Depressive symptomatology among Dominicans: Links to acculturative and economic stressors, skin tone, and perceived discrimination

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DEPRESSIVE SYMPTOMATOLOGY AMONG DOMINICANS:
LINKS TO ACCULTURATIVE AND ECONOMIC STRESSORS, SKIN TONE,
AND PERCEIVED DISCRIMINATION

BY

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DISSERTATION

Submitted to the University of New Hampshire
in Partial Fulfillment of
the Requirements for the Degree of

Doctor of Philosophy
In
Sociology

September, 2002
This dissertation has been examined and approved.

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8/1/02
Date
DEDICATION

I dedicate this dissertation to my husband Brian Gonsalves who has been with me every step of the way—during the coursework, while studying for and taking comprehensive exams, the long period of data collection and of writing the dissertation. He comforted me during the many low periods and was my most vocal cheerleader when I needed one the most. Without his love and support this dissertation would not have taken place. Brian, thank you— you are my everything . . .
ACKNOWLEDGEMENTS

There are many people that supported me through this dissertation. I want to begin by thanking my Dissertation Director, Professor Heather A. Turner who has been an exceptional teacher, mentor, and friend during the past 11 years. Professor Turner kept me focused and made the dissertation process an enjoyable one. I would also like to thank the other members of my committee, Murray A. Straus, Ph.D, Arnold S. Linsky, Ph.D, Ramona Hernández, Ph.D, and Pedro José Garrido-Castillo, Ph.D for sharing their knowledge and time. I would like to thank Dean Harry Richards for providing financial and moral support during my years at the University of New Hampshire. A special thanks to my undergraduate advisor Martha K. Huggins, Ph.D, for believing in me, and for sending me to a Department where I was taken care of. I am forever indebted to Deena Peschke, of the Sociology Department for taking care of me during my years in the Department – I am proud to be one of her babies.

I would also like to thank my friends who assisted me in locating respondents – Hilda Ramirez, Apolo Catala, and Raul Montero. A special thanks to my “research assistants” Martha Rodriguez and Doña Martha Jimenez who introduced me to many respondents and who kept pushing me to hit the streets. I also want to thank Martha and Hilda for reviewing the Spanish translation of the survey. A special thanks to John Hornik, Ph.D for helping me obtain funds to pay interviews and for the many opportunities he has sent my way. I would also like to thank Dharma E. Cortés, Ph.D, for her insights on acculturation and mental health.
I would like to give thanks to the Massachusetts Department of Mental Health for giving me my first job in the field of mental health, especially John Ford, Paul Barreira, M.D., Gary Pastva and Marylou Sudders. I would like to also thank my current work colleagues at Human Services Research Institute for their support, especially H. Stephen Leff, Ph.D, Rachel Levy, Psy.D, Dow Wieman, Ph.D, Clifton Chow, Stephen Simon, Atiya Dubose, and Sungman Shin.

A special thanks goes out to the Dominican community in Boston and Lawrence who opened their hearts, homes, and businesses to me. Without their willingness to share their dreams and heartbreaks this dissertation would not have been possible.

Finally, I need to give thanks to my family – Rose, Edwin and the kids, Josephine, Chela, Tia Neo, Rolidel, Berto and the boys, Luis, D.J, Mom and Dad Gonsalves, Paula, Steven, C.C., Glen, Wayne, Lynda and the girls for all their support. Thanks to my family in the Dominican Republic – especially Tio Meco, Tia Eliza, Jose Luis, Elvin, and Luis Americo for making every visit back home a memorable one. A special thanks goes to my mother Teresa Camacho who does an amazing job taking care of my son Drew. I need to also thank my son Drew who heard many times, “mama needs to do work.” Last, but not least, I need to thank my husband Brian for all that he has done for me and continues to do. With him by my side I know that I can accomplish anything that I set my mind on.
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ABSTRACT

DEPRESSIVE SYMPTOMATOLOGY AMONG DOMINICANS: LINKS TO ACCULTURATIVE AND ECONOMIC STRESSORS, SKIN TONE, AND PERCEIVED DISCRIMINATION

by

Teresita Camacho-Gonsalves

University of New Hampshire. September, 2002

Latinos have been identified as a population at high risk of developing mental health problems. However, studies on Latinos rarely address differences between subgroups. There are important social and cultural differences between subgroups that are likely to be reflected in differential expressions of depressive symptoms. The fast growing Dominican community in the United States is one subgroup of Latinos that has been understudied and underserved.

The objectives of this dissertation were to explore among Dominicans: 1) the direct and indirect effects of sociodemographic factors and skin tone on psychological distress; 2) the relationships between various stressors (economic, perceived discrimination, and acculturative) and psychological distress; and 3) the role of social support and mastery as stress moderators. Data for this study was collected from a non-probability sample of 120 Dominicans living in the Greater Boston Area of Massachusetts.

Bivariate analyses revealed that, being female, having completed the 12th grade or less, speaking more Spanish (i.e., being less acculturated), reporting greater perceived
group discrimination in employment, being unemployed, having a lower income, and having greater financial strain was significantly related to depressive symptomatology. Results from regression analyses suggest that unemployment and lower income explain the relationships between gender, educational status, low acculturation, perceived group discrimination in employment and depressive symptomatology. Mastery in turn, appears to explain the relationship between income and depression. Additional analyses showed that instrumental support had a moderating effect on both financial strain and perceived group discrimination in employment. Instrumental support is particularly important in reducing symptoms of depression in the context of high financial strain and greater perception of group discrimination in employment. This study contributes to the research literature on Dominicans and depression, and provides new directions for research and the creation of prevention and intervention models.
CHAPTER I

BACKGROUND

Latinos in the United States

Latinos and Mental Health Problems

Latinos\(^1\) have been identified as a population at high risk of developing mental health problems (Rogler, Malgady, & Rodriguez, 1989; Torres-Matullo, 1980). As noted by Rogler et al. (1989), the magnitude of mental health problems among Latinos has been attributed to their migratory experiences and socioeconomic status.

Migration has been identified as a stressful life event that can influence mental health (U.S. Department of Health and Human Services, 2001). The process of adapting to a new culture has been recognized as a possible cause of acculturative stress (Berry, Kim, Minde, & Mok, 1997).

Confounding the problems that arise from adapting to a new culture is that Latinos tend to be concentrated in low-wage, low-skill jobs, which lead to higher rates of unemployment (Perez & De La Rosa Salazar, 1993). Latinos also lack the skills and education to move to higher skill jobs. Consequently, Latinos are more prone to poverty and unemployment. Negative associations have been found between poverty, unemployment, and psychological well being (Canabal & Quiles, 1995). In addition, a relationship exists between occupational prestige and depression. Turner, Wheaton, and Lloyd (1995) found that, except for those respondents in the skilled-manual category,

\(^1\) In this dissertation the terms Latino and Hispanic will be used interchangeably.
those with lower levels of occupational prestige had higher levels of depressive symptomatology.

A review of the literature shows that individuals that have low socioeconomic status are about two to three times more likely to have a mental disorder and more likely to have higher levels of psychological distress (U.S. Department of Health and Human Services, 2001). It is pointed out in the report Mental Health: Culture, Race, and Ethnicity—A Supplement to Mental Health: A Report of the Surgeon General that poverty is related to poorer mental health for two reasons: people who are poor are more likely to be exposed to stressful social environments (e.g., violence and unemployment) and to be cushioned less by social or material resources (U.S. Department of Health and Human Services, 2001). Thus, the Latino population should be of interest to those who study mental health and well being, since Latinos are more likely to be exposed to situations that are both stressful and reflect low resources such as poverty, unemployment, and low occupational prestige.

Latinos: A Growing Population

In general, Latinos are important to study, because they are the fastest growing population within the United States. Indeed, between 1980 and 1990, the Latino population increased by 53 percent, while the total United States population only increased by 9 percent during the same period (Chapa & Valencia, 1993). The increase in the Latino population in the United States is due to foreign immigration and high birth rates (Chapa & Valencia, 1993). Between 1990 and 2000 Latinos grew faster than any other ethnic minority group (U.S. Census Bureau, 2001). According to data from the
2000 Census, Latinos have replaced African Americans as the second largest ethnic group after Whites (U.S. Census Bureau, 2001). While it had been projected that the Latino population would double in size by the year 2010, the Latino population has actually been increasing at a faster rate than was forecasted (U.S. Census Bureau, 2001). There are now 35.3 million Latinos living in the United States (U.S. Census Bureau, 2001).

**Latinos: A Diverse Population**

The terms "Latino" and "Hispanic" mask a variety of ethnic, racial, national and cultural backgrounds within the United States which tend to be separated geographically and in their way of life (Davis, Haub & Willente, 1988). However, studies on Latinos rarely address differences between subgroups. Latino subgroups differ in cultural experiences and beliefs that may affect the extent to which acculturative and economic stressors are impactful. Furthermore, there are important social and cultural differences between subgroups that are likely to be reflected in differential expressions of depressive symptoms and depressive affect (Guarnaccia, Angel & Worobey, 1989). Indeed, the Hispanic Health and Nutrition Examination Survey (HHANES) found differential expressions of depressive symptoms and depressive affect between Cuban-Americans, Mexican-Americans, and Puerto Ricans (Guarnaccia et al., 1989). Thus there is a need to know whether particular Latino subgroups are at risk so that prevention and intervention models can be accurately and appropriately formulated.

The fast growing Dominican community in the United States is one that has been understudied and underserved; there is almost no psychosocial information about the
Dominican population. La Roche and Turner (1997) found in their study of self-orientation that Dominicans with low socioeconomic status displayed symptoms of major depression, with women having significantly higher scores. La Roche and Turner (1997), concluded that "low-SES Dominican-born adults living in the United States, particularly Dominican women, may be experiencing significant difficulties" (pg. 486). In contrast, Perez (1998) did not find that Rogler (1994) model of migration-related stressors (acculturation, change in socioeconomic status, and perceived change in family support) was related to psychological distress in her sample of Dominicans immigrants living in New York City. In addition, Perez and Vaughter (1995) did not find that the Dominicans in their sample reported high levels of migration-related stress, despite being a sample of recent immigrants with low levels of acculturation and high job turnover (c.f. Perez 1998). Falcon and Tucker (2000) conducted the Massachusetts Hispanic Elderly Study (MARES), which they identified as the first community survey to collect extensive data on Dominican elders. MARES was based on a representative sample of elderly Hispanic population in Massachusetts and a non-Hispanic whites neighborhood comparison group. These investigators found that the acculturation variables were indeed significantly associated with lower depression scores among Dominicans. However, they found that different indices of acculturation had opposite effects: among Dominicans, the greater percentage of time spent in the United States the greater the depression scores; while the greater the use of the English language the lower the depression scores. Therefore among Dominicans it seems important to consider how time in the United States and language operate to influence depression.
This dissertation will help to provide an understanding of the relationships between socio-demographic factors, skin tone, economic and acculturative stressors, perceived discrimination, and psychological distress among Dominicans. This investigation should be useful in providing a basis for creating prevention and intervention models.

Dominicans in the United States

Dominicans are the latest of the Caribbean groups to migrate to the United States. According to the 1990 United States Census, there were 520,151 Dominicans in the United States (Bureau of the Census, 1990). An unknown number of Dominicans have entered the country illegally (Grasmuck, 1984). Some estimate that there are over one million Dominicans living in the United States (Paulino, 1994). Of those reported by the Census, seventy-one percent are foreign born, of which fifty-three percent entered the United States between 1980 and 1990. According to data from the United States Immigration and Naturalization Services, between 1994 and 1996, 129,305 Dominicans entered the United States. Most Dominicans entering the United States reside in New York. However, Dominicans are also residing in large numbers in other states.

Dominicans in Boston

Within Massachusetts, there were 30,250 Dominicans reported in the 1990 United States Census. This made Massachusetts have the fourth largest concentration of Dominicans in the United States in 1990 (Hernández, Rivera-Batiz & Agodini, 1995). Community leaders have noted that this number is an under-representation and that the number could be as high as 75,000 (Office of Refugee and Immigrant Health, 1997).
According to the 2000 Census, 49,913 Dominicans are reported to be residing in Massachusetts (U.S. Census Bureau, Census 2000 Summary File 1 (SF-1)).

The population in Massachusetts' Greater Boston Area is becoming more diverse (Watanabe, et al., 1996). In 1990, Boston had the tenth largest Latino population in the United States (Watanabe, et al., 1996). As in the rest of the United States, Boston has experienced a shift in the Latino population. Between 1980 and 1990, there was a decrease in the Puerto Rican population (53 and 42 percent respectively) and a significant growth in the Dominican population (Watanabe et al., 1996). In 1990, 13 percent of the Latino population in Boston was of Dominican origin (Watanabe et. al., 1996). The Boston Dominican population has likely increased substantially in size and proportion since that time.

**Migration of Dominicans**

The emigration of Dominicans to the United States did not begin in significant numbers until 1961 (Bray, 1987). Prior to this time, the dictator Rafael Leonidas Trujillo controlled exit visas for international travel (Bray, 1987). Trujillo restricted emigration out of the Dominican Republic because he feared that those emigrating would cause him political problems abroad (Grasmuck & Pessar, 1991). Trujillo governed the Dominican Republic for thirty-two years. With his death in 1961, the emigration of Dominicans began in significant numbers.

**Reasons for migrating.** Since 1961, Dominicans have immigrated to the United States for both political and economical reasons. During the 1960s, the emigration of Dominican to the United States was influenced by the following factors: 1) after the death
of Trujillo, the Dominican Republic was involved in five years of political turmoil and revolution; 2) in 1965 the country was under the military occupation of the United States; and 3) also in 1965, changes in the American Federal Immigration Laws granted “people of color” greater opportunities to travel to the United States (Paulino, 1994).

During the 1970s, the Dominican Republic suffered a period of economic crisis due to the falling prices of sugar (its main export) and the rising prices of petroleum (its main import).

In the 1980s, austerity policies were negotiated by President Jorge Blanco with the International Money Fund, in exchange for a hundred million dollars in loans (Grasmuck & Pessar, 1991). The goals of the policies were to reduce imports while stimulating exports. Unfortunately, these policies led to an increase in the cost of basic consumer goods and a freeze on wages until the end of 1984 (Grasmuck & Pessar, 1991). The economic crisis experienced by the Dominican Republic during this time resulted in deteriorating conditions, widespread poverty, reduced purchasing power, and high rates of unemployment (Duany, 1992).

Since the 1980s, conditions in the Dominican Republic worsened. Between 1982 and 1992, the Gross National Product in the Dominican Republic dropped; and by 1992, even after adjusting for inflation, the per-capita income was below levels reached in the early 1970s (Hernández et al., 1995). Adding to the attractiveness of the United States as a place for migration for Dominicans was lower unemployment rates in the United States (Hernández et al., 1995).
Therefore, many Dominicans continue to immigrate to the United States to escape poverty and obtain better job opportunities. The following quote clearly indicates that many Dominicans see migration as a mean of improving their financial situation:

The common Dominican belief - expressed in official views and private conversations, is that international migration to the United States provides an effective way out of the economic constraints of an underdeveloped country . . . Virtually every Dominican knows both legal and illegal immigrants who have prospered in the United States and a growing number who are returning to live permanently in the Dominican Republic, having achieved their earning goals (Bray 1987: 160-161).

Indeed, Hernández and Lopez (1997) found that many Dominican women left illegally in yolas\(^2\) from the Dominican Republic because of economic reasons. Hernández and Lopez (1997), state:

Our study found that all women interviewed were poor, belonged to the working class, and only half of them were employed prior to migration. Most of the women worked as domestic or in a factory in the free zones, or in retail sales in the informal sector. None of the women interviewed had a profession or generated a salary that could place her in a rank of the middle class. Salaries ranged from $350.00 to $1000.00 pesos per month.\(^3\) With the exception of two, all women were the heads of their households, and most of them resided in overcrowded homes. In some instances, as many as fifteen people lived in a two-room shack, without running water or sewage, which [are] typical features of ghettos in the Dominican Republic (pg. 63).

Who are the Dominicans migrating? Despite recent Dominicans migrating mainly for economic reasons, some of the literature on Dominicans describes the majority of those migrating as belonging to the middle sectors (Bray, 1987; Ugalde, Bean & Cardenas, 1979). Ugalde et al. (1979), found in their national study that “Dominicans in

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\(^2\) Hernández and Lopez (1997) defined yolas as small, homemade fishing boats, which are constructed clandestinely in two to three days and carry a human cargo ranging from seventy to a hundred people.

\(^3\) With an exchange rate of $17.50 for $1 dollar, this salary translates to between $20.00 to $57.14 dollars per month.
the United States are literate, relatively well educated, largely from middle class backgrounds, urbanites and . . . persons who have migrated in the prime of their productive life” (pg. 244). Hernández et al. (1995), found that between the 1980 and 1990 Census, the proportion of Dominican immigrants with a college degree had more than doubled (3.5 and 7.5, respectively).

It has been pointed out that poor Dominicans do not migrate internationally as often as middle sector Dominicans because existing economic and legal structures do not offer them the choice to do so (Bray, 1987). Firstly, it is very expensive to either obtain falsified documents and/or to be smuggled out of the country. Secondly, since the passage of the Immigration and Naturalization Act of 1965, it is necessary to have a close relative who is already a legal resident or citizen in order to enter the United States. Moreover,

. . . even applicants for tourists visas are closely scrutinized for evidence that they might be candidates to overstay their visas, so documentation of substantial economic holdings in the Dominican Republic must be produced. These financial and legal obstacles are sufficiently imposing that they appear to limit severely the ability of the poor to fulfill their migratory ambitions (Bray, 1987: 155).

Bray (1987) also notes that Dominicans from the middle-sector view their migration as one of the only effective solutions to the economic problems in their country. According to Duany (1992), most Dominicans from the lower middle-sector tend to belong to the following occupations: secretaries, salespersons, teachers, and nurses. He adds, that prior to migration many of the migrants worked in commerce, service, and manufacturing industries. Moreover, that “Dominican migrants are proportionally more skilled, educated and urbanized than the population of the
Dominican Republic” (Duany, 1992: 56). However, it is important to note that many of these studies were done on earlier migrants. It is possible that present migrants have different characteristics. Torres-Saillant and Hernández (1998) argue that the Dominican community in the United States is a very diverse community. They note:

. . . Dominican immigrants defy monolithic portrayals in their socioeconomic background at home as well as in their present condition as an immigrant community in the United States. They come from different class sector, from rural as well as urban origins, from uneducated as well as schooled contingents. The number of Dominicans who held jobs prior to migration – at whatever level of gainfulness or status—probably competes with the number of those who belonged to the ranks of the unemployed. Similarly, once located in the United States, the continuum of Dominicans ranges from a starving welfare recipient with dim prospects for obtaining productive employment to the spectacularly successful designer Oscar de la Renta, one of New York’s notable multimillionaires (Torres-Saillant & Hernández 1998: 36).

Whether they come from the middle or lower sector, Dominicans migrate to the United States for better opportunities. However, once they arrive they encounter many unexpected difficulties/stressors. Stressors that may arise in the lives of Dominicans once they migrate to the United States in search of better opportunities are of importance in this study.

**The Stress Process**

This dissertation will investigate the stress process as it relates to the experience of Dominicans in the United States. The stress process has been conceptualized as having three major components: 1) stressors; 2) moderators; and 3) outcomes (Pearlin, 1999). The three components of the stress process are seen as being interrelated and therefore change in one component result in changes in others (Pearlin, 1999). One of the central
concerns of the stress process is explaining why some people are more adversely affected by stress than others (Aneshensel, 1999). Of concern in this dissertation is exploring factors that place Dominicans at risk for developing depression. Another aim of this dissertation is to explore why some Dominicans are more affected by stressors in their lives than others.

Stressors

Stressors are the circumstances that give rise to stress (Pearlin, 1989). Sources of stress can be seen as arising from two circumstances: (1) the occurrence of discrete events (life events); and (2) the presence of relatively continuous problems (chronic strains) (Pearlin, Lieberman, Menaghan & Mullan, 1981).

Life events. Pearlin (1999), points out that unscheduled events are more stressful than scheduled events. Events that are unexpected within the projection of the life course are considered unscheduled events (Pearlin, 1999). An example of an unscheduled event is divorce since, as Pearlin (1999) points out, we do not usually get married with the expectation of then later divorcing (pg. 163).

Chronic strains. Chronic strains or stressors tend to be rooted in social structures, roles, and relationships and tend to persist over time (Pearlin, 1999). Pearlin has identified three types of chronic stressors: status strains, role strains, and contextual strains (Pearlin, 1999). Of importance in this dissertation, are status strains, which have been defined as “stressors that arise directly from one’s position in social systems having unequal distributions of resources, opportunities and life chances, power and prestige” (Pearlin, 1999: 164).
The stress literature points to the issue of stress proliferation. Stress proliferation refers to the phenomenon of serious stressors creating additional stressors (Pearlin, 1999). This phenomenon has led to the distinction between primary and secondary stressors. Wheaton (1999), points out that "stressors are also related to each other—that is, they occur in some sequence, so that some act as the foundation for others" (pg. 190).

In this dissertation, migration was seen as a stressful life event among Dominicans, which had the potential of creating additional ongoing life strains. Migration is defined as a permanent movement of persons or groups over a significant distance (Fabrega, 1969). Thus, the migration experience of Dominicans may be recognized as a source of stress since it involves a discrete event. Adding to migration as a source of stress is the quality of change attached to migration. Migration from one socio-cultural system to another implies a radical change in the environment infringing upon the immigrant (Rogler et al., 1989).

The event of migration itself is not the main focus in this dissertation; instead, the focus is on the more chronic strains that may result from this eventful life change. Past research suggests that it is these more enduring problems, conflicts, and hardships in people's daily lives that have the greatest potential to create negative mental health outcomes (Pearlin et al., 1981; Wheaton, 1994).

Along these lines, Paulino (1994), summarizes some of the problems, conflicts, and hardships specific to many Dominican migrants:

The settlement process is difficult for some Dominicans who find themselves disappointed with the reality that awaits them. This includes the lack of English language proficiency and a lack of community support. Many of these immigrants struggle to survive on low incomes, and live doubled up with other families. They leave their children behind
with grandparents or other relatives for several years until they are settled. When the children arrive, they must make an enormous adjustment, learn a new language, reacquaint themselves with their parents, and make the transition to the new environment and its school system (pg. 62).

Indeed, Perez and Vaughter (1995) found (as cited in Perez, 1998) that Dominican men and women identified the following migration-related stressors as "most stressful": language barriers; financial difficulties; leaving their country, neighborhood, family and friends; finding affordable housing; and being a housewife or house-husband in the United States.

**Economic Stressors**

The first migration-induced stressor that is investigated in this study is the strain associated with occupying a low economic position in the United States social structure.

**Socioeconomic status and depression.** Studies have shown that there is a negative relationship between socioeconomic status and psychological being, with those in lower classes having higher rates of disorder (Cockerham, 1992). Evidence suggests that this relationship comes, in part, because those at the bottom of the socioeconomic ladder have greater exposure to stressors (Gallagher, 1980; Link, Dohrenwend & Skodol, 1986; Thoits, 1983). Eaton and Muntaner (1999) point out that data from the Epidemiologic Catchment Area (ECA) program has shown that poverty, occupational status, and education represent important risk factors for depression. Individuals with lower incomes are more likely to live in poverty, have lower occupational status, and to have completed fewer grades in school. Hernández et al. (1995), found that Dominicans in New York had household incomes lower than other major racial and ethnic groups in New York, and
that their average income was less than half of the average White household. It is important to point out, however that when the incomes are compared to those in the Dominican Republic, the incomes are considerably high.

