (pp. 15–36). New York, NY: Springer. http://dx.doi.org/10.1007/978-0-387-88347-2_2
- Arcury, T. A., O'Hara, H., Grzywacz, J. G., Isom, S., Chen, H., & Quandt, S. A. (2012). Work safety climate, musculoskeletal discomfort, working while injured, and depression among migrant farmworkers in North Carolina. *American Journal*

- of Public Health*, 102(Suppl 2), S272–S278. <http://dx.doi.org/10.2105/AJPH.2011.300597>
- Arcury, T. A., & Quandt, S. A. (2007). Delivery of health services to migrant and seasonal farmworkers. *Annual Review of Public Health*, 28, 345–363. <http://dx.doi.org/10.1146/annurev.publhealth.27.021405.102106>
- Bauer, M., & Stewart, M. (2013). *Close to slavery: Guestworker programs in the United States*. Montgomery, AL: Southern Poverty Law Center. Retrieved from <http://www.splcenter.org/sites/default/files/downloads/publication/SPLC-Close-to-Slavery-2013.pdf>
- Beck, A. T., Steer, R. A., Kovacs, M., & Garrison, B. (1985). Hopelessness and eventual suicide: A 10-year prospective study of patients hospitalized with suicidal ideation. *The American Journal of Psychiatry*, 142, 559–563. <http://dx.doi.org/10.1176/ajp.142.5.559>
- Beck, A. T., Weissman, A., Lester, D., & Trexler, L. (1974). The measurement of pessimism: The hopelessness scale. *Journal of Consulting and Clinical Psychology*, 42, 861–865. <http://dx.doi.org/10.1037/h0037562>
- Bender, D. E., & Castro, D. (2000). Explaining the birth weight paradox: Latina immigrants' perceptions of resilience and risk. *Journal of Immigrant Health*, 2, 155–173. <http://dx.doi.org/10.1023/A:1009513020506>
- Brislin, R. W., Lonner, W. J., & Thorndike, E. M. (1973). *Cross-cultural research methods*. New York, NY: Wiley.
- Brondolo, E., Brady, N., Thompson, S., Tobin, J. N., Cassells, A., Sweeney, M., . . . Contrada, R. J. (2008). Perceived racism and negative affect: Analyses of trait and state measures of affect in a community sample. *Journal of Social and Clinical Psychology*, 27, 150–173. <http://dx.doi.org/10.1521/jscp.2008.27.2.150>
- Brown, G. K. (2000). *A review of suicide assessment measures for intervention research with adults and older adults*. Philadelphia, PA: University of Pennsylvania; Retrieved from <http://www.sprc.org/sites/sprc.org/files/library/BrownReviewAssessmentMeasuresAdultsOlderAdults.pdf>
- Camacho, P. A., Rueda-Jaimes, G. E., Latorre, J. F., Navarro-Mancilla, A. A., Escobar, M., & Franco, J. A. (2009). Validez y confiabilidad de la escala del Center for Epidemiologic Studies-Depression en estudiantes adolescentes de Colombia [Validity and reliability of the Center for Epidemiologic Studies-Depression scale in Colombian adolescent students]. *Biomedica*, 29, 260–269. <http://dx.doi.org/10.7705/biomedica.v29i2.28>
