ETHNOGRAPHIC EXPLORATORY RESEARCH
REPORT SERIES
(#2007-6)

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Citation: Roberta D. Baer. 1992. *Health and Mental Health Among Mexican-American Migrant Workers.* ETHNOGRAPHIC EXPLORATORY RESEARCH REPORT SERIES *(#2007-6)*

Report Issued: October 24, 2007

Health and Mental Health Among Mexican-American Migrant Workers

A Report to the U.S. Bureau of the Census, Center for Survey Methods Research

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October, 1992

EXECUTIVE SUMMARY

1. Two sets of interviews were conducted among Mexican and Mexican-American migrant workers at the Ruskin Migrant and Community Health Center, in Ruskin, Florida. The first set of 20 interviews were conducted at the end of June, 1992, and the second set of 20 interviews were conducted in mid-September, 1992. Attempts were made to sample equally among older males, younger males, older females, and younger females. The mean age of the total population was 35 years; mean level of education was 5.9 years.

2. The first part of the study focused on investigation of how the domain of health and mental health are categorized by this population. It was found that perception of health and mental health differ from the biomedical model; they probably differ as well from the Anglo folk model. Good and bad health are often described using characteristics which might be biomedically defined as those of good (or bad) mental health. Mental illness is considered to be indicated by abnormal behavior, and is felt to be, unlike physical illness, irreversible (as in the case of mental retardation). "Nervios" is the folk label which covers many conditions considered biomedically to be mental illnessses. But "nervios" is not felt by this population to be a mental illness. Anxiety and phobias are considered to be "nervios", while depression is viewed as a physical illness.

3. Measurement of incidence of mental illness in this population may not be truly reflected because of the types of instruments used to measure it, as well as cultural characteristics of the population. The NSHS questions appear to lead to false positives among the healthy population and false negatives among the mentally ill. The proposed inventory approach with vague quantifier response categories suffers from too high a reading level, unclear questions, and interpretation of response categories that varied greatly from individual to individual. While some revision of the proposed questions would be in order, a more serious problem is the range of interpretation of the response categories. Perhaps these categories should be given in terms of number of days, as opposed to the vague quantifiers, which became even more vague in the minds of those interviewed.

INTRODUCTION

Many questions have been raised about the mental health status of Mexican-Americans, due to their apparent lack of need for services, and their relative absence from mental health treatment facilities. This paper addresses two questions related to the issue of measuring mental health status in this population:

1) How is the domain of health and mental health categorized by this population, and

2) How does this population perceive and understand standard questions used to measure prevalence of the major mental illnesses.

The main focus is not on comparing Mexican-Americans to Anglos, but rather on attempting to understand the perceptions of Mexican-Americans, and how they differ from those of the biomedical community.

LITERATURE REVIEW

Migrant Workers

Migrant workers are defined by the Migrant Health Act of 1962 as individuals whose principal employment is in agriculture on a seasonal basis (Martaus 1986). It is estimated that there are at least 800,000 migrant workers in the United States, of which more

than 75% are Mexican or Mexican-American. The East Coast Stream moves from Florida northward along the east coast, to New York and New England (Martaus 1986). This population was chosen for investigation in that it has been observed that less educated Mexican-Americans, particularly those from rural backgrounds, have very little understanding of psychotherapy; "psychiatry and most psychotherapy generally fall outside the economic and social reality of the poorer Hispanic population" (Bach-y-Rita 1982:31).

The population addressed in this study (Baer and Bustillo n.d.a., n.d.b.), are Mexican and Mexican-Americans, who during the spring, winter, and fall work in southern Hillsborough County, a rural area of west central Florida. Some of the population lives in Florida year round, picking tomatoes in Nov.-Dec. and May-June; others work in Florida those few months and then follow the East Coast migrant stream north to North Carolina and New York to pick crops there; others return to home bases in Texas and northern Mexico. The majority of the population was born in northern Mexico, with the remainder from Texas or Florida. Previous studies (Baer and Bustillo n.d.a., n.d.b.) report mean educational levels of about six years. Mean household incomes (with household sizes of 6 persons) were $10,065 per year. While these studies accessed the population through the migrant health clinic, they found that the population also retains an active use of

folk medical healers. Baer and Bustillo (n.d.a., n.d.b.) noted that none of the over 250 cases of symptoms considered by those interviewed to be "folk illnesses" were treated at the health center.

Health and Mental Health

The literature on mental health among Mexican-Americans has several main themes, revolving around the hypothesized greater need for mental health services in this population, due to stress created by poverty, acculturation pressures, language barriers, discrimination, etc. However, underepresentation of Mexican-Americans in mental health facilities and low rates of psychosis have been the usual pattern documented (Schreiber and Homiak 1981).

One explanation suggested for low utilization of mental health services is the role of the family among Mexican-Americans in protecting the mental health of individuals (Briones et al. 1990); however, documentation of this is limited. There are data which suggest that the source to which a Mexican-American turns for help depends on the type of problem experienced (Briones et al. 1990). For marital or family problems, relatives and priests are often consulted. For problems which are strictly child-related, relatives, friends, compadres, priests, physicians, private therapists and public mental health clinics are all

viewed as resources, though use of the latter two sources is usually the result of referrals from the child's school (Briones et al. 1990). In the case of emotional problems which the patient views as not directly connected to the family, such as general depression or nervousness (which in this population are often accompanied by physical symptoms), physicians are the usual source of help, along with friends and family, in some instances (Keefe et al. 1978). Seeking psychotherapeutic help is viewed ambivalently; it may reflect a weak personality which is incapable of facing problems, or a strong personality which failed to solve a problem before it became too serious (Newton 1978). Anglos' greater use of mental health services is viewed by Mexican-Americans as a sign of the Anglos' weakness, and inablity to resolve their problems in another fashion (Newton 1978).

Two other hypotheses are stressed in the literature, the first is that Mexican-Americans perceive mental health problems differently than does the rest of the population. The second is that the psychological tests used to measure incidence of mental illness may not capture what is going on in this population.

Perception and Evaluation of Health and Mental Health

The first issue addressed is how this population perceives health in general, and more specifically mental health. A person in

good physical health is defined on the basis of adequate functioning, the absence of pain, and a robust body. Adequate functioning implies "a high level of energy out-put and physical activity which ensures that adult men and women successfully perform the routine tasks of everyday life" (Schreiber and Homiak 1981:300). Symptoms which do not interfer with normal activity tend to be ignored. There is also a cultural attitude that life is full of problems, which should be accepted with dignity and courage (Schreiber and Homiak 1981).

Illness is initially recognized by a change in normal physical functioning, or by an inability to perform expected roles (Martaus 1986). The main manifestations recognized as those of illness are pain, fatugue, and physical signs. Males tend to experience the physical signs, while females experience more of the altered feelings (Martaus 1986).

There are two basic categories of illnesses, natural illnesses and illnesses which are believed to be caused by witchcraft. Within the category of natural illnesses, a distiction is made between those illnesses which are recognized by biomedicine, and those which are not (folk illnesses) (Schreiber and Homiak 1981).

Natural illnesses may be caused by hot/cold imbalance. They may also be due to emotional causes (such as worry, sadness, or anger; these causes of illness are seen only in females). Germs

are believed to be a cause of natural illnesses, particularly for those with a 7th grade or higher education in the United States) (Martaus 1986). Illnesses were not considered to be serious if they were short in duration, had known causes, and/or were treatable at home. For all illnesses, the first approach to treatment was always the use of home and/or folk remedies (Martaus 1986).

A study of self assessed and physicians' assessments of health for Mexican-Americans showed a great deal of disagreement between the respondents and the physicians, particularly for those who were interviewed in Spanish. For this group, the physicians assesed 80% as being in excellent or very good health. But only 15% of the respondents considered their health to be excellent or very good. Eighty-eight percent of English speaking respondents were rated by the physicians to be in excellent or very good health, but only 48% of this group considerd their health to be excellent or very good (Angel and Guarnaccia 1989). Level of acculaturation is suggested as the variable responsible for the differences between the two groups of respondents. The Spanish speaking respondents also reported higher levels of depression, and Angel and Guarnaccia (1989) suggest that this pattern may be related to the lack of separation made traditionally between psychological and physical senses of self. In this population, high levels of affective distress are interpreted as a sign of

negative physical health (Angel and Guarnaccia 1989).

In addition to aliments recognized by biomedicine, Mexican tradition recognizes a number of folk illnesses, such as "susto", "mal de ojo", "bilis", "mal puesto", and "nervios." These folk illnesses have symptoms which are of a psychological nature. It has been suggested that since treatment for these problems may be in the hands of folk healers, fewer of them may come to the attention of biomedical mental health providers (Schreiber and Homiak 1981).

