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Exploring the Perspectives and Behaviors Regarding Help-Seeking and Knowledge about Marriage and Family Therapy in 2nd and 3rd Generation Mexican-American Women

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Exploring the perspectives and behaviors regarding help-seeking and knowledge about marriage and family therapy in 2nd and 3rd generation Mexican-American women

by

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TABLE OF CONTENTS

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ABSTRACT

The importance of increasing cultural awareness and sensitivity when working with diverse clients has been expressed within the literature in the field of Marriage and Family Therapy (MFT) and incorporated into many MFT training programs. Research specifically related to the Latino culture has identified that Mexican-Americans' under use professional mental health services. Gender differences between help-seeking behaviors in Mexican-Americans have also been identified which indicate that women seek professional mental health services more frequently than men. The aim of this study was two-fold: (1) to provide an opportunity to hear the voices of 2nd and 3rd generation Mexican-American women regarding their help-seeking behaviors, and (2) to gain information regarding their knowledge of the field of MFT. An interpretive qualitative methodology was utilized which was informed by social constructivism and feminist worldviews. Interviews were conducted with seven 2nd and 3rd generation Mexican-American women. The interviews were audio recorded and transcribed verbatim. The transcriptions were then coded into categories which were comprised of themes and sub-themes. Member checks were performed to ensure that the participants felt their voices had been accurately represented. The main themes which emerged included the importance of seeking family and friends for support for mental health or relationship issues, a hesitancy to seek professional mental health services due to stigma, and the expectation that one can handle problems on her own. The importance of feeling heard and valued by the therapist, and a sense of openness from the therapist were also identified as themes when professional mental health services was sought. Limited knowledge about the field of MFT was expressed by the participants although most did believe that a therapist with specialized knowledge about family or relationship issues

would be helpful should they need to seek therapy for such issues. The results have

implications for clinicians working with 2nd and 3rd generation Mexican-American women

as well for cultural awareness and sensitivity trainings for marriage and family therapists.

CHAPTER ONE

Introduction

In recent decades emphasis has been placed on increasing cultural awareness and sensitivity within therapeutic and medical settings (Bean, Perry & Bedell, 2001; Hardy & Laszloffy, 1995; Plummer, 1995; Sharma & Kerl, 2002) when working with clients from varied cultural and ethnic backgrounds. Cultural sensitivity trainings for practitioners such as Hardy and Laszloffy's (1995) cultural genogram activity, among others, have been developed and utilized in this process.

Articles have been published which suggest how to best work with ethnically and culturally diverse clients (Sharma & Kerl, 2002) based on the researcher's/practitioner's understanding of values and norms of the clients' culture of origin. Although these have all been good faith attempts to provide the best possible services to culturally and ethnically diverse clients, these efforts have also been overwhelmingly ethnocentric as the majority of these studies have been published from the perspective of how these 'other' cultures and people differ from the dominant White American culture and its people (Fontes, 2005), and therefore how to best work with them despite these differences. Conversely, these efforts, although ethnocentric, have opened the door to a much needed area of research and practice in terms of culture.

With this in mind, the aim of this thesis was to add to the existing body of literature by providing insight from the perspective of Mexican-American women themselves rather than from the perspective of the practitioner. The specific focus of this research was to provide 2nd and 3rd generation Mexican-American women in the Midwest with an opportunity to use their voice to discuss their behaviors and perspectives regarding help-

seeking, their knowledge about Marriage and Family Therapy (MFT), and the place – if any – that it has in their lives, rather than continue to conduct research and develop therapeutic interventions based in the ethnocentric perspective that MFT does in fact have a place in their lives. It was also my aim as a researcher to conduct this study with a keen awareness of the impact of ethnocentrism and avoid this perspective throughout the research process.

These aims were met by exploring the research question, "What place, if any, does Marriage and Family Therapy have in the lives of 2nd and 3rd generation Mexican-American women?" Through the process of exploring this question, I hoped to add to the literature about the underuse of mental health services among Mexican-American women from their perspective by providing an opportunity to hear their voices on this important topic. Therefore, it was my belief that this research would offer knowledge that had not otherwise been attained or presented.

This new knowledge was attained through the process of asking open-ended questions directly to 2nd and 3rd generation Mexican-American women regarding their view of help-seeking and knowledge about Marriage and Family Therapy, and the place it has in their lives. Given the large population of Mexican-Americans in the United States (U.S.), the findings of this research have the potential to positively impact the lives of Mexican-American women across the U.S. should they choose to seek treatment for mental health or relational issues.

CHAPTER TWO

Literature Review

Mexican-Americans

According to the 2009 American Community Survey, which was published by the U.S Census Bureau, the total Hispanic population in the United States was 48,356,760. Of the total Hispanic population, 31,689,879 (65.5%) were Mexican-American (U.S. Census Bureau, 2009). It is important to note, however, that these numbers reflect only those individuals who are afforded legally documented status in the United States (Falicov, 2005). A 2005 report published by the Pew Hispanic Center (Passel, 2005) estimates that between 80 and 85% of the migrant population from Mexico to the United States is undocumented, therefore, should the U.S. Census Bureau's report include those individuals who are undocumented and living in the U.S. illegally, the reported number of Hispanics – Mexican-Americans in particular – in the United States would increase significantly.

Although the Mexican-American population continues to experience a significant population increase annually, their social status in the United States does not. Despite their large numbers and prominent role in the establishment and founding of the United States, Mexican-Americans still experience marginalization, discrimination, and prejudice at both societal and organizational levels. Issues related to their continued oppression and marginalization have had profound negative impacts on the well-being and functioning of Mexican-American familial systems and the mental health of the individuals within these systems (Falicov, 2005).

Mexican Culture

Mexican culture is traditionally considered to be a culture in which collectivist value sets are embraced; such values include family connectedness, emotional closeness, advancement of group/family needs before the advancement of personal/individual family member needs, limited separation-individuation of adolescents/young adults, hierarchy within relationships, and interdependency (Barrera, Blumer & Soenksen, 2010; Brewer & Chen, 2007; Hardway & Fuligni, 2006; Triandis, Chan, Bhawuk, Iwao, & Sinha, 1995). Additionally, within Mexican culture, patriarchal views with regard to gender expectations and norms are embraced. The terms familismo, simpatia, personalismo, and respeto reflect values embraced within Mexican culture and describe individual and group roles in familial functioning (Bermudez, Kirkpatrick, Hecker, & Torres-Robles, 2010; Falicov, 2005; Triandis, Marin, Lisansky, & Betancourt, 1984). These terms, and their function within Mexican culture, are discussed below.

Familismo plays an integral role in Mexican family functioning, through its strong values of interdependency among members, involvement of extended family members in day to day life activities, child discipline, and problem-solving. Familismo is believed to be a fundamental value of Mexicans as it is based in the belief that family connectedness is essential to the well-being and functioning of the individual (Bermudez et al., 2010; Falicov, 2005; Hardway & Fuligni, 2006). The term simpatia refers to the value placed on familial and social harmony within Mexican culture. Similar to familismo, this term strongly reflects the collectivist value of familial and emotional connectedness (Falicov, 2005; Triandis et al., 1984). Personalismo refers to the value that is placed within Mexican culture of developing strong, close personal relationships. These relationships are enhanced

through the concept of respeto, in which emotional interdependency and a sense of duty to others is embraced. Respeto is observed in particular within parent/child and adult/child relationships – which reflects the hierarchical view of parent/adult and child (adult children as well) relationships in which parents/adults are afforded higher status and power than are children within familial and social relationships and systems (Bermudez et al., 2010; Falicov, 2005).

Mexican-American Women

Within Mexican culture, a woman's social status rises when she has children. She is afforded power within her family of procreation as a mother and is shown significant respect in her role (Falicov, 2005). As stated previously, family is a very important aspect in the lives of Mexican-American women. In their study, Castillo, Conoley, and Brossart (2004) explore the important role of family in the lives of Mexican-American female college students. Consistent with previous studies, the researchers found that among Mexican-American female college students, family support is a strongly relied upon factor when faced with stress in college. This finding is consistent with the concept of familism as presented in Falicov (2005).

Mexican-American women are a marginalized group in terms of both gender and ethnicity. As women, less power is afforded to them within society than is afforded to men (Knudson-Martin, 2001). As Mexican-Americans, less power is afforded to them as a minority group than is afforded to the dominant white majority – who often fail to recognize how their privilege disadvantages others, which further marginalizes minorities (McIntosh, 2008). Additionally, as female members of Mexican-American culture, they are afforded less power than are Mexican-American men, as a result of the patriarchal values

which are embraced by the culture. Therefore, Mexican-American women experience oppression and marginalization as women and as a minority ethnic group. Indeed, they are multi-marginalized and oppressed as women, as Mexican-Americans, and as Mexican-American women. This multi-marginalization and oppression impacts their ability to have their voice heard, not only within Mexican-American culture, but in the dominant society at large (Garcia-Preto, 2008).

Underuse of Mental Health Services

The underuse of mental health services by the Latino population, in which Mexican-Americans are included, has been widely identified (Bermudez et al., 2010; Cabassa & Zayas, 2007; Cachelin & Striegel-Moore, 2006; Cachelin, Striegel-Moore, & Regan, 2006; Goldston, Molock, Whitbeck, Murakami, Zayas, & Nagayama Hall, 2008; Miville & Constantine, 2006; Ramos-Sanchez & Atkinson, 2009). In particular, the underuse of mental health services by Mexican-Americans has received increased attention in recent years; however, research with this population is still significantly limited (Bermudez et al., 2010; Ramos-Sanchez & Atkinson, 2009). To date, research which has investigated the underuse of mental health services by Mexican-Americans has focused on two major areas: (1) identifying barriers to seeking treatment, and (2) exploring behaviors and attitudes related to help-seeking for mental health issues (Bermudez et al., 2010; Cabassa & Zayas, 2007; Ramos-Sanchez & Atkinson, 2009). Although increased attention has been focused on investigating this underuse among Mexican-Americans, little research has been conducted with Mexican-American women. Additionally, the majority of this research seems to have been conducted from the perspective that therapy does in fact have

a place in the lives of Mexican-Americans, and that as therapists and researchers, we need to help to find a way to bring them in for therapy.

Barriers to seeking treatment. Studies which have investigated barriers experienced by Mexican-Americans when seeking treatment have identified the existence of several barriers at structural and sociocultural levels (Goldston et al., 2009; Miville & Constantine, 2006; Ramos-Sanchez & Atkinson, 2009). Structural barriers refer to the barriers faced by Latinos at organizational and provider levels, and the potential legal ramifications which may occur if help is sought. Identified structural barriers include the lack of or limited numbers of bilingual mental health providers, a lack of or limited existence of forms and informational brochures which are provided in the Spanish language, fear of being reported to the Department of Homeland Security (DHS) by providers due to non-legally documented status within the United States, lack of culturally congruent mental health services, and lack of health insurance (Cabassa & Zayas, 2007; Goldston et al., 2008; Miville & Constantine, 2006; Ramos-Sanchez & Atkinson, 2009).

Sociocultural barriers experienced by Latinos include the impact of acculturation and enculturation, mistrust of mental health professionals, culturally prescribed stigma associated with mental illness, physical manifestation of mental health symptoms, and the preference to seek help from family members, close friends, and cultural healers such as a curandero (folk healer) or from an elder (Cabassa & Zayas, 2007; Goldston et al., 2008; Miville & Constantine, 2006; Ramos-Sanchez & Atkinson, 2009).

Behaviors and attitudes related to help-seeking. In response to the identified underuse of mental health services by Mexican-Americans, researchers have begun to investigate the behaviors exhibited and attitudes held by Mexican-Americans regarding

seeking help for mental health issues and the professionals who provide these services. As stated, research specifically focused on Mexican-Americans is limited. However, many studies have been conducted with Latino participants. Although these studies do not directly focus on the Mexican-American population, their findings remain relevant as Mexican-Americans are considered part of the larger Latino population. The following studies will outline the major findings of such research.

Bermudez et al. (2010) investigated behaviors and attitudes regarding help-seeking for mental health issues in a Latino population. The researchers found that Latinos will primarily seek help for mental health issues from an immediate family member, extended family member, spouse, a friend, member of the clergy, or through prayer. Although less frequently, the researchers also found that Latinos will seek professional help for mental health issues. Additionally, the researchers found that although Latinos will seek mental health services, they do not intentionally seek out services from Marriage and Family Therapists (MFTs). Many of the participants indicated that they would seek help from a psychiatrist or psychologist, whereas a few indicated they would seek help from an MFT. The researchers surmise that the higher rate of use of psychiatrists or psychologists instead of MFTs may be reflective of a broader awareness about the work of psychiatrists and psychologists compared to MFTs, and not a reflection of preference for one provider over another.

Cabassa and Zayas (2007) explored intentions for seeking help for depression in a Latino immigrant population. Consistent with previous studies, the researchers found that among Latino immigrants, help is most often first sought through informal sources such as family members, friends, and members of the clergy. However, many Latino immigrants

will use a combined approach to seeking help for depression. If the informal sources sought are not helpful or do not fully alleviate the person's experience with depression, he/she will often seek help from a formal source such as a psychologist or social worker. The researchers refer to this process as a "pathway phenomenon" (Cabassa & Zayas, 2007, p. 238). Although limited, additional studies have identified factors which influence help-seeking from informal and formal sources by Latinos.

Golding and Wells (1990) investigated the role of social support in the use of mental health services by Mexican-Americans and non-Hispanic whites. The researchers found that informal sources of help for mental health issues such as a person's social support system (e.g., friends, family, members of the clergy) were sought prior to seeking help from formal sources (e.g., MFTs, psychologists, social workers) among both Mexican-Americans and non-Hispanic whites. Among both ethnic groups, people who identified lower levels of social support were more likely to seek help for mental health issues from formal sources. The findings of this research are consistent with the Bermudez et al. (2010) and Cabassa and Zayas (2007) findings which support the notion that Mexican-Americans most often seek help for mental health issues from informal sources and turn to formal sources as a second or last resort.

Although the Bermudez et al. (2010) and Cabassa and Zayas (2007) studies did not specifically focus on Mexican-Americans, the findings do reflect traditional values and functioning in Mexican-American culture as previously discussed, such as familismo, personalismo, and the strong reliance on social support and connection which are highly valued within the Mexican culture as a whole.

Regeser Lopez, Lopez, and Fong (1991) reviewed three studies which explored Mexican-Americans' preference for the ethnicity of the professional by whom services for mental health issues were provided. Although the methodology for each study differed, the findings indicate that often, Mexican-Americans prefer a mental health professional whose ethnicity is most similar to their own. Ponce and Atkinson (1989) also found that in a sample of Mexican-American college students, participants were more willing to seek help from a mental health professional whose ethnicity was similar to their own. Additionally, more credibility was given to mental health professionals whose ethnicity was similar to the participants than to those whose ethnicity was dissimilar. Sanchez and Atkinson (1983) found similar results in a sample of 99 Mexican-American college students; participants with a strong commitment to Mexican culture preferred a mental health professional whose ethnicity was most similar to their own. Additionally, the researchers found that participants with a strong commitment to Mexican-American culture were less likely to disclose than those with less cultural commitment. The researchers also found that Mexican-American female college students were more likely to seek help for mental health issues than their male counterparts.

Miville and Constantine (2006) found that Mexican-American college students who are more acculturated into U.S society are more willing to seek help for mental health issues. In contrast to research which has suggested that Mexican-Americans who are more highly enculturated seek help for mental health issues less frequently, the researchers found that enculturation did not have a significant impact on help-seeking behaviors or attitudes. Additionally, findings from the study indicate cultural congruency may play a role in the behaviors and attitudes of many Mexican-American college students in terms of help-

seeking behaviors and attitudes; in other words, if a student feels his/her values are congruent with the mental health services provided by the university, the student may be more likely to seek help and have a more positive attitude about doing so. On the other hand, if the student feels his/her values are incongruent, he/she may be less likely to seek help and have a less favorable attitude about seeking help. Miville and Constantine also found that social support plays a major role in help-seeking behaviors and attitudes in Mexican-American college students. Specifically, the researchers found that students who reported lower levels of social support were more likely to seek help for mental health issues and have more favorable attitudes about doing so than those who reported higher levels. The researchers found that higher levels of social support negatively affected the willingness of Mexican-American college students to seek help for mental health issues.

Although research findings indicate that Mexican-Americans may prefer an ethnically similar mental health professional, the reasons for this preference or the impact on help-seeking behaviors and attitudes have yet to be explored. Further, Regeser Lopez et al. (1991) found that characteristics other than ethnicity, such as education and age, were important and were often preferred over ethnicity. Therefore, additional research on this topic and its meaning and impact on help-seeking is needed.

The Assumption That Therapy is Valued by Mexican-Americans

As previously stated, there appears to be an assumption within the field of Marriage and Family Therapy, and related mental health fields, that therapy does in fact have a place in the lives of Mexican-Americans. In response, countless studies have been conducted to identify barriers to seeking treatment among Mexican-Americans, their behaviors and attitudes about seeking treatment, and suggestions for working with Mexican-Americans

(and other minorities) in mental health and medical settings. However, this assumption has not yet been researched. Articles have been written which outline culturally appropriate ways to provide mental health, medical, and social services to Mexican-Americans. Suggestions are offered for how to best work with this population; however, none of these studies have been based on information provided by Mexican-Americans, but rather are written from the perspective of what to do with them (Castillo & Caver, 2009; Sharma & Kerl, 2002). By investigating the underuse of mental health services by Mexican-Americans with the aim of increasing their help-seeking behaviors and attitudes, we practice ethnocentrism. We assume, without cause, that Mexican-Americans want mental health services and will benefit from mental health services based on our own bias as practitioners that therapy will help them.

By providing voice to Mexican-Americans and asking them what place, if any, that Marriage and Family Therapy has in their lives, rather than assuming its place and continuing to provided services as if we know what is best, MFTs can bridge this gap in research and practice and truly begin to provide culturally sensitive and appropriate services based on the needs and interests and needs of Mexican-Americans.

CHAPTER THREE

Method

Qualitative Methodology

The aim of this study was to explore, through the voices of 2nd and 3rd generation Mexican-American women, their behaviors and perspectives regarding help-seeking and their knowledge about Marriage and Family Therapy and its place in their lives. Through the process of conducting an extensive review of the literature which has been published on the underuse of mental health services by Mexican-Americans, their behaviors and attitudes about seeking treatment, and the barriers they face when they do, a need was identified to explore what place, if any, that therapy has in their lives. This need was identified in part as the previously published literature primarily focused upon the perspectives of practitioners, rather than the perspectives of Mexican-Americans.

The study was limited to Mexican-Americans given the existence of cultural differences which exist among groups within the larger Hispanic population. For example, although Mexican-Americans and Puerto Ricans are both members of the Hispanic population, cultural differences between these two groups exist (Falicov, 2005; Garcia-Preto, 2005). As such, the decision was made to focus solely on one cultural group within the Hispanic population. Mexican-Americans were selected based on my own cultural heritage as a Mexican-American woman and the varied perspectives within my own family regarding help-seeking behaviors and perspectives regarding mental health and relationship issues.

Further, Mexican-American women were chosen based on the information identified in the literature review which indicates gender differences between men and

women in terms of treatment seeking. Women in particular were chosen as they are multi-marginalized and therefore have had their voices silenced in multiple ways based on their gender and ethnicity. Given the aim of the study, the open-ended interview questions which were developed to provide an opportunity for Mexican-American women to use their voice, and the existence of previous quantitative and mixed method research studies, a qualitative methodology for this study was chosen.

Qualitative research provides an opportunity for a more in-depth exploration of a complex phenomenon, experience, or issue. It provides an opportunity to hear the voices of those people or groups who may otherwise be silenced. Further, it emphasizes the minimization of power differences between the researcher and respondent and collaboration between the researcher and respondent is often valued within the context of qualitative research (Creswell, 2007). As stated by Creswell (2007, p. 37), "Qualitative research begins with assumptions, a worldview, the possible use of a theoretical lens, and the study of research problems inquiring into the meaning individuals or groups ascribe to a social or human problem." In Merriam (2002), the following conceptualization of qualitative research is offered,

> The key to understanding qualitative research lies with the idea that meaning is socially constructed by individuals in interaction with their world. The world, or reality, is not fixed, single, agreed upon, or measurable phenomenon that it is assumed to be in positivist, quantitative research (p. 3).

This conceptualization blended well with the aim of this research study, which was to provide voice to people who have otherwise been silenced, or had the meaning of their responses misrepresented within the context of quantitative research.

Interpretive Qualitative Methodology

Given the aim of the study and the acknowledgment that as a researcher, my biases and worldviews impact what I choose to study, how I choose to design a study, and how I interpret the findings, an interpretive qualitative design was deemed most fitting. In interpretive qualitative research, self-reflection of the researcher in terms of how the research is carried out is highly valued (Creswell, 2007).

Four major components of interpretative research have been identified by Merriam (2002) these are:

> (1) understand the meaning people have constructed about their world and their experiences, (2) the researcher is the primary instrument for data collection and data analysis, (3) the process is inductive; researchers gather data to build concepts, hypotheses or theories rather than deductively deriving postulates or hypotheses to be tested, and (4) the product of a qualitative inquiry is richly descriptive (pp. 4-5).

Social Constructivism Worldview

The social constructivism worldview focuses heavily on the subjectivity of meanings and the manner in which they are agreed upon and defined in both social and historical contexts. Research that is conducted through the lens of this worldview focuses on the respondents' views of their experiences and situations (Creswell, 2002). Therefore, this worldview blended well with the aim of the study to hear the voices of Mexican-American women and the use of an interpretive qualitative design. Additionally, this worldview reflects my perspective as a researcher, which was important, as recognizing the perspective and biases of the researcher is an essential element of interpretive qualitative design and qualitative research at large.

Feminist Interpretive Lens

Creswell (2002, p. 24), discusses the use of an interpretative lens when conducting

an interpretative qualitative study:

> Interpretative positions provide a pervasive lens or perspective on all aspects of a
> qualitative research project. The participants in these projects represent
> underrepresented or marginalized groups, whether those differences take the form
> of gender, race, class, religion, sexuality, and geography.

Consistent with the approach used in an interpretive qualitative design, the use of a

feminist informed lens emphasizes collaboration and engaging in relationships with

respondents in which they are not exploited. The use of non-hierarchical approaches and

attending to power dynamics within relationships is highly valued in feminist thought. In

terms of power, feminist informed researchers recognize that power dynamics occur in all

relationships and in a myriad of ways. From this perspective, it is through this awareness

that power can be navigated and used in appropriate and respectful ways (Blumer, Green,

Compton, & Barrera, 2010; Creswell, 2002). Further, when conducting research through

the use of a feminist lens, and consistent with the goals of interpretive qualitative design,

the researcher aims to place himself/herself within the context of the study.

As discussed, Mexican-American women are multi-marginalized as they experience

minority status as a result of their gender and ethnic heritage. When viewing this multi-

marginalization through a feminist lens, we see that it has served as a function for silencing

the voices of Mexican-American women. Given the multi-marginalization experienced by

these women in terms of gender and ethnicity, and the aim of this study to provide an

opportunity for those who have been marginalized to use their voice, a feminist interpretive

lens seemed most appropriate to explore the aims of this study. Finally, incorporating a

feminist informed lens into the research design of this study is consistent with an interpretative approach as it attends to the importance of recognizing my perspective and bias as I identify as a feminist therapist and researcher.

Women as Respondents

For the purpose of this study, the sample was limited to Mexican-American women. This decision was made in response to reviewing the findings of the existing literature, the limitations of these studies, and the identified cultural differences in gender expectations and roles of Mexican-American men and women. Findings from previous studies have indicated Mexican-American women are often more willing to seek therapy and disclose once they have sought therapy than are Mexican-American men (Sanchez & Atkinson, 1983).

In terms of sampling, past research has primarily been conducted by utilizing a participant sample of male and female Mexican-American university students. The authors of these studies have recognized this as a limitation to their studies as this limits the generalizability of the results to a larger population of Mexican-Americans. Additionally, provided the differences in gender expectations and roles of Mexican-American men and women and the differences in their attitudes and behaviors regarding help-seeking for mental health issues, the sample of this study was limited to Mexican-American women.

