

“Vivir Así no es Vivir”—The Emotional Impact of the
Drug War on Mexican Immigrants in the United States

Claudia Cespedes

A Dissertation Submitted to the Faculty of
The Chicago School of Professional Psychology
In Partial Fulfillment of the Requirements
For the Degree of Doctor of Psychology

June 10, 2013

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2013

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Dedications

To those who have been impacted by the drug-related violence, I dedicate this project to you and your families. May you find peace and hope to get through life, and may justice find its way to Mexico and its people. My heart and prayers are with you, and I hope that my project can shed light on your experiences so that positive change can occur.

Acknowledgements

I would like to take a moment to thank all of the individuals who helped make this project possible. I would like to begin with my dissertation committee. Dr. Chante DeLoach, thank you for taking me under your wing and having faith in my project. I appreciate your encouragement and patience over the last two years. Dr. Bianka Hardin, I was truly lucky to have you as my reader, mentor, and advocate throughout the dissertation process. Your empathic support, understanding, and commitment to my success helped me get through very tough times and for that I thank you. Dr. Hector Torres, thank you for your willingness to be a part of my project and for getting me connected with El Consulado. You were always willing to help at every step of the way, and your expertise, suggestions, and assistance with sources certainly helped my dissertation flourish.

I must show my appreciation to Raul Garcia, Gabriela Gutierrez Garcia, Venus Martinez, and Martha from El Consulado General de Mexico. Todos siempre fueron muy amables y me ayudaron inmensamente a encontrar participantes. Les doy las gracias por la oficinita que me dejaron usar, realmente fue perfecta para crear un espacio seguro y cómodo para mis entrevistas. Next, I would like to thank Dr. Cynthia Langtiw for taking time out of her busy schedule to provide me with support and guidance. To my research assistants, April de Dios, Susana Vargas, Cynthia Sanchez, and Nestor Flores, I appreciate the contributions you made to my project.

Dr. Donna Peters, you inspired me to pursue my topic. I thank you for giving me the opportunity to learn about the harsh realities of political/organized violence through the immigration evaluations we completed together. Edlyn Rodriguez, thank you for

providing me with the mental health referrals from NAMI-GC. This was extremely helpful for the participants who were interested in receiving services following the interview. Hector Gutierrez, thank you for your ongoing support and encouragement. I also appreciate your contributions to my project. Angel Lopez, your expertise and skills made my dissertation poster look amazing during the 2012 NLPA Conference, and I thank you for taking the time to help me.

To my family, thank you for your moral support and for traveling all the way to Chicago to witness my biggest accomplishment. Jenna Peterson, Tamara Libfeld, Swati Sharma, and Ana Madon, thank you for your feedback and support. To Katie Murphy, I appreciate you always letting me vent in my times of dissertation crises. Thanks for your wonderful ideas and support that helped my project flourish. Lastly, to my participants, this project would not be what it is without you. My dissertation is done, but my advocacy and commitment to you will continue.

Abstract

“Vivir Así no es Vivir”—The Emotional Impact of the Drug War on Mexican Immigrants in the United States

Claudia Céspedes

In 2006, former Mexican President Calderón enforced military tactics against the drug cartels in Mexico, bringing 60,000 people to their death (McDuffee, 2012). Since then, individuals have left Mexico to seek safety and freedom. Some have been personally targeted, while others have relatives who have been victimized. As such, the impact does not end upon one’s departure from Mexico. The effects of the drug war can lead to an increased vulnerability of mental illness (Eisenman et al., 2003), especially for individuals who do not seek help or disclose their experiences. This study utilized qualitative interviews along with the PTSD Checklist–Civilian Version in order to gather the narratives of affected individuals. The results show that Mexican immigrants are experiencing significant traumatic reactions despite no longer living in Mexico because of their kinship ties. Culturally competent mental health services are crucial in order for individuals to heal and find peace.

Table of Contents

Copyright.....	ii
Dedication.....	iv
Acknowledgements.....	v
Abstract.....	vii
Table of Contents.....	viii
Chapter 1: Background of the Problem.....	1
Purpose of the Study.....	2
Statement of the Problem.....	5
Significance of the Study.....	6
Definitions.....	7
Research Questions.....	8
Assumptions of the Study.....	9
Limitations of the Study.....	10
Summary of Remaining Chapters.....	11
Chapter 2: Review of the Literature.....	12
History of Mexican Immigration and Oppression in the U.S.....	13
Politics of Mexico.....	24
The Drug War in Mexico.....	29
Culture and Values of Mexicans.....	44
Issues Affecting Mexicans.....	49
Help-Seeking Behaviors.....	56
Mental Health and Resilience.....	65

Psychological Effects of Political Violence.....	71
Assessment of Trauma.....	80
Effective Treatment for Trauma.....	85
Culturally Based Treatment Approaches with Mexican Immigrants.....	96
Asylum Seeking Process.....	101
Gaps in the Literature.....	105
Chapter 3: Methodology.....	106
Research Paradigm.....	106
Sampling.....	110
Instrumentation.....	111
Procedures.....	112
Data Analysis.....	116
Behavioral Observations.....	117
Self of the Researcher.....	118
Chapter 4: Results	124
Quantitative Results.....	126
Qualitative Results.....	126
Venir con una ilusión—The migration journey.....	129
Es como una jaula—The challenges of living in the U.S.....	133
Los carteles son el gobierno—Coercion, control, and power of the cartels.....	143
Los tienen con la cola entre las patas—The government is powerless, complicit, and cowardly.....	154

Vivir así no es vivir—A culture of fear, impotence, and a lack of overall safety.....	167
La gente se esta cansando—Solutions to end the drug war.....	200
No estoy loca—Perceptions of mental health.....	207
Chapter 5: Discussion.....	222
Summary.....	223
Limitations of the Study.....	245
Clinical Implications.....	248
References.....	254
Appendix A: Consent to Participate in a Research Study.....	274
Appendix B: Screening Questions.....	277
Appendix C: Semi-Structured Interview.....	279

Background of the Problem

According to the U.S. Census Bureau, Statistical Abstract of the United States: 2011, 48.5 million people in the United States (U.S.) are of Hispanic origin, and of those 20.1 million are foreign-born. Moreover, the number of total Mexicans in the U.S. is 31.8 million, making them the largest Latino group, followed by Puerto Ricans at 4.6 million, and Cubans at 1.8 million (*U.S. Census Bureau, 2010*). The percentage of Latinos in the U.S. has grown significantly despite the harsh immigration restrictions and legal alien status policies that began in 1960 (Falicov, 1998). Latinos mainly migrate to the U.S. for voluntary reasons related to economic gain and family well-being (Guarnaccia & Lopez, 1998) or to reunite with family and friends (Santiago-Rivera, Arredondo, & Gallardo-Cooper, 2002). However, others migrate to the U.S. involuntarily as a result of natural disasters, oppression, political unrest (Santiago-Rivera et al., 2002), or a perceived “imminent threat of physical violence, injury, or death from human or natural disasters” (Guarnaccia & Lopez, 1998, p. 538).

While Latino immigrants migrate to the U.S. in hopes of a better and more satisfying life, their journey is often tumultuous. For example, many put their lives at risk in crossing the U.S.-Mexico border through extreme means, such as travelling in the trunk of a car, squeezing into a cargo area, and other life threatening methods. Those who subject themselves to this dangerous process “face the possibility of deprivation, rape, and murder” (Sullivan & Rehm, 2005, p. 246). In fact, Sullivan and Rehm (2005) found that more than 2000 immigrants died crossing the border between 1995 and 2005 due to deprivation of food and water, as well as exposure to violence or physical harm at the hands of the U.S. Border Patrol and others they were confronted with along the way.

Violence as defined by the World Health Organization (WHO) “is the interhuman infliction of significant and avoidable pain and suffering by an organized group according to a declared or implied strategy and/or system of ideas and attitudes” (Hondius et al., 2000, p. 620). For those who are victims of crime in their native country, the violence they endure can include persecution, torture, and murder before and even during their migration. Oftentimes, other stressors related to the overall migration process accompany the significant effects of the violence. Therefore, those who leave their homeland due to exposure to violence are likely to experience severe trauma long after their migration journey. Exposure to political violence has also been found to break apart families and communities such that the victims fear for their lives and flee to the U.S. to find safety. As such, those who flee their homeland leave loved ones behind with no knowledge of when they will reunite with their family. Ritterman and Simon (1990) specifically found that with torture victims, torturers might “isolate the survivor from his or her family, and make the larger community fear association with the family” (p. 280).

Purpose of the Study

Although drug trafficking has largely been an issue in Mexico throughout most of the 21st century, it continues to impact families and large communities today. In fact, the violence significantly worsened in 2006 when President Calderón ordered troops to intervene against the drug cartels. Leiken (2012) estimated the death toll at 50,000, reaching more than five times the death toll of the Iraq and Afghanistan wars combined. It is unknown how many of those dead have actually been involved with the cartels. However, Leiken (2012) noted that Mexican officials believe that 90% are involved in

the drug trade, 6% are police officers and soldiers, and the remaining 4% are innocent bystanders—about 2,000 based on his reports of the death toll.

Media sources constantly question whether President Calderón’s strategy was the most effective given the high number of deaths. However, given the corruption within the Mexican police, and their tendency to abuse and mistreat the people through insults, solicitation of bribes, threats of coercive confessions, and trumped up charges, it is evident why the public mistrusts their ability to fight against the organized crime (Leiken, 2012). Mexican citizens are also unable to trust police officers because when they do not personally victimize citizens, they report them to the cartels. Lizbeth Diaz (2012) from *Reuters* agreed, “Police and the judiciary are widely seen as corrupt in Mexico, taking payments from drug gangs that often offer far more money than they make on the job” (p. 2). Unfortunately, the lax hiring standards and limited qualifications to be a police officer allow many to join for the wrong reasons. Therefore, from a contextual perspective, President Calderón chose the strategy, which seemed most effective and appropriate to ensure the safety of the people and to reduce corruptive efforts.

Innocent people in Mexico in the midst of the drug war are at risk of violence, torture, and even death on a regular basis. Despite the horrific experiences, some individuals might be reluctant to share their past trauma with others because of guilt and shame, or fear of being stigmatized (Shattell, Hamilton, Starr, Jenkins, & Hinderliter, 2008). They might also be concerned with being perceived as weak or if they endorse psychological symptoms, so few will tell their loved ones. Others fear deportation if they seek out assistance from a professional, so seeking mental health services is often not a viable option (Falicov, 1998). There are a number of other barriers to seeking

psychological treatment, such as a lack of trust in therapists, language and cultural barriers, limited knowledge about mental illnesses or services available (Shattell et al., 2008), a lack of insurance coverage, inadequate income, low education, social marginalization, and a lack of trust in formal institutions (Keating et al., 2009). Given the range of barriers, Mexican immigrants will often repress their negative experiences or turn to family and religion in order to cope (Fortuna, Porche, & Alegria, 2008).

Gafner and Benson (2001) found that immigrants exposed to violence might also avoid discussing their past in order to concentrate on their survival in the present. However, avoiding one's trauma can often prove to be an unsuccessful attempt that leads to more psychological distress. The presence of these lasting physical and psychological effects due to the drug war enables Mexican immigrants to seek asylum once in the U.S. However, their inability or unwillingness to disclose details of their painful past can impact the outcome for asylum such that applicants need to have evidence of having experienced persecution in the past or fear persecution in the future.

Disclosure of the trauma can then lead to emotional arousal and intrusive symptoms that they might not necessarily be equipped to handle (Gangsei & Deutsch, 2007). With this in mind, many mental health professionals involved in the asylum seeking process will avoid pressuring the applicant to disclose. Despite the difficulties in disclosing, judges require that asylum seekers fully outline their traumatic experiences with great detail in order to prove that there is a well-substantiated and logical sense of fear of persecution. Legal officials are less likely to believe the claimant if he or she cannot remember or narrate their traumatizing story, leading to negative outcomes in asylum cases such as denial (Masinda, 2004).

The relatives of those who are directly targeted also experience significant distress as though they were directly impacted themselves. This is due to *familismo*, the collectivist value of family connectedness and one's tendency to attribute familial well-being to one's own well-being. Drug-related violence can lead to hopelessness and fear about one's safety if one were to return to Mexico. For this reason, it is imperative that Mexican immigrants are given the opportunity to share their narratives in a safe and supportive environment, whether they are personally impacted or not. They should also be encouraged to seek support in their families through utilizing Latino cultural values such as *familismo* and the importance of connectedness and mutual support.

Statement of the Problem

The increase in Mexican immigrants in the U.S. due to the drug war in Mexico warrants community awareness and knowledge of the challenges they face. Reasons for leaving Mexico might involve an effort to escape the violence and keep one's family safe. However, many end up suffering adverse effects upon their migration journey, and even after they arrive into the U.S. The challenges of living in the U.S., as well as the fear that one's relatives who remain in Mexico might be targeted, place many at an increased vulnerability of developing significant psychiatric symptoms.

Eisenman et al. (2003) found that, while many experience the violent effects of political violence, very few are disclosing their traumatic experiences due to fear of reliving the trauma. In their study of those who had experienced political violence and had seen a health care professional after the event, only 7% had ever disclosed their traumatic experiences to their physician. They might feel wary of the psychological distress they would experience if they discussed it with someone as opposed to repressing

it and moving on with their lives. Not only is non-disclosure a defense mechanism, which might be encouraged by cultural factors, such as *fatalismo*, it is also a major symptom and avoidance indicator of possible PTSD. This can pose significant ramifications to one's emotional and psychological well-being if their traumatic experiences are left untreated.

Significance of the Study

The individuals who are fleeing Mexico to escape the drug-related violence endure lasting physical and psychological issues. Despite the wide range of problems, the harsh reality is that few seek help. In fact, individuals with exposure to violence and torture are not likely to disclose their traumatic experiences to anyone (Fortuna et al., 2008). Not being able to discuss one's exposure to violence poses negative ramifications for immigrants. Oftentimes, the drug-related violence is just one of the many instances in which these individuals have experienced challenging and unexpected circumstances, many of which remain untold. These negative and traumatic events place Mexican immigrants at risk for developing severe psychiatric symptoms that warrant clinical attention.

With that said, helping Mexican immigrants share their *testimonio* would empower them and allow them to process their negative experiences (Gafner & Benson, 2001). A *testimonio* offers the individual acceptance and validation in order to combat feelings of guilt and blame, and to feel empowered when telling his or her story (Gangsei & Deutsch, 2007). To do so, mental health professionals should ensure that they are culturally competent to provide therapeutic services to those who have endured significant challenges due to the drug war in Mexico. Through understanding the extent

of their trauma and difficulty in disclosing their *testimonio*, these professionals can provide these individuals with the nonjudgmental, empathic support that they need.

Definitions

The following terms will be found throughout this paper. Many of these terms hold different meanings and for purposes of consistency and flow, the terms are described here. Torture, as defined by the United Nations Convention Against Torture and Other Cruel, Inhumane, and Degrading Treatment or Punishment (UNCAT) of 1985, is:

Any act by which severe pain or suffering, whether physical or mental, is intentionally inflicted on a person for such purposes as obtaining from him or a third person information or a confession, punishing him for an act which he or a third person has committed, or intimidating or coercing him or a third person, or for any reason based on discrimination of any kind, when such pain or suffering is inflicted by or at the instigation of a public official or other person acting in an official capacity. It does not include pain or suffering arising only from, inherent in or incidental to lawful sanctions. (McColl et al., 2010, p. 1)

Organized violence, according to the World Health Organization (WHO), “is the interhuman infliction of significant and avoidable pain and suffering by an organized group according to a declared or implied strategy and/or system of ideas and attitudes” (Hondius et al., 2000, p. 620). Organized violence is similar to political violence in the context of the drug war due to political involvement in the drug trafficking. Therefore, organized violence and political violence may be used interchangeably within this paper.

An asylum seeker is one who flees one's country due to persecution or the fear of persecution on the basis of race, religion, nationality, membership in a particular social group, or political opinion. Asylum seekers are awaiting the outcome of their request to be recognized as a refugee (Hondius et al., 2000). A refugee is someone (a) who has a well-founded fear of persecution; (b) whose fears arise because of race, religion, nationality, or politics; and, (c) who must remain outside or is unwilling to return to his or her homeland because of that fear (Gonsalves, 1992; The United Nations, 1967). By definition, a refugee is an individual who has already gone through the asylum seeking process unlike an asylum seeker, and they are accorded refugee status abroad by a U.S. consulate before relocating to the U.S. (*Immigrant Status and Relief Options*, 2009).

U.S. Immigration and Customs Enforcement (ICE) is the department responsible for enforcement of U.S. immigration laws and concentrates the majority of its resources on 'interior' enforcement (not at the border). ICE's primary function is apprehension of noncitizens and the initiation of removal proceedings against them. ICE also carries out the removal of noncitizens. (*Immigration Status and Relief Options*, 2009, p. 3)

ICE attorneys are involved in proceedings representing the U.S. government.

Research Questions

It is imperative to appropriately assess the experiences of individuals who migrate to the U.S. as victims of crime due to the drug war. This study hopes to address the following:

1. Whether Mexican immigrants who have been exposed to violence as a result of the drug war experience trauma and, if so, to what extent;
2. the self-perceived impact of the drug war on Mexican immigrants;
3. the factors that influence Mexican immigrants' willingness to disclose their traumatic experiences to a health professional; and
4. the ways in which Mexican immigrants exposed to violence seek help.

Assumptions of the Study

Given the findings from the literature, it was assumed that Mexican immigrants who have been exposed to violence as a result of the drug war experience a significant amount of psychological distress, leading to depressive and anxiety disorders, somatic complaints, and substance abuse (Piwowarczyk, 2008). The focus of this study was to identify symptoms indicative of severe trauma and post-traumatic stress disorder (PTSD) as outlined in the *Diagnostic and Statistical Manual of Mental Disorders–Fourth Edition, Text Revision* (DSM-IV-TR). Based on findings from past studies, it was believed that Mexican immigrants would have great difficulty disclosing their experiences and explaining the effect of violence on their physical and psychological well-being. If they did present with difficulties in disclosing their traumatic experiences, it is possible that they chose to avoid thinking about their negative experiences in efforts to move on with their lives.

In regards to their willingness to disclose to a health professional, it was believed that Mexican immigrants exposed to violence would not feel comfortable disclosing if they did not feel that they could be understood, or if they noted any cultural or language barriers (Falicov, 1998; Shattell et al., 2008). Along with that, they might have felt

reluctant to disclose their negative experiences because they might not view professionals as being empathic of their experiences. In terms of seeking help, it was believed that Mexican immigrants exposed to violence would turn to family, friends, and their community, such as religious groups and traditional healers, to process their negative experiences (Piwowarczyk, 2007).

Limitations of the Study

This study had a few limitations given the demographics, type of study, and inclusion criteria. The study is also limited in that participants were in Chicago; therefore, the results cannot be generalized to Mexican immigrants living in other regions in the U.S. Of importance, not all participants lived in Chicago but were simply visiting or submitting forms required for documentation. In terms of inclusion criteria, participants were Mexican immigrants who had been directly targeted or who had family members or loved ones who were targeted as a result of the drug war violence. Thus, these criteria did not include people who were born in the U.S. but who have family members in Mexico who were targeted, and it does not include individuals who feel impacted because of what they have seen or heard through the media. In addition, this study does not include the experiences of individuals who have been killed as a result of the violence. Consequently, one issue that remains unknown is whether there is a rationale or commonality among those who are killed, or whether many are simply innocent bystanders subject to the street violence.

Moreover, there is a possibility that many individuals were reluctant to participate in the study because of fear of authority figures. While this researcher is a student in training and has a similar culture and language background as that of the participants,

they likely viewed this researcher as an outsider and, thus, an authority figure. This limitation is especially more likely given that the interviews were collected in a government agency. Undocumented individuals might have feared being reported to immigration, discriminated against, or investigated due to their documentation status. Moreover, participants might have also been skeptical about confidentiality, which might have limited how much they disclosed. Ritterman and Simon (1990) found that many individuals exposed to political violence experience paranoia and are unable to trust others, especially if they are undocumented. As such, it is possible that participants experienced feelings of paranoia and mistrust and struggled to develop trust with this researcher because of their past experiences. In order to help increase trust and reduce paranoia, this researcher reviewed the literature, took a course, and sought guidance and supervision on the most effective and culturally sensitive ways to work with immigrants who have been exposed to trauma. More limitations along with ways to account for the limitations in the study will be discussed in more detail in chapter three, Methods.

Summary of Remaining Chapters

Chapter two gives a brief description of the history of Mexicans in the U.S. and current immigration policies. It then discusses common issues affecting Mexicans, the Mexican culture, values, beliefs, mental health, and help-seeking behaviors. The politics of Mexico and the history of drug trafficking are also discussed in order to give the reader a context of the current political climate. The physical and psychological effects of political violence, as well as effective mental health treatment and assessment procedures, followed by mental health barriers will be covered. Lastly, the asylum

seeking process and its effects on asylum seekers is discussed in order to provide a framework from which to understand the process for immigrants exposed to violence.

Chapter three outlines the methodology of the study including instrumentation, procedures, analysis, and limitations. Chapter four states the results of the study including their relevancy to the aforementioned hypotheses. Chapter five consists of the discussion section along with limitations, recommendations, and implications for future studies.

Chapter 2: Review of the Literature

This section includes a history of the issues surrounding Mexican immigrants in the U.S. First, there will be a description about the most recent immigration policies in the U.S. as well as their effect on Latino immigrants and how they have affected past migration periods. A brief history of Mexico will be reviewed dating back to the 1940s in order to better understand the political aspect and evolution of the drug war. It is important to note that this is a basic overview, and it does not include all major movements and policies throughout U.S. and Mexico history. Next, the Mexican culture will be reviewed as well as beliefs and values within Mexican families. In addition, the help-seeking behaviors of Mexicans are highlighted, as it is imperative to understand how they typically overcome obstacles and issues not only in terms of mental health but also in everyday life.

To gain a better understanding of the effects of political violence, this paper will describe the symptoms and overall health of asylum seekers and refugees from Latin America. Specifically, the symptoms and prevalence of mental health issues will be

noted along with information of the most prevalent mental illness: PTSD. The psychological assessment process and the most effective psychological interventions for trauma will be reviewed. More specifically, effective treatment for Latinos will be discussed along with some of the required training for mental health professionals providing the culturally based treatment services. Of note, mental health professional, counselor, therapist, and clinician will be used interchangeably throughout the paper based on the term that is utilized in the article being discussed. Along with that, it is important to note mental health barriers to treatment for Latino immigrants in order to understand reasons why many are reluctant to seek services. Lastly, the asylum seeking process will be reviewed in detail to better understand the requirements and criteria for asylum seekers.

History of Mexican Immigration and Oppression in the U.S.

Mexican Americans oftentimes struggle to find their identity within the U.S., because Mexican descendants had lived on U.S. soil long before there was a Mexico or a United States (Gonzalez, 2000). Much of the land known as U.S. territory today was known as New Spain's northern frontier in the early 1800s, because it had been newly acquired by the Spaniards. The New Spain territory in the early 19th century consisted of Nevada, Utah, California, Wyoming, as well as parts of New Mexico, Arizona, and Colorado. Martinez (1994) reported that the *Norteños* (made up of *Sonorenses*, *Nuevomexicanos*, and *tejanos*) who settled in these areas had to fend for their lives and territory against the Indians from the parts south of New Spain (mainly Monterrey, Nuevo Leon, Chihuahua, and Durango), leading to political and economic instability.

In addition to being threatened by the Indians, those in the New Spain area were targeted by England, France, Russia, and the U.S., since they were interested in invading this land. “Wishing to increase economic activity in their region, *Norteños* began to trade with the Anglo-Americans from the U.S. who were coming into Texas, New Mexico, and California after 1800” (Martinez, 1994, p. 262). Regardless of their early settlement and possession of these states, Anglo-Americans began to colonize the area, and they often treated the native people of New Spain as inferior and unwelcome in U.S. society through outright discriminative practices. The U.S. fought against Mexico and its parent nations, Spain and England, for the aforementioned states in the U.S. Mexican War of 1845. Mexico surrendered in 1848 and signed the Treaty of Guadalupe-Hidalgo, which demanded relinquishment of the land from Texas to California for a mere \$15 million amount that was quickly consumed (Kirkwood, 2010). The U.S. agreed to honor former land titles that Mexicans held as a result of the Treaty of Guadalupe-Hidalgo. Despite the agreement, Anglo-Americans quickly began taking over Mexicans’ land without penalty or consequence from the government (Hargrove, 2006).

According to Kirkwood (2010) there were varying reactions to the results of the U.S. Mexican War. Some blamed the president at the time, Antonio Lopez de Santa Anna, because he resigned as president and fled the country to escape the war. He returned in 1853, and he was asked to resume his presidency to help Mexico recover, but the people did not appreciate his authoritarian style so he fled once again in 1855. Others blamed the church, military, and the corporate entities that were unable to respond to the demands resulting from the war and help stabilize the economy and politics of Mexico (Kirkwood, 2010). The struggle to find the entity responsible for Mexico’s hardships is

evidence of the political conflicts that the people of Mexico have had to endure throughout history, more of which will be explained later.

After the U.S. Mexican war, Anglos who settled in South Texas continued to steal any remaining land from Mexicans, stating that Mexicans “didn’t understand their rights and those of their grandparents. Anybody could tell them, ‘your grandfather lost his land, sold it,’ and they couldn’t prove otherwise” (Gonzalez, 2000, p. 100). Because so many Anglo settlers took land away from Mexicans, by 1900 one-third of the ranches and large estates in the region from Texas to California belonged to Anglo-Americans. Gonzalez (2000) found that by the 1920s, Mexicans made up 90% of the population near the Rio Grande Valley, but Anglos controlled most of the land and political power. He added that during the Great Depression of the 1930s, anti-immigration movements increased and more than 500,000 Mexicans were deported, even some of whom were U.S. citizens and mistaken as undocumented individuals simply because of their physical characteristics.

To further enforce Mexican entry into the U.S., the Department of Labor created the U.S. Border Patrol, known as *La Migra*, in 1924 as a way to limit the number of Mexicans and other Central and South Americans who were migrating to the U.S. (Hargrove, 2006). The patrol unit utilized attack dogs, as well as “fixed steel walls, concrete channels, boundary markers, and morbidly festooned cattle fences and barbed wire” (Hargrove, 2006, p. 67) to keep illegal immigrants out. The method of using barbed wire and attack dogs to prevent Mexicans from entering the U.S. is one of many brutal forces that continue to be used to date. According to Ettinger (2009), one million dollars were spent to hire an additional 472 officers during this time, but “the Border

Patrol hardly brought an end to smuggling or undocumented entry, and there is no way to assess even the degree to which it immediately succeeded in stemming patterns of illicit entry in the years after 1924” (p. 158).

Following the onset of World War II, which lasted from 1939 through 1945, President Franklin Roosevelt agreed to import Mexicans, because U.S. men were joining the war and laborers were needed to work on railroad maintenance and agricultural jobs. The program was known as the *Braceros* Program of 1942, and it brought in 52,000 Mexicans the first year alone. As many as 100,000 Mexicans a year were contracted up until 1954 due to the *Braceros* Program (Gonzalez, 2000). Unfortunately, after the Korean War, lasting 1950 through 1953, the U.S. once again prohibited Mexican entry and began Operation Wetback, which was devised in 1954 under the supervision of General Joseph Swing, commissioner of the Immigration and Nationalization Service (INS). The term “wetback” is one that refers to immigrants who have swam the Rio Grande and are in the U.S. illegally. However, the term applies to even those who did not swim the Rio Grande, and it is derogatory as it implies that Mexican immigrants are of lower and marginalized class (Eegee, 2008). The goal of Operation Wetback was to enforce strict border patrol against illegal aliens, but namely Mexicans (The Border, n.d.). According to Gonzalez (2000), Mexicans were thrown into jails, herded into trucks or trains, and sent back to Mexico, once again, many of whom were American citizens and targeted simply for their appearance.

