Latina mothers: an exploratory study on their attachment with their children

Patricia Becerra

Follow this and additional works at: https://scholarworks.smith.edu/theses
Part of the Social and Behavioral Sciences Commons

Recommended Citation

This Masters Thesis has been accepted for inclusion in Theses, Dissertations, and Projects by an authorized administrator of Smith ScholarWorks. For more information, please contact scholarworks@smith.edu.
ABSTRACT

This research study was conducted as a strategy in learning more about Latino culture. Specifically how Latino culture influences a mother’s attachment to her child. In this study I will operationally define “Latina” as an immigrant mother who was born in Mexico, Central America, or South America or who has at least one parent that is Latino/a. This researcher found that there is a gap in the literature about attachment in Latino families. This study aimed to uncover the meaning of attachment in Latino families and conceptualize it’s meaning when compared to predominant “white” culture style of attachment. Research on this population can lead to more appropriate interventions to assist Latino families in clinical practice.

Latina mothers demonstrated an ability to articulate their experiences about learning parenting strategies within the process of also acculturating to the United States way of living. These mothers gave evidence of the integration that exists in Latina mothers who have raised their children in the United States of how to weave both traditional heritage country values and new Western Society way. Each narrative had its own individual reality of what it meant to be a Latina mother in Los Angeles, California and what they had decided to pass down to their children and what they changed. The idiosyncrasies that emerged were impart due to the variance of age of the participants,
their social economic status, relationship status, years of acculturation, generational effects, partner’s status of acculturation or not. The personally semi-structured interviews told a story of how the intersection of both culture and being Latina in the United States would be unique. The five major findings the emerged were: (1) the impact that Latino culture on the mother and child relationship (2) influence of both Latina culture and the norm (operationally defined as a traditional white, middle class, married couple) on the parenting practices implemented (2) the external influences of a attachment like traumas and willingness to seek help (3) Latina mother’s determination to create a better life for their children through educational attainment, economic stability, and secure housing (4) the negative offset of male Latinos taking a back seat to parenting because of the generational message of female omnipotence.

As a result of this study it was found that Latino families may benefit in a narrative therapy when working with a member that is struggling between the two worlds of Latino tradition and mainstream American culture, (2) clinicians need to be aware of the generational effects of immigrant children and their experience of living the survivors guilt of having a better life than what their parents had, (3) Latinas may need assistance in understanding the term attachment to understand how to best foster a secure attachment. Implications for future studies would be to do a new research method of evaluating attachment through observations. Additionally, it is important for the researcher to continue of what qualities, environments, and living conditions assist a mother and child to form a secure attachment.
LATINA MOTHERS: AN EXPLORATORY STUDY ON THEIR ATTACHMENT WITH THEIR CHILDREN

A project based upon an independent investigation, submitted in partial fulfillment of the requirements for the degree of Master of Social Work.

Patricia Becerra
Smith College School for Social Work
Northampton, Massachusetts 01063
2007
ACKNOWLEDGMENTS

To all my wonderful mentors in the Smith experience Holly Simons: PhD, my research advisor for believing in me and having faith until completion; Thelma Reyna for her constant dedication to my work and empowering me as a Latina to fulfilling my dreams of higher education; Elvira Munoz, LCSW (Class of 1983): for showing me the value of growth and the power of hope; my spiritual circle of women, “WOGS”: for praying for me and showing me their love in many ways. To my 12 diverse and wonderful Latina participants, your stories have been an amazing cultural array of the Latina mother experience in Los Angeles, California. You have all inspired me to continue in the research of our common culture. I would like to give big hugs and kisses to Sebastian (5 years old on graduation) for joining me along this journey and traveling back and forth from the east to the west for 27 months. Son, I thank you for coping and encouraging "Mom" to not give up and reminding me just a little bit more (holding two fingers a centimeter apart). To my life partner, Adrian Toscano, your love got me and Sebastian through this. We are glad that you rode the wave with us. For all those who loved me and supported me with their thoughts, prayers, and actions, may you all be blessed with the same gift of friendship as you have given to me.
Dedication (Dedicación)

Dedico mi investigación a mi padre, José Becerra por su esfuerzo al llegar a los Estados Unidos y establecer un hogar seguro para nuestra familia. ¡Papi tu sobresaliste! Eres mi héroe y siempre te llevaré en mi corazón. Con tu cariño y amor aprendí del mundo y de la importancia de una educación. Siempre me apoyaste para lograr lo mejor. Es por ti que yo pude llegar al día de mi graduación. Gracias papi por ser un padre noble, inteligente, y humilde. Te agradezco. Te queremos mucho Papi! Abrazos y Besos! Tu hija, Patricia Becerra.

La experiencia no es el mas amable de los maestros, pero sin duda el mas sabio.
-Latino Proverb

I change myself; I change the World.
-Gloria Anzaldua
## TABLE OF CONTENTS

ACKNOWLEDGEMENTS ................................................................................................................. ii  
DEDICATION (DEDICACION) ........................................................................................................ iii  
LIST OF TABLES .......................................................................................................................... v  

### CHAPTER

I. INTRODUCTION .......................................................................................................................... 1  
II LITERATURE REVIEW ............................................................................................................... 3  
III METHODOLOGY ....................................................................................................................... 20  
IV FINDINGS ................................................................................................................................... 28  
V DISCUSSION .................................................................................................................................. 42  

REFERENCES .................................................................................................................................... 45  

### APPENDICES

Appendix A: Research Flyer English ............................................................................................... 48  
Appendix B: Research Flyer Spanish ............................................................................................... 49  
Appendix C: Informed Consent English ........................................................................................... 50  
Appendix D: Informed Consent Spanish ........................................................................................... 52  
Appendix E: Resource List ............................................................................................................... 54  
Appendix F: Interview Guide English ............................................................................................... 57  
Appendix G: Interview Guide Spanish ............................................................................................... 59  
Appendix H: Transcriber Confidentiality Form ............................................................................... 61  
Appendix I: Human Subjects Review Board Approval Letter ....................................................... 63
LIST OF TABLES

Table

4.1  Demographics of Participants.................................................................29
CHAPTER I
INTRODUCTION

In this researcher’s experience Latino families have more difficulty in expressing their feelings than their non-Latino counterparts. In turn this may impact how a child learns to have a positive and secure attachment with a parent, most specifically how a mother’s maternal attachment can and does impact a child’s later development in further relationships. The cultural norms in Latino families may vary, but there is less importance placed on the need for children to express their feelings to their parents and more on expressing respect for the matriarchal role in the traditional Latino family, “La Madre”.

This cultural interpretation within the United States may increase the dilemma in the development of a child if the mother is unable to let a child individuate and become self reliant. One major myth is the holding nest in a Latino family is more protective on average than the traditional middle class American home (traditionally defined as a heterosexual white couple, with two children, stable income, and property owners). This theory is further understood through first and second generation Latinas who have crossed the barrier between acculturation and assimilation.

As a Latina clinician, this researcher questioned how our culture affects the way we attach to others and if a culturally insensitive and historically “white” attachment theory can be applied to the Latino family system. This qualitative, exploratory study was designed to further an understanding of the attachment issues experienced in the Latina population by examining the commonalities in the relationships Latina mothers
have with their children. This study set out to determine whether or not there were
differences in Latino family culture within predominant society’s expectations. The
research question at hand is “How does Latino culture influence attachment in Latino
families who are raising their children in a new world, “The United States of America”,
in the following generation, 1989-2007, specifically looking at attachment?”

In general, cross-cultural discussions of attachment theory and findings have
presupposed that there are large cross-cultural differences compared with intercultural
differences; however, no empirical studies have been done to address this issue (van
IJzendoorn & Kroonenberg, 1988). More narrative data as to how Latino families view
attachments has been needed; this study which draws upon guided interviews with 12
Latina mothers hopes to provide insight into this dynamic.

Harwood, Miller and Izarry describe attachment as a foundation that is not
regarded as deterministic of future behavior. However attachment is considered
to initiate developmental trends that make the achievement of later optimal
functioning more or less difficult; in this way early attachment patterns are
viewed as either developmental assets or developmental liabilities which interact
with later life circumstances in complex but coherent ways. (1995:10, as cited in
White, 2004)

More aggregate data as to how Latino families, for instance, view attachments is
needed. One could also suppose that mass media and the dominant culture of western
society influences how Latino families view an appropriate attachment style with their
children. As we increase our knowledge of how other cultures display security and love,
we can begin to formulate culturally sensitive interventions to use with our diverse
families.
CHAPTER II
LITERATURE REVIEW

This chapter reviews attachment theory, obstacles to secure attachment, factors which promote attachment, attachment and family dynamics, problems resulting from insecure attachment, the cultural context of attachment, and finally, the understanding of attachment within Latino cultures. The chapter will compare studies of attachment in Latino families to the dominant culture’s experience of attachment. The question underlying this research is whether or not a Latina mother’s attachment with her child is influenced by her culture.

Attachment Theory

Kohut as cited in Davies (2004) has defined attachment as being secure when an infant can differentiate between his mother and a female figure in a room and express distress at the sign of his mother leaving. Within this theory it is understood that a child has a secure attachment when having an experience of exploring within a safe environment and simultaneously having a positive, nurturing, and attuned maternal figure. In the dominant culture, the most widely used tool in studying attachment is the “The Strange Situation” which was created by Ainsworth (Ainsworth, Bell & Stayton, 1971) which will be discussed later in this chapter.

Bowlby (1982) defines attachment through an evolutionary perspective which he argues serves to select species-specific behaviors in infants that are effective in eliciting
caregiver’s proximity and protection as well as reciprocal species-specific behaviors in adults (van IJzendoorn et al., 1992). In this sense children are required biologically to be dependent on their caregivers to be stimulated and cared for to fully develop not only physically but mentally and emotionally. The risk in some societies is that the availability of a consistent caregiver may be compromised due to social injustices, such as poverty, poor housing conditions, and low paying work.

Attachment theorists have also argued that parental behavior plays a more powerful role than infant behavior in shaping the quality of attachment (van IJzendoorn et al., 1992). Specifically, in generational trauma how a parent deals with their losses is indicative of the attachment style that will be recreated within their next of kin. These children will either successfully complete the stages of development as researched by theorists Erickson, Maslow, and Winnicott or may be inhibited and become paralyzed as adults in their emotional stagnation. The influence of a mother’s role on a child has become more controversial due to the change in family structures in the 21st century. Hence this study looks at a traditional aspect of how the Latino culture may be trying to grapple with the notion of their children being more heavily influenced by their peer group family then by the immediate family (Taffel, 2007).