Respondents

Within the design of a qualitative research study, the technique of purposeful sampling was utilized. In purposeful sampling, "…the inquirer selects individuals and sites for study because they can purposefully inform an understanding of the research problem and central phenomenon in the study" (Creswell, 2007, p. 125). This approach differs

significantly from the random sampling technique often used in quantitative studies in which participants are chosen at random in an effort to more accurately represent a larger and more diversified population (Pelham & Blanton, 2007). Purposeful sampling, however, identifies and selects respondents based on criteria of characteristics specific to the population being studied.

Within this study, purposeful sampling was utilized and based on the following criteria: to participate in the study, the respondents had to be 18 years of age or older, identify as Mexican-American women, and be legal residents of the United States. Participants had to be able to speak, read, and understand English. This means they had to feel comfortable verbally expressing themselves in English in a manner in which they felt understood, and be able to read and understand written English. English proficiency was necessary as the interviews were conducted in English because I do not speak fluent Spanish, and therefore could not interview, code, or draw themes from the respondents had they answered questions in Spanish.

Participants were recruited in several ways given the specific criteria for sampling within the study, and my limited knowledge of the Central Iowa area and the Mexican-American population who live here. One way which participants were recruited was through the use of an informal gatekeeper. This gatekeeper was Dr. Kim Greder of Iowa State University, who served as a liaison between potential gatekeepers in the Mexican-American community in which I conducted this research. I asked her to provide this contact based on her longstanding professional relationship with members of the Mexican-American population in the Central Iowa area from which respondents were recruited.

Dr. Greder facilitated a connection with potential gatekeepers through an e-mail she sent to two contacts she knew in the Mexican-American community. A copy of this letter is located in Appendix A. Once these two women received the e-mail, they contacted me to begin a dialogue about the study and participant recruitment. These women then sent an e-mail to potential respondents. A script was provided to these gatekeepers to use in their e-mail for the purpose of detailing the study, the inclusion criteria and my contact information. A copy of this script is located in Appendix B.

This began the process of snowball sampling. Snowball sampling, "identifies cases of interest from people who know people who know people who know what cases are information-rich" (Creswell, 2007, p. 127). For the purpose of this study, respondents were asked to pass on contact information and information about the study to other people who fit the inclusion criteria. Two respondents were recruited and agreed to participate through this process.

Another way in which respondents were recruited was through an e-mail which was sent to the President of the Latino Graduate Student Association (LGSA) and to the Director of the Multicultural Student Association (MSA) detailing the study and requesting to recruit participants via e-mail through these two organizations. Copies of these letters are located in Appendix C. The President of the LGSA and the Director of the MSA both granted permission for the association members to be contacted via e-mail. Copies of the e-mails which were sent to the association members are also located Appendix C. Three women contacted me in response to the e-mail which was sent out through the LGSA and were interviewed for the study. However, the e-mail which was sent through the MSA did not yield any responses.

I was also contacted by a woman who had heard about the study through a colleague of mine and expressed interest in participating. She was provided with a copy of the informed consent document to review and agreed to participate. The final method of recruitment occurred through an e-mail which was sent to the Director of the Latino Business Association in a mid-sized city in Central Iowa. A copy of this e-mail and the letter which was forwarded to the members is located in Appendix D. I received a phone call from a woman who received the e-mail sent out by the Director of the Latino Business Association. She was provided with additional information about the study over the phone and agreed to participate. All respondents were treated in accordance with the American Association for Marriage and Family Therapy Code of Ethics (AAMFT, 2001).

Description of the respondents. A total of seven women agreed to participate in this study. Each of the seven women was asked to provide a pseudonym which could be used when presenting and discussing the results of this study through their voices. The pseudonyms which were provided by the respondents were; Lydia, Sofia, Molly, Ana, Carolina, Maria, and Bianca. In the paragraphs which follow I will introduce each of the women who participated in the study through information which was gathered during the interview process itself as well as a demographics form which was completed by each of the women.

The first woman to participate in the study was Lydia. Lydia identified as a 46 year old 2nd generation Mexican-American woman and was one of eight children. She was married with two children and a member of the Catholic faith. Lydia had a Masters degree and worked as an insurance agent in the Central Iowa area. The second woman to participate in the study was Sofia. Sofia identified as a 58 year old 2nd generation Mexican-

American women and was one of three children. She reported that she was single and did not have children. Sofia was also a member of the Catholic faith. Sofia had obtained her Bachelors degree and worked in a managerial position at a company in the Central Iowa area.

The third woman to participate in the study was Molly. Molly identified as a 27 year old 2nd generation Mexican-American woman and was one of two children. Molly was married and did not have any children. She identified as agnostic in terms of her religious affiliation. At the time of this study, Molly was a graduate student at a state university in the Central Iowa Area.

The fourth woman to participate in the study was Ana. Ana identified as a 26 year old 2nd generation Mexican-American woman who was one of 4 children. Ana identified as a member of the Catholic faith, and although she stated that she was legally married, she reported that she was in a dating relationship with her fiancé as they had not yet been married in the Catholic Church. Ana did not have any children. She was also a graduate student at a state university the Central Iowa area. In terms of occupation she reported that she worked as an interpreter/translator.

The fifth woman to participate in the study was Carolina. Carolina identified as a 29 year old 2nd generation Mexican-American woman who was one of two children. Carolina was married and did not have children. She identified as a member the Four Square denomination of the Christian faith. She held a Masters degree in Counseling with an emphasis on Student Development in Higher Education. At the time of the study was pursuing her doctoral degree and was a graduate research assistant.

The sixth woman to participate in the study was Maria. Maria identified as a 33 year old 3^(rd) generation Mexican-American woman who was one of seven children. She was married with two children and was a member of the Catholic faith. She held a Bachelors degree and worked a day care provider in the Central Iowa area. The seventh woman to participate in the study was Bianca. Bianca identified as a 36 year old Mexican-American woman who was one of two children. She had four children and at the time of this study was pregnant with her fifth child. She was also a Catholic. She identified as partnered in terms of her relationship status. She had attended college, but had not yet completed her degree and she worked as a medical assistant in the Central Iowa area. Please see Table 1 for a description of the participant demographic information in table format.

Table 1.

Description of Participant Demographic Information

Respondent	Age	Relationship Status	Number of Children	Number of Siblings	Generation in the US	Occupation	Education	Religious Affiliation
Lydia	46	Married	2	7	2nd	Insurance Agent	Masters Degree	Christian: Catholic
Sofia	58	Single	0	2	2nd	Manager	Bachelors Degree	Christian: Catholic
Molly	27	Married	0	1	2nd	Graduate Student	Currently in Graduate School	Agnostic
Ana	26	Dating	0	3	2nd	Graduate Student & Interpreter/ Translator	Currently in Graduate School	Christian: Catholic
Carolina	29	Married	0	1	2nd	Graduate Research Assistant	Masters Degree and Currently Pursuing Ph.D.	Christian: Four Square
Maria	33	Married	2	6	3rd	Day Care Provider	Bachelors Degree	Christian: Catholic
Bianca	36	Married	4 and pregnant	1	2nd	Medical Assistant	Some College	Christian: Roman Catholic

Data Collection

A frequent method of data collection within qualitative research studies is the interview. Other popular methods of data collection include observation and reviewing documents and audiovisual materials (Creswell, 2007). For the purpose of exploring the research question: "What place, if any, does MFT have in the lives of Mexican-American women?" the interview method was deemed most fitting as one goal of this study was to give voice to those who have been silenced.

Two separate interviews were conducted in person and at a location which each respondent and I agreed upon. The interview process was semi-structured as to allow the respondents to ask questions as necessary, and to provide me with the opportunity to explain and reword questions as needed. The use of a semi-structured interview process was selected on the premise that these type of interviews are in line with the goal to provide an opportunity for each respondent to use her voice. The semi-structured approach allowed the interview process to proceed and move forward in a goal directed manner, while simultaneously ensuring the comfort of the respondent to ask questions or offer insight not asked directly by any of the previous questions. Descriptions of the two interviews will be discussed in detail in a later section of this thesis. Approval for this study was granted by the Institutional Review Board (IRB) at Iowa State University prior to beginning the research process. A copy of the approval letter from the IRB is located in Appendix E.

Respondents were first asked to read and sign an informed consent document prior to beginning the first interview. Due to changes which occurred during the research process, respondents were asked to sign two copies of the informed consent document. The first copy of the document which the respondents were asked to sign stated that they would

not receive compensation for participating in the study. However during the process of conducting this research I was awarded a grant from the Department of Human Development Family Studies (HDFS) at Iowa State University (ISU) which allowed me to compensate the respondents for their time.

The grant funds allowed me to provide compensation in the form of gift certificates to the following locations: Walmart, Target, HyVee, or Fareway. Participants were provided with two $20 gift certificates for their participation—one gift certificate was awarded for their participation in the initial interview and the second was awarded for their participation in the follow-up interview. The second version of the informed consent document included a change to the cost and compensation section of the document which discussed the compensation which participants would receive.

The first copy of the informed consent document was signed during the initial interview. Prior to conducting the follow up interviews, the participants were informed about the grant which had been received and the changes which had occurred in relation to compensation. They were informed that they would be asked to sign a second informed consent document acknowledging that they would be receiving compensation. In addition, they were asked to choose a location from which to receive the two $20 gift certificates and were informed that they could choose two gift certificates from one location or one gift certificate from two locations.

During the follow-up interview they were then asked to sign the second copy of the informed consent form along with a Research Participant Receipt Form for the records of the HDFS Department at ISU. Copies of the informed consent documents and the Research Participant Receipt Form can be found in Appendix F. The respondents were then assigned

a respondent identification number (RIN) to ensure confidentiality. This number was then linked to an electronic document with participant contact information which was secured on a password-protected computer. Respondents were also asked to provide a pseudonym to be used when writing the results and discussions of the thesis.

The first phase of data collection occurred through the process of semi-structured interviews which lasted between 7 and 43 minutes based on the amount of time needed for the respondents to respond to the interview questions. The amount of time needed to conduct each interview varied due to a variety of factors. For example, one participant did not indicate that she would seek professional mental health services and therefore was not asked the questions in section two. As such, her interview was significantly shorter than the other interviews as it was seven minutes long. She provided well thought-out and concise responses to the questions in section one which also seemed to impact the short duration of the interview. I felt that she provided quality information which was beneficial to the study despite the short duration of the interview.

Prior to beginning another of the interviews one of the participants informed me that she talked a lot. This interview was 43 minutes long as this participant often provided a context for many of her answers and shared various aspects of her life as they related to the interview questions in sections one and two. Despite the variation in time between the 7 and 43 minute long interviews, I felt that the information provided by each of these women was incredibly beneficial and the difference in time seemed to reflect their differences as unique individuals in terms of their communication styles which I greatly appreciated.

In terms of the interview processes specifically, each of the interviews was conducted solely by me. The location of each interview was determined based on the

comfort of the respondents. Examples of locations at which interviews were conducted included my office as well as the homes and offices of some of the respondents. Once participants had signed the informed consent document, they were asked to complete a demographics form. A copy of this form is located in Appendix G.

The interview questions which respondents were asked to respond to were divided into two sections. Section one asked respondents to answer open-ended questions regarding to whom and where they would turn if they were experiencing mental health or relationship issues. If respondents indicated that they would seek professional mental health services then they were asked the questions in section two. All but one participant indicated that they may seek professional mental health services. Therefore, six of the seven participants were asked the questions in sections one and two. The interviews were audio recorded for the purpose of transcription and data analysis. The interviews were transcribed by Elyse Harper who was funded by the same research grant which provided compensation for the research participants. The audio recordings were stored via electronic format on a password-protected computer along with the electronic transcriptions.

The interview questions were developed through an on-going process during the time in which the study was conceptualized and designed. This process began as I thought about the aim of the study and the various ways by which the aim could be met. I began by writing down ideas regarding questions which I thought might help to facilitate the process of providing an opportunity to hear the voices of the respondents in relation to the aim of the study. The first outline of the interview questions reflected questions of a predominately yes/no response type. Examples of such questions were "Would you seek help from a family member or close friend if you were experiencing a mental health or

relationship issue?" and "Have you ever sought therapy from a Marriage and Family Therapist?"

Through discussions with various members of my thesis committee I came to realize that these questions and others like them did not quite fit the aim of the study in regard to hearing the voices of the respondents. Rather, these questions seemed to ask the respondents to either confirm or deny their experiences in response to questions which reflected my own biases as a researcher and as an MFT related to my understanding of help-seeking behaviors and perspectives regarding mental health issues and professional mental health services within the Mexican-American community. I realized that rather than capturing the voices of the respondents, these questions were actually capturing my own voice and biases – which I discuss in a later section of this thesis.

In response to this realization and the feedback of the committee members, I began to redesign the interview questions to reflect more open-ended questions which would serve to capture the voices of the respondents and their unique experiences and perspectives. Through this process the final interview questions emerged. Many of the questions which were developed during the first outline were reworded to reflect a more open-ended response type for the purpose of eliciting the voices of the respondents. For example, the question "Is there anything that would make you feel more comfortable when seeking mental health professional?" was reworded to state "Share with me something that would make you feel more comfortable when seeking a mental health professional for a mental health or relationship issue."

Additionally, questions which reflected my voice and biases as a researcher related to the focus of this research were also reworded to better capture the voices of the

respondents. For example, the question "Would you seek help from a family member or close friend if you were experiencing a mental health or relationship issue?" was expanded to capture the voices of the respondents and to see if seeking help from family members and friends was identified by the respondents – rather than assuming that it might be. Examples of this expansion exist in the following two questions, "If you were experiencing a mental health or relationship issue, what would you do?" and "Share with me people or places, if any, you might turn to."

At this point, the decision was also made to separate the questions into two sections. This decision was made as I wanted to capture the voices of the respondents; therefore, if a respondent did not indicate that she would seek professional mental health services I did not ask questions related to mental health professionals. This became the delineation between sections one and two. In section one, the questions were open-ended and focused upon general help-seeking behaviors and perspectives. In section two, the questions focused on help-seeking behaviors and perspectives specifically related to professional mental health services and marriage and family therapy. As stated, the questions in section two were only asked if the respondents indicated in section one that they would seek professional mental health services. The final set of questions which were asked in sections one and two are provided in Appendix H.

The second phase of data collection occurred through the process of member checks which were conducted through a second interview once the data had been analyzed and coded for themes. During the member check interviews, the respondents were provided with a copy of the categories, themes and sub-themes which emerged specifically from the information which they provided during the first interview. Selected quotes which were

from the individual respondents were inserted under the appropriate category, theme or

sub-theme which it represented. Copies of the documents which were provided to each

respondent during the member check are located in Appendix I. They were asked to review

the document silently while thinking about whether the categories, themes, sub-themes and

the related quotes accurately reflected their voice. They were informed that after they were

finished reviewing that document that the recording would be turned on.

Once the recording was turned on they were asked if they felt their voices had been

accurately represented, or if they felt they had been misrepresented or misunderstood. The

respondents were also informed that they could request to have any information removed

which they had previously provided. Questions were also answered during this time if the

respondents had any. Follow-up questions were also asked once the recorder was turned on.

The follow-up questions which were asked pertained to the role, if any, that the

respondents thought Mexican culture, American culture and acculturation had on the

responses they had given and the categories, themes, and sub-themes which had emerged.

Additionally, questions related to the role of education in seeking professional mental

health services were asked, as was a follow-up question related to whether the gender of a

friend or family member made a difference in the respondent's willingness to talk to or

seek support from them.

These member check interviews ranged between five minutes and twenty minutes

once the recorder had been turned on. The member checks were performed to ensure the

information provided by the respondents was interpreted in a manner in which they felt

their voices were heard. To do so, each respondent was provided with a document that

listed the themes which emerged during the data analysis process through quotations and/or

paragraphs selected from her initial interview. Once the member check interview was complete, the respondents were thanked for their time and provided with the gift cards as compensation for their participation. Each of the respondents also expressed interest in reviewing the findings of this thesis. I informed them that I could send them the final version of the thesis once it was approved from the committee for their review. The respondents provided an e-mail address where they were comfortable receiving an electronic PDF of the thesis.

Data Analysis

The data analysis process occurred in six major phases. Each of the six phases will be discussed in detail in following pages. As a part of the analysis process, each of the seven audio recorded interviews was transcribed verbatim by transcriptionist Elyse Harper, into a word processing document. The interviews were transcribed using the RIN number which was assigned to each individual participant. Each transcribed interview was then stored in a password protected computer.

Phase one: The first phase of the data analysis process began following the completion of the fifth interview. To begin, each of the five interviews which had been conducted by this point in the research process was read through once prior to beginning the coding process. This was done so that I could familiarize myself with the data once again. A second read through was then conducted during which potential codes were identified and recorded on a sheet of paper.

The potential codes identified were derived from words and concepts that appeared to emerge throughout the five interviews. For example, the concept of social support seemed to appear frequently so it was listed as CODE 1: SOCIAL SUPPORT. Another

example was the word listening, which was often used by respondents, so it was listed as CODE 18: LISTENING. A total of 21 codes were identified during this process. For the complete list of codes please see Appendix J. Once the 21 codes had been identified, the five interviews were read through a third time. During this process the identified codes were written into the margins of the pages of each of the transcribed interviews next to sentences and/or paragraphs which reflected each of the 21 codes.

　　Phase two. During the second phase of the data analysis process, each of the 21 codes was refined into themes and sub-themes which were listed under three separate categories of findings that emerged from the data. This process began by reviewing the sentences and/or paragraphs which had been previously identified as reflective the 21 codes. During this process certain codes were eliminated altogether if they did not appear to be strongly identified across the five transcribed interviews. Other codes were combined together under a theme or sub-theme.

　　For example, CODE 2: TRUST and CODE 3: JUDGMENT were combined into Sub-Theme One: Established Trust and Lack of Judgment, which was one of three sub-themes under Theme One: Seeking Family and Friends as Lay Therapists which was located within Category One: Help-seeking. Once the codes had been refined into a final list of categories, themes, and sub-themes, a Microsoft Word™ document was created in which each of the identified categories, themes and sub-themes served as headers under which selected quotations and/or paragraphs from each of the five interviews were placed which represented the emergence of each category, theme or sub-theme within the data.

　　Interviews 6 and 7 were conducted following the completion of the data analysis process for interviews 1 through 5. Once interviews 6 and 7 were transcribed, the data

which was provided by respondents 6 and 7 was then incorporated into the previously identified categories, themes and sub-themes. This occurred through the process of identifying quotations and/or paragraphs which reflected the previously identified categories, themes and sub-themes and inserting them into the word document along with the quotations and/or paragraphs from respondents 1 through 5. Please see Appendix K for a copy of the categories, themes and sub-themes which emerged during this process.

Phase three. The third phase of data analysis occurred through the process of conducting member checks with each of the 7 respondents. The purpose of the member checks was to allow respondents to "…recognize their experience in your interpretation or suggest some fine tuning to better capture their perspective" (Merriam, 2002, p. 26). Member checks are a valuable step in the data analysis process and in terms of this research study strongly reflect the goal of providing voice to Mexican-American women. By performing member checks the possibility of misinterpreting the information provided by respondents was reduced, and the ability to truly give them an opportunity to have their voice heard was broadened. This process also served to enhance the trustworthiness of the study.

Each of the seven respondents who were interviewed during the member check process indicated that her voice was accurately represented, that each of the categories, themes and sub-themes appeared to reflect what she had discussed, and that she felt comfortable with the quotations and/or paragraphs which were selected from her interview. Follow-up questions were asked during this process as described in the previous section on data collection. Please see Appendix K for a copy of the member check document which was provided to Respondent 5 as an example.

Phase four. The fourth phase of the data analysis process consisted of refining the categories, themes and sub-themes through the process of an intensive review of the previously selected quotations and/or paragraphs. This process consisted mainly of adding additional themes and sub-themes, as well as combining or renaming other themes or sub-themes based on the quotations and/or paragraphs which had been previously selected. Please see Appendix L for a complete list of the categories, themes and sub-themes which emerged during phase four of the data analysis process.

Phase five. The fifth phase of the data analysis process occurred through the use of a peer-review process. Three of my colleagues agreed to serve as peer-reviewers. Peer-reviewer one was a colleague of mine who is pursuing her Doctor of Philosophy in Clinical and Community Psychology at a university in the Pacific Northwest. She has a strong interest in cultural issues in clinical work. She identifies as a middle-class, Caucasian-American woman of Italian ancestry. She does not adhere to any particular religious belief system and considers herself a postmodern thinker.

Peer-reviewer two was a colleague of mine who holds a Doctor of Philosophy in Marriage and Family Therapy and currently teaches in a Marriage and Family Therapy training program at a university in the Southwest. She is previously published on topics related to working with clients from diverse cultural backgrounds. She identifies as upper middle class and as multi-ethnic—parts of that identity are Mexican, Basque, English and Norwegian. She also identifies as intercultural in terms of spirituality/religion.

Peer-reviewer three was a colleague of mine who holds a Master of Science in Clinical Psychology from a university in the Pacific Northwest. She identifies as Caucasian/Latina, is in an intercultural marriage and has three bi-racial children. She

identifies as upper lower class and was raised in a conservative Christian home. She is a social justice advocate for oppressed groups including sexual minorities, ethnic minorities, and individuals with disabilities, economically disadvantaged people, and women.

Each of the three peer-reviewers was provided with a letter detailing the request for their services as a peer-reviewer as well as information about what the peer-review process would entail. They were also provided with the introduction section of this thesis for establishing an understanding of the purpose of the research. Peer-reviewer one was provided with a copy of the transcripts for the interviews with respondents 1 through 3, as well as the categories, themes, sub-themes and quotations and/or paragraphs which emerged from the data collected during interviews 1 through 3. Peer-reviewer two was also provided with a copy of transcripts for the interviews with respondents 4 and 5, as well as the categories, themes, sub-themes and quotations and/or paragraphs which emerged from the data collected during interviews 4 and 5. Peer-reviewer three was provided with a copy of the transcripts for the interviews with respondents 6 and 7, as well as the categories, themes, sub-themes and quotations and/or paragraphs which emerged from the data collected during interviews 6 and 7. Examples of the documents which were provided to the peer-reviewers are included in Appendix M.

The three peer-reviewers were asked to complete the peer-review process within one week of receiving the peer-review materials. Each of the peer-reviewers provided valuable information regarding the categories, themes, sub-themes and selected quotations and/or paragraphs which I had identified from the information provided during interviews 1 through 7. The feedback which was provided by the peer-reviewers was then incorporated into phase six of the data analysis process which will be discussed below.

Phase six. During the sixth and final phase of the data analysis process, the feedback which was provided by each of the three peer-reviewers was utilized to further refine the categories, themes and sub-themes. Overall, the peer-reviewers expressed that they could see the categories, themes and sub-themes which I had identified. Minor changes were made to the names of some of the themes and sub-themes after I reviewed the feedback from each of the peer-reviewers. One major change was made which involved the removal of the sub-theme *Values Confidentiality*. This decision was made as I realized that not enough support for the sub-theme had been identified in the data across each of the seven interviews. A copy of the final categories, themes, and sub-themes can be found in Appendix N.

Trustworthiness

Despite a significant amount of debate on the subject of how to evaluate and ensure validity and reliability in qualitative research, little consensus has been reached on the topic (Rolfe, 2006). However, scholars and researchers do seem to agree that whether or not a study is considered trustworthy is of significance (Creswell, 2002; Lincoln & Guba, 1985; Rolfe, 2006) and can be used as a measure of validity or credibility.

According to Lincoln and Guba (1985) trustworthiness in qualitative research can be divided into four major categories. These categories are credibility, dependability, transferability and confirmability. Fossey, Harvey, McDermott and Davidson (2002) discuss the importance of ensuring the trustworthiness of a study given the aim of qualitative research.

> Thus, central to the quality of qualitative research is: (1) whether participants' perspectives have been authentically represented in the research process and the interpretations made from information gathered (authenticity), and (2) whether the

findings are coherent in the sense that they fit the data and social context from which they were derived (p. 723).

Credibility. The concept of credibility in qualitative research is similar to that of internal validity in quantitative research in which steps are taken to ensure what was actually measured is the same as what was originally intended to be measured (Lincoln & Guba, 1985; Rolfe, 2006). Within the context of this study, member checks and a peer-review process were used to ensure credibility. Member checks were conducted once the data had been analyzed and coded for themes. This process is discussed in detail in a previous section of this thesis. Similarly, the use of a peer-review process was incorporated for the purpose of ensuring the credibility of the study. This process is also discussed in a previous section of this thesis. The information gathered during each of the member checks did not yield differences in the identified categories, themes and sub-themes and the respondents perspectives.