Within two months, one to two million people had been deported even though the policy behind the *Braceros* Program ensured that the rights of the *braceros* were not violated once in the U.S. (Kirkwood, 2010). Immigrants were deported along with their

American-born children, and agents unrightfully stopped “Mexican-looking” citizens on the street to ask for identification (The Border, n.d.). Fortunately, Operation Wetback was abandoned because of so many complaints from U.S. citizens of Mexican descent against the police and state government. The primary complaint was that this operation violated the civil rights of Mexicans.

Donato (1994) noted that other laws existed, which were found to progress the status of immigrants in the U.S. For example, while the Immigration Reform and Control Act (IRCA) of 1986 increased border enforcement and established employer sanctions for those who knowingly hired undocumented migrants, it also offered amnesty to migrants already in the U.S. As a result, more than two million Mexicans applied for amnesty within three years of the IRCA of 1986. Additionally, the Immigration Act (IMMACT) of 1990 “created a new selection procedure by increasing the annual worldwide numerical limit to 366,000 immigrants, revisiting the visa preference system, and implementing a three-track system based on family ties, employment, or diversity” (Donato, 1994, p. 709). This law allowed family members of newly legalized immigrants to receive a visa, which resulted in 55,000 individuals between 1992 and 1994.

While some laws attempt to encourage that immigrants be accepted in the U.S., others continue to limit their rights. In 1996 the Illegal Reform and Immigration Responsibility Act was signed into law as a part of the Bill Clinton administration, which attempted to restrict not only illegal but also legal immigration. The Illegal Reform and Immigration Responsibility Act was focused mainly on Mexicans, just like Operation Wetback of 1954. Specifically, it required those seeking asylum to apply within one year of entry into the U.S., or else they would forever lose their right. This law also limited

the number of immigration cases that could be heard in the federal courts. Only “a handful of circuits recognize the rights of aliens to have their cases heard in federal courts, while the overwhelming majority have sided with the government in depriving immigrants of their constitutional rights” (Dobkin, 2009, p. 38). In 2005, the Border Protection, Antiterrorism, and Illegal Immigration Reform Act was passed, which focused on building fences and convicting those who remained in the U.S. after their visas expired with a felony, even if it was expired by just one day (Dobkin, 2009).

Due to hostile attitudes toward illegal immigrants, there is an ongoing debate as to whether they should have access to public assistance as citizens do (Hargrove, 2006). The Welfare Reform Law of 1996 is just one example of an act that limited the eligibility of public benefits for illegal immigrants. Some U.S. citizens and policymakers believe that immigrants should not be given the same rights since they do not pay taxes. However, it is overlooked that Mexican immigrants also work in the U.S. and will not be able to claim retirement savings like U.S. citizens.

Immigration has become an even more hotly debated topic since the September 11, 2001 “Attack on America” (Esses et al., 2002). U.S. citizens became adamant about not allowing immigrants into the U.S., because the terrorists involved in the attacks entered the U.S. either as immigrants or with work visas (Esses et al., 2002). As a result, laws prohibiting immigrants from entering the U.S. have become stringent for all immigrants. Even though Mexican immigrants were not in any way involved with the attack on America, laws have become especially strict toward individuals from Mexico. Shattell et al. (2008) indicated that a participant in their study that identified the mental health needs of Latinos stated, “Latinos are people who are constantly being watched,

discriminated against, marginalized, detained, prosecuted, and deported” (p. 357). The discrimination is outwardly explicit in the U.S., and it has continued over the decades despite liberal efforts to treat all those living in the U.S. as equal. Chavez et al. (2011) identified the factors that influence the overt and covert forms of racism toward Latinos as being “the current U.S. economic situation, perceptions of undocumented immigrants overflowing the workforce, and a sensationalist media” (p. 364).

Donato (1994) specifically found that negative perceptions toward Mexicans have become more salient due to the harsh laws and policies against Mexican immigrants such as Operation Wetback. They are viewed as poor, dependent on social services, and as responsible for displacing and driving down the wages of comparably skilled native workers. Sullivan and Rehm (2005) also found that the increased discrimination toward Mexicans is due to the perception that they are “exploiting public assistance programs, taking needed jobs from U.S. citizens and thereby benefitting unfairly” (p. 247). Falicov (1998) noted that it is due to so many undocumented Mexicans living in the U.S., as well as their willingness to take any job regardless of the unfair wages and harsh conditions. On the one hand, while Mexicans are viewed as “taking jobs” from Americans, Americans would likely not sustain such unsettling work conditions involved in the low-skill, high-risk jobs that Mexicans work (Hargrove, 2006).

Nonetheless, many Americans feel threatened by Mexican immigrants since they feel that they have to compete with them for jobs and other resources. This is especially true since the economic loss and unemployment rate rose due to the prejudicial attitudes following the attack on America on September 11, 2001. Esses et al. (2002) indicated that the heightened tension and anxiety associated with the poor job market are likely to

maintain unfavorable attitudes. They also predicted that the unfavorable attitudes toward immigrants would persist for a number of years. In addition, social pressures for policymakers to develop more restrictive laws will continue as an attempt to increase the public's sense of security given that most Americans view immigration as a threat to domestic security (Hunt, 2006).

When examining U.S. deportation movements, Johnson (2001) found that 90% of the people deported from the U.S. were of Latin American descent, but only half of the undocumented population in the U.S. is Latino. This statistic indicates that Latinos are targeted far more than other immigrant populations. Increased prejudice toward Mexicans is also perpetuated through the U.S. Supreme Court of 1975, which included "Mexican appearance" as a legitimate reason for stopping somebody to verify legal status. Rightfully, many individuals spoke out against the racial profiling because of its unjust system to pull over not only immigrants, but also U.S. born Mexicans. Johnson's findings and the "Mexican appearance" criteria show that, while Latinos experience discrimination from Americans as a whole, Mexicans are specifically targeted more so than any other Latino group because of society's longstanding perception of them as inferior and illegal criminals in the U.S.

More evidence supporting the idea that Mexicans are targeted more so than other Latino groups is the recent law that encourages the use of racial profiling, known as Arizona SB 1070. This law, which was introduced to the Arizona state senate and passed in April 2010, seems to be the most stringent immigration law in U.S. history. According to Archibold (2010), it gives police officers the right to pull over anyone of whom they

suspect is illegal. He noted that failure to carry immigration documents is viewed as a crime and police officers can detain anyone suspected of being an illegal immigrant.

“An estimated 460,000 undocumented migrants, most of them Mexican, live in Arizona,” which indicates that this law is aimed at them as the target group. This law has also made attempts to recruit “minutemen” who are ordinary people monitoring the U.S.-Mexico Border carrying powerful military-grade firearms (Arizona Senate Bill 1070, 2010). The State of Arizona’s Ministry of Citizenship, an organization led by Arizona appointed Governor Jan Brewer, encourages citizens, law enforcement, and volunteers to protect their state and enforce the Arizona SB 1070 immigration law. The Ministry makes a mediocre effort of enforcing a no-tolerance policy for racial profiling and, instead, has developed appalling guidelines to help law enforcement target undocumented Mexican immigrants. These guidelines are reportedly supposed to help law enforcement officials “tell if an individual is here illegally” without allegedly posing racial profiling (Arizona Senate Bill 1070, 2010, “Guidelines”). The guidelines are as follows:

- 1) Is this your 1980’s-era Buick/Cadillac/Oldsmobile Cutlas Supreme; 2) Are those tires rented; 3) Are all five of these children yours; 4) Exactly what do you plan to clean today with all that lavender scented *Fabuloso*;
- 5) Your boots look pretty muddy, working in the herb garden again; and 6) Do you support Senate Bill 1070? (Arizona Senate Bill 1070, 2010, “Guidelines”)

Guidelines such as these show the extent of the racism and discrimination against Mexican immigrants in today’s modern era. The usage of these guidelines for a senate bill that would impact not only Arizona but also, in essence, the whole country points to

the lack of progression within our society. President Barack Obama immediately enforced a lawsuit and spoke out against this law by stating that the law “undermined basic notions of fairness that we cherish as Americans, as well as the trust between police and our communities that is so crucial to keeping us safe” (Archibold, 2010, p. 1).

Arizona Senator Russell Pearce spoke in favor of Arizona SB 1070, and he stated that with a law such as that one, “We’ll have less crime. We’ll have lower taxes. We’ll have more fertile fields. We’ll have less traffic and cleaner air. We’ll have lower gas prices... and, shorter lines” (Arizona Senate Bill 1070, 2010, “Guidelines”). Senator Pearce’s comment provides further evidence of the discrimination against Mexicans in this country and the extent to which they are viewed as a marginalized and inferior racial group, much more than any other immigrant residing in the U.S. Senator Pearce’s statement is also indicative that most of the country’s problems are being blamed on Mexicans despite them having no direct fault in the issue at hand.

Given that there is explicit discrimination against Mexicans from a social and political level, the outcome of such negative views can be detrimental to Mexicans.

Ortega (1972) stated:

They live in fear and without rights of any kind because they are in this country illegally, and they accept the risks and suffering of illegal entrants because of the basic human desire to work and to be able to feed themselves and their families. They come here illegally because their only alternative is to stay in their native Mexico and live in extreme poverty with little hope of improvement. (p. 251)

Given their extreme circumstances as marginalized in the U.S., Mexican immigrants are more likely to be exploited and treated with disrespect, and they are at an increased risk of being deprived of their basic human rights.

Despite nationwide protests against Arizona SB 1070, other states have also enacted their own immigration laws. For example, New Mexico Governor Susana Martinez has authorized police officers to check the immigration status of all individuals who are arrested (Platt, 2011). In addition, Platt (2011) noted that the Indiana legislature is making efforts to pass a similar law to allow police officers to check the immigration status of anyone who breaks the law or who is stopped based on “reasonable suspicion.” Indiana’s legislature goes beyond that and is even trying to outlaw any language other than English from being used in the government. Even with the anti-immigration sentiments and racist laws, over 660,000 immigrants were naturalized in 2007, and of those, 231,815 were from Mexico, the country with the most influx of immigrants, followed by 65,971 from India (Keating et al., 2009, p. 2).

This section covered a brief history of the settlement and immigration movements of Mexicans in the U.S. Since the 1800s, they have struggled to belong and form an identity that is accepted on U.S. soil. The reality is that, despite their land of origin, Mexicans are viewed from two separate lenses:

[They] are both native-born and immigrants, pioneers and aliens, patriots and rebels; no matter how far back some may trace their ancestry on U.S. soil, they are still battling to emerge from the obscure margins of official U.S. history, still clamoring to be fully recognized and understood. (Gonzalez, 2000, p. 97)

Instead of being recognized as natives in the U.S., over time, they have become more and more marginalized, fighting not for what was once theirs, but simply for the right to be treated as an equal.

Politics of Mexico

As a way to better understand the reasons for immigration and the context leading to the contemporary drug war, a brief history of the politics and infrastructure of Mexico will be outlined. For most of the 20th century, Mexico was governed by the Institutional Revolutionary Party—PRI (*Partido Revolucionario Institucional*—PRI) political group. The PRI was Mexico's official political party, and it controlled the Mexican government from 1929 to the mid-1980s with former President Plutarco Elias Calles leading it from 1929 through 1938. It was originally known as the National Revolutionary Party (*Partido Nacional Revolucionario*—PNR), but the name was later changed.

Former president Calles did, however, struggle for political control of the PRI when the newly appointed president, Lázaro Cardenas, tried to form a new group consisting of labor and peasant organizations. He named the newly formed organizations the National Peasant Confederation (*Confederación Nacional Campesina*—CNC) and Confederation of Mexican Workers (*Confederación de Trabajadores Mexicanos*—CTM). In 1938, President Cardenas utilized the two groups to form the Party of the Mexican Revolution (*Partido de la Revolución Mexicana*—PRM), and he added the popular and military sectors to the already existing labor and agrarian sectors. In 1946 President Manuel Ávila Camacho abolished the military sector, joining those members with the popular sector and renamed the political party the PRI, which has remained its present name to date (Merill & Miró, 1996).

On a good note, the PRI provided upward mobility for middle-class Mexican citizens either through politics or business during the 1950s and 1960s. It also integrated workers and peasants into the political system through ensuring their demands for labor union rights and land reform were heard (Merill & Miró, 1996). However, as the party grew, politicians from the PRI sought positions of power and prestige, and they used electoral fraud, corruption, bribery, and repression to maintain control over groups and individuals (Merill & Miró, 1996). Kirkwood (2010) found that the PRI has been repressive to its citizens since its start—focusing on productivity and profit, and providing little support to small farmers and farming communities.

The loyalty of the PRI to Mexican citizens has been questionable since its origin, because there have been several instances in which the PRI was not committed to the well-being of the people. One example is related to an earthquake that occurred on September 19, 1985 at 7:00 a.m. in Mexico City. Over 20,000 people died and 200,000 people were homeless as a result of the earthquake (Kirkwood, 2010). The government was not concerned with the number of deaths as evidenced by their attempts to protect the factories, not the people. Citizens of Mexico City spoke against the government, with the goal of defeating the PRI since it controlled government actions. In 1988, oppositional parties spoke out against the PRI and requested increased democratization. As a result, Cuauhtémoc Cardenas, son of former President Lázaro Cardenas and ex member of the PRI, ran for office against Carlos Salinas de Gortari. He was reportedly tired of the corruption and electoral fraud within the PRI. Cardenas lost due to what seemed to be a stolen election because:

Officials announced that there had been a problem with the computers and that they were being temporarily shut down. When the computers came back online, the results showed that Salinas had won with just barely over 50 percent of the votes [even though Cardenas was winning prior to the shut down]. (Kirkwood, 2010, p. 195)

Although Mexican citizens were angered by the win of Salinas, he was able to prove himself shortly after by reducing the inflation rate by 20%, balancing the budget, and expanding trades (Kirkwood, 2010). On January 1, 1993, U.S. President George Bush, Canadian Prime Minister Brian Mulroney, and Salinas joined to sign an agreement regarding free trade among the three nations. The agreement was named North American Free Trade Agreement (NAFTA), and it was done in hopes that tariffs would be reduced and more money would flow into Mexico to increase job opportunities and wages.

A decade later, many individuals stated that manufacturing exports had increased from 25% to 90% from the early 1980s to the late 1990s. However, others argued that Mexico was losing national income from the manufacturing sector, and that it had fallen from 31st place in 2000 to 59th place in 2005 (Kirkwood, 2010). It is possible that Mexico was not benefitting from NAFTA because of the influx of Mexican immigrants into the U.S. Specifically, Mexican immigrants “are increasingly better educated, contributing to a ‘brain drain’ from Mexico” (Kirkwood, 2010, p. 213), and there is also a reduction in remittances from Mexicans living in the U.S. who are sending money to Mexico.

Following Salinas’ presidency, Ernesto Zedillo Ponce de Leon was voted into office in August 1994. In August 1996, “Congress presented a series of proposals that

included new distribution patterns of congressional seats, spending limits, and most significantly, a proposal to allow citizens of Mexico City to vote for the mayor and city council representatives” (Kirkwood, 2010, p. 202). This gave Mexican citizens the opportunity to vote against politicians of the PRI and be free of their control for the first time in 71 years. It was noted that, although the PRI lost, it continued to be a powerful presence given that it ruled the Mexican government and influenced the political sector for 70 years.

Although President Salinas was no longer in office, his name was brought up due to a murder following his presidency. In March 1995, Raul Salinas, brother of Salinas, was charged with conspiracy in the murder of Ruiz Massieu, and he was linked to other unresolved murders in Mexico. Following these accusations, connections were found between the Salinas family and drug trafficking, and \$74 million in funds had been placed in Swiss banks by Raul Salinas (Kirkwood, 2010). The money was returned to Mexico after a lengthy investigation. Raul Salinas served seven years in jail for the murder of Ruiz Massieu. The people of Mexico were dismayed by the corruption within the Salinas family. As such, people were still angry with former president Salinas when he tried to return to Mexico in 2000, so he left after a few days.

Moving into the 21st century, the people of Mexico had great reason to feel optimistic about the economy and politics of the country. Vicente Fox was elected as president in July 2000 and sworn into office in December. He met with President George W. Bush to discuss the immigration issues. Bush agreed to grant legal status to undocumented Mexican immigrants who were in the U.S. for a period of three years, and foreigners could apply for a work visa. The individuals granted status would have the

right “to a minimum wage, Social Security benefits, and the ability to travel to Mexico without worrying about being able to return to the United States” (Kirkwood, 2010, p. 209).

President Fox was also able to address drug trafficking during his presidency, and the number of drug related arrests reached almost 50,000. In addition, the government was able to “destroy poppy and marijuana fields, and attempted to limit the flow of drugs through and from Mexico by targeting trade routes and landing strips” (Kirkwood, 2010, p. 216). Despite President Fox’s efforts to reduce drug trafficking and violence, some drug cartel leaders were either able to escape from prison or continue their drug operations from prison.

President Felipe Calderón was elected and sworn into office in 2006. He brought in 45,000 troops to fight the drug war and continue what President Fox had initiated. The Bush administration supported President Calderón’s fight against drug cartels by “distributing a \$1.4 million aid package designed to increase the availability of technology and training between U.S. and Mexican officials along the border” (Kirkwood, 2010, p. 216). During President Obama’s administration, the U.S. provided Mexico \$700 million and deployed 500 federal agents to help capture weapons and money. In May 2009, more than 50 suspected drug traffickers escaped from a prison in Zacatecas, in which more than two dozen drug cartel members disguised as Mexican police officers using identifiable police cars and helicopters. More information on the drug war and President Calderón’s response will be discussed below.

Currently, Mexico’s newly appointed president is Enrique Peña-Nieto, and he began office on December 1, 2012. Peña-Nieto belongs to the PRI and, while he admits

that there has been government involvement with the cartels in the past, he indicated, “The party has left that past behind” (Diaz, 2012, p. 1). President Peña-Nieto reported he has big plans to decrease the power that the cartels have on the citizens and overall community of Mexico.

The Drug War in Mexico

In order to understand the drug war, it is important to outline its origin and the specific type of conflict at hand. Carpenter (2005) describes the war as being a factional conflict, in which the fighting is about the “competing interests or power-struggles of political or criminal factions in order to usurp, seize, or retain state power merely to further particular interests” (p. 402). In this type of conflict, profit over political power is a growing motivation for violence, and it usually occurs in places where there is a “weak government, a territory in which national forces have limited control, and inequitable economic development” (Carpenter, 2005, p. 403). The reason is because these political and criminal factions, such as drug cartels, are able to exert their power and control more easily, and they have a bigger influence on the government.

By definition, drug cartels are organizations whose intent is to control the illicit drug sector, including financing, exporting, and selling their product in global markets (Carpenter, 2010). Powerful drug cartels have flourished in Mexico for decades because of the corruption and limited control within the government, as well as the poor economic climate. It is believed that most of the politicians associated with drug traffickers have belonged to the PRI, which in turn has helped cartels thrive since the PRI has been in power for over 70 years. State and nonstate individuals alike profit from the illicit drug

industry in Mexico, and they strive to hinder progressive and democratic development in order to continue the drug trade as freely as possible.

Conflict, violence, and competition between the various cartels in Mexico escalated in the 1990s when Colombia's Cali and Medellin cartels died out. According to Cook (2007), Colombia is the country in South America that still dominates cocaine and heroine distribution in the U.S. However, its direct distribution to the U.S. has decreased since Colombia started smuggling drugs through Mexico. Difficult terrain, sparse population in many rural areas, an adequate infrastructure for transporting goods by land, sea, and air, along with the relative ease of bribing both local and federal officials, encouraged South American drug traffickers to establish connections with the Mexican cartels (Merill & Miró, 1996). The Mexican cartels took over and dominated the wholesale illicit drug market in the U.S. because of the well-established transportation networks and routes (Cook, 2007). Due to the ease of distribution and transportation, Mexico is the main foreign supplier for marijuana, one of the major suppliers for methamphetamine, and accounts for 90% of the cocaine in the U.S.

Drug trafficking has also been a problem in Mexico for a long time due to the alleged collaboration between government officials and the Mexican cartels. Media sources note that high-ranking politicians have been closely tied to high-ranking traffickers, thereby greatly contributing to the Mexican government's inability to control the manufacturing and distribution of drugs (Merill & Miró, 1996). Former Governor of the PRI, Socrates Rizzo Garcia, allegedly admitted that previous presidents of the PRI had strong control over drug trafficking routes, but that those routes also served to prevent attacks on civilians and maintain social peace (Gerardo, 2011). He added that

this agreement ended during the PAN (Presidente Fox and Calderón) administration, which he alleges could have led to the increase in violence (Gerardo, 2011). His comment seemed to indicate a justification on the political end, indicating that the involvement of government officials serves to protect the community.

Reporter Gerardo of the *Borderland Beat*, a blogging site that provides information from open source media, as well as unconfirmed individual sources, has extensively explored potential government involvement with the cartels. Gerardo (2011) discussed that current PRI Senator Manlio Fabio Beltrones, along with PRI Senator from the state of Chihuahua, Fernando Baeza Melendez, demanded to see evidence of the PRI involvement with the drug cartels. At this moment, it is unknown whether any politicians from the PRI have had any association with the drug cartels. Aside from the multitude of media coverage and arrests that point to direct involvement between the PRI and the drug cartels, one cannot say with 100% certainty that the entire government entity is involved. If involvement between the Mexican government and the drug cartels is true and corruption indeed exists within the government system, it can be assumed that it will be difficult to strengthen the government and reduce the power of the cartels.

Even though cartels have asserted their power in Mexico for many decades, the violence related to the drug war increased in 2006, because President Calderón launched operations against the cartels in nine of Mexico's 32 states. This led to increased arrests of low-level drug dealers as well as cartel leaders. From January 2000 through September 2006, 78,831 low-level drug dealers, 15 cartel leaders, 74 lieutenants, 53 financial officers, and 428 hitmen (*sicarios*) were arrested for charges related to drug trafficking (Cook, 2007). The number and type of arrests that are being made provide

evidence that police officers and government officials are in some way involved with the cartels, and efforts are being made to reduce the corruption. These numbers also provide evidence that government officials are doing a significant job at arresting low-level drug dealers and *sicarios*, however, the number of arrests made on cartel leaders is low, indicating a lack of progressive efforts to find the high-ranking individuals who are essentially controlling cartel movement.

From 2006 until now, the number of arrests has continued to increase, but the power of the cartels is also increasing drastically due to high levels of recruitment. According to Sam Quiñones (2009), staff writer with the *Los Angeles Times*, most of the cartels had civil relations with one another before President Calderón began to launch arrests of those involved with the cartels. However, since the government is seizing land, the cartels are competing for territory and drug trafficking routes, thereby increasing violence among them as well. In terms of overall violence, an interview with Mexican government officials revealed that 34,612 people have been killed from December 2006 through January 2011 and that the areas with the most violence are Chihuahua, Sinaloa, Michoacán, Guerrero, and Monterrey (“Q&A: Mexico's Drug,” 2011). The *Los Angeles Times* developed a project following the drug war in Mexico, and they stated that there were 10,031 deaths from January 1, 2007 through June 5, 2009 alone (*Mexico Under Siege*, 2011). The numbers were collected from the University of San Diego’s Trans-Border Institute, which has done extensive coverage on the drug war. A more recent source cited Attorney General Jesus Murillo’s prediction that about 70,000 people had died in drug-related violence, and 9,000 unidentified bodies had been found under President Calderón’s term, from 2006–2012 (Diaz & Barrera, 2013).

Quiñones (2009) stated that, with the exception of the Gulf Cartel, the rest of the cartels originated in Sinaloa, Mexico, since most of the major cartel leaders were born there. Currently, there are five known large-scale cartels, although many small-scale cartels continue to be created. Given the current political climate of the cartels, territories are subject to change at any moment and the information represented here may not be the most updated territorial information. In addition, it is important to note that this literature review provides only limited information about the cartels and their leaders, and it might not be the most updated information. Due to the controversy, ambiguity, and dangers associated with the drug war, media sources for which information about the drug cartels was found might not be the most updated or accurate. As such, please use discretion when reviewing the material.

The Tijuana Cartel is comprised of the Arrellano Félix Organization and is operated by four Arrellano Félix brothers. This cartel is present in at least 15 states, and it controls northwestern Mexico such as Tijuana, Tecate, Mexicali, and Ensenada in Baja California, and in parts of Sinaloa. On August 16, 2006, the U.S. Drug Enforcement Administration (DEA) and Coast Guard arrested Francisco Javier Arellano Felix along with other cartel leaders. Cook (2007) stated that Francisco Javier Arellano Felix, sentenced to life in prison, was Tijuana's cartel leader. However, reports from the *Los Angeles Times* indicate that he was just a member of the cartel and that Benjamin Arellano Felix was the mastermind of the cartel (*Mexico Under Siege*, 2011). Francisco Javier was sentenced to 22 years in a Mexican prison in 2007. Records state that Francisco Rafael Arellano Felix (Javier's brother) was arrested in 1993 and extradited to the U.S. in September 2006 (Cook, 2007). However, he was released from the U.S.

prison in 2008 and returned to Mexico, reason unknown (*Mexico Under Siege*, 2011). Senior drug traffickers of the Tijuana Cartel, Ismael Higuera Guerrero and Gilberto Higuera Guerrero, were also arrested in January 2007. Because of the many arrests of leaders in the Tijuana cartel, their power seemed to weaken, and they made attempts to corrupt Mexican law enforcement officials in order to regain power and control (Cook, 2007).

The Sinaloa Cartel is present in 17 states, and it controls Mexico City, Tepic, Nayarit, Toluca and Cuautitlán, Mexico State, and most of the state of Sinaloa (Cook, 2007), as well as parts of Arizona (Quiñones, 2009). Joaquin “*El Chapo*” Guzman is the leader of the Sinaloa Cartel. He escaped a Mexican prison in 2001 and is the country’s most wanted drug trafficker (Cook, 2007). He was also included on Forbes list of the world’s billionaires due to his lucrative drug transactions. It is believed that some agents of Mexico’s Federal Investigative Agency (*Agencia Federal de Investigaciones*–AFI) are enforcers for the Sinaloa Cartel. As of late 2005, 1,500 of 7,000 AFI agents were under investigation and 457 were facing charges for involvement with the drug cartels (Cook, 2007).

The Sinaloa Cartel established two heavily armed enforcer gangs known as Los Negros, headed by Edgar “*La Barbie*” Valdés Villareal and *Los Pelones*. The cartel influence is so pervasive in Sinaloa that Mexican government officials rarely venture into the state for counternarcotics operations. Every business in Sinaloa is either directly or indirectly connected to the illicit drug trade, whether it’s voluntarily or by force (Carpenter, 2010). According to Cook (2007), the Sinaloa, Juarez, and Valencia cartels formed an alliance to create The Federation and increase their influence in Mexico.

However, Quiñones (2009) stated that the Sinaloa Cartel fought the Juarez Cartel for the Juarez and El Paso route, so it is unknown if they are currently allied. The Sinaloa Cartel also fought the Gulf Cartel from 2007 through 2009 over the Texas routes, since the Gulf Cartel's leader Osiel Cárdenas-Guillén was arrested. It is possible that the two cartels are still at war over the territory.

The Juarez Cartel is composed of the Vicente Carrillo-Fuentes Organization, and it is led by Rafael Aguilar (a former Mexican police commander) and Amado Carrillo Fuentes. The Juarez Cartel has been found in 21 states, and it controls Juarez, Culiacán, Sinaloa, Monterrey, Nuevo León, the cities of Ciudad Juarez, Chihuahua and Ojinaga, Chihuahua, Mexico City, Guadalajara, Jalisco, Cuernavaca, Morelos, and Cancun, and Quintana Roo (Cook, 2007).

The Gulf Cartel comprised of the Osiel Cárdenas-Guillén Organization is present in 13 states and controls south Texas and the Gulf of Mexico, specifically Matamoros and Nuevo Laredo. This cartel also has operations in Monterrey, Nuevo Leon and Morelia, and Michoacán (Cook, 2007). The Gulf Cartel was the strongest cartel running the borders until its leader Juan Garcia-Abrego was arrested and convicted in 1996 (Carpenter, 2010). It appears that Osiel Cárdenas-Guillén took over after Garcia-Abrego's arrest, but he was arrested in 2003. Despite the arrest, Cárdenas-Guillén continued to control the cartel from prison, which appears to be common practice given the large influence of high-ranking leaders such as this one. In January 2007, Cárdenas-Guillén was extradited to the U.S. along with Hector Palma Salazar of the Sinaloa Cartel and leader of the Federation alliance, along with Ismael and Gilberto Higuera Guerrero of the Tijuana Cartel, mentioned above.