**Unemployment as a stressor.** Lennon (1999) notes in her review of the literature that, regardless of the type of study carried out, a consistent finding is that unemployment increases symptoms of depression and reduces self-esteem and security. Indeed, individuals who are unemployed, laid off or unable to work because of a disability experience symptoms of depression two to four times more often than people with full time jobs (Mirowsky & Ross, 1986).

Unemployment has been noted to be a stressful situation because it brings about loss of social ties and economic instability (Lennon, 1999). Evidence shows that once individuals obtain employment, their distress levels decrease (Lennon, 1999). Thus, it has been concluded that the relationship between unemployment and distress is not due to selection processes whereby people who are more distressed are more likely to become unemployed. In addition, many studies have shown that the effects of unemployment are more detrimental among individuals from the lower class who have fewer resources for obtaining alternative employment (Turner, 1995). Unemployment among Dominican immigrants may not only be a loss of social status or a restriction of social contact, but it may also be related to material deprivation and failure to meet family obligations (Al-Issa, 1997).

Dominicans, like other Latinos, are typically located at the lower level of our society's socioeconomic system. Importantly, immigrants in lower social strata are more likely to experience a variety of stressful circumstances such as low socioeconomic status.
and unemployment (Rogler et al., 1989). The most widely given explanation for the
inverse relationship between social class and depression is that the lower classes are seen
as having more stress (Eaton & Muntaner, 1999).

Perez and De La Rosa Salazar’s (1993), review of the 1990 Census shows that
Latinos as a whole are more concentrated in low-skill, low-wage jobs, which are more
vulnerable to economic changes. The authors also point out that the shift from a
manufacturing based economy to a service based one will only help to worsen the
situation for Latinos. They note:

... Hispanics are underrepresented in jobs for which advanced levels of
education or well-developed literacy and numeracy skills are required
(e.g., managerial/professional professions). But research shows that low-
skill jobs are becoming scarce and that the creation of jobs between now
and the beginning of the next century will be in occupations for which
most Hispanics will not be eligible (Perez & De La Rosa Salazar’s,

Some Dominican migrants are incorporated into the United States economy as
wage-laborers in low-paid, menial, repetitive jobs, usually found in the service sector or
in small-scale manufacturing enterprises (Bray, 1987). In her study of Dominicans in
New York, Grasmuck (1984), found that more than sixty percent of the Dominican
women in her study were working as craftsmen, operatives or laborers. She found that
Dominicans typically worked in the sewing of textiles, in packing, or in service jobs
mainly in restaurants and hotels. Grasmuck (1984), notes that Dominicans like many
other immigrants tend to work in the least desirable jobs and for wages legally
unacceptable to non-immigrant workers. Moreover, as pointed out by Bray (1987),
Dominicans tend to be employed in jobs where they face exploitations such as alienating
work and living conditions, and long work weeks. These job conditions exacerbate the stress associated with low status.

Hernández et al. (1995) found that Dominicans in New York had the highest unemployment rates of all groups. They calculate that relative to the non-Hispanic White population, the unemployment rate among Dominicans was approximately three times higher. They cite the following factors as being determinants of unemployment among Dominicans:

Higher unemployment rates are significantly linked to educational attainment (the lower the educational attainment, the higher the likelihood of unemployment), English language proficiency (the lower the proficiency, the greater the likelihood of unemployment) recency of migration (the more recent the migrant, the higher the likelihood of unemployment), the age of the person (the younger the worker, the higher the unemployment), and health disability (if the person has some health disability, the unemployment rate is much higher) (Hernández et al., 1995: pg. 30).

Individuals in the lower class that face greater risk of unemployment are more likely to suffer from financial stress. Indeed, Williams (2000) found in a national probability study that African Americans and Hispanics reported greater levels of financial stress than Whites.

Perceived Discrimination

The second stressor that is investigated in this study is the chronic strain associated with perceived discrimination. Discrimination has been conceptualized as selective unjustified negative behavior toward members of a target group that usually takes form in excluding them from some activity or from a group (Al-Issa, 1997). Kessler, Mickelson, and Williams (1999) found, in a national study that the most
common reason noted by respondents for perceived discrimination was race-ethnicity. Indeed, a recently published report by the Surgeon General cites racism and discrimination as important sources of stress placing minorities at risk for mental disorders such as depression and anxiety (U.S. Department of Health and Human Services, 2001). Williams (2000) found in a national probability study that African Americans and Hispanics reported greater levels of stress from racial bias than did Whites. Furthermore, many studies have found that racial discrimination adversely affects mental health (Finch, Kolody, & Vega, 2000; Kessler et al., 1999; Noh, Beiser, Kaspar, Hou & Rumens, 1999; Williams & Harris-Reid, 1999; and William, Yu, Jackson, & Anderson, 1997). It has also been argued that while racial discrimination is a significant part of the stressful life experiences of many members of racial and ethnic groups, it is typically not captured in traditional scales for assessing stress (William & Harris-Reid, 1999).

Perceptions of personal discrimination, as well as perceptions that Dominicans as a group are discriminated against, may both be important. Taylor, Wright, and Porter (1994) found that even when using different contexts and formats to the questions, respondents often perceive their personal position in a more positive light than the position of the group as a whole. Thus, it is important to distinguish between perceptions of group and personal discrimination, and assess their relative effects on mental health.

While, in general, perceptions of discrimination are influenced by more than actual experience of discrimination, evidence suggests that perceived discrimination is generally reality based. For example, Taylor et al. (1991) found in an experiment that subjects' perceptions of discrimination were consistent with the treatment subjects...
received in the experiment. Therefore, the authors concluded that group members perceive both personal and group discrimination in a manner consistent with objective reality.

In their national prevalence study, Kessler et al. (1999) found that the two most significant predictors of distress were centered on issues of perceived discrimination around employment (being fired from a job and not being hired for a job because of race or ethnicity). Mena, Padilla, and Maldonado (1987) found that the most stressful items for respondents in their study were those concerned with perceived discrimination and feeling like an outsider. The authors concluded that for immigrants the most stressful phase of acculturation is the reevaluation of their proper role within the host society and their feelings of not belonging. Of importance in this dissertation is Dominicans’ perceptions of personal and group discrimination in the context of housing and employment.

**Acculturative Stressors**

The last stressor that is investigated in this study is the chronic strain associated with acculturation. Acculturation has been defined as the process by which an immigrant’s attitudes and behaviors change toward those of the dominant culture as a result of exposure to a new culture (Rogler et al., 1989). Thus, acculturation refers to the psychosocial changes which occur when individual’s originating from one culture migrate to a new host culture (Burnam, Hough, Kano, Escobar, & Telles, 1987). The acculturation literature sometimes refers to the term “acculturative stress.” Westermeyer
(1989) defines acculturative stress as long-term conflicts of adjusting to a new society, its institutions, and its inhabitants.

The authors of the supplement to the Surgeon General’s Report have interpreted the findings of several major studies (the Epidemiologic Catchment Area Study (ECA) (Robins & Regier, 1991); the National Comorbidity Study (NCS) (Kessler et al., 1994); and Vega et al., 1998) as indicating that acculturation may lead to an increased risk of mental disorders (U.S. Department of Health and Human Services, 2001). The ECA study found that individuals of Mexican descent born in the United States had higher rates of depression and phobia than individuals born in Mexico (Robins & Regier, 1991). The NCS study also found that Mexicans born outside the United States had lower prevalence rates of any lifetime disorders than their counterparts born in the United States (Kessler et al., 1994). Similarly Vega et al., (1998) found that Mexican Americans who had lived in the United States for at least 13 years had higher prevalence rates of disorders than those who had lived in the United States less than 13 years. Based on the results from the studies noted above it has been speculated that something about the process of acculturating to the United States is related to mental disorders. However the authors of the supplement to the Surgeon General’s Report are careful to point out that these studies did not test directly whether acculturation and disorders are indeed related (U.S. Department of Health and Human Services, 2001).

One aspect of acculturation that is viewed as stressful is adapting to a new culture. Berry (1980) proposed that immigrants who are especially attached to their culture of origin, experience more adjustment problems than those immigrants who are more open to the values and customs of the host culture. Many studies have found that individuals
low in acculturation have greater psychological distress. Rogler, Cortés, and Malgady (1991) summarize why being low in acculturation may be stressful:

Immigrants low in acculturation have been recently uprooted from traditional supportive interpersonal networks in their society of origin and have not had sufficient time to reconstruct such networks in the host society. Shorn of social bonds, they also experience the strains of pervasive isolation from the cultural parameters of the host society. The strains accumulate in an unfamiliar and unpredictable environment that uncontrollably impinges on everyday life. The absence of instrumental skills, such as knowledge of English, keeps the unfamiliar world from becoming familiar and controllable. This predicament lowers self-esteem and, eventually gives rise to the symptomatic behavior (pg. 588).

One aspect of acculturation is the process of loosening ties or attachment to one’s own culture and becoming more attached to the host culture. It is generally assumed that becoming more involved with the host culture also means disengaging from the traditional culture (Rogler et al., 1991). In contrast to those cited above, some studies have found that individuals high in acculturation have greater psychological distress. Rogler and colleagues (1991) summarize why being high in acculturation can also represent a stressor:

Increases in acculturation alienate the person from traditional supportive primary groups. Increased acculturation also facilitates the internalization of host-society cultural norms, among which are damaging stereotypes and prejudicial attitudes toward Hispanic people. The result of these processes is self-hatred in a weakened ego structure. In addition, increases in acculturation expose the person, both socially and ecologically, to the risk of increased alcohol and drug abuse (pg. 588).

Recent literature has focused on the concept of biculturalism. Biculturalism entails retaining aspects of one’s own culture and adapting aspects of the host culture. According to Rogler and colleagues (1991), “good mental health stems from the optimal
combination of retaining the supporting and ego-reinforcing traditional cultural elements and learning the host society’s instrumental cultural elements” (pg. 589). A bicultural individual is seen as possessing the skills for effectively dealing with members of two cultural groups and of maintaining favorable attitudes toward the customs, beliefs, and values fostered by each cultural group (Cortés, 1994).

It is clear, as noted by Rogler et al. (1991) that the understanding of the ways in which acculturation and migration affect mental health status is still modest. In their review of 30 articles published between 1967 and 1988 on the association of acculturation and mental health they found that: 12 studies found a positive relationship; 13 found a negative relationship; and 3 found a curvilinear or bicultural alternative (Rogler et al., 1991: pg. 589). William and Harris-Reid (1999) summarized the findings by Rogler et al. (1991):

The authors found that twelve studies showed a negative relationship – that is, individuals who are high in acculturation (more fully integrated into the host society) are more prone to suffer from low self-esteem and psychological distress. Presumably, integration into the host society leads to self-depreciation or self-hatred and isolation from traditional support systems. However, thirteen studies reported a positive relationship between acculturation and mental health. Individuals who became more and more integrated into the new society experienced greater psychological well-being. In three other studies, a curvilinear relationship was found. Good mental health was a product of the ability to obtain a balance between traditional cultural norms and the host country’s norms and values. As one moves away from this equilibrium toward either of the acculturation extremes, psychological distress increases (pg. 313).

While the Rogler et al. (1991) review was done over a decade ago; little progress has been made towards understanding the relationship between acculturation and mental health status. This study investigates how acculturation may be potentially stressful for
Dominicans in the United States. It is important to point out that language is one of the most important aspects of adjusting to the host culture. Therefore, in this study language use was used as an indicator of level of acculturation and potential acculturative stress. Padilla, Cervantes, Maldonado, and Garcia (1988) found that for 65 percent of the men and 83 percent of the women in a sample of Mexican and Central American immigrants not knowing English was what made living in the United States the most difficult. In her study of Mexican American women, Salgado de Snyder (1987), found that not knowing how to speak English well was associated with higher levels of depressive symptomatology.

Dominicans have been shown to remain very loyal to the Dominican culture, which may increase their risk for higher acculturative stress. Duany (1998) conducted fieldwork in several well-established Dominican enclaves in Puerto Rico and New York City and concluded that Dominicans strongly resist incorporating themselves into the dominant culture, whether in Puerto Rico or the United States. Duany (1998) concludes:

In both New York and Santurce, Dominican immigrants strongly resist assimilation into the dominant culture. This tendency is partly a response to racial and ethnic exclusion. Washington Heights has produced many aspects of the migrant's traditional lifestyle and institutions, from their political parties and trade unions to their hometown clubs and religious practices... Some current observers even call the neighborhood “Quisqueya Height” to emphasize its predominant cultural orientation toward the Dominican Republic.

Quisqueya Heights is an eminently term for this transnational space, characterized by the constant crossover of Dominican and North American identities, the selective re-creation of key elements of Dominican society, and the incorporation of new cultural traits from the United States. The combination of Spanish and English signs in many business establishments and the musical interpretation of merengue and rap exemplify the transformation of the cultural landscape by Dominican immigrants. Most of my Dominican informants in Washington Heights
ate mostly Dominican food, spoke mostly Spanish at home, shopped mostly at Dominican grocery stores, belonged to the Catholic Church, listened mostly to Spanish Radio, and watched mostly Spanish TV. Moreover, most respondents (84 percent) identified themselves as Dominican, not American or even Dominican-American. None used the derogatory term “Dominican-York” popular in the Dominican Republic to refer to return migrants. Most remained more firmly attached to the Dominican rather than North American culture, although they increasingly mixed the two. The vast majority of the immigrants had not yet become U.S. citizens. Only 18 percent of the Dominicans legally admitted to the United States in 1977 were naturalized by 1989. Two out of three respondents said they would like to go back to live in the Dominican Republic. Many traveled back and forth between New York and Santo Domingo to visit relatives living in both places (pgs. 14-15).

Duany (1998) study shows that many Dominicans in the United States strongly resist incorporating themselves into the American culture and hold on to their Dominican culture. Indeed, in her study of Dominicans in New York City, Perez (1998) found that her sample strongly identified with their Dominican people and culture. She notes, “they are actively involved in Dominican cultural practices and customs, and hold positive attitudes towards their ethnic group . . . Interestingly, respondents with strong Dominicans identities were less acculturated to the mainstream society” (Perez, 1998: 110).

One of the ways that Dominicans hold on to their Dominican culture is by utilizing informal and formal associations. Sassen-Koob (1979) found that Dominicans tend to utilize many informal and formal associations. She concludes that:

The proliferation of expressive associations within the Dominican community can be seen as a way in which a rural population adapts to a new, urban milieu by reproducing traditional institutions in a new, urban oriented form . . . This reproduction of traditional institutions, and the affirmation of ethnicity, is not necessarily an attachment to the past but rather a response to the needs generated in a new urban context. . . . It is our finding that expressive voluntary associations are mediating agents.
Thus the urbanization of the rural population should not be seen as the reason for forming (and the criterion for evaluating) such associations, but rather as the context within which they reproduce traditional institutions in a new, urban form (Sassen-Koob, 1979: 326-327).

Dominicans try to recreate their traditional way of life in their new environments. However, once Dominicans leave their enclaves they must deal to some extent with the United States culture. It is in circumstances such as in employment and when dealing with schools and social service agencies where they come in contact with the host culture that might be the most stressful. Tested in this study is the degree to which high and low acculturation or being unicultural or bicultural is related to depressive symptomatology.

Skin Tone

This study also investigates the relationship between skin tone and depressive symptomatology. A strong relationship between race and socioeconomic status has been repeatedly documented in the literature. In fact, Williams and Harris-Reid (1999), point cut that “adjusting racial difference in mental health status for SES substantially reduces and sometimes eliminates these difference” (pg. 309).

Skin tone and life chances. While much of the race differences in mental health status may reflect differences in social class, skin tone itself may represent an important factor influencing the experience of stress among Dominicans. Studies have shown that skin tone is related to life chances. For example, in their study of African Americans, Hughes and Hertel (1990) found that respondents with lighter skins had higher educational levels, occupational prestige, and personal and family income than respondents with darker skins. Moreover, these relationships were not explained by the
fact that lighter-skinned respondents came from backgrounds with higher socioeconomic status. Similarly, Keith and Herring (1991) found in their study that light skin African American respondents were more likely to be employed as professional and technical workers than their darker complexion counterparts. Conversely, darker respondents were more likely to be employed as laborers.

Skin tone is an important variable to consider when studying Caribbean Latinos, since, as pointed out by Massey (1993), the continuum of race runs from white to black. Hall (1994) notes that skin tone serves as “a “master status” that distinguishes dark-skinned Latinos from the mainstream population of the United States” (pg. 308). Indeed, in their study of phenotype and life chances, Arce, Murguia and Frisbrie (1987) found that among Chicanos, the lighter the skin color and more European the facial features, the higher the socioeconomic status.

Paulino (1994) points out that Dominicans, like many other Latino subgroups, run through the continuum of skin tones since they are a mixture of Spanish, Native Indian, and African. However, she notes that Dominicans tend to choose the “socially descriptive demarcation” of “color indio,” or “Indian color.” Paulino (1994) explains:

Indio refers to a person who appears to be mulatto and mestizo in genetic features. Dominicans use this term, “Indio,” to describe skin color rather than to identify with a specific racial group. Given that the Dominican Indian as a race has been extinguished for many centuries, describing oneself as “Indio” is a form of denying one’s true racial identity . . . the term “Indio” is a socially constructed designation used by Dominicans as a way of avoiding the need to identify oneself as black or of African descent. Few in the Dominican Republic will identify with being African. Yet, the African heritage is equally or perhaps more visible than the Indian trace/heritage. Dominicans choose, however, to identify themselves as “Indios” regardless of how African they might look (pg. 59).
The skin tone of Latinos may make them potential recipients of prejudice and discrimination in the United States. Massey (1993) notes that:

Research shows that the markets in the United States reward Hispanics differently on the basis of skin color. In the housing market, dark-skinned Hispanics are more highly segregated from non-Hispanic whites than are lighter-skinned Hispanics, and the probability of experiencing discrimination increases steadily as skin color darkens. In the labor market, darker-skinned Hispanics earn lower wages than those with lighter skins; even after relevant background factors are held constant (pg. 8).

In the present study, skin tone is examined as a potential determinant of economic and acculturative stressors, and perceived discrimination. Telles and Murguia (1990) found in their study of Mexican Americans that individuals with light and medium phenotypes had better labor market advantages (i.e., education, work experiences, English language proficiency, and unionization) than individuals with darker phenotypes.

Consequently, the skin tone of Latinos might be related to psychological distress. Indeed, in their study of Chicanos, Codina and Montalvo (1994) found that among Chicano males born in the United States, dark phenotype (dark skin color and Indian color features) was significantly related to depression.

Thus, skin tone is an important variable to study, since, among Dominicans, skin color might represent an important factor affecting economic stress and psychological distress.

Skin tone, perceived discrimination, and social stressors. Also important are the links between skin tone, perceived discrimination and social stressors. Keith and Herring (1991) found that darker skin respondents in the National Survey of Black Americans (1979-80) were about twice as likely to report having been victims of discrimination than
respondents with lighter complexions. Arce et al. (1987) found in their study of Chicanos that those in the Dark/Indian group reported significantly greater perceived discrimination than those in the "medium" or Light/European group. Also, as noted earlier, skin tone has been related to economic success, life chances, and acculturation (Hughes & Hertel, 1990; Telles & Murguia, 1990). Since, many Dominicans have dark skin tone, while others are lighter in complexion, they represent an especially interesting and appropriate group for examining the associations between skin tone, perceived discrimination and social stressors.

Paulino (1994) has noted that since in the United States there is prejudice against people of color, it is possible that darker Dominican might experience greater discrimination than lighter Dominicans. Moreover, for Dominicans, being labeled as blacks upon arrival to the United States may be “. . . a type of culture shock which [can have] an adverse impact on the individual’s sense of self” (Paulino, 1994: pg. 59).

Moderators of Stress

Despite the stressors that may be evident in the lives of Dominicans, certainly not all Dominicans suffer from psychological distress. Another aim of this dissertation is to answer the question: Why are some Dominicans more affected by stressors in their lives than others?

Pearlin (1999) points out that individuals are usually not unresponsive to the problems or hardships they face. Individuals often have available resources that help them deal with stressors. Pearlin (1999) defines resources as “the beliefs, actions, and interactions in which people engage in response to hardships and threats” (pg. 169).
There are three resources that individuals utilize that are cited in the literature: coping, social support, and mastery. Pearlin (1999) provides the following definitions:

*Coping* involves things that individuals do on their own behalf to avoid stressors or to minimize the stress resulting from exposure to them. *Social support* pertains to the assistance or emotional uplift individuals are able to draw from their networks. *Mastery* refers to individual's sense of control over the forces impinging on their lives (pg. 169).

Of importance in this dissertation were the moderating effects of social support and mastery. Investigated in this study was whether social support and mastery moderate or reduce the negative impact of stressors.

**Social Support**

Pearlin (1989) defines social support as the help from others that an individual utilizes to deal with problem that arise in their life. Pearlin and colleagues (1981) note that the degree to which people draw on social relations depends on more than the quality of the relationship or the frequency of the occurrence of the interaction. Of greatest importance are the exchange of intimate communications and the presence of solidarity and trust (Pearlin et al., 1981).

It has been noted that social support always involves either the presence or implication of stable human relationships (Turner, 1999). In his discussion of the concept of social support, Turner (1999) notes that Cobb (1976) offers the best and most influential definition:

He views social support as "information belonging to one or more of the following three classes: 1) information leading the subject to believe that he is cared for and loved; 2) information leading the subject to believe
that he is esteemed and valued; and 3) information leading the subject to believe that he belongs to a network of communication and mutual obligation.” In other words, social support refers to the clarity or certainty with which the individual experiences being loved, valued, and able to count on others should the need arise (pg. 200).

The presence of a close, intimate relationship or confidant has been found to buffer the effects of stress on depression and psychological well-being (Turner, 1983). For example, Henderson (1992) evaluated the relationship between social support and depression in 35 studies and found a consistent inverse relationship between social support and depression. Thus, the less social support that is available the higher the depression. Importantly, social support has been found to reduce or buffer the negative effects of stress.

Given the above findings, there is reason to believe that certain forces may moderate the stress of migration and help reduce its negative impact. Indeed, Shuval (1993) points out that stress among migrants occurs when they are unable to obtain significant personal or social resources to cope with disturbances that occur in their life.

Latinos have been noted in the literature as having very large and supportive networks and therefore of benefiting from the "stress buffering" aspects of social support (Arquetta-Bernal, 1990). Guarnaccia, Angel and Worobey (1991), point out that:

Hispanics close family ties often provide both instrumental and emotional social supports during times of illness and other stressful periods. Hispanic families are described as the locus of problem solving. Outside help is only sought when family resources are inadequate to deal with the problem (pg. 137).
Indeed, De la Rosa (1988) found in his study that Puerto Rican women receiving social support from informal systems were able to better cope with stressful situations and less likely to become ill. Padilla and colleagues (1988) found in their study of Mexican and Central Americans, that the use of social support network was effective in coping with difficulties such as: obtaining employment, language barriers, and lifestyle adaptation problems. Thus, Dominicans who report having greater social supports available to them may report less psychological distress in the context of high stress. Conversely, those with fewer social supports available to them may report greater psychological distress when faced with adversity.

The literature on Dominicans has shown them to have strong support systems. When Dominicans migrate to the United States, they are greeted by a support system that assists in coordinating living arrangements and job opportunities. Dominicans also maintain supportive networks back in the Dominican Republic that are also helpful in coping with migration-related stressors. Perez and Vaughter (1995) found (as cited in Perez, 1998) that maintaining high levels of contacts with supportive networks (i.e., family and friends) left in the Dominican Republic was one way Dominicans coped with migration related stressors such as separation from loved ones and racial discrimination. Along these lines, La Roche (1999) found that Dominicans in Boston that reported more social support also reported lower depression scores.