Dependability. A study is considered dependable if consistency is observed in both the research process and within the findings or "product" of the study (Golafshani, 2003). To ensure the dependability of this study, an audit trail will be kept (Creswell, 2002; Golafshani, 2003; Lincoln & Guba, 1985). This trail will exist in the form of notes and a researcher's log. The researcher reflexivity section of this document will also provide additional insight into how and why decisions were made during the research process.

Notes were taken in the following ways: (1) as needed during the interview process; (2) post-interview to record thoughts, ideas and questions that occurred during the interview; (3) post-transcription notes were recorded via track changes in a Microsoft

Word™ document as I reviewed each of the interview transcriptions; and (4) a researcher's log was kept in a Microsoft Word™ document.

The researcher's log focused on my own experiences with the research process. The purpose in keeping this log was to maintain an ongoing awareness of my personal responses during the research process, the reasoning behind decisions I made throughout the study, and to remain cognizant of the manner in which I impacted and was impacted by the research process. An excerpt from the researchers log can be found in Appendix O. As stated previously, all computer documents were kept in a password protected computer. Hand-written notes were transferred to electronic format and the paper documents were shredded. Additionally, respondents were referred to in the notes by their RIN number to ensure confidentiality.

Transferability. Within qualitative research, the concept of transferability is most closely associated with that of external validity in quantitative research in which the ability to generalize the research findings to the larger population being studied is of great importance. As stated in Rolfe (2006, p. 305), "A study is trustworthy if and only if the reader of the research reports it to be so." This statement relates to the concept of transferability as a reader of the research must be able to see how the findings of the research relate to the population being studied; the reader must be able to understand how the findings are generalized.

The aim of this study was not to generalize the findings to the entire population of Mexican-American women in the United States, but rather to hear the voices of the specific sample of respondents and accurately report their responses. Therefore, although it was not necessary for the results to be transferable to all Mexican-American women, the findings

should be transferable to Mexican-American women within the region from which the respondents are from as well as those who have characteristics such as those who speak English proficiently and are either 2nd or 3rd generation and are afforded the privilege of being a documented U.S. citizen.

Confirmability. Confirmability in qualitative research is most similar to reliability in quantitative research (Creswell, 2002; Lincoln & Guba, 1985) and according to Rolfe (2006) refers to the manner in which information is presented. Within this study, confirmability was attained through the use of thick description, the researcher's log and an audit of the research. Thick description as discussed in Creswell (2007) should evoke emotionality, as the thoughts, feelings and experiences of the interactions between the researcher and the participants should be communicated in great detail.

Researcher Reflexivity

In Merriam (2002, p. 26) the concept of researcher reflexivity is discussed: "Investigators should explain their position vis-à-vis the topic being studied, the basis for selecting participants, the context of the study, and what values or assumptions might affect data collection and analysis." In addition to the value this holds in qualitative research, this premise also reflects feminist-informed research and practice. From a feminist-informed perspective, it is imperative that the researcher or therapist maintains an awareness of his/her biases. Often, feminist practitioners refer to this concept as self-of-the-therapist (Cheon & Murphy, 2007). Through an awareness of our own biases – our self-of-the-therapist issues – we recognize that true objectivity is not possible in research and therapeutic settings. We can, however, maintain awareness of what our biases are and how

they inform our perspective, approach, the focus of our research and why we choose to study what we do.

As a therapist, I value the use of collaboration and transparency within the therapeutic setting. I strive to treat my clients as the experts of their own lives – yet recognize that my specialized knowledge in the field of MFT can be used to help foster change and growth in the lives of my clients. I try to remain culturally aware and sensitive and recognize the impact my clients' culture, and my own, have on the therapeutic process. I recognize that power dynamics exist in all relationships and take on many forms. I value transparency in the sense that I feel conversations about power and privilege and their impact should be openly discussed if clients are open and willing to do so. As such, I recognize that I experience certain privileges which have afforded me opportunities that I otherwise may not have had.

I am privileged in terms of education, socioeconomic status, sexual orientation, ethnicity, biculturality, skin-color, and citizenship. I also recognize that I am marginalized in terms of gender, ethnicity, biculturality and skin-color. I identify as a 24-year old, upper middle class, heterosexual, Mexican and European-American woman, who at present is a graduate student at a university in the United States. My skin color and mixed ethnicity have served as both helping and hindering factors in my life. Although I may predominately pass as a dominant member of white American society, my last name and darkened skin color during the summer months reflect my Mexican heritage. I am equally proud of my Mexican and European heritage, however in recent years I have become increasingly aware that although I may value this – the dominant white American society does not.

I have recently become aware of a sense of shock that others – often those of dominant white American society – feel when they learn of my Mexican heritage. As I began to pay more attention to this occurrence, I realized that others seem to experiences a feeling that I am no longer one of them, that I am not a member of the white majority. An uncomfortable silence is usually followed with a comment such as, "Oh, I had no idea you were Mexican," and sadly, I do not get the feeling this is a good thing. Somewhat surprisingly, I have learned that I am not the only person who experiences this – yet in response to the following quotation, I cannot believe I ever thought I was.

In her writing about Latinas in the United States, Garcia-Preto (2008, p. 62) explores this experience, "White skin and European looks, or Black skin and African features, make it easier to pass for 'American,' but always with a feeling of apprehension – of being found out and seen as imposters, second-class 'Americans.'" In response to my experience, I now discuss my ethnic heritage openly and often, so as to send a message that although I may pass for the dominant white majority, I am not – and I am not ashamed.

This has been an incredibly empowering experience for me; however, I recognize it does not come without its own set of challenges. Often, other people who identify as Mexican-American – or more broadly, Latino – do not embrace my heritage in the same manner as I do. From their perspective, it seems that I am not "one of them" either. My light skin and subsequent ability to pass affords me privileges, privileges that they do not have. As such, I have come to realize that I do not necessarily belong to either group. I am not a member of the dominant majority, and I am not a member of the marginalized minority. My experiences -- somewhere in the middle -- have deeply informed my perspective and biases.

Further, through my experiences in my personal and professional lives, I have come to realize that I strongly align with the tenets of feminism and identify as a feminist therapist and researcher. From this perspective, I recognize the power I hold as a result of my privilege in society, yet I recognize the ways in which I am also marginalized. As a therapist and researcher I recognize I hold power, and in response to my own experiences with marginalization, as well as those of marginalized individuals at large, I feel a strong need within myself to use this power to help provide an opportunity for people who are marginalized to have their voice heard. These biases and perspectives influenced my decision to utilize an interpretative qualitative research design, a feminist lens, and provide an opportunity for people who are marginalized in terms of both gender and ethnicity to use their voice.

The experience of conducting this research has been incredibly informative on multiple levels. I have grown not only as a qualitative researcher, but also as a person. In particular, I have learned things about myself in relation to my cultural heritage through my interactions with each of the respondents. Following each of the interviews I felt a strong sense of connection to the women. No matter how different our life experiences may have been, our shared cultural heritage connected us and an almost immediate bond between us was forged as we began to talk.

Interestingly, each of the women whom I interviewed have expressed to me (either before or after the actual interview) that they felt a sense of duty to participate in my study once they heard what it was about. Upon further inquiry about the meaning of this duty, I came to understand that these women felt that the importance and necessity of their role in the study was twofold. Upon hearing about a young Latina who was conducting her

graduate thesis, these women felt it was important participate to help support another Latina as she sought to establish herself through higher education and within a professional arena. Second, these women hoped that by participating in the study they would help benefit the lives of other Latinas if others could learn from their experiences.

From my perspective, this sense of duty seemed strongly related to a sense of camaraderie, which is essentially the basis of the personalismo and respeto, which are values that are strongly embraced by the Mexican-American culture. As a Mexican-American woman these are values which I myself identify with quite strongly. Prior to each of the interviews I felt a sense of excitement and following the interviews I felt connected to each of these women. Our shared heritage seemed to bond us immediately in a sisterhood of sorts. I greatly appreciated this experience and hope that each of the women who participated in the study benefited as I did.

The biases which I hold as a therapist also served to impact the research process in a myriad of ways. For example, as a student in the MFT field I see tremendous value in therapy and believe that through culturally competent practice that therapy can be helpful to clients from a wide variety of cultural backgrounds. However, I also believe that just because I believe this does not make therapy applicable to or valued by others. For example, I recognize that in other cultures – such as in the Mexican-American culture – therapy may not be as strongly valued as it is in American culture. Therefore, I strive to find a balance between being knowledgeable about working with clients from diverse cultures without practicing from an ethnocentric perspective, that therapy is for everyone and that if I have knowledge about a particular client's culture, then I must be able to provide therapy to him/her.

I attempted to keep this perspective in mind as I designed and conducted this study. I believe that it is important to gather information about the help-seeking behaviors and perspectives of 2nd and 3rd generation Mexican-American women, yet I also wanted to avoid designing a study in which therapy was communicated to the respondents as being a necessary service to value. Additionally, as a member of the Mexican-American community, I have been exposed to the help-seeking behaviors and perspectives related to mental health issues within my family system, and although I value MFT and practice it, I also respect the decisions of certain members of my family to not seek help from mental health professionals. I strive to incorporate this perspective into my clinical practice and research efforts as well.

I tried to remain aware of my own biases as I designed the study and throughout the research process. Although the influences of these biases seemed more present in the beginning stages of the research process as I began to develop the first outline of the interview questions. For example, as I developed the interview questions my biases influenced question formation when I made the assumption that friends and family may be a source of support for mental health or relationship issues. By asking a direct question about family and friends my own bias emerged.

However, through reflection and communication with the committee members I was able to recognize the impact of these biases and strive to increase my objectivity as a researcher. Similarly, during the first phase of the data analysis process I found myself initially searching for findings which supported my biases, such as the value of therapy. Throughout the research process I had to remind myself to recognize my own biases and

the impact they had and to increase my objectivity so that I could hear the voices of the

respondents and to communicate their responses with integrity.

CHAPTER FOUR

Results

The aim of this study was two-fold: (1) to provide an opportunity to hear the voices of 2nd and 3rd generation Mexican-American women regarding their help-seeking behaviors and perspectives, and (2) to gain information regarding their knowledge of the field of MFT. Previous literature has identified that Mexican-Americans underuse mental health services and research efforts have focused upon identifying barriers to seeking treatment as well as exploring behaviors and attitudes related to help-seeking for mental health issues. In this chapter I discuss the categories, themes and subthemes which emerged during interviews with seven Mexican-American women who identified as either 2nd or 3rd generation. In the following pages I present the results of this thesis research through a combination of my voice as a researcher and the voices of the respondents through the use of quotations from each of the seven interviews and member checks.

The results are presented through a combination of my voice as the researcher and the voices of the respondents. Selected quotations are provided as support within the various categories, themes and sub-themes. Three major categories emerged during the data analysis process and themes and sub-themes were identified within each of these categories. Pseudonyms are used when discussing the responses from each of the seven women.

The first category which emerged during the data analysis process was *Help-seeking*. Within this category three themes emerged: *Seeking Family and Friends for Help*, *Willingness to Seek Therapy*, and *Hesitancy to Seek Therapy*. Within the first theme, *Seeking Family and Friends for Help*, three sub-themes were identified: *Established Trust*

and Lack of Judgment, Shared Experiences and *Seeking Women.* Within the second theme,

Willingness to Seek Therapy, two sub-themes were identified. These sub-themes were

Importance of Support from Family and Friends and *Seeking Referrals from Trusted*

Friends. Within the third theme, *Hesitancy to Seek Therapy*, two sub-themes were

identified: *General Stigma about Mental Health Issues and Therapy* and *Ability and*

Expectation to Handle Issues without Professional Mental Health Services.

 The second category which emerged was *Characteristics of the Therapists*. Within

this category a singular theme emerged: *Sense of Connection and Comfort with the*

Therapist. Within this theme, two sub-themes were identified. These sub-themes were

Feeling Heard and Valued by the Therapist, and Sense of Openness from the Therapist.

 The third and final category which emerged was *Ideas about Marriage and Family*

Therapy. Within this category two themes emerged. These themes were *Knowledge about*

Marriage and Family Therapy and Therapists and *Receptivity to Attending Marriage and*

Family Therapy.

Help-seeking

 The category of *Help-seeking* emerged as the seven women who participated in the

study shared their perspectives regarding what they would do if they were experiencing a

mental health or relationship issue. In the following pages, the themes and sub-themes

which were discussed in the previous paragraphs will be presented within the category of

Help-seeking.

 Seeking Family and Friends for Help. The first theme, *Seeking Family and*

Friends for Help, emerged as the women discussed what they would do if they were

experiencing a mental health or relationship issue, where they might turn, and to whom

they might turn to should such issues arise. As the women shared their responses to these questions, I learned that they would turn to various members of their family and friends if they felt they needed help. One example of this process was provided when Ana shared her past experiences and approach to help-seeking.

> In general, I talk to my Mom, if she's not there I talk to my Dad even though he knows he's not the best at telling me what I want to hear [laughter], and then I will talk to one or two of my close friends, it depends on the issue, it just depends on who I feel like calling…

Throughout the interview process Ana frequently mentioned the importance of her family and friends as her primary source of support for mental health and relationship issues which she had previously faced and those which she anticipated facing in the future. Sofia discussed a similar process when she identified talking to a "good friend and maybe a sister" as "the first step" which she would take if she was experiencing a mental health or relationship issue. Lydia also shared that the "first person" to whom she would turn would be her "spouse." This theme continued as Carolina shared that she would "call a girl friend" if she was experiencing a mental health or relationship issue to "talk through whatever I'm experiencing."

Bianca also shared that she would "turn to family" if she was faced with "any problem" related to her mental health or the health of her relationships. In addition to turning to her family, Bianca also identified "friends or coworkers" as well as "peers that also have children" as people to whom she would turn to. Similarly, Maria revealed that she would turn to members of her family when she discussed calling her "Mom" or "sisters."

As the women discussed who they would turn to if they were experiencing a mental health or relationship issue, they also shared factors which would encourage or discourage them to seek help or make them feel more or less comfortable in the process. Through the discussion of these factors, the sub-themes *Established Trust and Lack of Judgment*, *Shared Experiences*, and *Seeking Women* emerged during this process.

   Established trust and lack of judgment. The sub-theme of *Established Trust and Lack of Judgment* emerged as a factor which encouraged the women to seek help from family and friends, as well as a factor which made them feel more comfortable as they were seeking help. The existence of a previously established trusting relationship between the women and their family and friends was identified as reason why they would first turn to these people. Knowing that they would not be judged was also identified as a reason for turning to these people.

   Lydia described these two factors as she shared that she would first turn to her "spouse" and her "immediate family" due to the "trust factor" and the feeling of "knowing that they wouldn't judge me or be judgmental." Sofia also discussed feeling a sense of "comfort" when talking to family or friends as she knew they would not "judge" her. She discussed her reasons for seeking friends and family in the following statement:

> Comfort level. I mean they understand me. I think unconditionally they are not going to hopefully judge me – that kind of thing. Just… again comfort level… Security that what I am going to tell them may be confidential… That they will understand… that they will have an understanding hopefully because they know me.

This sentiment was also shared by Carolina as she spoke of the longstanding relationship with three friends who she talks to when she needs to seek help. She references

a "historical understanding" which appears to be an element of established trust between her and her friends,

> With the two friends that I have in mind in particular, I just feel like there's a type of trust… there's a historical understanding as well. So these two friends…three actually, that I have in mind, I've known for a long time. They've known me for a long time. They know Hector–my partner. They know my circumstances. They know that I'm moved away, they know I'm in a doc program. So, I feel like it would be different than talking to someone who doesn't know that part of me and then I kind of have to explain all of that so in terms of those three those are the kind of reasons I would talk to them.

Similarly, Ana discussed seeking help for mental health and relationship issues by turning to her mother. Feeling that her mother would not be judgmental was identified as a factor which encourages Ana to seek help from her as needed. Ana shared the following regarding why she turns to her mother:

> She doesn't always side with me. Like, she sees what the issue is. Most of the time I feel like she doesn't judge him…Like it's not…she's not building resentment towards him when I tell her about these things that I experience. So, I don't mind going to her to talk about relationship issues or mental issues.

Similarly, Maria discussed her relationship with her family as they "talk to each other about everything." She shared that she talks to her family because that is where her "comfort level is at." She elaborated by stating, "We've all been through our own personal experiences, so I think we kind of draw off each other for guidance for the problems."

Shared experiences. The sub-theme of *Shared Experiences* also emerged as the women discussed factors which encouraged them to seek help from family and friends, as well as those factors which made them feel more comfortable throughout the process of help-seeking. As they discussed reasons why they would first seek help from family and friends, the concept of having shared experiences with the family members and friends whom they turned to for help was commonly mentioned.

For example, as I reflected upon Maria's comment that she and her family have "all been through our own personal experiences, so we kind of draw off each other for guidance for the problems," I began to see elements of the importance of the women having shared experiences with the people whom they turned to for help. The existence of shared experiences seemed to help encourage the process of seeking help for mental health or relationship issues through what appeared to be common ground or understanding.

Bianca discussed the function of shared experiences as she talked about seeking help for relationship issues with her daughters or her husband when she stated, "I would turn to someone who has raised children successfully, or has had a successful marriage. You know… credibility." She also discussed the function of shared experiences in relation to problem-solving as friends and family members who have similar experiences "might have a view that I haven't even explored or just a different opinion or view.

Ana talked about the function of shared experiences in relation to seeking help from friends who have gone through similar experiences that she and her fiancé are facing. She had the following to say regarding why she would turn to these people:

> Because they're newly married or have been married for a while, that's the stage of life we are going to enter into so kind of getting their perspective whether it has the cultural component, or not, of either one of the couple friends. It still it helps me to either know we're on the right track, or see oh well you know, some of the things are different than maybe what we'll do. But, it's a different way of doing things and kind of keeping me open to or I guess in the couple friends sense–keeping us open to different ways of how we might eventually raise or kids or interact as a couple.

She also shared a similar sentiment when discussing why she seeks help from her mother for relationship or mental health issues:

> I'm really, really close to my Mom. Specifically, as a Mom, and a woman, I feel like she's had a lot of experience, life experience in general, so she can give me

advice that would relate to me. Especially because sometimes my fiancé can act like my Dad and I can act like my Mom or vice versa depending on what the issue is.

The existence of shared experiences as a factor which encourages help-seeking was also observed when Lydia expressed that she would find it "helpful" to turn to a "good friend of mine who has also experienced some mental health issues" in response to the question about what would make her feel more comfortable when seeking help for a mental health or relationship issue.

Seeking women. The third sub-theme, *Seeking Women*, was identified as I reflected upon the interviews with the respondents and read through the transcriptions from each interview. As I engaged in this process, I began to notice that the women primarily identified female friends and family members when discussing the people whom they would first turn to if they were experiencing a mental health or relationship issue. For example, Sofia and Carolina both identified that they would turn to their "sisters," and Bianca, Ana, and Maria each stated that would turn to their "Mom." In terms of friends, Carolina identified that she would seek "close girl friends" and Bianca identified "female friends" as those whom she would seek out. Likewise, Ana discussed turning to her "roommate" who had previously been identified as female.

In the document of themes which was provided to the women during the member check process, I had not yet officially identified *Seeking Women* as a sub-theme of *Seeking Family and Friends for Help*, within the category of *Help-seeking*. However, I did ask the women to reflect on whether they would seek help from one gender over another when turning to family and friends. Maria stated the following in response to the question about gender and help-seeking:

Yeah, I have three brothers and I wouldn't ever really think to call one of my brothers with an issue. It would be my Mom or my sisters. I love my brothers and I'm sure they would listen to me cry and vent, but, just us women kind of stick together I guess.

She related this process to Mexican culture when she shared "in our culture us women just understand more what we're going through with raising a family," she continued to relate this to Mexican culture as she described a "divide of men and women in Mexican society." Although she did not discount the experiences of her brothers, she did explain that "for some reason" the women whom she seeks help from, "my sisters or my Mom would have more of an understanding, than my brothers would of what I was going through." She further elaborated that she did not have a "particular reason" for this approach, but that, "maybe I've been more open with my sisters for so many years that… I just wouldn't have those conversations with my brother…" she then reflected that "I think us women just kind of keep our business to ourselves and then men just kinda ease along, and us women are kind of a support team for each other…"

Sofia also identified that she would seek help from female friends when I inquired about gender during the member check process. She identified a "comfort level" that she has with a "circle of very good female friends." However, she did not discount the experiences or value of male friends:

…the guy thing, I have to get more comfortable with telling them a little bit more, going a little bit deeper and once in a while I will go outside of that on some of that with male friends but it doesn't come that easy.

She related this to her experience within her own family when seeking help from her brothers and sisters and her mother and father. She referenced feeling "more comfortable" when seeking help from "one particular sister," and when "speaking with my

mother than father." I asked Sofia to elaborate about what she thought it was about women

that made her feel more "more comfortable," to which she responded:

> I don't know, I think it's just a combination of who are your male and your female
> friends–and the whole dynamics of that–and who they are. But, I think there's also
> an element of that you think–and you know maybe it's not so–but they're more
> empathetic or understanding and have had the same experiences you've had as a
> female you know, and again, I don't think that's all of it and it's just a perception or
> experience that they're more empathetic, but you think who were your teachers
> growing up? Well, for me, that was mostly female, and hopefully that is going to
> change and then children can see–boy–here's a male teacher and he's a good person
> to go to.

Similarly, Ana also indicated that she would primarily talk to "the wife" of the

"couple friends" that she and her fiancé have. When asked to expand upon why she thought

this occurred, she identified a "closeness" between women that seems to "develop more

easily than men." She also highlighted the impact society has on this process as she stated

"that might also be because it is more socially accepted…so maybe men don't feel

comfortable and it may not be as easy for them." However, similar to Maria and Sofia, she

did not discount her male friends. In fact, she specifically discussed their place in her life in

terms of help-seeking:

> I do have male friends that I will talk to once in a while and I think it's nice to have
> that other perspective too, because if women see things in another way, then men
> can counter and see it in a different way and it's not that either is wrong it's just a
> different way of approaching.

The perspectives which the women provided during the member checks served to

finalize the sub-theme of *Seeking Women*.

Willingness to Seek Therapy. The second theme, *Willingness to Seek Therapy*

emerged as the women responded to a wide variety of questions in both sections one and

two of the interview questions. The questions in section one focused upon general help-

seeking and did not directly refer to seeking help from a mental health professional. The questions in section two, however, did specifically focus upon seeking help from a mental health professional. These questions were only asked if the respondents indicated that they may seek help from a mental health professional during their responses to the questions in section one.

As the women specifically discussed factors which would encourage or discourage them from seeking help from a mental health professional, or factors which would make them more or less comfortable when seeking this person, the *Importance of Support from Family and Friends*, and *Seeking Referrals from Trusted Friends* emerged as sub-themes.

Importance of support from family and friends. The sub-theme *Importance of Support from Family and Friends* was identified as a factor which would help these women feel more comfortable or would encourage them to seek professional help, if necessary, for mental health or relationship issues. As I listened to the women share their thoughts during the interview process and then later as I read and re-read the transcripts of their interviews, I heard them speak of the value of and positive impact which support from their family and friends would have on their decision should they ever need to seek professional help.

Sofia spoke of this importance when she shared how she "hoped" she would respond if "someone close to her" such as her good friends or family brought up the idea of seeking professional help and "pushed [her] in that direction." She stated that she "hoped" that she "would listen to that." She elaborated on the support which she thought she might receive from people she was "close to" and the impact which this would have on her willingness to seek help from a mental health professional.

> I think that they would tell me, but, I think that they would say you know what, Sofia, I think you… you know I wouldn't advise… Or…you know here's what I know…. Or…I know other people that have had it [therapy]… They probably… would probably steer me to maybe even somebody [a professional].

Through Sofia's reflection it appears that her family and friends would be somehow supportively involved of in a decision to seek help from a mental health professional should the need arise. The above comments were made in response to the request during the section one of the interview for Sofia to share something or someone that would encourage her to seek help for mental health or relationship issues. Her responses indicate that this supportive involvement would be an important aspect of her willingness to seek help from a mental health professional as she may need to be "pushed in that direction."