The Gulf Cartel is made up of a paramilitary of highly trained ex-law enforcement officials known as *Los Zetas*. They “were created by a group of 30 lieutenants and sublieutenants who deserted from the Mexican military’s Special Air Force Mobile Force Group (*Grupo Aeromovil de Fuerzas Especiales, GAFES*)” (Cook, 2007, p. 10). As of 2007, estimates of *Zetas* members range from 31 to 200 and they now include local, state, and federal law enforcement personnel as well as civilians. This number is likely to be significantly higher to date. A personal testimony informed the Mexican Congress that *Los Zetas* had recruited 30 former Guatemalan Special Forces (*Kaibiles*), because their number of Mexican Special Forces had shrunk and they were having difficulty recruiting more members of the Mexican military to join (Cook, 2007). The Gulf Cartel is the first to have its own paramilitary, which allows them to carry out more complex operations and use more sophisticated weaponry. The Gulf Cartel was able to maintain influence even after Cárdenas-Guillén was extradited to the U.S., due to involvement of *Los Zetas*. They traffic arms, kidnap, collect payments for the cartel on its drug routes, and launder money (Cook, 2007).

Los Zetas trained *La Familia*, Michoacán’s enforcer gang, which carries out numerous executions in that state (Cook, 2007). *La Familia* quickly became a prominent cartel after announcing their separation from *Los Zetas* in 2006, by severing several heads at a nightclub in Michoacán, an incident that was internationally publicized. According to Grayson (2009), this cartel operates on the idea that “*La Familia* doesn’t kill for money, doesn’t kill women, doesn’t kill innocent people. It only kills those who deserve to die” (p. 4). The true intentions of cartels like *La Familia* is unknown, however, despite their claim of pursuing “divine justice,” they are still considered one of Mexico’s most

dangerous cartels due to their “bloodcurdling cruelty... [their] ability to bribe and threaten politicians, [their] spectacular surge in producing methamphetamines, and [their] access to high-powered weapons in Michoacán” (Grayson, 2009, p. 1).

In the past, the cartels had formed alliances with one another, but were then broken apart due to the arrests of cartel leaders and constant altercations over territory. The alliance between *Los Zetas* and the Gulf Cartel disappeared because of arguments over territory and increased violence (Quiñones, 2009). Cook (2007) confirmed the conflict between *Los Zetas* and the Gulf Cartel and stated that Nuevo Laredo municipal police were reportedly involved in the kidnapping of members of the Gulf Cartel to hand over to *Los Zetas*. To add to the conflicts and alliances, the Gulf Cartel and the Tijuana Cartel leaders, Osiel Cárdenas-Guillén and Benjamin Arellano Felix, negotiated an alliance from prison against the Sinaloa and Juarez Cartels (Carpenter, 2010), which increased the turf wars.

Although many arrests of cartel leaders have been made, the drug war’s power and influence continues to be dominant throughout Mexico, thereby maintaining the high supply and demand of drugs. Gangs are collaborating with the cartels to fill the void left in cartels because of the arrests. According to Cook (2007), the Gulf Cartel is even recruiting gang members from the Mara Salvatrucha-13 (MS-13) from El Salvador and the Guatemalan Kaibiles, along with Mexican gangs, in order to regain power. It has been noted that the gangs are less organized, developed, and they lack the power of the Mexican cartels. Nevertheless, these gang members are used as contract killers (*sicarios*) to defend territory or compete for new territory.

The gangs find involvement in drug trafficking attractive because it provides identity, security, and income (Carpenter, 2010). A former gang member who spoke to the U.S. Agency for International Development stated:

There are no more gangs here. What exists now is more dangerous than gangs. The gang member obeys orders from drug cartels. The gangs used to fight for territory, culture, and identity. In contrast, the cartels recruiting the gang members just fight for power and money. (Carpenter, 2010, p. 408)

The admiration that gang members now have toward drug cartels speaks to the influence that cartels have over the people of Mexico, and the impact that they can have on young generations. Despite the violent effects of the cartels on the Mexican people, gangs are inspired by the money and power of the cartels, which poses large ramifications for Mexico's future.

According to Lacey (2009), the drug trade in Mexico is in part growing because of U.S. demand. More than 90% of the drugs made in Mexico and South America are sent to the United States. In 2000, Americans spent about \$64 billion on drugs alone. The vicious cycle is being fueled by the U.S., because the Americans buy drugs from the Mexican cartels who then use the money to buy American guns (Lacey, 2009). These weapons are then used to control individuals and maintain power in Mexico by intimidating and killing not only enemies but also innocent individuals. Evidently, the U.S. demands the drugs and provides the weaponry for coercive efforts by the cartels. The guns are purchased in the U.S., because the gun laws in the border states of the U.S., such as New Mexico, Texas, and Arizona, are among the laxest. In Mexico, one needs special approval from the military to own a gun, and large caliber rifles are illegal.

According to Lacey (2009), dealers in the U.S. can sell an unlimited number of high-powered rifles without reporting the sales to the government.

Drug cartels are also protected by government officials and police officers who are often paid off, which ensures a constant flow of drugs to the U.S. This is a seemingly unstoppable cycle of violence and corruption, whose influence is spreading into the U.S. because of the high demand. According to Quiñones (2009), the Mexican cartels became so powerful since the late 1980s because they forced the Columbian Cartel to sell to them if they wanted to get the drugs into the U.S. Since then, drugs from many parts of South America have transported drug shipments through Mexico in order to deliver to North America. Secretary of State Hillary Clinton admitted that the U.S. has played a major role in the consumption of illicit drugs and a key supplier of weapons smuggled to cartel hit men. As such, she advocated for U.S. support of Mexico in the war against traffickers (Ellingwood, 2009).

In 2006, as a result of the increased violence, Mexican President Felipe Calderón ordered 45,000 federal troops to seize drugs and arrest cartel leaders (Kirkwood, 2010). In addition to bringing in federal troops, the Mexican government attempted to rebuild the Mexican police force because of all the corruption within the system. The mayor of Ciudad Juarez fired over half of the police force in Mexico due to involvement with the drug cartels. He hired thousands of new recruits in hopes that they are less susceptible to corruption (Renaud & Renaud, 2009). The troops weakened the cartels in terms of seizing territory and hiding out, but it has also sparked more violence, because the cartels are not used to being threatened. Thus, the violence dropped but it increased again six months later. The cartel's response to the troops has been brutal violence and

intimidation, not only toward them but also toward innocent bystanders on the streets. Despite army efforts to enforce control over the cartels, they continued to fight each other and sell their drugs (“Q&A: Mexico's Drug,” 2011).

Video documentaries from Renaud and Renaud (2009) stated that many Mexican citizens wonder why the army has not been able to patrol and decrease the violence and the power of the cartels. Some Mexican citizens believe that there are not enough troops to handle all the violence, while others believe that the drug cartel has simply learned to avoid the army. Troops believe that, as bad as the violence is, it would be much worse if they were not there patrolling the streets. There are about ten deaths per day and that number seems to increase or remain consistent. One interviewee who was approached during video footage by Renaud and Renaud (2009) stated that since the troops have arrived in Mexico, there are more killings and that it is better that they leave. Other individuals agreed and stated that the troops have resorted to brutal tactics, such as beatings in the poor neighborhoods in efforts to find the cartel. The enforcement strategy developed by President Cardenas seems to have escalated the level, intensity, and severity of violence by promoting intercartel competition and intensifying leadership struggles (Carpenter, 2010).

The only time the killings stop is when the Mexican soccer team is playing on TV or when it is raining outside (Renaud & Renaud, 2009). With so many arrests of cartel leaders and members, the cartels are developing more negative attitudes and using extreme tactics of violence. According to the video by Renaud and Renaud, daylight killing along with public display of victims has become commonplace; beheadings and mutilations signify an escalation of symbolic killing from the act itself to its performance.

The weapons used have also changed, from revolvers to machine guns, grenades, and barrels of acid. Men, women, and children have been killed in gunfights, or doctors who are treating the wounded have been killed and their clients executed.

Drug rehabilitation centers, such as Aliviane Center, are targets in Ciudad Juarez because gangs see them as hunting grounds where they can stamp out rivals. Renaud and Renaud (2009) stated that Ciudad Juarez was the most violent city in the world, ahead of Colombia and Brazil due to the current drug war. Although there are limited reliable sources to confirm this phenomenon, the kidnapping problem in Mexico is definitely more severe than it is in Colombia (Carpenter, 2010). “Prominent journalists have also been targeted and murdered” (Carpenter, 2010, p. 410). Various online sites, such as the *Los Angeles Times* and *Borderland Beat*, have dedicated segments and a specific team of reporters to gather photos, videos, and reports of the many tragedies, and deaths, as well as arrests, that are made due to the drug war in Mexico.

There has been an ongoing debate in the Mexican congress to legalize marijuana in order to try a less war-like approach that might be more effective. Carpenter (2010) noted that in January 2009 Social Democratic Party member Jorge Carlos Diaz Cuervo and Secretary General Luciano Pascoe spoke in favor of legalizing and regulating cartels in efforts to negotiate and conform to pro-civilian norms. Dr. Jorge Chabat, professor at Mexico’s Center for the Investigation and Teaching of Economics (CIDE), discussed the issue of drug trafficking. In response to the option stated above about whether drugs should be legalized, he indicated, “This seems to be the least bad option. Instead of having three problems: consumption, violence and corruption, then you will only have one problem” (Chabat, 2010). He added that he is not advocating for the legalization of

drugs, but he does believe it is one of the better options at the moment because the violence and corruption might be reduced. He compared this idea to the Italian mafia and the legalization of alcohol in the United States.

Various efforts have been made to cut down on drug trafficking and violence. The U.S. ambassador to Mexico, Tony Garza, stated that “the drug violence in Mexico would not be so high were the U.S. not the largest consumer of illicit drugs and the main suppliers weapons to the cartels” (Kirkwood, 2010, p. 218). With that said, it is extremely important that the U.S. continues its involvement to fight the drug war, not only through providing monetary funds but also by reducing the demand of drugs and somehow limiting the purchase of weapons in the southern states with the laxest gun laws.

Cook (2007) also agreed that the U.S. needs to reduce the demand for illicit drugs through improved drug prevention education and increasing access to drug rehabilitation treatment. The Mexican government believes that counternarcotics efforts will fail if the U.S. does not “reduce arms trafficking into Mexico, stop the trafficking of drug earnings into Mexico, and reduce Americans’ demand for illicit drugs” (Cook, 2007, p. 19). Other strategies that have been suggested are to negotiate with influential drug cartel leaders, especially those who have a political interest in reducing civilian violence. For example, *La Familia* spoke out publicly against anti-civilian violence. In addition, the Tijuana Cartel demanded a cutback in kidnappings because of the negative publicity against them after they ended their alliance with an old cartel.

In order to strengthen the political and economic environment in Mexico, it will take more than a military campaign, because there are issues deep-rooted into the

problem of drug trafficking, such as violence and corruption. Carpenter (2010) proposed a long-term package including “benchmarked commitments to combating corruption, improving local governance, training the military and police, increasing their salaries, and improving accountability” (p. 416). He added that the United Nations Office on Drugs and Crime (UNODC) would need to assist Mexico with police training, furnishing contracted security forces, and holding civilian institutions and the overall government and judicial system accountable.

The second proposed solution would be to invest in community development and prevention programs to improve the socioeconomic conditions in Mexico, given that drug trafficking is driven by the poor economy. Part of this solution involves implementing intervention programs that address domestic violence and issues affecting at-risk youth, since factors that contribute to gangs are “weapons, and other illegal substances; the *maquiladora* industry; lack of sufficient educational opportunities for many children of *maquiladora* employees; substance abuse among youths, dysfunctional families; minimal parental supervision; and family traditions to join gangs” (Sibaja, Roig, Herrera, Garcia-Moreno & Azaola, 2006, p. 116).

There are also specific non-governmental organizations (NGOs) that are focused on prevention and rehabilitation within Mexico. The U.S. Agency for International Development (2006) published an assessment of the gang problems in Mexico and Central America. It included specific NGOs in Mexico, such as *La Red Fronteriza Juventud* (REFAJ–Youth Frontier Network), which is an organization in Ciudad Juarez that focuses on increasing educational and cultural opportunities and preventing drug use. *Centro de Asesoría y Promoción Juvenil* (CASA–Youth Assessment and Promotion

Center), also in Ciudad Juarez, aims to prevent youth violence and marginalization. Center Victory Life in Nuevo Laredo is an organization operated by former gang members to rehabilitate current gang members. In addition, targeted enforcement strategies have discussed rewarding cartels that compromise to reduce violence. There was an instance in which Joaquin “*El Chapo*” Guzman was released from prison based on an agreement to fight *Los Zetas* as long as he refrain from kidnapping, robbing, or killing civilians (Carpenter, 2010). While releasing Guzman did not contain the drug problem, it might have reduced acts of violence from the Sinaloa Cartel on behalf of Guzman’s orders.

The lasting effects of the drug war in Mexico have broken families and communities apart due to the family members fleeing Mexico and brutal murders. Although solutions are being proposed, no promising solution has yet to be found. This implies that the lives of Mexicans are at great risk of abuse and even death until the violence decreases. As the cartels continue to fight the troops and the other cartels, they will continue to hurt innocent bystanders. This paper will discuss how innocent victims of the drug war have been impacted by the brutal violence. However, it is first important to discuss the cultural values of Mexican individuals along with resilience.

Culture and Values of Mexicans

Mexicans are a strong and resilient group of people with deeply rooted cultural values. The Mexican culture is characterized by collectivist values different from those of the majority culture. Latinos as a whole put great emphasis on *Respeto* (respect), *simpatia* (kindness), *familismo* (family-centered), and *personalismo* (personal

relationships) (Falicov, 2009a). These values dictate the decisions and overall lifestyle of Latinos as a whole, and Mexicans as a subgroup.

Respeto is known as the importance of expressing utmost respect for family members and elders. Although it is directly translated as respect, the meaning is different for Mexicans because it takes into account the importance of being dutiful to elders within an authoritarian framework (Falicov, 1998). *Respeto* is at the forefront of relationships among Latinos. It involves feeling love and affection toward someone, to give and receive protection, and to be obedient toward others (Falicov, 2009a). Children are expected to be highly respectable not only in the home but also at school, as it shows that the children are well-mannered. This value is also important in professional relationships, such as that of a doctor and a patient. A Latino patient will likely rate their doctor as approachable and favorable if the doctor practices *respeto*.

Simpatia suggests that people should strive to be likeable, polite, easygoing, empathic, and agreeable. The goal is to strive for harmony in interpersonal relationships. In addition, Diaz-Guerrero (2010) believes that being *simpatico/a* also promotes good mental health and well-being due to the absence of negative emotions and interactions. He stated that one is usually firm or assertive only in cases involving morals or ethically challenging situations. In other words, Latinos are taught to be easygoing unless their morals or values are being questioned. Along with that, *simpatia* operates under the assumption that it is better to be cooperative with others and help one another out, rather than to try and compete, as is typically encouraged in traditional individualistic cultures.

Familismo consists of loyalty, reciprocity, and solidarity among family members. This value further emphasizes family within the collectivist culture in that family is at the

center of one's important life decisions. Individuals do not refer to themselves as individuals, but rather as part of a group (Falicov, 2009a). An individual from a collectivist culture might use the phrase "I am Mexican" as a way to identify himself or herself, while an individual from an individualistic culture might make statements related to their individual identity (Diaz-Guerrero, 2010). Through the *familismo* lens, even people who are outside of the nuclear family are considered family and are treated with similar respect and commitment.

Falicov (1998) noted that *la gran familia* (the grand family) comprises three or four generations of relatives along with several others of whom they consider to have close relationships with. Oftentimes, neighbors and close friends are referred to as aunt or uncle as a form of respect and a way to represent closeness. Visits are common and, instead of moving away from extended family as most people from individualistic cultures do, Latinos migrate toward each other and boundaries are rather flexible (Falicov, 1998). An example of the loyalty and bond that Latino families experience was provided by Diaz-Guerrero (2010) in which Mexicans in his study endorsed fighting for their family members if they were ever threatened. Life decisions are usually made with the benefit and well-being of the family in mind.

Personalismo is a value within Latino culture that promotes warmth, friendliness, and strong interpersonal relationships. It is founded on the idea that one should develop personal relationships and treat others as if they were part of the family. This statement is true even for professionals. Initially, Latinos might seem reserved, but once they feel trust and rapport, they will make attempts to have close familial relationships with their health professionals and others with whom they interact. These values are characteristic

of the way in which many Latinos live their lives, and most of them overlap fairly consistently. They place great emphasis on harmonious relationships with family members and others.

In addition to the main values previously mentioned, Diaz-Guerrero (2010) noted that Mexicans usually confront problems with a passive and agreeable attitude. That is because they tend to accept situations that come their way as a part of life that they must learn to overcome. This idea is known as *fatalismo* (fatalism), and it implies that one should accept one's fate as it is given because little is under one's control. "The assumption is that limited opportunities to get ahead and change life circumstances result in feelings of helplessness, a sense of failure, and of futility about pursuing an active orientation" (Falicov, 1998, p. 149).

Although Diaz-Guerrero described Mexicans as passive because of their fatalistic attitudes, *fatalismo* should not be mistaken for passivity, but, rather, it is efforts to fix only what can be solved and accepting what cannot be changed (Falicov, 2002). By accepting and resigning oneself to obstacles that cannot be changed, Mexicans view it as being the best and also most virtuous way to overcome issues. Falicov (2009b) describes one's ability to resign oneself as *controlarse* (control of the self), which means to control one's moods and negative emotions despite the circumstances that arise.

Machismo and *marianismo* are two other cultural values that are influential to the life of Mexicans. Diaz-Guerrero (2010) identified 12 sociocultural factors that characterize Mexican traditions and values important to Mexican individuals living in Mexico. He defined *machismo* as a strong sense of masculinity in which men are perceived as being superior to women. Some of the statements that participants endorsed

in Diaz-Guerrero's study were that men are more intelligent than women, and submissive women are preferred in relationships. In addition, men "have to be strong, intellectual, cold, dominant, independent, brave, protective, aggressive, stable, sure of themselves, and active" (Barudy, 1989, p. 721). Since Diaz-Guerrero's study was conducted in Mexico, it is possible that the idea of *machismo* is more rigid than it is in the U.S. While American society does not necessarily view women as equal to men, the expectations and stereotypes in the binary model of gender is moving toward a more egalitarian and fluid system. Although there are negative connotations associated with *machismo*, there are also positive aspects such as leading, protecting, and providing for their families. For example, men are expected to be respectable, responsible, and honorable. In addition, men are expected to endure struggles in a strong, authoritative and prideful manner, which likely contributes to the resilience in Mexican families.

Marianismo involves women's belief in the Virgin Mary and an attempt to live up to the ideals of purity, accept one's fate as wives, and acceptance of God's will (Saavedra, 2011). *Marianismo* holds high expectations for women in that they are:

responsible for all homemaking duties, are charged with the care of children, the elderly, and the sick, and are expected to cater to the men in their families. In order to meet these multiple demands, a good woman sacrifices her own needs in the service of her family, including extended family. (Cofresi, 2002, p. 445)

Despite the view that women are supposed to serve men, *marianismo* considers women to be morally superior to them and, therefore, should be capable of enduring all suffering inflicted by men, including domestic abuse, placing their focus on an external locus of

control. The reality is that this value can often perpetuate and normalize the cycle of abuse within the Latino community (Saavedra, 2011).

Issues Affecting Mexicans

There are various factors that affect the well-being of Mexicans who have migrated to the U.S. Chavez et al. (2011) highlighted that the most common challenges Latino immigrants face are “language barriers, separation from family, acculturative stress, unfair working conditions, and substandard living situations” (p. 364). Although moving to the U.S. is perceived as ideal for one’s future, many struggle with acculturation and having to balance new American values, while maintaining one’s identity and keeping culture intact. Migration is a difficult decision that is not always desired by all individuals involved. “Many immigrants perceive the process of immigration to the U.S. as a traumatic experience that negatively affects their self-esteem and overall sense of identity” (Rios-Ellis, 2005, p. 10). Falicov (1998) also noted that “the process of leaving one’s home country and encountering a new one constitutes an overlapping of events, developmental changes, and existential tasks that render a very unique ‘phenomenology of migration’” (p. 46). In other words, the migration experience later serves as narrative by which individuals later tell their story through personal meanings surrounding the events encountered along the way.

Voluntary reasons for migration include poor economic conditions in Mexico, wanting to improve one’s economic situation, to further one’s education, or to be reunited with family members (Cervantes et al., 1989). While these all seem like positive or fruitful reasons to leave Mexico, their life once arriving to the U.S. can bring on several challenges. Those who leave Mexico to escape poverty and find economic and

educational prosperity end up experiencing discrimination, exploitation and vulnerability, poorer housing, and low paying jobs (Sullivan & Rehm, 2005), which often warrants worse living conditions than their previous situations. On the other hand, Keating et al. (2009) found that some might flee Mexico to keep their family safe from crime and violence, which raises debate about whether these individuals can be viewed as having left voluntarily. These individuals often leave unexpectedly and with minimal planning of where they will go and how they will make a living once in the United States.

For those who feel compelled to leave Mexico unexpectedly, the distress and sacrifice begins long before the migration itself. Pre-migration stressors can include mass killing, torture, and political violence in one's country, which is threatening to one's safety (Masinda, 2004). When individuals are being subjected to crime and violence in their own communities, they can be impacted either directly or through violence against their family members. Unfortunately, the danger does not end simply because they choose to flee from these violent conditions. Often, Mexican immigrants experience extreme forms of violence and harsh environmental conditions during the migration journey due to unpredictable and, oftentimes, unsafe traveling conditions.

The Sonoran Desert is 130 miles long in which thousands of people have died due to the scorching hot weather, snakes and scorpions slithering along the path, and lack of water. "Water supply is exhausted, throats are parched, and voyagers drink their urine through sun-blistered lips in attempts to escape delirium" (Hargrove, 2006, p. 68). The journey through the desert alone is one that not many can make it through. Still, many sacrifice their lives and their family in hopes of finding a better life on the other side of the border. "If voyagers do not dehydrate in the desert, they may drown in the depths of

the Rio Grande. Still others are victims of brutality at the hands of the Border Patrol” (Hargrove, 2006, p. 67). In addition, more than 2,000 migrants died crossing the border from 1996–2006 (Sullivan & Rehm, 2005).

Another traumatic experience on the migration journey is passing through the border through a *coyote*, a person who smuggles Mexicans in a car and transports them to U.S. territory. Mexican immigrants pay *coyotes* large sums of money and leave all of their belongings behind to make the journey to the U.S. In return, many are subjected to overcrowded vans, cargo areas, and insanitary conditions. Others fall victim to rape, deprivation, and even murder (Sullivan & Rehm, 2005), because there are bandits along the road who prey on the vanloads guided by the *coyotes*. For example, one woman detailed her journey by stating, “The *coyotes* had threatened to kill anyone who gave up on the trail. The sun-scorched skeletal bodies bore witness to those who had already died” (Hargrove, 2006, p. 71). This harsh immigration journey can be considered a survival of the fittest because the Border Patrol does not always respond to crime at the border (Hargrove, 2006). Thus, only those who are physically and mentally strong can endure the challenges along the way.

The immigration experience can lead to a significant amount of distress that persists even after arrival in the U.S:

[The impact on individuals can often leave them seeking] gratification within the family. As a consequence, each family member becomes more demanding of the others. At the same time, because of the past and present painful experiences, each family member is in a poor condition to respond to these expectations.

(Barudy, 1989, p. 724)

In other words, families begin to seek more security, support, and affection from their relatives, and often struggle to provide it due to environmental conditions and a lack of emotional responsiveness. This becomes even more challenging, because many Mexican individuals keep emotionally laden issues to themselves and do not share them with their relatives. They also choose to avoid talking about challenging situations so as to live in a fatalistic manner, which serves as a short-term coping strategy.

Acculturation is also a big issue among immigrants upon arrival into the U.S. Acculturation “results when groups of individuals having different cultures come into continuous first-hand contact, with subsequent changes in the original cultural patterns of either or both groups” (Cuellar et al., 1995, p. 278). With that said, it can create a struggle within individuals to adopt new cultural values, beliefs, and traditions, while still maintaining their own. “Some people abandon former beliefs, and struggle with a sense of loss or despair, while others try to hold on to their commitments in new environments, and find themselves frustrated at perceived injustices” (Herlihy & Turner, 2007, p. 268).

“It is strikingly different to be poor and dark-skinned in one’s homeland, where one shares national origins and a sense of entitlement to an ancestral land and a community, than to be poor and dark in a foreign land, a minority isolated from heritage and loved ones, with no entitlement whatsoever” (Falicov, 1998, p. 96). This phenomenon is what perpetuates racism toward Latino immigrants and creates a divide for those who are trying to thrive in the U.S. Immigrants who migrate to the U.S. also tend to experience the new country as an unfamiliar and hostile environment because of their “language skills, lack of familiarity with cultural norms and values, lack of information about the social system in the host country” (Cervantes et al., 1989, p. 616).

They feel ignorance toward the new language, and the mores and social rules place them in a position of dependence (Barudy, 1989, p. 724). In addition, Guinn, Vincent, and Dugas (2009) found that difficulties with language and cultural differences, legal status, and interpersonal beliefs, which are aspects linked to acculturation, can contribute to one's psychological distress.

Some immigrants might suffer from alienation and isolation until they acquire a new identity that is congruent with the American culture, at which point it is hoped that Americans will accept them (Falicov, 1998). Even so, it is an ongoing struggle for immigrants to be accepted within American society. "Striving for the dream of stability in a new land is riddled with pressures to subscribe to the dominant culture's store, which negatively judges dark-skinned, poor immigrants and deprives them of legal resources to fight unfair accusations" (Falicov, 2002, p. 281). The alienation and feelings of isolation can lead to acculturative stress and depression (NLPA, 2005) if they do not feel accepted in their new communities.

Chavez et al. (2011) found that the discrimination and racism that Latinos experience "can lead an individual to develop a sense of identity confusion and lowered self-worth, feel powerless about their future, and separate from the larger society" (p. 365). The APA Presidential Task Force on Immigration (2012) reported that it does not matter whether the discrimination is overt or covert; the impact on well-being and sense of belonging is the same.

Along with enduring poverty, community violence, racism, and discrimination, Latino families also experience discord because of the children's tendency to acculturate faster (Keating et al., 2009). The National Council of La Raza found corroborating

evidence that immigrant parents might feel cultural distance from their more acculturated children, and a loss of connection can lead to distress and family discord (Rios-Ellis, 2005). Many immigrants never acquire a new American identity because it deviates so much with their own culture and values, such as *familismo* (Falicov, 2002). They struggle to replace the values of their collectivist culture for the assertiveness, independence, and achievement that is encouraged in the American individualistic culture. This internal struggle of adopting a new identity can lead to culture shock and an inability to integrate both aspects of their new life.

Another issue once living in the U.S. is struggling to find the means to support two households without a social support, which can create stress about finances and feelings of guilt and isolation from other Americans. The challenges in maintaining a job and upholding the expectations of the new land and culture might limit the accessibility and communication that the individuals have with their families. Consequently, they risk losing contact with their family that remains in Mexico, especially their own children. Children might reject their parents because they have been absent for years, or they might have difficulties reestablishing relationships with them (Barudy, 1989).

Guinn et al. (2009) found that legal barriers to resources, pollution, overcrowding, crime, and a poor housing infrastructure can create additional stressors that can further exacerbate acculturation issues. On the other hand, he found that a support network can greatly buffer against acculturative stress despite one's socioeconomic level. Organista (2008) stated, "*Familismo* is an important buffer to acculturative stress and the effects of poverty, but is also probably weakened by such challenges" (p. 222). More acculturated

Latinos have higher rates of insurance, better access to health care, and fewer barriers to care (Lara et al., 2005).