- Cardoso, J. B., & Thompson, S. J. (2010). Common themes of resilience among Latino immigrant families: A systematic review of the literature. *Families in Society*, 91, 257–265. <http://dx.doi.org/10.1606/1044-3894.4003>
- Carroll, D., Georges, A., & Saltz, R. (May, 2011). *Changing characteristics of U.S. farm workers: 21 years of findings from the National Agricultural Workers Survey*. Paper presented at the Immigration Reform and Agriculture Conference: Implications for Farmers, Farm Workers and Communities, Washington, DC.
- Chen, E. (2007). Impact of socioeconomic status on physiological health in adolescents: An experimental manipulation of psychosocial factors. *Psychosomatic Medicine*, 69, 348–355. <http://dx.doi.org/10.1097/PSY.0b013e3180592b20>
- Cohen, J. E. (1988). *Statistical power analysis for the behavioral sciences*. Hillsdale, NJ: Erlbaum.
- Crain, R., Grzywacz, J. G., Schwantes, M., Isom, S., Quandt, S. A., & Arcury, T. A. (2012). Correlates of mental health among Latino farmworkers in North Carolina. *The Journal of Rural Health*, 28, 277–285. <http://dx.doi.org/10.1111/j.1748-0361.2011.00401.x>
- Fassinger, R. E. (2005). Paradigms, praxis, problems, and promise: Grounded theory in counseling psychology research. *Journal of Counseling Psychology*, 52, 156–166.
- Gallo, L. C. (2008). Do psychosocial factors contribute to socioeconomic health disparities? Applications of the reserve capacity model. *Psychological Science Agenda*, 22, 1–6. Retrieved from <http://www.apa.org/science/psa/gallo.html>
- Gallo, L. C., Bogart, L. M., Vranceanu, A. M., & Matthews, K. A. (2005). Socioeconomic status, resources, psychological experiences, and emotional responses: A test of the reserve capacity model. *Journal of Personality and Social Psychology*, 88, 386–399. <http://dx.doi.org/10.1037/0022-3514.88.2.386>
- Gallo, L. C., Bogart, L. M., Vranceanu, A. M., & Walt, L. C. (2004). Job characteristics, occupational status, and ambulatory cardiovascular activity in women. *Annals of Behavioral Medicine*, 28, 62–73. http://dx.doi.org/10.1207/s15324796abm2801_8
- Gallo, L. C., & Matthews, K. A. (2003). Understanding the association between socioeconomic status and physical health: Do negative emotions play a role? *Psychological Bulletin*, 129, 10–51.
- Gentry, A. L., Grzywacz, J. G., Quandt, S. A., Davis, S. W., & Arcury, T. A. (2007). Housing quality among North Carolina farmworker families. *Journal of Agricultural Safety and Health*, 13, 323–337. <http://dx.doi.org/10.13031/2013.23355>
- Glaser, B. G., & Strauss, A. L. (2008). *The discovery of grounded theory: Strategies for qualitative research*. Piscataway, NJ: Transaction.
- Goldston, D. B., Molock, S. D., Whitbeck, L. B., Murakami, J. L., Zayas, L. H., & Hall, G. C. (2008). Cultural considerations in adolescent sui-