Mastery

A second variable that may have a moderating or buffering role in the relationship between economic and acculturative stressors and psychological distress
among Dominicans is mastery. Mastery is the extent to which persons regard life chances as being under their own control rather than being fatalistic (Pearlin & Schooler, 1978).

Studies have found that a sense of mastery reduces psychological problems and moderates the effects of stress on mental health (Thoits, 1995). According to Thoits (1999) the literature has shown that individuals who strongly believe that they have control over their lives are more likely to engage in active problem solving efforts to overcome or to use a variety of coping strategies to meet the stressful demands they are facing. It has also been speculated that individuals who are high in mastery may avoid or prevent events and circumstances that are stressful from occurring and thus may experience fewer problematic life events (Turner & Lloyd, 1999).

Outcomes

Pearlin (1999), points out that health and well being are the general outcomes evaluated in the stress literature. Aneshensel (1999) notes “stress tends to damage mental health when it depletes an individual’s connections to other people or their ability to be helpful; erodes a person’s sense of mastery, identity, or worthiness; or prompts harmful behavioral adaptations . . . “ (pg. 222). In this dissertation, depressive symptomatology is the outcome of interest. Turner and Lloyd (1999) concluded from their study that the stress process is particularly relevant to the occurrence of depressive disorders and depressive symptoms.

Demographic Correlates of Distress

There are other potential socio-demographic correlates of well-being that should be taken into account when examining stress processes.
One of the most consistent findings in the sociology of mental health is that women have higher rates of psychological distress and depression than men (c.f. Rosenfield, 1989; Turner et al., 1995). Women are twice as likely as men to develop both modest and severe depression (Thoits, 1986). Torres-Matrullo (1980), found a high incidence of depression among non-acculturated mainland Puerto Rican women. Guarnaccia et al. (1989), found in their study of Cuban-Americans, Mexican-Americans, and Puerto Ricans that intra-group differences in depressive symptoms were strongly influenced by the gender of the respondent. Also, Vega, Kolody, and Valle (1986) found an inverse relationship between CES-D scores and the number of years in the United States among immigrant women. Thus, women who have spent fewer years living in the United States report higher depression. La Roche (1999) found that Dominican women in Boston reported higher depressive levels than the Dominican men in his study. Dominican women may be at greater risk for depression than the men because they face more stressors. Some studies have shown that the migration of Dominicans might lead to higher rates of female heads of households (Gilbertson & Gurak, 1992). Female headship among Dominican women is the result of childbirth outside of legal marriage, divorce, widowhood, and separation (Gilbertson & Gurak, 1992). Chavez (1991), points out that the large number of female-headed households among Dominicans is due in great part to the number of women who emigrate from the Dominican Republic. She points out that 60 percent of all Dominican immigrants are women.

Mirowsky and Ross (1999) reviewed studies which examined the relationship between age and depression and noted that depression tends to be high in early adulthood, drop to a lifetime low somewhere between the ages of 40 and 60, and then rise
again with old age. It has been speculated that the drop in depression among those between the ages of 40 and 60 might have to do with the fact that personal earnings and income peak for individuals in the 50-59 age bracket. However, in their review of studies on the relationship between age and depression among Mexican Americans, Vega, Warheit, and Meinhardt (1987) found that the most general finding was that of a bimodal distribution of symptoms, with pronounced increased in symptoms in mid-life and beyond. They point out that a couple of the studies they reviewed suggest that increasing symptomatology among Mexican Americans in later life is related to acculturation, being foreign born and having minimal educational achievement.

Studies have found that depression drops with each additional year of education and that it significantly reduces with having obtained a high school degree (Mirowsky & Ross, 1999). Mirowsky and Ross (1999) point out that the effects of education on depression do not fade with time as people grow older.
Finally, studies have shown that married individuals are less distressed than unmarried persons (Mirowsky & Ross, 1986). It has been noted that marriage improves well-being by improving emotional and economic security (Mirowsky & Ross, 1999). Vega, Hough, and Miranda (1987) found in their study of Mexican American women that women with lower incomes and education, and who were unmarried, had higher levels of depressive symptoms. Similarly, Guarnaccia et al. (1991), found in their analysis of the HHANES study that among Puerto Ricans, Mexican-Americans, and Cuban-Americans, the unmarried and unemployed had the highest depressive affect scores. Thus, it is expected that socio-demographic factors (age, gender, years of residency, marital status, and educational status) will have an impact on the stress process of Dominicans.

Objectives

The objectives of this dissertation are to explore among Dominicans (a Latino subgroup): 1) the direct and indirect effects of sociodemographic factors (age, gender, years of residency, marital status, and education) and skin tone on psychological distress; 2) the relationships between various stressors (economic, perceived discrimination, and acculturative) and psychological distress; and 3) the role of social support and mastery as stress moderators.

Conceptual Model and Hypotheses

Figure 1 shows the conceptual model for the study. The following relationships are hypothesized:

1. Socio-demographic variables will both directly and indirectly affect psychological
distress. It is expected that women, those younger in age, those with fewer years in the United States, those who were unmarried, and with fewer years of education, will report greater psychological distress. It is also expected that these same demographic factors will be linked to psychological distress indirectly through their impact on economic and acculturation stressors, and perceived discrimination.

2. Skin tone will be directly and indirectly related to psychological distress. Respondents with darker skin tones will report greater psychological distress. Also, respondents skin tone will indirectly impact psychological distress through its impact on economic and acculturative stressors and perceived discrimination. Specifically, darker skin respondents will report greater levels of economic and acculturative stressors, and perceived discrimination.

3. Economic stress will be directly related to psychological distress. Respondents reporting greater economic stressors (lower incomes, financial strain, unemployment and lower occupational prestige) will report greater psychological distress.

4. The relationship between acculturation level: being low in acculturation (scoring high on the Hispanic domain or low on the non-Hispanic domain); being high in acculturation (scoring low on the Hispanic domain or high in the non-Hispanic domain); being unicultural (high in one cultural domain and low in another); and being bicultural (high in both cultural domain) and psychological distress is being investigated in this study.
5. Perceived group and personal discrimination in employment and housing will be directly related to psychological distress. Respondents who perceived themselves as being discriminated against in employment or housing will report greater psychological distress. It is also expected respondents who report more perceived group discrimination in employment and housing will be more distressed.

6. Social support and mastery will act as stress moderators in the relationships between economic stressors, acculturative stressors, perceived discrimination, and psychological distress. Economic, acculturative and discrimination stressors will less adversely impact respondents reporting greater social support and higher mastery.
FIGURE 1: CONCEPTUAL MODEL

SKIN TONE

ACCULTURATIVE STRESSORS
HISPANIC ACCULTURATION LEVEL
NON-HISPANIC ACCULTURATION LEVEL
UNICULTURATION
BICULTURATION

SOCIAL SUPPORT
PERCEIVED INSTRUMENTAL
FAMILY
FRIEND
MASTERY

PERCEIVED DISCRIMINATION
GROUP & INDIVIDUAL IN
EMPLOYMENT & HOUSING

PSYCHOLOGICAL DISTRESS

SOCIAL SUPPORT
PERCEIVED INSTRUMENTAL
FAMILY
FRIEND
MASTERY

ECONOMIC STRESSORS
INCOME
EMPLOYMENT STATUS
OCCUPATIONAL PRESTIGE
FINANCIAL STRAIN

AGE
GENDER
YRS OF RESIDENCY
MARITAL STATUS
EDUCATIONAL STATUS

MASTERY
CHAPTER II
DESIGN AND METHODS

Methodology

Sample & Procedure

Data for this study was collected from a sample of 120 Dominicans, with a mean age of 40.6 (range of 18 to 85 years), living in the Greater Boston Area in Massachusetts. Due to the exploratory nature of this study, a non-probability sample was used. The respondents were recruited through commercial establishments such as grocery stores, restaurants, hair salons, barbershop, tailor shop, TV and VCR repair shop, and a package store, as well as through referrals by family, friends, and other participants.

Data Collection Method

The principal investigator, who is a bilingual Dominican, conducted the face-to-face interviews. Marin and Marin (1991) recommend that interviews among Latinos should be done by data collectors of the same ethnicity as the respondents. They point out that having the same ethnicity will help to improve rapport, willingness to disclose, and the validity and reliability of the data.

The respondents were explained the purpose of the study. All information that was given to them was also written on the consent form they were asked to sign (Appendix A). They were told that the purpose of the study was to explore life in the United States for Dominicans, with an emphasis on health issues. Having unsigned questionnaires protected the respondent's anonymity. The consent forms, which included the names of the respondents, were kept separate from the questionnaires.
After giving voluntary informed consent, participants were administered the interview in their preferred language. Ninety-five percent of interviews took place in Spanish. The interviews took approximately 30 minutes and took place either at the commercial establishments previously listed or in the respondent’s home.

Interview Schedule Development & Pretest

The interviews involved the use of a structured interview schedule. The interview schedule was initially constructed in English (Appendix B). The instrument was then translated into Spanish (Appendix C). The interview schedule was pre-tested with a small sample of Dominicans (n = 10) and appropriate changes were made to the schedule. Conducting pretests is important because it ensures that the questions are sensitive to this particular social-cultural context.

Incentive

The respondents were paid ten dollars for participating in the study. It has been shown that providing a cash incentive is cost effective in the long run because it increases response rates and decreases the time fielding the study.

Measures

The entire interview schedule is presented in Appendix B and C. The following are descriptions of the measures used.

Dependent Variable

Depressive Symptomatology

It has been suggested that depressive symptomatology (psychological distress) represents a global mental health indicator that is particularly responsive to stress. Thus,
psychological distress was used in this study as a stress outcome. The Center for Epidemiological Studies Depression Scale (CES-D) (Radloff, 1977) was used. The CES-D has been widely used to assess depressive symptomatology. The CES-D, a 20 item measure, has a score range from 0-60, with scores of 16 or higher being indicative of generalized psychological distress. The CES-D checklist has been tested for validity and reliability and found to be acceptable for use in community studies with diverse ethnic populations (Roberts, 1980). Furthermore, Tichler and Leaf (1985) found the CES-D to be more effective than the Diagnostic Interview Schedule (DIS) (cf Vega, Kolody, Valle, 1988). Studies conducted with community samples of Hispanics have indicated that the CES-D instrument has good psychometric properties when used with Hispanic adults (Roberts, 1980). See Appendix D for the mean, standard deviation, and range for each item in the depressive symptomatology scale. The alpha reliability coefficient of the depressive symptomatology scale was .91. This alpha coefficient for the CES-D is comparable to what others studying Dominicans have found (La Roche (1999) .92; Falcon & Tucker (2000) .91). The depression scale was constructed taking a mean score on the 20 items.

Independent Variables

Economic Stressors

Occupational prestige. Employed respondents were asked to give a verbal description of the type of job that they currently occupied. The description (job title and duties) was coded in accordance with Treiman’s (1977) occupational prestige scale. The Treiman’s (1977) occupational prestige scale consists of a total of 509 occupations belonging to the following major categories: (1) Professional, Technical and Related Workers; (2) Administrative and Managerial Workers; (3) Clerical and Related Workers;
(4) Sales Workers; (5) Service Workers; (6) Agricultural, Animal Husbandry and Forestry Workers, Fisherman and Hunters; (7) Production and Related Workers, Transport Equipment Operators and Laborers; (8) Members of the Armed Forces; and (9) Sources of Livelihood other than Labor Force Activity.

**Income.** The respondents were also asked for the total family income before taxes for 1998 or 1999 (depending on what year the interview took place (1999 or 2000) including all their income, income from members of the immediate family living with them, and any other sources of income they may have (welfare payments, social security, etc).

**Employment Status.** The respondents were asked whether or not they were employed. Employment status was coded as a dummy variable (employed full or part time= 1, unemployed = 0).

**Financial Strain.** A six-item Financial Strain scale was used to more directly assess economic stress. The respondents were asked: When you think of your overall financial situation, which of the following expenses do you think are difficult to meet/pay? Would you say that (housing, food, personal expenses, transportation, medical expenses, and any other commitment identify as difficult to meet) tends to be (1) very difficult; (2) somewhat difficult; or (3) not at all difficult? A composite measure of financial strain was constructed. The alpha reliability coefficient of the financial strain scale was .83. See Appendix D for the mean, standard deviation, and range for each item in the scale.
Acculturative Stress

In this study, acculturation was used as an indicator of acculturative stress. An adaptation of the Bidimensional Acculturation Scale (BAS) for Hispanics was used to measure acculturation level. BAS, developed by Marin and Gamba (1996), "measures bi-directional changes in behavior that are central to the individual in two cultural domains (Hispanic and non-Hispanic)" (pg. 299). The BAS scale includes three language-related dimensions: language use, linguistic proficiency, and electronic media. Included in this dissertation was the scale, which included the language use and electronic media. The original BAS scale has been shown to have high reliability and validity. The scale was also chosen because it can be used with any Latino subgroup since the scale does not reflect the experiences of one specific Latino subgroup. An advantage of the BAS scale is that it provides two scores. As explained by Marin and Gamba (1996),

The fact that the BAS provides two scores (by cultural dimensions) will allow researchers to more appropriately measure acculturation (low score in Hispanic domain together with a high score in the non-Hispanic domain) as well as biculturation (high scores in both cultural domains). This is an important advantage of the BAS and will help researchers and practitioners in better understanding the processes Hispanics go through as they acculturate (pg. 310).

The respondents were asked to respond to the following: (1) how often do you speak in Spanish? (2) How often do you speak in Spanish with your friends? (3) How often do you think in Spanish? (4) How often do you watch television programs in Spanish? (5) How often do you listen to radio programs in Spanish? and (6) How often do you listen to music in Spanish? (7) How often do you speak English? (8) How often do you speak English with your friends? (9) How often do you think in English? (10) How often do you watch television programs in English? (11) How often do you
listen to radio programs in English? and (12) How often do you listen to music in English? The coding for these items were: (1) always; (2) almost always; (3) often; (4) sometimes; and (5) almost never. The original BAS scale did not have the response category “Always” which was included for this study.

Three variables were constructed: 1) Hispanic domain; 2) non-Hispanic domain; and 3) biculturation (a dummy variable). The Hispanic and non-Hispanic domain variables are continuous variables. Respondents who scored above 2.5 in one domain and below 2.5 in the other domain were coded as being unicultural (0). Respondents who score above 2.5 in each of the cultural domains were coded as being bicultural (1). Marin and Gamba (1996) recommended the cut off of 2.5. See Appendix D for the mean, standard deviation, and range for each item in the acculturation domains.

Perceived Discrimination

The respondents were asked to respond to twenty-four items related to the feelings of discrimination in employment and housing because of their skin color, culture or way of life, immigrant status, because they speak Spanish, because they speak Spanish with a Hispanic accent, and because they are Hispanic. The questions are an adaptation of the work of Taylor, Wright, Moghaddam, and Lalonde, (1990) on perceived discrimination. Four perceived discrimination scales were constructed: one for perceived group discrimination in employment and another for perceived group discrimination in housing; and one for perceived personal discrimination in employment and another for perceived personal discrimination in housing. See Appendix D for the mean, standard deviation, and range for each item in the perceived discrimination scale. The alpha
reliability coefficient for the four scales were as follow: perceived group discrimination in employment .90; perceived group discrimination in housing .94; perceived personal discrimination in employment .91; and perceived personal discrimination in housing .95.

Social Support

Weiss' (1974) Provisions of Social Relations (PSR) Scale was used in this study. The respondents were asked about their relationship with their family and friends. The respondents were asked to respond to the following questions separately for family and friends: (1) You feel close to your (family/friends); (2) You have (family/friends) who would always take the time to talk over your problems, should you want; (3) Your (family/friends) often lets you know that they think you are a worthwhile person; (4) Your (family/friends) is always telling you what to do and how to act; (5) When you are with your (family/friends), you feel completely able to relax and be yourself; (6) No matter what happens you know that your (family/friends) will always be there for you should you need them; (7) You know that your (family/friends) has confidence in you; (8) You feel that your (family/friends) really cares about you; and (9) You often feel really appreciated by your (family/friends). The coding for these items were: (1) strongly disagree; (2) mildly disagree; (3) mildly agree; and (4) strongly agree. See Appendix D for the mean, standard deviation, and range for each item in the family and support scale. The alpha reliability coefficient of the family support scale was .90 and for the friend support scale .92.
**Instrumental Support**

The respondents were asked how often they would rely on family members and friends with whom they did not live with to: (1) Look after your home/apartment (pets, plants, etc) while you are away?; (2) Loan you over $100.00; (3) Help you do things such as house or car repairs, painting, moving?; (4) Provide you with a place to stay if you needed one?; and (5) Drive you somewhere if you needed a ride? The coding for these items were: (1) very likely; (2) likely; (3) not sure; (4) unlikely; and 5) very unlikely. See Appendix D for the mean, standard deviation, and range for each item in the instrumental support scale. The alpha reliability coefficient of the instrumental support scale was .81.

**Mastery**

The Pearlin and Schooler (1978), mastery scale was utilized in this study. The respondents were asked to respond to the following questions: (1) I have little control over the things that happen to me; (2) There is really no way I can solve some of the problems I have; (3) There is little I can do to change many of the important things in my life; (4) Sometimes I feel that I am being pushed around in life; (5) What happens to me in the future mostly depends on me; and (6) I can do just about anything I really set my mind to. The coding for these items were: (1) strongly agree; (2) mildly agree; (3) neither agree or disagree; (4) mildly disagree; and (5) strongly disagree. See Appendix D for the mean, standard deviation, and range for each item in the mastery scale. The alpha reliability coefficient of the mastery scale was .78.
Demographic Variables

In the study the following variables were utilized as controlled variables: (1) age at interview; (2) gender which was coded as a dummy variable (female = 1, male = 0); (3) years living in the United States; (4) marital status which was coded into two dummy variables (single, divorced/separated/widowed) with married representing the comparison group (which included those living with a partner); and (5) years or grade in school completed.

Skin Tone

The respondents rated their skin tone using the following scale: (1) white; (2) light Indian; (3) Indian; (4) medium Indian; (5) dark Indian; and 6) Black. Skin tone was coded into a dummy variable (dark=1 and light=0). Individuals rating themselves as 1, 2 or 3 (white, light Indian or Indian) on the skin tone variable were classified as light; those rating themselves as 4, 5 or 6 (medium Indian, dark Indian or Black) were classified as dark.
CHAPTER III

RESULTS

Sample Descriptive

Table 1 shows the sample descriptive. More than half of the sample was women (61.7%) and the mean age of participants was 40.6 (SD= 15.1) with a range from 18 to 85 years old. The majority of the sample was married or living with a partner (62.5%). Ninety-four percent of the sample was born in the Dominican Republic and the mean years of living in the United States was 13.6 years (SD=11.2). Seventy one percent of the sample was employed. Over half the sample completed between the 9th and 12th grade of school. Seventeen percent of the sample had only completed between the 1st and 6th grade. The total family income in 1998 or 1999 (depending on what year the participants were interviewed) for over half of the sample was twenty thousand dollars or less. Only six percent of the sample had an income of over fifty thousand dollars.
Table 1. Sample Descriptive (N=120).

<table>
<thead>
<tr>
<th>Variable</th>
<th>Freq.</th>
<th>%</th>
<th>M</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Gender</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>46</td>
<td>38.3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>74</td>
<td>61.7</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Age</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18-29</td>
<td>32</td>
<td>26.7</td>
<td>40.6</td>
<td>15.1</td>
</tr>
<tr>
<td>30-39</td>
<td>32</td>
<td>26.7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>40-49</td>
<td>24</td>
<td>20.0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>50-59</td>
<td>15</td>
<td>12.5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>60 and over</td>
<td>17</td>
<td>14.2</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Marital Status</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Married/Living with</td>
<td>50</td>
<td>41.7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Married/Not Living with</td>
<td>10</td>
<td>8.3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Living</td>
<td>15</td>
<td>12.5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Divor./Separ./Widowed</td>
<td>23</td>
<td>19.2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single</td>
<td>22</td>
<td>18.3</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Place of Birth</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dominican Republic</td>
<td>113</td>
<td>94.2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>United States</td>
<td>5</td>
<td>4.2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Puerto Rico</td>
<td>2</td>
<td>1.7</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Yrs living in U.S.</strong></td>
<td></td>
<td></td>
<td>13.6</td>
<td>11.2</td>
</tr>
<tr>
<td><strong>Employment Status</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employed</td>
<td>85</td>
<td>70.8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unemployed</td>
<td>35</td>
<td>29.2</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Education</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1-6th Grade</td>
<td>20</td>
<td>16.8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7-8th Grade</td>
<td>8</td>
<td>6.7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9-12th Grade</td>
<td>65</td>
<td>54.6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Some College</td>
<td>9</td>
<td>7.6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Completed College or &gt;</td>
<td>17</td>
<td>14.3</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Income</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>less than $10,000</td>
<td>45</td>
<td>39.1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>$10,001-20,000</td>
<td>20</td>
<td>17.4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>$20,001-30,000</td>
<td>21</td>
<td>18.3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>$30,001-40,000</td>
<td>18</td>
<td>15.7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>$40,001-$50,000</td>
<td>4</td>
<td>3.5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>More than $50K</td>
<td>7</td>
<td>6.1</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Occupational Distribution. As shown in Table 2, almost half of the employed respondents were employed in service jobs. Of the 42 respondents employed as service workers, twenty-three of them were employed in cleaning jobs. Only a small percentage of the sample was employed in professional, technical, or related workers occupations (3.5%). None of the respondents were employed as administrative and managerial workers or as agricultural, animal husbandry, forestry workers, fisherman, and hunters.

<table>
<thead>
<tr>
<th>Occupation</th>
<th>Freq.</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professional, Technical, and Related Workers</td>
<td>3</td>
<td>3.5</td>
</tr>
<tr>
<td>Administrative and Managerial Workers</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>Clerical and Related Workers</td>
<td>14</td>
<td>16.5</td>
</tr>
<tr>
<td>Sales Workers</td>
<td>12</td>
<td>14.1</td>
</tr>
<tr>
<td>Service Worker</td>
<td>42</td>
<td>49.4</td>
</tr>
<tr>
<td>Agricultural, Animal Husbandry and Forestry Workers, Fisherman and Hunters</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>Production and Related Workers, Transport Equipment Operators and Laborers</td>
<td>14</td>
<td>16.5</td>
</tr>
</tbody>
</table>
Table 3. Dominicans in the United States.

<table>
<thead>
<tr>
<th>Variable</th>
<th>%</th>
<th>M</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>46.2</td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>53.8</td>
<td></td>
</tr>
<tr>
<td>Education</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not a High School Graduate</td>
<td>48.1</td>
<td></td>
</tr>
<tr>
<td>High School Graduate but no B.A.</td>
<td>42.3</td>
<td></td>
</tr>
<tr>
<td>B.A. Degree or Higher</td>
<td>9.6</td>
<td></td>
</tr>
<tr>
<td>Citizenship Status</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Native, Born in the United States</td>
<td>40.7</td>
<td></td>
</tr>
<tr>
<td>Native, Born in Puerto Rico or US</td>
<td>1.9</td>
<td></td>
</tr>
<tr>
<td>Outlying Area</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Native, born abroad of American Parent(s)</td>
<td>.9</td>
<td></td>
</tr>
<tr>
<td>Foreign Born, U.S. Citizen by Naturalization</td>
<td>17.7</td>
<td></td>
</tr>
<tr>
<td>Foreign Born, Not a Citizen of the U.S.</td>
<td>38.9</td>
<td></td>
</tr>
<tr>
<td>Income</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Average Personal Income</td>
<td>$9,157</td>
<td></td>
</tr>
<tr>
<td>Average Personal Income for Persons Working</td>
<td>$27,258</td>
<td></td>
</tr>
<tr>
<td>Full-time &amp; Year Round</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Occupation Classes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Managerial &amp; Professional</td>
<td>10.9</td>
<td></td>
</tr>
<tr>
<td>Technical, Sales, &amp; Administrative Support</td>
<td>25.4</td>
<td></td>
</tr>
<tr>
<td>Service</td>
<td>33.2</td>
<td></td>
</tr>
<tr>
<td>Operations, Fabricators, &amp; Handlers</td>
<td>30.4</td>
<td></td>
</tr>
</tbody>
</table>


For comparative purposes, Table 3 reports national statistics on Dominicans (Dominican Studies Institute, 2002). Dominicans in the study sample are comparable to the United States’ Dominican population in regards to percent female, educational status, and income. The population in the current study differs from the general Dominican population in that they were predominantly born in the Dominican Republic and were over-represented in service jobs. However, it is important to point out that the study
includes only individuals 18 years and older at the time of the interview, while the Current Population Survey includes all household members. It seems likely that younger individuals are more likely to be born in the United States.