Mother-Child Interaction

According to attachment theory, the quality of care plays a key role in the organization of infants’ secure base behavior across contexts and cultures (Posada, et. al, 2004). Research has found that 60% of people in a sample of non-traumatized
respondents have secure attachment styles (White, 2004). That leaves 40% of non-traumatized people who do not achieve secure attachments. There are many factors that affect a child’s attachment style. The first is how the child is attended to by his or her primary caregiver both physically and emotionally. The second is the environment in which a child is raised and if it offers safety and nurturance. The third is how the child is able to handle life stressors or crises including separations from a caregiver.

During the first year of life infants exhibit a repertoire of preadapted behaviors that become organized from their experience with their primary caregiver (Carlson, 1998). The child’s behaviors are orienting, crying, clinging, signaling, and proximity seeking; these are directed toward the caregiver under conditions of fatigue, illness, threat, or stress, promoting the infant’s survival (Bowlby, 1969/1982). This need for a caregiver’s attention and the child's response to the caregiver creates attachment.

As a result of the “Strange Situation,” Ainsworth designed the different classifications of attachment. The “Strange Situation” is a series of observations of young children’s behavior during brief separations from and reunions with their mothers (Teti, Messinger, Gelfand, & Isabella, 1995). Ainsworth identified three basic infant attachment patterns: secure (Type B), insecure-avoidant (Type A), and insecure-ambivalent (Type C). Then Main and Solomon (1990) added a fourth category, disorganized-disoriented (Type-D), to describe infants who lack a coherent strategy for accessing their attachment figures and show confused, conflictual, or fearful behavior in the Strange Situation.
Infants who are securely attached (Type B) use the mother as a secure base from which to explore; they reduce their exploration and may be distressed in her absence, but greet her positively on her return and soon start to explore again (van IJzendoorn et al., 1992). In comparison to other attachment styles, this type of attachment is seen in children who receive responsive care in the home during the first year and helps the child to further develop.

In contrast, infants whose attachment pattern is insecure avoidant (Type A) will explore with minimal reference to the mother, are minimally distressed by her departure, and seem to ignore or avoid her on return. Studies have shown that children with this attachment pattern have mothers who are described as intrusive and uncomfortable with physical contact (van IJzendoorn et al., 1992). This pattern of attachment has been connected with later developing antisocial and aggressive behavior (Cassidy & Kobak, 1988 in van IJzendoorn et al., 1992).

The third major pattern is insecure-ambivalent (Type C) and is marked by minimal exploration reflecting an inability to move away from the mother. These infants are highly distressed by separations and are difficult to settle on reunions. This pattern is considered to reflect a history of inconsistent maternal responsiveness and subsequent social development vulnerable to social withdrawals. Research has found that this is the least frequent pattern in children and mothers.

The most recent category is the insecure-disorganized (Type D), which was created for cases that did not accurately fit into the other three categories. The salient
feature of this pattern is that in contrast to the previous three patterns, which are marked by a coherent strategy for managing arousal in the Strange Situation, insecure-disorganized infants, lack a coherent strategy (van IJzendoorn et al., 1992). These infants may exhibit a diverse array of inexplicably disorganized, disoriented, and seemingly undirected or conflicting behavioral responses to the caregiver presence in the Strange Situation (Main & Solomon, 1990).

**Obstacles to Secure Attachment**

White (2004) also finds that unresolved/disorganized states of mind are experienced when there are social and emotional traumas in the family and environment. This child struggles more to regulate her emotions because her secure base is frightening; she does not feel safe. The child then gets left with her own fear and no where to go to feel protected. Studies have found that (Jacobitz, Hazen, & Riffs, 1997; Schuengel, van IJzendoorn, Bakemans-Kranenburg, & Blom, 1997), disorganized/disoriented attachment patterns are thought to be the direct effect of frightening behavior or trauma, or the second generation effect of frightened caregivers who have not resolved their own experiences of trauma or loss (Main & Hess, 1990).

High levels of attachment disorganization/disorientation in infancy have been related to parental experiences of unresolved mourning (Main & Hess, 1990) and to maternal histories of loss due to divorce, separation, and death (Lyons-Ruth, Repacholi, McLeod, & Silva, 1991). These mothers are therefore unable to be attuned to their child’s needs because of their own emotional distress. These children may then
internalize their feelings as being invalid since their mothers have not acknowledged their needs.

Families may also experience stressful situations which affect the dynamics of the family relationships. Based on the McMaster model of family functions, Epstein divides problems into two general categories: instrumental and affective (cited in Walker, 2001). The instrumental piece incorporates securing food, shelter and clothing; whereas affective refers to problems that are emotional or psychological.

The effects of a child’s early attachment are seen in adulthood, when adults have healthy relationships or revert to maladaptive coping. In 1970 Bowlby gave a lecture on “Self–reliance and Some Conditions That Promote It,” which proved that secure attachment in adulthood affected not only the quality of one’s parenting but the quality of one’s entire emotional life (Karen, 1998). The lecture gave evidence that “human beings of all ages are happiest and able to deploy their talents to the best advantage when they are confident that standing behind them there are one or more trusted persons who will come to their aid should difficulties arise” (Bowlby, 1979 as cited in Karen, 1998). Usually children’s dependence on their parents lessens as they get older and gets shifted to other figures, eventually resting fully on one’s partner.

According to the American Psychiatric Association, Latinos comprise about 18% of those meeting the criteria for depression in the United States (Blazer, Kessler, McGonagle, & Swartz, 1994; Clary, 1995). Studies looking at mothers with mental illness have found that their children are negatively affected. Depressed mothers, by
virtue of their illness, experience affective distress and psychological neediness, which may interfere with optimal parenting and may impose emotional demands on the child (Radke-Yarrow, Zahn-Waxler, Richardson, Susman, & Martinez, 1994). In a child’s emotional development, a mother becomes the model on how to regulate feelings and emotions. Since children of depressed mothers do not receive adequate emotional response from their mother, their social-emotional development becomes compromised. As a result of a mother’s failed response to understand her child’s need for protection and underlying motives for his or her behavior, a child may then exhibit more emotional and behavioral problems (Bowlby, 1988 in Oppenheim, Goldsmith, & Koren-Karie, 2004).

Studies have found that mothers who had an insecure attachment also lack insightfulness to their child’s inner world (Oppenheim et al., 2004). This disconnection between mother and child can further exacerbate an insecure attachment making the relationship unfulfilling for both.

Factors Promoting Attachment

Bowlby also argued that self-reliance and healthy or mutual dependence were inexorably linked. Bowlby completed studies in the 1960s which also suggested that emotionally healthy young people, who were both self-reliant and able to rely on others, had home lives in which both parents were loving and emotionally generous and the mothers had given them a feeling of complete security (Karen, 1998). In addition for future couples, it is vital that a woman know how to ask for her needs to be met in a way that promotes a healthy development for her as a mother. The need to trust others is
imperative especially for a woman who is coping with the immense demands of pregnancy and early motherhood.

One study (Karen, 1998) found that the women who fared best were able to ask for help and did so without any hints of manipulations. These women had relationships with their husbands whose support they happily sought, and they themselves had the capacity to give spontaneously to others, including their babies. This study found that women who had more emotional difficulties during their pregnancies had a difficult time with dependency. They either did not ask for support or did it in demanding and aggressive ways. These studies provide validation that mothers who have support will be less stressed and therefore have more possible energy to spend with their child. This greater time and emotional availability with a child may assist in forming a secure attachment. This researcher plans to examine how Latina mothers express their experience of how a partner’s support influenced their attachment with their child.

Overall, these early studies of Bowlby and others have found that a healthy person is someone who has internalized a secure base, a strong sense of having been loved and has developed the confidence in his or her essential ability to love and be loved. He or she can both enjoy solitude and confidently seek nourishment when he or she needs it (Karen, 1998, pg. 382). How will a child internalize a secure base in a family that has several children and only one parent?

*Effects of Insecure Attachment*

The effects of a poor attachment are seen in children who are less competent in
their relationships with peers and adults, more fearful of strangers, more prone to behavior problems, including social withdrawal and anxiety, and more dependent on adults (Radke-Yarrow, Cummings, Kuczynski, & Chapman 1985). The result of a child having an insecure attachment with his or her mother is detrimental to the child’s interpersonal self. Fury, Carlson, and Sroufe (1997) found that qualitative differences in early relationships are hypothesized to shape core representational models of the self and to exert an ongoing influence on later representational processes. Fraiberg, Adelson, and Shapiro’s (1975, in Oppenheim et al., 2004) found that mothers’ representations of their children were intensely colored by their own unresolved conflicts. The mother, in effect, cannot see the child and lacks insight into the motives and emotions underlying the child’s behavior. Therefore, helping the mother develop the capacity to understand the meaning of a child’s negative behavior could help the mother meet the child’s needs.

Since a child’s initial environment consists of his mother, a child can experience a sense of feeling inadequate if the mother is unable to provide positive mirroring. This mother would therefore expose her child to emotional unavailability, sad affect, hopelessness, irritability, and confusion. The child would internalize these feelings and may become avoidant because his requests for attention are unmet. These factors would then interfere with a mother and child developing a good affective relationship. As a result, a child may not feel safe to engage in other relationships and even develop a fear of being abandoned.

Another effect is that children may become overwhelmed by their mothers’ needs
and prematurely take on a care giving role themselves, thereby forfeiting their own dependent role (Radke-Yarrow et al., 1994). The lack of an opportunity for a child to feeling dependent may later affect how he is able to ask for his needs to be met as an adult. Roger Kobak (1987, as cited in Karen, 1998), who has used the Adult Attachment Interview to assess attachment in teenagers, found that secure teens were much more ego resilient. Kobak also found that teens who had trouble remembering early experiences with their parents and played down the importance of attachment issues in their interviews were seen by their peers as more hostile, more condescending, and more distant. This evidence shows that early experiences in attachment become the base for how an adult will experience other relationships.

This study provides evidence that a secure base formed in childhood continued to aid young adults and parents as well. The secure base provides a foundation that gives people the strength to do the adult equivalent of exploration; take risks, face challenges, and be open to the new. In all likelihood, it also puts them in a better position to find a new attachment figure, and thus a new secure base, and to serve that role themselves (Karen, 1998, pg.383).