"Susto" is believed to be caused by a frightening experience, which may cause the departure of the soul from the body (Rubel and O'Nell 1978). Signs and symptoms include loss of appetite and weight, listlessness, and lack of motivation to carry on normal daily activities (Rubel and O'Nell 1978). Home treatment, or use of a traditional healer is usually employed, consisting of a magical purification ritual, designed to restore the psychological and spiritual balance which the frightening event disturbed (Trotter 1985). While recent studies have shown clear organic signs associated with "susto" (Baer and Bustillo n.d.a., Rubel 1984), there has been a tendency in the past to assume the primacy of psychiatric processes in studies of this, and other common Mexican folk illnesses (Browner et al. 1988).

"Mal de ojo" is believed to be caused by the glances or power of

a stronger individual acting on a weaker individual, particularly a child (Schreiber and Homiak 1981). Symptoms include severe headaches, high fever, fretfulness, and in the case of children, weeping (Rubel 1960). Treatment includes attempts to find the individual responsible to break the charm. If this is not possible, a cure is effected using an egg rubbed over the patient's body, along with prayer. The egg is put into a glass of water and placed under the bed of the ill individual, to drain off the disturbing power (Rubel 1960).

"Bilis" implies that the person is in an "upset" or nervous condition. It is believed to be caused by an emotional experience, such as sorrow, fear, or anger, that causes the person to become upset. This causes bile to flow into the blood, producing symptoms of malaise, chronic fatigue and acute nervous tension (Schreiber and Homiak 1981).

"Mal puesto", or witchcraft, is used as a diagnosis only after other diagnoses have been tried and found to be inappropriate. It is thought to be a cause of insanity, and can be used to label schitzophrenic reactions and other psychotic disorders. Symptoms include suspicious, moody, or other strange behavior (Schreiber and Homiak 1901).

Jenkins (1988) has suggested that Mexican Americans use the label

nerves ("nervios") to label schizophrenia. This has the result of masking a stigmatized condition with a label that is culturally acceptable, as well as minimizing differences between the rest of the family and the sick person. Emphasis on somatic complaints of the sick individual is also seen. The pattern reported was documented in 70 relatively unacculturated Mexican-American households in which there was a schizophrenic family member. When asked to characterize the family member's illnesses as "nervios", mental illness, or something else, 67% chose "nervios", and 28% chose "something else" (Jenkins 1988). Jenkins (1988) found that the term "nervios" is used for everyday problems causing distress, serious family conflict, as well as schizophrenia. Thus, "nervios" in its milder forms is completely normal, i.e., generalized malaise; the schizophrenic relative is merely seen as having a more severe form of the problem. Problems associated with the diagnosis of nervios included irritability, hopelessness, nervousness, depression, physical effects, and difficulty in functioning in social or occupational roles. "Nervios" was seen by respondents as being more common in women (Jenkins 1988).

The folk category, "nervios", thus, seems to include symptoms defined biomedically as schizophrenia, anxiety, depression, and panic disorders. "Nervios", however, is not used to describe individuals who have psychotic symptoms, such as delusions and

hallucinations (Jenkins 1988).

Finkler found that rural Mexicans used the term "nerves" to refer to "a wide variety of emotional problems, physical symptomology, and existential conditions experienced in the entire body" (Finkler 1989: 172 [80]). Symptoms include worry and anxiety, an agitated state, aches and trembling in the entire body, and the sense that nothing seems to go right (Finkler 1989). Nerves may be associated with high blood pressure, anger, poor diet, or with the folk illness, susto (Finkler 1989). Patients associated nerves with every conceivable symptom (Finkler 1989). Nerves, is thus, not a response to stress, but rather, enbodied distress (Finkler 1989). "Experiencing nerves...sugggests that the individual is experiencing a heightened awareness of adversity in day-to-day life" (Finkler 1989:175[83]. Finkler (1989) suggests that the experiences of injustice, affliction and personal tragedy may cause the onset of nerves. Women's unequal social position and relative powerlessness in this culture may explain why more women than men report suffering from nerves (Finkler 1989).

In a study of Mexican-American widows, Kay and Portillo (1989) found that the more bicultural the woman, the less she was troubled by "nervios". Somatic symptoms associated with nervios included rash, depression ("decaida"), tiredness, feeling cold, and tremors. Non-somatic symptoms associated with nervios in-

cluded fear, worry ("mortificacion"), anguish, anger, separation sorrow ("tirisia"), loneliness, disorientation, feeling empty, confusion, and a feeling of being in the way (Kay and Portillo 1989). However, it is the latter set of non-somatic symptoms which primarily distinguish "nervios".

Another aspect of differential perception and evaluation of mental health issues by Mexican-Americans is discussed by Karno and Edgerton (1969). While their study did find differences in how Mexican-American and Anglo respondents assessed a case description of a depressed woman, the differences were not statistically significant. Nevertheless, the Mexican-Americans were twice as likely to feel that the woman was ill, and labeled the problem as a "nervous or emotional illness". Anglo respondents called the problem a mental illness. Many more Mexican-Americans than Anglos believed that these types of problems began in childhood (Karno and Edgerton 1969).

Other studies of this type have found different results. A study of Los Angeles Mexican-Americans who were given vignettes of paranoid schizophrenia, simple schizophrenia, anxiety neurosis, and juvenile delinquency, indicated that younger Mexican-Americans were less likely to define a person as mentally ill than were older Mexican-Americans or an Anglo population. Further analysis of the data suggests that the key difference is not

so much in age, but rather in educational level; less educated members of the Mexican-American community were less likely to categorize conditions as mental illness (Parra and So 1983, Parra 1988).

A similar study, carried out in Chihuahua, Mexico, found that women perceived less mental disorder than did men. It is suggested that the explanation for this is to be seen in the gender differentiation seen in Mexico. Many of the symptoms associated with mental illnesses are those women routinely experience, for example, withdrawal, anxiety and depression. However, a methodological problem of this study (Parra 1987) is that it lumps together responses of "sick" and "mentally ill" as meaning exactly the same thing.

A more anthropological approach to this issue was taken by Newton (1978). He found a conceptual system in which the concepts of emotional and mental problems represented successive stages in the course of mental disorders. Emotional problems were viewed as being less serious, but potentially could lead to mental problems (Table 1 [Newton 1978:82]). It is suggested that in this population, pride and the expectation that the individual would have the strength of character to deal with problems before they became serious enough to necessitate the use of mental health services--emic perceptions of mental health which differ

from those of the dominant society--may be important variables contributing to underutilization of mental health services (Newton 1978).

Measuring Incidence of Mental Health Problems

Other data suggest that true incidence of mental health problems is higher than has been reported, and that family support is not able to completely protect members from feelings of powerlessness and depression (Schreiber and Homiak 1981). Thus, another major focus of research is the actual incidence of mental illness in this population and how it can best be measured. Results of these studies (Golding et al. 1990, Golding and Burnam 1990a, 1990b, Warheit et al. 1985, Salgado de Synder et al. 1990a, 1990b, Burnam et al. 1984, Vega et al. 1984, Montgomery et al. 1990) are often contradictory, and these studies generally fail to attend to emic perspectives of mental illness.

Summary

What have been largely lacking have been studies of the domain of health and mental health, as perceived by this population. In addition, little attention has been paid to investigation of how this population perceives and labels the major mental illnesses (as they are defined by the biomedical community). Some research has focused on differences with Anglo populations. But what is

really necessary is to understand how the definition and perception of health and mental health in the Mexican-American population differ from those of the biomedical system which they are expected to access. This study was designed to address these issues.

METHODOLOGY

Two sets of interviews were conducted at the Ruskin Migrant and Community Health Center in Ruskin, Florida, the first set at the end of June, the second in the middle of September. This clinic provides low cost health and mental health service to the migrant population. The first interview presented a series of descriptions of mental illnesses, based on questions from the National Survey of Health and Stress (NSHS). This survey instrument was developed by the University of Michigan Survey Research Center, and has been used since 1990. It is designed to provide accurate national information on current and lifetime emotional disorders. In addition, respondents were asked if they had a name for the condition described, how a person with that condition behaved, what forms of treatment should be used, and if they themselves had ever had this condition. Also discussed were good and bad health, and the respondent's assessment of whether he/she was in good or bad health (Appendix A).

The second interview was divided into two parts. The first part probed for general concepts of health and mental health, and any distinctions between them. Also explored were the folk categories of "la locura" (craziness) and "nervios" (nerves). The second part of the interview tested questions provided by the Census Bureau. Respondents were asked the questions, as well as de-briefed after the interview to determine their understanding and interpretation of the questions (Appendix B).