As I spoke with Bianca, she contemplated how her mother might respond if she came to her stating that she felt she needed to seek help from a mental health professional. Bianca discussed that her mother may think that professional help was "not necessary" at first, although she would be "supportive" if Bianca thought that she need to seek help from a professional. By discussing the need to seek help from a mental health professional with her mother, it seems gaining her mother's support would be an important aspect in Bianca's willingness to seek professional help – even though this support may take time to develop. Likewise, Ana also identified the importance of receiving support from her mother in relation to her willingness to seek therapy:

> There was about a year where I was under a lot of stress due to my master's I had just met [Oliver] and it was just… And there was also part of me that didn't want to grow up, and that was really a hard transition for me to make that year. And my Mom definitely said you know if you need to go see somebody, definitely seek out any resources that you can…

Maria also discussed the importance of receiving support from her "Mom" when she shared that "if it got bad enough" that her mother would be someone who "would tell me to seek something out." In addition to the support of her Mother, Maria also identified her "husband" as a person who would encourage her to seek help from a mental health or relationship issue which would positively impact her willingness to seek therapy.

> Probably just having my husband say seek out, you need, you know he's the closest person to me, that he'd kind of give me his blessing, well not his blessing it would be my choice but his encouragement to go would make me feel more at ease.
> Um I think if it was an issue bad enough, that you know my family, my mom or my sisters would maybe suggest you need more help than what I can give you…but I Think my Mom if it got bad enough she would tell me to seek out something else.

Molly related her own experiences when she had sought professional help in the past, and through her voice I heard the value of the support of friends and family as a factor which encouraged her willingness to seek therapy.

> My husband is pretty good at getting me to counseling, and there was also someone in the department, in the chemistry department who, is, is available and open to you know, coming to her if you need advice or help with anything. And she could direct me somewhere too.

> So, my husband really encouraged me and it made me feel like, he has had to deal with mental health issues for a long time and I see how successful he is and how umm, how, uh – well equipped he is to deal with things, and so hearing from him, and him sharing his experience helped me be able to seek help from a health professional.

During the interview with Carolina, she discussed the supportive role of her family and friends as an important factor in her willingness to seek therapy for a mental health or relationship issue. She first identified her "partner" would encourage her to seek help from a mental health professional as he "also has a counseling background" and that they "both value counseling." When discussing the importance of support offered by her friends, she specifically identified a set of friends whom she knew she could turn to, to receive support

related to seeking help from a mental health professional. These were friends associated with student affairs at the university she attends. She reflected upon this support by stating, "They would also be able to identify resources for me, because they know of mental health issues as well as resources. Which I think is different from someone that maybe would not know that they exist."

  Seeking referrals from trusted friends. The second sub-theme which emerged was *Seeking Referrals from Trusted Friends.* This sub-theme emerged through the voices of Sofia, Maria, and Bianca as they discussed someone or something that might make them feel more comfortable when seeking help for a mental health or relationship issue from a mental health professional. Interestingly, these women discussed the use of referrals solely within the context of personal relationships such as friends. The use of referrals from professionals–such as a physician– was not identified as a factor which would impact willingness to seek therapy.

  The use of referrals from a friend was discussed by Maria in relation to her willingness to seek help from a mental health professional:

> …if one of my friends has seen them I would feel more comfortable talking with somebody that I knew got good advice, or felt comfortable with them. I don't think I could just open a phone book and just go blindly at it I think I would need to be a little bit more informed about their advice, and that it's good advice and somebody else that I know is comfortable with that.

  Sofia shared that she often seeks referrals when she goes to "doctors" and "dentists." Although she identified that it may be "more awkward" to ask for a referral for a mental health professional, it did not appear that the potential awkwardness would deter her from seeking a referral if she identified the need. When seeking a referral she identified that she would feel more comfortable with a referral if the person whom she requested the

referral from also felt "comfortable" with the mental health professional and "got good results" from working with the professional. As I reflected upon a statement from Maria in which she discussed that she didn't think she "could open a phone book and just go blindly" when seeking a mental health professional, I wondered if she also felt a similar sense of "awkwardness" as was discussed by Sofia.

Bianca also shared her perspective regarding the use of referrals when she discussed the concept of a "good referral" being a referral to a mental health professional that was deemed "credible" by someone she knew and that the professional was a "good person" who gave "good advice." She went on to identify that she would feel "more comfortable" if she knew the professional was "good at solving the problem" for which she sought help.

As I reflected upon the responses provided by these women within the sub-theme of *Seeking Referrals from Trusted Friends*, it appeared that this sub-theme was closely related to the sub-theme of *Importance of Support from Family and Friends*. From my perspective, the sub-themes appeared to be mutually influential as the process of seeking a referral from a friend would be enhanced by feeling that the friend would be supportive and, reciprocally, that support could be provided by a friend through the process of providing a referral. Both individually and through their mutual influence these sub-themes were identified as having a positive impact on the *Willingness to Seek Therapy* of the women who participated in this study.

Hesitancy to Seek Therapy. The third theme which emerged under the category of *Help-seeking* was *Hesitancy to Seek Therapy*. Within this theme two sub-themes also emerged which were entitled *General Stigma Surrounding Mental Health Issues and Therapy* and *Ability and Expectation to Handle Things without Professional Mental Health*

Services. These sub-themes emerged primarily as the women discussed factors which would make them feel more or less comfortable when seeking help for a mental health or relationship issue, as well as through the identification of something or someone that might prevent or discourage them from seeking help.

    General stigma surrounding mental health issues and therapy. The first sub-theme, *General Stigma Surrounding Mental Health Issues and Therapy* emerged in response to questions which were asked in sections one and two of the interview questions regarding the comfort level of the women when seeking help for a mental health or relationship issue in general, as well as specifically when seeking help from a mental health professional. This sub-theme was also identified through the women's voices as they shared factors which would prevent or discourage them from seeking help for mental health or relationship issues, either generally, or specifically from a mental health professional. The existence of "stigma" and "negative connotations" about mental health issues and therapy were identified as the women voiced their concerns and perspectives regarding help-seeking.

    Molly discussed the concept of a "negative connotation" which exists in regard to seeking help for mental health and relationship issues. In the following excerpt she shares her perspective regarding factors which she thinks might make her more comfortable when if she were to seek help for a mental health or relationship issue:

> …if there were, if it was a little more open that people do that and it wasn't… there wasn't such a negative connotation to seeking outside help for those things–that would help. If it was just a more of a general dialogue among people, like if it was known that…you know… people do it and it's not a big deal.

> I feel personally…I feel it's discouraging when people assume or, or they say negative things like…Oh, well I'm not crazy or things like that…Or, you know or

they associate needing mental health help with being weak or incompetent or anything like that.

Sofia shared a similar perspective when she discussed the "stigma" that is associated with help-seeking for mental health or relationship issues as she reflected upon "what it might indicate" if she was in a position in which she needed to seek professional mental health services. As I reflected on this statement, I wondered if the idea of "being weak or incompetent" as discussed by Molly was at all associated with Sofia's comment about "what it might indicate" if she needed to seek help. Might she feel that seeking help was an indication of weakness or incompetence?

Similarly, Maria also made reference to mental health issues as being "a hush, hush thing" in her family of origin even though there had be "a lot of hardship" related to mental health and relationship issues. She also discussed the existence of "stigma" related to "going to therapy" and that if she was in a position in which she was seeking help from a mental health professional, that she would feel "uncomfortable" with "people knowing that I was going to a therapist" and that it would "probably be something I wouldn't share with people…" In her discussion, this "uncomfortable" feeling appeared to be related to the "hush, hush" perspective which is embraced in her family regarding mental health.

Sofia also discussed the role of her family in relation to mental health issues as she saw her "friends and family" as factor that "hopefully keeps me from not having to seek that kind of thing." Her reference to therapy as "that kind of thing" seems to reflect the notion of "stigma" surrounding seeking professional help for mental health issues. Sofia then went on to ponder whether she would feel comfortable encouraging someone in her life to seek help from a mental health professional if that person was in need:

I ask myself, would I be able to tell a sibling or a good friend you know what maybe it would be a good thing as a friend maybe it would be a good thing, you know for you to… I'm not a professional you know… I'll always be here to listen and I will continue to do that, but you know I don't know if I can help you with this as much as I would like to. And that would be hard for me I think, that would be a hard thing for me to decide do I do it and when do I do it?

The notion of stigma surrounding the discussion of mental health issues is also referenced in Sofia's own questioning of whether she would feel comfortable encouraging a family member or friend to seek help from a mental health professional if needed.

The concept of stigma was also discussed as Carolina, Ana, and Maria shared their perspectives that certain members of their family may discourage them from seeking help from a mental health professional, which may impact feelings of hesitancy toward seeking therapy as the importance of support from family and friends had previously been identified as a major factor in willingness to seek therapy.

Carolina, who had previously spoke of the importance of receiving support from her family and friends also shared that she "would imagine maybe my parents, or my brothers might have some hesitation" if she were to discuss the need for her to seek "formal mental health resources". She shared that "they would think I'm not that crazy." Through her comment, a perception which is held by some members of her family emerged regarding their view that if a person seeks professional help for mental health or relationship issues, than he/she must be "crazy."

This perception seemed to be related to the concept of "stigma" and "negative connotations" and their impact on hesitancy to seek therapy. During the second interview with Carolina, I asked her to reflect upon whether she thought Mexican culture had an influence on her comment about the perception regarding mental health issues and help-

seeking which is held by some members of her family, and the underlying stigma which is associated with this perception. She identified a "negative perception of Mexican culture" in relation to seeking therapy which she specifically identified as a factor which impacts "hesitancy." She went on to share that the negative perception about seeking therapy was communicated to her as she had "received [cultural] messages about who seeks counseling." When I asked her to describe these messages she shared that "...it [counseling] is for crazy people." She added "…first, you don't tell your problems to anyone else." She then stated that those who do seek help from a mental health professional are viewed "like they're crazy or it's that bad that they need to go see counseling."

Ana also discussed a sense of hesitancy related to help-seeking which she perceived people whom she knew might experience, although she did not identify this hesitancy as something which would prevent or discourage her form seeking help if needed. This hesitancy was discussed when she stated, "I can think of people that like aren't keen on themselves going but wouldn't stop me from going." During the second interview, I asked her whether she saw Mexican cultural beliefs as having an impact on hesitancy to seek help for mental health issues. She began to discuss her perception "there is a stigma from the Mexican culture" in relation to mental health issues and help-seeking which directly impacts feelings of hesitancy as mental health issues and seeking professional help is viewed as a sign of "weakness."

Maria also discussed the stigma of "weakness" in relation to mental health issues and help-seeking when she shared that perhaps her grandmother may view seeking professional help as a "sign of weakness"–and therefore may attempt to prevent or discourage her from seeking such help. She cited the "mentality" which exists in her family

of origin and her experience within her family that "we've always turned to each other" as a possible reason for the response which she anticipated may come from her grandmother if she were in situation in which she was considering seeking a mental health professional.

Ability and expectation to handle issues without professional mental health services. The second sub-theme, *Ability and Expectation to Handle Issues without Professional Mental Health Services* also emerged as the women responded to the questions regarding something or someone that might prevent or discourage them from seeking help. Through the voices of Sofia, Ana, and Maria, I learned of that the hesitancy to seek therapy is heavily influenced by an expectation–both their own and culturally–that they have the ability to handle mental health and relationship issues on their own. Bianca also shared her experiences with this perspective. However, she also openly discussed seeking help from a professional as a possibility.

Recall for a moment Sofia's comment which emerged in the discussion about stigma regarding her concerns about "what it might indicate" if she was in such a position where she needed to seek help from a mental health professional. As she continued to discuss this concern, she elaborated by stating that this might indicate "that I wasn't able to handle it on my own" which in turn may indicate that there was something "wrong" with her. She went on to share that she would begin "questioning" herself as she wondered out loud "whether that really is something that… that I need to do, because I can't figure it out myself?" In these statements, it is apparent that the expectation to handle things without professional mental health services is a perspective which influences Sofia and her hesitancy to seek therapy.

Ana also discussed hesitancy to seek therapy as being impacted by the expectation that people have the ability to handle things without professional mental health services. Interestingly, she made a distinction between her own willingness to seek therapy as an individual, and hesitancy to seek therapy which would occur within the context of her relationship with her fiancé. In terms of her relationship, Ana shared that a mental health professional would be sought for a relationship issue only if "…it was just something so out of this world…" and that prior to taking this step, that she and her fiancé "would have turned to everybody else including our family and our friends, including spiritual direction or whatever." Through Ana's voice, I learned that a mental health professional would be sought only if "we just couldn't handle it for some reason." Though her voice I clearly heard the presence of the expectation that mental health and relationship issues should be handled without professional help.

During the second interview I asked Ana to reflect upon the comments which she made during the first interview about the expectation which she felt to solve mental health and relationship issues which present themselves in her relationship with her partner without seeking professional help. In particular, I her asked if she saw the impact of Mexican culture on this perspective regarding help-seeking. She shared that in Mexican culture, seeking help for a mental health or relationship issue is seen as a sign of "weakness" in that as a person, you are viewed as "not being able to handle yourself." In particular, she discussed this perspective in relation to the concept of "machismo" which she described as the perspective that"…you're a man. You can handle things. Men don't cry. They provide for their families. They can't be weak." Although she may be willing to seek help from a professional mental health provider as was discussed at another time

during the interview, it seems the concept of machismo may impact her fiancé's

perspective regarding seeking help from a mental health professional, and relatedly, the

hesitancy which she describes within the context of their relationship.

Maria also discussed the concept of seeking help as a sign of "weakness" and the

expectation that she should be able to handle things on her own without seeking a mental

health professional. She related this to her experiences growing up in a family of "really

strong women that have been through a lot of issues." She went on to share more of her

experiences growing up and the impact which these experiences have had on her beliefs

regarding help-seeking.

> I was just raised that it's kinda sign of weakness, you know? And, I know in my family there is a lot of mental health [issues] in my family, so I know. I feel like I guess I compare my situations to their situations and maybe I don't have it quite as bad as they do so I should just suck it up.

She explained that this belief that she should "suck it up" emerged through a

process of comparing challenges she faces or has faced to those which were faced by other

women in her family:

> …I just grew up seeing that, my aunts, my grandmother and my mom–what they went through and I think that's where this hardness comes from. Or, just this strive that you're strong and you get through things. You know? And so, I see how hard their struggles were. I look at my life and I don't worry about water, or I don't worry about my food being on the table. So, I don't worry about the simple struggles that they did…

She again referenced her family "mentality" regarding help-seeking when she

stated, "…I think our mentality is you're strong, so pull it together, and we lean on each

other and get through things that way and sometimes you just bulldoze your way through

things…"

Comparatively, Bianca discussed the process of first attempting to "solve it on my own" if she was experiencing a mental health or relationship issue, but that "if the problem was larger I would seek help." Interestingly, she did not seem to view seeking help as a sign of weakness as had been discussed by some of the other women. However, she did recognize that this perspective exists when she commented:

> I personally don't think it's a problem to seek help but I think culturally people may think it's a problem to seek help because it's perceived as a failing, or like yeah, failing you should know what you're doing, maybe a sense of pride…

In terms of her perspective regarding own help-seeking behaviors she stated, "…if I would have found the solution myself, I wouldn't be having a problem. So hopefully, I could turn to someone who is like neutral and could be able to mediate the problem."

Characteristics of the Therapist

The category of *Characteristics of the Therapist* emerged as six of the seven women who participated in the study responded to questions regarding factors which would make them feel more or less comfortable when seeking help from a mental health professional, as well as within their responses to questions which specifically focused upon characteristics of the professional that would be more or less important to them, as well as characteristics that would make them feel more or less comfortable when seeking out a mental health professional. Through the voices of the respondents, a singular theme emerged: *Sense of Connection and Comfort with the Therapist.* Two sub-themes were also identified which were *Feeling Heard and Valued by the Therapist, and Sense of Openness from the Therapist*.

Sense of Connection and Comfort with the Therapist. Within the category of *Characteristics of the Therapist*, the theme of *Sense of Connection and Comfort with the*

Therapist was the sole theme which emerged. This theme emerged in response to questions in section two of the interview questions which asked the respondents to discuss what would make them feel more or less comfortable if they were to see a mental health professional as well as any characteristics of that person that would be more or less important or would make them feel more or less comfortable when seeing that person.

Ana described the importance of finding a mental health professional that "you are going to feel comfortable with right from the start." She discussed this as an important aspect as the therapeutic environment can be "a very uncomfortable environment" and as such "you would have to connect with that person very well from the start."

This sense of "connection" was also identified by Carolina as she discussed the importance of having a "connection or relationship" with a mental health professional, and that if this "connection or relationship" did not exist, "that would probably not make me want to go back." She identified that if she felt "just like a client" or that perhaps the mental professional was thinking, "Ok, who's next" that her willingness to continue seeking that person would be impacted as she "probably wouldn't want to go back."

Feeling heard and valued by the therapist. The first sub-theme, *Feeling Heard and Valued by the Therapist* emerged as the women discussed characteristics of the therapists which would make them feel more or less comfortable. Within this sub-theme, the importance of "listening" was identified by Bianca, Maria, Molly, and Sofia as an important characteristic of a mental health professional. In addition to being a "good listener" Sofia also spoke of the importance of finding "someone that right away you know they have your best interests [in mind]."

This sub-theme was also identified as Molly referenced a previous experience with seeking a mental health professional in which she reported that she had felt listened to:

Well I had one person who I thought was really great. She was a student, she wasn't… she was a psychology student, I think…and I felt like she really listened to what I was saying. And if she didn't understand or she thought she might not be interpreting what I was saying correctly, she would repeat it… I felt like she was really trying to get a good impression and a good description of what the problems were. And then she emphasized a lot that she wasn't there to tell me what to do, but she was there to help me organize my thoughts and come up with a good solution to my problems.

As Molly described her previous experience, I heard her discuss a sense of truly feeling listened to and valued by the professional with whom she worked.

The importance of feeling valued by the mental health professional also emerged through the voices of the women as they discussed the importance of "trust" and "chemistry" with a mental health professional. Carolina shared that, "…trust is really important to me, or the relationship would be, so… maybe feeling that that person cares–or is interested in my health."

Sofia expressed the importance of feeling that the mental health professional was "listening" to her and that she had his/her "full attention." She also shared that it would be important to her that he/she did not come across "too blunt," that his/her eyes were not "wandering around" and that he/she would "watch the distractions." Relatedly, Ana shared her perspective that it would be important to her that the mental health professional would not "interrupt" her.

Sense of openness from the therapist. The second sub-theme, *Sense of Openness from the Therapist* emerged through the voices of Ana, Molly, and Sofia as they responded to questions regarding what characteristics would be more or less important, or would

make them feel more or less comfortable when seeking help from a professional. Within

this sub-theme, Sofia discussed the importance of a sense of openness on the part of the

mental health professional which was established from the beginning of therapy where

he/she would "explain the process." According to Sofia, this explanation would include:

> …what's going to happen, what are you going to, what kinds of things are you going to ask, or at the end, the steps, just kind of what are you going to find, what are you going to do in this first session–what happens next that kind of thing.

Molly discussed openness on the part of the therapist as a factor which helped

during an unusual circumstance which occurred during the course of a session with a

mental health professional whom she had previously seen.

> …I had one person answer a phone call during the session, but I was fine with it. She was like, she told me from the beginning, I am sorry but my daughter is sick. She was like if you… I can… I can handle this later, or we can reschedule, but there might be a phone call. But, I totally don't care like it's not that big of a deal. As long as they are open.

Similarly, Ana discussed the manner in which a sense of openness on the part of the

mental health professional assisted in facilitating the therapeutic process during a previous

experience she had with seeking help. She described feeling that when she struggled with

"how to put words to what it is I'm feeling" that the mental health professional was there

for her to "just throw it out and she'll say, this is what I hear what's going on. Would that

be accurate?" This sense of openness as described by Ana appeared to be helpful as it "kind

of helps me focus on whatever the issue is and get a handle on it."

This seemed to be an important approach for Ana as she shared that "the way I

work, which is… I just lay it all out what's going on" and that it is important that "they

[mental health professional] don't interrupt me because, I just do all of it in my train of

thought and then it's out." She went on to share that it was important that the mental health

professional help to "focus" the thoughts which she had previously thrown out as she spoke. She discussed that the mental health professional "think about it, then they say, OK, this is what I'm hearing. This is what this sounds like."

The concept of confidentiality was discussed by Ana and Molly although it did not emerge as a final theme or sub-theme within the category of *Characteristics of the Therapist.* However, I feel it is still important to share the voices of Ana and Molly in regard to this element of what they felt was an important factor that would make them feel more comfortable when seeking help from a mental health professional. Ana shared that she felt confidentiality was important and should be addressed "even though" she knew that mental health professionals, "should do that… they must do that."

Molly shared a similar perspective regarding the importance of the mental health professional having an awareness of the importance of confidentiality when she shared that "it helps if they are conscious of being confidential." She elaborated by sharing an example of what this consciousness might look like, "…you know if they aren't leaving the door open." The decision not to include confidentiality as a final theme was made as I did not feel that saturation was reached in the data in regard to this factor, although I believe that this would be an important factor to investigate in future research in relation to help-seeking perspectives and behaviors in 2nd and 3rd generation Mexican-American women.

Ideas about Marriage and Family Therapy

The third category which emerged was entitled *Ideas about Marriage and Family Therapy*. Through the voices of six of the seven women who participated in the study, I learned about the knowledge which each of these women held about the field Marriage and Family Therapy, as well as what they knew about Marriage and Family Therapists.

Furthermore, I learned about their perspectives regarding whether they would seek a

Marriage and Family Therapist if they were experiencing a mental health or relationship

issue. The themes in this category emerged through the responses of the women to

questions regarding whether they had ever heard of an MFT, if they had, what they knew

about MFTs – and the field in general – as well as whether they would ever seek help from

an MFT. Two specific themes emerged within the responses to these questions; these

themes were *Knowledge about Marriage and Family Therapy and Therapists*, and

Receptivity to Attending Marriage and Family Therapy.

Knowledge about Marriage and Family Therapy and Therapists. The first

theme which emerged was *Knowledge about Marriage and Family Therapy and

Therapists*. Six of the seven women who participated in this study were generally aware of

the field of MFT and the existence of MFTs. However, a wide variety of perspectives about

the field of MFT as well as the role of MFTs were discussed by the respondents in terms of

their knowledge.

Ana shared her knowledge about the field of MFT and its purpose in the following

series of comments as she responded to the questions regarding whether she had heard of

the field of MFT and of MFT's, as well as what she knew about the field and its

practitioners. Her responses to the interview questions are provided below.

> I think of it like the two couples going and working out the problems together with,
> not with a mediator, but a professional person helping them, steering them. To me
> it's almost like well they gotta come up with their conclusions. I mean it just helps
> them walk through any issues… problems… to keep that communication going…

> That profession to me, it's a lot of leading people, too. They have to come to a
> realization themselves of what might be troubling them and then you know with the
> probing questions that they are asking them, maybe leading them to oh, maybe this

is what I need to do or this is what I should be doing. But that's again my impression.

She identified that she thought that people could seek therapy from an MFT both as "couples" as well as "separately" and that part of the purpose of MFT for couples was to "…salvage the relationship, to help iron out something… some issues they might be having… difficulties." Ana also shared her knowledge about the differences between psychologists and MFTs when she identified MFT as "being specific to the dynamics of a couple or a family" whereas a psychologist would see an "individual."

Carolina shared that she knew MFTs were "required to do a lot of hours both supervised and unsupervised" prior to being able to obtain "certification" and that they are "very familiar with the DSM." She discussed that from her knowledge, the scope of practice of MF's "covers single, single sessions, family sessions, in home, out of home, in facilities, government type of nonprofits, government or non-profit type of entities."

Maria shared that from her understanding "…husband and wife can go together if they're having marital problems, or you can take your kids there if they are having issues." She also stated that she was unsure if MFTs could "prescribe medication, if needed." She described her ideas about seeking an MFT when she shared:

> I know you go in and talk and they give you advice on what you should change or work on and you come in once a month and brush up on what you're supposed to change or work on and elaborate from there…

Bianca reported that she had "heard of it" when asked about the field and about MFTs however she expressed limited knowledge about the field as was provided in her statement that "I would think they would be experts in marriage and family but that's the extent." She discussed her understanding that the role of an MFT was "to help those

relationships within the marriage and family." Overall, the respondents provided a wide

variety of information regarding the field of MFT and in their understanding of the role of

MFTs.