As children interact at school and home, they are learning the basis for how they will function later in life. There is a need to further explore how aware and responsive young children are to affective states and needs of others. For example, Murphy (1937, in Radke-Yarrow et al., 1994) observed preschool children’s sympathetic behavior to the emotional distress of others, which varied from forms of helping to affection and
comforting. Children as early as the age of 2 are learning these prosocial behaviors. Research also links children who are maltreated to showing less caring behavior and becoming aggressive and angry at others’ distress (Radke-Yarrow et al., 1994).

How a culture learns to deal with loss is also impacted by early attachment. A child may have grown up in a home where attachment needs were played down and considered babyish and most likely feelings of grief were stifled and never worked through. Later in life this person may approach loss, whether it’s of a pet, a best friend, or parent, as an immediate and premature “We can’t dwell on these things; let’s move on,” and so the loss is never truly experienced (Karen, 1998, pg. 384). A woman like this may stifle all her pain when her father dies because the only means she has of coping with emotional pain is avoidance. On the other hand, if this woman had grown up in an enmeshed home she may never feel ready to say, “Let’s move on.” Instead, she is more likely to suffer from chronic, unresolvable grief (Karen, 1998, pg. 384).

If an individual comes from an insecure attachment, the ability to care for one’s own attachment needs may be missed, which may lead this person to feel an internal depression. This person may feel too weak, too desperate, and too ashamed to approach anyone for love, and this condition may worsen and persist. This type of person could be the one that decides to go to “college far away from home, emigrate to a new country, readily leave friends behind to take a job in a new place, never anticipating that they will suffer any feelings of loss as a result” (Karen, 1998, pg. 385).

Yet information about attachment relationships in a variety of cultures is scarce.
Few researchers have addressed whether or not attachment is different in Latino culture. Recent studies have suggested that distinct theories of attachment be formed for each human culture and subculture (Rothbaum, Weisz, Pott, Miyake, & Morelli, 2000, Rothman et al 2001).

_Cross Cultural Material_

Ainsworth studies of attachment focused on characteristics of mothers’ caregiving during interactions with their babies. She did naturalistic studies in Uganda and Baltimore where she proposed a conceptual model of early care that included four general characteristics of maternal behavior: sensitivity-insensitivity, acceptance-rejection, cooperation-interference, and accessibility-ignoring (Ainsworth, 1967; Ainsworth, Bell, Stayton, 1971, Ainsworth et al 1974). Overall these characteristics have been formulated to describe a mother’s sensitivity. One issue that arises is whether sensitivity can be generalized cross culturally and in different contexts.

_Cultural Influences_

Culture matters. Although this idea has become axiomatic for students of human behavior, most research on families fails to consider cultural influences (Blacher et. al, 1997). White (2004) writes that there has been limited focus on how culture affects attachment. The evaluation of an attachment style can only be one part in trying to understand how family members relate to one another. Culture also sets the background for how family members will display their feelings and what their style of attachment is. White (2004, p.118) finds that there is a tendency to reach for normative Eurocentric
notions of “family” which can feel particularly alienating in more diverse cultural settings. The essence of how culture impacts attachment is one theme this researcher plans to explore through this research study.

Only a few researchers have examined the importance of cultural meaning systems in shaping definitions of normative development (Harwood, 1992). In cross cultural research, the “etic” approach leads to an emphasis on theories and assessments that have been developed in a specific culture (often a Western, industrialized society) (van IJzendoorn & Sagi, 1999). The attachment paradigm has hitherto employed an “etic” perspective which only takes a single meaning system to represent what is normative and uses it for comparative research purposes. Harwood (1992) argues that attachment should be studied using an “emic” perspective, which seeks to represent and understand indigenous meaning systems. This means understanding the way a phenomenon is from the point of view or perspective of those in the context or culture in which the study takes place (Spradley, 1980 cited in Posada et. al., 2004)

Since there has been extensive research on the relationship between early quality of attachment and later preschool social competence, the need to have culturally sensitive studies completed in this area is vital. Harwood (1992) also demonstrated that sociocultural factors affect ‘Strange Situation’ behavior. Finally, previous research has found that mothers’ perceptions of differing patterns of attachment behavior are influenced by their culturally derived values (Harwood & Miller, 1991 in Harwood, 1992). Therefore, there is great need to differentiate the pattern of attachment in Latino
The Bowlby-Ainsworth Attachment theory does not rely on the ‘Strange Situation’ working equally well in every population (Waters, Hamilton, & Weinfield, 2000). Therefore the test must be proven valid among a certain cultural group before measuring the classifications of attachment. Three ways to rule out measurement failure in a specific population are to pay direct attention to (1) cultural or ecological differences in caregiver behavior, (2) ecological adaptations in the way secure infants use caregivers or (3) cultural or ecological specificity in the relation between caregiver behavior and infant secure base behavior. The purpose of this study is to provide a cultural context for evaluating the attachment experiences among Latina mothers and their children. The hope is to provide more qualitative data through this study to demonstrate how culture influences attachment. Waters and Cummings (2000) found that with close attention to the reliability and validity of care giving and secure base assessments, cross cultural research can make a significant contribution to the understanding of the development and function of secure base behavior.

**Latino families and attachment**

Dr. Ana Nogales (1998) explains the disparity that exits for Latino families raising in their children in the United States within the “American” value system. Dr. Nogales explains that Latinos by virtue of the culture express warmth through actions and not words. Since the predominant healthy view in mainstream United States is to tell your loved ones how you honestly feel, it differs from Latinos who have learned to at
times repress their feelings. Dr. Nogales found in her research that Latino men generally consider it a blow to their pride to reveal any fears or anxieties they may be experiencing. Hence the need for Latino men to present stoically and not express their love in words to their partners or children has been ingrained into their emotional development.

Additionally, Nogales (1998) found that Latina women who are raised in the traditional way have also been taught to keep their thoughts and feeling to themselves, although to a lesser extent than men. As little girls, they are expected to respect their elders and show their love for them by good behavior, by obeying them and doing what is right. This contradiction to what is emotionally healthy poses a risk for Latinos raised in the traditional way within the mainstream United States culture.

Harwood (1992) conducted a study that found differences in the meaning given to attachment behaviors based on the mother’s culture. For instance, Anglo mothers focused significantly more on the presence or absence of personal competencies, enabling the toddlers to cope with an unfamiliar situation (Personal Development); whereas, Puerto Rican mothers focused significantly more on whether the toddlers were able to maintain proper demeanor in a public context (Respectfulness). Additionally, cultural differences were observed in mothers’ preferences for differing patterns of ‘Strange Situation’ behavior. Anglo mothers preferred a description of a toddler as one who is relatively active and independent, yet emotionally connected. In comparison, the Puerto Rican mothers preferred a toddler who was responsive and maintains relative proximity to the mother while engaged in quiet play. Harwood’s (1992) study also found that
Anglo and Puerto Rican mothers’ cultural backgrounds affect many of the values they hold regarding socialization. In conclusion, some of the desirable behaviors that are taught within Latino families may differ from the behaviors that constitute a secure attachment with their mother. This may not be the same in Latin America, where mothers share caretaking with neighbors, relatives, and friends (Posada, Carbonell, Alzate, & Plata, 2004).

Cross-cultural research in attachment has found that universally there is a pressure toward selection of the secure attachment pattern in the majority of children, and the preference for the secure child in parents across cultures (van IJzendoorn & Sagi, 1999). However, how a culture expects a child to show his emotions can vary across cultures. For example, in a culture, there can be an expectation that people suppress their negative emotions and thus an infant may develop an avoidant attachment pattern to meet this cultural demand. In such a culture, the avoidant attachment pattern is normative and promotes inclusive fitness and general adaptation. Thus, how a culture values an attachment style may be due to how the culture expects others to express their emotions.

As more research on Latino families is completed, more appropriate interventions can be created to help support them. Also, researching the Latina population can benefit the mental health field by promoting an understanding of the dynamics of Latino families. The understanding of attachment in Latino families is key to implementing an effective treatment plan for family, individual and couples work.
Summary

In summary, when classifying styles of attachment, we must take into account the values of different cultures. This researcher will further examine how culture affects the mother and child relationship. By exploring this population, this researcher hopes to contribute to the understanding of the Latino family system and how culture may impact the development of attachment.
CHAPTER III

METHODOLOGY

Latina mothers can draw upon both traditional Latino values as well as predominant norms within the United States when parenting their children. This researcher examined to what extent a Latina mother’s relationship with her child is influenced by culture. For instance, how will Latina mothers determine the way they attach with their children? This research was designed to address a gap in the literature about whether or not there is a relationship between attachment and culture. The specific research question being explored, “Does Latino culture influence a mother’s attachment style with her children?”

The research design is exploratory and qualitative in form as a way of documenting the experiences of Latina mothers using their own constructs (Anastas, 1999). Since there is not sufficient literature in exploring this topic, the research design utilized flexible methods to provide insight into this phenomenon.

The measurement tool used in the data collection is a semi-structured interview. The data analysis was guided by the common themes found in the interview of the Latina mothers. The plan was to spend sufficient time with each participant to allow their unique experience to be heard.

Both demographic and qualitative data were collected during the personal interviews. This researcher began each interview by collecting demographic data
including participant’s racial identity, parent’s country of origin, financial status, and relationship status at the time of becoming a mother and presently. Qualitative data that was collected focused on the participant’s remembrance of being pregnant and the feelings associated with this new transition in life. Additionally, questions about the relationship between mother and infant were asked such as: Describe your earliest memories with your child? How did you feel when being with your child and when separated from him or her? How did your child respond when being separated from you? Did your extended family play a role in the early years of child rearing? Participants were also asked whether or not they believed there was a relationship between their culture and their process of relating with their child.

Obtaining the Sample

The sampling method used was a convenience sample. The participants were chosen primarily because they met the study selection criteria and they were easily accessible (Anastas, 1999). The major advantage of this sampling technique was its feasibility in carrying out the research in a timely manner.

The original research topic was attachment in Latino families that have mothers with mental illness; because of the vulnerability of this population, this researcher amended the sample to healthy mothers. This researcher attempted to utilize past training facilities to find participants for the research study. However, the prior placement’s review committee, made the process of gathering participants too complicated.