Both sets of interviews were administered in Spanish, except in those few cases (2 first interviews and 3 second interviews) where the respondent expressed a preference for English. The first interview and the first part of the second interview were translated into Spanish by the author, and then back translated. The second part of the second interview was provided in Spanish by the Census Bureau, having been translated from the English, and then back translated.

RESULTS

The Population

Each set of interviews was administered to 20 respondents. Attempts were made to sample equally among older males, younger males, older females, and younger females. The population in each set of interviews is given Table 2. Mean age of the total

population was 35 years. Mean level of education was 5.9 years. The majority of the population had received their schooling in Mexico; only one fourth (10) had attended school in the United States. Sixty percent of the population worked or had worked as farmworkers, for a mean of 12 years. Those who were not so employed worked in landscaping or nurseries, childcare, construction, golf course maintenance, or housework. Mean household size was 4.4 persons.

Those interviewed who had more formal schooling tended to have an easier time answering the questions. However, years of education does not correlate very well with age (Table 2). While means of years of schooling are higher for younger people, there are some notable exceptions in both directions. In addition, several of the older men, who had little or no formal education, were extremely articulate. I would therefore suggest that a key variable may be not education, but rather intelligence, which may correlate better with years of formal schooling for the younger people.

Perception and Evaluation of Health and Mental Health

Good Health/Bad Health

Good health was broadly interpreted by the respondents; many of their descriptions included characteristics which might be bio-

medically defined as those of good mental health. This is but one indication of the lack of separation seen between mental and physical health in this population. A person in good health was described as being happy, active, smiling, working, never sick, never feels bad, and is talkative:

"Always works in the field, always active, Can do whatever she wants. I am jealous of my sister-in-law's energy. She always has a lot of energy."

"Active, working, never complains, eats well. My mother, she doesn't drink soda and she takes care of herself. She won't even take pills."

"Happy, laughs, always in a good mood, gets along well with others, doesn't complain.

"No problems. Happy, content with their life."

"In the first place, they are always happy, laugh a lot, play with others, shout, smile. All this depends on the health of that person."

"Has a clear, uncluttered mind. No family problems, doesn't get angry."

"Goes home, doesn't run around at night. No drinking or bothering other people."

Twelve of the twenty respondents felt themselves to be in good health, using psychological and physiological markers:

"Yes, I'm happy and I smile and try to talk to people everywhere, at work and at home. I get regular check-ups, and I like myself."

"I am always okay. I have no sicknesses."

"I feel good and rarely get sick except for the flu."

Bad health is also described in a mixture of physiological and psychological terms, including sad, crying, depressed, mean, lethargic, sick, tired, angry, distant, weak-looking, nervous, and difficult to be around. Even in the case of illnesses such as diabetes, it is the psychological aspects which are emphasized:

"What type of sickness? Maybe the person is sad, lays around or is lethargic."

"Some people get real sick and stay in bed all the time. Some people cough badly."

"Grouchy, looks depressed. Their eyes, eyelids are low and barely open."

"Depends on the sickness they have. With diabetes, they get upset, fight with their kids. High blood pressure sufferers act that way too. You can tell by their way of looking at you and by the way they talk. You can tell if someone is sickly by their face."

"Physical symptoms--the way they eat, are they animated or not, if they are happy or sad. If you know they were happy before and now they aren't."

"Pale or weak looking. You can tell by looking at the eyes. Exhausted, difficult to be around."

"Nervous, pensive. Can't be cured. Makes mistakes, insults people. Others need to have patience with him."

"Sad, crying, in pain, comes to the clinic a lot."

Seven people felt that they were in bad health, citing diabetes, back problems and headaches, tired body and feet, stomach pains, and cancer. Comments of those who did not consider themselves to

be in bad health included:

"But I got shots in my back and it's hurt ever since."

"No, I'm not in bad health. I have epileptic attacks. Otherwise, I never get sick."

"No, I'm not in bad health, my elbow is swollen, only."

Clearly, aliments which did not interfere greatly with daily life were not perceived as indicating bad health. And a person who is able to continue normal activities is not really considered to be in bad health, even though a serious aliment may be diagnosed:

"My father-in-law had diabetes and died last year. He was fine but he began to lose his health. He died quickly and didn't suffer. He could continue many of his activities for a long time."

Even one older woman, who felt herself to be in bad health, stressed her continued ability to perform expected tasks:

"Yes, now I'm old. I have a tired body but I'm not in bed and I do what I need to. I take care of the [grand]children."

Boundaries Between Health and Mental Health

Respondents agreed that a person could have a problem in one part of the body but have the rest be healthy. One older man explained, "The nerves can get out of control and one part hurts while the other doesn't." When asked if a person could have a physical illness and be healthy mentally and emotionally, most

respondents agreed:

"I have to go to work. I just can't let the cold take over. I have to fight back."

"If you get the flu or a cold, you don't lose your mind, but you're ill."

"...My mind is fine and I have diabetes."

However, there was a sense that the seriousness of the physical illness may determine if there are emotional and or mental effects:

"The flu, your mind doesn't go. But if something worse happens, you get depressed and ill. The person thinks that he or she can't be cured and will die. All this can happen to anyone."

When asked if it is possible to be healthy physically, but to suffer spiritually, emotionally, or mentally, most respondents agreed, with males citing money problems, while females discussed problems with family and children:

"Money problems will really turn off the juice. It's a heartache."

"I feel fine but I'm thinking about whether I can find work tomorrow."

"When you have emotional problems with your husband, you worry about debts."

"My sister is always ill ("mala") because her child doesn't come to see her. She's in Mexico. 'Se pone enferma del corazon'[she is sick at heart]."

"A person can be okay physically but mal de la cabeza [sick in

the head]."

However, a connection between mind and body was recognized:

"I am fine but my mind isn't. In my mind, I can become sick. My stomach can hurt but it's my mind making it so."

Mental Illness--Definition and Differences from Illness

Mental illness was defined commonly using the term crazy (loco):

"The mind is sick, they are sick, crazy, loco."

"They suffer from nervios and lose their minds. They are crazy."

"Don't think in right ways. It's when your mind goes--you think in bad ways. The brain doesn't work, neurons don't fire. The person feels trastornado [upset]. Its called "laguna mental" (mental gap or mental blank space) in Mexico."

Abnormal behavior, including mental retardation, was also noted:

"The kid is just not ordinary. Has a problem doing anything usual that kids do.

"Is backward [retrasdado]. An adult who thinks like a kid."

"The mind goes. The person doesn't know what he/she is saying."

"Don't know what they are saying. You talk about one thing and the person talks of something completely different."

"They do something okay and then something bad. They don't think well in the head."

Respondents were divided on whether a person who was mentally ill was in bad health:

"Yes, if you're sick you can't be healthy."

"Yes...you need a doctor."

"No, it affects just their mind."

"No, my nephew is in good health but has a mental problem; everything is fantasy for him."

There was strong agreement that there is a difference between an illness (enfermedad) and a mental illness (enfermedad mental), and the respondents interpreted the unspecified term for illness, enfermedad, not to include mental illness. The difference between the two types of problems was that illnesss can be cured, but mental illness cannot. Perhaps this is part of the stigma associated with mental illness in this population:

"If you have an illness, you're sick, you can get well. A mental illness you have all your life."

"One can be cured--the sickness. The mental, you just get medication to control it."

"Mental illness is from the brain. Sickness is in the body, but not mal de la cabeza [sickness of the head]."

Respondents were familiar with names for a variety of illnesses, citing flu, headache, high blood pressure, diabetes, colds, and "nervios" (mentioned only by two older women) as examples of illnesses. However, few had terms to use for examples of mental illness, although the younger females suggested the terms "cerebral palsy" and "mongoloids."

Causality of illness was usually believed to be due to not taking care of one's self, particularly not getting enough sleep, or the eating the right food. As causes of mental illness, all respondents mentioned use of drugs and alcohol as being related. Other causes were childhood abuse, accidents resulting in head injuries and congenital problems:

"One's childhood, if you were molested or beat up. People that verbally abuse kids. That stays in your mind and the kids grow up mentally ill."

"The kids were born like that. The mother took drugs or alcohol. Or the child had an accident; it fell on its head."

Folk Terms for Mental Health Problems

Nervios

95% of the respondents were familiar with the term, "nervios":

"Nervios is when you have problems and can't figure it out, you're nervous."

"Get very hysterical, yell instead of talking calmly."

"Nerves, somebody that can only take so much of something. Only so much patience."