**Acculturation.** As shown in Table 4, most of the Dominicans in this sample scored over 2.5 in the Hispanic domain (94 percent). More than half of the sample (60 percent) scored under 2.5 in the non-Hispanic domain. It can be concluded that the majority of this sample of Dominicans would be classified as being relatively low in acculturation.

<table>
<thead>
<tr>
<th>Acculturation Domains</th>
<th>Freq.</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hispanic Domain</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Low</td>
<td>7</td>
<td>5.8</td>
</tr>
<tr>
<td>High</td>
<td>113</td>
<td>94.2</td>
</tr>
<tr>
<td>Non-Hispanic Domain</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Low</td>
<td>72</td>
<td>60.0</td>
</tr>
<tr>
<td>High</td>
<td>48</td>
<td>40.0</td>
</tr>
</tbody>
</table>

As shown in Table 5, most of the Dominicans in this sample were classified as unicultural which is defined as being above 2.5 in one domain and below 2.5 on the other domain. Sixty-four percent of the respondents were coded as being unicultural. In this sample, unicultural mainly means being high (scoring above 2.5) on the Hispanic domain and low (scoring below 2.5) on the non-Hispanic domain. Dropped from the unicultural/bicultural analysis was 1 respondent who scored low (below 2.5) on both the Hispanic and non-Hispanic domain. Thirty-five percent of the respondents scored above
2.5 in both the Hispanic and the non-Hispanic domain and were classified as being bicultural.

Table 5. Distribution of the Uniculturation and Biculturation Variables (n=119).

<table>
<thead>
<tr>
<th>Variable</th>
<th>Freq.</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unicultural</td>
<td>77</td>
<td>64.7</td>
</tr>
<tr>
<td>(Mix 1 Domain over 2.5 and 1 under 2.5)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bicultural</td>
<td>42</td>
<td>35.3</td>
</tr>
<tr>
<td>(Over 2.5 on Both Domains)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Service utilization for depression. Thirty percent of the sample reported having visited a doctor or other health provider about feeling down or depressed. The majority of those reporting having seen a doctor or other health provider had done so within the last four months.

Ratings of health. The majority of the respondents reported their health as being regular, good, very good, or excellent. Twenty percent of the sample reported their health as being either poor or fair.

Skin Tone. Over half (57.5%) of the sample’s skin tone was coded as having a light skin tone. Respondents who classified their skin tone as either white, light Indian or Indian were coded as having a light skin tone.

Depressive Symptomatology

As previously noted, utilized in this study was the Center for Epidemiologic Studies-Depression Scale (CES-D). Radloff (1977), identified the CES-D as having four factor structures: depressive affect, positive affect, somatic and retarded affect, and interpersonal. Radloff’s four-factor structure was not found to fit the HHANES data.
Guarnaccia and colleagues (1989) found that CES-D yielded three factors among Mexican-Americans, Cuban-Americans, and Puerto Ricans. They found that combined was the factor of affective and somatic behavior. Guarnaccia and colleagues (1989) concluded that their finding fits closely with those of other studies that have found that Hispanics tend to seek help for mental health problems with primary care physicians and that their expressions of distress focus on somatic symptoms.

Since there is evidence that among Hispanics the factors might load differently and that they might somatize depression, factor analysis was conducted to confirm whether among this sample of Dominicans there are 3 or 4 factors and whether depressive affect are separate from somatic behaviors. It was found that this sample of Dominicans did not fit Radloff's four-factor structure. Nor did they fit the finding of the HHANES data of a combined affective and somatic factor. Using principal components analysis with marimax rotation found was a three factor solution with a: 1) combined depressive affect and interpersonal factor; 2) positive affect; and 3) somatic and retarded activity factor. Thus, in this sample of Dominicans, somatic behaviors are separated from depressive affect. Table 6, shows the results of this analysis. Factor loadings of .50 or greater are underlined.
Table 6. Factor Structure of the CES-D (n=119).  

<table>
<thead>
<tr>
<th></th>
<th>Factor I</th>
<th>Factor II</th>
<th>Factor III</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Depress/Interpersonal</td>
<td>Positive Affect</td>
<td>Somatic Affect</td>
</tr>
<tr>
<td>Bothered</td>
<td>.16</td>
<td>-.03</td>
<td>.56</td>
</tr>
<tr>
<td>Appetite</td>
<td>.35</td>
<td>.03</td>
<td>.58</td>
</tr>
<tr>
<td>Blues</td>
<td>.61</td>
<td>-.24</td>
<td>.39</td>
</tr>
<tr>
<td>Mind</td>
<td>.50</td>
<td>-.22</td>
<td>.40</td>
</tr>
<tr>
<td>Depressed</td>
<td>.55</td>
<td>-.38</td>
<td>.41</td>
</tr>
<tr>
<td>Effort</td>
<td>.03</td>
<td>-.06</td>
<td>.72</td>
</tr>
<tr>
<td>Failure</td>
<td>.42</td>
<td>-.54</td>
<td>.29</td>
</tr>
<tr>
<td>Fearful</td>
<td>.32</td>
<td>-.24</td>
<td>.53</td>
</tr>
<tr>
<td>Sleep</td>
<td>.46</td>
<td>-.11</td>
<td>.50</td>
</tr>
<tr>
<td>Talk</td>
<td>.41</td>
<td>-.31</td>
<td>.53</td>
</tr>
<tr>
<td>Lonely</td>
<td>.69</td>
<td>-.38</td>
<td>.12</td>
</tr>
<tr>
<td>Unfriendly</td>
<td>.72</td>
<td>.04</td>
<td>-.04</td>
</tr>
<tr>
<td>Crying</td>
<td>.67</td>
<td>-.37</td>
<td>.19</td>
</tr>
<tr>
<td>Sad</td>
<td>.70</td>
<td>-.32</td>
<td>.32</td>
</tr>
<tr>
<td>Disliked</td>
<td>.70</td>
<td>.03</td>
<td>.08</td>
</tr>
<tr>
<td>Get Going</td>
<td>.62</td>
<td>-.02</td>
<td>.27</td>
</tr>
<tr>
<td>Good</td>
<td>-.07</td>
<td>.70</td>
<td>.06</td>
</tr>
<tr>
<td>Hopeful</td>
<td>-.08</td>
<td>.81</td>
<td>.10</td>
</tr>
<tr>
<td>Happy</td>
<td>-.24</td>
<td>.75</td>
<td>-.18</td>
</tr>
<tr>
<td>Enjoyed</td>
<td>-.10</td>
<td>.79</td>
<td>-.24</td>
</tr>
<tr>
<td>Eigenvalue</td>
<td>7.70</td>
<td>2.07</td>
<td>1.19</td>
</tr>
<tr>
<td>% Explained Variance</td>
<td>38.53</td>
<td>10.33</td>
<td>5.97</td>
</tr>
<tr>
<td>Cumulative % Explained Variance</td>
<td>38.53</td>
<td>48.86</td>
<td>54.83</td>
</tr>
</tbody>
</table>

1 Factor loadings of .50 or greater are underlined.

**Bivariate Associations**

Reported in Appendix E are bivariate associations among all relevant variables. Women, those who had completed fewer grades in school, those who are unemployed, who scored higher on the Hispanic domain (and thus were less acculturated), who had lower incomes, who had more financial strain, who reported greater perceived group

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discrimination in employment, who had lower mastery scores, and who reported less instrumental support, had significantly higher depressive symptomatology scores. It was found that of the three factors of the CES-D, being high on the Hispanic acculturation domain is significantly related to the somatic affect factor. Individuals who are high on the Hispanic acculturation domain score higher on the somatic factor of the CES-D scale. Thus, Dominicans high on the Hispanic domain (less acculturated) are more likely to report lack of appetite, restless sleep, and difficulties in doing regular activities. This is consistent with the findings that among Hispanics depression tends to be somatized. The independent effects of these factors on depression are explained later in the multivariate analyses.

**Social Distribution of Stress**

In order to examine how the three principle stressors are distributed among the demographic variables several ANOVAS were conducted: 1) the Hispanic and non-Hispanic acculturation domain, by demographic variables (gender, age, years living in the United States, marital status, education and skin tone); 2) income, financial strain, and occupational prestige by demographic variables; and 3) perceived group and personal discrimination in employment and housing by demographics. Chi-Squares were conducted to examine the relationship between the demographic variables and the uniculturality and biculturality variables and for employment status.

**Acculturation**

**Hispanic acculturation domain.** As shown in Table 7, gender and the age of the respondent are related to the Hispanic acculturation domain. Women and those who are over the age of 60 scored significantly higher on the Hispanic acculturation domain.
Non-Hispanic acculturation domain. Also shown in Table 7, is that age and educational status are related to the non-Hispanic acculturation domain. In this sample of Dominicans, those respondents between the ages of 18 and 29, and those who had completed some college or more, scored significantly higher on the non-Hispanic acculturation domain.
<table>
<thead>
<tr>
<th>Variable</th>
<th>Hispanic Acculturation Domain</th>
<th>Non-Hispanic Acculturation Domain</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M</td>
<td>SD</td>
</tr>
<tr>
<td>Gender</td>
<td>1</td>
<td>5.77*</td>
</tr>
<tr>
<td>Male</td>
<td>3.73</td>
<td>.79</td>
</tr>
<tr>
<td>Female</td>
<td>4.10</td>
<td>.82</td>
</tr>
<tr>
<td>Age</td>
<td>1</td>
<td>3.73*</td>
</tr>
<tr>
<td>18-29</td>
<td>3.72</td>
<td>.87</td>
</tr>
<tr>
<td>30-39</td>
<td>3.68</td>
<td>.83</td>
</tr>
<tr>
<td>40-49</td>
<td>4.21</td>
<td>.67</td>
</tr>
<tr>
<td>50-59</td>
<td>4.22</td>
<td>.74</td>
</tr>
<tr>
<td>60 and over</td>
<td>4.34</td>
<td>.76</td>
</tr>
<tr>
<td>Years living in US</td>
<td>1</td>
<td>.02</td>
</tr>
<tr>
<td>Below Mean</td>
<td>4.01</td>
<td>.82</td>
</tr>
<tr>
<td>At or Above Mean</td>
<td>3.99</td>
<td>.77</td>
</tr>
<tr>
<td>Marital Status</td>
<td>1</td>
<td>1.83</td>
</tr>
<tr>
<td>Not Married</td>
<td>3.83</td>
<td>.86</td>
</tr>
<tr>
<td>Married</td>
<td>4.04</td>
<td>.80</td>
</tr>
<tr>
<td>Education</td>
<td>1</td>
<td>2.73</td>
</tr>
<tr>
<td>12th grade or less</td>
<td>4.02</td>
<td>.80</td>
</tr>
<tr>
<td>Some college or &lt;</td>
<td>3.72</td>
<td>.89</td>
</tr>
<tr>
<td>Skin Tone</td>
<td>1</td>
<td>.07</td>
</tr>
<tr>
<td>Light</td>
<td>3.94</td>
<td>.81</td>
</tr>
<tr>
<td>Dark</td>
<td>3.98</td>
<td>.85</td>
</tr>
</tbody>
</table>

*p < .05  **p < .01  ***p < .001
Biculturation and Uniculturation. As shown in Table 8, there was no significant relationship between any of the demographic variables and the reporting of biculturality or uniculturality. Education approached statistical significance, with a higher proportion of unicultural respondents among respondents with a high school degree or less.
<table>
<thead>
<tr>
<th>Variable</th>
<th>Uniculturation</th>
<th>Biculturation</th>
<th>(d)</th>
<th>(X^2)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(N)</td>
<td>%</td>
<td>(N)</td>
<td>%</td>
</tr>
<tr>
<td>Gender</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>28</td>
<td>62.2</td>
<td>17</td>
<td>37.8</td>
</tr>
<tr>
<td>Female</td>
<td>49</td>
<td>66.4</td>
<td>25</td>
<td>33.8</td>
</tr>
<tr>
<td>Age</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18-29</td>
<td>19</td>
<td>59.4</td>
<td>13</td>
<td>40.6</td>
</tr>
<tr>
<td>30-39</td>
<td>20</td>
<td>64.5</td>
<td>11</td>
<td>35.5</td>
</tr>
<tr>
<td>40-49</td>
<td>15</td>
<td>62.5</td>
<td>9</td>
<td>37.5</td>
</tr>
<tr>
<td>50-59</td>
<td>12</td>
<td>80.0</td>
<td>3</td>
<td>20.0</td>
</tr>
<tr>
<td>60 and over</td>
<td>11</td>
<td>64.7</td>
<td>6</td>
<td>35.3</td>
</tr>
<tr>
<td>Years living in US</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Below Mean</td>
<td>48</td>
<td>67.6</td>
<td>23</td>
<td>32.4</td>
</tr>
<tr>
<td>At or Above Mean</td>
<td>26</td>
<td>60.5</td>
<td>17</td>
<td>39.5</td>
</tr>
<tr>
<td>Marital Status</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not Married</td>
<td>30</td>
<td>66.7</td>
<td>15</td>
<td>33.7</td>
</tr>
<tr>
<td>Married</td>
<td>47</td>
<td>63.5</td>
<td>27</td>
<td>36.5</td>
</tr>
<tr>
<td>Education</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12(^{th}) grade or &lt;</td>
<td>63</td>
<td>68.5</td>
<td>29</td>
<td>31.5</td>
</tr>
<tr>
<td>Some college or &gt;</td>
<td>13</td>
<td>50.0</td>
<td>13</td>
<td>50.0</td>
</tr>
<tr>
<td>Skin Tone</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Light</td>
<td>47</td>
<td>68.1</td>
<td>22</td>
<td>31.9</td>
</tr>
<tr>
<td>Dark</td>
<td>30</td>
<td>60.0</td>
<td>20</td>
<td>40.0</td>
</tr>
</tbody>
</table>

\(*p < .05 \quad **p < .01 \quad ***p < .001\)

\(^+\) Marginal significance \((p=.08)\)
Economic Stressors

Income. Table 9 shows that in this sample there is a significant difference in mean income for males and females, and for married and unmarried, and for those with 12 grades or less of education and those with some college or more. Women, those not married, and those who had completed 12 grades or less of schooling have lower incomes. Age approached statistical significance, with higher incomes among respondents between the ages of 30 and 39. There was no significant difference in income by years living in the United States and skin tone.
Table 9. Analysis of Variance for Income by Selected Demographic Variables.

<table>
<thead>
<tr>
<th>Variable</th>
<th>Income</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M</td>
<td>SD</td>
<td>d</td>
<td>F</td>
</tr>
<tr>
<td>Gender</td>
<td>1</td>
<td>5.20*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>2.88</td>
<td>1.42</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>2.22</td>
<td>1.53</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age</td>
<td>4</td>
<td>2.18+</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18-29</td>
<td>2.33</td>
<td>1.42</td>
<td></td>
<td></td>
</tr>
<tr>
<td>30-39</td>
<td>2.87</td>
<td>1.63</td>
<td></td>
<td></td>
</tr>
<tr>
<td>40-49</td>
<td>2.62</td>
<td>1.13</td>
<td></td>
<td></td>
</tr>
<tr>
<td>50-59</td>
<td>2.50</td>
<td>1.95</td>
<td></td>
<td></td>
</tr>
<tr>
<td>60 and over</td>
<td>1.56</td>
<td>1.31</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Years living in US</td>
<td>1</td>
<td>2.66</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Below Mean</td>
<td>2.18</td>
<td>1.36</td>
<td></td>
<td></td>
</tr>
<tr>
<td>At or Above Mean</td>
<td>2.64</td>
<td>1.60</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Marital Status</td>
<td>1</td>
<td>8.39**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not Married</td>
<td>1.93</td>
<td>1.29</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Married</td>
<td>2.75</td>
<td>1.56</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Education</td>
<td>1</td>
<td>4.31*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12th grade or less</td>
<td>2.31</td>
<td>1.53</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Some college or &lt;</td>
<td>3.00</td>
<td>1.36</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Skin Tone</td>
<td>1</td>
<td>0.72</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Light</td>
<td>2.35</td>
<td>1.40</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dark</td>
<td>2.59</td>
<td>1.67</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*p < .05  **p < .01  ***p < .001
*Marginal significance (p = .08)
Employment Status. Table 10 shows that in this sample, age, educational status, and skin tone are significantly related to employment status. Individuals in this sample who are sixty-years and older, those who had completed 12 grades or less, and those who have darker skin tones were more likely to be unemployed. There was no difference in employment status by gender, years living in the United States, and marital status.
Table 10. Chi Square for Employment Status by Selected Demographic Variables.

<table>
<thead>
<tr>
<th>Variable</th>
<th>Unemployed</th>
<th>Employed</th>
<th>d</th>
<th>X²</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>%</td>
<td>N</td>
<td>%</td>
</tr>
<tr>
<td>Gender</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>11</td>
<td>23.9</td>
<td>35</td>
<td>76.1</td>
</tr>
<tr>
<td>Female</td>
<td>24</td>
<td>32.4</td>
<td>50</td>
<td>65.6</td>
</tr>
<tr>
<td>Age</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18-29</td>
<td>6</td>
<td>18.7</td>
<td>26</td>
<td>81.5</td>
</tr>
<tr>
<td>30-39</td>
<td>5</td>
<td>15.6</td>
<td>27</td>
<td>84.4</td>
</tr>
<tr>
<td>40-49</td>
<td>2</td>
<td>8.3</td>
<td>22</td>
<td>91.7</td>
</tr>
<tr>
<td>50-59</td>
<td>8</td>
<td>53.3</td>
<td>7</td>
<td>46.7</td>
</tr>
<tr>
<td>60 and over</td>
<td>14</td>
<td>82.3</td>
<td>3</td>
<td>17.6</td>
</tr>
<tr>
<td>Years living in US</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Below Mean</td>
<td>18</td>
<td>25.0</td>
<td>54</td>
<td>75.0</td>
</tr>
<tr>
<td>At or Above Mean</td>
<td>17</td>
<td>39.5</td>
<td>26</td>
<td>60.5</td>
</tr>
<tr>
<td>Marital Status</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not Married</td>
<td>14</td>
<td>31.1</td>
<td>31</td>
<td>68.9</td>
</tr>
<tr>
<td>Married</td>
<td>21</td>
<td>28.0</td>
<td>54</td>
<td>72.0</td>
</tr>
<tr>
<td>Education</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12th grade or &lt;</td>
<td>32</td>
<td>34.4</td>
<td>61</td>
<td>65.6</td>
</tr>
<tr>
<td>Some college or &gt;</td>
<td>3</td>
<td>11.5</td>
<td>23</td>
<td>88.5</td>
</tr>
<tr>
<td>Skin Tone</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Light</td>
<td>15</td>
<td>21.8</td>
<td>54</td>
<td>78.3</td>
</tr>
<tr>
<td>Dark</td>
<td>20</td>
<td>39.2</td>
<td>31</td>
<td>60.8</td>
</tr>
</tbody>
</table>

*p <.05  **p<.01  ***p<.001
Occupational prestige scores. As shown in Table 11, years living in the United States and educational status are significantly related to occupational prestige scores. In this sample, those individuals living in the United States below the mean number of years, and those who had completed 12 grades or less of school, had significantly lower occupational prestige scores. There was no significant difference in occupational prestige scores by gender, age group, marital status, and skin tone.

Financial strain. As is also shown in Table 11, only gender is significantly related to financial strain. In this sample, females report significantly more financial strain than males. Years living in the United States approached statistical significance, with respondents at or above the mean years of living in the United States having greater financial strain. There was no significant relationship in financial strain by age group, marital status, educational status, and skin tone.
Table 11. Analysis of Variance for Occupational Prestige and Financial Strain by Selected Demographic Variables.

<table>
<thead>
<tr>
<th>Variable</th>
<th>Occupational Prestige</th>
<th></th>
<th></th>
<th>Financial Strain</th>
<th></th>
<th></th>
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</thead>
<tbody>
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<td></td>
<td>M</td>
<td>SD</td>
<td>df</td>
<td>F</td>
<td>M</td>
<td>SD</td>
</tr>
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<td>Gender</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>32.46</td>
<td>13.12</td>
<td></td>
<td>1.67</td>
<td>.52</td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>33.04</td>
<td>14.23</td>
<td></td>
<td>1.90</td>
<td>.53</td>
<td></td>
</tr>
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<td>Age</td>
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<td></td>
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</tr>
<tr>
<td>18-29</td>
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<td>13.42</td>
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<td>1.68</td>
<td>.46</td>
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</tr>
<tr>
<td>40-49</td>
<td>34.32</td>
<td>16.07</td>
<td></td>
<td>1.96</td>
<td>.54</td>
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<tr>
<td>50-59</td>
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<td>11.13</td>
<td></td>
<td>1.99</td>
<td>.60</td>
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<tr>
<td>60 and over</td>
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<td>14.01</td>
<td></td>
<td>1.90</td>
<td>.66</td>
<td></td>
</tr>
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<td></td>
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<tr>
<td>Below Mean</td>
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<td>1.75</td>
<td>.53</td>
<td></td>
</tr>
<tr>
<td>At or Above Mean</td>
<td>38.85</td>
<td>11.23</td>
<td></td>
<td>1.94</td>
<td>.55</td>
<td></td>
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<td>Marital Status</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Not Married</td>
<td>30.26</td>
<td>14.07</td>
<td></td>
<td>1.79</td>
<td>.54</td>
<td></td>
</tr>
<tr>
<td>Married</td>
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<td>13.41</td>
<td></td>
<td>1.94</td>
<td>.54</td>
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<tr>
<td>Education</td>
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<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>12th grade or less</td>
<td>30.06</td>
<td>12.95</td>
<td></td>
<td>1.81</td>
<td>.55</td>
<td></td>
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<tr>
<td>Some college or more</td>
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<td>12.63</td>
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<td>1.77</td>
<td>.47</td>
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<td>Skin Tone</td>
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<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Light</td>
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<td>14.11</td>
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<td>12.74</td>
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<td>1.80</td>
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</tr>
</tbody>
</table>

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

*Marginal significance (p = .07)
Perceived Discrimination

Perceived group discrimination in employment and housing. Table 12, reports mean differences in perceived group discrimination in employment and housing by demographic factors. There is a significant relationship difference in perceived group discrimination in employment across gender and educational status. In this sample, females, and those who had completed at least some college reported greater perceived group discrimination in employment. There was no significant relationship between perceived group discrimination in employment and age, years living in the United States, marital status, and skin tone. The relationship between perceived group discrimination in employment and years living in the United States approached statistical significance with those living longer in the United States perceiving greater group discrimination.