Receptivity to Attending Marriage and Family Therapy. The second theme,

Receptivity to Attending Marriage and Family Therapy emerged in response to a question

posed to the respondents regarding whether they would ever seek help from an MFT for a

mental health or relationship issue and their reasons why or why not. Sofia shared that she

would perhaps seek help from an MFT if she were experiencing relationship issues within

her family. She shared the following regarding why she would seek out these services:

> From a family perspective, yeah, maybe issues within your own family that you
> aren't able to resolve, that you aren't able to talk about. Maybe that would probably
> be for me a little bit more…direction. For, I mean where I am in my life that I
> would see, but I mean I haven't done that but yeah.

Bianca also shared that she would be open to seeking help from an MFT when she

identified the idea of seeking help from an MFT in relation to her experience raising

teenage daughters. She stated that she "would" seek help from an MFT, "…because, I don't

have all of the answers."

Comparatively, Molly had experience with seeking an MFT for mental health issues

although she reported that she would most likely not seek an MFT again in the future

should a mental health or relationship issue arise.

> I did before because I thought a lot of my problems were in my relationship but
> after, going and after seeking out help for my mental health issues, I found that it
> wasn't really necessary so I really think on a personal level I really needed to fix
> my mental health issues so I don't know that I would go again necessarily.
> Unless… unless, I was feeling healthy and knew I was feeling healthy and there
> were still problems in the relationship.

Ana shared that she and her fiancé would not seek help from an MFT, which she related to the stigma in Mexican culture which surrounds mental health issues and therapy. She shared that:

> …we would try to maybe avoid that just because even though I am very comfortable sharing, my fiancé is not as comfortable and culturally he and his family have a different way of viewing psychology. In general it's not perceived positively.

Interestingly, Carolina shared how the relevance of MFT in her life had changed in the past few years and that now she may seek assistance from an MFT, whereas this may not have been the case in the past.

> …when I was going through my program I wasn't married, so I don't know that that part of the therapist title was important to me because I wasn't. But now that I am married and I know that, that's a different part of your life and maybe you're experiencing different issues that going to a marriage and family therapist would make more sense to me.

She elaborated that she would now seek out an MFT "…because not that they're married, but they would have the experience, the training." She also discussed the relevance of seeking an MFT in particular should she face relationship issues within her family of origin. She shared that:

> …family to me, also its not necessarily Mom, Dad, children… its family relationships. So if I'm having issues with my siblings or relationships, really I know that they [MFT's] have training and experience, not experience, but training or an interest in working with people to overcome those concerns.

Similarly, Maria also discussed how the relevance of MFT had changed in her own life within the past year when she shared the following:

> I would have said no, but recently this last year I have. And, I think you just get to some point in your life that you need more guidance, or you just need help and you just come to a dead end and don't know what else to do. So, you just seek out to try to get resolutions or solutions to your problems to make changes for yourself. And with me I started with marriage counseling and it switched from marriage

counseling to just counseling for me and that's how it came up. I just go once a month and make changes and go back and she evaluates, and make changes from there.

As Carolina and Maria discussed the recent change in their lives regarding their receptivity to MFT, I wondered what impact a more global knowledge within our society about the field of MFT and its practitioners might have on the receptivity of others to seek help from an MFT if they were experiencing a mental health or relationship issue.

CHAPTER FIVE

Discussion

The underuse of mental health services by Mexican-Americans has been previously established through research efforts which have focused upon factors which may contribute to reduced rates of help-seeking. The majority of these studies have been quantitative in methodology and as such, few studies have focused upon gathering the perspectives of Mexican-Americans regarding their behaviors related to help-seeking and their perspectives regarding the place of professional mental health services in their lives through the process of capturing the voices of the participants. This limited amount of research presents a gap in the literature. This study aimed to contribute research to this identified gap in the literature through its use of an interpretative qualitative design and the incorporation of feminist and social constructivism worldviews for the purpose of capturing the voices of the participants.

In the following pages, the findings which emerged in the data analysis process in the categories of *Help-seeking*, *Characteristics of the Therapist*, and *Ideas about Marriage and Family Therapy* will be discussed in contrast to the existing research and in terms of what is added to the literature by this study. Potential implications will also be discussed as they related to the findings and limitations of the study and ideas for future research will also be presented.

Help-seeking

As discussed in the literature review section of this thesis, previous research has been published which has focused upon identifying barriers to seeking treatment for mental health issues and behaviors related to help-seeking in the Latino population–although

research specifically focused on Mexican-Americans has been limited. Additionally, the research methods which have been used to investigate these issues have been predominately quantitative. Therefore, this study aimed to expand upon the previously identified research through a qualitative methodology which utilized interviews to capture the voices of 2nd and 3rd generation Mexican-American women in regard to their behaviors and perspectives about mental health issues and seeking professional help.

The themes and sub-themes which emerged in the help-seeking category were predominately consistent with previous research findings about the behaviors and attitudes regarding help-seeking of Latinos, however, new information was also obtained. The theme of seeking help from family and friends is consistent with previous research which has identified that Latinos frequently seek help from family members and friends as their primary source of social support when faced with issues that could be classified as mental health or relationship issues (Bermudez et al., 2010; Cabassa & Zayas, 2007; Goldston et al., 2008; Miville & Constantine, 2006; Ramos-Sanchez & Atkinson, 2009).

This research was distinctive from many of the other studies as it specifically focused upon a Mexican-American sample rather than the larger Latino population. This decision was also reflective of the feminist interpretive lens which was used in the research methodology as well as my own biases as a researcher in terms of selecting a marginalized population and providing an opportunity for them to share their perspectives and experiences regarding help-seeking and mental health issues –which was reflective of the social constructivism worldview as well.

The finding that 2nd and 3rd generation Mexican-American women seek help from family and friends can be understood when viewed within the context of certain cultural

values which are embraced by Mexican culture, as well as by the larger Latino culture. These values are familismo, personalismo, simpatia, and respeto. As was discussed in a previous section of this thesis, a defining feature of familismo is a strong interdependency between family members, along with the belief that family connectedness is essential to the well-being and functioning of the individual. The value of personalismo is also rooted in the development and maintenance of close interpersonal relationships. These values are also strongly influenced by the values of simpatia, which embraces emotional connectedness, and respeto which is defined by emotional interdependency and duty to others (Bermudez et al., 2010; Falicov, 2005; Hardway & Fuligni, 2006).

When considered within the context of the importance of strong interpersonal connections and reliance that is embraced within Latino culture, it seems logical that participants in this study would turn to family or close friends for help or support if they were experiencing a mental health or relationship issue. Similarly, the research finding that 2nd and 3rd generation Mexican-American women turn to family or friends for help due to an established sense of trust and lack of judgment also seems to be logically understood when viewed in relation to the values which are embraced in Mexican culture.

Interestingly, the finding that the existence of shared experiences between the person seeking help and the person who help is sought from has an impact on help-seeking behaviors among 2nd and 3rd generation Mexican-American women was not previously identified or discussed in the literature which was reviewed prior to completing this study, or during a brief literature search which was conducted in response this finding. Therefore, this finding is reflective of new information which has been identified through this thesis research. As such, future research focused upon this newly identified finding is merited for

the purpose of adding to knowledge of the mental health community and its practitioners. For example, therapists may find it beneficial to use appropriate self-disclosure when working with certain 2nd and 3rd generation Mexican-American women should they seek professional mental health services as a way of connecting to such clients.

Additionally, the finding that the participants predominately turned to female friends and family members is also new information which will be contributed to the mental health field by this study. Although gender differences in help-seeking behaviors between Mexican-American men and women have been previously identified (Sanchez & Atkinson, 1983), these differences have been investigated primarily in regard to differences in the willingness of men and women to seek help from a mental health professional. Research focused on the role of gender in terms of who is seeking help (e.g., women) and who help is sought from (e.g., other women) within interpersonal relationships seems appears to be scarce, as a literature search on gender and help-seeking in interpersonal relationships did not yield any published research articles.

As a qualitative researcher I recognize that I am deeply connected to my research and that the biases which I hold impact the research process and that the methodology which I choose to utilize also biases me as a researcher. For example, I maintained an awareness of gender throughout the research process as a result of choosing a feminist interpretive lens –which was also reflective of my personal and professional identification as a feminist and my overall awareness of gender both personally and professionally.

I may have been more aware of the impact of gender and statements made regarding gender than other researchers might have been based on my own biases and the manner in which the methodology biased me. One such example exists in regard to asking

the participants to clarify during the member check process whether they turned to one gender over another or if they had male or female friends in mind when they were discussing seeking help from family and friends. Through this mutually influential process between me as a researcher, the research methodology and the perspectives and experiences of the participants, the sub-theme of seeking women emerged as a new finding.

Overall, the theme of seeking family and friends for help and the related sub-themes which emerged within the theme appear to be consistent with previously published research on the help-seeking behaviors of Mexican-Americans and the Latino population at large. Excitingly, new information has also emerged which will contribute to the mental health field. This new information will be shared with the mental health community through publication in peer-reviewed empirical journals and at conference presentations for the purpose of enhancing the knowledge base of practitioners. Through this process, the voices of the women who participated in this study will be heard not only by me as a researcher, but by others within the mental health community.

The delineation of the findings is an important aspect in relation to the feminist interpretive lens which was used within the design of this study in terms of my role as a researcher in the process of helping to provide an opportunity for the voices of those who have been marginalized to be heard not only by me, but by a larger group. Through this research the participants were able to share their perspectives and experiences regarding help-seeking and mental health issues. By gathering the perspectives and experiences of these women and ensuring that their voices were accurately represented during the member check process, the use of the social constructivism worldview was realized within the context of the study.

The finding that six of the seven women who participated in this study were willing to seek therapy as a secondary form of support is also consistent with previously published literature on the topic of the help-seeking behaviors and attitudes of Latinos. In particular, the research findings are consistent with the concept of a "pathway phenomenon" as discussed by Cabassa and Zayas (2007, p. 238) in relation to seeking help for depression. This "pathway phenomenon" refers to a process where Latinos will first seek help for depressive symptoms from an informal source such as a family member or friend, if the informal support is not enough, then the person may seek help from a formal source such as a mental health professional. Although the "pathway phenomenon" was discussed solely within the context of seeking help for depression, the findings of this study indicate that a similar process may exist when seeking help for other types of mental health or relationship issues as well.

The finding of this study that 2nd and 3rd generation Mexican-American women frequently seek help from family members and friends prior to seeking help from a mental health professional is also consistent with previous research conducted by Golding and Wells (1990) which indicated that Mexican-Americans seek help from informal sources of support prior to seeking help from formal sources – if they seek formal help at all. Golding and Wells (1990) also identified that Mexican-Americans with lower levels of social support are more likely to seek help from a mental health professional than are those who report higher levels of social support.

Although the findings of this study were consistent with the general approach to help-seeking through informal sources first, and formal sources secondarily as identified by Golding and Wells, differences in the role of social support between the findings of this

study and the Golding and Wells (1990) study and a 2006 study by Miville and Constantine were also identified. Comparatively, the finding from this study regarding the importance of support from family and friends in terms of willingness to seek help from a mental health professional actually indicates that social support serves as factor which increases a woman's willingness to seek help from a mental health professional if she feels she has the support from her family and friends in doing so–rather than serving as a deterrent as discussed by Golding and Wells. This represents a new finding within the field which will also be shared though publications and conference presentations.

Of particular interest, the findings of this study are in direct contrast with the Miville and Constantine (2006) study which found that higher levels of social support negatively affected the willingness of Mexican-American college students to seek help for mental health issues. The finding of social support as an important aspect in willingness to seek therapy actually represents that—for some 2nd and 3rd generation Mexican-American women—higher levels of social support are reflective of higher levels of willingness to seek therapy if needed, rather than being reflective of a factor which might deter such behavior.

In my review of the literature regarding help-seeking behaviors and attitudes in Latinos, and specifically Mexican-Americans, I did not come across any findings which indicated that referrals from trusted friends had any impact on help-seeking–nor did I find any research which identified such referrals as important in the help-seeking process. Therefore, the finding of this study that referrals from trusted friends are of importance in the help-seeking process highlights the importance of the role of support from family and friends for these women when seeking help from a mental health professional.

In relation to the finding regarding factors which impacted hesitancy to seek therapy in this sample of 2nd and 3rd generation Mexican-American women, the existence of a general stigma surrounding mental health issues and therapy was consistent with previously published research on the topic of cultural stigma associated with mental health issues in the Mexican American population and the larger Latino population (Goldstone et al., 2008; Ramos-Sanchez & Atkinson, 2009).

Ramos-Sanchez and Atkinson (2009) discuss the impact which cultural values such as familismo, personalismo, simpatia and respeto may have on the cultural stigma which surrounds mental health issues and therapy within Mexican-American culture. The authors posit that values which are embraced within the field of psychotherapy are incongruent with the cultural values which are embraced by Mexican-Americans. "For example, revealing problems outside of the family would go against the value of familism because, according to familism, all problems should be kept within the familial structure to avoid bringing shame on the family" (p. 63). As such, the conflict between the values of therapy and the values of Mexican-American culture seem to impact the perceived stigma regarding mental health issues which exists in Mexican-American culture. In relation to the findings of this study, perceived stigma seemed to have a negative impact on willingness to seek therapy as it was discussed as a factor which increased hesitancy.

Additionally, the finding that the 2nd and 3rd generation Mexican-American women in this study expressed hesitancy to seek therapy due to the expectation that they had the ability to handle things without professional mental health services is consistent with much the previous research which has been discussed in the pages above (Bermudez et al., 2010;

Cabassa & Zayas, 2007; Goldston et al., 2008; Miville & Constantine, 2006; Ramos-Sanchez & Atkinson, 2009).

However, the women in this study did indicate that if they were unable to handle things on their own, that they would in fact be open to seeking help from a mental health professional. Additionally, they were able to identify factors which might help to facilitate the process of help-seeking and their comfort level in doing so. Some of these factors have been discussed in the previous pages of this section, such as support from family and friends and the use of referrals from trusted sources.

As compared to non-Hispanic white women, Hispanic women typically seek help for mental health or relationship issues with less frequency than do their non-Hispanic white peers (Kaniasty & Norris, 2000; Padgett, Patrick, Burns & Schlesinger 1994). Although this thesis research did not compare differences between Hispanic and non-Hispanic white women in terms of help-seeking, the finding that 2nd and 3rd generation women in this study seek help from informal sources such as family and friends prior to seeking professional help may be reflective of this difference.

A review of the literature on help-seeking in Hispanic and non-Hispanic white women did not identify any studies which specifically looked at differences or similarities in behaviors and perspectives regarding help-seeking and mental health issues between the two groups. Therefore, the mental health community may benefit from research which explores differences and similarities in help-seeking between these groups for the purpose of enhancing treatment and therapeutic support for these two groups should they seek therapy – rather from practicing from a one size fits all model.

Characteristics of the Therapist

The characteristics which were identified as important to the 2nd and 3rd generation Mexican-American women who participated in this study, as well as factors which were identified that would make these women feel more comfortable when seeking help from a mental health professional, seem to present new information when compared to previous research. Previous research has identified that Mexican-Americans prefer to see mental health professionals who are similar to them in terms of ethnicity and gender (LeVine & Franco, 1983; Regeser Lopez et al., 1991; Sanchez & Atkinson, 1983), however, ethnic and gender similarity did not emerge as a theme or sub-theme under the category of characteristics of the therapist.

Interestingly, the factors which did emerge as important characteristics of the therapist seemed to reflect factors which are present in a strong therapeutic alliance such as feeling that one is heard and valued by his/her therapist, and that the therapist is open with his/her clients regarding the process of therapy. Once again, my own biases and the feminist interpretative lens and social constructivism worldview which I utilized throughout the research process may have impacted the identification of these sub-themes.

For example, when gathering the perspectives of the women regarding the important characteristics of the therapist, I was influenced by my own biases as a therapist. For example, I believe in the importance of being open with clients – which is reflective of a feminist approach in both therapy and research. As such, I was very aware of statements which were made regarding the importance of a sense of openness from the therapist.

In conclusion, the findings identified in this study regarding the characteristics of the therapist, along with the lack of identification of the importance of ethnic and gender

similarity between client and therapist may indicate a change in the past twenty-five years since much of the previous research was conducted. This change may exist in terms of what are considered important characteristics of the therapist by certain members of the Mexican-American population. However, more research on this topic is important before generalizations are made.

Ideas about Marriage and Family Therapy and Therapists

The findings which were identified in the final category, ideas about marriage and family therapy and therapists, were consistent with research the 2010 study by Bermudez et al. In this study, the researchers found that although the Latinos who participated in their study were aware of the field of MFT, often they did not directly seek help from an MFT. The findings from the Bermudez et al. study were similar to the information which was identified regarding the knowledge of the field of MFT and the usefulness of MFTs from the perspectives of the women who participated in this study. For example, as the women discussed their knowledge about the field and the approach used by MFTs, differences in the amount and types of knowledge they held were identified.

Interestingly, all but two of the six women who shared their knowledge about the field of MFT identified that they would in fact seek out an MFT if they were experiencing a mental health or relationship issue. They also provided a rationale for why they would seek out an MFT which indicated that from their perspectives, an MFT would be specifically trained to work with these types of issues as compared perhaps to another type of mental health professional. Another interesting aspect within the finding regarding the receptivity to seeking help from an MFT existed as two of the six women discussed that their perspectives regarding the usefulness of MFT had changed in recent years and that now,

they would specifically seek out an MFT. The findings of this study offer both similarities in regard to the findings of the Bermudez et al. (2010) study, as well as conflicting findings. Given the differences in terms of the perspective of the Mexican-Americans who participated in this study and the Bermudez et al. study in terms of seeking help from an MFT, additional research in this area is indicated.

Limitations of the Study

Various challenges were faced throughout the research process which culminated in limitations to the present study. One limitation which was identified was the small sample size. However, it is important to note that this limitation is not unique to this study, but rather, small sample size is a common limitation faced by qualitative researchers, as one aim of qualitative research is not to generalize the findings by gathering a large sample size, but rather to "elucidate the particular, the specific" (Creswell, 2007, p. 26). In line with this approach, the aim of the present study was to provide an opportunity to hear the voices of 2$^{\text{nd}}$ and 3$^{\text{rd}}$ generation Mexican-American women regarding their help-seeking behaviors, and to gain information regarding their knowledge of the field of MFT. To do so, a small number of respondents were interviewed in person during an initial and follow-up interview.

A second limitation existed in relation to challenges which were faced during the participant recruitment phase, which also impacted the small sample size. These challenges existed in regard to my connection to the Mexican-American community in Iowa and the small population of Mexican-Americans who call Iowa home. Although I am Mexican-American, I do not have strong connections to the Mexican-American community in Iowa.

Additionally, the Hispanic population–which includes Mexican-Americans–is small within the state of Iowa.

I moved to Ames, Iowa in the fall of 2009 to attend graduate school at Iowa State University. During the two years in which I lived in Iowa I primarily interacted with people who attended the university – the majority of whom were Caucasian and of non-Hispanic decent. Although I did become involved with the Latino Graduate Student Association (LGSA) during my second year at ISU, which is a student run organization comprised of Latino students from various cultural backgrounds. However, I did not have the opportunity to connect with other members of the Mexican-American community outside of ISU because of my limited opportunities for socializing and connecting with people outside of Ames.

My limited connection to the Mexican-American community in Iowa served as a limitation to the study in the following ways. Although, I was aware of the location of communities in the Central Iowa area which were predominately comprised of Mexican-Americans, I was not a member of these communities and did not have personal or professional connections within them. Through conversations with colleagues I learned that many of the residents of these communities were apprehensive about outsiders as some of the residents were undocumented and lived with the constant fear of deportation. Although I was I was interested in recruiting 2nd and 3rd generation Mexican-American women, I was unable to directly recruit participants from these communities on my own as the residents are often hesitant about bringing an outsider into the community out of protection for those members who are undocumented. This was an unexpected obstacle during the participant recruitment process.

In addition to my limited connection to the Mexican-American community, the recruitment process was also impacted by the small population of Hispanics who reside in Iowa. The population in the state of Iowa is primarily homogenous in terms of ethnicity as the vast majority of residents are Caucasian (91.1%), with 5% of the total population identifying as Hispanic. Although 5% of the population in Iowa may identify as Hispanic in terms of race, cultural variation within this percentage also exists as wide variety of cultures (e.g., Mexican, Columbian, Puerto Rican) comprise the Hispanic race. Therefore, the population of Mexican-Americans who reside in Iowa is logically considered to be less than 5%. The combination of my limited connection to the Mexican-American community and the small population of Mexican-Americans who reside in Iowa combined to present challenges during the participant recruitment process.

Given challenges which existed in terms of participant recruitment and my own location in the state of Iowa, all participants were recruited solely from the Central Iowa area and lived in urban settings. This presents a fourth limitation in terms of the transferability of the findings to Mexican-American women in other regions (e.g., Northwest) and settings (e.g., rural).

The fifth limitation exists in terms of the inclusion criteria for the participant sample. Although I stand by my decision to use the inclusion criteria which was selected for this study, I do recognize that limitations to the study emerged as a result. As I am not fluent in Spanish, all interviews were conducted in English which required the participants to be proficient in their ability to speak, read and understand the English language. Additionally, the participants had to be legal residents of the United States. This decision was made given unique challenges which are faced by undocumented immigrants which

have been previously identified in terms of their behaviors and options for help-seeking in the United States given their undocumented status and very real fear of deportation (Goldston et al., 2008).

Given these unique challenges, research with undocumented immigrants is subject to strict review from Institutional Review Boards to ensure the protection of this vulnerable group and is especially challenging for researchers in terms of recruitment and the development of rapport between the participant and the researcher(s). For the purpose of conducting this study during the course of my two year graduate program, the participant sample was limited to legally documented residents given the challenges which are faced when conducting research with undocumented immigrants.

These two criteria limited the transferability of the results to other populations of Mexican-American women. These elements of the inclusion criteria are seen as potential limitations as the participant sample may have been reflective of women who were more highly acculturated due to their English proficiency and the opportunities which have been afforded to them as legally documented residents of the United States.

Women who are less acculturated, such as those who do not speak English or have a firm grasp on the English language, as well as those who may perhaps be the first generation of legally documented residents in their family were inadvertently excluded through the inclusion criteria. Therefore, the findings of this study reflect the voices of a more homogenous group of Mexican-American women rather than being representative of a diverse sample in terms of acculturation. As such, caution should be used when discussing the transferability of the findings to all Mexican-American women.

A sixth and final limitation exists in regard to my own biases as a researcher. As discussed in a previous section of this thesis, my biases and worldviews impact how I choose to design a study, what I choose to study and how I interpret the findings. Although I attempted to maintain an awareness of these biases during the research process my own biases may have impacted the categories, themes and sub-themes which I identified as well as in my interpretation of the findings. Merriam (2002) discussed the existence of researcher bias during the data analysis process as the researcher may "find what she was looking for through selective attention to details and selective interpretation of data" (p. 146).

In an attempt to maintain an awareness of my own biases and to limit the impact which these biases had on the data analysis process, I incorporated the use of member checks and a peer-review process into the design of the study. This process provided valuable information for me as the researcher in terms of how my own biases impacted the categories, themes and sub-themes which I had identified. In response, I was able to re-evaluate the findings and rename some of the categories, themes and sub-themes to better reflect the voices of the participants as was the aim of this study. Additionally, I kept a record of my experiences and reflections throughout the research process in relation to my biases within the researcher's log. This served as a helpful tool in terms of understanding how I impacted the research process, as well as how I was impacted by the process.

Future Research

Through the voices of the 2nd and 3rd generation Mexican-American women who participated in this study, valuable information was obtained regarding their behaviors related to help-seeking, their perspectives pertaining to mental health issues and therapy,

important characteristics of mental health professionals, their knowledge about the field of Marriage and Family Therapy and their receptivity to seeking help from a Marriage and Family Therapist. Although this information is incredibly valuable and will be shared with the mental health community, areas for future research in relation to the research findings are also indicated.