Behavior associated with "nervios" was yelling and being worried (younger males), being angry and afraid (older males), anger, feeling badly, and hysteria (younger females), and impatience and insomnia (older females). There was not any consensus among the

respondents as to the cause of "nervios", although money, food, work problems and accidents were noted as possible causes. Recommended treatments included talking to someone or getting medical or psychiatric help. Several felt that physicians could give medication to control "nervios". When asked to label "nervios" as an illness, mental illness, problem, condition, or part of normal life, respondents were divided between the labels illness (enfermedad) (32%), mental illness (26%), and part of normal life (26%).

La Locura

"La locura" (craziness) was recognized by 85% of the respondents, although they weren't really sure on the definition of the term. Some responses included:

"A change that is more than nervios."

"A person goes crazy."

"A person who is ill in the mental facilities."

Behavior associated with "la locura" included agression, yelling acting dangerous (younger men), acting abnormal, childlike, and dangerous (younger women), and don't know what they are doing (older women); the older men didn't know of specific behavior associated with "la locura". The cause of "la locura" was believed to be child abuse, heredity, accident, brain tumors,

thinking too much (which "weakens the mind"), and "the nerves get on edge, and the body can't resist."

Recommended treatments included psychiatric treatment and medication. Several respondents felt that there was no cure for this problem. Another differentiated between types of "la locura": "Need to go to a psychiatric hospital. There are weak and strong locuras. There are some that don't get cured--they commit suicide." When asked which label applied to "la locura" (illness, mental illness, problem, condition, or part of normal life), 33% considered it an illness, 28% called it a problem, and 28% used the term mental illness. No respondent felt that "la locura" was a part of normal life.

Respondents were asked to rank order "la locura", "nervios", illness, and mental illness. Mental illness was felt to be the most serious, followed by "la locura". "Nervios" was the next, with illness being considered the least serious.

They were also asked to classify anxiety, depression and fear as either a problem, a condition, "nervios", "la locura", or just a part of normal life. "A person who feels very anxious, more than most people," was felt by 20% to have nervios, while 20% felt this was a part of normal life. 15% felt that it was a problem.

"A person who is very scared, in situations where most people

would not be," was felt by 45% to have "nervios", 15% thought this was a problem, and 15% felt it was a part of normal life. Many felt that fear caused nervousness.

"A person who feels very depressed, more than most people," was felt by 45% to have an illness, and 20% to have a problem. Treatment by a physician was recommended by a number of respondents, and one stressed, "if you're depressed, you'll get sick." Several others suggested the need for vitamins, treatment for anemia, or a need for other medication.

Measuring Mental Health Using NSHS Questions

Panic

Respondents tended to identify with this problem. The young women, older women, and older men all tended to feel that panic occured most in people like themselves. The young men, however, felt this was seen mostly in older men and women. The most common name initially suggested for this problem was "nervios" (or a variant, such as "nervioso" or "nerviotismo"). Three younger women suggested the term "miedo" (fear), and two suggested "susto". One older man, however, differentiated between the problem described and "susto", saying that "'susto' is when you're afraid of all things. This is someone who doesn't know how to solve his problems." When asked specifically if the folk

labels of "susto", "mal de ojo", "nervios", "bilis" or "mal puesto" might apply, "susto" and "nervios" were the terms preferred.

Behavioral patterns mentioned included anger, and being scared, restless, nervous, and/or impatient. One of the younger men also felt that the person might suffer from hallucinations and bad thoughts--"they see people following them; they see their shadow and get scared. They feel afraid all the time." The cause of this problem was given by younger women as bad nerves, bad news, or a fright. Older women and younger men were not sure of the cause; the older men felt it was caused by lack of work or family or financial problems. Recommended treatments included seeing a physician or going to a hospital (favored by the younger males and older women, although the latter were not sure that this approach would really help), or the broader approach of seeing a physician, friend, curandera, or using home remedies (favored by the younger women and older men).

When asked if they themselves had ever had this problem, most of the males replied in the affirmative. The situations described included:

"I was working in a field in Mexico and an animal ran out an scared me. We ran away, but I felt restless and nervous for a while."

"Many years ago when I was 7 years old, my parents fought and

that's why I felt that way."

"I had an argument with my wife about having enough food in the house."

"Yes, when I was young. I don't drink anymore."

Only four of the women reported having had this problem:

"My husband liked to drink. I was pregnant and alone. I was sad and I missed my family. I felt hopeless. I laid down and couldn't breathe. I got sick and the doctor told me not to let my nerves get to me like that. I had to be more active."

"Yes, when I was little. You don't get hungry. Everything scares you and you shake. You don't want to do anything."

Generalized Anxiety Disorder

This problem was seen as generally occurring in both sexes, or possibly more in women. Terms suggested included nervios and depression ("decaida") (younger women), "nervios" and "susto" (young men), possibly "nervios" (older women), and worry and "susto" (older men). "Nervios" was the overall most common term. Behaviors the younger respondents assocated with this problem included worry, nerviousness, and anger. Older respondents stressed restlessness, and anger. The cause of this problem was felt by the younger women to be family, illness, or economic problems. Younger men and older women were unclear as to a specific cause. Older men mentioned difficult problems which have no easy answers and lack of work. Treatments recommended included solving the problem in your life, or going to a physican

if the problem is really serious. Only one older man specifically mentioned seeing a psychiatrist. While the older women reported no experience with this problem, this was not true for the other respondents:

"All the time, I'm always nervous and anxious."

"I was off work and I got worried about how to support my family. My oldest sons got married and couldn't help us financially."

Dysthymia

There was no clear pattern of whom most of the respondents felt suffered most from this problem, with the exception of the younger women. They tended to feel that women were more likely to because, "they are responsible for the kids and the house", and "we are more sensitive and we feel things more acutely". Terms suggested included "nervios", "susto", sadness, solitariness, and depression, although many respondents had no name for the condition. Associated behaviors included sadness, not interacting with others, wanting to be alone, and being depressed. Causes suggested by the younger men and women were death or separation from a family member; older men and women were less clear on the causality of this problem. Treatments that were recommended by the women were curanderas, physicians, counseling or a "specialist for nerves"; men stressed seeking the help of family or

friend, or possibly consulting a physician or psychiatrist. Only one older and one younger woman reported having had this problem:

"Before when I was apart from my family; I was away for 4 years and I couldn't get to Mexico and I was crying all the time, My husband said we couldn't go."

"The kids went to Texas and I cried at times, but only for a day or so."

However, all four of the older men reported this problem. One described his situation:

"I was young. I felt this way. I went for walks and looked for friends. I found a new environment. My friends pulled me along [in the sense of ahead]."

Major Depression

Younger people felt that this was seen in persons of both genders; older respondents were less clear on this. Most respondents were at a loss for a term to use for this problem. Younger women suggested illness, school problems, or lack of work. Younger males thought it might be the result of being drunk or some type of punishment. Older women had no term, while older men thought it was some kind of illness, failure, or possibly nerves. Associated behaviors included worry, desperation, lack of energy, social isolation, lack of interest in normal activities. Causality was usually seen in terms of lack of work, family problems, or lack of money. Suggested treatments included

possibly going to physician or a hospital, or getting help at "the place advertized on TV" [a drug and alcohol treatment center], or talking with friends or family. About half of the respondents had suffered from this problem:

"When my husband has no job we have little money."

"[My parents] didn't let me go to secondary school I felt depressed. In Mexico, men think that women should stay at home. I didn't have money to continue my education but I want to go back when my children are old enough to go to school."

Phobias

Respondents, regardless of gender, tended to view the phobias as normal occurrences and not true problems.

Agoraphobia

This problem was generally felt to occur in both genders. Most commonly given terms were "nervios", "miedo", and "traumada" (traumatized). Associated behaviors included impatience, being very fearful, and anger when having to wait in line. Causes given included abuse by parents, other illnesses (such as diabetes, high blood pressure, stroke, or "amoebas that go to the head"), or one's emotions or personality. Psychiatrists' treatments, as well as those of physicians were recommended frequently by the younger respondents. Older women recommended seeing a physician, while older men were less clear on a pattern of treat-

ment. Younger women suffered from this problem most often, as did all four of the older men:

"When I come to the clinic and they tell me that I can't see the doctor, I become very upset and I shout and scream. I don't like to wait a long time."

"There is no light in Mexico sometimes and I get scared in the darkness."

"In planes only. Cars crash but we still drive them; it's all in your mind."

"I fear that bridge is going to fall and I don't know how to swim."

Social Phobia

This problem was felt by the males to occur in people of all ages and of both genders. Younger women felt that this happened to both genders, but more to younger people. The older women felt that the problem was more common in older people. The term given most frequently was "verguenza" (shame, disgrace, shyness), with the older males suggesting "nervios" as well, and the younger women suggesting "timida" (timid). One older woman used the term "nervios"; the other two had no label. "Nervios" was the only folk label which it was felt might apply, although this was a minority view.