Table 12 also shows that there is a significant relationship difference in perceived group discrimination in housing across gender, age, years living in the United States and educational status. In this sample of Dominicans, females, those between the ages of 50 and 59, those living in the United States at or above the mean number of years, and those who had completed at least some college reported greater perceived group discrimination in housing. There was no significant relationship between perceived group discrimination in housing, and marital status, or skin tone.
Table 12. Analysis of Variance for Perceived Group Discrimination in Employment and Housing by Selected Demographic Variables.

<table>
<thead>
<tr>
<th>Variable</th>
<th>Perceived Group Discrimination in Employment</th>
<th>Perceived Group Discrimination in Housing</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M</td>
<td>SD</td>
</tr>
<tr>
<td>Gender</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>1.66</td>
<td>1.09</td>
</tr>
<tr>
<td>Female</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>18-29</td>
<td>1.83</td>
<td>1.22</td>
</tr>
<tr>
<td>30-39</td>
<td>2.17</td>
<td>1.16</td>
</tr>
<tr>
<td>40-49</td>
<td>2.01</td>
<td>1.21</td>
</tr>
<tr>
<td>50-59</td>
<td>2.29</td>
<td>1.10</td>
</tr>
<tr>
<td>60 and over</td>
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<td>.86</td>
</tr>
<tr>
<td>Years living in US</td>
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<td></td>
</tr>
<tr>
<td>Below Mean</td>
<td>1.91</td>
<td>1.09</td>
</tr>
<tr>
<td>At or Above Mean</td>
<td>2.47</td>
<td>1.20</td>
</tr>
<tr>
<td>Marital Status</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not Married</td>
<td>2.01</td>
<td>1.15</td>
</tr>
<tr>
<td>Married</td>
<td>2.06</td>
<td>1.34</td>
</tr>
<tr>
<td>Education</td>
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<td></td>
</tr>
<tr>
<td>12th grade or less</td>
<td>1.91</td>
<td>1.09</td>
</tr>
<tr>
<td>Some college or more</td>
<td>2.47</td>
<td>1.20</td>
</tr>
<tr>
<td>Skin Tone</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Light</td>
<td>2.04</td>
<td>1.15</td>
</tr>
<tr>
<td>Dark</td>
<td>2.05</td>
<td>1.13</td>
</tr>
</tbody>
</table>

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

*Marginal significance (p = .07).

Perceived personal discrimination in employment and housing. As shown in Table 13, there were no significant relationships between any of the demographic variables and the reporting of perceived personal discrimination in employment or housing. Age approached statistical significance, with respondents between the ages of 30 and 39 reporting greater perceived personal discrimination in housing.
Table 13. Analysis of Variance for Perceived Personal Discrimination in Employment and Housing by Selected Demographic Variables.

<table>
<thead>
<tr>
<th>Variable</th>
<th>Perceived Personal Discrimination in Employment</th>
<th>Perceived Personal Discrimination in Housing</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M</td>
<td>SD</td>
</tr>
<tr>
<td>Gender</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>.75</td>
<td>.99</td>
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<td>Female</td>
<td>.94</td>
<td>1.04</td>
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<tr>
<td>Age</td>
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<td>18-29</td>
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<td>1.00</td>
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<tr>
<td>30-39</td>
<td>1.15</td>
<td>1.13</td>
</tr>
<tr>
<td>40-49</td>
<td>.74</td>
<td>.99</td>
</tr>
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<td>50-59</td>
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<td>1.07</td>
</tr>
<tr>
<td>60 and over</td>
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<td>.74</td>
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<td>Years living in US</td>
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<tr>
<td>Below Mean</td>
<td>.90</td>
<td>1.10</td>
</tr>
<tr>
<td>At or Above Mean</td>
<td>.90</td>
<td>.00</td>
</tr>
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<td>Marital Status</td>
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<td></td>
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<tr>
<td>Not Married</td>
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<td>1.11</td>
</tr>
<tr>
<td>Married</td>
<td>.87</td>
<td>1.97</td>
</tr>
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<td>Education</td>
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<td></td>
</tr>
<tr>
<td>12th grade or less</td>
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<td>1.01</td>
</tr>
<tr>
<td>Some college or more</td>
<td>1.08</td>
<td>1.07</td>
</tr>
<tr>
<td>Skin Tone</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Light</td>
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<td>1.00</td>
</tr>
<tr>
<td>Dark</td>
<td>.93</td>
<td>1.05</td>
</tr>
</tbody>
</table>

*p <.05  **p<.01  ***p<.001
*Marginal significance (p=.07).

Multivariate Analyses

To further investigate the relationships between depressive symptomatology, demographic variables, economic and acculturative stressors, perceived discrimination and possible moderators of stress, multiple regression analyses were conducted. Due to the limited sample size and the number of variables, a decision was made to delete from the model variables that did not have a significant bivariate relationship with depression.
However, as discussed earlier, interesting relationships were found between the stressors and the demographic variables in the ANOVAS.

In the first step, depressive symptomatology was regressed on gender, and educational status. Being female and having less education are independently associated with depressive symptomatology. As shown in Table 14, predicted depressive symptomatology scores for females are .28 higher than those of men, controlling for educational status. Also shown in Table 14, predicted depressive symptomatology scores for those having completed the 12th grade or less are .24 higher than of those who had completed college or more, controlling for gender. Nine percent of the variance in depressive symptomatology is explained by gender and education.

In the second step, employment status, income, financial strain, Hispanic acculturation domain, and perceived group discrimination in employment were added to the model. Employment status and income are associated with depressive symptomatology. As shown in Table 14, predicted depressive symptomatology scores for those who are unemployed are .27 higher than for those who are employed. Also, for each ten thousand dollar decrease in income there is an average increase of .08 in the depressive symptomatology scale. Gender and educational status are no longer associated with depressive symptomatology when the stressors are added to the equation. Thus, employment status and income appear to explain the relationships between gender, educational status, and depression. This second model explains 25 percent of the variance in depressive symptomatology.

In the third step, mastery and instrumental support were added to the model. As shown in Table 14, employment status is still associated with depressive
symptomatology. Depressive symptomatology scores for those who are unemployed are .28 higher than for those individuals who are employed. Table 14 also shows that mastery is related to depressive symptomatology. For each one-point decrease in the mastery scale, there is an average increase of .11 in the depressive symptomatology scale. However, income is no longer associated with depressive symptomatology. Therefore, mastery appears to explain the relationship between income and depression. This third model explains 29 percent of the variance in depressive symptomatology.
Table 14. Stepwise Regressions of Depressive Symptomatology on Selected Variables.

<table>
<thead>
<tr>
<th>Variable</th>
<th>Step 1</th>
<th></th>
<th></th>
<th></th>
<th>Step 2</th>
<th></th>
<th></th>
<th>Step 3</th>
<th></th>
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</thead>
<tbody>
<tr>
<td></td>
<td>b</td>
<td>SE</td>
<td>t</td>
<td>b</td>
<td>SE</td>
<td>t</td>
<td>b</td>
<td>SE</td>
<td>t</td>
</tr>
<tr>
<td>Gender</td>
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<td></td>
<td></td>
<td></td>
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<tr>
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<td>.10</td>
<td>2.79*</td>
<td>.14</td>
<td>.10</td>
<td>1.32</td>
<td>.14</td>
<td>.10</td>
<td>1.37</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td>Education</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0=12th grade or less</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
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<td>-.87</td>
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<td>5.12***</td>
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<td></td>
<td>4.81***</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*p < .05 **p < .01 ***p < .001
Note: Higher scores indicate higher income, greater financial strain, lower acculturation, greater group perceived discrimination in employment, higher mastery, and higher instrumental support.
Interaction Effects

In order to investigate potential moderating effects of mastery and instrumental support, further regression analyses were conducted to test for statistical interactions between these variables and each of the stressors. Interactions terms with significant betas ($p < .05$) were interpreted as having significant moderating effects in the relationship between stressors and depressive symptomatology.

Interaction Effects of Mastery

Table 15 reports coefficients for the interactions between mastery and each of the economic stressors (employment status, income, and financial strain), perceived group discrimination in employment, and Hispanic acculturation domain. None of these interactions are statistically significant.
### Table 15. Stepwise Regressions of Depressive Symptomatology on Selected Variables with the Mastery Interaction Effects.

<table>
<thead>
<tr>
<th>Variable</th>
<th>Step 1</th>
<th></th>
<th></th>
<th>Step 2</th>
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<th>Step 3</th>
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<th></th>
<th>Step 4</th>
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</tr>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1=Some college or &gt;</td>
<td></td>
<td></td>
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<td></td>
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*p < .05  **p < .01  ***p < .001

Note: Higher scores indicate higher income, greater financial strain, lower acculturation, greater group perceived discrimination in employment, higher mastery, and higher instrumental support.
Interaction Effects of Instrumental Support

Table 16 reports coefficients for the interactions between instrumental support and each of the economic stressors (employment status, income, and financial strain), perceived group discrimination in employment, and the Hispanic acculturation domain.

Step 4 of Table 16 shows that the interaction between instrumental support and financial strain is statistically significant. Thus, the association between depressive symptomatology and instrumental support depends on financial strain. Equivalently, the relationship between depressive symptomatology and financial strain changes with or depends on the level of instrumental support Dominicans have. This fourth model explains 34 percent of the variance in depressive symptomatology.

Step 6 of Table 16 shows that the interaction between instrumental support and the level of perceived group discrimination in employment is statistically significant. Thus, the association between depressive symptomatology and instrumental support depends on the level of perceived group discrimination in employment. Equivalently, the relationship between depressive symptomatology and level of perceived group discrimination in employment depends on the level of instrumental support that Dominicans have. This sixth model explains 33 percent of the variance in depressive symptomatology.
Table 16. Stepwise Regressions of Depressive Symptomatology on Selected Variables with the Instrumental Support Interaction Effects.

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

Note: Higher scores indicate higher income, greater financial strain, lower acculturation, greater group perceived discrimination in employment, higher mastery, and higher instrumental support.
Replicated Regressions

Low Versus High Financial Strain

To explore the nature of the interaction between instrumental support and financial strain on Table 16, relevant variables were regressed on depression scores separately at low and high financial strain. By dividing the sample into low and high financial strain we can determine how the association between instrumental support and depression differs across levels of financial strain.

Individuals were placed in the low financial strain level if their financial strain score was below or at the mean (1.81), and in the high financial strain level if their score was above the mean. Table 17 shows that instrumental support is significantly related to depressive symptomatology scores only among individuals with high financial strain. In other words, instrumental support is particularly important in reducing symptoms of depression in the context of high financial strain. Figure 2 shows that the reporting of financial strain is greater when respondents report lower levels of instrumental support.
Table 17. Multiple Regression of Depressive Symptomatology by Low and High Financial Strain.

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

* Marginal significance (p = .08)

Note: Higher scores indicate higher income, greater financial strain, lower acculturation, greater group perceived discrimination in employment, higher mastery, and higher instrumental support.
Depressive Symptomatology Scores

- High Instrumental Support
- Low Instrumental Support

Financial Strain Scale

FIGURE 2
Low Versus High Perceived Group Discrimination in Employment

To explore the nature of the interaction between instrumental support and perceived group discrimination in employment strain on Table 16, relevant variables were regressed on depressive symptomatology scores separately at low and high levels of perceived group discrimination in employment. By dividing the sample into low and high levels of perceived group discrimination in employment we can determine how the association between instrumental support and depressive symptomatology differs across levels of perceived group discrimination in the area of employment.

Individuals were placed in the low perceived group discrimination in employment level if their perceived group discrimination in employment score was below or at the mean (2.04), and in the high perceived group discrimination in employment level if their score was above the mean. Table 18 shows that instrumental support is significantly related to depressive symptomatology scores only among individuals who reported high levels of perceived group discrimination in employment. In other words, instrumental support is particularly important in reducing symptoms of depression in the context of high levels of perceived group discrimination in employment. Figure 3 shows that the reporting of perceived group discrimination in employment is greater when respondents report lower instrumental support.
Table 18. Multiple Regression of Depressive Symptomatology by Low and High Levels of Perceived Group Discrimination in Employment.

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</tr>
<tr>
<td>0=Male</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Education</td>
<td>-.09</td>
<td>.20</td>
</tr>
<tr>
<td>0=12th grade or less</td>
<td></td>
<td></td>
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<tr>
<td>Employment Status</td>
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<td>.16</td>
</tr>
<tr>
<td>0=Unemployed</td>
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<td></td>
</tr>
<tr>
<td>Income</td>
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<td>.04</td>
</tr>
<tr>
<td>Financial Strain</td>
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<td>.14</td>
</tr>
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<td>Hispanic Acculturation Domain</td>
<td>.15</td>
<td>.08</td>
</tr>
<tr>
<td>Mastery</td>
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<td>.07</td>
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<td>Instrumental Support</td>
<td>.11</td>
<td>.09</td>
</tr>
<tr>
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<tr>
<td>F</td>
<td>2.16***</td>
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</table>

*p < .05  **p < .01  ***p < .001
+ Close to statistical significance (p = .08)
++ Close to statistical significance (p = .07)
+++ Close to statistical significance (p = .05)

Note: Higher scores indicate higher income, greater financial strain, lower acculturation, greater group perceived discrimination in employment, higher mastery, and higher instrumental support.
Depressive Symptomatology Scores

- High Instrumental Support
- Low Instrumental Support

FIGURE 3
CHAPTER IV

SUMMARY AND DISCUSSION

The objective of this dissertation was to explore factors that place Dominicans at risk for developing depression. Specifically, the aims of this dissertation were to explore among Dominicans: 1) the direct and indirect effects of sociodemographic factors (age, gender, years of residency, marital status, and education) and skin tone on psychological distress; 2) the relationships between various stressors (acculturative, economic, and perceived discrimination) and psychological distress; and 3) the role of social support and mastery as stress moderators.

The Social Distribution of Stressors

The first step of the analyses involved conducting bivariate analyses to describe the associations between socio-demographic factors and the stressors. These analyses give us a better understanding of how economic, acculturative, and discrimination stressors are distributed across different groups of Dominicans.

Acculturative Stressors

Hispanic acculturation domain. Women had significantly higher scores on the Hispanic acculturation domain than men. It was also found that respondents over the age of 60 scored significantly higher on the Hispanic acculturation domain than respondents in other age groups. These results suggest that in this sample of Dominicans, women and
older Dominicans are the group that may be adhering more strongly to the Dominican culture by retaining their Spanish language. There were no significant relationships between the Hispanic acculturation domain and years living in the United States, marital status, educational status, and skin tone. Therefore, to the extent that high levels of Spanish language use, as a proxy for uniculturalism, within an English language society represents a potential source of stress, older women may be most disadvantaged in this regard.

**Non-Hispanic acculturation domain.** Respondents between the ages of 18 and 29, scored significantly higher on the non-Hispanic acculturation domain than respondents from other age groups. It was also found that respondents who had completed some college scored significantly higher on the non-Hispanic acculturation domain than respondents who had completed the 12th grade or less. These results suggest that younger Dominicans in this sample and those who have completed at least some college may be adhering more to the United States culture by speaking more English. Therefore, as it has been previously noted, in this sample of Dominicans, older individuals are less acculturated to American society, while the younger population and those who have completed some college are more acculturated to the United States society. To the extent that English language use is an indication of acculturation, those who speak more English, are less likely to experience acculturative stress. It is important to point out that speaking more English may be a manifestation of other processes.

There were no significant relationships between the non-Hispanic acculturation domain and gender, years living in the United States, marital status, and skin tone.

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Uniculturalism and biculturalism. There were no significant relationships between the socio-demographic variables and the reporting of uniculturality or biculturality. Education approached statistical significance, with a higher proportion of unicultural (Spanish only) respondents among respondents with a high school degree or less.

Skin tone was unrelated to any of the acculturation domains (the Hispanic and non-Hispanic domains and biculturation or uniculturation). This is inconsistent with the Telles and Murguia (1990) study that found that respondents with lighter phenotypes had greater English language proficiency than individuals with darker phenotypes.

Economic Stressors

Income. It was found in bivariate analyses that women in this sample had significantly lower incomes than men and that respondents who were not married had significantly lower incomes than married respondents. As expected, respondents who had completed the 12th grade or less had lower incomes than respondents who completed at least some college. Thus, respondents who have completed at least some college appear to be advantaged in the types of jobs they obtain over their counterparts who had completed high school or less. Age approached statistical significance, with higher incomes reported among individuals between the ages of 30 and 39. Consistent with social/structural processes in United States society as a whole, women, unmarried individuals, and those with less education are the most economically disadvantaged Dominicans in this sample.

Employment status. Bivariate analysis showed that respondents sixty-years and older were more likely to be unemployed than respondents from any other age group. It is
possible that respondents over the age of 60 are more likely to be unemployed because they arrived in the United States at a later age, have spent less time in the United States, and are less likely to speak English. Indeed individuals 60 years and older had the highest scores on the Hispanic acculturation domain, while individuals between the ages of 18 and 29 and those having completed some college scored higher on the non-Hispanic acculturation domain. It is also possible that respondents over the age of 60 are retired from employment.

It was also found that individuals who had completed the 12th grade or less were more likely to be unemployed. Individuals who have less education may be more likely to be employed in jobs that are less stable and more prone to unemployment.

Respondents with darker skin tones were also more likely to be unemployed. This is consistent with the findings that individuals with lighter skin tones have better life chances and socioeconomic status (Arce et al., 1987; Hughes & Hertel, 1990; Keith & Herring, 1991; and Massey, 1993). Respondents with darker skin may also be employed in jobs that are less stable. Pessar (1995) concluded from her interviews with Dominicans that individuals with darker skin tones have disadvantages in the labor market over their lighter skin counterparts.

Occupational prestige scores. Respondents living in the United States less than the mean 13.6 years had significantly lower occupational prestige scores, than individuals who had lived in the United States longer. This may reflect an occupational disadvantage among the less acculturated Dominicans. As is to be expected, respondents who had completed the 12th grade or less had significantly lower occupational prestige scores than respondents who had completed at least some college. There were no significant
difference in occupational prestige scores by gender, age group, marital status, and skin tone.

**Financial strain.** Of all the socio-demographic variables, only gender showed significant bivariate relationship to financial strain. The women in this study reported significantly greater financial strain than the men. The financial strain scale focuses on the difficulty of meeting expenses in housing/rent, food, personal, transportation, or medical health care. Since women reported lower incomes on average than men, it is perhaps not surprising that they would report greater financial stress. It may also be that the women in this sample are more likely than men to handle paying the bills in the household and thus have a different perception about the financial strain faced by the family.

Years living in the United States approached statistical significance, with respondents living in the United States 13.6 years or more reporting greater financial strain. Individual living in the United States more than the mean number of years (13.6 years), reported greater financial strain, despite the fact that they had on average jobs with greater prestige (than their counterparts who have lived in the United States less than the mean number of years). It may be that longer residency in the United States changes Dominicans perceptions of what is considered adequate housing, transportation, etc. In other words, Dominicans may develop greater expectations for their standard of living the longer they are exposed to the United States culture. It is also possible that Dominican's economic situation worsens the longer they are in the United States. Another possibility is that the reality for Dominicans in the United States is that
regardless of how long they have lived here, they are still employed in low paying, menial jobs.

There were no significant differences in financial strain by age group, marital status, educational status, and skin tone.

Perceived Discrimination

Perceived group discrimination in employment. It was found in bivariate analysis that the women in this sample also reported greater perceived group discrimination in employment than the men. Dominican women may perceive greater group discrimination in employment because they may be more likely to be employed in jobs where they see discrimination or where people are more susceptible to being discriminated against.

It was also found that those who had completed at least some college reported greater perceived group discrimination in employment than individuals who had completed the 12th grade or less. It is possible that as people’s level of education increases they become more aware of discrepancies in Dominicans’ employment opportunities because of their culture, skin tone, not being able to speak English, or immigrant status. Indeed, Finch et al., (2000) found in their study of Mexican Americans that those respondents who were born outside of the United States and whose native tongue was Spanish perceived greater discrimination over time as they spoke more English and became more acculturated. Individuals who have greater education may also report greater perceived discrimination in employment among Dominicans because they have more interactions with individuals outside the Dominican community and therefore may have more opportunity to see discrimination faced by other Dominicans. It is
possible that Dominicans with at least some college perceive that Dominicans as a group are especially discriminated against in employment, when they compete with other members of racial and ethnic groups for employment. This might be especially true when darker skin Dominicans, compete for jobs against lighter skin tone Latinos. Indeed, it was found in this study, that darker skin tone Dominicans were more likely to be unemployed, than lighter skin Dominicans.

There were no significant differences in the reporting of perceived group discrimination in employment by age, marital status, educational status, and skin tone. The relationship between perceived group discrimination in employment and years living in the United States approached statistical significance with those living in the United States longer the 13.6 years perceiving greater group discrimination in employment.

Perceived group discrimination in housing. Dominican women in this sample also reported more perceived group discrimination in housing than did men. It is important to point out that women also scored higher in the Hispanic acculturation domain than did men. It has been speculated that experiencing discrimination may increase a person's group identification (Al-Issa, 1997). Thus, Dominican women, who report greater perceived group discrimination than the men, may identify more with Dominican culture (by speaking Spanish) in order to deal with the stress of seeing others being discriminated against. It is also possible that the Dominican women in this sample have more contact with individuals who are discriminated in housing.

It was also found that respondents between the ages of 50 and 59 reported greater perceived group discrimination in housing than respondents from other age groups. Respondents who had lived in the United States 13.6 years or more reported greater
perceived group discrimination in housing than respondents who had lived in the United States less than 13.6 years. It was also found that respondents who had completed at least some college reported greater perceived group discrimination in housing than respondents who had completed the 12th grade or less. There were no significant relationships between perceived group discrimination in housing and marital status or skin tone.

**Perceived personal discrimination in employment and housing.** There were no significant relationships between any of the socio-demographic variables and the reporting of perceived personal discrimination in employment or housing.

Skin tone was also unrelated to perceived discrimination (group or personal) in employment or housing. This is also inconsistent with studies that have found that a relationship between skin tone and perceived discrimination and acculturation (Arce et al., 1987; Keith & Herring, 1991).

**Factors of CES-D Scale**

Since past evidence suggests that the items in the CES-D scale (the depression measure utilized in the present study) factor differently among Latinos and that Latinos may be more likely to somatize depression than any other race/ethnic groups (Guarnaccia et al., 1989), factor analyses were conducted to determine the dimensionality of the CES-D measures in this sample of Dominicans. Factor analysis was also conducted to determine whether depressive affect items loaded separately from somatic behavior items. Results indicated that neither the Radloff’s four-factor structure nor the combined affective and somatic factor found in the HHANES data were evident
in the current study. Instead, for this sample of Dominicans, the CES-D scale loaded into three factors: 1) a combined affect and interpersonal factor; 2) positive affect; and 3) somatic and retarded affect. Thus, in this sample, somatic behaviors represent a dimension distinct from depressive affect. In other words expressions of distress in this sample are separate from somatic symptoms. It was also found in bivariate analyses that individuals who were high on the Hispanic acculturation domain (and thus less acculturated) score higher on the somatic factor of the CES-D scale than individuals in the other acculturation categories. This is consistent with literature suggesting that Latino culture encourages somatic expressions of depression such as lack of appetite, restless sleep, and difficulties in doing regular activities. Because of these more “physical” manifestations of depression, Dominicans may be likely to seek help for mental health problems from their primary care physicians. In other words, they may be less likely to interpret depressive symptoms as stemming from emotional or psychological origins and therefore be less likely to view mental health professionals as appropriate sources of support.

Although analyses in this study used a summary of the entire CES-D scale, future analyses of this data set would benefit from a more refined examination of the separate depression dimensions.