With the revision of the sample this researcher was able to use snowball sampling to recruit the 12 participants. This researcher posted flyers describing the study in English and Spanish (See Appendix A-B ) at the local Pasadena WIC (Women, Infant,
and Children Program) office. The flyer requested Latina mothers to call or email if interested in participating in the research study of culture and attachment. There was no response from the flyers posted at the Pasadena WIC office. To obtain additional participants this researcher also sent an email to colleagues, family and friends asking for referrals and starting a snowball sample. This researcher received the most participants (10) through this method. Once interviewing began, this researcher asked participants if they knew another Latina mother who would be able to participate. This researcher, therefore, found 2 additional participants from prior participants’ referrals.

The sampling criteria were female mothers, age 18 and older, identify as Latinas, and raising a child 18 or younger. This researcher defined the term “Latina” as someone who is born in a country of Latin America including Puerto Rico, Mexico, Central America, and South America or a first generation American with at least one parent born in a country of Latin America.

Description of Sample

The research study incorporated the experiences of 12 participants. Two of the 12 participants were born out of the United States and the other 10 participants were born in the United States. The participants’ backgrounds included a bi-racial woman whose mother was Caucasian and father was Mexican, a Colombian woman who immigrated to the United States when she was 27 years old, and a Mexican woman who immigrated to the United States when she was 5 years old. The other participants were born in the United States and all had both parents born in Latin American countries. The majority (10) were of Mexican descent. The other two were Colombian and mixed Colombian-Mexican. Of the 12 participants one had maternal heritage from Colombian and paternal
heritage from México. The age range of the participants was 26-57 years old. The age range of participants’ children was 0-17. In regards to occupational levels, this group was a more educated sample in that 11 of the 12 had completed at least two years of some college. Additionally, three had already completed master’s degree work and or a degree beyond a bachelors degree. Ten of the 12 participants were still with father of first child. Two participants were single mothers at the beginning of the study. Towards the end of the study this number increased to 3 participants raising their children in a single mother household. Because of the small sample size, the information gathered may not be representative of Latino families in general and there may well be differences among Latino families depending on country of origin.

Ethics and Safeguards

Each participant was informed of the purpose of the study and time commitment involved before the meeting. At the beginning of the initial meeting with the participant, this researcher gave an informed consent form for the participant to read and sign (Appendix C-D). This researcher verbally highlighted the main areas of the consent form and reminded the participants that if they had any question they could call or email this researcher. Once participants read and signed the informed consent form, this researcher signed and dated it as well and gave one copy to the participant and stored the other copy in a locked file.

Confidentiality was explained to each participant in the beginning of the interview and it was stated that all information will be kept stored and in a locked file for three years according to research guidelines and then destroyed or remain secured. The information gathered from each interview was kept confidential by assigning a number to
each participant. The quotes that were gathered were kept anonymous by using alias names or a participant number.

Additionally, the risks of participating were discussed in detail with each participant. One ethical concern that was documented in the consent form is that the interview may expose some participants to past feelings of emotional discomfort depending on the nature of their pregnancy and relationship to their child. To assist participants in this experience, this researcher provided each participant with a Resource List (Appendix E) containing counseling agencies’ names and numbers for participants to call and set up an intake if needed.

The benefit of participating is the contribution to the mental health field about the unique experiences of a Latina mother’s attachment with her child. The descriptive information gathered will help clinicians to further understand Latino families specifically the influence of culture on a mother’s attachment with her child. It will additionally present a clearer picture on how a Latina woman’s experience may be different then a White woman’s experience in attaching to her child.

Data Collection

Data collection involved semi-structured interviews. The interviews lasted an average of one hour. The interviews were conducted at the homes of the participants or at a coffee shop. This researcher utilized an interview guide (See Appendix E) as an instrument in conducting the participant’s interview. The interview guide included the topics of how a participant feels they attached with their children and how Latino culture influenced this process. This researcher used follow up questions to go further in depth during the interview. This researcher asked open ended questions to hear more from the
participant about they connected with their child and if Latino culture had an impact on it. The data collection process was audio recorded in order to capture all verbal data, including responses, tone of voice, and pace of speech, then transcribed. Each participant agreed to be audio recorded and was informed prior to the interview. These recordings became the basis for my data analysis and proved to be efficient in storing my data, since I was able to save them on my computer in a secure folder. The interviews were personally transcribed and a volunteer transcriber who signed a confidentiality agreement (Appendix E). This researcher named each interview by chronological order; thus the audio recordings were kept in an organized fashion to develop an audit trail.

During the interview, this researcher found that the participant may feel more passionate about one area and therefore allowed for more time on that topic. This researcher also looked for areas that the participant was most able to describe if Latino culture influenced the participant’s beliefs and behaviors as a mother. This researcher also asked more follow up questions to participants who shared more about Latino culture to further provide evidence if Latino culture affects a mother’s attachment with her child. Consequently my interview guide may have changed as the process from one interview to the next due to the emergence of new phenomena. A probing question that elicited further discussion in this research study was, “How do you feel being Latina impacted your relationship with your child? This researcher stimulated a lively dialogue with each participant to further understand how one’s identity as a Latina contributed to one’s style of parenting. Additionally, when a participant shared other aspects of her experience of being a Latina mother, this researcher made note of it to include in future interviews as a way of finding common themes.
This researcher addressed issues of validity by consulting with the research advisor and Smith School for Social Work Human Subject’s Review Committee on the appropriateness of the interview guide. This researcher was open to their feedback and made necessary changes to create a non-judgmental and non-intrusive interview guide (See Appendix F). Reliability of the interview guide was assessed by documenting my reactions to the first two participants and documenting my reactions to the dialogue. This researcher then consulted with the research advisor on the results of the initial interviews.

The study’s trustworthiness was enhanced by having a prolonged engagement with the participants and allowing the participant to feel as comfortable as possible before asking more probing questions (Padgett, 1998). In the data collection there will be themes that emerge, and to validate their pattern this researcher will ask two coders to also analyze the data. Padgett (1998) calls this consensus of themes as a process of analytic triangulation. This researcher also plans to transcribe the data individually to further become familiar with the data itself. Since the data will be audio recorded this researcher will have the accessibility of replaying excerpts that exhibit certain themes to confirm its representativeness throughout the interviews. At the initial meeting this researcher will ask participants for their permission to follow up with them at a later part of the study. This follow up session will be used to confirm this researcher’s understanding of the interviews and how the themes were chosen. This technique is called member checking and will decrease researcher bias by receiving feedback from the participants that their experiences are being accurately interpreted (Anastas, 1999).

Data Analysis

The goal of this qualitative study will be to present excerpts from the data in order
to ground concepts and results in the words of the research participants themselves. To facilitate this part of the study all audio data will be transcribed into written transcripts. To manage the data this researcher will catalogue it in a way that can be interpreted in relation to its source and the situation from which it came. After the data has been organized, this researcher will begin the process of content analysis—that is, the process in which meaning is assigned to the data through meaning units. Leininger (1994, as cited in Drisko, 1996) notes that claims of recurrent patterns in qualitative data need documentation. This researcher will provide thorough examples of how the interviews were coded to provide others with sufficient information to develop their own interpretations (Drisko, 1996).

This researcher will use grounded theory method, which uses statements, feelings, attitudes, and events as indicators to compare among the data. The indicators are then joined together in categories or codes based on their similarity (Anastas, 1999). In the initial process this researcher will use the data and the literature and contribute it to the coding. This will help further conceptualize the data and assist the researcher in finding the results of this research study. The theoretical analysis will consist between the open and axial coding process. Axial coding is when “coding is done intensively around one axis or category at a time” (Anastas, 1999, p. 424). At this time, core categories will emerge and more time will be used to re-categorize the codes to further synthesize the data. To assist in identifying relationships among categories “memos” will be taken documenting this researcher’s “thoughts, associations, and interpretations made of the coding categories” (Anastas, 1999, p.425).
CHAPTER IV
FINDINGS

The specific research question underlying this study was: “Does Latino culture influence a Latina mother’s attachment style with her children?” This researcher believed that, indeed, Latinas’ attachment with their children is influenced by their Latino culture. This belief was not fully supported by this study. Of the 12 respondents interviewed for this study, 4 (33%) stated that they were unaware if Latino culture influenced their way of relating to their children. However, further inquiry revealed that traditional Latino families had passed on several expectations as to what it means to be a good mother. This includes how a mother raises her child and the role expectations for each family member compared to western society’s cultural expectations of child rearing.

For instance, participant 12, was born in Pasadena, California and is the mother of a 5 year old daughter, 3 year old son, and 7 month year old baby. She related to how her own Mexican mother valued cooking and cleaning over the less tangible activities of parenting: “My mother would be more preoccupied with how clean my house was and if I had cooked my husband dinner…instead of just interacting with my children.”

While participants may not have been conscious of the influence of their Latino heritage on their parenting, it does seem to have had an effect, if only to serve as a model of behaviors they did not wish to replicate in their own families. This tendency to be unconscious of one’s cultural antecedents reflects the transcendence of intergenerational family dynamics.
Table 4.1 Demographics of Participants

<table>
<thead>
<tr>
<th>Subject</th>
<th>Age</th>
<th>Birthplace</th>
<th>Parents’ Birthplace</th>
<th>Age of child</th>
<th>Marital Status</th>
<th>Mom’s economic status</th>
<th>Partners’ supportiveness toward Participant</th>
<th>Did culture influence attachment?</th>
<th>Any traumas around time of birth?</th>
</tr>
</thead>
<tbody>
<tr>
<td>P1</td>
<td>40</td>
<td>US</td>
<td>Mexico</td>
<td>4.5</td>
<td>M</td>
<td>G</td>
<td>S</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>P2</td>
<td>35</td>
<td>US</td>
<td>Spain</td>
<td>16</td>
<td>M</td>
<td>P</td>
<td>NS</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>P3</td>
<td>28</td>
<td>US</td>
<td>Mexico/Colombia</td>
<td>3</td>
<td>M</td>
<td>G</td>
<td>S</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>P4</td>
<td>32</td>
<td>US</td>
<td>Mexico</td>
<td>3</td>
<td>M</td>
<td>G</td>
<td>S</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>P5</td>
<td>37</td>
<td>Colombia</td>
<td>Colombia</td>
<td>14</td>
<td>SA</td>
<td>P</td>
<td>NS</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>P6</td>
<td>45</td>
<td>US</td>
<td>Mexico</td>
<td>14</td>
<td>M</td>
<td>G</td>
<td>SS</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>P7</td>
<td>54</td>
<td>US</td>
<td>Mexico</td>
<td>18</td>
<td>M</td>
<td>G</td>
<td>S</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>P8</td>
<td>25</td>
<td>US</td>
<td>Mexico</td>
<td>18 mos</td>
<td>SL</td>
<td>G</td>
<td>SS</td>
<td>Yes/No</td>
<td>Yes</td>
</tr>
<tr>
<td>P9</td>
<td>29</td>
<td>US</td>
<td>Mexico</td>
<td>6</td>
<td>M</td>
<td>F</td>
<td>S</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>P10</td>
<td>31</td>
<td>US</td>
<td>Mexico</td>
<td>13</td>
<td>SA</td>
<td>P</td>
<td>S</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>P11</td>
<td>41</td>
<td>Mexico</td>
<td>Mexico</td>
<td>15</td>
<td>M</td>
<td>P</td>
<td>NS</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>P12</td>
<td>37</td>
<td>US</td>
<td>Mexico</td>
<td>1</td>
<td>M</td>
<td>G</td>
<td>S</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>