- cide prevention and psychosocial treatment. *American Psychologist*, 63, 14–31. <http://dx.doi.org/10.1037/0003-066X.63.1.14>
- Grzywacz, J. G. (2009). Mental health among farmworkers in the Eastern United States. In T. A. Arcury & S. A. Quandt (Eds.), *Latino farmworkers in the Eastern United States: Health, safety and justice* (pp. 153–172). New York, NY: Springer. http://dx.doi.org/10.1007/978-0-387-88347-2_7
- Grzywacz, J. G., Alterman, T., Muntaner, C., Shen, R., Li, J., Gabbard, S., . . . Carroll, D. J. (2010). Mental health research with Latino farmworkers: A systematic evaluation of the short CES-D. *Journal of Immigrant and Minority Health*, 12, 652–658. <http://dx.doi.org/10.1007/s10903-009-9311-2>
- Grzywacz, J. G., Quandt, S. A., Early, J., Tapia, J., Graham, C. N., & Arcury, T. A. (2006). Leaving family for work: Ambivalence and mental health among Mexican migrant farmworker men. *Journal of Immigrant and Minority Health*, 8, 85–97. <http://dx.doi.org/10.1007/s10903-006-6344-7>
- Guarnaccia, P. J., Angel, R., & Worobey, J. L. (1989). The factor structure of the CES-D in the Hispanic Health and Nutrition Examination Survey: The influences of ethnicity, gender and language. *Social Science & Medicine*, 29, 85–94. [http://dx.doi.org/10.1016/0277-9536\(89\)90131-7](http://dx.doi.org/10.1016/0277-9536(89)90131-7)
- Hatch, S. L., & Dohrenwend, B. P. (2007). Distribution of traumatic and other stressful life events by race/ethnicity, gender, SES and age: A review of the research. *American Journal of Community Psychology*, 40, 313–332. <http://dx.doi.org/10.1007/s10464-007-9134-z>
- Hiott, A., Grzywacz, J. G., Arcury, T. A., & Quandt, S. A. (2006). Gender differences in anxiety and depression among immigrant Latinos. *Families, Systems, & Health*, 24, 137–146. <http://dx.doi.org/10.1037/1091-7527.24.2.137>
- Hovey, J. D. (2000). Acculturative stress, depression, and suicidal ideation in Mexican immigrants. *Cultural Diversity and Ethnic Minority Psychology*, 6, 134–151. <http://dx.doi.org/10.1037/1099-9809.6.2.134>
- Hovey, J. D., & Magaña, C. (2000). Acculturative stress, anxiety, and depression among Mexican immigrant farmworkers in the midwest United States. *Journal of Immigrant Health*, 2, 119–131. <http://dx.doi.org/10.1023/A:1009556802759>
- Hovey, J. D., & Magaña, C. G. (2002a). Exploring the mental health of Mexican migrant farm workers in the Midwest: Psychosocial predictors of psychological distress and suggestions for prevention and treatment. *The Journal of Psychology: Interdisciplinary and Applied*, 136, 493–513. <http://dx.doi.org/10.1080/00223980209605546>
- Hovey, J. D., & Magaña, C. G. (2002b). Cognitive, affective, and physiological expressions of anxiety symptomatology among Mexican migrant farmworkers: Predictors and generational differences. *Community Mental Health Journal*, 38, 223–237. <http://dx.doi.org/10.1023/A:1015215723786>
- Hovey, J. D., & Magaña, C. G. (2003). Suicide risk factors among Mexican migrant farmworker women in the Midwest United States. *Archives of Suicide Research*, 7, 107–121. <http://dx.doi.org/10.1080/13811110301579>
- Howarter, A. D., & Bennett, K. K. (2013). Perceived discrimination and health-related quality of life: Testing the reserve capacity model in Hispanic Americans. *The Journal of Social Psychology*, 153, 62–79. <http://dx.doi.org/10.1080/00224545.2012.703973>
- Interian, A., Ang, A., Gara, M. A., Link, B. G., Rodriguez, M. A., & Vega, W. A. (2010). Stigma and depression treatment utilization among Latinos: Utility of four stigma measures. *Psychiatric Services*, 61, 373–379. <http://dx.doi.org/10.1176/ps.2010.61.4.373>
- Kaiser Family Foundation. (2005). *Migrant and seasonal farmworkers: Health insurance coverage and access to care*. Retrieved from https://publichealth.gwu.edu/departments/healthpolicy/DHP_Publications/pub_uploads/dhpPublication_362A0C7C-5056-9D20-3D248230AA69E5CA.pdf
- Kandel, W. (2008). *Profile of hired farmworkers, a 2008 update*. Washington, DC: U. S. Department of Agriculture, Economic Research Service. Retrieved from <http://www.ers.usda.gov/publications/err-economic-research-report/err60.aspx>
- Kiang, L., Grzywacz, J. G., Marín, A. J., Arcury, T. A., & Quandt, S. A. (2010). Mental health in immigrants from nontraditional receiving sites. *Cultural Diversity and Ethnic Minority Psychology*, 16, 386–394. <http://dx.doi.org/10.1037/a0019907>
- Kim-Godwin, Y. S., & Bechtel, G. A. (2004). Stress among migrant and seasonal farmworkers in rural southeast North Carolina. *The Journal of Rural Health*, 20, 271–278. <http://dx.doi.org/10.1111/j.1748-0361.2004.tb00039.x>
- Lachman, M. E., & Weaver, S. L. (1998). The sense of control as a moderator of social class differences in health and well-being. *Journal of Personality and Social Psychology*, 74, 763–773. <http://dx.doi.org/10.1037/0022-3514.74.3.763>
- Landis, J. R., & Koch, G. G. (1977). The measurement of observer agreement for categorical data. *Biometrics*, 33, 159–174. <http://dx.doi.org/10.2307/2529310>
- LaRossa, R. (2005). Grounded theory methods and qualitative family research. *Journal of Marriage and Family*, 67, 837–857. <http://dx.doi.org/10.1111/j.1741-3737.2005.00179.x>
- Magaña, C. G., & Hovey, J. D. (2003). Psychosocial stressors associated with Mexican migrant farmworkers in the Midwest United States. *Journal of*