Behavior associated with this problem included not going out, being scared, being afraid of people, and feeling inferior to other people. The cause of this problem was suggested as being

shyness, feelings of inferiority, childhood experiences, or perhaps some sort of congenital or "sickness in the head". Recommended treatments were to overcome being scared, and to be with other people. Only two older women, one younger man, and one younger woman recommended seeing a psychiatrist, physician, or a "specialist who works with nervios and head problems".

Only two women reported having had this problem, while 5 of the men did so:

"When I went to school, they asked me to sing in front of others. I didn't do it but I went back the next day."

"I get scared to go to the dentist."

Simple Phobia

This problem was felt by all groups (except the older women) to occur in males and females of all ages. The older women were unclear as to who was most likely to have this problem; and two older men stated that this condition was not a problem ("we all have this; this is not really a problem", "this is normal"). Terms suggested included "traumada", "miedo", "nervios", and "susto". One younger woman suggested the term "mal puesto" (witchcraft). Behavior associated with this problem included being afraid, shy fearful, angry and distant, pensive, and shaking with fear. The cause of this problem was unclear to the

women. Younger men felt insufficient food, and experiences in storms might be causal. Recommended treatments included seeing an herbalist or physician (younger men), overcome your fear or see a physician (younger women), an herbalist or operation (older women) and go to a physician ("to control [your] nerves") or forget or deal with your fears (older men).

There was a great deal of identification with the situations described as "simple phobia". In particular, there was specific identification by nearly every respondent with fears of snakes, spiders, storms, thunder and lightening, all common and dangerous parts of the lives of these people. The older men mentioned fear of water as the biggest fear, all citing personal examples. Most of those interviewed, with the exception of the older women, reported having suffered from these types of fears:

"I don't like water because I almost drowned as I tried to save a child who jumped in a river. He was holding on to me and dragging me down. I took in a lot of water. That child is grown now and he says he owes me his life. He gives me gifts now and then."

"With me, I was thrown into water as a child and it made me afraid of the water. You need to teach babies when they are young [to swim], then they aren't afraid."

"Yes, many years ago, I worked at a place where they killed small animals and I fainted. I went back to work the next day."

Measuring Mental Health Using the Census Bureau Inventory Pretest

Understanding of form of question

There was great variation in the way the respondents interpreted the response categories, "most of the time", "some of the time", "a little of the time", and "none of the time." "Most of the time" was a median of 25 days (out of a month's time), although the range was 4-30 days. "Some of the time" was a median of 4-5 days, with a range of 1-25 days. "A little of the time" had a median of 5-6 days, with a range of half a day to 15 days. "None of the time was a mode of 0 days, but a range of 0-8 days.

Understanding of questions

Several of the items may have been answered differently by this population, because some items were related to the specific type of work and lifestyle of these people. For example, "you feel tired out for no good reason" (interpreted as "tired out because of work"), "you sleep much more than usual" (because you are tired from working), "your muscles feel tense, sore or aching" (from working), "you feel tired out for no good reason" (when you don't have work), "you feel depressed" (because you have 7 children and don't have work or money), "your face feels hot and flushed" (from working in the sun), and "you feel your heart pound or race without exercising (but from working). Other situational responses included, "you have a much bigger appetite than usual" ("because I'm not working and am around the house and

more food" or "because I was visiting my family last month and they treated me well"), "you sleep much more than normal" ("because I'm not working now, so don't have to get up so early"), and "you feel so sad that nothing could cheer you up" (when a close family member dies). One woman, who is now divorced (her husband left her with 10 small children), said that she had felt "physically tense or shaky" and her "muscles felt tense, sore, or aching" when she was married because she suffered from "nervios."

Physical illness also affected responses. One respondent said he answered positively to the question, "you feel dizzy" because his medication for high blood pressure had this side effect. Another respondent with diabetes felt that his illness was what caused him to respond positively to the questions, "you feel restless", "your thoughts come more slowly than usual", "you feel tired out for no good reason, "you feel that everything was an effort", "you feel inferior or not as good as other people", "you feel physically tense or shaky", and negatively to "you feel full of energy". Another reported "trouble falling asleep or staying asleep" due to a bad cough. A woman who was eight months pregnant said that she "never felt full of energy."

Questions which were not understood by at least some of the respondents included "you feel fearful" and "you feel depressed"

(the Spanish used was "deprimido", as opposed to the term "decaido" which was used in the open ended questions and understood; other respondents thought that decaido and deprimido meant the same thing, so objected to both being asked--the English of these was "you feel sad or blue" [triste o decaido], and "you feel depressed" [deprimindo]). Other questions which were not understood were: "you get upset by little things" (the problem was with the Spanish term, "pequeneces"), "you feel short of breath without exercising", "you felt that nothing was worthwhile anymore", "your mouth feels dry" (English interview), "you feel keyed up" (English interview), "you feel unhappy", and "you feel worthless" (one person interpreted the Spanish term, "insignificante" as follows, "The person is insignificant, because life is a dream"). In addition, these questions were also not understood: "you have a much smaller appetite than usual", "you feel restless or fidgety", "you feel so restless that you could not sit still", "you feel full of energy", "you feel ashamed or guilty", "you feel inferior or not as good as other people", "you worry about things that were not likely to happen", "you have trouble swallowing", "you have trouble keeping your mind on what you were doing", "you have trouble making simple decisions", "you feel like everything was happening in slow motion" ("slow motion" was only thought of in terms of television slow motion replays), and "you feel irritable" (irritable was interpreted to

mean "irritated", in the sense of a skin irritation).

The question "you have thoughts of death or dying" was probably answered more positively by this population than would be the case for the American population as a whole, because thinking about death and dying are considered normal and expected in this culture. On the other hand, few answered positively to "you have thoughts of killing yourself"; one person explained, "you'd have to be crazy (loco) [to do that]", while another said "I never feel that way, God gives us life."

Responses

Responses to the Census Burereau Inventory Pretest are given in Table 3. Given the broad interpretation of the response categories by those interviewed, and the high percentage of questions which were either not understood, or answered more positively or negatively because of situational factors, no further analysis of these data were felt to be warranted. .

DISCUSSION

Respondents had a great deal of trouble with the interviews, not because they didn't understand the questions (with the exception of part 2 of interview 2), but rather because the whole subject seemed to be be very "distant" from their lives. These subjects

were not things about which they usually thought.

Good and bad health (which were not defined by the interviewer as specifically mental or physical health) may be indicated by psychological state. People who were in good health were described as happy and talkative, while those in bad health were said to be angry, depressed, and sad. Thus, the lines which the dominant society and the biomedical community draw between mental and physical health may not be perceived by this population.

The older men were the least likely to recommend going to a doctor or psychiatrist for the mental health problems. Their approach was to get on with one's life and solve the problems which caused the condition. However, the general pattern seen in this population as a whole was not to stress the use of biomedical mental health services as a way of dealing with these types of problems.

With respect to the NSHS-based questions, there seems to be a risk of a high level of false positives in this population. Respondents tried very hard to "please" the interviewers and to come up with positive examples of the descriptions of the mental health problems described to them. People stretched the interpretations of many of the questions to come up with examples, such as reporting that they had been scared to sing in front of the class on one occassion as a child, as an example of a pho-

bia.

Several of the items related to the phobias are culturally loaded, i.e., writing in front of other people (for illiterate respondents) and fear of being alone (not uncommon among Mexican-Americans). These were, thus, not included in the mental health descriptions (based on the NSHS), to avoid false positives. However, when these questions were asked directly (Do you have a strong fear of being alone, do you have a strong fear of writing in front of other people), the responses were overwhelmingly negative.

Respondents who resided in households with any serious physical or mental health problems had a tendency to see the ill person in their household as having many of the mental health problems. This was seen in a household where the husband/father had diabetes and high blood pressure, where the husband had major depression and secondary alcoholism, as well as in a case where the husband was diagnosed with anxiety and alcohol abuse; the latter two diagnoses were provided by the clinical psychologist at the clinic.

I was also able to obtain the diagnoses for those respondents who were mental health patients at the clinic. One male diagnosed as paranoid schizophrenic, was incapable of giving coherent answers

to the questions. In a second case, in which the husband had been diagnosed as having major depression, and secondary alcoholism, the wife reported positively for many of the mental health problems for him, and negatively for herself (even though she had been living with this depressed, former alcoholic for over 30 years). The third case was a man in his '20's, being treated for anxiety (due to the death of one infant, and a second child born prematurely, and who was still critically ill), with a secondary diagnosis of alcohol abuse. The husband was discriminating in his responses, with positive responses for the anxiety items, and negative ones to the other items. His wife, as mentioned above, indicated that she felt that he had many of the other mental health conditions. Note, the point is not that the wife being present would affect his responses. Rather, it is that people being seen at the clinic for mental health problems do not seem to respond positively to the questions which ask if they have these problems.