As I reviewed the information provided during the initial interviews and in response to questions asked during the member check process, comments related to gender differences in behaviors and perspectives regarding mental health issues and help-seeking were shared by the participants. However, gender differences did not emerge as a specific theme or sub-theme during the data analysis process as these differences were not discussed in enough detail or by enough of the women to be considered as an individual theme or sub-theme. Future research which specifically investigates gender differences in help-seeking behaviors and perspectives related to views about mental illness and help-seeking would be advantageous. For example, this same study could be conducted with a larger population of Mexican-American men and women. Similarities and differences in their responses could be identified and the participants could be asked to reflect upon these differences.

As was previously identified, the participant sample in this study was primarily homogenous due to the inclusion criteria for the study. Although a measure of acculturation was not administered to the participants to assess their levels of acculturation, it was surmised that as a result of the inclusion criteria, that their levels of acculturation may have been relatively high. This was identified as a limitation in the study in terms of the

transferability of the results. Therefore, future research with a broader population is indicated.

Such research could be conducted utilizing the previously described methodology; however, the inclusion criteria could be broadened to include a wider variety of participants. For example, the inclusion criteria could be expanded to include both men and women from other generations, such as those who are the 1st, 4th, or 5th generation who live in the United States. Similarities and differences in behaviors and perspectives regarding mental health issues and help-seeking could then be assessed within the two genders and between the two genders in relation to generational status.

In addition to the expanded inclusion criteria, a measure of acculturation, such as the Acculturation Rating Scale for Mexican-Americans-II (ARSMA; Cuéllar, Arnold, & Maldonado, 1995) could be administered to participants to assess their level of acculturation. The use of a measure of acculturation could be included to assist in the process of identifying whether similarities and differences in levels of acculturation are related to behaviors and perspectives regarding mental health issues and help-seeking in male and female Mexican-Americans.

Another area in which future search is indicated exists in regard to the limitation of the transferability of the results to undocumented immigrants. Although significant challenges exist in regard to conducting research with undocumented immigrants, research which is conducted with this population is of incredible value and therefore should be conducted for the benefit of these individuals and for the benefit of society and mental health practitioners.

As discussed, one limitation of this study is that the inclusion criteria limited the participant sample solely to legally documented residents and as such the findings cannot be transferred to undocumented women. Therefore, future research which focuses upon exploring the perspectives and behaviors of undocumented women in regard to mental health issues and help-seeking is indicated. Additionally, such research would be beneficial for the purpose of identifying ways in which they can feel supported by the therapeutic community and safe when seeking professional help if they feel it would be relevant or useful in their lives.

In conclusion, through the voices of the seven 2nd and 3rd generation women who participated in this study, valuable information was gathered regarding their perspectives about mental health issues and help-seeking, as well as the place of professional mental health services in their lives. The research findings which have been discussed within the results and discussion sections of this thesis will be shared with the mental health community through publication and presentation. The aim of such dissemination will focus upon encouraging mental health practitioners to seek out the voices of their clients in relation to their perspectives regarding mental health and relationship issues and help-seeking for the purpose of providing effective and individually tailored and culturally relevant treatment.

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APPENDIX A

Letter Sent by Dr. Greder to Potential Gatekeepers

Dear _____,

      I am working with a graduate student, Ashley Barrera, who is studying mental health resources and their perceived relevance by Mexican-American women. Ashley would like to interview 10-15 Mexican-American women (second or third generation) to learn from them what they perceive as relevant resources to turn to for mental health or family issues they might experience.

      Would you be willing to visit with Ashley and help her make contacts with second or third generation Mexican-American women in (INSERT TOWN IN IOWA WHERE GATEKEEPER HAS CONNECTIONS) or nearby communities who potentially would be interested in being interviewed? Ashley is hoping to conduct interviews between mid-November and mid-December. She is thinking the interviews would last about one hour or so, and she would plan to travel to (INSERT TOWN) to conduct the interviews at times and in places that would work for the women who are interested in being interviewed.

      If you are able to help Ashley connect with some Mexican-American women, please let me know, and I will share that with Ashley, then the two of you can get together.
Sincerely,
Kim Greder

APPENDIX B

Gatekeeper Script

I am contacting you because you qualify to participate in a research study being conducted by Iowa State Graduate student Ashley M. Barrera. The study is going to look at exploring the place of mental health services in lives of 2nd and 3rd generation Mexican-American women. To participant in this study you must be able to read, speak and understand the English language and identify as a 2nd or 3rd generation Mexican-American women. If you think that you might be interested in participating in this study please let me know and I will provide Ashley with information about how to contact you. The information you provide to Ashley during the course of this study will be completely confidential. Please let me know if you have any questions.

APPENDIX C

Letter President of the Latino Graduate Student Association

Dear _____ (Insert name of contact person for organization)

My name is Ashley Barrera, and I am a graduate student at Iowa State University. I am writing you today to request your assistance in recruiting potential participants for my thesis entitled, "Exploring the Place of Marriage and Family Therapy in the Lives of 2nd and 3rd Generation Mexican-American Women."

The focus of my thesis is to explore the perceived relevance of mental health resources by 2nd and 3rd generation Mexican-American women. I would like to interview 10-15 Mexican-American women (second or third generation) to learn from them what they perceive as relevant resources to turn to for mental health or family issues they might experience.

I am requesting your assistance in the process of identifying potential participants who live in Ames or nearby communities who would potentially be interested in being interviewed. If possible, I would like to send an e-mail or letter to members of your organization extending an invitation to participate in my study and/or request their assistance in identifying potential participants they may know.

I am attaching a copy of the informed consent document for my study for your review as it outlines the focus of the study and the expectations of the participants. Also, I am attaching a copy of the e-mail/letter I would like to send to the organization members. The study has been approved by the Institutional Review Board (IRB) at Iowa State University. The approval number is 10-437. Contact information for the IRB is as follows should you have any questions about the process approval and review process: *Office for Responsible Research, 1138 Pearson Hall, Ames, IA 50011-2207. Phone 515-294-4215, Fax 515-294-4267, orrweb@iastate.edu.* The Faculty Advisor for the study is Dr. Megan Murphy who may also be reached at mjmurphy@iastate.edu or 515.294.2745 with any questions.

If you are able to assist me in the process of connecting with 2nd and 3rd generation Mexican-American women through your organization, please contact me at either ashleymb@iastate.edu or 907.244.2585. Thank you.

With Respect,

Ashley M. Barrera

Letter to members of the Latino Graduate Student Association
Dear LGSA Member,

My name is Ashley Barrera, and I am a graduate student in the Couple and Family Therapy program here at Iowa State University –and a member of the LGSA. I am writing you today to request your participation and/or assistance in recruiting potential participants for my thesis entitled, "Exploring the Place of Marriage and Family Therapy in the Lives of 2nd and 3rd Generation Mexican-American Women."

I am interested in interviewing 10-15 Mexican-American women (second or third generation) to learn from them what they perceive as relevant resources to turn to for mental health or family issues they might experience. For the purpose of this study, a 2nd generation woman is someone who was born in the US, and whose parent(s) (one or both) were born in Mexico. A 3rd generation woman is someone who was born in the US and whose parents were born in the US, but whose grandparent (s) (at least one), were born in Mexico. The interviews will take between one and one half hours to complete and will be conducted at a location of the participants choosing. The information provided during the course of this study will be completely confidential.

If you are interested in participating in my study, or are able to assist me in the process of connecting with 2nd and 3rd generation Mexican-American women in Iowa, please contact me at either ashleymb@iastate.edu or 907.244.2585. Thank you.

With Respect,

Ashley M. Barrera

Letter to President of the Multicultural Student Association

Dear Santos Nuñez,

My name is Ashley Barrera, and I am a graduate student in the Couple and Family Therapy program here at Iowa State University. I am writing you today to request your assistance in recruiting potential participants for my thesis entitled, "Exploring the Place of Marriage and Family Therapy in the Lives of 2nd and 3rd Generation Mexican-American Women."

The focus of my thesis is to explore the perceived relevance of mental health resources by 2nd and 3rd generation Mexican-American women. I would like to interview 10-15 Mexican-American women (second or third generation) to learn from them what they perceive as relevant resources to turn to for mental health or family issues they might experience.

I am requesting your assistance in the process of identifying potential participants who live in Ames or nearby communities who would potentially be interested in being interviewed. If possible, I would like to contact female Mexican-American students at ISU to extend an invitation to participate in my study.

I am attaching a copy of the informed consent document for my study for your review as it outlines the focus of the study and the expectations of the participants. Also, I am attaching a copy of the information which would be provided to potential participants. If you are able to help to assist me in the process of connecting with 2nd and 3rd generation Mexican-American women, please contact me at either ashleymb@iastate.edu or 907.244.2585. Thank you.

With Respect,

Ashley M. Barrera

Letter to Members of the Multicultural Student Association

Hello,

My name is Ashley Barrera, and I am a graduate student at Iowa State University. I am writing you today to request your participation in my thesis entitled, "Exploring the Place of Marriage and Family Therapy in the Lives of 2nd and 3rd Generation Mexican-American Women."

I am interested in interviewing 10-15 Mexican-American women (second or third generation) to learn from them what they perceive as relevant resources to turn to for mental health or family issues they might experience. For the purpose of this study, a 2nd generation woman is someone who was born in the US, and whose parent(s) (one or both) were born in Mexico. A 3rd generation woman is someone who was born in the US and whose parents were born in the US, but whose grandparent (s) (at least one), were born in Mexico. The interviews will take between one and one half hours to complete and will be conducted at a location of the participants choosing. The information provided during the course of this study will be completely confidential.

If you are interested in participating in my study please contact me at either ashleymb@iastate.edu or 907.244.2585. I can provide you with additional information. Thank you.

With Respect,

Ashley M. Barrera

APPENDIX D

Letter to Director of the Alianza Latino Business Association

Dear _____ (Insert name of contact person for organization)

My name is Ashley Barrera, and I am a graduate student at Iowa State University. I am writing you today to request your assistance in recruiting potential participants for my thesis entitled, "Exploring the Place of Marriage and Family Therapy in the Lives of 2nd and 3rd Generation Mexican-American Women."

The focus of my thesis is to explore the perceived relevance of mental health resources by 2nd and 3rd generation Mexican-American women. I would like to interview 10-15 Mexican-American women (second or third generation) to learn from them what they perceive as relevant resources to turn to for mental health or family issues they might experience.

I am requesting your assistance in the process of identifying potential participants who live in Ames or nearby communities who would potentially be interested in being interviewed.

If possible, I would like to send an e-mail or letter to members of your organization extending an invitation to participate in my study and/or request their assistance in identifying potential participants they may know. As an incentive for participant, participants will be offered compensation in the form of two $20.00 gift cards to ether Target, Fareway or HyVee.

I am attaching a copy of the informed consent document for my study for your review as it outlines the focus of the study and the expectations of the participants. Also, I am attaching a copy of the e-mail/letter I would like to send to the organization members.

The study has been approved by the Institutional Review Board (IRB) at Iowa State University. The approval number is 10-437. Contact information for the IRB is as follows should you have any questions about the process approval and review process: *Office for Responsible Research, 1138 Pearson Hall, Ames, IA 50011-2207. Phone 515-294-4215, Fax 515-294-4267, orrweb@iastate.edu.* The Faculty Advisor for the study is Dr. Megan Murphy who may also be reached at mjmurphy@iastate.edu or 515.294.2745 with any questions.

If you are able to assist me in the process of connecting with 2nd and 3rd generation Mexican-American women through your organization, please contact me at either ashleymb@iastate.edu or 907.244.2585. Thank you.

With Respect,

Ashley M. Barrera

Letter to Alianza member

Dear Alianza: Latino Business Association Member

My name is Ashley Barrera, and I am a graduate student at Iowa State University. I am writing you today to request your participation and/or assistance in recruiting potential participants for my thesis entitled, "Exploring the Place of Marriage and Family Therapy in the Lives of 2nd and 3rd Generation Mexican-American Women."

I am interested in interviewing 10-15 Mexican-American women (second or third generation) to learn from them what they perceive as relevant resources to turn to for mental health or family issues they might experience. For the purpose of this study, a 2nd generation woman is someone who was born in the US, and whose parent(s) (one or both) were born in Mexico. A 3rd generation woman is someone who was born in the US and whose parents were born in the US, but whose grandparent (s) (at least one), were born in Mexico. The interviews will take between one and one half hours to complete and will be conducted at a location of the participants choosing. The information provided during the course of this study will be completely confidential. As an incentive for participation, participants will be provided with two $20.00 gift cards to either Target, Fareway or HyVee.

The study has been approved by the Institutional Review Board (IRB) at Iowa State University. The approval number is 10-437. Contact information for the IRB is as follows should you have any questions about the process approval and review process: *Office for Responsible Research, 1138 Pearson Hall, Ames, IA 50011-2207. Phone 515-294-4215, Fax 515-294-4267, orrweb@iastate.edu.* The Faculty Advisor for the study is Dr. Megan Murphy who may also be reached at mjmurphy@iastate.edu or 515.294.2745 with any questions.

If you are interested in participating in my study, or are able to assist me in the process of connecting with 2nd and 3rd generation Mexican-American women in Iowa, please contact me at either ashleymb@iastate.edu or 907.244.2585. Thank you.

With Respect,

Ashley M. Barrera

APPENDIX E

IOWA STATE UNIVERSITY
OF SCIENCE AND TECHNOLOGY

Institutional Review Board
Office for Responsible Research
Vice President for Research
1138 Pearson Hall
Ames, Iowa 50011-2207
515 294-4566
FAX 515 294-4267

Date: 11/10/2010

To: Ashley M Barrera
4380 Palmer Bldg, Suite 1317

CC: Dr. Megan Murphy
4380 Palmer Bldg

From: Office for Responsible Research

Title: Exploring the Place of Marriage and Family Therapy in the Lives of Mexican-American Women

IRB Num: 10-437

Approval Date: 11/9/2010

Continuing Review Date: 11/8/2011

Submission Type: New

Review Type: Expedited

The project referenced above has received approval from the Institutional Review Board (IRB) at Iowa State University. Please refer to the IRB ID number shown above in all correspondence regarding this study.

Your study has been approved according to the dates shown above. To ensure compliance with federal regulations (45 CFR 46 & 21 CFR 56), please be sure to:

- **Use only the approved study materials** in your research, **including the recruitment materials and informed consent documents that have the IRB approval stamp.**

- **Obtain IRB approval prior to implementing <u>any</u> changes** to the study by submitting the "Continuing Review and/or Modification" form.

- **Immediately inform the IRB** of (1) **all serious and/or unexpected adverse experiences** involving risks to subjects or others; and (2) **any other unanticipated problems** involving risks to subjects or others.

- **Stop all research activity if IRB approval lapses,** unless continuation is necessary to prevent harm to research participants. Research activity can resume once IRB approval is reestablished.

- **Complete a new continuing review form** at least three to four weeks prior to the **date for continuing review** as noted above to provide sufficient time for the IRB to review and approve continuation of the study. We will send a courtesy reminder as this date approaches.

Research investigators are expected to comply with the principles of the Belmont Report, and state and federal regulations regarding the involvement of humans in research. These documents are located on the Office for Responsible Research website http://www.compliance.iastate.edu/irb/forms/ or available by calling (515) 294-4566.

Upon completion of the project, please submit a Project Closure Form to the Office for Responsible Research, 1138 Pearson Hall, to officially close the project.

APPENDIX F

Informed Consent without Compensation

INFORMED CONSENT

Title of Study: Exploring the Place of Marriage and Family Therapy in the Lives of Generation Mexican-American Women.

Investigators: Principal Investigator (PI): Ashley M. Barrera, B.A.

This is a research study. Please read the following information about the study and take your time in deciding if you would like to participate. Please feel free to ask questions at any time.

INTRODUCTION

The purpose of this study is to explore from the perspective of Mexican-American women, the place of Marriage and Family Therapy in their lives. You are being invited to participate in this study because you are Mexican-American woman living in the Midwest who is age 18 or older and able to speak, read and understand the English language.

DESCRIPTION OF PROCEDURES

If you agree to participate in this study, your participation will occur in the form of two in-person interviews in a location of your choosing. The first interview will last for 60-90 minutes. During this first interview you will be asked to respond to a series of questions and complete a demographics form. The answers from your interview along with the answers from the other participants will then be combined and analyzed for similar themes. Once this has occurred, you will then be asked to participate in a second interview in which I (Ashley) will meet with you to discuss the identified themes. During this interview you will be asked to discuss whether the identified themes reflect what you intended to communicate during the initial interview. This second interview will occur within three months of the first interview and last between 30 and 45 minutes. All interviews will be audio recorded and kept for a maximum of one year following the completion of the study.

RISKS

While participating in this study you may experience the following risks: Although it is not anticipated, you may experience emotional or psychological discomfort when responding to interview questions. Should you experience discomfort, you may choose to skip the question(s) or choose to stop participating in the study all together.

BENEFITS

If you decide to participate in this study there may be no direct benefit to you. It is hoped that the information gained in this study will benefit society by providing information regarding the place of Marriage and Family Therapy has in the lives of Mexican-American women in the Midwest. This information will then be presented to practitioners and researchers in the field of Marriage and Family Therapy through publication.

COSTS AND COMPENSATION

You will not have any costs from participating in this study, nor will you be compensated for participating in this study.

PARTICIPANT RIGHTS

Your participation in this study is completely voluntary and you may refuse to participate or leave the study at any time. If you decide to not participate in the study or leave the study early, it will not result in any penalty or loss of benefits to which you are otherwise entitled.

CONFIDENTIALITY

In order to protect your confidentiality you will be assigned a pseudonym in the form of a respondent identification number (RIN). This number will be used to identify you on documents and in the audio recordings without using your real name. Signed copies of this informed consent form will be kept in a locked filing cabinet behind a locked door in the PI's on campus office. The information provided on the demographic form and in the audio recordings will be transcribed into electronic format and stored on a password protected computer. The paper copy of the demographic forms will be shredded following the electronic transcription. Following completion of this study any information which may identify you (electronic transcriptions, demographic information, document with your respondent identification number and contact info and audio recordings) will be erased. The data will be stored for a maximum of three years and then deleted.

Records identifying participants will be kept confidential to the extent allowed by applicable laws and regulations. Records will not be made publicly available. However, federal government regulatory agencies, auditing departments of Iowa State University, and the ISU Institutional Review Board (a committee that reviews and approves research studies with human subjects) may inspect and/or copy your records for quality assurance and analysis. These records may contain private information.

CONTACT PEOPLE

If you have questions about this study you may contact Ashley M. Barrera at ashleymb@iastate.edu or 1.515.296.0742 or the Faculty Advisor, Dr. Megan J. Murphy at mjmurphy@iastate.edu or 1.515.294.2745. If you have questions about your rights as a research participant please contact the IRB Administrator, (515) 294-4566, IRB@iastate.edu, or Director, (515) 294-3115, Office for Responsible Research, Iowa State University, Ames, Iowa 50011.

I _____, have read and understand the information provided in this document. I acknowledge that my participation in this study is strictly voluntary and that I may choose to withdraw from this study at any time by telling the PI (Ashley M. Barrera) that I no longer wish to participate.

_____   _____

Participant Signature   Date

Informed Consent with Compensation

INFORMED CONSENT

Title of Study: Exploring the Place of Marriage and Family Therapy in the Lives of Generation Mexican-American Women.

Investigators: Principal Investigator (PI): Ashley M. Barrera, B.A.

       This is a research study. Please read the following information about the study and take your time in deciding if you would like to participate. Please feel free to ask questions at any time.

INTRODUCTION

       The purpose of this study is to explore from the perspective of Mexican-American women, the place of Marriage and Family Therapy in their lives. You are being invited to participate in this study because you are Mexican-American woman living in the Midwest who is age 18 or older and able to speak, read and understand the English language.

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       If you agree to participate in this study, your participation will occur in the form of two in-person interviews in a location of your choosing. The first interview will last for 60-90 minutes. During this first interview you will be asked to respond to a series of questions and complete a demographics form. The answers from your interview along with the answers from the other participants will then be combined and analyzed for similar themes. Once this has occurred, you will then be asked to participate in a second interview in which I (Ashley) will meet with you to discuss the identified themes. During this interview you will be asked to discuss whether the identified themes reflect what you intended to communicate during the initial interview. This second interview will occur within three months of the first interview and last between 30 and 45 minutes. All interviews will be audio recorded and kept for a maximum of one year following the completion of the study.

RISKS

       While participating in this study you may experience the following risks: Although it is not anticipated, you may experience emotional or psychological discomfort when responding to interview questions. Should you experience discomfort, you may choose to skip the question(s) or choose to stop participating in the study all together.

BENEFITS

       If you decide to participate in this study there may be no direct benefit to you. It is hoped that the information gained in this study will benefit society by providing information regarding the place of Marriage and Family Therapy has in the lives of Mexican-American women in the Midwest. This information will then be presented to practitioners and researchers in the field of Marriage and Family Therapy through publication.

COSTS AND COMPENSATION

You will not have any costs from participating in this study. You will be provided with two $20.00 gift cards to the store(s) of your choosing. The following stores have been approved for the purpose of purchasing gift cards; HyVee, Fareway, Walmart and Target. In order to obtain the gift cards, you will be required by Iowa State University to sign a Research Participant Receipt Form. This form is confidential and will only ask you for your name and signature. It will remain on file at Iowa State University in a locked filing cabinet behind a locked door in the office of Linda Ritland, Secretary III, for a period of five years.

PARTICIPANT RIGHTS

Your participation in this study is completely voluntary and you may refuse to participate or leave the study at any time. If you decide to not participate in the study or leave the study early, it will not result in any penalty or loss of benefits to which you are otherwise entitled.

CONFIDENTIALITY

In order to protect your confidentiality you will be assigned a pseudonym in the form of a respondent identification number (RIN). This number will be used to identify you on documents and in the audio recordings without using your real name. Signed copies of this informed consent form will be kept in a locked filing cabinet behind a locked door in the PI's on campus office. The information provided on the demographic form and in the audio recordings will be transcribed into electronic format and stored on a password protected computer. The paper copy of the demographic forms will be shredded following the electronic transcription. Following completion of this study any information which may identify you (electronic transcriptions, demographic information, document with your respondent identification number and contact info and audio recordings) will be erased. The data will be stored for a maximum of three years and then deleted.

Records identifying participants will be kept confidential to the extent allowed by applicable laws and regulations. Records will not be made publicly available. However, federal government regulatory agencies, auditing departments of Iowa State University, and the ISU Institutional Review Board (a committee that reviews and approves research studies with human subjects) may inspect and/or copy your records for quality assurance and analysis. These records may contain private information.

CONTACT PEOPLE

If you have questions about this study you may contact Ashley M. Barrera at ashleymb@iastate.edu or 1.515.296.0742 or the Faculty Advisor, Dr. Megan J. Murphy at mjmurphy@iastate.edu or 1.515.294.2745. If you have questions about your rights as a research participant please contact the IRB Administrator, (515) 294-4566, IRB@iastate.edu, or Director, (515) 294-3115, Office for Responsible Research, Iowa State University, Ames, Iowa 50011.

I _____, have read and understand the information provided in this document. I acknowledge that my participation in this study is strictly voluntary and that I may choose to withdraw from this study at any time by telling the PI (Ashley M. Barrera) that I no longer wish to participate.

_____   _____

Participant Signature   Date

Participant Receipt Form

CONFIDENTIAL CONFIDENTIAL CONFIDENTIAL CONFIDENTIAL
Iowa State University
Research Participant Receipt Form (RPRF)

Use if this payment is less than $75

Iowa State University (ISU) is required to maintain the confidentiality of information about research study participants while still complying with record keeping requirements of the State of Iowa, the Internal Revenue Service (IRS), and funding agencies. The purpose of this form is to serve as documentation of the receipt of compensation associated with participation in a research study conducted by ISU personnel.

I, _____ , have received/or am requesting compensation in

(Print Research Participant Name) the form and amount indicated below:

- ◆ Cash $_____
- ◆ Check $_____
- ◆ Gift Certificate/Card $_____
- ◆ Other Property – Describe:_____

Value: $_____

_____ _____
Research Participant Signature Date

TO ISU PERSONNEL:

Research participants may be given the opportunity to participate without receiving payment if they choose not to complete this receipt form.

