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Hopelessness, Family Stress, and Depression among Mexican-heritage Mothers in the Southwest

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Abstract

This article reports on the findings of a study conducted with a sample of 136 Mexican-heritage mothers residing in a large southwestern metropolitan area. From a risk-and-resiliency perspective, hopelessness was approached as a culturally specific response to family stress and other challenges encountered by Mexican immigrants. Although Mexican-heritage women and other Latinas have higher prevalence rates of psychiatric disorders than their male counterparts, they experience disparity in accessing mental health services. Multiple regression analysis was used to explore the relationships among hopelessness, depression, social support, and other variables. Culturally rooted resiliency and a sense of optimism connected to immigration appear to shelter Mexican-heritage mothers from hopelessness and depression. A very large households and nonworking status were found to elevate the risk of hopelessness. Because poverty and acculturation levels were not related to hopelessness or depression, further culturally specific research distinguishing hopelessness from depression is recommended. Given that hopelessness sometimes presents itself independently from depression, implications for practice include the need to refine mental health assessment tools to capitalize on the resiliency among immigrant mothers and avoid misdiagnosis.

Keywords

depression; hopelessness; Latina mothers; women's health

The ongoing upsurge of Mexican immigration in the U.S.–Mexico southwestern border region and other regions of the United States has attracted the interest of researchers who are studying how families adapt to their new environments and how they cope with the pressures associated with immigration. Mexican-heritage immigrants, like other working-class immigrants, often encounter institutional patterns of oppression and discrimination that

reduce their likelihood of economic mobility in a host culture (Phinney, 1990). The Southwest region has been identified as a context in which Mexican-heritage residents experience high levels of acculturative stress, in part due to ethnic discrimination and antiimmigrant sentiments (Guarnaccia et al., 2007). The awareness of these obstacles, plus the constant threat of deportation and economic insecurity, can trigger depression and a sense of hopelessness among Mexican-heritage men and women residing in the U.S.–Mexico borderlands (Hancock & Siu, 2009).

The present study approached hopelessness as a possible culturally specific response to a unique sociopolitical context in which acculturative stress can surface in relation to, as well as independent of, more traditional psychiatric diagnoses such as depression. To work with a Mexican-heritage sample is significant, because this group experiences great disparity in accessing mental health services compared with the non-Hispanic white majority (Blendon et al., 2007). This study focused on Mexican-heritage mothers residing in the U.S.–Mexico border region because people of Mexican ancestry represent 64 percent of all Latinos and Latinas in the United States (U.S. Census Bureau, 2008). Furthermore, the study focused on female respondents of Mexican ancestry because Latinas have higher prevalence rates of psychiatric disorders than their male counterparts (Alegría, Mulvaney-Day, et al., 2007). We hypothesized that lack of social support and high parent–child conflict would be associated with an increased level of hopelessness among Mexican-heritage mothers. We also expected that hopelessness would be associated with depression among low-income Mexican-heritage women.

Hopelessness

Hopelessness is conceptualized as an individual's negative expectancy regarding the future, and it is characterized by negative emotions, pessimistic expectations, and loss of pleasure in life (Beck, Weissman, Lester, & Trexler, 1974; Heilemann, Coffey-Love, & Frutos, 2004). Hopelessness is the expectation that negative outcomes are inevitable or that positive outcomes will not develop. These expectations are paired with the feeling that one cannot do anything to change those processes (Abela, Cagnon, & Auerbach, 2007). Individuals who are pessimistic about the causes and consequences of events and who tend to ascribe negative self-characteristics after negative events have been found to be more at risk for hopelessness (Brozina & Abela, 2006).