In the second interview, I interviewed only one person who had a mental health problem, an older man who was an alcoholic, was married to an alcoholic, and who was on probation for spouse abuse. However, because he was the only individual in this category, and because of the problem encountered with interpretation of the response categories, it was not possible to assess whether the pattern discussed above would also apply to these

types of questions.

While some revision of the proposed questions would be in order, a more serious problem is the range of interpretation of the response categories by these respondents. Perhaps these categories should be given in terms of number of days, as opposed to the vague quantifiers, which became even more vague in the minds of those interviewed.

CONCLUSIONS

Perceptions of health and mental health in this population differ from the biomedical model; they probably differ as well from the Anglo folk model. Good health and bad health are often described using characteristics which might be biomedically defined as those of good (or bad) mental health. Physical ailments which do not interfere greatly with daily life are not considered indications of bad health. While mind and body are more closely linked than in the biomedical model, respondents did not believe that a mild physical health problem would necessarily indicate mental or emotional problems. The converse was also considered to be possible. However in the case of a serious physical ailment, emotional and/or mental consequences were considered possible and not unlikely.

Mental illness is considered to be indicated by abnormal behav-

ior, acting crazy, and is felt to be, unlike physical illness, irreversible (as in the case of mental retardation). The general term for illness, "enfermedad", was not considered to include mental illness, which is termed "enfermedad mental." While respondents had a variety of names for illnesses, for the most part, they knew few names for mental illnesses. The familiarity of the middle class American population with therapy, psychology, and psychological/psychiatric terminology is not shared by this group.

"Nervios" is a label which covers many conditions considered biomedically to be mental illnesses. However, most respondents did not consider "nervios" to be a mental illness. "La locura" was not felt to be a part of normal life, yet only 28% considered it to be a mental illness. A mental illness is considered to be more serious than "la locura", "nervios", and physical illnesses, which with the perception of mental illness as an incurable condition, perhaps leads to the reluctance to use this label.

Anxiety was not viewed as "a problem" by many, preferring to label it "nervios"; similarly for phobias, "nervios" was the preferred term. Depresssion, on the other hand was considered by many to be an illness. Few felt that appropriate treatment for phobias or anxiety included use of mental health professionals, although a few mentioned this as a possible approach to depres-

sion, along with use of physicians.

Measurement of incidence of mental illness in this population may not be truly reflected because of the types of instruments currently being used to measure it, as well as cultural characteristics of the population. The approach based on NSHS questions appears to lead to false positives among the healthy population and false negatives among the mentally ill population. The proposed "inventory approach with vague quantifier response categories" suffers from too high a reading level, unclear questions, unintelligible questions, and interpretation of response categories that varied greatly from individual to individual within this cultural group. This pattern has also been reported for other cultural groups (Shaeffer 1991). In addition, she suggests that variation may occur between cultural groups, which would make this approach difficult to use in the U.S. population as a whole.

Table 1

Emic Model of Mental Illness: Modal Response Pattern

Condition	Degree	Symptoms	Treatment
Emotional Problem (*problema emocional*)	Minor: temporary, can be endured, can be handled alone	worries, hurt feelings, tensions	self-help
		nervous (*nervioso*), worried, jittery, mildly depressed	seek help; talk it out with a relative, friend, maybe a physician
		severe depression, desperation (*desesperado*), or hysteria	
	Serious: persistent, pervasive, cannot be solved alone	no emotional control, cannot cope, confused, feel like exploding	see a physician, perhaps then a psychotherapist
Mental Disorder (*problema mental*)	Mentally ill: "sick" (*enferma mental*)	mind "snaps" or "clicks," suicide attempt, nervous breakdown (*crisis nerviosa, ataque de nervios*)	"mental help"; psychotherapist
		crazy (*loco*), irrational but harmless	psychotherapist medication; partial cure
	Insane:	violent, bizarre, or homicidal behavior, complete withdrawal	institutionalization; no hope of cure

Note N = 23 Mexican Americans.

(Newton 1978:82)

Table 2: Sample Population

Key: M = educated in Mexico
U = educated in the US

Younger = < 35 years of age				
Interview # 1			**Interview # 2**	
Males (n=5)			Males (n=7)	
Age	Education		Age	Education
18	7	M	25	11 U
33	9	M	30	12 U
32	9	U	22	3 M
21	5	M	33	1 M
23	8	U	31	3 M
			24	12 U
			32	2 U
Mean:25	7.6		Mean:28	6
Females (n=8)			Females (n=5)	
34	2	M	29	13 M
32	13	M	18	4 M
21	9	U	29	9 M
32	4	U	26	6 M
31	9	M	26	6 M
32	9	M		
21	8	U		
22	12	M		
Mean:28	8.3		Mean:26	7.6
Older = > 35 years of age				
Interview # 1			**Interview # 2**	
Males (n=4)			Males (n=3)	
Age	Education		Age	Education
39	11	M	36	0
46	6	U	57	6 M
62	1	M	62	0
45	0			
Mean:48	4.5		Mean:52	2
Females (n=3)			Females (n=5)	
45	3	M	46	2 M
54	6	M	39	5 M
53	0		48	4 U
			44	0
			64	0
Mean:50.6	3		Mean:48	2.2

Table 3--Responses to Census Bureau Test Questions

During the last 30 days, *about how often* did .....

	Most of the time	Some of the time	A little of the time	None of the time
• Depressed Mood				
. . . you feel unhappy	6%	22%	11%	61%
. . . you feel sad or blue	5%	42%	32%	21%
. . . you feel depressed	16%	21%	16%	47%
. . . you feel so sad that nothing could cheer you up	5%	25%	15%	55%
• Lack of Interest				
. . . you feel that nothing was worthwhile anymore	11%	11%	16%	63%
. . . you lose interest in the people and things you usually care about	0%	22%	11%	67%
• Eating				
. . . you have a much bigger appetite than usual	5%	32%	32%	32%
. . . you have a much smaller appetite than usual	11%	6%	17%	67%
• Sleep				
. . . you have trouble falling asleep or staying asleep	10%	25%	30%	35%
. . . you sleep much more than usual	10%	10%	15%	65%

	Most of the time	Some of the time	A little of the time	None of the time
• Motor Agitation				
. . . you feel restless or fidgety	26%	16%	26%	32%
. . . you feel so restless that you could not sit still	11%	17%	11%	62%
• Motor Retardation				
. . . your thoughts come more slowly than usual	10%	20%	20%	50%
. . . you feel like everything was happening in slow motion	6%	6%	12%	77%
• Fatigue				
. . . you feel tired out for no good reason . .	15%	20%	25%	40%
. . . you feel that everything was an effort . .	33%	28%	17%	22%
. . . you feel full of energy	28%	33%	28%	11%
• Worthless Guilt				
. . . you feel worthless	7%	13%	20%	60%
. . . you feel ashamed or guilty	11%	11%	17%	61%
. . . you feel inferior or not as good as other people	6%	17%	11%	67%

	Most of the time	Some of the time	A little of the time	None of the time
• Concentration				
. . . you have trouble making simple decisions	11%	16%	5%	68%
. . . you have trouble keeping your mind on what you were doing	15%	20%	15%	50%
• Death				
. . . you have thoughts of death or dying . . .	11%	5%	5%	79%
. . . you have thoughts of killing yourself . .	0%	0%	10%	90%
• Anxiety				
. . . you feel nervous	5%	32%	21%	42%
. . . you feel anxious	10%	10%	25%	55%
. . . you feel so nervous that nothing could calm you down	5%	15%	10%	70%
. . . you get upset by little things	17%	22%	17%	44%
. . . you feel fearful	6%	17%	6%	72%
• Worry				
. . . you feel worried about things that were not really important	10%	20%	20%	50%
. . . you worry about things that were not likely to happen	16%	11%	21%	53%
• Motor Tension				
. . . you feel physically tense or shaky	10%	25%	0%	65%
. . . your muscles feel tense, sore, or aching	11%	26%	26%	37%

	Most of the time	Some of the time	A little of the time	None of the time
• Hypersensitivity				
. . . your heart pound or race without exercising	5%	32%	11%	53%
. . . your mouth feels dry	10%	25%	10%	55%
. . . you feel short of breath without exercising	0%	11%	22%	68%
. . . you have indigestion or an upset stomach	5%	21%	16%	58%
. . . you have trouble swallowing	0%	16%	5%	79%
. . . your hands feel sweaty or clammy	0%	16%	16%	68%
. . . you feel dizzy	5%	15%	25%	55%
. . . your face feel hot and flushed	5%	25%	10%	60%
• Vigilance				
. . . you feel keyed up or on edge	10%	5%	20%	65%
. . . you feel irritable	6%	18%	29%	47%
• Positive Affect				
. . . you feel in a really good mood	60%	30%	5%	5%
. . . you feel happy	60%	30%	0%	10%

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APENDIX A

Mental Health Module--First Interview

Senor/Senora, sus padres, abuelos, or antepasados son de Mexico?