This form provides documentation for gift certificates/cards or other property purchased by ISU p-card--keep original form as part of your p-card documentation.

If an ISU check needs to be issued for payment, attach RPRF to completed honoraria voucher and submit to Accounting, 3606 ASB.

APPENDIX G

Participant Demographics Form

RIN _____

Demographics Form

Please answer the following questions about yourself. If you need any clarification you may ask the researcher (Ashley Barrera). The information you provide on this form is confidential and will only be linked to you by the Respondent Identification Number (RIN) at the top of the page.

Age (Write on line) _____

Racial Background

Bi-Racial (Mexican and one other race) (Write on line)

_____

Multi-Racial (Mexican two or more races) (Write on lines)

_____
_____
_____

Relationship status (Circle all that apply)

Single

Dating (Not living together)

Living Together

Partnered

Married

Separated

Divorced

Widowed

Other (Write on line)

RIN_____

Number of Children (Place an X next to the number that applies)

0 _____ 1 _____ 2 _____ 3 _____ 4 _____ 5 _____

6 _____ 7 _____   8 _____ 9 _____ 10 or more _____

Number of Siblings

0 _____ 1 _____ 2 _____ 3 _____ 4 _____ 5 _____

6 _____ 7 _____   8 _____ 9 _____ 10 or more _____

Generation in the U.S (Place an X next to the one that best describes you)

1st Generation (You immigrated) _____

2nd Generation (One or both parents immigrated) _____

3rd Generation (One or more than one grandparent immigrated)_____

4th Generation (One or more great grandparent immigrated)_____

5th Generation (One or more great great grandparent immigrated)_____

6th Generation (One or more great great great grandparent immigrated)_____

7th Generation or later (One or more great great great great grandparent immigrated) ___

Occupation (Write on line)   _____

RIN _____

Education (Place an X next to the one that best describes you)

What is the highest grade you completed (Write on line)

_____

Some College _____

Currently in College _____

Completed College _____

Some Graduate School _____

Currently in Graduate School _____

Completed Graduate School _____

Religious Affiliation (Place an X next to the one that best describes you)

_____Christian (Write in denomination) _____

_____Jewish (Write in denomination) _____

_____Hindu (Write in denomination) _____

_____Buddhist (Write in denomination)_____

_____Islam (Write in denomination) _____

_____Mormon (Write in denomination) _____

_____Wiccan

_____Santeria

_____Agnostic

_____Atheist

_____Other (Write on line) _____

APPENDIX H

Interview Questions

Statement read to participants: Sometimes people experience feelings such as extreme sadness, nervousness, depression, anger and/or irritability. Within the following set of questions, these problems will be referred to as mental health issues. Additionally, sometimes people experience conflict and/or dissatisfaction in their relationships with their partner (e.g., husband, girlfriend, boyfriend, wife) with their children (e.g., siblings fighting/parent/child conflict) or with their extended family (e.g., in-laws, parents, grandparents). Within the following set of questions, these problems will be referred to as relationship issues.

Section 1:

1.) If you were experiencing a mental health or relationship issue, what would you do?

2.) Share with me people or places, if any, you might turn to.

3.) Why would you turn to these people or places?

4.) How would you know if you needed to seek out these people or places?

5.) Share with me something or someone that would encourage you to seek out assistance for mental health or relationship issues.

6.) Share with me something or someone that would prevent or discourage you from seeking assistance for mental health or relationship issues?

7.) Share with me something that would make you feel more comfortable when seeking assistance for a mental health or relationship issue?

8.) Share with me something that would make you feel less comfortable when seeking assistance for a mental health or relationship issue?

These questions were asked if the participants indicate that they would seek professional assistance from a mental health professional when answering the questions above.

9.) Share with me something that would encourage you to seek help from a mental health professional.

10.) Share with me something that would make you feel more comfortable when seeking a mental health professional for a mental health or relationship issue?

11.) Share with me something that would prevent or discourage from seeking help from a mental health professional.

12.) Share with me something that would make you feel less comfortable about seeing a mental health professional for a mental health or relationship issue?

13.) If you were to see a mental health professional, share with me the characteristics about the person that would be important to you when seeing him/her?

14.) If you were seeing a mental health professional, share with me the characteristics about the person that would be less important to you when seeing him/her?

15.) If you were seeing a mental health professional, are there certain characteristics about him/her that would make you feel more comfortable when seeing him/her?

16.) If you were seeing a mental health professional, share with me any characteristics about him/her that would make you feel less comfortable when seeing him/her?

17.) If you decided to see a mental health professional, share with me a particular type of mental health professional which you would seek-out?

18.) Have you ever heard of a Marriage and Family Therapist?

19.) If so, please share with me what do you know about them? About the field?

20.) Share with me if you would you ever seek assistance for a mental health or relationship issue from Marriage and Family Therapist? If yes, why? If no, why?

APPENDIX I

Member Check Documents

Member Check: Respondent One

Theme One: Seeking Family and Friends

Respondent 1: Umm, I don't know about any specific place, but if, like I said people probably my immediate family, my spouse would be the first person.

Theme Two: Established Trust and Lack of Judgment

Respondent 1: Umm… because they would be the first person, I mean the trust factor, that's why I would go to that person, knowing that they would, wouldn't umm, judge me or be judgmental.

Theme Three: Shared Experiences

Respondent 1: I don't know I guess maybe a good friend of mine who has experienced some mental health issues I think I would talk to someone who maybe has had those, I think that's helpful

Theme Four: Value of Support from Friends and Family

Respondent 1: I think most people that I tend to surround myself with would be real positive about that and say yeah that's something you need to talk to someone about if you have a concern. Yeah.

Member Check: Respondent Two

Theme One: Seeking Family and Friends

Respondent 2: Umm the first thing I would do is to seek someone to talk to, most likely a good friend, and maybe a sister. Yeah would be the first, first step I would take anyway.

Respondent 2: Umm best friends again, sisters, umm sometimes parents you know, but mostly those two groups.

Respondent 2: …its just I need to talk to you, you know good friends do that to me and I would do that, you know what I really need to talk to you and that's all we need to say and then we come together.

Respondent 2: Ok I mean I think I was thinking more of the umm professional in most of my responses although again your friends and your family for me hopefully keeps me from not having to seek that kind of thing and it's like and then I ask myself would I be able to tell a sibling or a good friend you know what maybe it would be a good thing as a friend maybe it would be a good thing, you know for you to…

Respondent 2: Oh, how would I know. Umm, well again if I continue maybe you know I mean I think everybody gets bouts of sadness depression sometimes but if it continues you know um you know more than I don't know what the number is but judging from that um it just doesn't go away or just something that you just want to get off your chest sometimes it's just I need to talk to you you know good friends do that to me and I would do that, you know what I really need to talk to you and that's all we need to say and then we come together.

Theme Two: Established Trust and Lack of Judgment

Respondent 2: Comfort level, I mean they understand me, I think unconditionally they are not going to hopefully judge me, that kind of thing um uh just again comfort level security that what I am going to tell them may be confidential that they will understand that they will have an understanding hopefully because they know me.

Theme Three: Value of Support from Friends and Family

Respondent 2: Umm, what would encourage me, I think for myself if someone close to me noticed something that maybe I didn't you know and kind of push me in that direction. I would hope that I would listen to that and then they know me well so then it's like maybe that's so.

Respondent 2: Who would do that, ummm I would say good friends, umm family although sometimes they are a little bit more hesitant to maybe do that umm unless it really is just, but I think that they would tell me but I think that they would say you

know what (participant's name) I think you, you know I wouldn't advise or you know here's what I know or I know other people that have had it, they probably would probably steer me to maybe even somebody [Researchers asks Respondent what she means by "somebody"] Umm professional, maybe a profess, somebody that they know, or not sure friends or anything not having been put in that situation I I'm just anticipating what they would say what they would do for my well-being so…

Respondent 2: Yeah if you needed the help and they could see that you were struggling I can't see where anybody would be discouraging- discouraging you from doing that again not having had that I, I don't know I mean maybe I am wrong about that but I the people I think I would go to I can't see them saying no you should do that.

Theme Four: Use of Referrals from Trusted Friends and Family

Respondent 2: Ok I do a lot on referrals I mean that's how I do my doctors and my dentists at times when I've moved here or there and so I, umm well again, you know can you give me a referral for a mental you know might be a little bit more awkward but anybody I know that has gone to someone that they felt comfortable with, that they got good results that kind of thing, so probably referrals. I probably would know, I think I would know, maybe not, almost on the first visit whether I would be comfortable with them or not but hard to say.

Theme Five: General Stigma Surrounding Therapy

Respondent 2: Ok I do a lot on referrals I mean that's how I do my doctors and my dentists at times when I've moved here or there and so I, umm well again, you know can you give me a referral for a mental you know might be a little bit more awkward…

Respondent 2: yeah um boy it's a tough one because again never having, never having gone that route I would say just maybe a little stigma of what that might indicate…

Respondent 2: Ok I mean I think I was thinking more of the umm professional in most of my responses although again your friends and your family for me hopefully keeps me from not having to seek that kind of thing and its like and then I ask myself would I be able to tell a sibling or a good friend you know what maybe it would be a good thing as a friend maybe it would be a good thing, you know for you to, I'm not a professional you know I'll always be here to listen and I will continue to do that but you know I don't know if I can help you with this as much as I would like to and that would be hard for me I think that would be a hard thing for me to decide do I do it and when do I do it? That would be hard I think.

Theme Six: Ability and Expectation to Handle Things on One's Own

Respondent 2: …I would say just maybe a little stigma of what that might indicate or just that I wasn't able to handle it on my own, that might make me feel that boy there,

what's wrong with you? Are you sure you need to seek help? Just kind of questioning myself, whether that really is something that, that I need to do because I can't figure it out myself if that makes sense.

Theme Seven: Feeling Comfortable with Therapist

Respondent 2: …umm I think the key is someone that you are going to feel comfortable with right from the start because again I think that's a very uncomfortable environment, unless you know we're all different unless someone is very comfortable sharing, pouring out, and it may not be on the surface what you think. I think you would have to connect with that person very well from the start.

Theme Eight: Feeling Listened To

Respondent 2: Again someone who is a good listener, someone that right away you know they have your best interests…

Respondent 2: Ok umm I think if they came across too blunt that, you know just… just listening….umm that their eyes are wandering around or just that they are, well definitely no, no cell phone disruptions that kind of thing, give me your full attention, uh that kind of thing you're always going to have maybe a few, some interruption but and whatever, but just give me your full attention yeah, watch the distractions.

Theme Nine: Values Confidentiality

Respondent 2: …will I feel that this is confidential? Even though I know that in professions I know they should do that… they must do that.

Theme Ten: Sense of Openness from the Therapist

Respondent 2: Again, approach, umm making me feel comfortable…and that the questions that he or she asks me, that they ask them in a good way I mean I am sure they are trained to do so but that, and explain maybe a little about the process, I'm just going back to doctors and other professional people that you go to, it's nice when they explain, explain the process, explain what's going to happen, what are you going to, what kinds of things are you going to ask, or at the end, the steps, just kind of what are you going to find, what are you going to do in this first session, what happens next that kind of thing.

Theme Eleven: Knowledge about MFT

Respondent 2: …again it's a service that, I think of it as couples, I'm sure you can go separately, but I think of it as couples to salvage the relationship, to help iron out something some issues they might be having, difficulties, again saving the marriage, umm it can be a whole lot of directions on what the problems are but I don't know a whole lot I guess obviously yeah.

Respondent 2: Ummm, well I'm not married so it wouldn't be for like you know marriage, but again it could be like a relationship that I'm in you know as far as, I don't know I don't see it but I mean I guess it's there for me to use I mean you know let's say I'm in a relationship and it's like you know gads I think this person is wonderful but I'm not recognizing maybe signs of you know any kind of like abuse whether its mental or physical but umm, well hopefully I would be able to do that but again you never know. Umm from a family perspective yeah maybe issues within your own family that you aren't able to resolve that you aren't able to talk about umm maybe that would probably be for me a little bit more, direction, for I mean where I am in my life that I would see, but I mean I haven't done that but yeah.

Member Check: Respondent Three

Theme One: Shared Experiences

Respondent 3: So, my husband really encouraged me and it made me feel like, he has had to deal with mental health issues for a long time and I see how successful he is and how umm how uh well equipped he is to deal with things and so hearing from him and him sharing his experience helped me be able to seek help from a health professional.

Theme Two: Value of Support from Friends and Family

Respondent 3: Um, my husband is pretty good at getting me to counseling, and um, there was also someone in the department, in the chemistry department who um, is is available and open to you know like coming to her if you need advice or help with anything and she could direct me somewhere too but I just knew that the student counseling was available so I didn't, you know I just knew that was there so

Respondent 3: So, my husband really encouraged me and it made me feel like, he has had to deal with mental health issues for a long time and I see how successful he is and how umm how uh well equipped he is to deal with things and so hearing from him and him sharing his experience helped me be able to seek help from a health professional.

Theme Three: General Stigma Surrounding Therapy

Respondent 3: I think that if there were, if it was a little more open that people do that and it wasn't, there wasn't such a like negative connotation to seeking outside help for those things, that would help, if it was just a more of a general dialogue among people, like if it was known that, you know, people do it and its not a big deal

Respondent 3: Umm, I feel umm personally I feel its discouraging when people assume or, or they say negative things like oh well I'm not crazy or things like that or you know or they associate needing mental health help with being weak or incompetent or anything like that.

Theme Four: Feeling Comfortable with Therapist

Respondent 3: Well I had one person who I thought was really great, she was a student, she wasn't, she was a psychology student I think and I felt like she really listened to what I was saying and if she didn't understand or she thought she might not be interpreting what I was saying correctly she would repeat it and she would um, I felt like she was really trying to get a good impression and a good description of what the problems were and then she emphasized a lot that she wasn't there to tell me what to do but she was there to help me organize my thoughts and come up with a good solution to my problems so.

Theme Five: Values Confidentiality

Respondent 3: Um it helps if they are conscious of being confidential, you know if they aren't leaving the door open or whatever…

Theme Six: Sense of Openness from the Therapist

Respondent 3…I had one person answer a phone call during the session, but I was fine with it, she was like, she told me from the beginning I am sorry but my daughter is sick she's like if you, I can I can handle this later or we can reschedule but there might be a phone call but I totally don't care like it's not that big of a deal. As long as they are open, I really, there's not a lot that really bothers me

Member Check: Respondent Four

Theme One: Seeking Family and Friends

Respondent 4: In general, I talk to my Mom, if she's not there I talk to my Dad even though he knows he's not the best at telling me what I want to hear [laughter], umm and then I will talk to one or two of my close friends, it depends on the issue, it just depends on who I feel like calling, I also see a spiritual adviser director once a month, and my fiancé and I both have a spiritual directors we're going through marriage preparation through the Catholic church and so definitely if it's a couple issue we will bring it up through them…and yup they'll umm, and even though my Mom is my Mom I feel like she is very good at being objective about what the issue is and so even when I talk to her…

Respondent 4: So, and then my roommate now, she's really, she's been my roommate for about three or four months now, and she is from Mexico, and she, she also, we get along really well, and so, and she's just got married so it's, it really helps me to kind of get that perspective especially from the cultural perspective umm she can relate to a lot of what I say and her now husband is also Mexican so that helps.

Respondent 4: I guess I should have mentioned being at home too because that's comforting. Because I feel that all of them want the best for me, and umm they know me well enough that, they know me well enough and I talk to them often enough that it's not like I haven't talked to them in years and I'm having to catch them up on everything, and just having that support system for me is really important umm especially my Mom, umm, and my close friends too. My parents are in Houston so they're not close by but I talk to her multiple times a week, sometimes every day, sometimes not every day, but we won't go months without talking to each other so

Respondent 4: Yeah but umm I think we would be ok unless it was just something so out of this world that we would have turned to everybody else including our family and our friends including spiritual direction or whatever and we just couldn't handle it for some reason.

Respondent 4: …and even though my Mom is my Mom I feel like she is very good at being objective about what the issue is and so even when I talk to her about well you know [Partners name removed to maintain confidentially] said this and then I did this or whatever she you know, she'll be like well you know try to get me to understand where he's coming from and even say well you know in this case he was kind of more right about this or you should have said this instead of that. She doesn't always side with me, like she's good at being objective like that and I really appreciate that and so umm, I guess depending on what the issue is, umm most of the time I feel like she doesn't judge him, like it's not, she's not building resentment towards him when I tell her about these things that I experience so I don't mind going to her to talk about relationship issues or mental issues I guess for that matter.

Theme Two: Established Trust and Lack of Judgment

Respondent 4: Kind of the feeling that, I know that depending on who the person is, I know that they will listen and just kind of let me verbal vomit, just get it out, and then either, it just really depends on who it is because some will listen and they'll just say I don't understand at all what you're going through but it's going to be ok, just kind of words of reassurance, just have faith or it's going to get better, or others may make suggestions as to how to do whatever it is or how to approach it differently next time or something like that.

Respondent 4: She [Referring to her Mother] doesn't always side with me, like she's good at being objective like that and I really appreciate that and so umm, I guess depending on what the issue is, umm most of the time I feel like she doesn't judge him, like it's not, she's not building resentment towards him when I tell her about these things that I experience so I don't mind going to her to talk about relationship issues or mental issues.

Theme Three: Shared Experiences

Respondent 4: And then, as couple, as a couple we have two really close couple friends, umm the couple friends… um they both help us a lot with like relationship issues that come up…

Respondent 4: I'm really, really close to my Mom, umm and she specifically as a Mom and a woman I feel like she's had a lot of experience, life experience in general, so she can give me advice that would relate to me especially because sometimes my fiancé can act like my Dad and I can act like my Mom or vice versa depending on what the issue is so… and then my friends, our couple friends they're also because they're newly married or have been married for a while, that's the stage of life we are going to enter into so kind of getting their perspective whether it has the cultural component or not of either one of the couple of friends, it still it helps me to either know we're on the right track or see oh well you know, some of the things are different than maybe what we'll do but it's a different way of doing things and kind of keeping me open to or I guess in the couple friends sense, keeping us open to different ways of how we might eventually raise or kids or interact as a couple….

Respondent 4: …and then my friends, our couple friends they're also because they're newly married or have been married for a while, that's the stage of life we are going to enter into so kind of getting their perspective whether it has the cultural component or not of either one of the couple of friends, it still it helps me to either know we're on the right track or see oh well you know, some of the things are different than maybe what we'll do but it's a different way of doing things and kind of keeping me open to or I guess in the couple friends sense, keeping us open to different ways of how we might eventually raise or kids or interact as a couple.

Theme Four: Value of Support from Friends and Family

Respondent 4: There was about a year where I was under a lot of stress due to my master's I had just met [partners name removed to maintain confidentiality] and it was just, and there was also part of me that didn't want to grow up and that was really a hard transition for me to make that year and my Mom definitely said you know if you need to go see somebody, definitely you know any seek out any resources that you can, obviously I called her a lot, well I already do but I called her probably equally as much if not more and it was more intense and her trying to help me over the phone was hard. I went home for spring break that week that year and that really helped a lot to kind of regress a little bit, calm down, get away from everything so, I think my friends would encourage me and did encourage me once I started seeing people.

Theme Five: General Stigma Surrounding Therapy

Respondent 4: I can think of people that like aren't keen on themselves going but wouldn't stop me from going. I don't know if that makes sense.

Theme Six: Feeling Comfortable with Therapist

Respondent 4: Um….like if I umm, hypothetically, like well I guess I did have initial meetings with all of these people but when I did have the initial meeting I just could feel like a chemistry, I could feel that they were helping me, I was throwing all of it out there and they were kind of giving it back to me in a more packaged way or focused way and I felt like I could start to feel better about what was going on.

Theme Seven: Sense of Openness from the Therapist

Respondent 4…she'll affirm what I'm feeling like when I don't know how to put words to what it is I'm feeling I'll just throw it out and she'll say this is what I hear what's going on would that be accurate so that kind of helps me focus on whatever the issue is and get a handle on it.

Respondent 4: …kind of understand now the way that I work which is I just lay it all out what's going on and they don't interrupt me because I just do all of it in my train of thought and then it's out, and they kind of they think about it then they say ok this is what I'm hearing this is what this sounds like, and kind of focus it and then also objectively be like this is what this is sounding like and the situation is like this and umm yeah.

Member Check: Respondent Five

Theme One: Seeking Family and Friends

Respondent 5: Hmm, uh I would probably talk to a friend. I'd probably call a girl friend and talk through whatever maybe I'm experiencing.

Respondent 5: I would still identify girl friends, so close girl friends.

Theme Two: Established Trust and Lack of Judgment

Respondent 5: Umm, with the two friends that I have in mind in particular I just feel like there's a type of trust, there's a historical understanding as well so these 2 friends, 3 actually that I have in mind I've known for a long time they've known me for a long time, they know (partners name removed to maintain confidentiality) my partner, they know my circumstances, they know that I'm moved away, they know I'm in a doc program, so I feel like it would be different than talking to someone who doesn't know that part of me and then I kind of have to explain all of that so in terms of those three those are the kind of reasons I would talk to them.

Theme Three: Shared Experiences

Respondent 5: Umm, with the two friends that I have in mind in particular I just feel like there's a type of trust, there's a historical understanding as well so these 2 friends, 3 actually that I have in mind I've known for a long time they've known me for a long time, they know [partners name removed to maintain confidentiality] my partner, they know my circumstances, they know that I'm moved away, they know I'm in a doc programs I feel like it would be different than talking to someone who doesn't know that part of me and then I kind of have to explain all of that so in terms of those three those are the kind of reasons I would talk to them.

Theme Four: Value of Support from Friends and Family

Respondent 5: I think my partner would, umm, he also has a counseling background and so I think we both value couns, and I guess I would refer to this to more the formal counseling, I don't know that my friends would see that that's their role and maybe we've never really identified that we consult each other in that way, but I think if I was to seek formal services, one my partner and then my friends also have maybe not counseling training but are also in student affairs and that kind of related work so they would also be able to identify resources for me because they know of mental health issues as well as resources. Which I think is different from someone that maybe would not know that maybe they exist.

Theme Five: General Stigma Surrounding Therapy

Respondent 5: Umm, I don't know that I can identify anyone that would prevent me from going, in terms of discouraging me, it's never happened so it's hard to even say but I would imagine maybe my parents, or my brothers might have some hesitation to seek formal mental health resources it's never happened but I would think that they would think that I'm not that crazy or…

Theme Six: Feeling Comfortable with Therapist

Respondent 5: …but yeah, I'm, if I didn't find that I had a connection or relationship and I'm identifying maybe more formal counseling in terms of the therapist, that would be, that would probably not make me want to go back.

Respondent 5: Less comfortable. I would say the opposite so if it was not a, not a relationship that I felt had developed or if I was just like a client that ok who's next you know then I would say I probably wouldn't want to go back, umm…

Theme Seven: Feeling Listened To

Respondent 5: Um and then I'd say beyond that I guess trust is really important to me, or the relationship would be, so maybe feeling that that person cares or is interested in my health that would be important so I think those two things.

Theme Eight: Knowledge about Marriage and Family Therapy

Respondent 5: …their jurisdiction, if you will, covers single, single sessions, family sessions, in home, out of home, in facilities, government type of nonprofits, government or non-profit type of entities so most of my understanding has been through my experience of going to school with them and hearing what they do afterwards.

Respondent 5: And then family to me also its not necessarily, Mom, Dad, children, it's family relationships so if I'm having issues with my siblings or relationships really I know that they have training and experience, not experience, but training or an interested in working with people to overcome those concerns so um I think now I'm much more I see both marriage and family meaning different things than maybe what the perceived idea of either you're married or you're not married and if you're not married you shouldn't see a marriage and family therapist or that family is nuclear so I feel that the marriage and the family is much more inclusive and broad than maybe I didn't know before.

Member Check: Respondent Six

Theme One: Seeking Family and Friends

Respondent 6: Probably call my Mom or my sisters.

Respondent 6: Yeah my family.

Theme Two: Established Trust and Lack of Judgment

Respondent 6: We all talk to each other about everything so that's I guess my comfort level we've all been through our own personal experiences so I think we kind of draw off each other for guidance for the problems so that's just where we turn to I don't know.