Legend:

**Relationship Status**

M=Married  
D=Divorces  
SL=Single, Living with Father of Child  
SA=Single, apart from child’s father

**Economic Status**

G=Good  
F=Fair  
P=Poor

**Partner’s Supportiveness**

S=Supportive  
NS=Non-Supportive  
SS=Somewhat Supportive


Summary of the Respondents’ Demographics

Table 4.1 gives further information about the respondents’ demographic characteristics. The ages of these respondents’ targeted children (respondents with more than one child chose one of their children as a focus in answering the interview questions) ranged from 18 months to 18 years, while the participants themselves ranged in age from 26 years old to 51 years old with an average age of 31.

It is worth noting here that the respondents were generally mature women who had sought an education at some point in their lives. Ten of the 12 respondents had earned a college degree and most had taken a course in psychology and showed significant interest in raising their children in their own way. Therefore, it is reasonable to conclude these participants reflected upon the birth of their targeted children and their attachments to them with thoughtfulness.

Findings Related to Research Question

Cultural Influences

Only 30% percent of respondents stated that their Latino culture had indeed influenced how they related to their child. The other 70% showed significant influence from how they were raised on how they were choosing to raise their children, and how attachment with this child was affected by the Latino culture. Table 4.1 specifies that Participants 7, 8, 10, and 12 gave this response.

Responses varied widely in what the cultural influences were specifically, or in what category, such as tending to children’s ailments with folk remedies or speaking baby talk with children. However, some assertions of cultural influence echoed common themes, such as the reluctance or partial reluctance of the children’s fathers—almost all
of whom were Latinos—to participate in the details of child-rearing, including changing baby diapers. In addition, not all attributions to cultural influence were positive: several comments about these influences were cast in negative tones, such as comments about a perceived tendency for Latinos to drink alcohol heavily, and some references to Latinos being undemonstrative and distant from their children.

Of the respondents who claimed a cultural influence in their mothering, the following excerpts from their remarks catalog the types of specific influences they named:

I think that in my family children were loved and cared for. As I grew up my parents would sing songs in Spanish and would enjoy children. I think that that contributed to my love for children and desire to be a mother and have children. Because my parents loved babies and loved children. My aunts and grandparents all loved their children so I think that all that came from my cultural background. (Participant 7)

A lot of old wive’s tales turn out to be a lot of valid medical reasons for doing them. Like they say about the forty days and then when the doctor said, “ok, six weeks you can’t lift this, you can’t do this, you can’t do that.”… there’s like [a] reason why we should breast feed and there’s side effects and reason why if you don’t breast feed [you] can get breast cancer. (Participant 3)

So, one can see that the majority of the positive influences centered on the amount of love and affection given to the children; the effectiveness of some “old ways” of behaving, either in treating children’s ailments or caring for oneself during pregnancy; the extended family concept in sharing the child-rearing; calling children names of endearment,

Negative influences centered on the unacceptable behavior of Latino males, especially regarding abandonment or distancing from parenting duties; drinking alcohol excessively and at inappropriate times; fathering an excessive number of children,
resulting in economic hardship or diminishing of education for the children; being stubborn about “the old ways” of doing things; requiring women to accept their men’s unacceptable behaviors. P4 states:

I think probably the fact that maybe being a working parent. Maybe because in Latina culture we’re expected to want to stay home rather than work, but for me I enjoy working as well. So there are certain guilt feelings about that. These feelings that I have. I feel guilty that I like going to work and not necessarily wanting to be a full-time stay home mom. (Participant 4)

In summary, then, some Latinas in this study learned what not to do in raising their children, based on negative role modeling from their culture. Others cherished the positive values they had grown up with and gladly used cultural behaviors to raise their own children.

No Cultural Influences

Four of the 12 subjects stated that their Latino culture had not influenced their relationships or attachments with the targeted children. The following excerpts explain in their own words why they felt thus:

I mean you receive the typical “don’t carry her so much because then all they are going to want is to be in your arms.” And I’m thinking if I’m not going to carry her, who is? (Participant 11)

No, because I think Latinos don’t really bond with their children … I don’t think they know how to show love to their children … Latinos are not very emotional, not very affectionate to their children. (P9)

In summary, these respondents attributed their response against the Latino cultural norms as what informed them to raise and care for their children. Even though participants stated that culture had not influenced their parenting, it seems highly unlikely that one
would be raised within a culture and not internalize the meaning to diverse reasons. They mostly center, however, on the fact that families are different from one another, as are circumstances. They attributed their particular attachment formations and general relationships with their children to their own parenting preferences; their unique values; or simply the fact that this is America, not Mexico, and times change. “The old ways” were no longer relevant to them, it seems.

Subjects’ Definitions of the Term “Attachment”

The researcher explained to each subject about the “Strange Situation” experiment and the subsequent definitions of “attachment” that had risen from it. She then asked the respondents in each interview to explain what “attachment” meant to them. Their responses are listed below:

P1: “No, I don’t recall because it’s been quite a while, but I don’t recall.”
P2: “Needy. Dependent. Cannot function on their own.”
P3: “Like a form of separation anxiety or not even that. It’s like when you’re away from each other so attachment would be like how close we are.”
P4: “No, I don’t know.”
P5: “having your child need you”
P6: “Something that you’re close to or is close to you. It does affect when detachment occurs.”
P7: The quality of the connection between two people.
P8: “It’s usually about your bond with your child. How she loves you and relates to you and how your relationship is.”
P9: “I have not [heard the term attachment before].”
P10: “I believe it is the bond that I have with the child.”
P11: “The meeting of the emotional need. Me for her, her for me. Belonging to, feeling part of.”
P12: “How the child reacts when I am around. Is she really clingy to me, or when I leave is she happy or sad or how does she react when I leave.”
Regarding the individual respondents’ attachment to their targeted children, all but one claimed to have a good attachment. Some subjects—such as P6, P7, and P10—claimed that their attachment was *too* close, sometimes with a detrimental effect in that the child was not spending time with friends in order to spend time with her mother.

One respondent, P2, stated that she did not feel attached to her child in the early years of the child’s life and in fact still felt disconnected from that child, who is now age 16. This mother had suffered from severe depression when her baby was born and for many years after. She actively sought, and received, psychological care, seeing different psychologists for many years. This situation is in keeping with research findings cited in this thesis’ Review of Literature regarding children of depressed parents (Radke-Yarrow, Zahn-Waxler, Richardson, Susman, & Martinez, 1994.)

*Husbands’/Sexual Partners’ Level of Supportiveness*

Table 4.1 shows, among other findings, the level of supportiveness of the 12 respondents’ partners, the fathers of the targeted children. In most cases, the fathers were married to the respondents. In some, they had been or were live-in boyfriends. The following legend is used for these data:

- **S**= supportive toward the mother (financially, emotionally, and/or task-wise)
- **SS**= somewhat supportive (see above)
- **NS**= not supportive (see above)

One can see that even when the child’s father was married to the mother, this did not guarantee supportiveness toward the Latina. Respondents Participant 2, Participant 5,
Participant 6, and Participant 8 had either somewhat supportive or non-supportive partners. This lack of supportiveness toward the mothers manifested itself in various ways, such as by:

- Refusing to participate in daily parenting and caregiving tasks
- Not helping financially
- Abandoning the family
- Stereotyping the mother and expecting her to be subservient and do it all by herself.

The excerpt below shows the strength of cultural beliefs, when one previously supportive father, as the years passed, gave in to the accepted Latino mode of behavior all around him and ceased changing diapers.

In the beginning he was completely open to it ... so Carlos, from seeing his uncles or other people he knew and the things they did, that’s when he started, why do I have to do this? I don’t want to change diapers. That’s your job. You should do more of that. Then the older she (their daughter) got he started making that distinction and wasn’t participating as much as he did when she was younger. (P10)

On the other hand, when Latino fathers were seen by others as being supportive it became recognized as an accolades. Following are some excerpts from some mothers who appreciated their partners’ helpfulness:

My father-in-law had mentioned “wow its really good to see how involved parents are with their kids, I’ve never seen dads be so attentive.” Yeah and that was unheard of. You know my dad never changed our diapers growing up because my grandma never let him. (P3)

So I think the most positive thing was having the support of my husband who was very much in love with the baby and enjoyed and helped me. (P7)
Level of partner supportiveness was included in this research study because the researcher believed it would impact how parenting was conducted within the family and would thus also affect the mother’s attachment to her child. In fact, in the case of Carlos, cited by Participant 10 and quoted above, his inconsistent supportiveness toward his child caused the mother’s attachment to her daughter to be highly strengthened. Consider her statement:

He left when Jenny was 5, and for about 6 years he was in and out of her life…So Jenny, she’ll be 14 next week …She’s able to express herself that way with me. She won’t really open up to somebody up like that. But she’s able to talk to me like that. Some people could say, “How could your 12 year old daughter tell you something like that?” Well, you have to know her to know that she is capable of it. But that’s what she expressed to me, that she didn’t want anything to do with him anymore because all she ever felt from him was hurt. and she didn’t want to hurt anymore. (P 10)

Social and Emotional Traumas

Table 4.1, previously cited includes responses pertaining to two areas: the mother’s economic status at the time of the targeted child’s birth; and whether or not the mother had experienced any traumas during pregnancy or soon after the birth of the targeted child. These factors were included in this research study because the Review of Literature points out the following: White (2004) states that social and emotional traumas in the family and environment can create obstacles to secure attachment between mother and child.