**Socio-Demographic Factors and Depressive Symptomatology**

The next step of the analyses involved examining bivariate associations between socio-demographic characteristics and depressive symptoms. Thus, I wished to describe the distribution of depressive symptoms in this sample of Dominicans.
Gender

Bivariate analyses revealed that, among this sample of Dominicans, gender was significantly related to depressive symptomatology. The women in this sample had significantly higher depressive symptomatology scores than the men. This finding is consistent with the sociology of mental health literature, which has shown that women have higher rates of psychological distress than men (Rosenfield, 1989; Turner et al., 1995). The finding that Dominican women in this sample had higher depressive symptomatology scores than the men is also consistent with the La Roche and Turner (1997) study, which found that the Dominican women in their study had significantly higher depressive symptomatology scores than the Dominican men.

One of the reasons cited in the literature for women’s higher rates of psychological distress, is that women have greater exposure to overload of demands. As will be discussed later, in this study gender differences in depressive symptoms are largely explained by their lower income and greater financial strain. However, other stressors not examined in this study may also be implicated. For example, it is possible that many of the Dominican women in this sample are employed and managing the responsibilities of home and work for the first time and thus might be especially affected by the overload of conflicting demands. Indeed, Levitt (2001) found in her study of Dominicans in Boston that, of the women who migrated to Boston, three-quarters of them were employed, and none of these women worked outside of the home prior to migrating.

Another possibility for the greater depressive symptomatology among the women in this sample may be due to the fact that many of them might had migrated to the United States without some or most of their children or family members. Indeed, Hovey (2000)
found that Mexican immigrants who reported that the majority of their family members lived in Mexico reported greater acculturative stress than the immigrants who reported that most of their family lived in the United States. Hernández and López (1997) found in their study with Dominican women prior to their fleeing illegally in yolas (small homemade fishing boats) that many of the women left their children in the Dominican Republic in care of women relatives such as sisters, grandmothers, or female neighbors. Thus, the stress of adjusting to a new culture without the support of family may be greater for women. It is also possible that Dominican women have greater depressive symptomatology scores than men because they feel that Dominicans as a group are more discriminated against in employment. The women may also report greater scores because they perceive that Dominican women face double discrimination in employment because of sexism.

**Education**

Also found in the bivariate analyses was that respondents who had completed the 12th grade or less had significantly higher depressive symptomatology scores than the respondents who had completed at least some college. This finding is consistent with studies that have shown that depression drops with each additional year of education (Mirowsky & Ross, 1999).

**Age, Marital Status, and Years In U.S.**

There were no significant relationships found between depressive symptomatology scores and age or marital status. This is inconsistent with existing literature on socio-demographic factors and depression. There was also no significant
relationship found between depressive symptomatology scores and years living in the United States.

Skin Tone

Skin tone was not found to directly affect psychological distress. This is inconsistent with the Codina and Montalvo (1994) study that found a relationship between darker skin tone and depression. It is possible that since the respondents were asked to classify their own skin tone that an accurate indication of skin tone was not obtained. Over half of this sample of Dominicans was classified as having a light skin tone. This is consistent with studies that have found that Dominicans tend to choose the “socially descriptive demarcation” of “color indio” or “Indian color.”

However, while skin tone was unrelated to depression, unemployed Dominicans were more likely to have been classified as having darker skin tone than those who were employed. Therefore, it is possible that skin tone indirectly affects depression since individuals who are unemployed reported greater depressive symptomatology than their employed counterparts.

Stressors and Depressive Symptomatology

Also investigated in this study were bivariate associations between the stressors and depressive symptomatology.

Acculturative Stressors

Respondents who scored higher on the Hispanic acculturation domain (and thus were less acculturated) had significantly higher depressive symptomatology scores than
respondents who had lower scores (and thus were more acculturated). This is consistent with studies that have found a negative relationship between acculturation and symptomatic behaviors (Rogler et al., 1991). However, the non-Hispanic acculturation domain was not related to depressive symptomatology. There was also no significant relationship found between bicultural/unicultural orientation and depressive symptomatology. These results are consistent with Damji, Clement, and Noels (1996) findings that college students in Ottawa Ontario who had an exclusive first-group identity had more negative psychological consequences than any other acculturation type. Damji et al. (1996) did not find that college students with concurrent identification with both the French and English language group have better adjustments (i.e., less stress, depression and self-esteem).

The results of the present study suggest that, among Dominicans, what matters most is how much Spanish they speak. For this sample, speaking Spanish may suggest that they are retaining a strong hold to their culture, which puts them at greater risk for depressive symptomatology. This is consistent with Miranda and Matheny (2000) study of Latinos that found that the respondent’s preference for Spanish contributed to acculturative stress. They concluded that this is not surprising since reliance on the native tongue has been conceptualized in the literature as a classic form of adhering to the Latino culture while in contact with another culture (Miranda & Matheny, 2000). Padilla and colleagues (1988), found that for 64% of their male respondents and 83% of their women respondents, not knowing English was what made life the most difficult for Latinos in this country.
Economic Stressors

Three of the four economic stressors investigated in this study showed bivariate associations with depressive symptomatology. Specifically, employment status, income, and financial strain were all significantly related to depression in the expected direction.

Unemployed Dominicans in this sample had higher depressive symptomatology scores than individuals who were employed. Padilla and colleagues (1988) found that not being able to find employment was reported to be one of the major stressors reported by the immigrants in their study. This is also consistent with other studies on a variety of community samples (Carnabal & Quiles, 1995; Lennon, 1999; Mirowsky & Ross, 1999).

Respondents who had lower incomes reported significantly higher depressive symptomatology scores than respondents who had higher incomes. It was also found that respondents who had greater financial strain reported significantly higher depressive symptomatology than their counterparts with less financial strain. These results are consistent with the finding that socioeconomic status is related to psychological being and depression (Cockerham, 1992; Eaton & Muntaner, 1999).

Being unemployed and having lower incomes makes it difficult for this sample of Dominicans to fulfill their financial obligations with their families in the Dominican Republic. Indeed Levitt (2001) found in a study of Dominicans in Boston and in their original town of Miraflores in Dominican Republic that “almost 60 percent of the households in Miraflores received most of their monthly incomes from those in the United States. For nearly 40 percent of those households, remittances constituted between 55 and 100 percent of their income” (pg. 52). Levitt (2001) found that, even though her
sample of respondents in the United States where themselves financially strapped, they felt that they could not say so to their families in the Dominican Republic because it would cause too much “worry” at home. Hernández and López (1997) found in their study with Dominican women prior to their fleeing illegally in yolas that the women were forced to leave the Dominican Republic because of the economic condition and that in migrating they were “primarily concerned about generating income to maintain their children and families“ (pg. 63). Once they emigrated, the women needed to send regular remittances to the relatives who were taking care of their children.

Symptoms of depression did not differ by occupational prestige scores in this sample. This is inconsistent with literature that has shown that individuals with lower prestige scores typically have higher depressive symptomatology scores (Eaton & Muntaner, 1999; Turner et al., 1995). It is possible that, in this sample of Dominicans, occupational prestige is less consequential because, regardless of the jobs they are working in, respondents may be making more money that they would back home in the Dominican Republic. Torres-Saillant and Hernández (1998) point out that during the 1980s many Dominicans migrated to the United States because of the loss of public service jobs and other stable and well paying jobs in the Dominican Republic. Alternatively, since the vast majority of Dominicans in this sample work in low-level jobs, there may be too little variance to detect an effect for occupational prestige.

Perceived Discrimination

Respondents who reported greater perceived group discrimination in employment had significantly higher depressive symptomatology scores. Perceiving that Dominicans
as a group are discriminated against in employment may be stressful because individuals may feel that, regardless of how committed they are to improving their own lives and the lives of their families, they will be unable to get ahead simply because of their culture, skin tone, not being able to speak English, or immigrant status. Thus, perceived group discrimination in employment may contribute to a sense of hopelessness that fosters depression.

In the bivariate analyses, no significant relationships were found between depressive symptomatology and perceived group or personal discrimination in housing. It is possible that the perceived discrimination in housing variables were unrelated to symptoms of depression because the Dominicans in this sample live in neighborhoods where many other Dominicans reside. Also, many of the landlords may be Dominican. Such homogeneity in residence may leave less opportunity to experience or witness housing discrimination. Indeed, studies have shown that many Dominicans tend to have apartments already lined up for them when they get to the United States (Levitt, 2001). If not, as noted by a respondents in Pessar’s (1995) study “[t]here is always room for one more . . . even it means having the children double up or sleep on the sofa. We are people who put family first” (pgs 19-20).

There was also no significant relationship between perceived personal discrimination in employment and depressive symptomatology. Perceived personal discrimination was quite low in this sample. This is consistent with literature showing that individuals tend to see their experiences in a better light than the situation of a group as a whole (Taylor et al., 1994). While it is unclear why perceived personal
discrimination is not significantly related to symptoms of depression, there may not have been sufficient variance to detect an effect.

**Multiple Regression Analyses**

After describing the distribution of stressors and depressive symptoms in this sample of Dominicans, multiple regression analyses were conducted to test for independent effects of socio-demographic factors and stressors on depression – and to specify direct and indirect paths. As previously noted, due to the limited sample size and the large number of variables considered, a decision was made to delete from the model variables that did not have a significant bivariate relationship with depression.

In the regression analyses it was found that females had significantly higher depressive symptomatology scores when controlling for educational status. It was also found that the predicted symptomatology scores for those who had completed the 12th grade or less were higher than for those respondents who had completed some college, when controlling for gender.

When the stressors (employment status, income, financial strain, the Hispanic acculturation domain, and perceived group discrimination in employment) were added to the regression model, employment status and income were also significantly associated with depressive symptomatology. Specifically, predicted depressive symptomatology scores were higher for respondents who were unemployed than for those who were employed and for each ten thousand dollar decrease in income there was a .08 increase in the depressive symptomatology scores. Gender and educational status coefficients were no longer significant when the stressors were added to the regression equation. Therefore,
it appears that employment status and income explain the relationship between gender, educational status, and depression. These results suggest that women and those who have completed the 12th grade or less, are more depressed because they are more likely to be unemployed and to have lower incomes. Indeed, a study of Dominicans in New York found that educational attainment increased the likelihood of being employed and of earning greater wages (Hernández et al., 1995). Other studies have also shown that having lower education increases an individual's likelihood of being unemployed, and when unemployed, reduces one's ability to find another job (Turner, 1995).

In addition, employment status and income appear to explain the bivariate associations found between depression and both the Hispanic acculturation domain and perceived group discrimination in employment. Thus, individuals who scored high on the Hispanic acculturation domain (and thus speak more Spanish), and who report more perceived group discrimination in employment are more depressed because they are more likely to be unemployed and to have lower incomes.

As previously noted, employment and income are particularly important to Dominicans because many of them support families both within the United States and the Dominican Republic. Thus, being unemployed and having low incomes are especially stressful for Dominicans because it makes it difficult for them to fulfill their financial obligations with their families in the Dominican Republic.

In the final step of the regression analyses, mastery and instrumental support were added to the model. Unemployment was still significantly related to depressive symptomatology scores with all other variables controlled. Mastery was also significantly related to depression, with lower mastery individuals having higher depressive
symptomatology scores. However, with mastery and instrumental support in the equation, income was no longer associated with depressive symptomatology. Thus mastery appears to explain the relationship between income and depression. This result suggests that individuals with lower incomes are more depressed because they are more likely to have a lower sense of mastery or control over their lives.

**Moderators of Stress**

It was hypothesized that social support and mastery would act as stress moderators in the relationships between the stressors and psychological distress. Thus, further regression analyses were conducted to test for statistical interactions between mastery and instrumental support and each of the stressors that have a significant bivariate relationship with depressive symptomatology (employment status, income, financial strain, perceived group discrimination in employment, and the Hispanic acculturation domain).

Although mastery was not found to moderate the relationships between the stressors and depressive symptomatology, instrumental support did have a moderating effect on both financial strain and perceived group discrimination in employment.

Results showed that instrumental support is particularly important in reducing symptoms of depression in the context of high financial strain. Moreover, instrumental support is also particularly important in reducing symptoms of depression in the context of greater perception of group discrimination in employment. Figure 4 depicts these associations.
FIGURE 4: REGRESSION ANALYSIS RESULTS WITH INSTRUMENTAL SUPPORT AS A MODERATING VARIABLE
The findings noted above are consistent with studies that have found that social support buffers the negative effects of stress (Henderson, 1992; Turner, 1981). Similar to Turner's (1999) research that showed social support to matter most among lower-class individuals experiencing high levels of stress, this study suggests that the significance of social support increases among those with disadvantaged financial positions.

Levitt (2001) found that in her sample of Dominicans in Boston, social networks were helpful in obtaining employment, finding a place to live, and even providing recent migrants a temporary place to live. According to Pessar (1995), when Dominicans describe the emigration to the United States they speak of the concept of *cadena*, which is a chain that links one immigrant to another. Kinship, which includes immediate nuclear family, extended kin (cousins, uncles, and aunts) and fictive kin (*compadres*), is what links members of the *cadena* (Pessar, 1995). The *cadena* is the link that helps newcomers Dominicans attain employment and find housing. In the context of financial problems and high perceptions of discrimination, such instrumental support appears to be crucial to the mental health of Dominicans.

**Limitations**

While interesting findings were found in this study it is important to note the limitations of this study. This study utilized a small, non-probability sample of Dominicans in Boston whose experiences may not be generalizable to Dominican communities in the United States. The sample came from mixed sources: a self-generated sample (snowball sample) and from establishments. While the sample was a non-
probability sample, the respondents are comparable to the general Dominican population in regards to percent female, educational status, and income.

Another limitation is that the respondents selected to voluntarily participate in this study. It is possible that the respondents in this study are part of a self-selected group that has many similar characteristics that are not generalizable to Dominicans in general. It is also possible that individuals who selected not to participate in the study, may have certain characteristics (such as being in the country illegally), which might have affected the relationships between the stressors and the reporting of symptoms of depression.

This present study also only looks at aspects of acculturation based on language. As previously noted, it is possible that other aspects of acculturation not investigated in this study are important in the relationship between acculturation and depressive symptomatology.

The present study only examined perceived discrimination that is based on employment and housing. It is possible that perceived discrimination in every-day life occurrences or in other contexts may be more important in predicting depressive symptomatology. Future studies should investigate perceived discrimination in every day occurrences or in other contexts.

While this study had several important limitations, this exploratory research provided a number of insights concerning the factors that might contribute to depressive symptomatology among Dominicans and suggests areas for future research.
Future Research

Future studies need to investigate what is it about speaking Spanish that makes Dominicans at greater risk for depressive symptoms. Indeed as noted in the Mental Health: Culture, Race, and Ethnicity—A Supplement to Mental Health: A Report of the Surgeon General, it is important to investigate what specific aspects of acculturation are related to higher rates of disorders (U.S. Department of Health and Human Services, 2001). It is also important to investigate what aspects of acculturation are stressful since they can contribute to the risk of other illnesses. As others have noted (Williams & Harris-Reid, 1999), more studies are needed that explore the relationships between migration, acculturation, and mental health status. It is also important to investigate why perceiving that Dominicans as a whole are discriminated in employment is related to depressive symptomatology.

Future studies should also investigate possible coping resources utilized by Dominican men that may make them less adversely affected by the stressors in their life or better able to cope with stressors. Some of these resources might be cultural. Indeed it has been noted in the literature that health enhancing cultural resources may protect members of certain ethnic and racial groups from the adverse negative effects of stress (Rogler et al., 1989; Williams & Fenton, 1994). It is also possible that the Dominican men reported less psychological distress because it is a function of socialization of the masculine role. It is also possible that the men have elevated alcohol use in order to deal with stressors in their lives. Future studies could investigate both issues.

The relationship between skin tone and depressive symptomatology should be studied further. Future studies should include two ratings of skin tone: the subject’s self-
classification; and an objective outside classification of respondent's skin tone. The two ratings would allow the study of the relationship between the two classifications. Future studies should also investigate the relationship between skin tone and cultural identity.

While in the present study the CES-D was considered as a full scale, future studies should investigate somatic behaviors and depressive affect separately. It is possible that investigators may discover interesting relationships between the separate factors and the stressors. Future studies also need investigate how depressive symptoms differ within different groups.

Implications

Many interesting findings were found in the present study that may have implications for the creation of prevention and intervention models. Prevention and intervention models need to target Dominicans that are unemployed, have low incomes, who speak mostly Spanish, and who perceive group discrimination in employment. Such models might attempt to increase the sense of mastery among Dominicans. Most importantly, any intervention and prevention strategies for Dominicans should include cooperative relationships with instrumental support networks.

It is also clear from the results of this study that educational attainment reduces the risk of depression. Since lower educational status puts Dominicans at greater risk for depression, this may represent another promising target for intervention. Moreover, it has been shown in the literature that individuals who have better education have a greater probability of utilizing outpatient mental health services (Pescosolido & Boyer, 1999).
It is important that the mental health system adequately meets the needs of Dominicans in order to increase the utilization of services by a group that is at risk for developing depression. Increasing utilization is especially important since it has been noted that there is a gap among Hispanics in the need for and actual use of outpatient services (Pescosolido & Boyer, 1999).
REFERENCES


APPENDIX A CONSENT FORMS

The Research I am participating in explores life in the United States for Dominicans, with an emphasis on health issues. The study will be conducted by Teresita Camacho-Gonsalves, a Doctoral Candidate at the University of New Hampshire. I understand that the interview will take thirty minutes.

As a participant I understand that:

1. My participation is voluntary.

2. My answers are completely confidential.

3. If there is a question I do not want to answer, I can ask to skip to the next one.

4. I am free to stop my participation at any time.

5. My name nor other identifiable information about myself or my family will be made public.

6. If at any point I have any questions or concerns regarding the research procedures the interviewer will address such.

Teresita Camacho-Gonsalves

Name
FORMULARIO DE CONSENTIMIENTO

Este estudio en que estoy participando es sobre la vida de los dominicanos en los Estados Unidos, especialmente asuntos relacionados con la salud. Este estudio será conducido por Teresita Camacho-Gonsalves, una candidata doctoral en la Universidad de New Hampshire. Yo comprendo que la entrevista durara 30 minutos.

Como un(a) participante comprendo que:

1. Mi participación es voluntaria.

2. Mis respuestas son completamente confidencial.

3. Si hay una pregunta que yo no quiera contestar, puedo pedir que pasemos a la próxima.

4. Puedo dejar de participar en cualquier momento.

5. Mi nombre ni ninguna información que pueda identificar a mi o a mi familia será publicado.

6. Si en algún momento tengo preguntas o preocupaciones con los procedimientos del estudio, la entrevistadora hablará conmigo sobre ellos.

Teresita Camacho-Gonsalves

Nombre
APPENDIX B INTERVIEW SCHEDULE ENGLISH VERSION

Respondent I.D. Number __________
Date of Interview __________
Sample Code __________

SECTION A - DEMOGRAPHIC INFORMATION

A.3. Were you born in the United States?

0  No  (IF NO GO TO A.4.)
1  Yes  (IF YES GO TO A.7.)
8  Not sure
9  Refused

A.4. Were you born in the Dominican Republic?

0  No  (IF NO GO TO A.5)
1  Yes  (IF YES GO TO A.6)
8  Not sure
9  Refused

A.5. (IF "NO", IN A.3. AND A.4., ASK:) Where were you born? (SPECIFY)

A.6. How long have you lived in the United States?

_____ Years
A.7. In what country was your father born?
1   United States (except Puerto Rico)
2   Dominican Republic or
3   Another country (SPECIFY WHERE)__________________________
8   Not sure
9   Refused

A.8. In what country was your mother born?
1   United States (except Puerto Rico)
2   Dominican Republic or
3   Another country (SPECIFY WHERE)__________________________
8   Not sure
9   Refused

A.9. Are you currently married with spouse in household, currently married with
spouse not in household, not married but living with a partner, widowed,
divorced, separated or have never
been married?
1   Married - spouse in household
2   Married - spouse not in household
3   Not married but living with a partner
4   Widowed
5   Divorced
6   Separated or
7   Never married
8   Refused

A.10. What year or grade in school did you complete?
1   No formal schooling
2   First through sixth grade
3   Seven through eight grade
4   Ninth through twelve grade
5   Did not complete the University
6   Completed the University
7   Professional Certificate
8   GED
98  Not sure
99  Refused
A.11. Do you have any children?
   0  __ No   (IF NO GO TO A.16.)
   1  __ Yes   (IF YES GO TO A.12.)
   9  __ Refused

A.12. How many children do you have?
   __ __ (RECORD NUMBER)

A.13. How many of your children live with you?
   __ __ (RECORD NUMBER)

A.14. Do you have children in the Dominican Republic?
   0  __ No   (IF NO GO TO A.16.)
   1  __ Yes   (IF YES GO TO A.15.)
   9  __ Refused

A.15. How many of your children live in the Dominican Republic?
   __ __ (RECORD NUMBER)

A.16. What is the total number of people living in your household?
   __ __ (RECORD NUMBER)

SECTION B - ACCULTURATION
B.1. The following questions concern your language use and preferences. Please rate
the following statements- always, almost always, often, sometimes, or almost
never. (HAND CARD 1)

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B.2. Now I am going to ask you some questions regarding how well you speak English and Spanish. Please rate the following statements—very well, well, poorly, or very poorly.

(HAND CARD 2)

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<tr>
<td>a. How well do you speak English?</td>
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<td>b. How well do you read in English?</td>
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<td>c. How well do you understand television programs in English?</td>
<td>1</td>
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<td>d. How well do you understand radio programs in English?</td>
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<td>e. How well do you write in English?</td>
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<td>f. How well do you understand music in English?</td>
<td>1</td>
<td>2</td>
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<td>g. How well do you speak Spanish?</td>
<td>1</td>
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<td>h. How well do you read in Spanish?</td>
<td>1</td>
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<td>i. How well do you understand television programs in Spanish?</td>
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<td>j. How well do you understand radio programs in Spanish?</td>
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<td>k. How well do you write in Spanish?</td>
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<td>l. How well do you understand music in Spanish?</td>
<td>1</td>
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SECTION C - HEALTH ISSUES

C.1. In general, would you say that your health is excellent very good, good, regular, fair or poor?