Given all of the challenges with balancing one's own culture and beliefs with those of the American culture, acculturative stress can increase significantly. Reports from the National Council of La Raza (2005) stated that mental health concerns tend to increase as Latino immigrants acculturate, which raises the question of how satisfied these individuals are with their new identity in the U.S. The acculturative stress experiences by Latino immigrants can impact decision-making abilities, psychological adjustment, occupational functioning, and overall physical and psychological well-being (NLPA, 2005, p. 9).

Many individuals are affected by events that occurred prior to their migration such as physical abuse, sexual abuse, the divorce of parents and other issues caused by living a life in poverty (Barudy, 1989). For those who have exposure to political violence, the greater and more severe the trauma, the more difficult it is to adapt to the host country and to the new culture in general (Cervantes et al., 1989). Mourning one's significant losses due to previous exposure to violence, as well as events that occurred during the migration, can impede the process of acculturation and positive adjustment. Part of the transition process toward adapting to the new land involves focusing on the present and the immediate future, making constant efforts to hide and deny traumatic events from the past (Nieves-Grafals, 1995), a coping mechanism linked to *fatalismo*. At the same time, focusing on the present and having a stable transition in the U.S. can be difficult given the lack of resources and opportunities for Latinos.

Fortuna et al. (2008) found that immigrants and refugees have additional factors affecting them, such as type of previous exposure to violence, lost social supports, undocumented status, acculturative stress, family stressors, socioeconomic status (SES), structure of social supports, and displacement once in the U.S. Some refugees might also have difficulty finding employment because of their legal status, so they tend to stay hidden, fearing arrest and deportation (Gafner & Benson, 2001). Evidently, acculturation, a lack of social support and resources, and discrimination are a few of the many factors preventing Mexican immigrants from thriving in the U.S. Discrimination alone has the potential to lead to psychological distress such as “nervousness, sadness, hypervigilance, anxiety, clinical depression, suicidal ideation, and an overall quality of life” (Chavez et al., 2011, p. 354). When the effects of racism and discrimination are compounded with the effects of childhood traumatic experiences, exposure to political violence, the migration journey, and acculturation, one’s psychological well-being warrants significant clinical attention.

Help-Seeking Behaviors

Given the various obstacles previously mentioned that affect Mexican immigrants, seeking help is often necessary in order to overcome them. Help-seeking can vary from culture to culture and is dependent on the context. According to Gourash (1978), help-seeking is defined as any communication directed toward obtaining support, advice, or assistance in times of distress or in order to deal with a problem. While Gourash’s definition is most commonly used, help-seeking has also been defined as “a person’s proclivity to resolve personal and academic problems through the seeking of

social support (i.e., coping by seeking help)” (Stanton-Salazar, Chavez, & Tai, 2001, p. 49).

While many cultural groups underutilize professional services to a certain extent, Latinos often engage in underutilization of services due to what Falicov (1998) has outlined as the “alternative-resource theory” and the “barrier theory.” The “alternative-resource” theory states that, since Mexicans are a collectivist culture centered on *familismo*, seeking help often occurs within one’s own family or community in which they feel comfortable and connected. One’s family also provides the unconditional support and understanding that others might not be able to provide. In collectivist cultures such as that of Latinos, family members often deal with one another’s issues and provide each other with solutions and advice for life’s unexpected events.

Of importance, Fortuna et al. (2008) found that Latinos, especially those exposed to political violence, are more likely to use family and community supports instead of formal health services. That is because they might feel more comfortable and it reduces shame in disclosing their experiences to a stranger or a professional. Moreover, Latino immigrants who have a diagnosable mental illness are least likely to use mental health services (Cabassa & Hayas, 2007). Piwowarczyk (2007) also found that, despite presence of psychological symptoms, “very few subjects [seek] psychiatric help (using the ‘western construct’) before coming to the U.S., which reflects the tendency to rely on family and community in societies that are less individualistically based” (p. 719).

On certain occasions, Latinos might reach out to their primary care provider (PCP) to receive help with emotional distress, since culturally competent therapeutic services are not always available, especially for the monolingual Spanish speaking and

less acculturated Latinos (Aviera, 1996). While obtaining care from a PCP is a positive step, they are not always equipped to provide adequate assessment or treatment of mental health issues. An example of poor screening by PCPs is related to previous exposure to political violence, something of which many fail to screen for and, in turn, very few Latinos disclose (Fortuna et al., 2008). Omitted information such as this is likely to impact client symptoms and presentation.

Mexican individuals also tend to turn to religious communities for guidance and support. Emphasis on God's will and *fatalismo* is a main force by which Latinos make important life decisions. As a result, they may "believe that they have to deal with the sorrow and suffering by themselves" (Gangsei & Deutsch, 2007, p. 80). Consistent with strong religious values, many Latinos believe in superstitions, curses and religious guilt, especially among Mexicans (Gafner & Benson, 2001). An example is an individual who might believe he or she is experiencing a curse if feelings of anxiety are present as opposed to attributing the anxiety to a psychological cause.

Another source of protection for Latinos that compensates for underutilization of professional services is their own willpower and inner strength, which is driven by strong cultural values. The concept of *controlarse*, which means the ability to control one's mood and negative emotions, implies that individuals are able to survive harsh environmental, social, and familial issues. According to Falicov (2009b), *controlarse* consists of four concepts specific to the methods with which one controls one's mood and emotions. *Aguantarse* (endurance) is the ability to withstand stress in times of adversity. *No pensar* (do not think about the problem) indicates avoidance of thinking about disturbing thoughts and feelings. *Resignarse* (resignation) means that one accepts one's

fate as it comes. *Sobreponerse* (to overcome) is a more active coping that facilitates working through or overcoming adversity (Falicov, 2009b).

These basic concepts are Latinos' way of confronting life in such a way that they see problems as occurring due to factors outside of their control. Instead, they see problems as being a result of poor luck, fate, or a test from God (Falicov, 2009b). By being able to achieve endurance, (*aguantarse*), resignation (*resignarse*), a sense to overcome (*sobreponerse*), and not think about a problem (*no pensar*), Latinos are able to live with a sense of humility and modesty that gets them through life's challenges, as well as alleviates the need to seek professional help.

Falicov (1998) reported that another common form of obtaining emotional support outside of the family is through their own conational support system, such as a *curandero* or other spiritual leader. Turning to spiritual leaders is a longstanding tradition among Latinos. Among Mexicans, attempts have been made to keep their culture alive and empower their people through spiritual traditions dating 500 years back. Folk healing within indigenous spirituality originated during the 16th century as a product of the Spanish conquest. Indigenous healers known as *Curanderos* healed people's health problems through sacred, ritualistic, and magical practices (Ortiz et al., 2008). As a result, traditional healing is a form of healing that is still widely used to this day to cure one's psychological and physical distress.

The purpose of *curanderismo* is to maintain harmony and balance with nature and the spiritual world (Tafur, Crowe, & Torres, 2009). *Curanderismo* is an indigenous method to cure people who suffer from culture bound syndromes such as *susto* (fright), *empacho* (indigestion), *mal de ojo* (evil eye), and *ataque de nervios* (anxiety attack).

These syndromes are often the product of strong emotions such as envy, fear, anger, and frustration in faulty interpersonal relationships and they influence bodily health (Falicov, 1998). There are certain physical and psychological symptoms tied to each illness that can be confused or misdiagnosed as a mental illness. These illnesses seem to be culturally normative and adaptive. In other words, individuals who experience these syndromes have dealt with them for most of their lives, and have developed culturally appropriate ways to deal with them, such as through ritualistic practices with a *Curandero*.

A *curandero* can also be used to treat other illnesses. In general, an illness is viewed as an imbalance that can be caused by physical or emotional fatigue, an imbalanced interpersonal relationship, or experiencing an abrupt change of temperature (Tafur et al., 2009). Common physical illnesses presented are “stomach and intestinal problems, sore muscles, burns, weight loss, cough, acne and bad breath, to more serious diseases such as arthritis, cancer, HIV, and diabetes” (Davidow, 1999; Gómez-Beloz & Chávez, 2001; Owens & Dirksen, 2004; Poss et al., 2003; Tafur et al., 2009, p. 85; Torres & Sawyer, 2005). *Curanderos* might also be used to treat impotence, depression, or alcoholism (Falicov, 1998).

According to indigenous spirituality, one can learn to become a *Curandero/a*, to heal others, and promote self-transformation. However, a person’s innate ability to heal others is far more recognized because it is viewed as *a don*, a gift from a higher being (Tafur et al., 2009). Remedies offered by a *Curandero* can vary from changing eating habits to drinking teas and herbs. They also “use inhalation, sweating, massages, incantations, and a variety of ritual cleaning treatments” (Falicov, 1998, p. 142). Others

might request individuals to wear amulets or spiritual symbols and engage in various prayers to help rid them of their illness.

Curanderos have specialties based upon their given trait and method to heal others. To name a few, *Yerberos* specialize in botanical remedies, *Sobadores* specialize in relieving pain and tension through massage, and *Espiritistas* have contact with the spiritual world and serve as a medium. *Espiritistas* believe that there is an invisible world of good and evil spirits that can influence one's behavior and that everyone has spirits of protection (Falicov, 1998). *Santeria* is the practice of resolving concrete problems as well as predicting the future through divination. Usually, a *Santero* is a priest who functions as a healer. As previously mentioned, all of these *Curanderos* utilize a different healing method, and a certain healer will be sought out depending on the person's presenting problem and beliefs.

Turning to the barrier theory, which was outlined by Falicov (1998), is another reason for underutilization of professional services among Latinos. This theory states that there are various external and societal factors that influence utilization of services, such as limited access to transportation, fear of detection by immigration authorities for undocumented Latinos, and fear of being misunderstood culturally, or discriminated against racially (Falicov, 1998). Fortuna et al. (2008) found that language, insurance, economic barriers, and documentation status are barriers, as well as shame or hesitancy to disclose specific details of their past. Furthermore, according to Murguia and Zea (2000):

Cost, a lack of transportation, absence of Spanish speaking and/or Latino staff members, inconvenient hours, disrespectful staff, potential lost wages, lack of

available care, no knowledge of where to obtain care, lack of confidence in the staff, and long waiting times in the clinic and for appointments [were found as significant barriers to treatment]. (p. 274)

Harari, Davis, and Heisler (2008) also described that a lack of knowledge about the services offered and Latino immigrants' assumptions about who can receive certain services seem to be a factor that limits help-seeking. In addition to a lack of knowledge, lower educational levels are a main factor that will influence a person's willingness to seek help, because they might not be aware of available resources, and they might assume personal responsibility for their internal and external challenges. Furthermore, they might not be educated on the importance of maintaining not only physical but also emotional well-being.

Like Latino immigrants, U.S. born Latinos also experience these barriers to treatment. However, the internal factors such as a fear of deportation, distrust of law enforcement officials, and the overwhelming challenges of living in the U.S. as a labeled immigrant are a concern specific to Latinos immigrants. Barudy (1989) found that Mexican immigrants often refuse to seek treatment due to fear of self-incrimination and persecution if they request services and reveal their immigration status. In addition, the language and cultural barriers are a more significant challenge for immigrants given that they are recently arrived to the U.S.

With that said, it is more common for acculturated Latinos to use professional services than less acculturated Latinos (Falicov, 1998). Specifically, less than one in 11 (9%) U.S. born Latinos report seeking mental health services, compared to one in 20 (5%) Latino immigrants who seek services (Chavez, Torres, & Adames, 2011). Still,

utilization services are low in all Latinos when compared to Non-Hispanic Whites. Latinos happen to have the highest rate of uninsurance than any other ethnic group in the U.S. (Harari et al., 2008), which will also limit the extent to which they are able to seek professional services. Falicov (1998) indicated that Latinos only seem to seek health care services only for very severe symptoms and emergencies, which shows that they might not get the help for psychiatric symptoms until the problem has been compounded by other more severe symptoms, such as a suicide attempt.

Shattell et al. (2008) found that there are barriers that impact utilization services for Latinos at the individual, organizational, and community level. Internal/individual factors such as suspicion of providers along with stigmas associated with mental illness, beliefs about who has access to treatment, and a personal understanding of what a mental illness entails are some of the barriers to mental health access. Stigma is a significant barrier for Latinos because seeking mental health services can often be viewed as a weakness, or as a source used only when one is “crazy.” Particularly, men are greatly influenced by issues of stigma and are unlikely to seek the help they need. This reluctance to seek help is due to fear of being viewed as vulnerable or weak, which is incongruent with their value surrounding *machismo*. They might focus more on the emotional vulnerability and challenges to their masculinity if they were to seek help (Fortuna et al., 2008). This finding is important, especially within the context of those exposed to political violence, because men have a higher rate of exposure to political violence as well as other severe violent experiences compared to their female counterparts (Fortuna et al., 2008).

At the organizational level, various professional agencies have been unable to meet

the mental health needs of Latinos due to the “anti-immigration sentiments and high rhetoric” (Shattell et al., 2008, p. 361) by both staff and the overall organization. Professionals might “use their power in ways that perpetuate injustices and subtly criticize or discriminate against clients who don’t fit an expected cultural stereotype” (Falicov, 1998, p. 105). The discrimination and negative views toward Latino immigrants are a significant contributor to the lack of adequate mental health services. As a result, many therapists lack sensitivity and the cultural competence needed to work with Latino immigrants.

Some agencies might not be able to serve undocumented individuals due to insurance, economic, or company policies. Given this organizational challenge, mental health professionals working with Mexican immigrants are to be knowledgeable of the agency’s policies regarding treatment of undocumented immigrants. It is likely that this factor alone will limit many individuals from receiving specific services. Community level barriers such as transportation issues, degree of acculturation, underreporting of domestic violence and abuse, and negative community beliefs about mental illnesses further limit a person’s ability to seek treatment (Shattell et al., 2008).

The barrier theory presented by Falicov (1998) brings together a wide range of factors at the individual, organizational, and societal level that impact help-seeking behaviors. Those factors, such as the stigma, a lack of trust in therapists, language and cultural barriers, a lack of knowledge about mental illnesses, and the types of services available, can be addressed through a culturally relevant psychoeducational treatment approach. The first challenge would be to first encourage Latinos to seek professional mental health services. The second challenge is to find ways to encourage them to

continue seeking these services given that there is an attrition rate of 70%, meaning that they do not return to therapy after their first session (Chavez et al., 2011).

All of the aforementioned help-seeking behaviors, such as turning to one's own willpower, family and community, religion, and traditional healers, have shown to be effective help-seeking behaviors for Latinos. They provide a sense of belonging and support, as well as address major life issues and obstacles in times of need. However, when individuals are dealing with severe physical and emotional issues, their needs might not always be met, because these methods might lack the resources one can get from professional help. As mentioned, there are a plethora of barriers that impact the extent to which Latinos will seek professional help. For this reason, it is imperative to educate Latinos on the effectiveness and rationale behind seeking professional help.

Herman (1997) added that therapists can frame seeking help as an act of courage and that "acknowledging the reality of one's condition and taking steps to change it become signs of strength, not weakness; initiative, not passivity" (p. 158). To account for organizational barriers, various agencies have begun to develop programs and treatment approaches that cater to Latinos. In order to evaluate each agency's functionality and effectiveness, a checklist was developed "to assess the degree to which an agency or service provider is culturally competent: availability, accessibility, acceptability, and accountability" (Organista, 2007, p. 129; Parron, 1982). This checklist, which takes all of the external barriers to treatment into consideration, can serve as a guide for agencies to develop effective mental health services for Latinos as a way to buffer against obstacles to treatment.

Mental Health and Resilience

Mexicans are a strong and resilient people because of their large emphasis on family support and one's willpower. Resilience begins in childhood and continues to develop in the form of physiological and psychological adaptation throughout life (Guinn et al., 2009). The resilience of Mexicans is a force that helps them overcome the many obstacles they face due to social deprivation, discrimination, and lack of opportunities. Common stressors are low socioeconomic status, community violence, gangs, low educational attainment, domestic violence, teen pregnancy, sexual abuse, acculturation, and immigration.

Despite all of the struggles facing Mexicans, they strive to lead satisfactory lives for themselves and their families because of *familismo*. Mexicans feel a great sense of obligation to care for and support one another, even when long-distances are an issue, such as having family in one's native country. According to Falicov (2002), *la familia* (the family) becomes "the emotional container that holds both dreams not yet realized and lost meanings that are no longer recoverable" (p. 278). *Familismo* also carries with it family rituals that maintain family and cultural identity strong within those who leave their native country or families behind.

In addition, family is a protective factor because making family proud and leaving a legacy is important among Mexicans, especially for children whose families have migrated to the U.S. Because of the negative stereotypes against Mexicans, many utilize the negative messages as a motivator to build their resiliency and disprove societal notions. Robert Renteria, founder of From the Barrio Foundation, is an inspirational speaker for Latino youth. He has often relayed the message during his workshops, "Do not let where you come from dictate who you are, but rather let it be a part of who you

become” as well as “Do not ever let anybody tell you that you cannot do something” (Renteria, 2011). With that said, Mexicans often use messages such as these to help them maintain their resiliency. Those who are resilient are able to “view potential stressors as challenges and opportunities for growth and learning rather than burdens” (Guinn et al., 2009, p. 238).

Another concept that maintains resilience in Mexicans is *fatalismo*. Cultural narratives and values along with strong spiritual beliefs promote acceptance of life’s adversities (Falicov, 1998). In other words, Mexicans accept the fate that is brought upon them, especially that which is out of their control, and they do what is in their power to overcome the struggles. Resiliency factors are driven by strong cultural values, such as *fatalismo*, *controlarse*, and the four concepts under it (*aguantarse*, *resignarse*, *sobreponerse*, and *no pensar*), as described previously.

Now that resiliency factors have been pointed out, it is important to discuss social factors that may negatively impact one’s mental health. Given that this dissertation focuses on Mexican immigrants, mental health and social factors will be discussed as it affects this particular group. Mexicans who migrate to the U.S. may experience psychiatric problems before, during, and/or after their migration due to the experiences they endure throughout their journey. Falicov (2009a) argued that, upon entering the migration journey:

Gone are family members and friends who stay behind, gone is the native language, the customs, the rituals, and gone is the land itself. The ripples of these losses touch the extended kin back home and reach into the future generations born in the new land. (p. 274)

Transitioning to life in the U.S. and dealing with acculturation issues, as mentioned before, can greatly impact mental health.

Martinez Pincay and Guarnaccia (2007) gathered Latino participant views on mental health and barriers through four focus groups. Some of the experiences shared by their participants included experiencing distress due to discrimination, “because of who they are and how they speak, the multiple demands of supporting family here and family there, and the separation from supportive social networks” (Martinez Pincay & Guarnaccia, 2007, p. 24). One particular participant described the immigration process as, “It’s like losing the roof over your head, losing everything, it’s as if one had gone through an earthquake and lost everything...” (Martinez Pincay & Guarnaccia, 2007, p. 17).

Falicov (1998) added that, with migration journeys, individuals experience a physical, social, and cultural uprooting that can lead to significant psychological distress. For example:

Physical uprooting entails living without the familiarity of people’s faces and the sounds of their voices, without the feel of the streets and the comfort of the houses, without the odors of the foods, the myriad smells, sounds, and sights, the cold and the heat of the air, without the color of the sun, or the configuration of stars in the night sky. The landscape that had been internal as well as external—a very part of the immigrant’s soul—is gone. All is changed now. Imagine the move from a sleepy little rural village in Latin America to a bustling American metropolis. Even if you could reinvent yourself, how do you reinvent a while physical, social, and

cultural landscape. (Falicov, 1998, p. 52)

The most common mental illness among Latinos is depression (NLPA, 2005).

While Latinos in four focus groups were able to recognize that depression is serious and requires seeking assistance, they did not see the need to seek mental health care to treat depression (Martinez Pincay & Guarnaccia, 2007). In addition, participants in this study admitted that they “do not see initially depression as an illness, but rather as a consequence of the many disruptions caused by the immigration process and challenges that Latino immigrants face in surviving in the U.S.” (p. 23). Martinez Pincay and Guarnaccia (2007) also found that Latinos do not typically report the psychiatric symptoms of depression, and instead report the somatic aspects to their primary care provider.

Despite the great need to provide mental health services to this vulnerable population, undocumented Mexicans are at lower risk and have lower rates of psychiatric issues than U.S. born Latinos (Sullivan & Rehm, 2005). Comparing Latino immigrants with U.S. born Latinos, Cook, Alegría, Lin, and Guo (2009) also found significant differences in the prevalence rate of mental illnesses. Specifically, it was found that Latino immigrants who have been in the U.S. for 0–10 years have an overall better mental health, “despite their disadvantaged socioeconomic status” (Cook et al., 2009, p. 2447), and a lower rate of psychiatric issues than U.S. born Latinos. However, reasons to explain the better mental health were not examined further in this study. They also reported that the length of time in the U.S. and age at arrival is linked to a person’s mental health and adaptation experiences. For example, leaving at the early formative ages (0–10 years), people “may have weaker identification with Latino cultural values”

(Cook et al., 2009, p. 2247). Possible reasons for the lower rates of mental illness among recently arrived Latinos according to the APA Presidential Task Force on Immigration (2012) is that they might be experiencing different disorders than those included in the Western classification systems of mental illness, such as the DSM-IV-TR (Sue & Chu, 2003); they might have different idioms of distress (Guarnaccia et al., 2007; López et al., 2011); are likely to underreport their symptoms (Nadeem et al., 2007); or they are less likely to utilize services because it is outside of the cultural norms. Aguilera and Lopez (2008) compared recently arrived Latino immigrants with established Latino immigrants (those who have established themselves in the U.S.). They examined the relationship between locale and service utilization between these two groups. This study found that the established immigrant community was more likely to use mental health services than the recently arrived immigrant community. Aguilera and Lopez (2008) hypothesized that two possible explanations for the differences in use of mental health services might be due to differences in social capital and lower prevalence rates in recently arrived immigrants. However, Organista (2007) found that the low rates of mental health service use for various studies in the past have had to do more with the barriers to services for recently arrived Immigrants, as opposed to a lack of mental problems. This implies that, if recently arrived immigrants had equal access to services, then the prevalence rates of mental illness would be different than what it has been recorded as in the past.

A study by Añez, Paris, Bedregal, Davidson, and Grilo (2005) that looked at the mental health treatment for first generation Latinos (individuals who migrated to the U.S.) found that not only do they receive fewer services but also the services that are available to them are not culturally appropriate. They noted that this might be a

significant factor as to why Latinos underutilize psychological services. Thus, in order to effectively provide assistance, researchers must learn how these individuals respond to the immigration experience, what enables them to face the process with resilience, and what factors place them at risk for developing mental health issues.

Psychological Effects of Political Violence

The longstanding impact of immigration experiences is further confounded if the individual has left Mexico as a result of political violence. The reason is because these journeys are often unplanned, unsettling, and traumatizing for the whole family, not just those who leave. McColl et al. (2010) reported that torture survivors from Gaza, Egypt, Mexico, Honduras, and South Africa had experienced an average of 5.4 forms of torture. Examples of the categories of torture include being close to death, forced separation from family, serious injury, imprisonment, lack of food and water, murder of family or friend, lack of shelter, forced isolation from others, lost or kidnapped, rape or sexual abuse, and brainwashing. Shockingly, 10% of the sample (306 participants total) had experienced more than 10 of these events. Also, 64% of the sample had experienced a head injury and 61% reported being beat in the head. This high number indicates a possibility of brain damage, indicating severe longstanding impairment for the individuals.

The effects of political violence can continue even after the individuals have removed themselves from the danger and have made efforts to reestablish and live their lives. Trauma responses are a normal response to violence, but, depending on the nature of the event, one's level of resilience and vulnerability, and one's ability to live a fruitful life, might be greatly impacted. The number of traumatic events of torture has been

found to be greatly associated with the degree of psychological distress, specifically PTSD, depression, and anxiety, according to Carlsson et al. (2006).

Of note, not everyone who experiences political violence and/or torture develops PTSD, and mental health professionals should not assume that exposure to such violence warrants a diagnosis of PTSD. However, it is also important to recognize that proper diagnosis of PTSD is difficult when working with this population, because it might vary in presentation. The DSM-IV-TR (2000) defines PTSD as requiring a stressor that created terror, helplessness, or fear, along with intrusive re-experiencing of the traumatic event, avoidance of trauma-related stimuli and numbing of general responsiveness, and persistent hyperarousal. Such symptoms must cause clinically significant distress and interfere with the individual's functioning.

Sensation-based memories or flashbacks are those that are automatically retrieved as a result of internal and external cues and would involve intrusive reexperiencing of a traumatic event, according to PTSD criteria. Brewin (2011) described a flashback as a vivid multisensory image that is usually a visual portrayal and is accompanied by somatosensory perceptions. Flashbacks might induce fear, helplessness, and horror, because they can be extreme and involve snapshots as though the event were occurring in the present. "Avoidance may take many different forms: keeping away from situations, people, or emotions that remind them of the traumatic event; or utilizing dissociation to keep unpleasant experiences from conscious awareness" (Van der Kolk, McFarlane, & Weisaeth, 1996, p. 419). Along with that, numbing can include markedly diminished interest in significant activities, feelings of detachment, and restricted range of affect (Briere & Scott, 2006).

Ritterman and Simon (1990) reported that some of the psychological effects that Latin American torture survivors experienced were countertherapy, paranoia, dissociation, terror, shame, and unresolved grief that persists in their lives even years after the incident. Countertherapy is a method that torturers will often utilize so that “whatever a person cares about is used to produce apathy in the person; whatever the person embraces is used to produce phobias; whatever the person loves is used to produce hatred” (Ritterman & Simon, 1990, p. 279). An example of countertherapy provided by the group of researchers was the case of a doctor who was tortured by the military in El Salvador. Knowing that he was a doctor, the torturers reportedly tortured his physician friends in front of him as they told him, “Here, you are a doctor. Now fix your friends,” (p. 278) which in turn created helplessness and feelings of guilt in the doctor who survived. Ritterman and Simon (1990) noted that he was never able to return to his career again, because of his deepened sense of responsibility.

Paranoia, which falls under the PTSD criteria for persistent hyperarousal, is common in torture survivors due to being beaten, brainwashed, or humiliated by the attackers, and even being forced to disclose information. Dissociation, which falls under the PTSD criteria for intrusive reexperiencing of a traumatic event, includes “a sense of being in a daze, emotional numbing, and a sense of unreality of self or of the outside world” (Herlihy & Turner, 2007, p. 273). Dissociation “allows a person to observe the event as a spectator, to experience no, or only limited, pain or distress: and to be protected from awareness of the full impact of what has happened” (Van der Kolk, 2007, p. 192). This serves as a form of coping while the trauma is occurring, but some continue to utilize it after the incident has occurred, which can interfere with everyday functioning.

Similar to torture victims, individuals who have been exposed to violence, but who have not been tortured, feel as though something deep has changed within them. For example, Barudy (1989) stated that victims will often state, “I am not the same person as before, everything changed for me after that” (p. 716). With that said, political persecution, exile, torture, and imprisonment can affect a person badly enough to damage their self-image and identity. Brewin (2011) noted, “The more complex the trauma-related disorder, the greater the degree of fragmentation of identity,” while also perceiving a permanent change in oneself or in life expectations (p. 209).

PTSD and depression seem most common in victims of torture and violence, and most of the time they are co-morbid. In the situations when the client does not have both PTSD and depression, Brewin (2011) pointed out that it is also difficult to distinguish between the two because they have overlapping criteria, and they both have a high frequency of distressing memories from one’s past. He stated:

When intrusions occur, depressed clients report the same emotions and physiological reactions that they remember occurring at the time of the event, but the event is still experienced as belonging to the past. PTSD is thought to differ in these separate representations being poorly integrated, resulting in the sense that the event is actually reoccurring in the present. (Brewin, 2011, p. 219)

Because the experience of the memories is not the same, treatment for depression is different for PTSD, and it does not require the reliving of the trauma.