The hopelessness theory of depression supports the idea that hopelessness inevitably leads to hopelessness depression (HD) (Abramson, Metalsky, & Alloy, 1989). This approach differentiates HD from the more traditional depression described in the *Diagnostic and Statistical Manual of Mental Disorders* (4th ed.) (American Psychiatric Association, 1994). The difference is that the symptoms of HD are evident only in the presence, but not in the absence, of negative life stress (Abramson et al., 1989), whereas this is not true with depression. This theory also advances the idea that when faced with a negative life event, a cognitively vulnerable individual will perceive the event as implying that he or she is unworthy or deficient (Haefffel et al., 2008). Conversely, high levels of self-esteem and self-worth are strongly negatively correlated with HD and depression and significantly associated with happiness (Cheng & Furnham, 2003). Optimism has been identified as having a protective effect against hopelessness (Hirsh & Conner, 2006). Optimistic individuals appear to have an active, adaptive set of coping strategies and are able to overcome adversity and stay on target in their efforts to accomplish their goals (Aldwin, 1994; Aldwin & Levenson, 2004; Puskar, Sereika, Lamb, Tusaie-Mumford, & McGuinness, 1999). Immigrants in search of a better future for themselves and their families tend to fall within this category.

The concept of hopelessness has been studied from different research perspectives with clinical and nonclinical adult populations (Dunn, 2005). Regardless of the setting, hopelessness has been found to have a negative impact on the psychological well-being and physical health of individuals (Haatainen et al., 2004; Johnson et al., 2001; Shek, 2005). For example, a Finnish study found that, after controlling for other hypertension risk factors, people with high hopelessness were three times more likely to become hypertensive (Everson, Kaplan, Goldberg, & Salonen, 2000). A similar study conducted with Mexican Americans did not, however, find hopelessness to predict hypertension (Stern, Dhanda, & Hazuda, 2009). It is important to consider cultural and social contextual factors that are social determinants of health (Koh, Oppenheimer, Massin-Short, Emmons, & Geller, 2010), because racial, ethnic, and cultural groups appear to experience hopelessness differently because of variation in coping behaviors and contextual or environmental differences (Mapp & Hudson, 1997).

Research on hopelessness among Mexican Americans and other Latinos is scarce, and hopelessness has usually been evaluated together with other psychological disorders (Dey & Lucas, 2006). For example, a study researching 30-day prevalence rates of serious psychological distress symptoms (for example, hopelessness, sadness, nervousness, restlessness) found a 4.4 percent prevalence rate among U.S.-born Latino adults and a 3.6 percent prevalence rate among Latino immigrants (Dey & Wilson, 2006). The reported prevalence rates for Latinos as a group were higher than those reported by U.S.-born black adults (3.3 percent) and white adults (2.7 percent).

In the general population, the prevalence of hopelessness appears to be higher for men than for women. Single/divorced/widowed, less educated, rural, and fairly poor men appear to exhibit more hopelessness than do women (Haatainen, 2004). Gender differences in levels of hopelessness among immigrants differ from those in the dominant population in that hopelessness among female immigrants seems to be higher and related to an increase in levels of stress (Atienza, Stephens, & Townsend, 2004; Spitzer, Neufeld, Harrison, Hughes, & Stewart, 2003). This could be attributed to an escalation in domestic responsibilities among immigrant women as well as to family fragmentation, lack of social support, and rigid job schedules (Spitzer et al., 2003). This seems to be particularly true for migrant mothers who often are raising children in unfamiliar and challenging environments with limited access to services and other support systems (Arcury & Quandt, 2007).

Hopelessness and Depression

Cross-sectional studies have found an association between depression and hopelessness symptoms (Breitbart et al., 2000). However, hopelessness may also occur independent of depression (Hirsch & Conner, 2006) or as a precursor to depression (Dunn, 2005). Depression is one of the most common psychological disorders diagnosed among Latinos (Alegría, Shrout, et al., 2007; Vega et al., 1998). Hopelessness among Latino men (Karel & Moye, 2002) and Latinas (Myers et al., 2002) has been identified as a strong predictor of depression. The 12-month prevalence of psychiatric disorders (depression, anxiety, and substance disorders) among U.S.-born Latinos has been estimated at 19.2 percent, whereas the prevalence rates among Latino immigrants who arrived before age 6 (18.1 percent) and Latino immigrants who arrived after age 6 (13.5 percent) were lower (Alegría, Shrout, et al., 2007). In the aggregate, these rates are a source of concern, but the same study reported that, after adjusting for immigration status and age, Latinas had 73 percent higher odds of experiencing depression disorders than did Latino men. Some of the triggers for hopelessness and depression among low-income Mexican-ancestry women are partner issues; family factors; feelings of being alone; inability to provide for material needs; physical symptoms and experiences; and vague, nonspecific reasons (Heilemann et al.,