Theme Three: Value of Support from Friends and Family

Respondent 6: Um I think if it was an issue bad enough, that you know my family, my mom or my sisters would maybe suggest you need more help than what I can give you…but I think my Mom if it got bad enough she would tell me to seek out something else.

Respondent 6: …probably just having my husband say seek out, you need, you know he's the closest person to me, that he'd kind of give me his blessing, well not his blessing it would be my choice but his encouragement to go would make me feel more at ease.

Theme Four: Use of Referrals from Trusted Friends and Family

Respondent 6: Maybe a referral, if one of my friends has seen them I would feel more comfortable talking with somebody that I knew got good advice, or felt comfortable with them, I don't think I could just open a phone book and just go blindly at it I think I would need to be a little bit more informed about their advice and that it's good advice and somebody else that I know is comfortable with that.

Respondent 6: I think having like I said, a reference to somebody if somebody is already fond of one and then probably…

Themes Five: General Stigma Surrounding Therapy

Respondent 6: I think maybe just the stigma that I'm going to therapy, you know like I guess it'd probably something I wouldn't share with people that I go do, for me…

Respondent 6: I think just people knowing that I was going to a therapist, I think I know that would make me feel uncomfortable if I was actually going and people would know.

Respondent 6: I just think there has been a lot of hardship a lot of things like that and mental health has always been a really hush, hush thing in my family

Theme Six: Ability and Expectation to Handle Things on One's Own

Respondent 6: …I think our mentality is you're strong so pull it together and we lean on each other and get through things that way and sometimes you just bulldoze your way through things…

Respondent 6: Um, maybe my grandmother. I think maybe our mentality is we have a lot of women in our family and we've always turned to each other so maybe that would be a sign of weakness to hear I think so my grandmother.

Respondent 6: I don't know why but it's kind of a sign of weakness or you know to go, you know it's a lot of I think in my family, I'm from a family of really strong women that have been through a lot of issues and I think it would have to be something pretty extreme to get me to go to one because maybe I compare my life to what they've been through and so maybe that kind of puts it in perspective

Respondent 6: I was just raised that it's kinda sign of weakness you know and, I know in my family there is a lot of mental health in my family so I know uh I feel like I guess I compare my situations to their situations and maybe I don't have it quite as bad as they do so I should just suck it up.

Respondent 6: …I just grew up seeing that, my aunts, my grandmother and my mom of what they went through and I think that's where this hardness comes from or just this strive that you're strong and you get through things you know and so I see how hard their struggles were I look at my life and I don't worry about water or I don't worry about my food being on the table so I don't worry about the simple struggles that they did so it's hard to relate that too, ok I'm sad today or this is upsetting me that that's something even relevant to seek out a therapist for so it's kind of like suck it up you know so I think that's kind of where I get that from.

Theme Seven: Feeling Listened To

Respondent 6: I think their listening skills…

Theme Eight: Knowledge About Marriage and Family Therapy

Respondent 6: What I know, well I know that your husband wife can go together if they're having marital problems or you can take your kids there if they are having issues

Member Check: Respondent Seven

Theme One: Seeking Family and Friends

Respondent 7: I would also turn to is family like if I had any problem I would probably turn to my Mom I don't have any sisters but probably my Mom family friends or coworkers, peers that also have children.

Theme Two: Shared Experiences

Respondent 7: Because they also have children and they might have a view that I haven't even explored or just a different opinion or view.

Respondent 7: …maybe that they've had children, experience, I would turn to someone who has raised children successfully or have had a successful marriage you know, credibility, they'd have to, it would be my perception if they have raised successful children or not.

Theme Three: Seeking Women

Respondent 7: …I would probably turn to my Mom…

Respondent 7: Probably female friends….

Respondent 7: All female friends.

Respondent 7: Because again they [Referring to female friends] might offer a view that I haven't even thought or a solution I haven't thought of or don't have so I might be open to a different view or perception

Theme Four: Value of Support from Friends and Family

Respondent 7: … if that's what I needed, if that's what I needed to do she [Referring to her Mother] would be supportive of that.

Theme Five: Use of Referrals from Trusted Friends and Family

Respondent 7: Something that would be more comfortable…um probably if I had a referral someone that um someone that I know I've heard of that's really good at solving the problem

Respondent 7: More comfortable, just again, that they're more credible, and they're good referral good person good advice

Theme Six: Ability and Expectation to Handle Things on One's Own

Respondent 7: I would try to solve it on my own and if the problem was larger I would   seek help.

Respondent 7: Um because if it's a problem larger than myself that I can't solve they are the expert and if I'm not, if I would have found the solution myself I wouldn't be having a problem so hopefully I could turn to someone who is like neutral and could be able to mediate the problem.

Respondent 7: I personally don't think it's a problem to seek help but I think culturally people may think it's a problem to seek help because it's perceived as a failing, or like yeah, failing you should know what you're doing, maybe a sense of pride, sense of like you know,

Theme Seven: Feeling Listened To

Respondent 7: Um a good listener…

Respondent 7: Oh just like, let me let me say what I need to say and like maybe reinforce what I had just said or reiterate what I just said and just take time so I didn't feel rushed.

Theme Eight: Knowledge about Marriage and Family Therapy

Respondent 7: I would think they would be experts in marriage and family but that's the extent

Respondent 7: I don't know much about the field. I bet they just would just help to help those relationships within the marriage and family.

APPENDIX J

Data Analysis Phase 1: Codes

Code 1: Social Support

Code 2: Trust

Code 3: Judgment

Code 4: Relationship/Importance of Family

Code 5: Shared Experience

Code 6: Stigma

Code 7: Levels of Problems/Needs

Code 8: Understand Need for Seeking Therapy

Code 9: Confidentiality

Code 10: Pride/Independence

Code 11: Lack of Trust

Code 12: Characteristics of Professional

Code 13: Therapist as a Guide

Code 14: Seeking Professional Help

Code 15: Approach of Therapist

Code 16: Gender

Code 17: Knowledge about Marriage and Family Therapy (MFT)

Code 18: Listening

Code 19: Openness

Code 20: Connection

Code 21: Less Important Characteristics

APPENDIX K

Data Analysis: Phase 2 Categories, Themes and Sub-Themes

<u>Categories</u>

Category One: Help-seeking

Theme One: Seeking Family and Friends as Lay Therapists

Sub-theme One: Established Trust and Lack of Judgment

Sub-theme Two: Shared Experiences

Theme Two: Willingness to Seeking Therapy

Sub-theme One: Support from Family and Friends

Sub-theme Two: Use of Referrals from Trusted Family and Friends

Theme Three: Hesitancy to Seek Therapy

Sub-theme One: General Stigma Surrounding Therapy

Sub-theme Two: Pride/Independence

Category Two: Characteristics of a Therapist

Theme One: Desired Characteristics

Sub-theme One: Feeling Heard and Valued by the Therapist

Sub-theme Two: Sense of Connection and Comfort with Therapist

Sub-theme Three: Values Confidentiality

Sub-theme Three: Sense of Openness from the Therapist

Category Three: Knowledge about Marriage and Family Therapy

Theme One: Therapist as a Guide

Theme Two: Anyone Can Go

APPENDIX L

Data Analysis Phase 4: Categories, Themes and Sub-Themes

<u>Categories</u>

Category One: Help-seeking

Theme One: Seeking Family and Friends for Help

Sub-theme One: Established Trust and Lack of Judgment

Sub-theme Two: Shared Experiences

Sub-theme Three: Seeking Women

Theme Two: Willingness to Seek Therapy

Sub-theme One: Importance of Support from Family and Friends

Sub-theme Two: Use of Referrals from Trusted Family and Friends

Theme Three: Hesitancy to Seek Therapy

Sub-theme One: General Stigma Surrounding Therapy

Sub-theme Two: Ability and Expectation to Handle Things on One's Own

Category Two: Characteristics of a Therapist

Theme One: Sense of Connection and Comfort with Therapist

Sub-Theme One: Feeling Heard and Valued by the Therapist

Sub-Theme Two: Values Confidentiality

Sub-Theme Three: Sense of Openness from the Therapist

Category Three: Marriage and Family Therapy

Theme One: Knowledge About Marriage and Family Therapists

Theme Two: Willingness to Seek a Marriage and Family Therapist

APPENDIX M

Data Analysis Phase 5: Peer Review Materials: Peer Reviewer #1

Dear _____

I want to take a moment to thank you for agreeing to serve as a peer-reviewer for my qualitative thesis research. In the pages which follow I have included several documents which may assist you in the peer review process.

(1) The introduction section of my thesis

(2) Transcripts from 2 of the 7 respondents

(3) Emergent themes document

This document is organized into categories, themes and sub-themes. Selected quotes from each of the participants are then inserted under each of categories, themes and sub-themes as appropriate.

As you engage in the peer-review process, I am requesting that you first read the introduction section. Then, I would appreciate if you would briefly review the transcriptions from the respondent interviews and then compare them to the categories, themes and sub-themes and the selected quotes for each of the participants which are inserted. Please let me know if these categories, themes, sub-themes and the inserted quotations make sense for you, and please let me know if they do not. Also, please let me know if you see any categories, themes or sub-themes in that I may have missed. You could do this through the use of inserted comments in a Word document or in a narrative discussing your thoughts – these are just ideas, however. Please feel free to communicate your thoughts in another manner as well. When you have completed this process please e-mail me your responses. I would appreciate feedback by May, 10th.

Please feel free to contact me at any point with questions you may have during this process, or if you are unable to serve as a peer-reviewer, since we last spoke. I will completely understand if circumstances have changed. Again, thank you for your time.

Ashley M. Barrera

Graduate Student
Couple and Family Therapy Program
Iowa State University

Categories

Category One: Help-seeking

Theme One: Seeking Family and Friends for Help

Sub-theme One: Established Trust and Lack of Judgment

Sub-theme Two: Shared Experiences

Sub-theme Three: Seeking Women

Theme Two: Willingness to Seek Therapy

Sub-theme One: Importance of Support from Family and Friends

Sub-theme Two: Use of Referrals from Trusted Family and Friends

Theme Three: Hesitancy to Seek Therapy

Sub-theme One: General Stigma Surrounding Therapy

Sub-theme Two: Ability and Expectation to Handle Things on One's Own

Category Two: Characteristics of a Therapist

Theme One: Sense of Connection and Comfort with Therapist

Sub-Theme One: Feeling Heard and Valued by the Therapist

Sub-Theme Two: Values Confidentiality

Sub-Theme Three: Sense of Openness from the Therapist

Category Three: Marriage and Family Therapy

Theme One: Knowledge About Marriage and Family Therapists

Theme Two: Willingness to Seek a Marriage and Family Therapist

Category One: Help-seeking

Theme One: Seeking Family and Friends for Help

Respondent 1: Umm, I don't know about any specific place, but if, like I said people probably my immediate family, my spouse would be the first person.

Respondent 2: Umm the first thing I would do is to seek someone to talk to, most likely a good friend, and maybe a sister. Yeah would be the first, first step I would take anyway.

Respondent 2: Umm best friends again, sisters, umm sometimes parents you know, but mostly those two groups.

Respondent 2: …its just I need to talk to you, you know good friends do that to me and I would do that, you know what I really need to talk to you and that's all we need to say and then we come together.

Respondent 2: Ok I mean I think I was thinking more of the umm professional in most of my responses although again your friends and your family for me hopefully keeps me from not having to seek that kind of thing and it's like and then I ask myself would I be able to tell a sibling or a good friend you know what maybe it would be a good thing as a friend maybe it would be a good thing, you know for you to…

Respondent 2: Oh, how would I know. Umm, well again if I continue maybe you know I mean I think everybody gets bouts of sadness depression sometimes but if it continues you know um you know more than I don't know what the number is but judging from that um it just doesn't go away or just something that you just want to get off your chest sometimes its just I need to talk to you you know good friends do that to me and I would do that, you know what I really need to talk to you and that's all we need to say and then we come together.

Sub-theme One: Established Trust and Lack of Judgment

Respondent 1: Umm… because they would be the first person, I mean the trust factor, that's why I would go to that person, knowing that they would, wouldn't umm, judge me or be judgmental.

Respondent 2: Comfort level, I mean they understand me, I think unconditionally they are not going to hopefully judge me, that kind of thing um uh just again comfort level security that what I am going to tell them may be confidential that they will understand that they will have an understanding hopefully because they know me.

Sub-theme Two: Shared Experiences

Respondent 1: I don't know I guess maybe a good friend of mine who has experienced some mental health issues I think I would talk to someone who maybe has had those, I think that's helpful

Respondent 3: So, my husband really encouraged me and it made me feel like, he has had to deal with mental health issues for a long time and I see how successful he is and how umm how uh well equipped he is to deal with things and so hearing from him and him sharing his experience helped me be able to seek help from a health professional.

Sub-theme Three: Seeking Women

Respondent 2: …maybe a sister…

Respondent 2: … sisters…

Theme Two: Willingness to Seek Therapy

Sub-theme One: Importance of Support from Family and Friends

Respondent 1: I think most people that I tend to surround myself with would be real positive about that and say yeah that's something you need to talk to someone about if you have a concern. Yeah.

Respondent 2: Umm, what would encourage me, I think for myself if someone close to me noticed something that maybe I didn't you know and kind of push me in that direction. I would hope that I would listen to that and then they know me well so then it's like maybe that's so.

Respondent 2: Who would do that, ummm I would say good friends, umm family although sometimes they are a little bit more hesitant to maybe do that umm unless it really is just, but I think that they would tell me but I think that they would say you know what (participant's name) I think you, you know I wouldn't advise or you know here's what I know or I know other people that have had it, they probably would probably steer me to maybe even somebody [Researchers asks Respondent what she means by "somebody"] Umm professional, maybe a profess, somebody that they know, or not sure friends or anything not having been put in that situation I I'm just anticipating what they would say what they would do for my well-being so…

Respondent 2: Yeah if you needed the help and they could see that you were struggling I can't see where anybody would be discouraging- discouraging you from doing that again not having had that I, I don't know I mean maybe I am wrong about that but I the people I think I would go to I can't see them saying no you should do that.

Respondent 3: Um, my husband is pretty good at getting me to counseling, and um, there was also someone in the department, in the chemistry department who um, is is available and open to you know like coming to her if you need advice or help with anything and she could direct me somewhere too but I just knew that the student counseling was available so I didn't, you know I just knew that was there so

Respondent 3: So, my husband really encouraged me and it made me feel like, he has had to deal with mental health issues for a long time and I see how successful he is and how umm how uh well equipped he is to deal with things and so hearing from him and him sharing his experience helped me be able to seek help from a health professional.

Sub-theme Two: Use of Referrals from Trusted Family and Friends

Respondent 2: Ok I do a lot on referrals I mean that's how I do my doctors and my dentists at times when I've moved here or there and so I, umm well again, you know can you give me a referral for a mental you know might be a little bit more awkward but anybody I know that has gone to someone that they felt comfortable with, that they got good results that kind of thing, so probably referrals. I probably would know, I think I would know, maybe not, almost on the first visit whether I would be comfortable with them or not but hard to say.

Theme Three: Hesitancy to Seek Therapy

Sub-theme One: General Stigma Surrounding Therapy

Respondent 2: Ok I do a lot on referrals I mean that's how I do my doctors and my dentists at times when I've moved here or there and so I, umm well again, you know can you give me a referral for a mental you know might be a little bit more awkward…

Respondent 2: yeah um boy it's a tough one because again never having, never having gone that route I would say just maybe a little stigma of what that might indicate…

Respondent 2: Ok I mean I think I was thinking more of the umm professional in most of my responses although again your friends and your family for me hopefully keeps me from not having to seek that kind of thing and its like and then I ask myself would I be able to tell a sibling or a good friend you know what maybe it would be a good thing as a friend maybe it would be a good thing, you know for you to, I'm not a professional you know I'll always be here to listen and I will continue to do that but you know I don't know if I can help you with this as much as I would like to and that would be hard for me I think that would be a hard thing for me to decide do I do it and when do I do it? That would be hard I think.

Respondent 3: I think that if there were, if it was a little more open that people do that and it wasn't, there wasn't such a like negative connotation to seeking outside help for those things, that would help, if it was just a more of a general dialogue among people, like if it was known that, you know, people do it and its not a big deal

Respondent 3: Umm, I feel umm personally I feel its discouraging when people assume or, or they say negative things like oh well I'm not crazy or things like that or you know or they associate needing mental health help with being weak or incompetent or anything like that.

Sub-theme Two: Ability and Expectation to Handle Things on One's Own

Respondent 2: …I would say just maybe a little stigma of what that might indicate or just that I wasn't able to handle it on my own, that might make me feel that boy there, what's wrong with you? Are you sure you need to seek help? Just kind of questioning myself, whether that really is something that, that I need to do because I can't figure it out myself if that makes sense.

Category Two: Characteristics of a Therapist

Theme One: Sense of Connection and Comfort with Therapist

Respondent 2: …umm I think the key is someone that you are going to feel comfortable with right from the start because again I think that's a very uncomfortable environment, unless you know we're all different unless someone is very comfortable sharing, pouring out, and it may not be on the surface what you think. I think you would have to connect with that person very well from the start.

Sub-Theme One: Feeling Heard and Valued by the Therapist

Respondent 2: Again someone who is a good listener, someone that right away you know they have your best interests…

Respondent 2: Ok umm I think if they came across too blunt that, you know just… just listening….umm that their eyes are wandering around or just that they are, well definitely no, no cell phone disruptions that kind of thing, give me your full attention, uh that kind of thing you're always going to have maybe a few, some interruption but and whatever, but just give me your full attention yeah, watch the distractions.

Respondent 3: Well I had one person who I thought was really great, she was a student, she wasn't, she was a psychology student I think and I felt like she really listened to what I was saying and if she didn't understand or she thought she might not be interpreting what I was saying correctly she would repeat it and she would um, I felt like she was really trying to get a good impression and a good description of what the problems were and then she emphasized a lot that she wasn't there to tell me what to do but she was there to help me organize my thoughts and come up with a good solution to my problems so.

Sub-Theme Two: Values Confidentiality

Respondent 2: …will I feel that this is confidential? Even though I know that in professions I know they should do that… they must do that.

Respondent 3: Um it helps if they are conscious of being confidential, you know if they aren't leaving the door open or whatever…

Sub-Theme Three: Sense of Openness from the Therapist

Respondent 2: Again, approach, umm making me feel comfortable…and that the questions that he or she asks me, that they ask them in a good way I mean I am sure they are trained to do so but that, and explain maybe a little about the process, I'm just going back to doctors and other professional people that you go to, it's nice when they explain, explain the process, explain what's going to happen, what are you going to, what kinds of things are you going to ask, or at the end, the steps, just kind of what are you going to find, what are you going to do in this first session, what happens next that kind of thing.

Respondent 3…I had one person answer a phone call during the session, but I was fine with it, she was like, she told me from the beginning I am sorry but my daughter is sick she's like if you, I can I can handle this later or we can reschedule but there might be a phone call but I totally don't care like it's not that big of a deal. As long as they are open, I really, there's not a lot that really bothers me

Category Three: Marriage and Family Therapy

Theme One: Knowledge About Marriage and Family Therapists

Respondent 2: Umm, well what I know of them is simply just things you see on movies, on tv, as far as people going to them umm, and I probably know a few people that have gone to them but just that I think of it like the two couples going and working out the problems together with, not with a mediator, but a professional person helping them, steering them to me its almost like well they gotta come up with their conclusions I mean it just helps them walk through any issues, problems, keep that communication going. Again that's just my impression of what I see, umm and really I think of the, and I could be wrong, but again umm that profession, to me it's a lot of leading people to they have to come to a realization themselves of what might be troubling them and then you know with the probing questions that they are asking them, maybe leading them to oh, maybe this is what I need to do or this is what I should be doing. But that's again my impression.

Respondent 2: Marriage and fam…umm not a whole lot I mean I don't, other than, again it's a service that, I think of it as couples, I'm sure you can go separately, but I think of it as couples to salvage the relationship, to help iron out something some issues they might be having, difficulties, again saving the marriage, umm it can be a whole lot of directions on what the problems are but I don't know a whole lot I guess obviously yeah.

Respondent 3: I don't know much. We, ok so my husband and I also went to a marriage therapist through his school, and I'm not exactly sure how they're classified and what their degrees are in um, I think that, I don't, in my experience I didn't know what I was really supposed to get out of that or what I did get out of seeing them so that's all I know.

Theme Two: Willingness to Seek a Marriage and Family Therapist

Respondent 2: Ummm, well I'm not married so it wouldn't be for like you know marriage, but again it could be like a relationship that I'm in you know as far as, I don't know I don't see it but I mean I guess it's there for me to use I mean you know let's say I'm in a relationship and it's like you know gads I think this person is wonderful but I'm not recognizing maybe signs of you know any kind of like abuse whether its mental or physical but umm, well hopefully I would be able to do that but again you never know. Umm from a family perspective yeah maybe issues within your own family that you aren't able to resolve that you aren't able to talk about umm maybe that would probably be for me a little bit more, direction, for I mean where I am in my life that I would see, but I mean I haven't done that but yeah.

Respondent 3: I did before because I thought a lot of my problems were in my relationship but after, going and after seeking out help for my mental health issues I found that it wasn't really necessary so I really think on a personal level I really needed to fix my mental health issues so I don't know that I would go again necessarily, unless , unless, I was feeling healthy and knew I was feeling healthy and there were still problems in the relationship.

APPENDIX N

Data Analysis Phase 6: Categories, Themes and Sub-Themes

<u>Categories</u>

Category One: Help-seeking

Theme One: Seeking Family and Friends for Help

Sub-theme One: Established Trust and Lack of Judgment

Sub-theme Two: Shared Experiences

Sub-theme Three: Seeking Women

Theme Two: Willingness to Seek Therapy

Sub-theme One: Importance of Support from Family and Friends

Sub-theme Two: Use of Referrals from Trusted Friends

Theme Three: Hesitancy to Seek Therapy

Sub-theme One: General Stigma about Mental Health Issues and Therapy

Sub-theme Two: Ability and Expectation to Handle Issues without

Professional Mental Health Services.

Category Two: Characteristics of the Therapist

Theme One: Sense of Connection and Comfort with the Therapist

Sub-Theme One: Feeling Heard and Valued by the Therapist

Sub-Theme Three: Sense of Openness from the Therapist

Category Three: Ideas about Marriage and Family Therapy

Theme One: Knowledge About Marriage and Family Therapists

Theme Two: Receptivity to Attending Marriage and Family Therapy.

APPENDIX O

Researchers Log Excerpt

1.7.2011

Today I conducted interview number one – what an awesome experience! I met Lydia at her office and we introduced ourselves and began the process of getting to know one another. She told me about her family and the life she shared with her husband and their children. Interestingly, she seemed to be as equally interested in who I was as a person in addition to sharing her own life. The formal interview itself went relatively smoothly, although it was rather short as Lydia did not indicate that she would seek professional mental health services –meaning I did not ask her the second set of interview questions. Following the formal interview, she and I talked for about twenty minutes about our own experiences as Mexican-American women within the contexts of our family systems, our professional lives and with the larger society.

As I reflected upon today's experience, I began to think that had I conducted a quantitative thesis that I would not necessarily have had the same experience. When I conducted my undergraduate thesis I never once interacted with the participants as they completed a survey online. I am also wondering if the type of interaction which I had with Lydia might be an aspect of qualitative research as we developed an interpersonal connection due to the nature of the interview process. All in all, I am excited to continue the research process and interview new participants. I am also wondering if I will have a similar experience with the other women whom I will interview…

BIOGRAPHICAL SKETCH

Ashley M. Barrera was born at the U.S Army Hospital in Bad Cannstatt, Germany on August 22nd, 1985. She obtained her Bachelor of Arts in Psychology at the University of Alaska Anchorage in Anchorage, Alaska in May of 2009. As she was completing her Master of Science in Human Development and Family Studies, which was specifically focused upon Couple and Family Therapy, Ashley was awarded the Graduate Student Research Grant from the Human Development and Family Studies Department at Iowa State University. Ashley is published in the *Journal of Feminist Family Therapy* and the *New School of Psychology Bulletin*. While completing her graduate degree Ashley also spent time as a Psychology Intern at the Fort Dodge Correctional Facility located in Fort Dodge, Iowa. Additionally, she served as the Student Representative on the Board of the Iowa Association for Marriage and Family Therapy.