Regarding the economic status of the 12 respondents: the following codes were used: G= good status; respondent described herself as stable, or doing fine, or as middle class; F= fair status; some financial problems but nothing insurmountable; P= poor status; there was no income; jobs were lost or unavailable; mother could not support herself and
needed extensive help. Among the respondents, 5 described their economic situation when the targeted child was born as being good. Two subjects described their economic status as poor. One respondent, Participant 2, described her difficult situation thus:

But I begged the people up the street where my mother lived to let him (son) come in and because I really needed the help. And they were kind enough to let me. At the time … I was really…financially dragged out … not able to support myself… and the child. (P2)

Regarding traumatic events either just before and/or soon after the birth of the targeted child, 4 respondents cited difficult, challenging life situations they experienced during these time frames. The following participants: Participant 2, Participant 8, Participant 10, and Participant 12 described their traumas thus:

When I was pregnant at seven months my husband decided to quit his job. So it made things a little harder. We had to move from our house to an apartment and then me returning to work in the morning and there was kind of resentment there because he wasn’t doing anything really to find another job and I was getting up early in the morning to go work and coming up with you know the rent and all of that was getting harder and then you know, as the year went, you know, about a year and a half after we ended up at his parent’s house. (P2)

I had an uncle die while I was pregnant. It wasn’t like I was close to him, but it was a little traumatic because I became really nervous all of a sudden. I would get nervous attacks. I remember that a lot. I don’t know if it was from that point. I don’t know when it started, but I remember having nervous attacks a lot. I would sit and I would breathe so fast, and my heart would pump so fast like at nothing. I remember, too, that there was an earthquake that summer. It was a strong one. I was by myself. No one was home and I got really, really scared. So scared that I thought I would probably lose my baby. I thought I was so emotionally messed up that I could lose the baby. (P8)

I wasn’t close with my mom and we got into this huge argument because Mario was on probation at the time. So he wasn’t going to school. He was ditching. So they sent him to Juvenile Hall for that because he was on probation. So then he was calling the house, making collect calls, and my mom got mad about that. We got into a big fight and she kicked me out. So I went to live with my grandma and my real dad for a while. That was really stressful because I didn’t grow up with them. It was a culture shock going from my mom and my step dad who were
white to my grandma and my dad who were Mexican. My grandma was old-school, and so it was a big, big change. It was hard on me. (P10)

You know what, when I had my first child I thought I was going to have overwhelming feelings because that’s what you will always hear. I didn’t. I think I ended up with Post Partum Depression. And I didn’t feel very much of anything. All I felt was fatigue, constant fatigue for the first year of my child’s life. (P12)

As reported above the causes of trauma were not one theme, but varied from laziness of a husband, to death, earthquake, incarceration, and post partum depression.

Surprisingly, despite the results of White’s (2004) research cited in this thesis’ Review of Literature trauma that is addressed can be seen as a source of resiliency in children which may add to healthier attachment style as an adult. This point is exemplified in the words of Participant 2:

When I had my first child I thought I was going to have overwhelming feelings because that’s what you will always hear. I didn’t. I think I ended up in Post Partum Depression. And I didn’t feel very much of anything. All I felt was fatigue, constant fatigue for the first year of my child’s life. Mmm..it was a blur.. kind of …

As she said this she had no affect in her face and her tone of voice was flattened. Thus indicating a struggle in being able to feel depressed and be accepted with it. Within the Latino culture mental illness is kept at bay for fear of being blamed of being a “bad” parent.

Factors Promoting Attachment

As stated in the literature review, the most important factor in secure attachments between mother and child is the mother’s willingness and ability to ask for help when needed. This should be done without any hints of manipulation, according to Karen (1998). In the present thesis, almost all the respondents had experienced a time period
around the birth of the targeted children wherein they needed help from extended family members. For example, consider the following:

P1: hoped to have her extended family more involved but due to logistical distance only had mother around minimally. Now children are 3 and 5 years old and there is an arrangement where her mother comes the same day every week to help with the children.

P2: moved with her husband into his parents’ home for financial reasons. She went to school and worked to become financially independent.

P3: enlisted her husband’s help with budgeting the family’s money and also hired good nannies to help her care for the children.

P6: lived next door to relatives; allowed her child to spend a lot of time with them, so child care was much shared among the two households.

P7: hired a good nanny to help with childcare when she returned to work part-time.

P8: unmarried when her targeted baby was born, she moved in with her mother, renting a room from her; the respondent’s mother and sister, who also lived in the same house, helped care for the baby and respondent.

P9: even when married lived with her mother as she was pregnant and continued to live all together until daughter turned 5 years old.

P10: unmarried at the time of her baby’s birth, she lived with her mother until she could move in with her boyfriend; both new parents were only 16, so they experienced great upheaval and needed much assistance from both sets of parents for years to come.

P11: After separating from first husband moved in with her own mother and father to ask them for help in caring for eldest daughter while mother went to look for work.

P12: right after the birth of her child, her grandmother went to her house once a week to help with child care.

Perhaps because these Latinas were so willing and able to seek assistance, the benefits of this counterbalanced the traumas that were experienced. Perhaps this is why most of the
respondents stated that they considered their attachments with their children to be good attachments in spite of having surpassed strenuous life changes.

Summary

Overall, the findings show this:

1. The belief that culture impacts attachment was clearly articulated by some participants, but not all.

2. In cases where Latino cultural influences did have a role in the parenting and attachment building, it was learned in both a conscious change from their negative experience or their perpetuation of the positive parts.

3. Other factors that influence attachments—such as experiencing trauma, being willing to seek help when needed—were present in most of the respondents’ situations.

4. Despite unstable economic beginnings, most of the respondents were able to achieve higher education and, in the case of [10] respondents, were able to attain a college degree. This speaks to the determination of these Latinas to make a better life for themselves and their children in America.

5. About half of the men who fathered these respondents’ children upheld the Latino stereotype of fathers being distant from the mundane tasks of parenting and of failing to communicate with and build bonds with their children. This non-supportiveness of the fathers occurred whether or not these men were married to the mothers of their children.
In essence, though similarities among these respondents have been noted in this chapter, the differences among them are also worth noting. One mother, Participant 8, shared passionately about how she was unique in her Latino culture. Her pride in being apart from the crowd shows through clearly:

I want other people to know that we’re not all the same. We’re different. Usually see Hispanic girls with babies and they don’t have a partner. And I know I’m not married, but I am because I live like a married person. I’m just not married. I want people to know that I’m born here, but I’m not your typical Chicana. I do raise my daughter with education, with the education that I know and feel is best for her, and she learns every day. She doesn’t sit at home and watch TV. She doesn’t interact with a lot of other children, but that’s my goal. I want to put her in day care where she can have a few hours and things like that. I think my mentality is different from other women or girls that were born here. Because I have chosen to give her a better life. I don’t choose to go with the old ways, where your parents taught you that your teachers are the people you should mostly be scared of. And that whole thing – “I’m gonna tell you teacher” – I’m not for that. I’m the disciplinarian … I’m your mother … and I’m gonna deal with it if you do something wrong. So I just want people to know that I’ve chosen to live my life the best that I can, not the best that I know. (Participant 8)

So, the pride in Latino cultural influences, where these were expressed, plus comments such as the above, emphasize that the results of this study cannot be generalized. These are limited results from a very small sample; but these data are still valuable: they remind society that an ethnic minority culture has facets of it that must be recognized, understood, and considered when policies and decisions are being made that impact that ethnic group. Thus, the findings from this brief study will hopefully serve to remind people that culture is important in many different ways.
CHAPTER V
DISCUSSION

The intent of the research was to examine if the predominant Western view of attachment was universal. In my research of 12 Latina mothers the respondents shared compelling and detailed accounts of their experiences becoming a Latina mother in the United States. This research study calls into question how appropriate the lens in which Latino families are evaluated is. Each Latino family is unique in its dynamics and structure; one core piece is the shared challenge for Latina mothers to translate their upbringing into the new parenting practices of the dominant white culture of the 21st century.

Recommendations

The most influential theme that arose from this study is how Latina mothers embrace both their cultural heritage and combine it with the mainstream culture’s beliefs in more effective parenting practices. This included raising children more equally without gender expectations, praising positive behavior as opposed to only focusing on discipline, and allowing children to individuate and beginning that process as a developmental milestone and not only as a privileged thing. These women have learned and spoke of the metaphoric “weave” that exists when threading together memories of our ancestors and mending our own way of life now in the United States of America.

The 12 participants gave countless examples on what is useful in the Latino culture’s expectations of motherhood and childrearing and also clearly identified without hesitation those areas of Latino heritage that were not replicated in their new families.
This research study’s implications for field are that there will be reliable information on how to better serve Latino families; specifically, how to work with Latina mothers and their children. The findings of this are consistent with Nogales’s (1998) assertion that while Latinos share the value of attachment, they may express it differently. Their expressions should not be misinterpreted through the clinician’s own cultural lens as avoidance. As stated by Harwood (1992), cultural differences do exist and as social workers it is our ethical mission to not impose the values of the dominant culture onto other oppressed populations.

Therefore clinicians must be rigorous in their understanding of diverse populations to better serve them. Also the larger our Latino immigration becomes the more readily educated we need to be on how to assist our clients in processing the loss of their old country, heritage, and at times, traditions, values, celebrations, and be prepared to see a variety of appropriate grief responses among the first, second, and third generation of the Latino immigrant children.

More and more Latino children are being seen in treatment for issues of anxiety and depression. As a clinician one must understand the intergenerational transition of these issues among first and second generation immigrant families. This literature can become a catalyst for future research with this population. Additionally, attachment theory has yet to conceptualize how a Latina mother’s experience may be different from an Anglo mother’s experience due to the implications of race, culture, and power, and thus making this data invaluable. Hopefully, this literature and data will assist clinicians in their own understanding of attachment and how various cultures may experience it differently.
How Latino culture impacts attachment in Latina mothers from Los Angeles, California, who have a child 18 years or younger in 2006-2007 is this: there is not enough support in adapting the Latino culture into the mainstream culture. There needs to be more culturally appropriate interventions and outreach to the Latino youth of our nation who are not only coping with being an adolescent, but also coping with their own parents’ immigration affects including depression and anxiety. That loss is what needs a specific intervention. Where is the safe place that a group of Latina mothers can process it all? Given all of the above consequences of being raised by Latina immigrant mothers both positive and negative in an environment, where it is safe to share and know that no judgment will be placed. Hopefully, a space can be created where a group of Latina mothers can process all of the above consequences. This in turn can assist new generations of Latinos to recognize the common elements of their individual struggle in being raised in a foreign country and still feel validated in the process.
References


Are you a Latina Mother?