2004). Personal, familial, and social–environmental factors in combination may influence the experience of hopelessness. Socioeconomic status, employment status, education, experiences with discrimination (Durant et al., 2006; Shek, 2002), social support (Park, 2000), and the quality of the parent–child relationship have been identified as possible contributors to hopelessness (Shek, 1998). Small levels of conflict are normative among families with adolescents. Among some immigrant families, however, the levels of conflict may be higher when parents and children go through the process of acculturating at different paces, and linguistic and cultural gaps ensue (Szapocznik & Williams, 2000). Among Latino families, family unity and family bonding are paramount, and parent–adolescent conflict may be perceived by parents as especially problematic because it implies a lack of respect and consideration from children, which is perceived as a threat to family unity (Knight, Bernal, & Carlo, 1995).

Among Mexican-heritage individuals and other Latinos, hopelessness can be related to *fatalism*—the expectation that one will suffer in life and that one needs to be stoic about it and, thus, cannot be depressed about it (Marsiglia & Kulis, 2009). This culturally specific coping strategy may allow for the presence of hopelessness in the absence of depression.

In the face of adversity, a lack of social support may lead to hopelessness, and this in turn may accelerate the onset of HD (Gustavsson-Lilius, Julkunen, & Hietanen, 2007). Even the perception of support is important. Sometimes the perception that aid and support are available (the general sense of being cared for by others and the perceived availability of support) contributes to general mental and physical well-being (Mulvaney-Day, Alegría, & Sribney, 2006). The importance of social support lies partly in that it empowers individuals because being part of a social network helps people feel less alone and more in control of events (Cassidy, 1999). This is especially relevant among Mexican-heritage and other Latinos living in the United States, because they may not have family residing close by because of immigration, and they may not find friends who have common beliefs and values.

Some studies have suggested that women give and receive more support than men (House, Umberson, & Landis, 1988). It seems that, in some ways, social support matters more to women. For example, a significant relationship between low social support and disturbed sleep has been identified among women, but not among men (Nordin, Knuttson, Sundbom, & Stegmayr, 2005).

Immigration, Acculturation, and Hopelessness

Individuals often experience stress due to life events. One especially vulnerable group is the immigrant population. Immigrants have cultural strengths that may protect them from negative outcomes, but at the same time, they are exposed to a set of stressors (inability to find adequate jobs, housing, and health insurance; challenges associated with learning a new language and culture; antiimmigrant sentiments and policies) that may leave them more vulnerable to other problems, including depression and hopelessness. The act of immigration often has a negative impact on various health outcomes because of the extraordinary stress-producing situations an immigrant has to endure. Part of this stress derives from separation from loved ones, severance from a familiar environment, changes in cultural expectations, and adversity and suffering associated with resettlement in a new land (Warheit, Vega, Auth, & Meinhardt, 1985).

Once the immigrant comes in contact with the host culture the acculturation process starts (Williams & Berry, 1991). Berry (1986) defined *acculturation* as the process of change a group or individuals undergo when in continuous contact with a culture that differs from their own. This process of adjustment has psychological consequences because of the

physical, financial, spiritual, social, and linguistic demands that immigration imposes on the individual (Mui & Kang, 2006). While going through this process, individuals may experience *acculturative stress* (Berry, 1980), which is conceptualized as “a reduction in the health status of individuals that may include physical, psychological and social aspects” (Berry, Kim, Minde, & Mok, 1987, p. 493). In time, acculturative stress may result in anxiety, depression, and alienation (Williams & Berry, 1991). Immigrants face stressful life events and daily hassles (common to all populations) in addition to the stress produced by the process of living in and adjusting to a new culture and environment. The process of acculturation is complex, and both high and low levels of acculturation are associated with mental health problems (Organista, Organista, & Kurasaki, 2003).

The relationship between acculturation and hopelessness has not been extensively investigated with Mexican-heritage populations, but studies conducted with other populations, such as American Indians, suggest that those with bicultural competence (that is, who are adept in both cultures) have significantly less hopelessness than do those who are adept in only one or in neither culture (LaFromboise, Albright, & Harris, 2010).