Sir/Madam, are your parents, grandparents or ancestors from Mexico?

Somos de la universidad en Tampa, y estamos haciendo un estudio. Sabemos que a veces los medicos usan palabras para las enfermedades que son muy dificiles. Este estudio es para aprender que son los nombres que usa la gente, que los medico puedan explicarses mejores cuando hablan con la gente.

We're from the university in Tampa, and we're doing a study. We know that sometimes the doctors use names for illnesses that are very difficult to understand. This study is to learn the names that the people use, so the doctors can explain themselves better when they talk to people.

Queremos grabar la entrevista, asi que podemos estar seguro que entendemos todo. No vamos a pedir su nombre, ni nigunos datos personales. Esta bien?

We would like to tape this interview, so we're sure that we have understood everything. We're not going to ask your name, or any other personal information. It that OK?

Sexo M F

Gender

Que es su edad _____
How old are you

Hasta que ano termino en la escuela _____
What is your highest grade of schooling

Trabaja en la labor Y N
Are you a farmworker

Si, si, por cuantos anos _____
If, yes, for how many years

Si no, en que trabaja usted _____
If no, what kind of work do you do

Cuantas personas viven en su casa_____
How many people live in your house

Bad Health

Quiero que usted piense de una persona que tiene muchos problemas de salud, y esta muy enferma.

I would like you to think about a person who has many health problems and is very sick.

Como sabe Ud. que la persona esta de mala salud, como se porta esta persona enferma?
How does you know that the person is in bad health, how does this person act/behave

Usted piensa que usted mismo tiene muchos problemas de salud y esta muy enfermo? Y N
Do you think that you have many health problems and are very sick

Porque
Why

Good Health

Quiero que usted piense de una persona que esta de buena salud, que nunca tiene ningunos problemas de salud.

I would like you to think about a person who is in good health, qhe hardly ever has any health problems.

Como sabe que esta de buena salud, como se porta esta persona?
How do you know this person is in good health, how does this person act/behave

Usted piensa que usted tiene buena salud, que nunca tiene ningunos problemas de salud Y N
Do you think that you are in good health and hardly ever have any health problems.

Porque
Why

Panic

Quiero que usted piense de una persona que de repente se siente espantada, inquieta o ansiosa, en situaciones en que la mayoria de la gente no se siente asi.

I would like you to think about a person who all of a sudden feels frightened, anxious or very uneasy in situations when most people would not feel that way.

Es hombre or mujer H M
Is this a man or a woman

De que edad es Joven Grande
How old is the person, young or older

Como se nombra este problema
What do you call this problem

Puede se susto o mal de ojo o nervios o bilis o mal puesto
Could this be susto, mal de ojo, nervios, bilis, or mal puesto

Como se porta una persona que sufre de este problema
How does a person who suffers from this problem act/behave

Porque tiene este problema--que es la causa de este problema Why does the person have this problem--what is the cause of this problem

La persona que sufre de este problema--que debe de hacer para curarse
The person who suffers from this problem--what can he/she do to cure themselves

En alguna ocasion, usted ha sufrido de este problema Y N
Have you ever suffered from this problem

GAD--Generalized Anxiety Disorder

Quiero que usted piense de una persona que por un mes o mas, la mayoria del tiempo se siente preocupada o ansiosa.

I would like you to think about a person who for a month or more, the majority of the time feels worried or anxious.

Es hombre or mujer H M
Is this a man or woman

De que edad es Joven Grande
How old is the person, younger or older

Como se nombra este problema
What do you call this problem

Puede ser susto o mal de ojo o nervios o bilis o mal puesto
Could it be susto or mal de ojo or nervios or bilis or mal puesto

Como se porta una persona que sufre de este problema
How does a person who suffers from this problem act/behave

Cuanto tiempo dura asi
How long does it last

Porque tiene este problema--que es la causa de este problema Why does he/she have this problem--what is the cause of this problem

La persona que sufre de este problema--que debe de hacer para curarse
The person who suffers from this problem--what can he/she do to cure themselves

En alguna ocasion, usted ha sufrido de este problema Y N
Have you ever suffered from this problem

Dysthymia

Quiero que usted piense de una persona que por dos anos o mas, se siente triste o deprimida la mayoria de las dias, aun cuando se siente bien a veces.

I would like you to think about a person who for two years or more, feels sad or depressed most days, even if he/she feels ok sometimes.

Es hombre or mujer H M
Is this a man or woman

De que edad es Joven Grande
How old is this person, younger or older

Como se nombra este problema
What do you call this problem

Puede ser susto o mal de ojo o nervios o bilis o mal puesto
Could it be susto or mal de ojo or nervios or bilis or mal puesto

Como se porta una persona que sufre de este problema
How does a person who suffers from this problem act/behave

Porque tiene este problema--que es la causa de este problema Why does the person have this problem--what is the cause of this problem

La persona que sufre de este problema--que debe de hacer para curarse
The person who suffers from this problem--what can he/she do to cure themselves

En alguna ocasion, usted ha sufrido de este problema Y N
Have you ever suffered from this problem

MDD

Quiero que usted piense de una persona que por dos semanas o mas, se siente triste o deprimida casi todos las dias, o que se pierde su interes en las cosas que siempre a el le gustaba.

I would like you to think about a person who for two weeks or more, feels sad or depressed almost everyday, or who loses his/her interest in the things that he/she always likes to do.

Es hombre or mujer H M
Is this a man or woman

De que edad es Joven Grande
How old is this person, younger or older

Como se nombra este problema
What do you call this problem

Puede ser susto o mal de ojo o nervios o bilis o mal puesto
Could this be susto or mal de ojo or nervios or bilis or mal puesto

Como se porta una persona que sufre de este problema
How does a person who suffers form this problem act/behave

Porque tiene este problema--que es la causa de este problema Why does the person have this problem--what is the cause of this problem

La persona que sufre de este problema--que debe de hacer para curarse
The person who suffers from this problem--what can he/she do to cure themselves

En alguna ocasion, usted ha sufrido de este problema Y N
Have you ever suffered from this problem

Agoraphobia

Quiero que usted piense de una persona que tiene un miedo muy fuerte, pero fuera de razon, que no quiera estar en una situacion, o se pone muy trastornado si lo tiene que hacer. Por ejemplo, una persona que esta en un lugar muy lleno con gente, o quien tiene que esperar en una linea, o una persona que tiene que salir de su casa, o una persona que esta en un lugar publico o una persona que tiene que ir en carro, tren, o bus, una persona que tiene que cruzar un puente.

I would like you to think about a person who has a very strong, irrational fear such that he/she doesn't want to be in these situations or gets very upset if he/she has to be in situations like these. For example, a person who is in a crowded place, or who has to wait in a line, or a person who has to leave his/her home, or a person who is in a public place, or a person who has to go in a car, train or bus, or a person who has to cross a bridge.

Es hombre or mujer H M
Is this a man or woman

De que edad es Joven Grande
How old is this person, younger or older

Como se nombra este problema
What do you call this problem

Puede ser susto o mal de ojo o nervios o bilis o mal puesto
Could this be susto or mal de ojo or nervios or bilis or mal puesto

Como se porta una persona que sufre de este problema
How does a person who suffers from this problem act/behave

Porque tiene este problema--que es la causa de este problema Why does the person have this problem--what is the cause of this problem

La persona que sufre de este problema--que debe de hacer para curarse
The person who suffers from this problem--what can he/she do to cure themselves

En alguna ocasion, usted ha sufrido de este problema Y N
Have you ever suffered from this problem

Social Phobia

Quiero que usted piense de una persona que tiene un miedo muy fuerte, pero fuera de razon, que no quiera hacer estas cosas, o se pone muy incomoda de hacerlos. Por ejemplo, una persona que tiene que hablar en publico, o una persona que tiene que usar un bano publico, o una persona que tiene que comer o tomar algo en publico, o una persona que no quiere hablar con otras personas porque se siente que no tiene nada para decir o los de mas puedan pensar que este zonza, o una persona que no quiere hablar en frente de un pequeno grupo de personas.

I would like you to think about a person who has a very strong irrational fear of doing these things such that he/she doesn't want to do them, or gets very uncomfortable if he/she has to do them. For example, a person who has to speak in public, or a person who has to use a public bathroom, or a person who has to eat or drink something in public, or a person who doesn't want to talk with other people because he/she feels that he/she has nothing to say, or because the others would think he/she is foolish, or a person who doesn't want to speak in front of a small group of people.