A female Latina graduate student is studying Latina mothers and their experiences with attachment and their children. This study is voluntary and will help the field of social work to understand how to better serve Latino families.

If you want to participate or have any questions please call (323) 783-7312 and ask for Patricia Becerra, MSW Intern.

The study is not paid and will include an interview for 1 hour. This is scheduled at your convenience. To participate you must be 18 years old and be of Latino origin (born in Central America, South America, Puerto Rico or Mexico or parents were born there) and have a child aged 0-18.

Your participation will be greatly appreciated!

Please call Patricia at (323) 783-7312 or email at pbecerra@smith.edu.

Appendix B

! En Busca de Participantes Para Un Estudio Escolar!
Eres una madre Latina?

Una estudiante en “Social Work” está investigando el tema de madres Latinas y la manera que una madre se conecta con sus hijos. El estudio es voluntario y va ayudar el entendimiento de familias Latinas en los servicios de terapia.

Si quieres participar o tienes alguna pregunta por favor llame a Patricia Becerra, MSW Intern (323) 783-7312.

El estudio no va ser pagado y va incluir una entrevista de una hora. Esto seria a una hora conveniente para ti. Para participar tienes que tener 18 años o más y ser de orgía Latino (nacida en un país Latino como Centro América, Sur América, Puerto Rico o México o de padres nacidos allí). Y tener un hijo/a de 0-18 años. Tu participación será muy agradecida!

Por favor llame a Patricia al (323) 783-7312 o por email pbecerra@smith.edu.
Dear Participant,

My name is Patricia Becerra. I am a Masters candidate at Smith College School for Social Work doing a research study. I am exploring the relationship of Latina mothers and their children. The data collected for this study will be for my thesis. It will additionally be used for future presentations and possibly future publications.

**Nature of participation**

You are being asked to participate in this study so that your particular experience may be heard. For the purpose of this study, I will be conducting personal interviews with adult Latina mothers who have children aged 0-18. The interviews will last 1 hour or less at a location that is mutually decided upon. The content of the interview will focus on the process of how you felt you connected with your child and if you feel that your Latino culture impacted the development of your relationship. General information about you will also be collected directly before the interview. This data will consist of information regarding how many children you have, your relationship status (married, single, partnered, divorced, widowed), occupational status, as well as age. So that I may better capture the full content of the interview it will be audio recorded.

**Risks**

There may be some risks associated with involvement in this research. During the interview, you will be asked to recall information regarding your experience being a mother. Additionally, during the interview, you will be asked to reflect on how your culture influenced your experience as a parent. Because of the deeply personal and sensitive nature of the data being collected, you may experience some emotional discomfort. If you are currently in treatment, you are encouraged to refer to your mental health provider during this time or refer to the attached referral list. If you need to talk and are not in therapy you should contact a local referral from the list and ask for an intake to set up counseling.

**Benefits**

The data collected from this study will help those in the social work field to more comprehensively understand the unique experiences of Latina mothers. The data collected will additionally give voice to experiences that have previously been ignored in the literature, and, therefore, might also help other Latina mothers find their own voice, as they look for help in understanding their relationships with their children. This study may also be helpful to gain a perspective on your experience. You will not be paid for your participation in this study.

**Confidentiality**
Your participation in this study will be kept confidential. I will do my best to ensure your confidentiality, however, keep in mind that depending on the location we meet in, it may be possible for others to see you with me. Additionally, if you were referred to the study by your mental health provider, or other individual, please know that he/she may become aware of your participation. However, keep in mind that it is my obligation to not tell the person who made the referral whether or not you are participating in the study. I am the sole researcher and I will have primary access to the data collected. My research advisor will additionally have access to your data. Please know that the research advisor, like me, will be subject to a confidentiality agreement. Also know that confidentiality will be maintained by not keeping your name on notes, transcripts or tapes. Instead, I will use a code number on all of these items. Any data that will be presented to others will be done in the aggregate, meaning data will be presented as a total description of the sample. I assure you that any direct quotes from individual interviews will be used without stating any identifying information. I will be keeping all data—notes, transcripts, and tapes in a safe and secure location for a total of three years, per the federal guidelines on the protection of human participants. After the three-year period, data will continue to be kept locked and secured until I physically destroy it. Social work professional standards also require that I report any child abuse, elder abuse, or if there is any risk of you harming yourself or someone else.

**Withdrawal policy**

Your participation in this study is voluntary. You can withdraw from the study at any time at the beginning of the study, during the study, or after the study up until the date of April 1, 2007. In addition, you have the right to refuse to answer any question. Your withdrawal will not affect or interrupt the services you are currently receiving. If you have any questions or you wish to withdraw, I can be reached at (323) 783-7312.

**YOUR SIGNATURE INDICATES THAT YOU HAVE READ AND UNDERSTAND THE ABOVE INFORMATION AND THAT YOU HAVE HAD THE OPPORTUNITY TO ASK QUESTIONS ABOUT THE STUDY, YOUR PARTICIPATION, AND YOUR RIGHTS AND THAT YOU AGREE TO PARTICIPATE IN THE STUDY.** *Please keep a copy of this form for your records.

_________________________  ____________________________
Signature of Researcher/Date  Signature of Participant/Date

Patricia Becerra  
(323) 783-7312  
**pbecerra@email.smith.edu** Thank-you for your participation in this study!
Appendix D
Formulario de Consentimiento

Atención Participante,

Mi nombre es Patricia Becerra. Soy una estudiante del programa de Postgrado del colegio Smith para el estudio de Trabajo Social. Estoy haciendo un estudio. Voy estar explorando la manera que una madre se conecta con sus hijos. La información recopilada por este estudio va ser incorporada en un papel escolar. Adicionalmente puede ser utilizada en el futuro para publicaciones escolares.

**Manera de Participar**

Estoy pidiendo que seas una participante en el estudio para que tu experiencia personal sea escuchada. Para el propósito de este estudio, voy hacer entrevistas personales con madres latinas que sean mayores de los 18 años y que tengan un hijo/a edad 0-18 años. Las entrevistas duran una hora o menos en un lugar decidido por ambas. La mayor parte de las entrevistas va ser sobre tu experiencia siendo madre latina como tu cultura influye tu manera de conectar con tu hijo/a. También voy a preguntarte información demográfica. Esta información incluye cuantos niños tienes, si estas de pareja, si estas trabajando, y tu edad. Para que yo pueda entender todo voy a grabar nuestra entrevista con una grabadora de audio.

**Riesgos**

Habrá posibilidad de unos riesgos cuando participes en este estudio. Durante la entrevista vas a recordar información sobre tu experiencia siendo madre. Adicionalmente durante la entrevista vas a tener que recordar como tu cultura influye tu experiencia de ser madre. Como la información es delicada, pueda ser que te sientas incomoda emocionalmente. Si presentemente estás en tratamiento para tu salud mental, puedes hablar allí sobre tus sentimientos relacionados con este estudio. Si deseas participar en tratamiento puedes llamar a una de las agencias en la lista proveída y hacer una cita para consejería.

**Beneficios**

La información colectada va ser utilizada para ayudar a los consejeros para tener más entrenamiento sobre las experiencias de madres latinas. También la información va dar voz a las experiencias que antes han estado ignoradas por la literatura, y también pueda inspirar a otras madres latinas que encuentran su propia voz cuando estén buscando ayuda con sus relaciones con sus hijos/as. La perspectiva sobre tu experiencia, va ser muy beneficiosa para este estudio. No vas a recibir compensación monetaria por tu participación.

**Confidencialidad**
Tu participación en el estudio va ser confidencial. Voy hacer todo en mi poder para asegurar tu confidencialidad, pero dependiendo adonde nos encontremos para la entrevista es posible que otra gente te vea conmigo. Es mi obligación no decirle ha nadie sobre tu participación en este estudio. Yo soy la única investigadora haciendo este estudio y voy a tener el acceso primario ha tu información. Por favor sepan que mi profesor del estudio también va ver la información pero sin los nombres de las participantes. Por favor sepan que mi profesor del estudio también va firmar un contrato de confidencialidad. Toda la información va tener un código como “Participante 1” y no va tener tu nombre. En la misma manera tu información grabada y en la transcripción va ser sin tu identificación. Y cualquier información presentada a otra gente va ser agregada por el estudio. Te aseguro que palabras textuales serán identificadas por un nombre falso. Voy a guardar la información-notas, transcripciones y cintas audio en lugar segura para 3 años, como indican las reglas federales sobre la protección de participantes humanos. Después de los 3 años, la información continuara mantenida en una caja segura hasta que yo las destruya físicamente. Las reglas de la profesión de Trabajo Social requieren que yo reporte cualquier abuso de niños, ancianos y si hay riesgo que una participante se quiera lastimar o hacer daño a alguien.

Regla de Descontinuación

Tu participación en este estudio es completamente voluntaria. Es tu derecho de discontinuar tu participación en cualquier momento sin duda, en el principio, durante la entrevista, o después, hasta el primero de abril del 2007. En adición, puedes negarte a cualquier pregunta y no dar respuesta. Tu discontinuación no va tener efecto ni interrumpir tus servicios que estés recibiendo. Si tienes alguna pregunta o si deseas discontinuar, por favor llámame al (323) 783-7312. También tienes derecho a una copia de este consentimiento y de los resultados del estudio a terminar la investigación.

TU FIRMA INDICA QUE HAS LEIDO Y ENTIENDES LA INFORMACION CONTENIDA EN ESTE CONSENTIMIENTO Y QUE HAS TENIDO LA OPORTUNIDAD DE HACER PREGUNATAS SOBRE EL ESTUDIO, TU PARTICIPACION, TUS DERECHOS, Y QUE ESTAS DE ACUERDO SOBRE TU PARTICIPACION EN EL ESTUDIO.*por favor mantener una copia para tus archivos.

Firma de La Investigadora del Estudio/Fecha  Firma de la Participante/Fecha
Patricia Becerra

(323) 783-7312  pbecerra@email.smith.edu

Gracias por tu participación en el estudio!