Approach

A risk-and-resilience approach guided our study. The risk-and-resilience perspective is based on the idea that some individuals will maintain positive outcomes even when faced with difficult personal or environmental circumstances (Rutter, 1985). These adverse circumstances are conceptualized as *risks* (or vulnerabilities) and may include poverty, family conflict, exposure to violence, substance use, and other challenging experiences (Kaplan, 1999). *Resiliency* is the ability to positively cope with adverse situations or the ability to bounce back after experiencing an adverse situation (Marsiglia & Kulis, 2008). Resiliency helps individuals to resist adversity successfully as they develop positive coping strategies that help them experience adverse circumstances without succumbing to them (Masten, Morison, Pellegrini, & Tellegen, 1990). Resiliency can emerge from the individual, familial, and environmental ecosystems (Newman & Blackburn, 2002).

An individual’s relationships appear to play a key role in understanding the emergence of resiliency (Luthar & Brown, 2007). Supportive relationships provide individuals with the strength to keep hope alive even when confronted with very stressful, oppressive, and challenging circumstances (Graziano, 2004). Individuals from societies that tend to be collectivistic in nature may benefit especially from being part of a network in which they find positive relationships. It is human nature to seek a sense of community, and this is most often found among family members who have some common beliefs and values that provide a type of cohesiveness and support (Mulvaney-Day et al., 2007). Within families, the quality of the parent–child relationship and the support drawn from other family members are very important and contribute to resiliency. Families that are resilient enjoy healthier parent–child relationships and less parent–child conflict (Miranda, Estrada, & Firpo-Jimenez, 2000). Among female adolescents, a weakening of the parent–child relationship is associated with higher levels of distress, depression, and feelings of exclusion (Fischer, Munsch, & Greene, 1996).

The present study examined the role of family support and parent–child conflict in women’s self-reported hopelessness symptoms. From a risk-and-resiliency perspective, we hypothesized that lack of social support and high parent–child conflict would be associated with increased levels of hopelessness among mothers. We also expected that hopelessness would be associated with depression. This research aimed to fill a gap in the literature by exploring how familial support and parent–adolescent conflict relate to Mexican-heritage

mothers' sense of hopelessness, after controlling for levels of depression and demographic variables.

Method

Data

Data for the study came from the Latino Acculturation and Health Project, a longitudinal study of acculturation and health outcomes among Latino families living in Arizona and North Carolina (Smokowski, Rose, & Bacallao, 2006). A full review of the project was conducted by the Arizona State University institutional review board in the fall of 2004. The present study utilized wave 1 data collected during the spring of 2005 in Arizona. The Arizona sample comprised 151 Latino families, with one parent and one adolescent participating in the study from each family. The adolescent data were not used in this study. This study was restricted to adult female participants of Mexican origin ($N = 136$). A very small number of participants were excluded from the analysis—nine fathers and six mothers who had migrated from Latin American countries other than Mexico. The analysis focused on Mexican-heritage mothers to ensure that there was consistency among the respondents in cultural and national background and because Mexicans represent the great majority of Latinos in the United States.

Participants

Participants were recruited from adult English as a second language classes, community centers, local churches, and community fairs. Participation in the study was open to anyone meeting the selection criteria, and this is therefore a sample of convenience. Criteria for participation included being Latino or Latina and a parent or guardian of an adolescent 14 to 18 years of age.

Participation in the study was confidential and voluntary. Written consent was provided by each participant, and participants received \$20 each as a token of appreciation for their time and for opening their homes to the interviewers. Questionnaires were available in both Spanish and English. Participants chose to answer the questions on their own or to have interviewers read the questions to them. In most cases, information was gathered through face-to-face interviews. Baseline survey data on the female adults were used in this study.

Interviewers

Graduate students were hired and trained as interviewers; all were fluent in Spanish and English. Interviews were conducted in participants' homes and lasted between one-and-a-half and two hours. All interviews were completed in person.