1. Excellent
2. Very Good
3. Good
4. Regular
5. Fair or
6. Poor
8. Not sure
9. Refused
C.2. Now, I'm going to read to you some statements about how people sometimes feel. Please listen to them and tell me the number that best indicates how often you felt this way in the past two weeks. (HAND CARD 3)

a. How often were you bothered by things that don't usually bother you? 0 1 2 3
b. How often did you not feel like eating; your appetite was poor? 0 1 2 3
c. How often you felt you could not shake off the blues even with the help from your family or friends? 0 1 2 3
d. How often you had trouble keeping your mind on what you were doing? 0 1 2 3
e. How often you felt depressed? 0 1 2 3
f. How often you felt that everything you did was an effort? 0 1 2 3
g. How often you thought your life was a failure? 0 1 2 3
h. How often you felt fearful? 0 1 2 3
i. How often was your sleep restless? 0 1 2 3
j. How often you talked less than usual? 0 1 2 3
k. How often you felt lonely? 0 1 2 3
l. How often you felt people were unfriendly? 0 1 2 3
m. How often you had crying spells? 0 1 2 3
n. How often you felt sad? 0 1 2 3
o. How often you felt that people disliked you? 0 1 2 3
p. How often you could not get going? 0 1 2 3
q. How often you felt you were just as good as other people? 0 1 2 3
r. How often you felt hopeful about the future? 0 1 2 3
s. How often you were happy? 0 1 2 3
t. How often you enjoyed life? 0 1 2 3
C.3. Have you ever gone to a doctor or other health provider about feeling down or depressed?
   0  No (IF NO GO TO C. 6.)
   1  Yes (IF YES GO TO C. 4.)
   8  Not sure
   9  Refused

C.4. How long since you saw a doctor or other health provider about feeling down or depressed?
   _____ Months/Years

C.5. Who did you see about feeling down or depressed?
   1  Psychiatrist
   2  Psychologist
   3  Social Worker/Counselor
   4  Physician
   5  Minister/Priest
   6  Social Agency (Specify ________________ ) or
   7  Other (Specify ________________ )
   8  Not sure
   9  Refused

C.6. Have you ever heard of people that have been healed with the help of healing rituals, spirits or saints?
   0  No (IF NO GO TO D.)
   1  Yes (IF YES GO TO C. 7.)
   8  Not sure
   9  Refused

C.7. Do you believe there are people that can be healed with the help of healing rituals, spirits or saints?
   0  No
   1  Yes
   8  Not sure
   9  Refused

C.8. Have you ever consulted a person that reads cups, cards, or that is an espiritista, curandero/a, or santero/a?
   0  No (IF NO GO TO D.)
   1  Yes (IF YES GO TO C. 9.)
   8  Not sure
   9  Refused
C.9. Has the job worked?
   0  ____ No
   1  ____ Yes
   8  ____ Not sure
   9  ____ Refused

C.10. Are you still consulting such person?
   0  ____ No
   1  ____ Yes
   8  ____ Not sure
   9  ____ Refused

C.11. Have you tried to consult another person?
   0  ____ No
   1  ____ Yes
   8  ____ Not sure
   9  ____ Refused
SECTION D - PERCEIVED DISCRIMINATION

D. Sometimes people coming from another country experience difficulties in the United States. Please listen to each statement and tell me the number of the category that best describes the frequency in which it occurs. (HAND CARD 4)

a. Dominicans are discriminated against for employment because of their skin color. 0 1 2 3 4
b. Dominicans are discriminated against for employment because of their culture or way of life. 0 1 2 3 4
c. Dominicans are discriminated against for employment because of their immigrant status. 0 1 2 3 4
d. Dominicans are discriminated against for employment because they speak Spanish. 0 1 2 3 4
e. Dominicans are discriminated against for employment because they speak English with a Hispanic accent. 0 1 2 3 4
f. Dominicans are discriminated against for employment because they are Hispanic. 0 1 2 3 4
g. Dominicans are discriminated against for housing because of their skin color. 0 1 2 3 4
h. Dominicans are discriminated against for housing because of their culture or way of life. 0 1 2 3 4
i. Dominicans are discriminated against for housing because of their immigrant status. 0 1 2 3 4
j. Dominicans are discriminated against for housing because they speak Spanish. 0 1 2 3 4
k. Dominicans are discriminated against for housing because they speak English with a Hispanic accent. 0 1 2 3 4
l. Dominicans are discriminated against for housing because they are Hispanic. 0 1 2 3 4
m. You are discriminated against for employment because of your skin color. 0 1 2 3 4
n. You are discriminated against for employment because of your culture or way of life. 0 1 2 3 4
o. You are discriminated against for employment because of your immigrant status. 0 1 2 3 4
p. You are discriminated against for employment because you speak Spanish. 0 1 2 3 4
q. You are discriminated against for employment because you speak English with a Hispanic accent. 0 1 2 3 4
r. You are discriminated against for employment because you are Hispanic. 0 1 2 3 4
s. You are discriminated against for housing because of your skin color. 0 1 2 3 4
t. You are discriminated against for housing because of your culture or way of life. 0 1 2 3 4
u. You are discriminated against for housing because of your immigrant status. 0 1 2 3 4
v. You are discriminated against for housing because you speak Spanish. 0 1 2 3 4
w. You are discriminated against for housing because you speak English with a Hispanic accent. 0 1 2 3 4
x. You are discriminated against for housing because you are Hispanic. 0 1 2 3 4
D.2. Did you feel discriminated in the Dominican Republic because of your skin color?
0  No
1  Yes
8  Not sure
9  Refused

SECTION E - SOCIAL SUPPORT
Now, let me ask you some questions about your family and relatives who do not live with you.

E.1. Not counting family members or relatives whom you live with, how many of your family members or relatives live nearby, say within an hour’s drive?
   _____ Number

E.2. How often do you visit them or talk to them on the phone?
   1  Daily
   2  Once or twice a week
   3  Once or twice a month
   4  Once or twice a year or
   5  I hardly ever visit them or talk to them
   6  I never visit them or talk to them
   8  Don’t know
   9  Refused

Now, I’d like to ask you some questions about your friends. Try to keep in mind those people whom you feel close to rather than those people who are just acquaintances.

E.3. (Not counting the friends whom you live with) About how many live nearby, say within an hour’s drive?
   _____ Number

E.4. How often do you visit them or talk to them on the phone?
   1  Daily
   2  Once or twice a week
   3  Once or twice a month
   4  Once or twice a year or
   5  I hardly ever visit them or talk to them
   6  I never visit them or talk to them
   8  Don’t know
   9  Refused
E.5. Among all your family and friends, is there someone in particular whom you can confide and with whom you can share your most private thoughts?

1. No
2. Yes- What is this person's relationship to you? ______________
   Is the person male/female? ______________

E.6. If that particular person wasn’t available for some reason, is there someone else you could confide in?

1. No
2. Yes- What is this person’s relationship to you? ______________
   Is the person male/female? ______________

E.7. How much could you really open up to (him/her/these people) without having to hold back your feelings? Would you say:

1. A great deal
2. Quite a bit
3. Some
4. A little or
5. Very little if at all
6. Don’t know
7. Refused

E.8. Now I would like to know something about your present relationship with your family (other than your spouse/partner). For each of the statements I read to you please tell me the number of category that best describes your experience. In answering these questions think of those family members that you visit or talk to most often. (HAND CARD 5)

a. You feel close to your family 1 2 3 4
b. You have family who would always take the time to talk over your problems, should you want to. 1 2 3 4
c. Your family often lets you know that they think you are a worthwhile person. 1 2 3 4
d. Your family is always telling you what to do and how to act. 1 2 3 4
e. When you are with your family, you feel completely able to relax and be yourself. 1 2 3 4
f. No matter what happens you know that your family will always be there for you should you need them. 1 2 3 4
g. You know that your family has confidence in you. 1 2 3 4
h. You feel that your family really cares about you. 1 2 3 4
i. You often feel really appreciated by your family. 1 2 3 4

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E.9. Now I would like to know something about your present relationship with your friends. For each of the statements I read to you please use that scale to tell me the number of category that best describes you. (HAND CARD 6)

a. You feel close to your friends. 1 2 3 4
b. You have friends who would always take the time to talk over your problems, should you want to. 1 2 3 4
c. Your friends often let you know that they think you are a worthwhile person. 1 2 3 4
d. Your friends are always telling you what to do and how to act. 1 2 3 4
e. When you are with your friends, you feel completely able to relax and be yourself. 1 2 3 4
f. No matter what happens you know that your friends will always be there for you should you need them. 1 2 3 4
g. You know that your friends have confidence in you. 1 2 3 4
h. You feel that your friends really care about you. 1 2 3 4
i. You often feel really appreciated by your friends. 1 2 3 4
Most of us needs various kinds of assistance from time to time. Thinking about family members or friends who do not live with you, how likely is it that they would:

a. Look after your home/apartment (pets, plants etc.) while you are away? 1 2 3 4 5
b. Loan you over $100.00? 1 2 3 4 5
c. Help you do to things such as house or car repairs, painting, moving? 1 2 3 4 5
d. Loan you things such as tools, equipment, household items, car etc.? 1 2 3 4 5
e. Provide you with a place to stay if you needed one? 1 2 3 4 5
f. Drive you somewhere if you needed a ride? 1 2 3 4 5

g. Sometimes people feel uncomfortable asking someone to help them even though they believe that they could receive it. How difficult would it be for you to ask for these kinds of help? Would it be:
   1 ___ Impossible
   2 ___ Very difficult
   3 ___ Somewhat difficult
   4 ___ A little difficult or
   5 ___ Not at all difficult
   8 ___ Don’t know
   9 ___ Refused

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SECTION F - MASTERY
F. Now I am going to read to you a series of statements that people might use to describe themselves. Please listen to each statement carefully and tell me the number on the category that best describes how strongly you agree or disagree with each statement. (HAND CARD S)

a. I have little control over the things that happen to me. 1 2 3 4 5
b. There is really no way I can solve some of the problems I have. 1 2 3 4 5
c. There is little I can do to change many of the important things in my life. 1 2 3 4 5
d. I often feel helpless in dealing with problems of life. 1 2 3 4 5
e. Sometimes I feel that I am being pushed around in life. 1 2 3 4 5
f. What happens to me in the future mostly depends on me. 1 2 3 4 5
g. I can do just about anything I really set my mind to. 1 2 3 4 5

SECTION G - RELIGION
G.1. Let me turn now to a few questions about religion. First, what religion do you belong to?

1 ___ Catholic
2 ___ Protestant
3 ___ Christian
4 ___ Pentecostal
5 ___ Jewish or
6 ___ Other _______________ (SPECIFY)
7 ___ None
8 ___ Don't know
9 ___ Refused

G.2. How religious would you say you are? Would you say:

0 ___ Not at all religious
1 ___ Not too religious
2 ___ Fairly religious or
3 ___ Very religious
8 ___ Not sure
9 ___ Refused
G.3. How often do you attend church? Would you say:
0 ____ Never
1 ____ Once a year
2 ____ Several times a year (2 to 11 times)
3 ____ A few times a month (1 to 3 times)
4 ____ Once a week
5 ____ About 2 to 3 times a week or
6 ____ 4 or more times a week
8 ____ Not sure
9 ____ Refused

SECTION H - EMPLOYMENT
H.1. Let's turn now to employment, can you tell me about your current work status. Are you employed?
0 ____ No (IF NO, GO TO H.5.)
1 ____ Yes (IF YES, SKIP TO H.2)

H.2. How many jobs do you have?
____ Number

H.3. Are you:
0 ____ Working full-time, or
1 ____ Working part-time
9 ____ Refused

H.4. What kind of work do you do on your usual job? (PROBE FOR DETAIL: ACTUAL WORK DUTIES/RESPONSIBILITIES, SUPERVISORY DUTIES IF APPLICABLE, JOB TITLE, TYPE OF INDUSTRY/BUSINESS)

________________________________________
________________________________________
________________________________________
________________________________________

(CODE JOB) __ __ __
H.5. What is the main reason you are not currently employed?
   1 ___ Can't find work
   2 ___ Laid off
   3 ___ Retired
   4 ___ Disabled
   5 ___ Housewife
   6 ___ Student/other training
   7 ___ Do not have immigration papers or
   9 ___ Other (SPECIFY) ______________________
   98 ___ Not sure
   99 ___ Refused

H.6. Did you ever hold a job in the Dominican Republic?
   0 ___ No   (IF NO GO TO H.9.)
   1 ___ Yes   (IF YES GO TO H.7.)
   9 ___ Refused

H.7. Were you:
   0 ___ Working full-time, or
   1 ___ Working part-time
   9 ___ Refused

H.8. What kind of work did you have Dominican Republic? (PROBE FOR DETAIL: ACTUAL WORK DUTIES/RESPONSIBILITIES, SUPERVISORY DUTIES IF APPLICABLE, JOB TITLE, TYPE OF INDUSTRY/BUSINESS)

________________________________________________________
________________________________________________________
________________________________________________________
________________________________________________________

(CODE JOB) __ __

[IF CURRENTLY MARRIED OR LIVING WITH SOMEONE ASK]

H.9. Now lets turn to your spouse/partner's employment, can you tell me about your spouse/partner current work status. Is he/she employed?
   0 ___ No   (IF NO GO TO H.13.)
   1 ___ Yes   (IF YES GO TO H.10.)
   8 ___ Not sure
   9 ___ Refused
H.10. How many jobs does she/he have?
   _____ Number

H.11. Is he/she:
   0 _____ Working full-time, or
   1 _____ Working part-time
   8 _____ Not sure
   9 _____ Refused

H.12. What kind of work does your spouse/partner do in his/her usual job? (PROBE FOR DETAIL: ACTUAL WORK DUTIES/RESPONSIBILITIES, SUPERVISORY DUTIES IF APPLICABLE, JOB TITLE, TYPE OF INDUSTRY/BUSINESS)

   (CODE JOB) __ __

H.13. What is the main reason he/she is not currently employed?
   1 _____ Can't find work
   2 _____ Laid off
   3 _____ Retired
   4 _____ Disabled
   5 _____ Housewife
   6 _____ Student/other training
   7 _____ Do not have immigration papers or
   9 _____ Other (SPECIFY) __________________________
   98 _____ Not sure
   99 _____ Refused

H.14. Did your spouse/partner ever hold a job in the Dominican Republic?
   0 _____ No (IF NO GO TO L1.)
   1 _____ Yes (IF YES GO TO H.14)
   8 _____ Not sure
   9 _____ Refused

H.15. Was he/she:
   0 _____ Working full-time, or
   1 _____ Working part-time
   8 _____ Not sure
   9 _____ Refused

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H. 14. What kind of work did your spouse/partner have in the Dominican Republic? (PROBE FOR DETAIL: ACTUAL WORK DUTIES/RESPONSIBILITIES, SUPERVISORY DUTIES IF APPLICABLE, JOB TITLE, TYPE OF INDUSTRY/BUSINESS)

________________________________________________________

________________________________________________________

________________________________________________________

__________________________________________________________________________

(CODE JOB) ___ ___

SECTION I - INCOME

I.1. I would like to get an idea of your income. Please let me know which of these categories describe your total family income for 1998? Include your own income and that of all members of your immediate family who are living with you, and any other sources of income you may have (INTERVIEWER: INCLUDES WELFARE PAYMENT, SOCIAL SECURITY, SSI, UNEMPLOYMENT BENEFIT, ETC.)

0 ___ None
1 ___ $5,000 or less
2 ___ $5,001 to $10,000
3 ___ $10,001 to $15,000
4 ___ $15,001 to $20,000
5 ___ $20,001 to $25,000
6 ___ $25,001 to $30,000
7 ___ $30,001 to $35,000
8 ___ $35,001 to $40,000
9 ___ $40,001 to $45,000,
10 ____ $45,001 to $50,000 or
11 ___ More than $50,000
98 ___ Not sure
98 ___ Refused

SECTION J - MEDICAL INSURANCE

J.1. Do you have any medical insurance?

0 ___ No (IF NO GO TO K.)
1 ___ Yes (IF YES GO TO J.2.)
J.2. Which of the following types of medical insurance do you have?
    Do you have: (Tell me all that apply)
    1    An HMO such as Tufts Health Plan?
    2    Another type of private insurance?
    3    Medicaid?
    4    Medicare?
    5    Veteran’s Administration? or
    6    Anything else? (SPECIFY) ___________________

SECTION K - FINANCIAL STRAIN
K. When you think of your overall financial situation, which of the following expenses do you think are difficult to meet/pay? Would you say that ______ (items a-e) expenses are very difficult, somewhat difficult, or not at all difficult to meet. (HAND CARD 9)

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f. Is there any other commitment that is difficult to meet?
    ____________________ 1 2 3
    (SPECIFY)

SECTION L - SKIN TONE
L.1. Dominicans vary in skin tone. That is they differ in how light or dark their skin is. How do you consider yourself? (HAND CARD 10)
    1    White
    2    Light Indian
    3    Indian
    4    Medium Indian
    5    Dark Indian
    6    Black or
    7    Other (SPECIFY) ________________
    8    Not sure
    9    Refused
SECTION M - OPEN ENDED

M.2. Would you like to return to live in the Dominican Republic?

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

M.2. Is there anything else you want to tell me about the life of Dominicans in the United States?

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

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Antes que comencemos, tenemos que revisar el formulario de consentimiento que es requerido por la Universidad de New Hampshire. Se lo puedo leer, o si prefiere, usted lo puede leer. (DEL FORMULARIO DE CONSENTIMIENTO). Describe el estudio y también sus derechos como participante en este estudio. Tenga la bondad de firmarlo. Le dejaré una copia. ¿Tiene alguna pregunta? Entonces vamos a comenzar.

SECCION A - INFORMACION DEMOGRAFICA

A.2. ¿Cuántos años tiene usted?
   _____ Años

A.3. ¿Nació en los Estados Unidos?
   0 ____ No (SI NO VAYA A A.4.)
   1 ____ Sí (SI SÍ VAYA A A.7.)
   8 ____ No esta seguro/a
   9 ____ Rehusa

A.4. ¿Nació en la República Dominicana?
   0 ____ No (SI NO VAYA A A.5)
   1 ____ Sí (SI SÍ VAYA A A.6)
   8 ____ No esta seguro/a
   9 ____ Rehusa

A.5. (SI "NO", EN A.3. Y A.4., PREGUNTE:) ¿Dónde nació usted?
   (ESPECIFIQUE) _________

A.6. ¿Cuánto (tiempo) hace qué vive usted en los Estados Unidos?
   _____ Años
A.7. ¿En qué país nació su padre?
1   Estados Unidos (no incluye a Puerto Rico)
2   República Dominicana
3   Otro país (ESPECIFIQUE DÓNDE ________________ )
8   No esta seguro/a
9   Rehusa

A.8. ¿En qué país nació su madre?
1   Estados Unidos (no incluye a Puerto Rico)
2   República Dominicana
3   Otro país (ESPECIFIQUE DÓNDE ________________ )
8   No esta seguro/a
9   Rehusa

A.9. ¿Es usted casado(a) y vive con su esposa(o), está casado(a) pero no vive con su
esposa(o), no está casado(a) pero vive con su compañera(o), viudo(a),
divorciado(a), separado(a), o nunca se ha casado?
1   Casado(a) - vive con su esposa(o)
2   Casado(a) - pero no vive con su esposa(o)
3   No está casado(a) pero vive con su compañera(o)
4   Viudo(a)
5   Divorciado(a)
6   Separado(a)
7   Nunca se ha casado
9   Rehusa

A.10. ¿Hasta qué curso llego usted?
1   No atendio la escuela
2   De primero a sexto curso de escuela elementar
3   De séptimo a octavo curso de escuela intermedia
4   De primero a cuarto año de bachillerato
5   No completo la universidad
6   Completo la universidad
7   Tiene certificado profesional
8   GED
98   No esta seguro/a
99   Rehusa

A.11. ¿Tiene hijos?
0   No (SI NO VAYA A A.16.)
1   Sí  (SI SÍ VAYA A A.12.)
9   Rehusa
A.12. ¿Cuántos hijos tiene?
   ___ ___ (DOCUMENTE EL NÚMERO)

A.13. ¿Cuántos hijos viven con usted?
   ___ ___ (DOCUMENTE EL NÚMERO)

A.14. ¿Tiene algún hijo en la República Dominicana?
   0 ___ No (SI NO VAYA A.16.)
   1 ___ Sí (SI SÍ VAYA A A.15.)
   9 ___ Rehusa

A.15. ¿Cuántos hijos viven en la República Dominicana?
   ___ ___ (DOCUMENTE EL NÚMERO)

A.16. ¿Cuántas personas viven con usted (en su casa)?
   ___ ___ (DOCUMENTE EL NÚMERO)

SECCION B - ACULTURACION

B.1. Las siguientes preguntas se enfocan en su uso y preferencia de idioma. Por favor clasifique las siguientes declaraciones - todo el tiempo, casi siempre, frecuentemente, algunas veces, o casi nunca. (DE LA CARTA 1)

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a. ¿Con qué frecuencia habla usted español?

b. ¿Con qué frecuencia habla usted español con sus amigos?

c. ¿Con qué frecuencia piensa usted en español?

d. ¿Con qué frecuencia ve usted programas de televisión en español?

e. ¿Con qué frecuencia escucha usted programas de radio en español?

f. ¿Con qué frecuencia escucha usted música en español?

g. ¿Con qué frecuencia habla usted inglés?

h. ¿Con qué frecuencia habla usted inglés con sus amigos?

i. ¿Con qué frecuencia piensa usted en inglés?

j. ¿Con qué frecuencia ve usted programas de televisión en inglés?

k. ¿Con qué frecuencia escucha usted programas de radio en inglés?

l. ¿Con qué frecuencia escucha usted música en inglés?
B.2. Ahora le voy a hacer unas preguntas relacionadas con su dominio del español y el inglés. Por favor clasifique las siguientes declaraciones - muy bien, bien, no muy bien, o muy mal. (DE LA CARTA 2)

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<tr>
<td>a. ¿Cuán bien habla usted el español?</td>
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<td>b. ¿Cuán bien lee usted en español?</td>
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<td>c. ¿Cuán bien entiende usted los programas de televisión en español?</td>
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<tr>
<td>d. ¿Cuán bien entiende usted los programas de radio en español?</td>
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<td>e. ¿Cuán bien escribe usted el español?</td>
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<td>f. ¿Cuán bien entiende usted música en español?</td>
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<td>g. ¿Cuán bien habla usted el inglés?</td>
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<td>h. ¿Cuán bien lee usted en inglés?</td>
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<td>i. ¿Cuán bien entiende usted los programas de televisión en inglés?</td>
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<td>j. ¿Cuán bien entiende usted los programas de radio en inglés?</td>
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<td>k. ¿Cuán bien escribe usted en inglés?</td>
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<td>l. ¿Cuán bien entiende usted música en inglés?</td>
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SECCION C - CUESTIONES DE SALUD

C.1. Ahora le voy a hacer unas cuantas preguntas sobre su salud. En general, ¿diría usted que su salud es excelente, muy buena, buena, regular, no muy buena, o muy mala.

1     Excelente
2     Muy Buena
3     Buena
4     Regular
5     No Muy Buena
6     Muy Mala
8     Rehusa
C.2. Ahora le voy a leer unas declaraciones de cómo uno(a) se siente a veces. Por favor escúchelas y digame el número que mejor indica cuántas veces usted se ha sentido así en las últimas dos semanas. (DE LA CARTA 3)

a. ¿Con qué frecuencia le molestaron cosas que antes pasaba por alto o no le molestaban?
   0 1 2 3
b. ¿Con qué frecuencia tuvo poco apetito o pocas ganas de comer?
   0 1 2 3
c. ¿Con qué frecuencia se sintió tan desanimado(a) que ni su familiares o amistades pudieron hacerlo(a) sentir mejor?
   0 1 2 3
d. ¿Con qué frecuencia tuvo dificultades en prestar atención a lo que está haciendo?
   0 1 2 3
e. ¿Con qué frecuencia se sintió desanimado(a)/deprimido(a)?
   0 1 2 3
f. ¿Con qué frecuencia pensó que todo lo que hizo le costo mucho esfuerzo?
   0 1 2 3
g. ¿Con qué frecuencia se sintió que ha fracasado en la vida?
   0 1 2 3
h. ¿Con qué frecuencia sintió miedo?
   0 1 2 3
i. ¿Con qué frecuencia no pudo durmi y se levanto estropeado(a), como si no hubiera dormido?
   0 1 2 3
j. ¿Con qué frecuencia hablo menos de lo normal, se sintió retraído(a)?
   0 1 2 3
k. ¿Con qué frecuencia se sintió solo(a)?
   0 1 2 3
l. ¿Con qué frecuencia pensó que los(as) demás eran personas pesadas/antipáticos(as)?
   0 1 2 3
m. ¿Con qué frecuencia lloro?
   0 1 2 3
n. ¿Con qué frecuencia se sintió triste?
   0 1 2 3
o. ¿Con qué frecuencia pensó que no le caía bien a los demás?
   0 1 2 3
p. ¿Con qué frecuencia se sintió que no sintió ánimo de hacer nada?
   0 1 2 3
q. ¿Con qué frecuencia se sintió tan bien como los demás?
   0 1 2 3
r. ¿Con qué frecuencia vio el porvenir (el futuro) con esperanza?
   0 1 2 3
s. ¿Con qué frecuencia se sintió feliz?
   0 1 2 3
t. ¿Con qué frecuencia disfruto de la vida?
   0 1 2 3
C.3. ¿Alguna vez ha visitado algún médico u otro profesional de la salud porque se sintió desanimado(a) o deprimido(a)?