53
Appendix E

Resource List

Pasadena/Glendale/Burbank

Family Service Agency/Burbank

2013 W. Magnolia Blvd, Burbank, CA 91506

(818) 845-7671

Sliding fee scale $25.00 and up. Spanish spoken

Office hours: M–Th 10:30 a.m.–8p.m., F 10:30 a.m.–5p.m., Sat 9:30 a.m.–3 p.m.

Foothill Family Service

118 S. Oaknoll Ave Pasadena, CA 91101

(626) 795-6907

Accepts Medical and sliding fee scale. Spanish spoken.

Office hours M–Th 8:30 a.m.–9p.m., F 8:30 a.m.– 6 p.m.

Fuller Psychological Services

180 N. Oakland Ave, Pasadena, CA 91101

(626) 584-5555

Sliding fee scale $35 and up. Spanish spoken
Office hours M–f 8:30 a.m.–4:30 p.m. Appts M–F 8 a.m.–8 p.m.

**Pasadena Mental Health**

1495 N. Lake Ave., Pasadena, CA 91104

(626) 798–0907

Sliding fee scale $5.00 and up. Spanish spoken.

Office Hours M–F 9 a.m.–9 p.m., Sat 9 a.m.–5 p.m.

**Culver City Area**

**Community Family Guidance Center**

10929 South Street., Ste 208–B, Cerritos, CA 90703

(562) 924–5526

Accepts Medical, Healthy Families, AB 3632, Non-profit. Spanish Spoken.

Office hours M–Th 8:30 a.m.–9 p.m., F 8:30–4:30 p.m.

**Family Service of Long Beach**

Bellflower Counseling Office

116704 Clark Street, Bellflower, CA 90706

(562) 867–1737

Sliding fee scale. Spanish sessions by appt.

Office hours M–F 9 a.m.–9 p.m., Sat by appt.

**Antioch Counseling Center**
400 Corporate Pointe, Culver City, CA 90230

(310) 574-2813 or by email auccintakes@antiochla.edu to schedule an intake appointment.

Sliding Scale. By appointment only. Office hours: M–Th 8:00 a.m.–8:00 p.m., F 9:00 a.m.–5:00 p.m., Sat 9:00 a.m.–4:00 p.m. No waiting list. Bilingual therapists available.

Didi Hirsch Community Mental Health Services

4760 Sepulveda Blvd, Culver City, CA 90230,

(310)390-6612

Short term counseling sliding fee based on income and crisis counseling. Long term treatment for Medical clients.

Spanish spoken.

Office Hours 8:00 a.m.–9:00 p.m.
Appendix F

Interview Guide

What is your age?

What is your relationship status now and when your child was born?

How do you identify yourself racially?

Describe your financial situation at the time of having your child?

How many children do you have?

What are their genders and ages?

Who else lives with you?

A.

1. How did you hear about the study?
2. Do you have any initial questions about this research study? (Attachment is how a child connects with their parent and is measured by how they react when separated and then returned to each other.)
3. Tell me what you understand by the term “attachment”?

B.

4. What were some of your feelings and thoughts during the pregnancy?
5. How was your relationship with your partner at this time?
6. After the birth of your child describe to me your feelings about becoming a mother?

D.

7. In the first three months of your child’s life what were your first impressions about your child?
8. Did you experience any stressful or traumatic events during this time?
9. Were you the primary caregiver for your child at this time?
10. Describe how a normal day would be for you and your child?
11. What are the aspects of this newborn stage that you enjoyed the most?
12. What are the parts that were most difficult for you?
13. Did you have to leave your child for an extended amount of time during the baby’s first 6 months?
14. If so, how did your child react when being separated from you?
15. How about during brief separations?
16. What was your work status at this time?
17. Do you feel that being Latina impacted your relationship with your child? If so, how?
18. Do you feel that your culture influenced your way of attaching to your child? If so, how?
19. Do you feel that you related to your child in ways in which non-Latinas did not understand?

E.

20. What else would you like others to know about your experience?
21. What was most helpful and least helpful in coping with parenting?
22. What might have been helpful?
23. Do you have anyone else to suggest to participate in study?
Appendix G

Guía de Entrevista

Cuántos años tienes?

Estás en pareja? Y cuando nació tu hijo/a?

Cómo te identificas culturalmente?

Qué es tu estado de finanzas? Y cuando nació tu hijo/a?

Cuántos niños tienes?

Qué son su sexos y edades?

Quién más vive con tigo?

A.

1. ¿Cómo oíste de este estudio?
2. Tienes alguna pregunta inicialmente sobre este estudio? (La relación entre madre e hijo es visto en la manera que un hijo/a reacciona cuando se separan de la madre.)
3. Cuéntame que entiendes sobre el término de “Attachment”?

B.

1. ¿Qué fueron unos sentimentos y pensamientos durante tu embarazo?
2. ¿Cómo estaba tu relación con tu pareja en este tiempo?
3. Después que nació tu hijo/a describame tus sentimentos sobre ser madre?

D.

1. En los primeros trece meses de la vida de tu hijo/a que fueron tus primeras impresiones de tu hijo/a?
2. Tuviste algún evento traumático o de estrés durante este tiempo?
3. Fuiste la primaria en la cuidaza de tu hijo/a en ese tiempo?
4. Describame como era un día regular para ti y tu hijo/a en este tiempo?
5. Que te gusta hacer con tu hijo?
6. Como resuelven conflicto en el hogar?
7. Que fueron los aspectos del estado de recién nacido que te dio lo mas gusto?
8. Que fueron las parte mas difíciles para ti?
9. Tuviste que separe de tu hijo/a por mucho tiempo durante los primeros seis meses de ser nacido/a?
10. Como respondió con separaciones cortas?
11. Como era tu situación de trabajo en este tiempo?
12. Crees que siendo Latina tuvo impacto en la relación entre tú y tu hijo/a? Si?
   Como?
13. Crees que tu cultura Latina influyó la manera en que te relacionaste con tu hijo/a?
14. Crees que la manera que relacionaste con tu hijo/a era no fue entendido por
   madres que no eran Latinas?

E.

1. Que quesarías que otros supieron de tu experiencia?
2. Que fue lo que te mas ayudo en ser madre?
3. Que averías tenido que te tuviera ayudado?
4. Tienes otra persona para referir a este estudio?
Appendix H

Transcriber’s Assurance of Research Confidentiality

STATEMENT OF POLICY:

This thesis project is firmly committed to the principle that research confidentiality must be protected. This principal holds whether or not any specific guarantee of confidentiality was given by respondents at the time of the interview. When guarantees have been given, they may impose additional requirements which are to be adhered to strictly.

PROCEDURES FOR MAINTAINING CONFIDENTIALITY:

1. All volunteer and professional transcribers for this project shall sign this assurance of confidentiality.

2. A volunteer, or professional transcriber should be aware that the identity of participants in research studies is confidential information, as are identifying information about participants and individual responses to questions. Depending on the study, the organizations participating in the study, the geographical location of the study, the method of participant recruitment, the subject matter of the study, and the hypotheses being tested may also be confidential information. Specific research findings and conclusions are also usually confidential until they have been published or presented in public.

It is incumbent on volunteers and professional transcribers to treat information from and about research as privileged information, to be aware of what is confidential in regard to specific studies on which they work or about which they have knowledge, and to preserve the confidentiality of this information. Types of situations where confidentiality can often be compromised include conversations with friends and relatives, conversations with professional colleagues outside the project team, conversations with reporters and the media, and in the use of consultants for computer programs and data analysis.

3. Unless specifically instructed otherwise, a volunteer or professional transcriber upon encountering a respondent or information pertaining to a respondent that s/he knows personally, shall not disclose any knowledge of the respondent or any information pertaining to the respondent’s testimony or his participation in this thesis project. In other words, volunteer and professional transcribers should not reveal any information or knowledge about or pertaining to a respondent’s participation in this project.
4. Data containing personal identifiers shall be kept in a locked container or a locked room when not being used each working day in routine activities. Reasonable caution shall be exercised in limiting access to data to only those persons who are working on this thesis project and who have been instructed in the applicable confidentiality requirements for the project.

5. The researcher for this project, Patricia Becerra, shall be responsible for ensuring that all volunteer and professional transcribers involved in handling data are instructed in these procedures, have signed this pledge, and comply with these procedures throughout the duration of the project. At the end of the project, Patricia Becerra shall arrange for proper storage or disposition of data, in accordance with federal guidelines and Human Subjects Review Committee policies at the Smith College School for Social Work.

7. Patricia Becerra must ensure that procedures are established in this study to inform each respondent of the authority for the study, the purpose and use of the study, the voluntary nature of the study (where applicable), and the effects on the respondents, if any, of not responding.

PLEDGE

I hereby certify that I have carefully read and will cooperate fully with the above procedures. I will maintain the confidentiality of confidential information from all studies with which I have involvement. I will not discuss, disclose, disseminate, or provide access to such information, except directly to the researcher, Patricia Becerra for this project. I understand that violation of this pledge is sufficient grounds for disciplinary action, including termination of professional or volunteer services with the project, and may make me subject to criminal or civil penalties. I give my personal pledge that I shall abide by this assurance of confidentiality.

____________________________________
Transcriber Signature

____________________________________  Date

____________________________________
Patricia Becerra, MSW Intern

____________________________________  Date
Appendix I

Human Subjects Review Approval Letter

February 14, 2007

Patricia Becerra
303 1/2 Jasmine Avenue
Monrovia, CA  91016

Dear Patricia,

Your revisions have been reviewed and all is now in order. We are therefore now able to give final approval to your study.

Please note the following requirements:

Consent Forms: All subjects should be given a copy of the consent form.

Maintaining Data: You must retain signed consent documents for at least three (3) years past completion of the research activity.

In addition, these requirements may also be applicable:

Amendments: If you wish to change any aspect of the study (such as design, procedures, consent forms or subject population), please submit these changes to the Committee.

Renewal: You are required to apply for renewal of approval every year for as long as the study is active.

Completion: You are required to notify the Chair of the Human Subjects Review Committee when your study is completed (data collection finished). This requirement is met by completion of the thesis project during the Third Summer.

Good luck with your project.

Sincerely,

Ann Hartman, D.S.W.
Chair, Human Subjects Review Committee

CC: Holly Simons, Research Advisor