Measures

Outcome Variable—The outcome variable hopelessness was measured by nine items from Beck et al.' (1974) Hopelessness Scale. Participants were asked to respond to statements such as “The future seems dark to me” and “My future is uncertain.” Participants responded “true” or “false” to each item, and the score was calculated by counting the number of “true” responses. The scale had acceptable reliability (Cronbach's $\alpha = .77$). Although the scale had an original potential range of 0 to 9, only one person reached the high levels of hopelessness, and 10 more had scores of 6. For that reason, the highest values were collapsed, and the scale was recoded to range from 0 to 4.

Independent Variables—Depression was measured with the Center for Epidemiologic Studies Depression Scale (CES-D). This scale has been found to be acceptable for use with

subjects of Mexican heritage (Roberts, 1980). In this study, depression was assessed using a 12-item CES-D. Shorter versions of the scale have also been used in others studies (Andersen, Malmgren, Carter, & Patrick, 1994; Cole, Rabin, Smith, & Kaufman, 2004). Our shortened scale demonstrated adequate reliability ($\alpha = .76$).

Parent–adolescent conflict was measured with the Conflict Behavior Questionnaire for parents (Robin & Foster, 1989), which consists of 20 questions containing positive and negative statements concerning a child’s social competence and conflict behaviors. Items are rated as “false” (0) or “true” (1). After recoding of questions to the same valence, high scores indicated a great amount of conflict between parents and adolescents. In this study, one question was eliminated (number 10) because more than 5 percent of the cases were missing. This scale was highly reliable ($\alpha = .92$).

Demographic Variables—Participants’ age was assessed as a continuous variable (range = 24 to 57 years). Socioeconomic status was calculated on the basis of family income, adjusted for the number of people in the household and official poverty thresholds. Following the U.S. Department of Health and Human Services federal poverty guidelines, we created a new dichotomous variable: FPG. The FPG takes into consideration a family’s annual income and the household size to calculate whether a family is below or above the poverty level. This variable was coded 1 for families with incomes below the poverty level and 0 for families with incomes above the poverty level. The mother’s working status was coded 0 for those not currently working and 1 for those currently employed.

Family support was measured using four items: (1) “Family members are supportive of each other during difficult times,” (2) “Family members discuss problems and feel good about the solutions,” (3) “Family members consult other family members on personal decisions,” and (4) “Family members feel very close to each other.” Participants responded on a Likert-type scale ranging from 1 (not at all) to 5 (all the time). The four items were summed, and the scale ranged from 0 to 20.

Finally, we used two measures of acculturation. One was based on the Bicultural Involvement Questionnaire (Szapocznik, Kurtines, & Fernandez, 1980). This was created from 33 items, responded to on a five-point Likert-type scale, with separate questions measuring Hispanic and American orientations. We added the Hispanicism and Americanism subscales together, resulting in a biculturalism score that ranged from cultural marginality (lowest scores) to monoculturalism to biculturalism (highest scores). The second measure was the respondent’s duration of residence in the United States. Participants’ length of time residing in the United States has been used previously as a proxy for acculturation (Coonrod, Balcazar, Brady, Garcia, & Van Tine, 1999). This variable was measured in years.

Analysis

The objective of this study was to examine factors contributing to hopelessness among Mexican-origin mothers living in the United States, controlling for levels of depression. Variables possibly associated with hopelessness were identified through a literature review. We proceeded with analysis by first exploring descriptive statistics to assess the distribution of the variables, with the goal of determining whether and how to include them in multivariate analyses. Second, we reduced the number of variables to be considered in regression analyses, using Pearson correlation coefficients to select as predictors only the variables that were significantly associated with hopelessness. Third, we examined each of the selected predictors in separate multiple regressions, with hopelessness as the dependent variable and the potential effects of depression controlled for. Fourth, we entered all

significant predictors of hopelessness from the previous regressions in a final simultaneous multiple regression model to assess the relative strength of their relationship to hopelessness, net of the other factors. Variables in this model were examined for possible multicollinearity, and all variance inflation factors were within acceptable ranges (<4).