Aside from PTSD and depression, “some clients will present with psychotic symptoms congruent with depression, while other psychotic symptoms seem unrelated. At times, it is difficult to distinguish between intrusive thoughts of PTSD and

hallucinations or thought insertion” (Kinzie, 2007, p. 198). In other words, it is possible that the psychosis present in individuals with PTSD with comorbid depression might actually represent severe intrusive symptomatology associated with their trauma (Briere & Scott, 2006, p. 19). With that said, it is important to note that not every individual will present with similar symptoms or symptoms that can be readily diagnosed, and mental health professionals should ensure to accurately assess and capture each client’s symptoms.

Similar to the previous researchers mentioned, Cervantes et al. (1989) found that Central American and Mexican immigrants exposed to political violence experienced PTSD, severe depression, conversion and dissociative disorders, reactive and paranoid psychosis, and even organic brain syndrome. Although this article is outdated, similar psychological issues seem to be present in victims from other studies, such as that of Piwowarczyk (2007), which found that asylum seekers have an increased risk of “PTSD, depressive disorders, somatic complaints, substance abuse, neuropsychological impairment, psychosis, enduring personality change, generalized anxiety disorder, panic disorder, acute stress disorder, somatoform disorders, bipolar disorder, and phobias” (Piwowarczyk, 2007, p. 720).

Barudy (1989) also found that individuals who experience political repression and exile express their suffering through:

- (1) a state of post-traumatic stress characterized by intense fear, sleeping disorders, feelings of guilt and disorders of memory and concentration;
- (2) depressive disorders that may or may not be accompanied by behavioral disorders such as violence, suicidal behavior, and alcohol

abuse; (2) psychosomatic disorders such as chronic arthralgias and arthritis, gastro-duodenal ulcers, headaches, allergies, and respiratory disorders; and (4) psychosexual dysfunctions such as inhibition of sexual desire, dyspareunia and vaginismus. (p. 716)

Some individuals might not endorse any psychological symptoms, and the impact of the trauma might manifest psychosomatically. Hondius et al. (2000) examined the somatic, psychological, and migration-related complaints of Latin American and Middle Eastern refugees who had experienced torture or other forms of violence. They found that higher somatic complaints were associated with the number of violent events involving physical torture, which is of importance given that Latinos tend to express their distress psychosomatically and is indicative of their subjective experience related to the violence that Latin American and Middle Eastern refugees endure (Hondius et al., 2000). The study provides evidence that somatic complaints can increase due to one's exposure to violence, especially among Latinos.

From a biological standpoint, Van der Kolk (1996) found that individuals with PTSD have decreased hippocampal volume, which might be due to the effects of heightened levels of cortisol and its harmful effects on the hippocampus. In addition, when looking at a Positron Emission Tomography (PET) scan of clients with PTSD, researchers found that the amygdala, insular cortex, the posterior orbito-frontal cortex, anterior cingulate cortex, and the anterior temporal cortex were the most active. Most importantly, however, was the finding that the Broca's area was turned off. According to Van der Kolk (1996), the Broca's area is responsible for translating personal experiences

into verbal language, so, if it is turned off in those with PTSD, it likely explains why they have difficulty verbally expressing their trauma, and instead experience it physically.

In terms of memory, Herlihy and Turner (2007) found that humans process memories in autobiographical memory, while other memories are incorporated using existing cognitive structures known as automatisms, which are held in the subconscious.

They noted:

If frightening or novel experiences do not fit into existing memory structures, then aspects of the associated memories may become split off from conscious awareness and voluntary control. The memory is still there, but it is not part of normal autobiographical memory and may manifest itself in the production of hysterical symptoms. (Herlihy & Turner, 2007, p. 269)

Traumatic memories have a significant psychological and cognitive impact on individuals that can prevail years after the incident. Specifically with PTSD, individuals might experience “verbal memory deficits, negative conceptual knowledge concerning the self, overgeneral memory, avoidance or suppression of memories, negative interpretation of memory symptoms... impairment in retrieval of voluntary trauma memories, and increased incidence of sensation-based memories or flashbacks” (Brewin, 2011, p. 203). These cognitive challenges evidently affect one’s ability to function and negatively impact one’s self-perception. Brewin (2011) noted that, if the traumatic memories are incongruent with one’s identity, then they can cause great distress and impact one’s ability to recall the events.

Some individuals might not experience physical violence themselves, but rather witness the death of others and feel a sense of fear and hopelessness due to that experience (Hargrove, 2006). The psychological distress they experience might still be severe, and oftentimes they experience trauma-related symptoms, which increases their vulnerability to fully develop PTSD. Piwowarczyk (2007) reviewed 134 files of asylum seekers who were seen at an unidentified mental health program for survivors of torture to identify their demographics, mental health treatment, and torture history. In her review, she found that 84% of the asylum seekers had a personal history of torture, and they were significantly more likely to experience political persecution than those who had not experienced torture. Piwowarczyk's (2007) study also found that family persecution increased as asylum seekers were targeted. Specifically, "44% had first-degree family members who were tortured, or killed/executed (37%), arrested/imprisoned (29%), missing (22.4%), or victims of sexual violence (12%), and one-tenth had second-degree relatives who were tortured or killed" (p. 717).

Eisenman, Gelberg, Liu, and Shapiro (2003) developed a study that looked at the health of Latino immigrants previously exposed to political violence and compared them to Latino immigrants who had not been exposed. They found that those exposed to violence experienced greater rates of chronic pain, impaired physical functioning, and a low health-related quality of life, which likely makes them more vulnerable to psychological distress. Eisenman et al. (2003) also found that Latino immigrants exposed to political violence were more likely to experience PTSD, depression, or any other mental disorder than those who had not experienced violence.

In addition to previous exposure to violence, there are several social factors that increase one's vulnerability for significant psychological distress. Eisenman et al. (2003) found that lower education, fewer social contacts, no occupation, and increased pain were significant predictors of emotional distress. Lower education might be correlated with an inability to understand or endure the harsh effects of the violence, or a lack of knowledge about services available. Shattell et al. (2008) also found that those with lower educational levels experience more stress and are more susceptible to mental illness as a result. Gafner and Benson (2001), as well as Fortuna et al. (2008), found that the refugees, as well as the individuals exposed to violence, had little education, indicating that maybe the poorest individuals are least prepared for organized crime and its effects. In other words, they might not have the internal or external resources to protect themselves before or after they are targeted. Regel and Berliner (2007) found corroborating evidence that level of education was a factor in the development of PTSD, as well as low SES.

These findings indicate that education level and SES can often serve as a buffer for psychological distress. The Center for Immigration Studies (CIS) is a nonpartisan organization that provides information on the social, economic, environmental, security, and fiscal consequences of legal and illegal immigration into the U.S. Steven Camarota (2012), Director of Research for the CIS, reported that 62.9% of Mexican immigrants living in the U.S. are living "in or near poverty" in 2010, with "near poverty" indicating incomes of less than 200% of the poverty threshold. This finding is significantly high when compared with 31.0% of Colombian immigrants and 33.4% of Chinese immigrants who live in or near poverty (Camarota, 2012). This researcher also found that 57.3% of

Mexican immigrants (aged 25 to 65) have obtained an education of less than high school, and only 5.7% have obtained a bachelor's degree or higher. In comparison, when looking at Colombian and Chinese immigrants, respectively, 11% and 8.4% have an education of less than high school, and 36.5% versus 54.3% have obtained a bachelor's degree or higher. These statistics indicate that, given the impact of lower education and SES on psychological distress, Mexican immigrants are at higher risk when compared to other ethnic groups, and even when compared to other Latinos.

Fortuna et al. (2008) also compared Latinos exposed to political violence to those who had not. Interestingly, they found that of those exposed to political violence, the ones with a high education level were less likely to use mental health services. The researchers assumed that it was probably because they might have anticipated the violence in their country as educated political dissidents and, thus, might have been prepared for the psychological effects of the violence. In addition, it is possible that having more education provides protection from distress, and they are better able to seek external resources to help them cope. When working with immigrants, it is important to consider the negative effects of a lower education and SES, which might contribute to their lower quality of life and psychiatric symptoms.

“Untreated trauma may have long-term consequences and the symptoms may intensify during periods of increased vulnerability, for instance later in life or under stressful life circumstances” (Gangsei & Deutsch, 2007, p. 80). Van der Kolk et al. (1996) noted that the presentation and severity of symptoms can fluctuate due to the anniversaries of traumatic events, life transitions, and family holidays. In other words, for individuals who suffer psychological distress during their migration journey, they are

likely to reexperience those symptoms on anniversary dates due to a reminder of their journey.

Assessment of Trauma

As noted above, Latino immigrants are vulnerable to experiencing a wide range of traumatic experiences, before, during, and after their migration to the U.S. As such, mental health professionals have an obligation to provide culturally competent and effective services in both the therapeutic and assessment processes, especially since mental health services by Latinos are underutilized (Aviera, 1996). Gonsalves (1992) stated, “Culturally appropriate behavior is based on one’s awareness of what is proper from a cultural standpoint and then performing those actions that are consistent with the behavior of respected others” (p. 383).

For assessment, when working with clients with a history of violent exposure, it is imperative that clinicians determine whether symptoms are related to a newly diagnosed mental illness or other preexisting conditions (Nieves-Grafals, 1995). For example, Nieves-Grafals (1995) notes that someone who experiences paranoid psychotic episodes due to political violence will need a different method of treatment than someone with paranoid schizophrenia. Along with that, it is important to distinguish PTSD from acute or situational anxiety. Van der Kolk et al. (1996) stated that the main difference is that in PTSD, once individuals become dominated by intrusions of the traumatic experience, their functioning is disrupted and they begin organizing their lives around avoiding having these experiences.

Diagnosis can often be a challenge because symptoms might not manifest until they have reached a safe haven, or it might even take years, making it difficult to

establish a connection between the traumatic event and the symptoms (Nieves-Grafals, 1995). Cervantes et al. (1989) inquired about certain criteria to assess for PTSD such as: persistent reexperiencing of war-related deaths and events that took place during the last few months in the home country; constriction of interests, including lowered libido; feelings of detachment and loneliness; generalized pessimism and hopelessness about the future; sleep disturbance; difficulty in concentrating; survivor's guilt; and avoidance of activities that recalled the trauma or that might result in deportation to the home country. (p. 617)

In terms of utilizing psychological tests with immigrants exposed to violence, it is important to note that most “have not been properly standardized and validated for culturally and linguistically diverse populations” (Nieves-Grafals, 1995, p. 29). There is a “lack of valid and culturally appropriate diagnostic tools sensitive and comprehensive enough to capture cultural variability in the symptomatic expression of and coping with psychological distress” (APA Presidential Task, 2012, p. 67). In addition the DSM-IV-TR is a system that is constructed toward western or Eurocentric notions of mental illness, meaning that individuals belonging to other cultures, such as Mexicans, can be overpathologized, while a focus on resilience and resources can be minimized (APA Presidential Task, 2012; Atkinson, 2004).

Nonetheless, psychological tests can be extremely helpful if the clinician considers the client's social, cultural, and linguistic context, and accounts for the differences. Testing can help the mental health provider identify the client's current psychological functioning as well as establish an appropriate method of treatment. Before beginning the testing, it is important to be proficient in the client's language, or to

make arrangements for a highly trained and competent interpreter if needed (Nieves-Grafals, 1995).

Generally, the assessment and evaluation process involves asking about personal, vulnerable, and emotionally laden information that most individuals have not had to disclose in the past, and especially not to a stranger. A challenge that clinicians face during this phase is dealing with clients who are not prepared to disclose their traumatic experiences, at which point the clinician can accept the information given or continue to probe the client. If the client is not ready to disclose and feels pressured by the clinician, decompensation may occur, resulting in an overwhelming amount of symptomatology (Nieves-Grafals, 1995).

In addition, the clinician must ensure that the client is not overwhelmed due to the nature of the questions and content being presented. It is possible that clients might be emotionally aroused by the questions, which can oftentimes lead to unexpected psychological distress. If this occurs, clinicians must monitor clients and refrain from continuing the interview until the client is willing and able to proceed. An effective, client-centered approach is to allow the clients to disclose painful experiences at their own pace, even if it means that the progress will be slower than expected. At the same time, it is important that the evaluator does not turn the session into therapy but is able to intervene and allow time for the individual to return to baseline if emotional arousal occurs. Gangsei and Deutsch (2007) explained that taking the individual's emotional and physical comfort seriously and offering empathic support can help heal the wound of degradation. On a general note, it is important to be sensitive and empathic of the client's

experiences, as well as be mindful of the difficulty in disclosing such traumatic experiences to a stranger.

Van der Kolk et al. (1996) suggested utilizing structured or semi-structured interviews when assessing for PTSD so that none of the symptomatology is missed. Structured interviews account for organization and consistency, while also giving individuals the opportunity to share their experiences using their own words. Gathering an extensive social history through the interviews helps develop a comprehensive assessment of the client. Along with that, the interview can encourage open communication and build a non-judgmental, trusting, and safe environment that minimizes assumptions (Hargrove, 2006). Some specific questions to better understand the client are to ask about educational background and language skills, as well as family of origin and one's attitudes toward immigration. The reason for migration is imperative to inquire about, as it will likely dictate one's feelings about being in the U.S.

Nieves-Grafals (1995) reported that a typical psychological battery for trauma might include intelligence tests such as a Wechsler Scale, a trauma symptom checklist, the Bender-Gestalt, projective drawings, as well as the Rorschach Inkblot Test. Among immigrants, projective tests often elicit themes related to "death, blood, violence, a strong tendency toward denial, a gloomy view of life, and mention of the country of origin" (Nieves-Grafals, 1995, p. 24). These themes can provide a way for the therapist to elicit about personal experiences that the client might not have originally disclosed.

There are various self-report scales that can be used to assess the client's psychological symptoms at the present time. The Symptom Checklist-90-Revised (SCL-90-R), Impact of Events Scale (IES), the Trauma Symptom Inventory (TSI), and the

Harvard Trauma Questionnaire (HTQ) are a few of the many that can be used when administering an evaluation with an immigrant exposed to violence. While beneficial and quick to administer, screening measures can be problematic, because they are self-report and clients are often unable or unwilling to disclose psychological symptoms, or they might be underreported. For this reason, Nieves-Grafals (1995) recommends discussing the psychiatric symptoms throughout the interview and integrating the information from the tests and screening inventories. Inquiring about symptoms during the interview also helps the client identify and verbalize their subjective experiences, which is crucial, especially for clients who have less familiarity with psychiatric symptoms.

Effective Treatment for Trauma

Treatment of trauma varies depending on the type of trauma experienced and its severity. The goal of all therapy with traumatized individuals is:

to help them regain control over their emotional responses and place the trauma in the larger perspective of their lives—as a historical event (or series of events) that occurred at a particular place, and that can be expected not to recur if the individuals take charge of their lives. (Van der Kolk et al., 1996, p. 419)

Along those same lines, taking charge of one's own life so that negative events do not occur again depends on the context of the trauma. For example, for a person who is immersed into the environment in which the trauma occurs, escape is much more difficult than for someone who has fled, or who experienced a trauma on one circumstantial occasion. Regaining control and viewing the trauma as a thing from the past can often be

challenging, and for many it is almost impossible due to its impact on their physical and emotional well-being. As Herman (1992) states:

Traumatized people suffer damage to the basic structures of the self. They lose their trust in themselves, in other people, and in God. Their self-esteem is assaulted by experiences of humiliation, guilt, and helplessness. Their capacity for intimacy is compromised by intense and contradictory feelings of need and fear. The identity they have formed prior to the trauma is irrevocably destroyed. (p. 56)

When one's identity and self-perception is impacted to such a great extent, it can be very difficult to find oneself again. From a basic perspective, it is important to go at the survivor's pace, in order to create safety and trust, and not pressure or cause the individual to be directly confronted by the torture experience (Gangsei & Deutsch, 2007). Herman (1992) added that "avoiding the traumatic memories leads to stagnation in the recovery process, while approaching them too precipitately leads to a fruitless and damaging reliving of the trauma" (p. 176). She also added that the therapist's job is to let the clients know if they are suffering from a traumatic syndrome, because they can see that there is actually language and symptoms for their experience and that others have endured similar experiences so they are not alone, and, most importantly, they are not crazy. The most important finding to remind clients of is that they are not doomed to suffering from this condition for the rest of their lives, because there is a treatment that can lead to recovery, just as others have recovered.

Blackwell (2005) acknowledged that there is no cure for being tortured or having loved ones killed or disappeared, but that therapy can help because it provides "the

capacity to bear the past as history (however painful it may be) rather than being trapped in it and endlessly reliving it, individually and collectively” (p. 320). In addition to that, dealing with past traumas helps the survivor reconnect with his or her strengths and abilities prior to the presence of the trauma (Gangsei & Deutsch, 2007, p. 80).

The therapist should make attempts to understand the loss and the trauma from the client’s perspective, even if the client seems to be expressing apathy or disinterest. For example, Gafner and Benson (2001) stated that a woman who shows little distress at the killing and kidnapping of her husband is not necessarily unaffected by it; rather, she is simply expressing the emotions that make sense in a place where civil war and cruelty are prevalent, making it difficult for concern, pain, and sadness to show. Other researchers such as Herman (1992) and Briere (2006) might identify this coping as emotional numbing or disengagement, which is common in those who suffer from PTSD. In cases such as this one, the therapist should help the client work toward processing underlying emotions at his or her own pace. The same idea applies for individuals who talk about their exposure to violence with a nonchalant, flattened affect. It is likely that these individuals have been taught to dissociate, avoid, and even deny any painful emotions. Therefore, connecting their emotions to the traumatic experiences can be a difficult task, but one that should be diligently sought out.

Since talking about the trauma can sometimes be difficult for clients who have never disclosed it to anyone in the past, Hargrove (2006) indicated that encouraging clients to utilize varied means of expression, such as art, can be just as healing or even more healing than verbalization. It can also indirectly allow them to express their emotions and serve as a gateway to discuss the trauma with the therapist when the client

feels ready. Herman (1992) also noted that drawing and painting might represent an effective initial approach to remembering and disclosing the trauma experience because of its iconic, visual nature.

There are certain factors that should be taken into consideration when working with a refugee or asylum seeker. Dissociation can often be used as a defense mechanism when discussing traumatic incidents in therapy. In this case, the therapist should teach the individual to remain grounded or adjust the therapy so as to reduce reactions of dissociation (Herlihy & Turner, 2007). Specific trauma interventions should not be explored until the therapist has a clear understanding of the client's dissociative patterns and both therapist and client have learned to identify and manage dissociative symptoms, both in the therapy space and at home.

Barudy (1989) developed a program of mental health for political refugees that focused on providing information on community resources as a primary response. The second response involved "providing a prompt diagnosis of suffering, a quick and efficient response to the individual during moments of crisis, and a reduction of isolation and marginalization of refugees, by stimulating group dynamics and the reconstruction of the social tissue" (p. 726).

Kinzie (2007) provided seven recommendations for working with traumatized refugees. First, the clinic needs to manage the major psychiatric diagnoses by providing a comprehensive evaluation and treatment plan that includes a medication evaluation, case management, and psychotherapy. Second, well-trained clinicians who are fluent in the refugee's language, or who can work with an interpreter of the same culture as the client, is important. Third, accessibility to the clinic is imperative and having welcoming

staff who respect the refugees will help them feel more comfortable. Along with that, clinics should ensure privacy and confidentiality, so any efforts to make the clinic as subtle as possible (i.e., not in a mental health center where it is obvious that only psychological services are given) would help ease the client.

In addition, Kinzie (2007) reported that treating the clients with utmost competence and level of professionalism will ensure that they tell others and give positive referrals, which leads to a positive reputation in the community. The fifth suggestion is to integrate physical and mental health because many refugees will present with psychosomatic complaints. Getting them the medical attention they need is important not only for the refugee's ease but also for their well-being. In addition, clinicians and psychiatrists interacting with the refugees should be well trained and knowledgeable in many therapeutic interventions in order to fit the treatment to the client's needs. Lastly, psychotropic medication is sometimes needed to reduce the refugee's physiological symptoms and complement the psychotherapy.

Gafner and Benson (2001) noted that interventions include exposure therapy, systematic desensitization, flooding, prolonged exposure, implosive therapy, anxiety management, cognitive therapy, eye movement desensitization and reprocessing (EMDR), and hypnosis. Effectiveness of exposure therapies has been brought into question because of their potential to exacerbate depression, panic, and alcohol consumption, along with their tendency to reopen old wounds that clients wish to avoid (Gafner & Benson, 2001). With that said, exposure therapies need to be used with caution and only when the client seems prepared.

Herman (1992) outlined one of the most effective treatment approaches for trauma. Her model, which can treat traditional PTSD, as well as complex PTSD, consists of three stages: stage one, establishment of safety; stage two, remembrance and mourning; and stage three, reconnection with ordinary life. The first stage, establishment of safety, begins by focusing on control of the body and then leads to control of the environment. “Issues of bodily integrity include attention to basic health needs, regulation of bodily functions such as sleep, eating, and exercise, management of post-traumatic symptoms, and control of self-destructive behaviors” (Herman, 1992, p. 160).

The second stage in Herman’s stages of recovery is remembrance and mourning, at which point both therapist and client need to have a strong relationship and be clear on the purpose of revealing the trauma. At this point, the victim is to tell the trauma in an in-depth manner, because the reconstruction of the memory helps it to be integrated into the person’s life. Careful attention needs to be paid to emotional arousal and intrusive symptoms, which may be an indicator that the therapy is moving too fast for the client. The trauma narrative should include an organized, detailed, and visual account of what occurred, the client’s reactions and bodily sensations, along with reactions of others in one’s life.

Stage three of Herman’s stages of recovery model, reconnection, involves reconnecting with others and creating a future for oneself. At this stage, clients are to reclaim their world and incorporate the lessons of their traumatic experiences into their lives. They are to regain power and control over their lives, protect themselves against future danger, and deepen their relationships with people whom they have learned they can trust (Herman, 1992).

Van der Kolk et al. (1996) described a phase-oriented treatment for PTSD that includes five stages:

1. Stabilization
2. Deconditioning of traumatic memories and responses
3. Restructuring of traumatic personal schemes
4. Reestablishment of secure social connections and interpersonal efficacy
5. Accumulation of restitutive emotional experiences

The first stage, stabilization, teaches the individual how to identify and label emotions, utilize social supports, schedule, plan and anticipate daily activities, exercise and eat well, and engage in stress and relaxation techniques. Identification of emotions is important, because people with PTSD are often unable to interpret their emotions when they become aroused, and instead, experience somatic complaints. This stage also involves a psychoeducational component explaining the trauma-related thoughts and link between one's feelings.

Stage two, deconditioning of traumatic memories and responses, involves the therapist supporting the client when he or she expresses suffering in order to help integrate the memory in a safe environment. Exposure at this stage is appropriate in which the experience “contains elements that are sufficiently similar to the trauma to activate it, and at the same time contains aspects that are incompatible enough to change it” (Van der Kolk et al., 1996, p. 430). Stage three, restructuring of traumatic personal schemes, involves helping the client identify how the trauma has impacted their self-efficacy and self-identity. This stage involves helping the client see the ways in which

their life has been altered since the traumatic experience. It can often be a frustrating phase for the clients since they are required to verbalize the extent of the impact.

Stage four, reestablishment of sexual social connections, encourages emotional attachment and close relationships with others. In this stage, group therapy with others who have suffered a trauma can serve as beneficial and it helps individuals regain a sense of safety and mastery. Blackwell (2005) added that group therapy could also be helpful because it “enables a collective and mutually empowering struggle involving people who share experiences of persecution, violation, and exile” (p. 319). Family also helps people heal, because they are a source of protection that can increase resiliency and mitigate the overall impact of the event.

Lastly, stage five, accumulation of restitutive emotional experiences, consists of therapists encouraging clients to seek positive experiences in which they can actively participate and gain a sense of mastery and pleasure. Herman (1992) added that, by seeking positive experiences and interpersonal relationships, individuals can rebuild their sense of self that has been shattered as a result of the traumatic event. Seeking out positive experiences can include events with friends, relatives, and group settings where the clients can talk with others and find new and enjoyable interests.

In addition to trauma treatments, there are plenty of other techniques that have been used to help victims of trauma. Some are widely accepted within the field as adequate, while others are somewhat controversial. Gafner and Benson (2001) found that hypnosis for people suffering from PTSD has brought up controversial findings in terms of effectiveness. They explain that hypnosis can be helpful because it builds on the clients’ skill at “spacing out” and going back in time in order to restructure traumatic

memories in a positive manner. They also discussed a program that focuses on ego-strengthening hypnosis and zero balancing in order to help PTSD clients. Increasing the client's ego-strength prior to beginning the intervention is crucial in this approach, because they will have difficulty letting go of their symptoms until they feel strong enough to do so. Zero balancing balances the body's energy and involves a gentle lifting and tugging of various parts of the patient's body (Gafner & Benson, 2001).

Hypnosis should involve age regression to the time of the trauma, followed by a directed abreaction of anger, guilt, sadness, and any other feelings (Gafner & Benson, 2001). Finally, helping the client reframe the experience in order to reinforce the client's strength and resources for coping is essential in order for hypnosis to be effective. They utilize both metaphorical ego-strengthening and short-burst ego-strengthening to help clients process their trauma. The former incorporates stories that the therapist asks the client to interpret, where the story is the therapy portion of the hypnosis, or additional suggestions may follow the story. The latter involves using short confusional statements such as *non sequitirs* with no meaning followed by an empowering statement. The use of stories that elicit interpretations of survival and strength help the client gain more control over their symptoms through interactive hypnosis (Gafner & Benson, 2001).

Another therapeutic intervention for people with PTSD is narrative exposure therapy (NET). NET is a trauma-focused short-term intervention developed for the treatment of PTSD resulting specifically from war and torture. From this perspective, it is important to try and understand the loss from the client's perspective and context, as opposed to focusing on how one would expect them to react. NET allows the clients to share their story and it "focuses on the whole biography of the survivor, including all

traumatizing events, rather than a specific event for therapy” (Neuner et al., 2010, p. 82), so it is well suited for victims of multiple and repeated traumatic experiences. NET also allows clients to write a *testimonio* (testimony) of their experiences as a way to begin processing the trauma.

NET is based on the neurocognitive memory theory that predicts that the completion of the autobiographical memory of the traumatic events, including a connection of these representations to the fear memory, is necessary for the client to process the trauma (Neuner et al., 2010). Blackwell (2005) also found narratives to be effective because it provides clients with a form of positive action, and it is a pursuit of justice. Thus, encouraging a testimony can assist in the legal process when refugees are applying for asylum since they need to “provide a detailed account of historical events and their effect on the individual as justification for remaining in the U.S.” (Gafner & Benson, 2001, p. 138).

Neuner et al. (2010) conducted a study in which they examined the effects of NET for severely traumatized asylum seekers. Findings showed that clients with PTSD had significant improvements with NET when compared with those who continued their usual treatment, but there was no change related to depressive symptoms. While many trauma-based therapies carry the risk of being too aversive, Neuner et al. (2010) found that NET was generally well tolerated, with the exception of two out of ten severely traumatized participants. A significant finding in this study is that receiving a written biography of their trauma narrative may have been a motivator for many of the participants. Most of them passed their biography along to a human rights agency to share their story and provide hope for others who have endured similar experiences.

NET can be an effective treatment approach for refugees, because they have learned not to disclose their experiences but, instead, to repress and even deny them. Silence has been used as a defense mechanism for survival because they might have been told that if they disclose their painful experiences, then loved ones will be killed, and they often continue to use this technique long after the torture. On top of that, torturers have told them they will not be believed as means of psychological torture.

Another treatment approach that has been found to be effective with those suffering from PTSD is eye movement desensitization and reprocessing (EMDR). In this approach, the client is asked to “maintain an image of the original traumatic experience, and is encouraged to simultaneously evoke the event and associated feelings while engaging in the eye movements” (Van der Kolk et al., 1996, p. 435). The sequence is repeated until the client no longer reports anxiety, and the client is asked to imagine a more positive thought while imagining the trauma and continuing the eye movements (Rothbaum & Foa, 1996, p. 499). Van der Kolk et al. (1996) indicated that, while there have been contradicting findings in the effectiveness of EMDR, it has been shown to reduce the frequency and intensity of intrusive traumatic recollections in very short spans of time.