- Immigrant Health*, 5, 75–86. <http://dx.doi.org/10.1023/A:1022955825650>
- Marin, G., Sabogal, F., Marin, B. V., Otero-Sabogal, R., & Perez-Stable, E. J. (1987). Development of a short acculturation scale for Hispanics. *Hispanic Journal of Behavioral Sciences*, 9, 183–205. <http://dx.doi.org/10.1177/07399863870092005>
- Miles, M. B., & Huberman, A. M. (1994). *Qualitative data analysis: An expanded sourcebook* (2nd ed.). Thousand Oaks, CA: Sage.
- Morrow, S. L. (2005). Quality and trustworthiness in qualitative research in counseling psychology. *Journal of Counseling Psychology*, 52, 250–260. <http://dx.doi.org/10.1037/0022-0167.52.2.250>
- Morrow, S. L., & Smith, M. L. (2000). Qualitative research for counseling psychology. In S. D. Brown & R. W. Lent (Eds.), *Handbook of counseling psychology* (3rd ed., pp. 199–230). New York, NY: Wiley.
- Myers, H. F. (2009). Ethnicity- and socio-economic status-related stresses in context: An integrative review and conceptual model. *Journal of Behavioral Medicine*, 32, 9–19. <http://dx.doi.org/10.1007/s10865-008-9181-4>
- Myers, H. F., & Hwang, W. C. (2004). Cumulative psychosocial risks & resilience: A conceptual perspective on ethnic health disparities in late life. In N. B. Anderson, R. A. Bulatao, & B. Cohen (Eds.), *Critical perspectives on racial and ethnic differences in health in late life* (pp. 492–539). Washington, DC: National Research Council.
- Nadeem, E., Lange, J. M., Edge, D., Fongwa, M., Belin, T., & Miranda, J. (2007). Does stigma keep poor young immigrant and U. S.-born Black and Latina women from seeking mental health care? *Psychiatric Services*, 58, 1547–1554. <http://dx.doi.org/10.1176/ps.2007.58.12.1547>
- National Center for Farmworker Health. (2012). *Facts about farmworkers*. Buda, TX: National Center for Farmworker Health. Retrieved from <http://www.ncfh.org/?pid=5>
- Parra-Cardona, J. R., Bullock, L. A., Imig, D. R., Villarruel, F. A., & Gold, S. J. (2006). “Trabajando duro todos los días”: Learning from the life experiences of Mexican-origin migrant families. *Family Relations: An Interdisciplinary Journal of Applied Family Studies*, 55, 361–375. <http://dx.doi.org/10.1111/j.1741-3729.2006.00409.x>
- Pulgar, C., Trejo, G., Suerken, C., Ip, E., Arcury, T., & Quandt, S. (2015). Economic hardship and depression among women in Latino farmworker families. *Journal of Immigrant and Minority Health*, 1–8. <http://dx.doi.org/10.1007/s10903-015-0229-6>
- Quandt, S. A., Kučera, K. L., Haynes, C., Klein, B. G., Langley, R., Agnew, M., . . . Nussbaum, M. A. (2013). Occupational health outcomes for workers in the agriculture, forestry and fishing sector: Implication for immigrant workers in the Southeastern U.S. *American Journal of Industrial Medicine*, 56, 940–959. <http://dx.doi.org/10.1002/ajim.22170>
- Radloff, L. S. (1977). The CES-D Scale: A self-report depression scale for research in the general population. *Applied Psychological Measurement*, 1, 385–401. <http://dx.doi.org/10.1177/014662167700100306>
- Roberts, R. E., Vernon, S. W., & Rhoades, H. M. (1989). Effects of language and ethnic status on reliability and validity of the Center for Epidemiologic Studies-Depression Scale with psychiatric patients. *Journal of Nervous and Mental Disease*, 177, 581–592. <http://dx.doi.org/10.1097/00005053-198910000-00001>
- Smokowski, P., Buchanan, R. L., & Bacallao, M. L. (2009). Acculturation and adjustment in Latino adolescents: How cultural risk factors and assets influence multiple domains of adolescent mental health. *The Journal of Primary Prevention*, 30, 371–393. <http://dx.doi.org/10.1007/s10935-009-0179-7>
- Sullivan, G. M., & Feinn, R. (2012). Using effect size—Or why the *p* value is not enough. *Journal of Graduate Medical Education*, 4, 279–282. <http://dx.doi.org/10.4300/JGME-D-12-00156.1>
- Taylor, S. E., & Seeman, T. E. (1999). Psychosocial resources and the SES-health relationship. In N. E. Adler, M. Marmot, B. S. McEwen, & J. Stewart (Eds.), *Socioeconomic status and health in industrial nations: Social, psychological, and biological pathways* (pp. 210–225). New York, NY: New York Academy of Sciences.
- Ungar, M. (2010). Cultural dimensions of resilience. In J. W. Reich, A. J. Zautra, & J. Stuart Hall (Eds.), *Handbook of adult resilience* (pp. 404–423). New York, NY: Guilford Press.
- Vallejos, Q. M., Quandt, S. A., Grzywacz, J. G., Isom, S., Chen, H., Galván, L., . . . Arcury, T. A. (2011). Migrant farmworkers’ housing conditions across an agricultural season in North Carolina. *American Journal of Industrial Medicine*, 54, 533–544. <http://dx.doi.org/10.1002/ajim.20945>
- Vega, W. A., & Lopez, S. R. (2001). Priority issues in Latino mental health services research. *Mental Health Services Research*, 3, 189–200. <http://dx.doi.org/10.1023/A:1013125030718>
- Walsh, F. (2003). Family resilience: A framework for clinical practice. *Family Process*, 42, 1–18. <http://dx.doi.org/10.1111/j.1545-5300.2003.00001.x>
- Williams, D. R., & Mohammed, S. A. (2009). Discrimination and racial disparities in health: Evidence and needed research. *Journal of Behavioral Medicine*, 32, 20–47. <http://dx.doi.org/10.1007/s10865-008-9185-0>
- Zapata Roblyer, M. I., Grzywacz, J. G., Suerken, C. K., Trejo, G., Ip, E. H., Arcury, T. A., & Quandt, S. A. (2015). Interpersonal and social cor-