Results

The first set of results is descriptive and provides a profile of the respondents. Descriptive statistics for all variables (means and standard deviations for continuous variables and percent non-zero for dummy variables) and their correlations with hopelessness are depicted in Table 1. The mean family support score was high, 17, within one standard deviation of the maximum value. Most participants reported high levels of perceived social support (56 percent scoring 18 or above), but a sizable group reported low social support (44 percent scoring 9 or less). About 40 percent of participants reported “no hopelessness,” 30 percent scored 1 on the hopelessness scale, and 30 percent reported hopelessness on more than one of the nine indicators. In a study of depression with Mexican heritage respondents in San Diego, Vega, Kolody, Valle, and Hough (1986) used the CES-D and a threshold of 16 to indicate depression. Because our scale used only 12 items, we recalculated the corresponding threshold to be at 9.6. About 52 percent of respondents scored above that cutoff point for depression.

Significant negative correlations (depicted in Table 1) were found between the dependent variable, hopelessness, and three of the predictors. Participants reported less hopelessness when they were currently working, when they were more educated, and when they had higher levels of family support ($p < .001$). Hopelessness was significantly higher among participants who were more depressed, living in larger households, and experiencing more parent–adolescent conflict. All other variables were not significantly correlated with hopelessness and, therefore, were excluded from further analysis.

In the next step, we tested five separate linear multiple regression models. Results of the analyses are presented in Table 2. Depression was entered first, followed separately by each of the variables that were correlated with hopelessness. After controlling for the effects of depression, we found that all predictors remained significant, with the exception of the mother’s education.

In the final model, depicted in Table 3, all the significant predictors from Table 2 were entered simultaneously. The linear combination of working status, household size, family support, parent–adolescent conflict, and depression were significant in predicting hopelessness [$F(5) = 10.48, p < .000$]. The magnitude of the relationship was moderate ($r^2 = .29$). Similar to previous findings (Haatanien, 2004), working women were substantially less likely to experience hopelessness than women not currently working ($p < .05$), and the standardized effect of this predictor was quite large. Participants who reported living in households with a larger number of people also reported more hopelessness ($p < .05$). Women who had more support from their families were less likely to report hopelessness ($p < .05$). Depression was associated with more hopelessness ($p < .01$), but its standardized effect was the smallest of those for all significant predictors. Mothers who reported more conflict with their adolescents also reported higher levels of hopelessness, but this was nonsignificant after the effects of the other predictors were controlled for.

Discussion

The risk-and-resilience framework (Rutter, 1985) suggests that individuals’ exposure to risk and protective factors may affect physical and mental outcomes. Hopelessness is one salient

mental outcome that is particularly important given that previous research has uncovered a connection between hopelessness and depression. The present study sought to identify factors for Mexican-heritage mothers that protect from or contribute to hopelessness. The overall hypothesis that lack of social support and high parent–adolescent conflict would be associated with an increased level of hopelessness among the mothers was partially confirmed. As predicted, a lack of social support was associated with hopelessness. Parent–adolescent conflict was moderately associated with hopelessness, but it became nonsignificant after we controlled for other predictors. The relationship between hopelessness and depression within this population appears to be a complex one that merits further study before any definitive conclusion is drawn.

Familial support was found to be protective against hopelessness (Bayat., Erdem, & Gul Kuzucu, 2008; Beedie & Kennedy, 2002). Familial support may be especially important within this group as it relates to the strong sense of duty and responsibility toward the family, or “familism” (Coohey, 2001). Supportive relationships appeared to be a source of strength and resilience for the participants and helped them to maintain hope (Graziano, 2004).

Although parent–adolescent conflict was moderately correlated with higher levels of hopelessness, this relationship was nonsignificant after the other predictors were controlled for. Parent–adolescent conflict may not be as important as other variables (such as working and family support) in the context of immigration. Parent–adolescent conflict may undermine perceived family support, which emerged as a more potent predictor of hopelessness. This interpretation is generally in line with previous findings showing that family conflict is associated with increased risk of depression in Latino families because it erodes family harmony, which is an especially important cultural value for this population (Alegría & Mulvaney-Dey, 2007).