Cognitive behavioral therapy (CBT) has also been utilized as a treatment approach for trauma, although the literature that states that it is effective with torture survivors is sparse (Regel & Berliner, 2007). From a CBT perspective, treating trauma includes psychoeducation, techniques to manage pain and increase positive coping skills, physiotherapy, and psychotropic medication if needed. Common features among torture survivors are “poor coping strategies, negative self-beliefs, escape avoidance behaviors

stemming from their experiences... feelings of self-blame, humiliation, loss of control, guilt, shame, and a lack of hope and trust in others” (Regel & Berliner, 2007, p. 291). In CBT, the goal is to show the client that torture evokes behaviors and reactions that are normal human responses necessary for survival given that “torture is designed to induce a total loss of control and helplessness” (p. 292).

Many treatment approaches and techniques have been described for use with immigrants exposed to violence. A concern outside of therapy is the extent to which mental health providers can be affected by treating such populations and issues. Gafner and Benson (2001) noted that therapists could experience reactions ranging from obsessive interest to phobic avoidance when working with traumatized individuals. Herman (1992) added that therapists can begin to lose faith, their personal vulnerability can be heightened, they can become fearful of distrusting of others, and they can become cynical and pessimistic about life. In order to minimize the negative effects of countertransference when working with trauma victims, it is important to be self-aware and explore how one’s personal history impacts work with clients (Hargrove, 2006). As needed, therapists should seek supervision when working with victims of trauma.

Culturally Based Treatment Approaches with Mexican Immigrants

Psychology has helped therapists to better understand the factors that impact an individual’s health and well-being. The techniques and treatment approaches mentioned in the previous section can help victims of violence process their trauma and live fulfilling lives. However, one must also take the individual’s culture into account in order to provide maximum benefits and effective treatment. Many of the common

therapeutic approaches, including empirically supported treatments, fail to take cultural considerations into account. Specifically, they ignore values and beliefs that are important to collectivist cultures such as that of Latinos. With that said, cultural competence trainings are an essential component for mental health professionals providing psychological treatment.

Many agencies that serve Latinos require culturally competent trainings to ensure that therapists are knowledgeable and up to date in terms of their skills for working with this population. Dana and Matheson (1992) described a refugee mental health program that provides culture-specific therapy to its diverse client population. The services provided at this agency have adopted Western mental health system principles to fit the values, beliefs, and behaviors of each ethnic group they serve. They utilize the Agency Cultural Competence Checklist to provide as a basis for agency self-evaluation of their own cultural competence. The checklist includes five major clusters: (a) culturally competent attitudes as evidenced in staff selection and agency policy, (b) available services, (c) relationship to the ethnic community, (d) training, and (e) evaluation (Dana & Matheson, 1992). Checklists such as this one can ensure that therapists are culturally competent to work with various ethnic and cultural groups.

One issue discussed in cultural competence training is linguistic competence, because many Latinos may not be proficient in English. Language barriers create difficulties because the clients might struggle to verbally express their thoughts, feelings, and emotions, so therapists are less likely to understand them. The two areas to be aware of when discussing linguistic competence is “1) understanding the holistic meaning of communication among various Latino/Hispanic groups, including similarities and

differences among subgroups; and 2) developing a workforce that uses available resources appropriately to convey understanding and to provide the most competent care possible” (Chadwick Center, 2008, p. 37). Developing a deep understanding of the Latino culture and needs would help therapists begin to understand similarities and differences among each subgroup and more effectively help them from a cultural perspective as they present to therapy with issues.

In terms of cultural competence with Mexican immigrants, the aforementioned values and beliefs such as *familismo*, *personalismo*, *respect*, *confianza*, *fatalismo*, and *control* should be incorporated into the treatment. *Familismo* can often be viewed by individualistic therapists as an issue, because it goes against autonomy and can raise the question of how one functions in such a collective world (Falicov, 1998). In fact, Falicov (1998) noted that therapists might pathologize Latinos for engaging in traditional, normative behaviors that might be viewed as codependence or enmeshment. Nonetheless, therapists should place their own cultural biases aside and respect the Latino values in order to effectively help them. With that said, *familismo* can be respected in therapy by incorporating the whole family into the therapeutic process. In this way, family myths and secrets can be clarified, traumatic experiences can be elaborated on, and roles and limits of each family member can be clarified as well (Barudy, 1989, p. 725). *Personalismo* can further strengthen the therapeutic relationship by paying close attention to language nuances in order to gauge nonverbal communication, personal space, appropriate use of “small talk,” and appropriate use of transitions (Chadwick Center, 2008).

Another important component for culturally based therapy for Latinos is religion and spiritual healing. Although culturally based approaches incorporate Latino values, Cervantes (2010) found that there are no models that integrate the role of spirituality into the theoretical framework. Incorporation of spirituality is important, because 75% of Mexican Americans in one study reported using traditional practices and remedies to treat their illnesses and promote self-care (Tafur et al., 2009), which shows that a significant number of individuals utilize spiritual practices. Falicov (1998) stated that “understanding and respecting clients’ beliefs and traditional theories and syndromes about health, illness, and healing enhance the successful engagement and unfolding of psychotherapy” (p. 154). With that, accepting their beliefs in spiritual healers and incorporating use of these services in therapy can lead to a healthy therapeutic alliance that can foster change.

In terms of basic techniques within the therapy session, there are a variety of suggestions for mental health professionals to work effectively with Mexican immigrants. The key factor in the fruition of a successful therapeutic relationship is not the ethnicity of the therapist but, rather, their willingness and ability to support and become involved with the clients in all aspects of their experience (Hargrove, 2006). On a general level, clients are not concerned if the therapist is different from them so long as they feel understood as opposed to judged.

Once the therapeutic relationship has been established, it is important to offer support and establish rapport. One thing that the mental health professionals can do to build trust is to conduct in-home sessions or meet in settings that are familiar to the client such as a nearby library, school, or community center (Hargrove, 2006). The hope is

that, once the clients feel comfortable, they can begin to meet the professional at the designated office or agency. In addition, interventions should be short-term therapies that offer psychoeducation about trauma and how it can affect one's emotional and physical well-being, along with prevention maintenance and coping and problem-solving skills. Hargrove (2006) indicated that clinicians must normalize the clients' feelings about themselves and help them create a positive sense of self, because often times their self-perception and self-esteem is greatly damaged due to the trauma. As such, it is likely that the clients will have difficulty acknowledging their strengths and needs.

In terms of providing knowledge about services in the community, mental health professionals can educate clients about their immigration rights and laws, as well as about policies for accessing services as an undocumented immigrant. In addition, undocumented immigrants should have knowledge about educational policies so that the children in the family receive the education that is appropriate for them. Some families might not be aware that the children are allowed and expected to be in school (Hargrove, 2006). Workshops, seminars, and groups in which the clients can learn more about trauma and the immigration process in general can be useful for those who are less educated or have less access to resources.

Culturally based treatment approaches also involve providing therapy in such a way that respects cultural traditions. Some examples are *Dichos* (proverbs, sayings, or idioms) therapy and *cuento* (folk-tale) therapy. *Dichos* therapy "crystallizes human situations from a particular cultural perspective... and they are also practical and play an important role in the teaching and handling down of cultural beliefs, attitudes, and social values and mores" (Aviera, 1996, p. 74). *Cuento* therapy involves telling a folk-tale that

that the clients can easily relate to, and it provides a facilitated discussion between the therapist and the client.

Dichos help to decrease resistance, remove emotional obstacles, and build rapport, because the *dichos* come from their culture, are in their language, and make connections between their past, family, culture, and identity (Aviera, 1996). An example of a *dicho* is “*no hay mal que por bien no venga*,” which means there is no bad from which good does not come. Aviera (1996) provided *dichos* therapy for a group of Spanish-speaking men and women, and she found that the clients enjoyed the group and found the interaction to be more natural and relaxing, thereby increasing trust. She added that her clients “often feel threatened by, have difficulty relating to, and cognitively struggle to manage, the demands of a traditional insight-oriented process group” because of their lack of familiarity with the structure of traditional therapy and the psychological language (p. 79). In contrast, *dichos* therapy provides a sense of comfort and a familiar place from which to begin the therapy.

With that said, Aviera (1996) noted that *dichos* therapy supports and respects one’s cultural identity. It also builds self-esteem because, in a group setting, members can say what they want given that there are no right or wrong answers, and the group leader and peers can provide positive reinforcement. She also found that *dichos* offer insight and self-awareness because of a tendency to explore one’s own feelings, memories and thoughts. An example of a *dicho* that would increase insight during times of denial is “*a mal tiempo, buena cara*,” which means when times are rough, wear a smile. The translation of this *dicho* implies that one should endure misfortune, which is

closely tied to the Latino value of *fatalismo*. It also facilitates the discussion about individuals trying to hide their true feelings from themselves and others.

Asylum Seeking Process

Specific to those who have been directly victimized by political and/or organized violence in their native country, therein lies the potential option for asylum once in the U.S. The U.S. Citizen and Immigration Services (USCIS) will accept asylum applications for any person who has migrated to the U.S. and is seeking protection because they have suffered persecution or fear that they will suffer persecution in the future due to race, religion, nationality, membership in a particular social group, or political opinion (*U.S. Citizenship*, 2007). Piwowarczyk (2007) indicated that between the years of 2001–2005, the United States was the country in the world with the most asylum seekers at 379,500 individuals, compared to 325,800 in the United Kingdom.

Asylum seekers often endure harsh and unpredictable experiences, which lead to repression of memories and avoidance of triggers, along with emotional numbing and psychogenic amnesia (Herlihy & Turner, 2007). They also fear losing control and becoming flooded with the terrorizing memories, and the truth is that “they may not fully recognize the connection between the extreme traumas they have suffered and the intensely disabling symptoms they are experiencing in the present” (Gangsei & Deutsch, 2007, p. 80). Herlihy and Turner (2007) found that these individuals experience fear, guilt, or shame for a variety of things. Examples include experiencing guilt due to things they were forced to do, or even guilt for surviving when others did not. They might also feel as though they betrayed friends, family, or the political causes for which they fought (Herlihy & Turner, 2007).

A study that looked at the effects of political violence among Latino immigrants and their use of mental health services by Fortuna et al. (2008) found that these individuals often exhibit psychiatric disorders, anxiety disorders, and mood disorders. They also found that these individuals rarely seek services, and, of those who do seek, few disclose their traumatic experiences, which can lead to “negative outcomes, misdiagnosis, and lack of access to treatments among this vulnerable population” (Fortuna et al., 2008, p. 436). Men were more likely to engage in this non-disclosing trend than women because of the social stigmas and masculinity factors.

Asylum seekers are often asked to get a psychological evaluation in order to strengthen their case and provide corroboration of the survivor’s story. It can also serve to address questions about inconsistencies in testimony due to the defendant’s inability to disclose the full details. Typically, the evaluator can testify and comment on the defendant’s psychological distress and/or symptoms if they seem to be consistent with victims of torture (Gangsei & Deutsch, 2007). Herlihy and Turner (2007) stated that, in order to have a good chance of being granted asylum, the applicant has to be able to recount a coherent, consistent narrative that describes past experiences in great detail. Gangsei and Deutsch (2007) confirmed the idea that asylum seekers must be able to speak out about the details of their torture regardless of how painful, frightening, and shameful it might be, thus serving as a forced opportunity to come to terms with their trauma, even if they are not ready. Herlihy and Turner (2007) admit that remembering and disclosing the details is a difficult task for the applicants, but they also found that the common view expressed in a legal setting is that, if a traumatic event is so significant, then the memories should be accurate and easily accessible.

To contradict the erroneous belief that traumatic memories should be easily accessible, Herlihy and Turner (2007) found that after a major trauma, memory may often be incomplete and inconsistencies will be common, especially with regard to peripheral detail. While individuals are able to recall that a traumatic event occurred, they often struggle to recall important details and are unable to piece together and describe the sequence of events due to the biological effects in the brain following a trauma (Brewin, 2011). Therefore, discrepancies in one's stories are not an effective way of determining whether an asylum seeker is being truthful. In addition to that, dissociation can be an issue in the courtroom because of the high stress involved, making individuals unable to recount their experiences. Dissociation becomes an issue because the physical signs are not obvious, and yet the quality and details of their stories can be greatly impacted (Herlihy & Turner, 2007).

In many cases, the psychological evaluation might be the first time these individuals tell anyone about their trauma narrative, and, thus, reactions should be supportive and nonjudgmental. In addition to that, torturers often make victims talk and disclose information, which traumatizes the individuals and may cause them to associate talking with torture (Gangsei & Deutsch, 2007). For this reason, clinicians must meet the immigrants exposed to violence where they are at and not pressure them to disclose if they do not feel safe. Regarding shame and guilt that victims might experience, this usually results from being overwhelmed, sad, confused, afraid of losing loved ones, or feeling disbelieved or misunderstood (Gangsei & Deutsch, 2007).

“An asylum-granting system that relies on consistency of memory for traumatic events is therefore likely to be unequal and unfair” (Herlihy & Turner, 2007, p. 272). In

addition, due to the REAL ID Act (mentioned previously), judges can deny a case if there is no corroborating evidence. Luckily, the psychological evaluation can be used as corroborating evidence (Gangsei & Deutsch, 2007). Piwowarczyk (2007) stated that it is important to understand the asylum process and its effects because society runs the risk “of not allowing individuals into the U.S. who are, in fact, most in need of our protection” (p. 721). The reality is that being granted asylum can significantly improve the defendant’s mental and emotional condition (Gangsei & Deutsch, 2007).

Given the legal emphasis on the defendant’s trauma narrative, it is imperative that they are given the opportunity to produce a *testimonio* to empower them and allow them to process their traumatic experiences. Organizing the story into a coherent narrative with attention to its psychological effects can reduce shame, guilt, and fear, and it can also help the survivor manage emotional arousal associated with painful traumatic memories (Gangsei & Deutsch, 2007). In order to engage in the active processing during the court hearing, attorneys need to help the individual justify their reasoning for wanting to remain in the U.S., such that their negative past experiences in their native country are highlighted as threatening if one were to return (Gafner & Benson, 2001).

Gaps in the Literature

Having covered a great depth of literature on the impact of organized violence on Latino immigrants, there were a few areas that have not been researched. First, most of the studies on those exposed to political violence focus on refugees and asylum seekers from Latin America and Africa; however, very few focus specifically on Mexicans. There is not much research that sheds light on the impact of the drug war on Mexican immigrants living in Mexico and their families. While the impact of the drug war is

significant, this is a violent epidemic that increased in 2006, and, thus, its impact still seems somewhat relatively new to the academic field. In addition, it might be difficult to gather research because of the dangers involved and the lack of availability and accessibility of individuals who are being targeted.

In addition, violence from the drug war might not be considered to fall under the criteria for asylum eligibility—needing to have suffered persecution or fear that they will suffer persecution in the future due to race, religion, nationality, membership in a particular social group, or political opinion (U.S. Citizenship and, 2007). In reality, those exposed to the brutal violence because of the drug war experience similar persecution and trauma compared to other asylum seekers due to politics between the drug cartels, the government, and Mexican citizens. Most importantly, there is a high probability that Mexican immigrants will experience future persecution from drug cartels if they were to return to Mexico.

The literature is also fairly limited in terms of qualitative exploration of the impact of trauma on refugees and asylum seekers. Most research is focused on symptomatology related to trauma, depression, and anxiety, and very few have gathered narratives or information about the victims' actual experiences. This study sought to begin filling this dearth in research; greater understanding of the psychological impact of the drug war on Mexican immigrants is sorely needed.

Chapter 3: Methodology

Research Paradigm

According to Smith (1999), researchers should regard their study as liberatory and use the information gained in one's study to improve the conditions of the community in which one is interested, rather than solely using the data for one's personal needs. Liberatory research, defined by Smith (1999), is that which encourages self-determination, decolonization, and social justice. This type of research focuses on making a positive contribution, while also informing society about the group and topic under study. With that in mind, the goal of this research was to empower and promote liberation of participants through giving voice to their stories and experiences related to the drug war in Mexico. It is hoped that this study promoted self-determination and courage in the interviewees, as well as helped reduce the likelihood that they will have to endure such harm in the future.

On that note, the research paradigm that best captured the experiences of individuals victimized by the drug war is an interpretive phenomenological analysis (IPA) design. The purpose of IPA is to explore how individuals make sense of their life experiences through interpretation, making it a hermeneutic approach. This is achieved by using a phenomenological lens, while also recognizing the active role of the researcher (Smith & Osborn, 2003). Krahn and Putnam (2003) defined a phenomenology as an approach that looks at the subjective experiences of individuals by understanding the structure and context of their experiences. In other words, the goal is to find how individuals perceive and make sense of their experiences and, consequently, create meaning.

Van Manen (1984) noted that phenomenological research is "always a project of someone: a real person, who, in the context of particular individual, social, and historical

life circumstances, sets out to make sense of a certain aspect of human existence” (p. 3). As such, the experiences found in this study were those of specific individuals, and they do not necessarily capture all the ways in which individuals have been affected by the drug war. However, it is hoped that this study will provide a greater understanding of the impact of such phenomenon through specific examples of Mexican immigrants.

Along with being phenomenological in nature, IPA highlights the researcher’s active role through his or her conceptions and understanding of a phenomenon. In turn, this helps to facilitate and make sense of the participants’ experiences, acknowledging the fact that the researcher’s preconceptions are inevitably present and, thus, integrate one’s previous understanding with the new information being obtained (Smith et al., 2009).

IPA’s approach is double hermeneutic, and:

in one sense the dual role of the researcher [is] both like and unlike the participant. In one sense, the researcher is like the participant, is a human being drawing on everyday human resources in order to make sense of the world. On the other hand, the researcher is not the participant, she/he only has access to the participant’s experiences through what the participant reports about it, and is also seeing through the researcher’s own, experientially-informed lens. (Smith & Osborn, 2003, p. 36)

In this sense, the participants’ meaning-making are first-order, and the researcher’s interpretations are second-order.

Through this two-stage interpretation that IPA encourages, one is able to: understand what it is like, from the point of view of the participant, to take their side. At the same time, a detailed IPA analysis can also involve asking critical

questions of the texts from participants, such as the following: what is the person trying to achieve here? Is something leaking out here that wasn't intended? Do I have a sense of something going on here that maybe the participants themselves are less aware of? (Smith & Osborn, 2003, p. 53)

IPA is also idiographic in that it is interested in knowing the details and experiences of particular people in a particular context with relation to a phenomenon. While the idiography focuses on single cases, it allows the researcher to apply the findings to the general cases, while allowing for retrieval of specific claims at the end of the analysis process (Smith et al., 2009).

Smith and Osborn (2003) noted that IPA acknowledges that individuals are composed of cognitive, linguistic, affective, and physical facets that creates a chain of connection between what they communicate and their thinking and emotional state. However, sometimes they struggle to express their thoughts and feelings, or there may be reasons why they do not wish to self-disclose. As such, IPA researchers have to interpret their mental and emotional state from what they are able to communicate. As such, IPA served the participants in this study very well, because the research indicates that Mexicans struggle with emotional expression, especially as it relates to psychological distress. Verbal expression of emotionally laden situations among Mexican families is rare, and it discourages processing of these situations.

Although typical phenomenologies utilize a limited amount of questions so as to allow the participants to share their lived experiences as they please, IPA utilizes semi-structured interviews, which allow the researcher to probe interesting and important areas that are expected to arise. The semi-structured interview allows researchers to explicitly

think about what is hoped will be covered in the interviews, and it also gives them the opportunity to consider wording or sensitive areas and how to confront those issues.

Qualitative methods like IPA are appropriate when the researcher wants to gain a deeper understanding of a phenomenon, and it can be invaluable in learning how people experience and interpret events (Krahn & Putnam, 2003). The qualitative aspects also allowed the individuals to describe their experiences in a unique, detailed, and courageous way that gave them a sense of empowerment. “It provides a voice for study participants and allows research into complex phenomena that are not readily reduced to quantitative variables for inclusion in surveys or experimental designs” (Krahn & Putnam, 2003, p. 177).

Quantitative measures were used with the qualitative portions in order to highlight the trauma-related symptoms that so many individuals experience but are unable to verbalize. These measures allowed the individuals to describe their symptoms and the extent of the violence in such a way that they might not otherwise be able to verbalize. Specifically speaking with regard to the PTSD screening, it allowed participants to endorse statements related to psychiatric symptoms they endure. Given that this was likely the first time these individuals disclosed their experiences related to the drug war, the quantitative piece helped them access and acknowledge the perceived psychological impact.

Sampling

This study consisted of adults of Mexican descent ages 18 to 65 years old who were seeking services or accompanying someone who was seeking services at the *Consulado General de Mexico en Chicago* (Consulate of Mexico in Chicago). This study

is a mixed-methods design that utilized IPA with a nonrandomized, convenience sample. This researcher approached all individuals who walked through the *Ventanilla de Salud* at the *Consulado General de Mexico en Chicago*, and they were asked if they would like to participate. Those who expressed an interest in participating were asked the screening questions, and those who completed the interview were given a \$20 gift card for their time. There were 19 individuals who met the initial criteria and completed the interview process.

Instrumentation

Individuals participated in a mixed-method IPA study consisting of quantitative measures followed by a qualitative portion. However, this is a QUAL-quan type of research, indicating that the qualitative portion will be emphasized, with the quantitative measures being used only to corroborate the information gathered in the interviews. As such, only descriptive statistics were utilized with this data, which is consistent with the research design. Participants participated in a Spanish semi-structured interview (see Appendix C) followed by a quantitative measure, the PTSD Checklist–Civilian Version. The complete interview was audio-recorded and saved in a folder in a password-protected computer at this researcher’s double-locked home. The questionnaire was available in English and Spanish, in the event that the participants felt most comfortable with one language over the other. However, all 19 participants spoke primarily (or only) in Spanish, and they were given the Spanish screening.

The interviews helped this researcher gain a better understanding of the perceived physical and psychological impact of the drug war. While this researcher utilized a semi-structured interview, participants were allowed to expand on the experiences they shared,

even if they were not consistent with the predetermined questions. Moreover, this researcher made an attempt to utilize follow-up questions that were in line with what was shared by the participants as a way to uphold the true phenomenological approach utilized in IPA. While the semi-structured questions did seem to steer away from allowing participants to share their lived experiences in their own way, this researcher believes that having an interview guide was helpful in facilitating discussion with the participants.

The PTSD Checklist–Civilian Version was utilized in a study by Eisenman et al. (2003), and it was found to be a valid tool for working with victims of political violence and trauma-exposed individuals in general. The Spanish version has been found to be equivalent to the English version, and it is therefore considered a valid tool for assessing PTSD (Miles, Marshall, & Schell, 2008). The PTSD Checklist corresponds to specific DSM-IV criteria for PTSD, whereas others touch on PTSD diagnostic criteria to a lesser degree (Eisenman et al., 2003). Specifically, it allows participants to indicate the presence and degree to which they experience PTSD symptomatology. This is especially useful with a population such as this one, in which expression and verbalization of psychiatric symptoms is rare. The incorporation of the interview and the questionnaires allowed this investigator to gather a more coherent representation of their narrative, especially for those individuals who often struggle to verbalize their experiences.

Procedures

Flyers were distributed throughout community agencies, and this researcher also went to *El Consulado General de Mexico* several times from May to September 2012. While there, this researcher approached individuals who were near the “*Ventanilla de*

Salud.” Individuals were asked if they were interested in participating in the study, and they were also asked questions to determine whether or not they were eligible for the study. Individuals were informed that this was a study focusing on the impact of the drug war on Mexican immigrants and that participants would receive a \$20 gift card for their participation.

The initial criteria consisted of: (a) Did you migrate to the U.S. from Mexico in 2006 or later? (b) Did the drug war in any way contribute to your decision in leaving Mexico? (c) Do you feel you may have been impacted by the drug war? (d) Have you experienced distress, specifically, difficult emotions, nightmares, or flashbacks due to your experiences with the drug war? The criteria were changed after having received approval from IRB due to difficulties in obtaining participants. In trying to recruit participants, it was very difficult to find individuals who had migrated to the U.S. in 2006 or later. In addition, it appeared as though individuals were reluctant during the screening process to admit that they had been impacted or had experienced traumatic symptoms due to the drug war. Lastly, while the individuals being screened might have been directly impacted, none of them attributed the main reason for leaving Mexico to the drug war. Instead, they relayed leaving Mexico in search of a better life, to reunite with family, or for economic reasons.

An addendum was submitted to IRB requesting permission to change the criteria in order to eliminate the time period by which individuals migrated to the U.S., thus allowing anyone to participate regardless of year of migration. In addition, the language related to trauma and impact was changed to be subtler and more culturally appropriate. The questions were also changed, because three of the first five participants indicated that

they heard about the violence on television or on the news. They denied any direct impact, and thus their experiences differed from the rest of the participants. Instead, the amended questions asked if they or someone they know has witnessed or experienced any violence due to the drug war.

This researcher utilized the space within the “*Ventanilla de Salud*” to give an announcement to everyone sitting in that area. This researcher gave her name and school affiliation, and she proceeded by saying that she was conducting a research study to identify the impact of the drug war on Mexican immigrants, and that she was interested in learning about individuals’ opinions and experiences. Individuals were informed that the study was confidential and that there would be a \$20 gift card as compensation. Those who expressed an interest in participating were asked the eligibility criteria.

Participants were informed that the study would last anywhere from 30 to 60 minutes and that the interview would take place in a portable office space to ensure privacy. Before beginning the interview, participants were given a consent form (see Appendix A) that outlined the purpose, procedures, risks and benefits, and confidentiality statement, which each person reviewed and provided verbal consent before proceeding. Individuals were also notified that they could quit the study at any point with no penalty. There were 19 individuals in total, 11 of whom were females and eight were males. The three participants who reported only knowing of the violence through television or other media were eliminated from the study due to not fitting the criteria. As such, there were eight males and eight females who remained in the study. Ages ranged 18 to 60 years old, and all were born in Mexico. All participants were living in Chicago at the time of

the interview, except one female who reported that she was living in Mexico and that she was in the U.S. submitting some documents.

The length of residence in the U.S. ranged from five to 30 years. Documentation status at the time of the interview is unknown, since asking this question might have caused anxiety being that the location of data collection was a government agency. However, eight of the participants (50%) stated that when they migrated to the U.S., they did not have documentation. It is also unknown what services the participants were receiving while at *The Consulado* at the time of the interview. It is possible that they were renewing their passport or submitting an application for legal status; although, there were also individuals there who were accompanying family members who required services.

The length of the interviews ranged from 12 minutes to 83 minutes. The median time for the interviews was about 25 minutes, and the average length of time for each interview was 32 minutes. Of the 16 interviews, all were held in the portable office except for two, which had to be held in a locked stairway that was accessible only to authorized personnel. The reason is because several health fairs were held during the time that this researcher conducted the interviews, and the portable office had to be used for private health screenings. This researcher did have access to chairs while conducting the interviews in the stairway.

This researcher used an audiotape to help reduce anxiety and create a safe, comfortable, and less formal environment with each participant. IPA also encourages audio recording so that one can capture the participants' experiences, nuances, and language, while also allowing the researcher to be fully engaged in the process (Smith &

Osborn, 2003). The audiotapes were kept in a locked file cabinet to protect the participants' identity. No identifying information is tied to the interview data. The audiotapes were reviewed by this researcher, the research assistants, and the dissertation committee, only as deemed necessary. Seven research assistants were utilized at various points throughout the transcription and analysis process. They each contributed at various points of the study, such as helping with the translation and cross-translation of the research documents, recruitment of participants, transcription of interviews, or reviewing the interviews to point out themes. After the interview, participants were debriefed and given support as needed in the event that they became emotionally aroused. Participants who expressed an interest in mental health treatment received a list of referrals for low-cost psychological and psychiatric services that were obtained from the NAMI-GC referral database.

Data Analysis

As mentioned previously, this study employed a mixed-methods design that focused primarily on the qualitative portion, utilizing the quantitative screening as an aggregate to the individual's experiences. The audio-recorded interviews were transcribed in Spanish in order to foster formation of themes in the participants' own words without loss of meaning, often occurring in translation to a foreign language (English). The interviews were also analyzed in Spanish, and they were not translated into English unless specific quotes or statements were utilized in the results section. This is only so that English-speaking readers may understand the participants' experiences. However, the direct quotes will be included throughout this paper. Seidman (2006) stated, "It is important to be faithful to the words of the participants and to identify in the

narrative when the words are those of someone else” (p. 120). The importance of the words is especially important as it relates to the language spoken, because meaning can be lost in translation. Ludwig, Imberti, Rodriguez, and Torrens (2006) added, “Language is key in the person’s presentation of self. It enables the person to express emotions, share feelings, tell stories, show knowledge and more” (p. 53).