0  No (SI NO VAYA A C. 6.)
1  Sí (SI SÍ VAYA A C. 4.)
8  No esta seguro/a
9  Rehusa

C.4. ¿Cuánto hace que visitó a un médico u otro profesional de la salud porque se sintió desanimado(a) o deprimido(a)?

Meses/Años

C.5. ¿A quién consultó porque se sentía desanimado(a) o deprimido(a)?

1  Psiquiatra
2  Psicólogo(a)
3  Trabajador(a) Social/Consejero
4  Médico
5  Pastor/Padre
6  Agencia Social (Especifique ________________) o
7  Otro (Especifique ________________)
8  No esta seguro/a
9  Rehusa

C.6. ¿Alguna vez ha oído hablar de personas que se han sanado con la ayuda de ensalmos, espíritus o santos?

0  No (SI NO VAYA A D)
1  Sí (SI SÍ VAYA A C. 7.)
8  No esta seguro/a
9  Rehusa

C.7. ¿Usted cree que hay personas que pueden sanarse con la ayuda de ensalmos, espíritus y santos?

0  No
1  Sí
8  No esta seguro/a
9  Rehusa

C.8. ¿Alguna vez ha consultado a una persona que lee tazas, barajas, o que es un espiritista, curandero/a, o santero/a?

0  No (SI NO VAYA A D)
1  Sí (SI SÍ VAYA A C. 9.)
8  No esta seguro/a
9  Rehusa

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C.9. ¿Le dio buen resultado el trabajo?
0  ___ No
1  ___ Sí
8  ___ No esta seguro/a
9  ___ Rehusa

C.10. ¿Ha seguido consultando a esa persona?
0  ___ No
1  ___ Sí
8  ___ No esta seguro/a
9  ___ Rehusa

C.11. ¿Ha tratado de consultar a otra persona?
0  ___ No
1  ___ Sí
8  ___ No esta seguro/a
9  ___ Rehusa
SECCION D - DISCRIMINACIÓN PERCIBIDA

D.1. Algunas veces personas que vienen de otros países pasan por dificultades en los Estados Unidos. Por favor escuche cada pregunta y digame el número de la categoría que mejor describe la frecuencia con que ocurre cada categoría. (DE LA CARTA 4)

a. A los dominicanos se les discrimina en el empleo por su color de piel. 0 1 2 3 4
b. A los dominicanos se les discrimina en el empleo por su cultura o forma de ser. 0 1 2 3 4
c. A los dominicanos se les discrimina en el empleo por su condición de inmigrante. 0 1 2 3 4
d. A los dominicanos se les discrimina en el empleo por hablar español. 0 1 2 3 4
e. A los dominicanos se les discrimina en el empleo por hablar inglés con acento hispano. 0 1 2 3 4
f. A los dominicanos se les discrimina en el empleo por ser hispano(a). 0 1 2 3 4
g. A los dominicanos se les discrimina en la vivienda por su color de piel. 0 1 2 3 4
h. A los dominicanos se les discrimina en la vivienda por su cultura o forma de ser. 0 1 2 3 4
i. A los dominicanos se les discrimina en la vivienda por su condición de inmigrante. 0 1 2 3 4
j. A los dominicanos se les discrimina en la vivienda por hablar español. 0 1 2 3 4
k. A los dominicanos se les discrimina en la vivienda por hablar inglés con acento hispano. 0 1 2 3 4
l. A los dominicanos se les discrimina en la vivienda por ser hispano(a). 0 1 2 3 4
m. A usted se le discrimina en el empleo por su color de piel. 0 1 2 3 4
n. A usted se le discrimina en el empleo por su cultura o forma de ser. 0 1 2 3 4
o. A usted se le discrimina en el empleo por su condición de inmigrante. 0 1 2 3 4
p. A usted se le discrimina en el empleo por hablar español. 0 1 2 3 4
q. A usted se le discrimina en el empleo por hablar inglés con acento hispano. 0 1 2 3 4
r. A usted se le discrimina en el empleo por ser hispano(a). 0 1 2 3 4
s. A usted se le discrimina en la vivienda por su color de piel. 0 1 2 3 4
t. A usted se le discrimina en la vivienda por su cultura o forma de ser. 0 1 2 3 4
u. A usted se le discrimina en la vivienda por su condición de inmigrante. 0 1 2 3 4
v. A usted se le discrimina en la vivienda por hablar español. 0 1 2 3 4
w. A usted se le discrimina en la vivienda por hablar inglés con acento hispano. 0 1 2 3 4
x. A usted se le discrimina en la vivienda por ser hispano(a). 0 1 2 3 4
D.2. ¿Usted se sentía discriminado(a) en la República Dominicana por su color de piel?
   0 ____ No
   1 ____ Sí
   8 ____ No esta seguro/a
   9 ____ Rehusa

SECCION E - APOYO SOCIAL
Ahora voy a hacerle unas preguntas sobre su familia y parientes que no viven con usted.
E.1. No contando a familia o parientes que viven con usted, ¿cuántos familiares o
parientes viven cerca de usted, como a menos de una hora en carro?
   ____ Número

E.2. ¿Con que frecuencia los visita usted o habla con ellos por teléfono?
   1 ____ Todos los días
   2 ____ Una o dos veces a la semana
   3 ____ Una o dos veces al mes
   4 ____ Una o dos veces al año
   5 ____ Casi nunca los visita o habla con ellos
   6 ____ Nunca los visita o habla con ellos
   8 ____ No esta seguro/a
   9 ____ Rehusa

Ahora quiero hacerle unas preguntas sobre sus amistades. Por favor piense en esas
personas bien allegadas a usted. No me refiero a conocidos. Me refiero a amistades
intimas.

E.3. (Si contar a los amigos con quién usted vive) ¿cuántos viven cerca de usted, como
a menos de una hora en carro?
   ____ Número

E.4. ¿Con que frecuencia los visita usted o habla con ellos por teléfono?
   1 ____ Todos los días
   2 ____ Una o dos veces a la semana
   3 ____ Una o dos veces al mes
   4 ____ Una o dos veces al año
   5 ____ Casi nunca los visita o habla con ellos
   6 ____ Nunca los visita o habla con ellos
   8 ____ No esta seguro/a
   9 ____ Rehusa
E.5. Entre toda su familia y amistades, ¿hay alguien en particular en quien usted puede confiar y con quién puede compartir sus pensamientos privados?

1. No
2. Sí - Cual es la relación de esta persona con usted?

E.6. Si esa persona no estuviera disponible por alguna razón, ¿hay otra persona en quien usted pudiera confiar?

1. No
2. Sí - Cual es la relación de esta persona con usted?

E.7. ¿Cuán franco puede usted ser con (el/ella/estas personas) sin tener que ocultar sus sentiments?

1. Totalmente
2. Mucho
3. Algo
4. Un poco
5. Poco o nada
6. No está seguro/a
7. Rehusa

E.8. Ahora me gustaría hacerle unas preguntas sobre sus relaciones con su familia (no su esposa(o) o compañero(a). Por cada comentario que le lea digame el número de la categoría que mejor describe su experiencia. Cuando conteste estas preguntas piense en los familiares que visita o con quienes habla con más frecuencia (DE LA CARTA 5)

a. Usted se lleva bien con sus familiares. 1 2 3 4
b. Usted tiene familiares que siempre toman tiempo para hablar con usted de sus problemas, cuando usted lo necesite. 1 2 3 4
c. Sus familiares le hacen saber que ellos piensan que usted es una persona valiosa. 1 2 3 4
d. Sus familiares siempre le dicen lo que tiene que hacer y como debe actuar. 1 2 3 4
e. Cuando está con sus familiares, usted se siente que puede relajarse completamente y en confianza. 1 2 3 4
f. No importa lo que pase, usted sabe que sus familiares siempre estarán ahí si usted los necesita. 1 2 3 4
g. Usted sabe que sus familiares tiene confianza en usted. 1 2 3 4
h. Usted siente que sus familiares se preocupan por usted. 1 2 3 4
i. Usted está convencido(a) de que sus familiares lo(a) aprecian. 1 2 3 4

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E.9. Ahora me gustaría hacerle unas preguntas sobre su relaciones con sus amistades. 

Por cada comentario que le diga el número de la categoría que mejor describe su experiencia. (DE LA CARTA 6)

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<th>Comentario</th>
<th>1</th>
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<tr>
<td>a. Usted se lleva bien con sus amistades.</td>
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<tr>
<td>b. Usted tiene amistades que siempre toman tiempo para hablar con usted.</td>
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<tr>
<td>c. Sus amistades le hacen saber que usted es una persona valiosa.</td>
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<tr>
<td>d. Sus amistades le hacen saber que usted es una persona valiosa.</td>
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<tr>
<td>e. Cuando está con sus amistades, usted se siente que puede relajarse</td>
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<tr>
<td>f. No importa lo que pase, usted sabe que sus amistades tienen confianza en usted.</td>
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<td>g. Usted sabe que sus amistades tienen confianza en usted.</td>
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<td>h. Usted sabe que sus amistades tienen confianza en usted.</td>
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<tr>
<td>i. Usted sabe que sus amistades tienen confianza en usted.</td>
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E. 10. Muchos de nosotros necesitamos varias clases de asistencia de vez en cuando. Pensando en sus familiares o amistades que no viven con usted, qué posibilidad hay que ellos: (DE LA CARTA 7)

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<tbody>
<tr>
<td>a.</td>
<td>¿Le cuiden su casa/apartamento (animales domésticos, plantas etc.) cuando se va de viaje?</td>
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<td>b.</td>
<td>¿Le prestan más de $100.00?</td>
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<td>c.</td>
<td>¿Le ayuden hacer cosas como reparar o pintar casa o carro, o mudanza?</td>
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<td>d.</td>
<td>¿Le prestan cosas como herramientas, equipo, o artículos de casa, carro, etc.?</td>
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<td>e.</td>
<td>¿Le den un lugar para quedarse si lo necesitará?</td>
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<td>f.</td>
<td>¿Le lleven en carro a algún sitio si lo necesitará?</td>
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<td>g.</td>
<td>¿Alguna persona no se sienten bien pidiendo ayuda aunque crean que puedan recibirla. ¿Cuán tan difícil sería para usted pedir dicha ayuda. Sería:</td>
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<td>1</td>
<td>Imposible</td>
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<td>Muy difícil</td>
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<td>3</td>
<td>Un poco difícil</td>
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<td>Difícil</td>
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<td>5</td>
<td>No difícil</td>
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<tr>
<td>6</td>
<td>No esta seguro/a</td>
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<td>7</td>
<td>Rehúsa</td>
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SECCION F - MAESTRÍA/CONTROL SOBRE SU VIDA
F. Ahora le voy a leer unos cuantos comentarios que describe su situación en particular. Por favor escuche cada comentario cuidadosamente y digame el número de la categoría que mejor describe el grado de acuerdo o desacuerdo con cada comentario (ENTREVISTADOR(A): DE LA CARTA 8)

a. Tengo poco control sobre las cosas que me suceden. 1 2 3 4 5
b. No hay ninguna manera que yo pueda resolver los problemas que tengo. 1 2 3 4 5
c. Es poco lo que puedo hacer para cambiar muchas de las cosas importantes en mi vida. 1 2 3 4 5
d. Algunas veces me siento incapaz de bregar con los problemas de la vida. 1 2 3 4 5
e. Algunas veces pienso que me empujan en mi vida. 1 2 3 4 5
f. Lo que me pase a mi en mi futuro depende de mi. 1 2 3 4 5
g. Yo puedo hacer cualquier cosa que me proponga (o que decida). 1 2 3 4 5

SECCION G - RELIGIÓN
G.1. Ahora vamos a cambiar a unas preguntas sobre religión. Primero, ¿a qué religión pertenece usted?
1 ___ Católica
2 ___ Protestante
3 ___ Cristiana
4 ___ Pentecostal
5 ___ Judía
6 ___ Otra ___________ (ESPECIFIQUE)
7 ___ Ninguna
9 ___ Rehusa

G.2. ¿Cuán religioso(a) diría usted que es? Diría que:
0 ___ No es religioso(a)
1 ___ No muy religioso(a)
2 ___ Bastante religioso(a) o
3 ___ Muy religioso(a)
8 ___ No esta seguro/a
9 ___ Rehusa
G.3. ¿Con qué frecuencia va usted a la iglesia? ¿Diría usted?

0 _____ Nunca
1 _____ Una vez al año
2 _____ Varias veces al año (2 a 11 veces)
3 _____ Varias veces al mes (1 a 3 veces)
4 _____ Una vez a la semana
5 _____ Como 2 ó 3 veces a la semana
6 _____ 4 o más veces a la semana
8 _____ No esta seguro/a
9 _____ Rehusa

SECCION H - EMPLEO

H.1. Pasemos ahora a empleo. Me puede decir cuál es su actual condición de empleo. ¿Está empleado(a)?

0 _____ No (SI NO VAYA A H.5.)
1 _____ Sí (SI SÍ VAYA A H.2.)

H.2. ¿Cuántos empleos tiene usted?

_____ (DOCUMENTE EL NÚMERO)

H.3. Está:

0 _____ Trabajando a tiempo completo (full-time)
1 _____ Trabajando part-time
9 _____ Rehusa


________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

(CODIGO DE TRABAJO) _____ _____

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H.5. ¿Cuál es la razón principal porque no está empleado(a)?
1  ____ No puede conseguir trabajo  
2  ____ Le dieron “lay off”  
3  ____ Está retirado(a)  
4  ____ Está incapacitado(a)  
5  ____ Es ama de casa  
6  ____ Es estudiante/o está recibiendo algún tipo de preparación  
7  ____ No tiene los papeles de inmigración  
8  ____ Otro (ESPECIFIQUE) ___________________________  
98  ____ No está seguro/a  
99  ____ Rehusa

H.6. ¿Estuvo empleado(a) en la República Dominicana alguna vez?
0  ____ No (SI NO VAYA A H.9.)  
1  ____ Sí (SI SÍ VAYA A H.7.)  
9  ____ Rehusa

H.7. Estuvo:
0  ____ Trabajando a tiempo completo (full-time)  
1  ____ Trabajando a tiempo parcial/part-time  
9  ____ Rehusa


________________________________________  
________________________________________  
________________________________________  
________________________________________  
________________________________________  
(CODIGO DE TRABAJO) _______

[SI ACTUALMENTE ESTÁ CASADO(A) O CONVIVIENDO CON ALGUIEN PREGUNTE. SI NO, VAYA A SECCIÓN I EN LA PAGINA 17]

H.9. ¿Ahora cambiando al empleo de su esposa(o) o compañera(o), me puede decir cuál es la actual condición de empleo de ella/el. Ella/El esta empleada(o)?
0  ____ No (SI NO VAYA A H.11.)  
1  ____ Sí (SI SÍ VAYA A H.10.)  
8  ____ No está seguro/a  
9  ____ Rehusa
H.10. ¿Cuántos empleos tiene ella/el?
   __ __ (DOCUMENTE EL NÚMERO)

H.11. Está ella/el:
   0 ____ Trabajando a tiempo completo (full-time), o
   1 ____ Trabajando a tiempo parcial/ part-time
   8 ____ No está seguro/a
   9 ____ Rehusa

H.12. ¿Qué tipo de trabajo hace su esposa(o) o compañera(o), en su empleo usual?
   (PIDA DETALLES: TAREAS DE TRABAJO ACTUAL;
   RESPONSIBILIDADES, OBLIGACIONES DE SUPERVISOR SI
   APLICABLE, TÍTULO DE TRABAJO, TIPO DE INDUSTRIA/NEGOCIO)

   ____________________________
   ____________________________
   ____________________________

   (CODIGO DE TRABAJO) __ __ __

H.13. ¿Cuál es la razón principal porque ella/el no está empleada(o)?
   1 ____ No puede conseguir trabajo
   2 ____ Le dieron “lay off”
   3 ____ Está retirado(a)
   4 ____ Está incapacitado(a)
   5 ____ Es ama de casa
   6 ____ Es estudiante/o está recibiendo algún tipo de preparación
   7 ____ No tiene los papeles de inmigración
   8 ____ Otro (ESPECIFIQUE) ______________________
   98 ____ No está seguro/a
   99 ____ Rehusa

H.14. ¿Su esposa(o) o compañera(o), tuvo un empleo en la República Dominicana alguna vez?
   0 ____ No  (SI NO VAYA A L.1.)
   1 ____ Sí-  (SI SÍ VAYA VA H.15)
   8 ____ No está seguro/a
   9 ____ Rehusa
H.15. ¿Estuvo ella/el:
0 ____ Trabajando a tiempo completo (full-time)
1 ____ Trabajando part-time
8 ____ No está seguro/a
9 ____ Rehúsa

H.16. ¿Qué tipo de empleo tenía ella/el en República Dominicana (PIDA
DETALLES: TAREAS DE TRABAJO ACTUAL/RESPONSIBILIDADES,
OBLIGACIONES DE SUPERVISOR SI APLICABLE, TÍTULO DE
TRABAJO, TIPO DE INDUSTRIA/NEGOCIO)

(CODIGO DE TRABAJO) ___ ___

SECCIÓN I - INGRESO

1.1. Ahora me gustaría tener una idea de sus ingresos. Por favor dígame cuál de estas
categorías describe los ingresos totales de su familia en 1998. Incluya sus
ingresos y los de todos los miembros de su familia inmediata que viven con usted y
otros tipos de ingresos que usted tenga (ENTREVISTADOR(A): INCLUYA
PAGOS DE WELFARE, SEGURO SOCIAL, SSI, BENEFICIOS DE
DESEMPLEO, ETC.)

0 ____ Nada
1 ____ $5,000 o meno
2 ____ $5,001 a $10,000
3 ____ $10,001 a $15,000
4 ____ $15,001 a $20,000
5 ____ $20,001 a $25,000
6 ____ $25,001 a $30,000
7 ____ $30,001 a $35,000
8 ____ $35,001 a $40,000
9 ____ $40,001 a $45,000
10 ____ $45,001 a $50,000
11 ____ Más de $50,000
98 ____ No está seguro (a)
98 ____ Rehúsa
SECCION J - SEGURO MEDICO

J.1. ¿Tiene algún seguro médico?

0  ___ No  (SI NO VAYA A K)
1  ___ Sí  (SI SÍ VAYA A J.2.)

J.2. ¿Cuáles de los siguientes tipos de seguro médico tiene usted?

Tiene usted: (Digame todos los que apliquen)

1  ___ Un HMO como el plan de salud de Tufts?
2  ___ Otro tipo de seguro privado?
3  ___ Medicaid?
4  ___ Medicare?
5  ___ Administracion de Veteranos?
6  ___ Algo mas? (ESPECIFIQUE )

SECCION K - TENSIONES FINANCIERAS

K. Cuando usted piensa en su situación económica, cuales de los siguientes gastos piensa usted que son difíciles de costear/pagar? Diría usted que gastos de ______ (artículos a-e) son muy difícil, un poco difícil, o no difícil. (ENTREVISTADOR(A): DE LA CARTA 9)

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<td>f. ¿Hay otras obligaciones qué son difíciles de mantener?</td>
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(ESPECIFIQUE)

SECCION L - COLOR DE PIEL

L.1. Los dominicanos varían en el color de la piel. Ellos son diferentes dependiendo en lo claro u oscuro(a) que sea su piel. ¿Cómo se considera usted? (DE LA CARTA 10)

1  ___ Blanco(a)
2  ___ Indio(a) Claro(a) (Lavado(a)
3  ___ Indio(a)
4  ___ Indio(a) Canelo(a)
5  ___ Indio(a) Oscuro(a)
6  ___ Negro(a)
7  ___ Otro (ESPECIFIQUE) _________
8  ___ No esta seguro (a)
9  ___ Rehusa
SECCION M - OPEN ENDED

M.1. ¿Le gustaría regresar a vivir a la República Dominicana?

M.2. ¿Hay algo más que le gustaría decirme de la vida del Dominicano(a) en los EE.UU.? 

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APPENDIX D MEAN, STANDARD DEVIATION, AND RANGE OF SCALES

A. MEAN, STANDARD DEVIATION, AND RANGE OF VARIABLES IN DEPRESSION SCALE.

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B. MEAN, STANDARD DEVIATION, AND RANGE OF VARIABLES IN HISPANIC ACCULTURATION DOMAIN.

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D. MEAN, STANDARD DEVIATION, AND RANGE OF VARIABLES IN BICULTURATION DOMAIN.

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E. MEAN, STANDARD DEVIATION, AND RANGE OF VARIABLES IN UNICULTURATION DOMAIN.

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F. MEAN, STANDARD DEVIATION, AND RANGE OF VARIABLES IN PERCEIVED GROUP DISCRIMINATION IN EMPLOYMENT SCALE.

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G. MEAN, STANDARD DEVIATION, AND RANGE OF VARIABLES IN PERCEIVED GROUP DISCRIMINATION IN HOUSING SCALE.

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I. MEAN, STANDARD DEVIATION, AND RANGE OF VARIABLES IN PERCEIVED PERSONAL DISCRIMINATION IN HOUSING SCALE.

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</tbody>
</table>

*p < .05, **p < .01, ***p < .001

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* Higher scores indicate higher depressive symptomatology, greater age, greater years lived in the United States, greater years of school completed, darker skin tone, higher acculturation to the Hispanic domain (low acculturation), higher acculturation to the Non-Hispanic domain (high acculturation), greater income, greater occupational prestige scores, greater financial strain, greater reporting of group and individual perceived discrimination, higher mastery scores, greater reported instrumental support, and greater reporting of family and friend support.

1 N = 85 - Prestige scores were not given to those who were unemployed.

2 GRPWORK = Perceived Group Discrimination in Employment.

3 GRPHOUSE = Perceived Group Discrimination in Housing.

4 PERSWORK = Perceived Personal Discrimination in Employment.

5 PERSHOUSE = Perceived Personal Discrimination in Housing.
August 17, 1995

Ms. Teresita Camacho
10 Browne Street, Apt. 2
Brookline, MA 02146

IRB Protocol #1569 - Psychological Distress Among Dominicans: The Role of Skin for Perceived Discrimination and Acculturative and Economic Stresses

Dear Ms. Camacho:

The Institutional Review Board (IRB) for the Protection of Human Subjects in Research has reviewed the protocol for your project as Exempt as described in Federal Regulations 45 CFR 46, Subsection 46.101(b)(2). Approval is granted to conduct the project as described in your protocol. If you decide to make any changes in your protocol, you must submit the requested changes to the IRB for review and approval prior to any data collection from human subjects.

The protection of human subjects is an ongoing process for which you hold primary responsibility. In receiving IRB approval for your protocol, you agree to conduct the project in accordance with the ethical principles and guidelines for the protection of human subjects in research, as described in the enclosed "The Belmont Report." Additional information about other pertinent Federal and university policies, guidelines, and procedures is available in the UNH Office of Sponsored Research.

There is no obligation for you to provide a report to the IRB upon project completion unless you experience any unusual or unanticipated results with regard to the participation of human subjects. Please report these promptly to this office.

If you have any questions or concerns, please feel free to contact Kara Eddy, Regulatory Compliance Administrator (for the IRB), at 862-2003. Please refer to the IRB # above in all future correspondence related to this project. We wish you success with the research.

Sincerely,

Kathryn B. Cataneo
Director
Research Administration
(for the IRB)

KBC: ke

Enclosure

cc: Heather Turner