The model predicting hopelessness while depression was controlled for needs further exploration. The present findings do not necessarily match the causal understanding of this relationship whereby depression and hopelessness are closely linked (Abramson et al., 1989). It is possible that in a Mexican-immigrant context, hopelessness and depression are differentiated, and one does not inevitably lead to the other (Abela et al., 2007). These two constructs appear to be different, suggesting that in this Mexican, female, low-income immigrant population, an individual can feel hopeless but not depressed. Further research is needed to clarify the possible effects of cultural determinants. For example, hopelessness can be related to fatalism, the expectation that one will suffer in life and that one needs to be stoic about it and, thus, cannot be depressed about it (Marsiglia & Kulis, 2009). This construct may have a culturally protective dimension. The partial independence of hopelessness from depression could also be related to the immigration experience. The participants were resilient individuals who endured the migration experience, so they may, on that basis, have been optimistic about the long-term future and opportunities ahead. When confronting hard times or rejection, they may have experienced a sense of diminished hope without internalizing it into the feelings of inadequacy linked to depression. Although a moderate association between hopelessness and depression was found ($r = .40$), given the limitations of our cross-sectional analysis we are not able to determine the degree to which depression explains hopelessness or hopelessness explains depression. We know that in many cases, individuals who are depressed have feelings of hopelessness, sadness, and loneliness.

Other variables of interest in the model, such as low socioeconomic status and acculturation, did not predict hopelessness in this population. Most participants in the study lived under the federal poverty line, had low levels of education, and were first-generation immigrants.

Contrary to our expectations, low socioeconomic status and acculturation levels were not significantly associated with hopelessness. There are several potential explanations for this finding. Some individuals adapt successfully to challenging or stressful situations. Some resilience researchers have discussed the idea that challenging circumstances (such as poverty and acculturation stress) have the potential to enhance an individual's functioning (Aldwin & Levenson, 2004; Puskar et al., 1999). This may occur when the individual puts in perspective the challenging event or circumstances and develops a plan of action (Aldwin, 1994). Thus, the first explanation may be that this group of Mexican-heritage mothers rose above the challenges of poverty and acculturation and therefore did not experience high levels of hopelessness. The second explanation is that individuals usually migrate in pursuit of a better life, and immigrants may see the fact that they are settled in their country of choice as an already important accomplishment that keeps them from having a negative outlook. The third explanation involves the concept of optimism and the use of active coping strategies such as seeking social support (Hirsh & Conner, 2006). Although this study did not measure optimism, it is possible that these immigrant mothers were high in optimism and active coping. Future research should investigate this possibility. The bicultural orientation that typified many respondents may have contributed further to the mothers' ability to function well within domains of their culture of origin (for example, family, community) as well as within domains of the majority culture, such as their places of employment (LaFromboise et al., 2010).

Current employment was found to be protective against hopelessness, and the size of this effect was far larger than that of any other. In poor households, having a job may be an important source of hope. A job may increase mothers' positive expectations about the future in multiple ways. Working mothers may be able to contribute to the household finances, and this, in turn, may have a positive impact on how they perceive their leadership role and relative status and power within the family. A job also gives an opportunity to meet other Mexican-heritage women, which may provide an additional family-like source of support to the individual. This result may indicate that the strong effect of current employment status is more important to the subjective sense of hopelessness than are two other socioeconomic indicators, income and education. For the Mexican-heritage mothers in this study, in other words, working outside the home may have been more important than their level of socioeconomic attainment.

Alternatively, women living in large households, and those experiencing parent–adolescent conflicts, reported higher levels of hopelessness, although the latter relationship was nonsignificant in the final comprehensive test. Households that include larger numbers of people are more costly to maintain and may be a source of distress and hopelessness for parents who are struggling financially. In the current study, perceived family support may have been an indirect gauge of respondents' sense of family harmony. These possible relationships deserve more detailed examination in future research.

In conclusion, for this sample of Mexican-heritage immigrant mothers, receiving familial support emerged as an important protective factor against hopelessness, and parent–child conflict was not as important as other predictors. Hopelessness sometimes was present independent of depression, calling attention to the need for the implementation of culturally specific research about the phenomenon. An additional key protective factor against hopelessness was employment outside of the home, and size of household emerged as a main risk factor for hopelessness.