Behavioral Observations

When comparing the presentation and endorsed symptoms, there appears to be significant gender differences that were evident throughout the interview. The men were somewhat reserved in the beginning, and then they were able to open up with this researcher as the interview progressed. They struggled to verbalize the emotional and psychological impact, but they expressed negative affectivity when speaking of their difficult experiences. There was also a change in tone and volume of voice, typically higher and stronger.

The way in which the men interacted with this researcher appeared to be different as well. Those who spoke of emotionally laden experiences later discussed their innate ability to analyze and judge people’s character, noting that they did not need to study psychology to understand human behavior. This was an interesting finding since the men also shared that they had a minimal education, but their personal experiences accounted for more than any education background can warrant. It is possible that the men felt the need to reassert their power and status within the dynamic, especially since they allowed themselves to be vulnerable in front of this researcher.

The women’s emotional expression was more intact. Generally, a dysthymic and hopeless mood, which was congruent with affect, was evident. Their body cues and

verbalized impact was associated with fear and worry. They did not express impotence to the extent that the men did. They were generally more open with this researcher. Some of the women even shared that they felt an immediate sense of comfort and trust with the researcher, and they shared personal experiences that were irrelevant to the interview questions.

Another interesting finding is that all the participants spoke in third-person perspective, even when speaking of personal experiences and impact. Such an impersonal conversation style is common among Latinos, because it is meant to preserve subtlety and selflessness, which is an important aspect of *personalismo* (Falicov, 1998). Not viewing this from a cultural lens, this researcher would have likely pathologized the participants as making attempts to distance themselves from their experiences due to the severity and extent of the impact. While this might be a valid finding, it is also important to recognize that utilizing an informal third-person perspective is part of the conversational style and the way by which the participants feel comfortable expressing themselves.

Humor was also used throughout several of the interviews, which is used to promote harmony, especially in emotionally laden conversations (Falicov, 1998). Many participants made jokes or simply laughed when this researcher asked about their perceived impact. While humor can often be used to deter from the seriousness of a situation, it can also serve to establish and maintain rapport with clients. Humor is especially valued in Latino cultures, as being likeable and easygoing is part of *personalismo*.

Self of the Researcher

I am a first generation, young, Latina female with a family history of immigration. Both of my parents migrated to the U.S. from Central and South America, which points to my strong ties to the immigrant community. My family members have their own stories of migration, and family members as well as other loved ones have been impacted by the violence from the drug war. To this day, relatives continue to live in dangerous regions within Mexico, and I fear that they might fall victim to the violence. My interest and passion for this topic is thereby influenced by my own experiences. However, from a professional perspective, I am aware of the extent to which individuals are being victimized and impacted by the drug war. I believe that it is crucial to shed light on this issue, because Mexican immigrants are a marginalized group in U.S. society, who are often discriminated against and looked down upon. Given their challenging experiences, such as immigration, acculturation, family separation, and, now, the drug-related violence, it is imperative that they receive professional help so that they can heal and thrive in the United States.

On that same note, it is possible that I experienced a certain level of countertransference throughout the interviews, and I might have allowed my personal experiences and desire to help this population influence my perception of them. My personal experience, as well as knowledge about Mexican immigrants as a whole, might have influenced my understanding of their experiences, and I might have made assumptions about something they shared, instead of asking them to elaborate. When discussing cultural values or traditions, I might have felt inclined to not only validate but also normalize their experiences without further exploration, because of the similarities within my own culture.

Because of my emotional and cultural closeness to the participants' narratives, sometimes it was difficult to listen to their stories, especially those of a graphic and violent nature. Before beginning the recruitment process each day, I reflected and thought about my intentionality, reminding myself of my purpose for my interviews. It was important for me to remain present with the individual and be aware of their potential emotional arousal when discussing such material. However, it was also important for me to reflect on the interviews upon the completion of my day. I spoke with my committee about the material I heard, and I also spoke with peers who were able to provide me with support. The more interviews I completed, the more I learned about the drug war phenomenon and its impact. I became more passionate about the topic and the people who are being victimized, up close and from afar. Maintaining my composure when discussing my findings became difficult due to the intensity of the stories.

I became overprotective of those around me, because of the vicarious trauma I was experiencing. Vicarious trauma, as defined by Pearlman and Saakvitne (1995), is a phenomenon that occurs in therapists who work with trauma survivors in which changes in one's identity and worldview occur. They might struggle to manage strong feelings and connect with others. With that said, I began to feel angry and hypervigilant due to the participants' narratives and the atrocities that they and their families had endured. I often encouraged loved ones to reconsider trips to Mexico in fear that they might be victimized while out there. Lipsky (2009) identifies my response as one of the symptoms of vicarious trauma, which "can transport us out of the present moment and keep us anticipating what's next" (p. 67).

I also learned to recognize and accept the anger I felt toward the injustices and brutality being carried out in Mexico. Lipsky (2009) encourages health professionals to resolve their anger in a productive way that results in anger and positive change, which is exactly how my anger served. I used it to propel me to carefully analyze, transcribe, and transform the narratives into a cohesive unit of themes that can be shared with society, as a way of revealing the voices of those who have often been ignored. However, I was also careful not to misrepresent the interviews due to my passion for the topic. The analysis process I utilized provided step-by-step guidelines for how to proceed in a methodical way.

As far as my impact on the participants, it is possible that I influenced what they shared with me due to several different factors. First, my physical appearance as a young female might have made the individuals view me as someone of limited experience or knowledge. It is likely that the older participants were unable to connect with me due to the age gap between them and myself. For example, two male participants did infer that someone older would have more experience and, therefore, would be more competent in their work. Other male participants who did not make such comments appeared guarded and reluctant to disclose emotionally laden material. One particular male constantly provided short, factual answers and displayed a flattened affect. Although he shared that family members had been directly targeted prior to the interview, when asked to provide specific details he denied and spoke about the impact in more general terms. Because of my discomfort with his response style, I felt incompetent, nervous, and intimidated and, consequently, I struggled to follow his lead during the interview. Instead, I stuck to the

predetermined questions, which did not give him the opportunity to elaborate on several of the questions.

Aside from my age, it is possible that he, as well as the other male participants, felt guarded because I am a woman. They might have felt reluctant to place themselves in a vulnerable position in front of me due to *machismo* and the importance of being stoic, especially in front of women. It was interesting that those men who did disclose painful narratives and their personal impact later sought out ways by which to compensate for their feelings with relation to me. For instance, two male participants interestingly stated that they knew more about the psychology of people than a professional in a psychological career simply because of their experiences, intuition, and ability to understand people. Their statements are indicative of a compensatory behavior to regain their power and control within the interaction, by asserting their natural ability to read people, something of which I might have only gained through a psychology career.

These participants' statements might also indicate their negative perceptions about psychology and their view that psychology is not something that can be learned from a book but, rather, through life experiences. I did not explore these statements, but, rather, I tried to understand how those statements related to their impact and the information they were sharing with me. I also did not appear offended, and instead I praised them for being able to be so intuitive and knowledgeable about human behavior, noting that it was a unique and beneficial trait to own. Interestingly enough, both of these participants requested mental health referrals when the interview ended, and they expressed a desire to work with me in a clinical setting in the future.

Furthermore, I am a graduate student in a highly expensive doctorate program who can be perceived as being highly intellectual. My level of education, perceived level of intelligence, and socioeconomic status might have prevented the participants from connecting with me. At the same time, it appears that the younger women felt a natural inclination to trust and open up to me, which might have been influenced because of these perceptions of me. They might have believed that I would be able to validate their experiences due to my clinical skills, so they utilized me to vent.

Another issue to keep in mind is that I speak both English and Spanish, and it is obvious that I am of a Latino ethnic background. As such, it is likely that the participants felt a sense of comfort with me because of the language, ethnic, and cultural similarities. The cultural values, such as *personalismo*, might have also helped them feel a closeness toward me and an ability to share their narratives. For some, it appeared as though they felt understood and supported by me and, therefore, assumed that I can relate to their experiences. Many of the participants specifically asked what my ethnic background was, which was likely an effort to connect with me or to assess whether or not I can understand their experiences.

To reduce any influence that might have resulted from my self as the researcher, I received extensive supervision and guidance from my dissertation committee on how to work with immigrants exposed to violence. I ensured that I had the appropriate training and knowledge to proceed with the study in such a way that respected and supported the participants, without negatively impacting or creating any bias. I shared concerns and feelings about the interviews with my dissertation committee, and I engaged in self-reflective processes to identify ways to improve the remainder of the interviews. I was

able to identify my own anxiety throughout the first interviews because of my limited experience with phenomenological research, and I was able adjust my interviewing style so that the rest of the interviews were more phenomenological in nature.

In the summer of 2012, during the initial phase of data collection, I took an independent study course titled “Trauma with Immigrants and Refugees” with Dr. Bianka Hardin, professor at The Chicago School of Professional Psychology. Since Dr. Hardin is also my Reader, she was very knowledgeable of my topic and research questions. As such, we were able to discuss and process some of the initial interviews as well as issues that presented. For example, the language that was initially used in the screening appeared to illicit negative feelings and people were reluctant to participate. One of the screening questions asked if the person had been “impacted” or suffered a “trauma” due to the drug war. Dr. Hardin was able to provide advice about how to neutralize the language and ask the same question in a different way.

I used the knowledge and guidance from my dissertation committee to be mindful of every participant’s reactions throughout the interview process. If any resistance, discomfort, or guardedness was observed, I ensured that the participant was okay to continue with the study. I gave space to the participants who appeared to struggle with some of the questions by letting them weep or take the time to reflect. When needed, we discussed their concerns related to myself as the researcher or the study in general.

Chapter 4: Results

The interview phase for this study began on May 17, 2012 and continued through September 21, 2012. There were 19 individuals in total, 11 of which were females and

eight of which were males. The three participants who reported only knowing of the violence through television or other media were eliminated from the study. As such, eight males and eight females remained in the study. Ages ranged 18 to 60 years old, and all participants were born in Mexico. The length of residence in the U.S. ranged from five to 30 years.

Before introducing the research findings, demographic information on each of the participants will be provided in the table below. A pseudonym has been created for each participant, so as to ensure confidentiality. Their age, native state, estimated income, and level of education is included. Their PTSD score from the PTSD Checklist–Civilian Version is also listed in Table 1 below.

Table 1

Demographic Information and Scores from the PTSD Checklist–Civilian Version

Name	Gender	Age	Native State/Where Family Resides	Income	Level of Education	PTSD Score
Marlena	F	31	State in Mexico unknown	<10k	9th grade	55*
Adolfo	M	23	Michoacán	20k–30k	11th grade	59*
Analy	F	26	Coahuila	10k–20k	Psychology license in Mexico	60*
Irasema	F	33	Guanajuato	20k–30k	3rd year in International Business	38
Gilberto	M	35	Jalisco	10k–20k	3rd grade	21
Ruben	M	60	Michoacán	10k–20k	9th grade	62*
Dora	F	23	Distrito Federal	<10k	Secretary degree obtained	25
Karina	F	51	Cuernavaca	10k–20k	2nd year in nursing	63*
Marcos	M	39	Mexico City	30k–40k	6th year of licensure for English theatre	22
Juan Carlos	M	38	Unwilling to disclose due to safety concerns	10k–20k	6th grade	73*
Patricia	F	18	Mexico City	<10k	Nursing school	21
Edgar	M	29	Zacatecas	10k–20k	9th grade	65*

Fabian	M	34	Mexico City	20k–30k	12th grade	27
Viridiana	F	49	Cuernavaca	10k–20k	One year toward secretary degree	21
Bertha	F	43	Michoacán	Unknown	Unknown	74
Saul	M	47	Guerrero	30k–40k	8th grade	37

Note: PTSD scores with an asterisk indicate significant PTSD-related symptoms (scores greater than 50).

Quantitative Results

The individual scores for psychiatric symptoms endorsed on the PTSD Checklist–Civilian Version are listed in the table above under “PTSD Score.” Based on the scores, there was a significant number of participants who reported feeling symptoms related to PTSD. In fact, 50% ($N = 16$) of the sample endorsed significant symptoms as a result of the drug war. The cutoff score that warrants further evaluation for the potential presence of PTSD is 50. The amount of those who endorsed significant PTSD related symptoms was equal across both genders. Because the sample size was too small, it is unknown if there are any correlations between PTSD-related symptoms and income level or education.

Qualitative Results

The data analysis from the 16 interviews revealed several consistent themes throughout the interviews. These themes were placed under seven major categories, shown in Table 2 below. The categories are as follows: (a) *Viene con una illusion* (To come with an illusion)—The migration experience; (b) *Es como una jaula* (It is like a birdcage)—Life as a Mexican immigrant in the U.S.; (c) *Los carteles son el gobierno* (The cartels are the government)—Coercion, control, and power of the cartels; (d) *Los tienen con la cola entre las patas* (They have them with their tail in between their legs)—

The government is powerless, complicit, and cowardly; (e) *Vivir así no es vivir* (To live like this is not living)—A culture of fear, impotence, and an overall lack of safety; (f) *La gente se está cansando* (People are getting tired)—Solutions to end the drug war; and (g) *No estoy loca* (I am not crazy)—Perceptions of mental health. In order to provide a context of the participants' experiences, it is important to highlight that two participants shared being directly targeted, and all 16 participants had a family member who was victimized, and even killed due to the drug-related violence.

Table 2

Categories and Themes

Category one: <i>Venir con una ilusión</i> (To come with an illusion)—The migration journey
A) <i>Un mejor futuro</i> (A better future)
B) <i>Corriendo y brincando bardas</i> (Running and jumping fences)
C) <i>Pasar hambre y sed</i> (Endure hunger and thirst)
D) <i>Te usan como mulas</i> (They use you like mules)
Category two: <i>Es como una jaula</i> (It is like a birdcage)—The challenges of living in the U.S.
A) <i>Aguardando un peso para cada mañana</i> (Saving a dollar for each tomorrow)
B) <i>Me da miedo ser deportado</i> (I fear being deported)
C) <i>Un país que no conoces y otro idioma</i> (A country that you do not know and another language)
D) <i>Ya estoy como la India María, para allá y para acá</i> (I am like the India Maria, over there and over here)
E) <i>Personalismo, sacrificio, y respeto</i> (Person-centered, sacrifice, and respect)
Category three: <i>Los carteles son el gobierno</i> (The cartels are the government)—Coercion, control, and power of the cartels
A) <i>Todo gracias a las drogas</i> (Everything thanks to drugs)
B) <i>Ahora se ve mucha violencia</i> (Nowadays there is a lot of violence)
C) <i>El más humilde roba</i> (The most humble person steals)
D) <i>Los niños se involucran</i> (The kids become involved)
E) <i>Toda la sociedad está afectada</i> (The whole community is impacted)

Category four: <i>Los tienen con la cola entre las patas</i> (They have them with their tail in between their legs)—The government is powerless, complicit, and cowardly
A) <i>El gobierno no hace mayor cosa</i> (The government does not do anything)
B) <i>Estuviéramos peor si el gobierno no se hubiera metido</i> (We would be worse if the government had not intervened)
C) <i>El gobierno quiere hacer su fortuna</i> (The government wants to make its fortune)
D) <i>El gobierno quiere tapar el ojo al macho</i> (The government wants to cover the eye on the strong)
E) <i>Es aquí y allá</i> (It is here and there)
Category five: <i>Vivir así no es vivir</i> (To live like this is not living)—A culture of fear, impotence, and a lack of overall safety
A) <i>Balas perdidas, pagan justos por pecadores</i> (Lost bullets, the innocent pay for the sinners)
B) <i>No tienen Corazón los carteles</i> (The cartels have no heart)
C) <i>Donde le lloro sin tumba</i> (Where do I cry without a tomb)
D) <i>Esta muy difícil para sobrevivir</i> (It is very difficult to survive)
E) <i>Los amedrentan feo</i> (They terrorize them bad)
F) <i>Fatalismo, familismo, and machismo/ marianismo</i>
Category six: <i>La gente se esta cansando</i> (People are getting tired)—Solutions to end the drug war
A) <i>Que vea el gobierno como esta afectada la gente</i> (The government should see how the people are being affected)
B) <i>Mejores condiciones de vida</i> (Better living conditions)
C) <i>La responsabilidad de cada uno</i> (The responsibility of each individual)
D) <i>Falta de esperanza, pedirle a Dios, o matar a todos</i> (Hopelessness, a faith in God, and homicidal feelings)
Category seven: <i>No estoy loca</i> (I am not crazy)—Perceptions of mental Health
A) <i>Si existen las enfermedades mentales</i> (Mental illnesses do exist)
B) <i>A que vas a contarle a otro de tus problemas, estas loco!</i> (Why are you telling someone else your problems, you are crazy)
C) <i>Falta de acceso a esa ayuda</i> (Lack of access to that help)
D) <i>Se fortalece uno de la manera que sea mas practica</i> (One finds strength in the manner in which they deem most practical)
E) <i>Que te entiendan</i> (To be understood)

Venir con una ilusión—The migration journey. Category one, *Venir con una ilusión* (To come with an illusion), consists of four main themes regarding the details and challenges of the participants' migration journey. The four themes are (a) *Un mejor*

futuro (A better future); (b) *Corriendo y brincando bardas* (Running and jumping fences); (c) *Pasar hambre y sed* (Endure hunger and thirst); and (d) *Te usan como mulas* (They use you like mules). Each of these will be discussed in more detail below. The migration experience is relevant to the present discussion because prior exposure to violence and psychological distress may make these individuals more vulnerable to (a) risky migration processes; (b) experiencing additional traumas as a consequence and; (c) their overall emotional health and well-being once settled here in the U.S. As such, it is imperative to highlight this portion of their narrative in order to better understand the challenges that Mexican immigrants endure as a whole.

Details about the migration experience were obtained from 13 of the 16 participants. Half of the participants entered the U.S. with documentation (visa, residency, or acquired citizenship); the other half entered without official documentation and reported experiencing several challenges throughout their migration journey. As such, these statistics should be kept in mind when reading through the migration material, as it is only representative of those who entered the U.S. without documentation. The documented participants denied experiencing challenges when entering the U.S. The first category, *Venir con una ilusión* (To come with an illusion), discusses the migration experiences of the participants. As Edgar reported, many of those who migrate to the U.S. come with an illusion of the “American dream” and the possibility that they will be able to thrive just like others in the U.S.

Theme A, *Un mejor futuro* (A better future), highlights the reasons as to why the participants migrated to the U.S. Those reasons included wanting to seek better opportunities to learn English, to have a stable job or be able to start a business, to thrive

in a country with a better economy, to be able to obtain legal documents, to obtain a better education, or to have a better future overall. Additional reasons for leaving Mexico included a lack of opportunities and resources in their native state, wanting to reunite with family members who were in the U.S., and having a positive illusion about money, success, and the American dream.

Most individuals reported that, when they left Mexico, they either came with distant relatives, their parents, a romantic partner, or on their own. Some of them noted that they had left their relatives in Mexico, or that they were coming to reunite with relatives who had migrated to the U.S. prior to them. Most individuals left at some point during their childhood to late adolescence. However, one-fourth of the sample left Mexico in their mid to late adulthood years.

Theme B, *Corriendo y brincando bardas* (Running and jumping fences), discusses the way in which the participants crossed the Mexico-U.S. border. Almost all undocumented participants reported enduring dangerous and unstable conditions while migrating to the U.S. Some crossed the Rio Grande along the California or Texas border, having to cross through unsanitary and defecated areas. Bertha stated, “*Teníamos que pasar por un lugar donde estaba todo el deshecho de los baños. Entonces teníamos que agarrar nos por la orilla de las ramitas que habían del agua para poder pasar. Cuando llegamos aquí apestábamos.*” (We had to pass through a part filled with waste from the toilets. So we had to pull ourselves by the edges, holding onto small branches in the water to be able to pass through. When we arrived [into the U.S.] we smelled really bad.) Others stated that, in crossing the river, they had to climb high cliffs to get out. Those who did not pass through the river had to jump several high fences and cross through

busy highways. Karina, Edgar, and Bertha noted that they crossed the border on two occasions, either because they were caught the first time and sent back or to return for other family members who were left behind. The fact that these individuals were willing to endure the migration challenges once, and in some cases more than one time, is a clear indicator of perseverance and a commitment to a better and safer life.

Theme C, *Pasar hambre y sed* (Endure hunger and thirst), highlights the migration journey, challenges, and conditions that the participants had to endure. For Juan Carlos, this journey was so memorable that he was able to recall the exact date and time that he left Mexico. Karina, Edgar, and Fabian reported that they utilized a *coyote* who packed more than a dozen people in a van. Edgar reported, “*Pasamos como 15 días esperando y a veces nos metían en un cuartito, feo... Allí no sabía uno si habían arañas y todo... y sin comer. A veces nos daban aunque sea una Maruchan para comer entre todos*” (We spent like 15 days waiting, and sometimes they would put us in an ugly room... There, one would not know if there were spiders and everything... and without eating. Sometimes they would at least give us a Maruchan [soup] to share among everyone.)

Similar to the previous statement, others shared similar stories about malnourishment throughout their journey. Juan Carlos, Edgar, and Fabian stated that, in crossing the border and walking through the desert, they suffered hunger, thirst, and even extreme temperatures. Most stated that they had to walk for up to eight hours at a time, while Juan Carlos reported that he walked for eight days without stopping. The participants also shared having to leave their belongings behind, because it became too difficult to carry along, with the limited amount of energy they had. Edgar added:

Y la gente como ya cansada ya se querían quedar allí y lo que puede hacer uno es apoyarlos para que no sé queden. Pero se cansa uno con el peso de la persona... y sabes que ya cansado cualquier cosa te pesa, hasta la chamarra. La Chamara te pesa, bolsas que llevas si es bolsa chiquita, hasta... estaba feo esa situación. (And since the people were so tired, they wanted to give up there, and what one can do is try to support and encourage them not to stay behind. But one gets tired with the weight of the other person. And once you are tired, anything seems heavy, even one's jacket. The jacket seems too heavy, if you have any bags, any little bags feel too heavy... that experience was bad.)

Theme D, *Te usan como mulas* (They use you like mules), discusses the dangers at the U.S.-Mexico border. In addition to experiencing malnourishment and exhaustion, many expressed concern and fear of being robbed or assaulted along the way. The assaults reportedly occur by poor people along the border, or by individuals involved with the drug cartels. Edgar noted that women are often sexually assaulted at the border and either beaten or killed afterwards. He added that drug traffickers often target people who are attempting to cross, and they coerce them to pass a backpack filled with drugs to the U.S. so that an individual on the other side of the bridge can take the backpack and sell the drugs. In noting the powerlessness of this dilemma, Edgar stated:

Si te agarra la inmigración que te van hacer? Te van a meter a la cárcel a ti... sin deberla ni temerla. Te dicen que llevas la bolsa y tú vas y la cruzas, y te metes en problemas para toda tu vida. Aquí te meten a la cárcel y sabrá dios cuando salgas, y allá tu familia pensando que estás

bien, o acá. (If immigration catches you what are they going to do? They will put you in jail... regardless that it is not yours. They tell you to take the bag so you do it and then you get into problems for the rest of your life. Here, they will put you in jail and God knows when they will release you, and your family thinking that you are okay, or [in the U.S.])

Es como una jaula—**The challenges of living in the U.S.** Category two, *Es como una jaula* (It is like a birdcage), consists of five main themes regarding the challenges of Mexican immigrants living in the U.S. The five themes are (a) *Aguardando un peso para cada mañana* (Saving a dollar for each tomorrow); (b) *Me da miedo ser deportado* (I fear being deported); (c) *Un país que no conoces y otro idioma* (A country that you do not know and another language); (d) *Ya estoy como la India María, para allá y para acá* (I am like the *India Maria*, over there and over here); and (e) *Personalismo, sacrificio, y respeto* (Person-centered, sacrifice, and respect).

This category, *Es como una jaula* (It is like a birdcage), addresses the difficulties of living in the U.S. as a Mexican immigrant. This portion of the participants' narratives is crucial in order to understand how the challenges persist even after arriving to the U.S. Due to unforeseen obstacles, such as discrimination, acculturation issues, exploitation at jobs, and unavailable resources, Edgar compared life in the U.S. to living inside a birdcage. He reported feeling trapped and frustrated because none of the individuals who moved to the U.S. ever told him that it would involve so much suffering. Instead, they often share the materialistic lifestyle that one can live, not admitting that sometimes those luxuries are unobtainable due to being part of a disenfranchised population.

Theme A, *Aguardando un peso para cada mañana* (Saving a dollar for each tomorrow), addresses the difficulty in securing employment and financial security. They reported that it is difficult to find a stable job that pays good money. Karina added that, even though she has a job, it is difficult to make ends meet because her schedule is not consistent and she might only receive one to three days of work per week. Edgar shared that, even though he is thankful for having a job, he feels exploited as he has to work 16-hour days consistently, and he receives about \$400 a week. He added that with such a schedule, he is unable to see his family or spend time with his children, because they are usually asleep by the time he leaves or arrives home from work. He added that, even with the long hours, he does not make sufficient money to live comfortably. He reported, “*Aquí se gasta dólar a dólar, en biles de teléfono, luz, agua y todo. Y eso no es un lujo es una necesidad*” (Here, one spends dollar per dollar, on telephone bills, electricity, water, and everything. All of that is not a luxury; it is a necessity.) Edgar added that sometimes his boss tells him, without forewarning, that he will not be needed for an extended period, leaving him in a bind about how to pay his expenses. Thus, the type of work in which participants engaged was demanding yet provided an inconsistent income.

Two participants reported that, as a result of living on limited funds in the U.S., not only is one unable to purchase material goods, but also they are unable to afford health insurance or medical bills. Edgar elaborated:

Si estas enfermo no puedes ir a ninguna clínica. No tienes seguro social no tienes nada. Y a veces andas en la casa y te tomas una pastilla pero no tienes los recursos para más. Eso no ve la gente. (If you are ill, you cannot go to just any clinic. You do not have a social security number; you do not have anything. And

sometimes when you are at home, you might take some pills but you do not have the resources for more. People do not recognize that.)

Another financial issue that the participants discussed is that the money they make in the U.S. also needs to suffice to send a portion to their family in Mexico. Karina shared that she sends money every week, and Juan Carlos noted that he sends one-fourth of every paycheck to his family in Mexico. Edgar added that sometimes his family in Mexico does not realize the expenses in the U.S., and, as such, they might expect to receive more money than one is able to send. Thus, the financial hardship of life in the U.S. also includes financial responsibilities in Mexico.

Theme B, *Me da miedo ser deportado* (I fear being deported), discusses the concerns that the participants shared regarding their documentation status. Participants expressed feeling fearful that they can be caught by immigration officers, and that they can be sent back to Mexico at any point, regardless of the amount of time they have been in the U.S. Edgar reported that he is cognizant that he can be deported at any moment. Consequently, he has money set aside so that his wife is able to support herself if deportation occurs. He also added that, due to his documentation status, he has to be cautious about starting a family. Specifically, he reported, “*Si a mi esposa la dejo embarazada y me mandan para México por meses, años... Ella pobre, embarazada aquí batallando, y eso es lo que yo no quisiera.*” (If I get my wife pregnant and they send me to Mexico for months, years... Poor her, pregnant and struggling here, and that is not what I would want.) Such a statement indicates how even family planning can be thwarted by one’s legal status.

Several participants expressed a desire to apply for documentation so that they

can live freely in the U.S. Others had an interest in obtaining documentation so that they can help their family in Mexico obtain legal documentation as well. Edgar shared that the documentation process was challenging, because it requires that individuals go to Mexico while they wait for their documents to arrive. In addition, he added that, in order to apply for a visa, one must have a bank account and property, something many individuals do not have.