relates of depressive symptoms among Latinas in farmworker families living in North Carolina.

Women & Health. Advance online publication. <http://dx.doi.org/10.1080/03630242.2015.1086464>

Appendix

Interview Schedule

Note: The sections and questions that served as the sources for the data analyzed are shown in bold. Because the stressors section of the interview was not part of the current study, the list of stressors is not included here. However, interested readers can contact the corresponding author for the list.

Family Demographic Questions

- Age of participant?
- Number of children?
- Gender and ages of children?
- Marital status?
- Length of marriage?
- Other marriages?
- Where do most of family members live? (children, siblings, parents)
- Does this change throughout the year?

Religion

- Religious affiliation?
- Level of religiosity?
- Influence of religion?
- Church attendance?

General Background History

- Age at move to U.S.?
- Who move with?

Reasons for move?

- Involved with decision to move?
- Agree with decision to move?
- Where did you move to?
 - Did you know people there?
- Explore stressors related to move.
 - What was difficult about move?
 - What was difficult about being in new country?

History of Migrant Farmwork/Employment History

- How did they get involved?
 - Involved in decision to do farmwork?
 - Agree with decision to do farmwork?
- How long?
- Family history of farmwork?
- Who do they travel with?
- Do children work? At what ages do they begin to work?
- Trace history of employment, including history of different places worked.
- Have they considered other sources of employment?
- Changes in SES with move to U.S. and/or doing farmwork?

(Appendix continues)

Social Support System

Who do they talk to for support?

Is there someone they wish were more supportive?

Quality of social support?

Are there things that the person does not share with anyone?

Does this change throughout the year?

Number of close friends locally?

How do they meet people here?

Stability of local support system? (Same friends year after year?)

Number of close friends in home base?

Description of social life? (What does person and friends do socially?)

What does person do for fun?

Family Support

Quality of relationships with each family member?"

Quality of relationship with spouse?

Current Stressors

Ask specifically about stressors experienced as farmworker (Probe for stressors, according to list).

For each stressor, ask about how person copes.

Questions specific to balancing farmwork and spousal and parental responsibilities.

Children

What sort of concerns do they have about their children?

Childcare responsibilities? (Who takes care of children when working?)

What sort of relationships do they foster with their children?

Current Positive Aspects of FW Lifestyle

What are some of the things you enjoy about your life as a migrant farmworker?

Expectations

Past expectations? Is this the life they planned?

Future expectations? For the participants and their children?

How specific are their plans?

How realistic are their hopes?

What is she doing to accomplish her goals?

Questions About Self

Attitudes about self?

Here compared to Mexico?

Compared to larger culture?

Compared to when living at home base?

Sense of helplessness/hopelessness? (in terms of lifestyle)

Sense of empowerment?

In marriage?

versus larger culture?

versus employer?

How do they manage role changes?

Agree with role changes?

Medical History

History of mental health, including difficulties, treatment, and medication.

History of physical health, including difficulties, treatment, and medication.

Potential health concerns?

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