Implications for Practice

The present findings provide knowledge to inform the development of innovative interventions and services to better integrate the unique strengths and address the distinct

challenges of low-income Mexican-heritage immigrant mothers. Some specific implications for practice are the following:

- Practitioners should design and test prevention interventions that strengthen families of origin and families of choice when families of origin are not available due to immigration.
- Practitioners should support female employment and the related support networks.
- Practitioners should refine mental health assessment tools to more effectively diagnose and treat hopelessness and depression separately.
- Practitioners should identify and reduce additional risk factors and strengthen protective factors related to hopelessness from a culturally specific perspective.
- Practitioners should be aware that some individuals experiencing hopelessness may be at risk for other problems including depression, and they should be proactive in terms of assessment and treatment.
- Because the stress of immigration may be accompanied by a sense of hopelessness and a sense of optimism, health professionals should apply a risk-and-resiliency approach to work with the whole experience of Latina clients who display elevated stress.
- In some Latino cultures, talking about depression (*depresión*) may be taboo. Hopelessness (*desanimo*) may be understood differently by clients of various cultural backgrounds and may have a more normative and culturally specific, comfortable sound for clients.
- There is a need for ongoing appraisal of the political and social environment surrounding community members. They are the experts, and their stories of success and struggles are the best source of information to keep services responsive and culturally competent.

Limitations and Future Research

This study used a convenience sample, and its generalizability is therefore limited. A finer analysis of different aspects of acculturation—such as linguistic acculturation, acquisition of mainstream cultural values, and entry into social networks of the mainstream society—might reveal that acculturation is implicated in hopelessness, but such an investigation would require a larger sample than was available for the present study. A qualitative component in future research could contribute needed in-depth knowledge about the meaning of hopelessness and why it emerges among different individuals and in different social contexts. Even taking into consideration these limitations, the present findings make a significant contribution to the hopelessness literature, because they address the experience of an understudied and underserved growing group of Latinos living in the United States.

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Table 1Sample Characteristics ($N = 136$)

Variable	<i>M</i> (<i>SD</i>)	Range	%	Correlation with Hopelessness
Age (years)	39.42 (6.16)	24–57		-.01
Education (0 = <HS, 1 = HS+)			64	-.17*
Living with spouse or partner (0 = no, 1 = yes)			82	.03
Household size	5.22 (1.53)	2–11		.20*
Working status (0 = not working, 1 = working)			55	-.32***
FPG (% under poverty level)			79	-.09
Acculturation (biculturalism score)	1.26 (1.32)	-3–3		.03
Time in United States (years)	16.12 (11.48)	0.25–27.00		-.07
Family support	17.03 (3.15)	0–20		-.27***
Hopelessness	1.20 (1.34)	0–4		1.00
Parent–adolescent conflict	5.94 (5.07)	0–20		.30***
Depression	10.86 (6.90)	0–33		.40***

Note: HS = high school.

* $p < .05$.

*** $p < .001$.

Table 2

Multiple Regression Analyses for All Variables Associated with Hopelessness

Step and predictor	<i>B</i>	<i>SE B</i>	β	<i>t</i>
1				
Depression	.39***	.01	0.07	4.86
Mother's education	-.10	.10	-0.12	-1.20
2				
Depression	.39***	.01	0.08	5.12
Household size	.18	.07	0.16	2.30*
3				
Depression	.34***	.02	0.07	4.18
Working status	-.56**	.22	-0.21	-2.58
4				
Depression	.36***	.02	0.07	4.44
Family support	-.18*	.03	-0.07	-2.20
5				
Depression	.34***	.16	0.07	4.14
Parent-adolescent conflict	.18*	.02	0.05	2.22

*
 $p < .05$.**
 $p < .01$.***
 $p < .001$.

Table 3

Multiple Regression Analysis: Standardized Coefficients

Predictor	<i>B</i>	<i>SE B</i>	β	<i>t</i>
Working status	-.197*	.21	-0.53	-2.53
Household size	.188*	.07	0.16	2.52
Family support	-.160*	.03	-0.07	-1.99
Parent-adolescent conflict	.145	.02	0.04	1.78
Depression	.238**	.01	0.04	2.85

* $p < .05$.** $p < .01$.