Es hombre or mujer H M
Is this a man or woman

De que edad es Joven Grande
How old is this person, older or younger

Como se nombra este problema
What do you call this problem

Puede se susto o mal de ojo o nervios o bilis o mal puesto
Could this be susto or mal de ojo or nervios or bilis or mal puesto

Como se porta una persona que sufre de este problema
How does a person who suffers from this problem act/behave

Porque tiene este problema--que es la causa de este problema Why does this person have this problem--what is the cause of this problem

La persona que sufre de este problema--que debe de hacer para curarse
The person who sufferes form this problem--what can he/she do to cure themselves

En alguna ocasion, usted ha sufrido de este problema Y N
Have you ever suffered from this problem

Simple Phobia

Quiero que usted piense de una persona que tiene un miedo muy fuerte, pero fuera de razon, que trata de no hacer estas cosas. Por ejemplo, una persona que tiene miedo de lo alto, o una persona que tiene miedo de ir en avion, o una persona que tiene miedo de estar encerrada en un lugar, o una persona que tiene miedo de las tormentas, o de los truenos o de los relampagos, o una persona que tiene miedo de las culebras, las ratas, los pajaros, los insectos, o de otros animales, o una persona que tiene miedo de ver sangre, tomar un injeccion o ir con el dentista, o una persona que tiene miedo de estar en el agua, como en una piscina o lago.

I would like you to think about a person who has a very strong irrational fear, such that he/she tries not to do these things. For example, a person who has a fear of heights, or a person who has a fear of flying, or a person who has a fear of closed spaces, or a person who has a fear of storms, thunder or lightening, or a person who has a fear of snakes, rats, birds, or of other animals, or a person who has a fear of seeing blood or getting an injection or going to the dentist, or a person who has a fear of being in water, like in a swimming pool or lake.

Es hombre or mujer H M
Is this a man or woman

De que edad es Joven Grande
How old is this person, older or younger

Como se nombra este problema
What do you call this problem

Puede ser susto o mal de ojo o nervios o bilis o mal puesto
Could it be susto or mal de ojo or nervios or bilis or mal puesto

Como se porta una persona que sufre de este problema
How does a person who suffers from this problem act/behave

Porque la situacion le da tanto miedo de hacer estas cosas.
What is it about these situations that frightens this person so.

Porque tiene este problema--que es la causa de este problema Why does this person have this problem--what is the cause of this problem

La persona que sufre de este problema--que debe de hacer para curarse
The person who suffers from this problem--what can he/she do to cure themselves

En alguna ocasion, usted ha sufrido de este problema Y N
Have you ever suffered from this problem

Usted tiene un miedo muy fuerte de estar solo(a) Y N
Do you have a strong fear of being alone

Usted tiene un miedo muy fuerte de estar fuera de su casa solo(a)
Do you have a strong fear of being alone away from home

Usted tiene un miedo muy fuerte de escribir en frente de otras personas Y N
Do you have a strong fear of writing in front of other people

APPENDIX B

Mental Health Module--Second Interview, part 1

Senor/Senora, sus padres, abuelos, or antepasados son de Mexico?

Sir/Madam, are your parents, grandparents or ancestors from Mexico?

Somos de la universidad en Tampa, y estamos haciendo un estudio. Sabemos que a veces los medicos usan palabras que son muy dificiles. Este estudio es para apprender de las palabras que usa la gente, que los medico puedan explicarses mejores cuando hablan con la gente.

We're from the university in Tampa, and we're doing a study. We know that sometimes the doctors use words that are very difficult to understand. This study is to learn the words that the people use, so the doctors can explain themselves better when they talk to people.

Queremos grabar la entrevista, asi que podemos estar seguro que entendemos todo. No vamos a pedir su nombre, ni nigunos datos personales. Esta bien?

We would like to tape this interview, so we're sure that we have understood everything. We're not going to ask your name, or any other personal information. It that OK?

Sexo M F
Gender

Que es su edad _____
How old are you

Hasta que ano termino en la escuela _____
What is your highest grade of schooling

Trabaja en la labor Y N
Are you a farmworker

Si, si, por cuantos anos _____
If, yes, for how many years

Si no, en que trabaja usted _____
If no, what kind of work do you do

Cuantas personas viven en su casa_____
How many people live in your house

1.A veces, personas hablan de la salud y la enfermedad, como si estuvieran en partes diferentes de nosotros, por ejemplo, una parte puede estar bien, mientras que una otra parte puede estar enferma. Que le parece esta idea?

Sometimes, people talk about health and illness as if they could be in different parts of ourselves, for example, one part could be okay, while another part could be ill. What do you think of this idea?

2.Es posible tener una enfermedad fisica y estar perfectamente bien en sus emociones y su mente? Y N

Is it possible to have a physical illness but be perfectly okay emotionally and mentally?

Porque?
Why?

Dame un ejemplo
Give me an example

3.Es posible estar perfectamente bien en su salud fisica, al mismo tiempo que usted sufre en su espiritu, sus emociones, o su mente? Y N
Is it possible to be in perfectly good physical health but suffer spiritually, emotionally, or mentally?

Porque?
Why?

Dame un ejemplo
Give me an example

4.A veces, se dice que una persona tiene una enfermedad mental. Que quiere decir "enfermedad mental" para usted?

Sometimes, it is said that a person has a mental illness. What does "mental illness" mean to you?

Como usted puede saber que una persona tiene una enfermedad mental?
How can you tell if a person has a mental illness?

Una persona que tiene una enfermedad mental tiene mala salud?
Y N
Is a person who has a mental illness in bad health?

5.Hay alguna diferencia entre una enfermedad y una enfermedad mental? Y N

Is there a difference between an illness and a mental illness?

Cual es?
What is it?

Dame unos ejemplos de emfermedades.
Give me some examples of illnesses.

Dame unos ejemplos de enfermedades mentales.
Give me some examples of mental illnesses.

Que causa las enfermedades?
What causes illnesses?

Que causa las enfermedades mentales?
What causes mental illnesses?

6.Usted conoce que es "nervios"? Y N
Do you know what "nervios" is?

Que es nervios?
What is nervios?

Como se porta una persona que padece de nervios?
How does a person who suffers from nervios act?

Que causa nervios?
What causes nervios?

Como se puede tratar nervios?
How can nervios be treated?

Nervios es una enfermedad, una enfermedad mental, un problema, una condicion o una parte de la vida normal?

Is nervios an illness, a mental illness, a problem, a condition, or a part of normal life?

7.Usted conoce que es "la locura"? Y N
Do you inow what "la locura" is?

Que es la locura?
What is la locura?

Como se porta una persona que tiene la locura?
How does a person who has la locura act?

Que es la causa de la locura? What is the cause of la locura?

Como se puede tratar la locura?
How can la locura be treated?

La locura es una enfermedad, una enfermedad mental, un problema, una condicion o una parte de la vida normal?

La locura is an illness, a mental illness, a problem, a condition, or a part of normal life?

8.Ordena estas palabras, de mas serio (4) a menos (1) serio--la locura, nervios, enfermedad, enfermedad mental.

Put these words in order, from the most to the least serious--la locura, nervios, illness, mental illness.

9.Una persona que se siente muy ansiosa, mas que la mayoria de la gente--que tiene: una enfermedad, una enfermedad mental, un problema, una condicion, nervios, la locura, o es de sentirse ansioso una parte de la vida normal?

A person who feels very anxious, more than the majority of people--what does he/she have, an illness, a mental illness, a problem, a condition, nervios, la locura, or is feeling anxious a part of normal life?

Porque dijo esto, y no los demas?
Why this and not the others?

10.Una persona que siente mucho miedo, en situaciones en que la mayoria de la gente no se siente asi--que tiene: una enfermedad, una enfermedad mental, un problema, una condicion, nervios, la locura o es de sentir mucho miedo una parte de la vida normal?

A person who is very afraid, in situations in which the majority of people do not feel this way--what does he/she have, an illness, a mental illness, a problem, a condition, nervios, la locura, or is feeling very afraid a part of normal life?

Porque dijo esto, y no los demas?
Why this and not the others?

11.Una persona que se siente muy decaida, mas que la mayoria de la gente--que tiene: una enfermedad, una enfermedad mental, un problema, una condicion, nervios, la locura o es de sentirse muy decaido una parte de la vida normal?

A person who feels very depressed, more than the majority of people--what does he/she have, an illness, a mental illness, a problem, a condition, nervios, la locura, or is feeling very depressed a part of normal life?

Porque dijo esto, y no los demas?
Why this and not the others?