Theme C, *Un país que no conoces y otro idioma* (A country that you do not know and another language), discusses the participants' feelings about adapting to a lifestyle, culture, and language different from their own. Participants described experiences of discrimination, indicative that Mexican immigrants not only feel different in the U.S., but also others see and treat them as outsiders. Edgar stated that it is extremely difficult to arrive to an unfamiliar country where everyone is speaking an unfamiliar language—and to know nobody. He noted that he is in the U.S. with no relatives, except for his wife, so it is difficult to feel welcome. He added that, despite the challenges of acculturation, if one wants to succeed, then one must be strong, intelligent, and have positive moral values to make positive decisions, especially with temptations such as drugs and crime.

Marlena shared that, even though her two nephews were born in the U.S., they were sent back to Mexico to live. However, when they returned, they struggled with acculturation just as anyone who just moved to a new country. She stated, "*A dos sobrinos los mandaron chiquitos. No estudiaron aquí y ya llegaron aquí, no saben inglés. No pueden sacar su licencia porque saben inglés para estudiar. No saben nada.*" (They sent two of my nephews [to Mexico] when they were little. They did not study here and now that they are here, they do not know English. They cannot obtain a license

because they do not know English to study. They do not know anything.) The statement that this participant alluded to is the idea that acculturation is even more difficult when one does not know the language, and is therefore limited to obtain privileges or resources needed to thrive in the U.S.

Regarding discrimination, participants reported that oftentimes they are not given jobs and that they are treated differently than other non-Mexicans. Juan Carlos expressed frustration and anger due to the way in which Mexicans are treated in the U.S. He stated, *“A uno como lo tratan aquí? A uno lo ven para abajo todo el tiempo, aquí a nadie mas tratan así. No es rencor ni odio con nadie, ni soy racista, pero a como me tratan, trato.”* (How do they treat [Mexicans] here? They look down on us all the time, and here they do not treat anyone else like that. It is not resentment or hatred toward anyone, and I am not racist, but I treat others how they treat me.) On the other hand, Edgar asserted that Latinos, and specifically Mexicans, are discriminated by those living in the U.S. However, he added that there is a lot of within-group discrimination and that, instead of helping one another, Mexicans look down on and criticize one another. Thus, it is possible that Mexicans experience internalized racism or classism, which impacts the way in which they relate to other Mexicans. Internalized racism can influence Latinos to hate their own culture and people, simply because of the belief that, to be accepted in the U.S., one might be white and one should distance oneself from the lifestyle and traditions of Latinos (Delgado-Romero, 1999). Over time, these individuals turn the racism inwards, and they begin to treat poorly anyone who belongs to their cultural group. This is particularly true toward recent immigrants or those not proficient in English, because they so strongly represent the epitome of being Latino.

Theme D, “*Ya estoy como la India María, para allá y para acá*” (I am like the *India Maria*, over there and over here), highlights the internal and external struggle of feeling incomplete between the U.S. and Mexico. Marlena compared her experience with a popular Mexican actress, *La India Maria*, whose role often consists of her feeling ambivalent about which decision to make and which path to go. Marlena reported that her family remains in Mexico and, as much as she would like to move back with them, her son and husband are in the U.S., and it would be difficult to have her son adapt to the lifestyle out there, and she also felt unsafe to live in Mexico. She added, “*Yo pensaba, cuando estaba allá me quería venir y ahora estoy acá y me quiero ir pa allá.*” (I thought, when I was over there, I wanted to return [to the U.S.], and now that I am here, I want to return [to Mexico].) Marcos expressed a similar concern stating, “*Nunca hay una estabilidad cuando estas partido entre los EEUU y México.*” (There is never stability when lives split between the U.S. and Mexico.) He reported feeling like a part of his life is missing even though he has lived in the U.S. for 18 years.

Several other participants endorsed the same ambivalent feelings about being between the U.S. and Mexico and feeling as though their identity is incomplete. The main reasons revolved around being away from family, feeling guilty for the limited communication, and missing important events such as funerals. Specifically, five participants reported feeling sad that they were not in Mexico when one of their immediate family members passed away. All participants reported having immediate and distant relatives who remain in Mexico, and some participants even reside in the U.S. alone with no family and simply work to send money to their family. It appeared to be even more difficult for the undocumented participants, because they are unable to visit

their family and, therefore, have not seen their family for years. Many fear not being able to see certain family members ever again.

Viridiana expressed, “*La verdad uno tiene sueños de regresar. Uno no quiere estar toda la vida en este país ósea, extraña uno su patria.*” (Honestly, one has dreams to return. One does not want to be in this country for the rest of one’s life, one misses one’s homeland.) Even though Viridiana has legal documentation, she denied ever wanting to return to Mexico because of the violence from the drug war, as did several other participants. This contrast underscores the ambivalence felt by the participants, recognizing that, as much as they miss their homeland and family, they would be putting their lives at risk if they traveled to Mexico. In order to cope with not being able to see family members, most of the participants noted that they speak to their relatives a few times a week, and even on a daily basis, either through telephone, letters, or on the Internet. Aside from missing family, it is likely that the participants feel incomplete in the U.S. due to an inability to acculturate or feel a sense of acceptance from U.S. society.

Theme E, *Personalismo, sacrificio, y respeto* (Person-centered, sacrifice, and respect), discusses the cultural values that reportedly provide strength and guidance for the participants. *Personalismo, sacrificio, and respeto* were some of the common values, but others were shared as being sources of strength as well, such as *machismo* and *familismo*. Regarding *personalismo*, participants expressed a desire to want to connect with others and be able to help one another in times of need, a hallmark of this traditional Latino cultural value. With that, the importance of treating others the way one wants to be treated was common, along with sharing one’s belongings and wealth with others who are less fortunate. For example, Juan Carlos reported:

Me gusta compartir, me gusta ver la gente alegre. A mi no me gusta ver a la gente apagada, la gente que este toda caída o que no tienen para comer. 'Vamos a la tienda y yo te compro mandado pero alégrate.' Tal vez es una forma obvia porque es material pero no soy de, no soy rico por lo mismo. *De lo que hago lo gasto con la gente.* (I like to share; I like to see others happy. I do not like to see people down, people who are down or do not have money to go eat. 'Let's go to the store and I will buy you groceries, but cheer up.' Maybe this is an obvious form because it is materialistic but I am not, I am not rich for that same reason. What I make, I spend it with others.)

This is a great example of the importance of *personalismo* and treating everyone as family and being compassionate and warm with others, even if it means giving up one's own things so that others may prosper. Along with *personalismo*, there lies the importance of demonstrating *respeto* toward everyone, regardless of one's feelings toward the person. Patricia expressed negative feelings toward people who disrespect her, yet demand *respeto* from her. She added that she is not fond of individuals who are not warm and that, instead, are arrogant and demeaning, as these individuals do not show traits consistent with *personalismo* and *respeto*. Juan Carlos reported feeling frustrated because his brother, who was kidnapped by the cartels, never disrespected or offended anyone. This participant was appalled by the fact that his brother was targeted even though he upheld the idea of *respeto*, so as to avoid having problems with anyone. Juan Carlos' statement about the *respeto* that his brother exhibited to

others demonstrates the belief that, by upholding traditional cultural and community beliefs, one will be protected from ill will, including the cartels. However, this has not been the case, as the cartel movement is going against all Mexican cultural and community beliefs in order to obtain their fortune and power.

Other participants shared the importance of *familismo* and the *sacrificio* that goes along with staying true to one's family. As previously mentioned, the participants are fully committed to being supportive and available for their relatives, despite being physically apart from them. For example, they contact family on a regular basis, and they make a conscious effort to work enough hours so that they can send money to family members in Mexico. Several participants reported that they began working during their childhood years to be able to provide for their family. Consequently, the idea of hard work and *sacrificio* has been instilled in the participants from a young age. In addition, participants reported feeling as though they were the main support of their family, both financially and emotionally. For example, Juan Carlos noted that whenever the family has an issue, they contact him to request advice or to brainstorm possible solutions, even though he lives in the U.S. and they are in Mexico. He added, "*No quiero sentirme que soy la esmeralda de la familia pero soy la persona que les orienta. Soy de los mas chicos pero siempre tengo que andar al pendiente de ellos.*" (I do not want to feel like I am the emerald of the family, but I am the one who orients them. I am one of the youngest, but I always have to be on the lookout for them.)

In order to endure life obstacles, all participants referenced a connection to *fatalismo* and feeling that their destiny is out of their control and in the hands of God.

Closely tied to *fatalismo* is *religion*. This appeared to be a protective factor for many, as it is a source of strength and faith that God will help them overcome the obstacles of which they are confronted. Even when discussing potential deportation or potential traumatic experiences, participants left their faith up to God. Related to *fatalismo*, Saul discussed the importance of being true to oneself and living in a way that is moral and positive. He added that the experiences that one endures should be accepted and used as life lessons, so as to not live through the same issue again.

Machismo is another cultural value that was reflected through the statements of several of the male participants. Most talked about their role as provider for their family and needing to be strong and hardworking in order to keep the family stable and connected, especially in times of distress. All males denied ever discussing their emotions or negative events due to feeling as though they have to keep their problems to themselves. Edgar reported that he experienced several traumas as a child and noted that he felt greatly affected by these incidents. However, he denied feeling comfortable discussing these situations with anyone due to fear of being criticized by family and friends. He added that, as a man, it is difficult to accept one's traumas because one is supposed to be strong and overlook one's emotional responses. While *machismo* can be viewed as a protective factor for some Mexican males, the tendency to avoid emotional responses has several repercussions for the ways in which these individuals respond to exposure to violence, acculturative stress, and the help-seeking experiences of this group.

Los carteles son el gobierno—Coercion, control, and power of the cartels.

Category three, *Los carteles son el gobierno* (The cartels are the government), consists of five main themes. The five themes are (a) *Todo gracias a las drogas* (Everything thanks

to drugs); (b) *Ahora se ve mucha violencia* (Nowadays there is a lot of violence); (c) *El mas humilde roba* (The most humble person steals); (d) *Los niños se involucran* (The kids become involved); and (e) *Toda la sociedad esta afectada* (The whole community is impacted).

Category three, *Los carteles son el gobierno* (The cartels are the government), discusses the coercion, control, and power of the cartels on the people and the overall community in Mexico. Participants clearly noted that the drug cartels have asserted their power over the state at large, and they coerce citizens and government officials alike. Indeed, the pervasive feeling is that it is the cartels that rule the country. To show the extent to which people perceive the cartels as overruling Mexico, Bertha reported, "*Ellos son los lideres horita de México.*" ([The cartels] are the leaders of Mexico right now.) Also, Saul echoed, "*Ellos son el gobierno, controlan al gobierno.*" (They are the government, they control the government.)

Theme A, *Todo gracias a las drogas* (Everything thanks to drugs), highlights the problem with the drug war as being one focused only on the manufacturing and sale of drugs. Power, control, and competition over territory are a direct result of drug trafficking, since there is not one specific cartel that monopolizes the drug industry. The cartels that participants reported as being the most prominent are consistent with media reports, and their power and influence varies by region. The overall territory of the cartels ranges throughout Mexico and changes constantly due to competition with one another and the government seizing territory as well. Participants reported that cartels fight with each other in broad daylight, and in the middle of the street, putting anyone in the area at risk. The most dangerous places in Mexico, according to the participants in

the study, are Michoacán, Cuernavaca, Mexico City, Monterrey, Durango, Zacatecas, San Luis Potosi, Guadalajara, and Chihuahua. However, it was also reported that the cartels reside in other areas, as well as small towns. Thus, there appear to be few areas that remain safe and out of reach of the cartels.

Analy expressed frustration at the thought of the cartels putting innocent people at risk. She stated:

Entre ellos se pueden matar los que quieran, que se desacuartelen y que hagan lo que quieran porque aparte salen cuerpos descuartizados y todo. Pero si son entre ellos mismos, yo como sociedad digo que se maten entre ellos, pero no que afecten a la sociedad. (Among them, they can kill one another, they can dismember one another and do whatever they want because there are dismembered bodies everywhere anyway. But only if it is among them, as a society I think, kill one another; do not affect the society at large.)

Analy's statement is reflective of the pervasiveness of the violence due to the drug war. Participants expressed frustration because the organized crime is what is causing the violence in Mexico. Not only do they fight with one another for territory and profits, but also they take land away from innocent people simply to harvest marijuana. The cartels are coercing Mexican citizens to get involved with the selling and manufacturing of drugs so as to increase their power. Unfortunately, many citizens of Mexico are joining with the cartels. Adolfo believes that people get involved to earn money while being able to consume drugs. He stated, "*Ya horita como se mira, la mayoría, se meten por vender y que les den. Se meten a los carteles así están*

consumiendo y ganando algo así.” (As everything looks now, the majority gets involved to sell and to receive [drugs]. They join the cartels so they can consume and win something at the same time.) He added, “*Los vuelven locos no se, hacen cosas, que en vez de ponerse a trabajar o hacer algo se ponen a robar para comprar droga, no se como les transforme ese tipo de drogas o no se.*” (It makes them crazy, I do not know. They do things, that instead of working or doing something; they steal so that they can buy their drug. I do not know how those types of drugs transform them.) Thus, in addition to the impact of the violence, the drugs have also had a critical impact on the overall community in Mexico.

Unlike Adolfo, most other participants reported that people become involved because it is one of the only means by which to make money to support their family. Ruben added that even high school graduates, men and women alike, have no other option and end up submitting themselves to the cartels, because they need the money to survive. Adolfo admitted that getting involved is not easy or worth it to most individuals: “*Tienes que matar o tienes que robar. En Michoacán tienes que matar a alguien de tu familia para poder entrar, o secuestrar o hacer algo malo con tu familia para poder estar allí adentro.*” (You have to kill or you have to steal. In Michoacán, you have to kill someone in your family to get in, or you have to kidnap someone or do something bad with your family in order to get in.) It is unknown if Adolfo’s statement is a practice used by all of the cartels, or just the most powerful ones.

Theme B, *Ahora se ve mucha violencia* (Nowadays, there is a lot of violence), discusses the prevalence of violence and the increase of cartel power over time. Of all the participants, only Marcos denied seeing a significant increase in violence. However,

it is important to note that he grew up in Mexico City, an area in Mexico that has a longstanding reputation of high crime rates and violence. As such, he reported:

Siempre fui una persona que creció en la ciudad y es un lugar donde hay mucho crimen... y a lo mejor sucede, como un jovencito en la actualidad que viví en una de las ciudades más peligrosas de México. He crecido así, entonces es cosa de todos los días. (I was always a person who was raised in the city and it is a place where there is a lot of crime... and maybe it happens, as a young man who lived among the reality of one of the most dangerous cities in Mexico. I was raised like this, so [the violence] is something of everyday.)

In other words, Marcos admitted that the violence has increased, but people in Mexico City have learned to adapt to the high rates of violence, and are therefore less impacted by the increase resulting from the drug war. The rest of the participants stated that the violence has increased significantly, specifically since 2006, when President Calderón ordered the troops into Mexico and began seizing territory from the cartels. They admitted that there have always been violence and drug operations from organized crime, but that the violence has not been to the degree that it is now. Participants reported that, before, people had freedom to go to the plazas and to go out at any time of day. They reportedly did not have to live in fear of being victimized prior to 2006.

Ruben agreed that the crime rates have significantly increased since 2006, and the types of crimes have become more dangerous and common:

[Antes] si había mucho problema, te robaban, o vendían productos que eran ilegales... droga. Pero ahora se extendió a matanzas... ah,

secuestros, violaciones... todo. Ya es otro tipo de mafia, ya no es esa mafia que se dedicaba a vender cosas ilegales para sacar dinero. Por lo menos le vendían una cosa, y ellos agarraban dinero. Ahora, lo agarran a usted y 'dame tu dinero.' ([Before] yes, there were a lot of problems, they would rob you, or they would sell illegal products... drugs. But now it has extended to murders... umm, hostages, rapes... everything. Now it is another type of mafia, it is no longer that mafia that used to dedicate itself to sell illegal things to get money. At least they would sell you something, and that would get money. Now, they will get you and 'give me your money.')

The assaults are reportedly not just by those involved in the cartel, but, rather, by other individuals who seem to be perpetuating the violence. Most participants reported that people are taking advantage of the drug war to engage in the same criminal activity (hostages, assaults, murder) to intimidate the people and obtain monetary gains. Others noted that it is possible that these individuals are not able to find a job, or they simply do not want to work. They find that it is easier to steal because everyone is blaming the crime and violence on the cartels, so others outside of the cartels use it as an excuse to justify their own behavior. Gilberto reported, "*Es gente que dice, 'al cabo van a culpar a otros.'* Entonces lo hacen... unos por maldad y otros porque quieren sacar algo de dinero." (It is people who say, 'they are going to blame others anyway.' So they do it... some to be harmful and others because they want to get some money.) Marcos confirmed Gilberto's idea and reported:

Como esta operando tan ligeramente el narcotráfico, hay otras organizaciones criminales que no necesariamente están ligados a las drogas... siempre ha habido robos y asesinatos por dinero... y pienso que todo el habla de secuestro se dieron, dieron como consecuencia otro tipo de criminalidad que no necesariamente esta directamente ligada con el narcotráfico. Ha llegado un momento donde los ciudadanos no saben si están sufriendo... la violencia por parte del narcotráfico o ladrones o asesinos. (Since the drug trafficking is operating so freely, there are other criminal organizations who are not necessarily tied to the drugs... there has always been robberies and assaults for money... and I think that all the talk about hostages has given, given another type of crime, as a consequence, that is not necessarily directly tied to the drug trafficking. The time has come where the citizens do not know if they are suffering... the violence due to the drug trafficking, or thieves, or murderers.)

In addition to being one of the only ways to obtain money, participants added that involvement with the cartels has become a socially desirable and sought out lifestyle because of their admirable status in Mexican society. The most famous Mexican bands sing *corridos* related to the famous drug lords and a life consisting of money, power, and control. As such, in a country in which many individuals are economically impoverished, individuals are influenced to become like these major drug lords because of the luxurious lifestyle it carries. As Marcos reported, citizens are at a loss in terms of knowing where the violence comes from and who is engaging in it. Clearly, the violence has permeated the fabric of Mexico.

Theme C, *El mas humilde roba* (The most humble person steals), describes the extent to which the cartels perpetuate and benefit from Mexico's poor economy.

Participants noted that the people of Mexico are impacted because of the increasing rates of poverty, and that Mexico is experiencing significant economic challenges because of the drug war. The cartels are monopolizing the country and taking control of economic and governmental transactions. There are few or no job opportunities, which make it hard for individuals to provide for their families. Edgar indicated that people often starve in Mexico and that, oftentimes, there is not any money to buy even the cheapest foods, such as tortillas and rice.

As mentioned in the previous section, becoming involved with the cartels is a reportedly devastating but necessary reality for those who are struggling financially. Dora shared, "*Saben que no hay dinero, la economía en México esta muy fea horita. Me imagino que cualquier persona que realmente este, en muy bajos recursos, pues hacen cualquier cosa por la familia.*" (They know that there is no money; the economy in Mexico is very bad right now. I imagine that any person who really has very low resources, well they will do whatever it takes for their family.) Saul stated that the poverty in Mexico is so bad that people have to resort to criminal lifestyles to survive. He added, "*Horita el más humilde roba porque no hay, no hay nada.*" (Right now even the most humble person steals because there is not, there is nothing.) Such sentiments shed light on the ecology of poverty and the crime that it may produce, particularly in an environment in which violence is already pervasive.

While certain individuals make the decision to engage in crime due to limited economic options, it is difficult for those who are trying to make an honest living to raise

their family. Ruben reported, “*Uno trabaja y trabaja y trabaja y hay va pasándola. Y aguardando un peso para un mañana de... cualquier enfermedad, cualquier cosa...*”

(One works and works and works, and barely makes it. And saving a dollar for a tomorrow that... for any illness, anything...) Irasema asserted, “*He trabajado tanto en mi vida. Me he esforzado y tengo lo que tengo para que alguien nada mas llegue y me lo quite porque se le antojo. Yo creo que eso es lo mas difícil.*” (I have worked so much in my life. I have put forth great efforts and I have what I have, so that someone else just comes and takes it away just because they felt like it. I think that is most difficult.)

Evidently, the people of Mexico are at a loss of how to survive the downsizing economy and support their families. Even still, the cartels are negatively impacting the people and the economy of Mexico. Most importantly, they are influencing individuals to engage in crime and victimize the innocent.

Theme D, *Los niños se involucran* (The kids become involved), speaks about the coercion and impact that organized crime has had on children. Marlana argued that children are greatly impacted by the drug war because their parents might be murdered, and, without having any knowledge of the violence, their lives are forever changed. Irasema expressed sadness at the way in which the violence has increased since she was younger. She stated that it is difficult to have to explain to children how and why Mexico has become so dangerous, and why their safety is often at risk. She added, “*Cuando yo tenia siete u ocho anos, yo no sabia que era una balacera o que era un secuestro y horita los niños de kínder están haciendo entrenados para si ay una balacera.*” (When I was seven or eight years old, I did not know what a shooting or a kidnapping was and now the children from kindergarten are doing drills to prepare them in the event that there is a

shooting.) Because of the dangers, several participants denied wanting to raise their children in Mexico out of fear that they might be victimized.

Adolfo reported, “*Yo pienso que los que llevan todo el daño son los hijos, uno quizás se trauma, al mirar que uno vende se traume psicológicamente pensando que quizás su hijo de grande vaya hacer lo mismo.*” (I think the ones who hold all the damage are the children. Maybe one might be traumatized, seeing that one is selling; one might be psychologically traumatized, thinking that maybe one’s son might do the same when he grows up.) Consistent with the previous thought, Karina stated that the cartels coerce young children to get involved so that they can be lookouts for the police and other cartels in the area. They are also recruited to carry weapons for retaliation and protection of the cartels. It is difficult because, although the family might recognize the severity of the danger, there might not be any other option to make money, so the children join to provide for their families.

Edgar reported that oftentimes involvement is not voluntarily for children, and that they are often threatened. He reported:

Te dicen pa' que vas pa' allá acá nosotros te damos \$3,000 a la semana haz esto.'
Y los niños que, que no tienen mente para pensar las cosas bien y... O 'sabes que te entras o te matamos' y ya se meten” (They tell you, ‘why are you going over there, we will give you \$3000 a week, do this.’ And the children who, who do not have the right mentality to think things through and... Or, ‘you know what, you get in, or we will kill you’ and so they join.)

Children and adolescents are easily pressured to succumb to the drug trafficking.

Unfortunately, as more children become involved with the cartels, more and more

children are targeted and killed. Thus, it is clear that adults and children alike are powerless to the cartels and there are reportedly few options outside of the cartels' influence.

Theme E, *Toda la sociedad esta afectada* (The whole community is impacted), explains the way in which the drug war has impacted the community at large. The impact for those who are not involved is equally prominent, as the overall society is controlled by the cartels. Participants noted that, due to the increased violence, establishments close early, before it gets dark outside. Business owners are unable to run normal business hours, because they are afraid of being robbed. Specifically, Analy reported that the clubs and bars no longer open like they used to because the cartel leaders would show up and start a shooting, or take women and rape them for no apparent reason. She admitted to having experienced a situation in which her friend was targeted while at a club:

De hecho a mi me toco una situación así. Yo estaba en una bolita con unas amigas y entonces este entraron. De pronto cierran las puertas y aventaron una bala. Todo el mundo ya sabía y empezaron a gritar y en la bolita donde yo estaba, había una muchacha que uno de ellos la vio. Entonces ósea se la quería llevar y pues entre todos pues como que la ocultaron y entonces nos escondimos todas en el baño... estuvo horrible. Y entonces ya después de un tiempcito, nos pudimos salir por una ventana en el baño y ya. Y jamás volví a otro lugar así, y ya después, esos mismos lugares se fueron cerrando. (In fact, something like that happened to me. I was with a group of friends and they came in. All of a sudden,

they close the doors and they shoot a bullet. Everyone knew and they started to scream and the little circle where I was, there was a girl that one of them noticed. So then, he wanted to take her and among all of us, we covered her and we all went to hide in the bathroom. It was horrible. And then after a while, we were able to leave through one of the bathroom windows and that is it. And I never went to a place like that again, and after that those same places began to shut down.)

Analy reported feeling very lucky that she and her friends were not harmed that night, realizing that people are not always that lucky. There seemed to be a consensus that everyone is threatened by the cartels, and that everyone fears for their lives equally. Citizens are threatened and coerced to give the cartels a portion of the profits they make, and authority figures are threatened to follow their orders. A few participants pointed out that even people in one's community are targeted to obtain information about others in the town, and they are threatened with death if they tell the individual. The cartels do not care about the relationship that one has with others; they are simply expected to provide information and maintain silence.

During the interviews, participants expressed frustration and sadness to recognize the extent to which Mexico has been damaged by the drug war. Bertha admitted:

No puede ser que todo esto esté pasando en el país de uno, siendo que antes estaba así en otros países. No pensábamos que nos iba a afectar a nosotros. Y lo estamos viviendo. Es como, hasta que punto vaya a llegar todo esto.” (It is not possible that all this is happening in one's own country, being that before, it used to be this bad in other countries. We

never thought that it would affect us. And we are living it. It's like, at what point is this all going to stop.)

Like Bertha, several participants compared the violence in Mexico to the drug war in Colombia from years ago. They hope that something is done to stop the power of organized crime.

***Los tienen con la cola entre las patas*—The government is powerless, complicit, and cowardly.** Category four, *Los tienen con la cola entre las patas* (They have them with their tail in between their legs), consists of five themes: (a) *El gobierno no hace mayor cosa* (the government does not do anything); (b) *Estuviéramos peor si el gobierno no se hubiera metido* (We would be worse if the government had not intervened); (c) *El gobierno quiere hacer su fortuna* (The government wants to make its fortune); (d) *El gobierno quiere tapar el ojo al macho* (The government wants to cover the eye on the strong); and (e) *Es aquí y allá* (It is here and there).

Category four, *Los tienen con la cola entre las patas* (They have them with their tail in between their legs), describes government efforts to control the cartels, as well as their alleged involvement with the cartels. As the title of this category states, *Los tienen con la cola entre las patas* implies that the government is afraid of the violence from the cartels just like everyone else, and, consequently, they are afraid to intervene and revolt against the cartels. However, participants also discussed allegations of government involvement.

Theme A, *El gobierno no hace mayor cosa* (The government does not do anything), points out opinions that the Mexican government is complicit, powerless, and cowardly, in relation to the cartels. Ruben, Marcos, Juan Carlos, and Fabian expressed

frustration, because they believe that the Mexican government has not made any effort to control the cartels. These men, along with several others, believed that, if the government stood up against the cartels, then the violence would be reduced, but they felt as though the government does not want to enforce the law as they should. On the other hand, participants reported that it is possible that government officials do not do anything because they are threatened, just like everyone else in society.

Adolfo admitted that authority figures who are not involved in the drug trafficking are often targeted and coerced to provide certain information about high-ranking and affluent individuals in the community. Politicians who refuse to participate are kidnapped and/or murdered, along with their families. Adolfo added that the government appears to be in a double bind because, if they do not cooperate with cartel orders, then they are killed. However, if they do get involved, they are criticized and viewed as corrupt. He added, “*ósea que si chingas o no chingas, siempre te van a chingar o te van a criticar, y es así.*” (So if you [get involved] or you [do not get involved], they will always [screw you] or they will criticize you, that is how it is.)

Theme B, *Estuviéramos peor si el gobierno no se hubiera metido* (We would be worse if the government had not intervened), discusses the efforts that have been made by the government against the cartels. Several participants spoke about the efforts that the government has done to reduce the power of the cartels, especially under President Calderón’s recent presidency. There are mixed feelings about the work that he did, but many believe that, had he not ordered the troops into Mexico, the violence would be worse today. Irasema admitted, “*Si el gobierno no le hubiera dado la guerra, estaríamos peor porque ahora el gobierno estaría sirviendo el narcotráfico. Y no el narcotráfico al*

gobierno.” (If the government had not declared war, we would be worse, because the government would be serving the cartels, and not the cartels to the government.) Ruben admitted that the violence has increased, because the cartels are refusing to be controlled by the government, and having to fight other cartels for territory, but that it is good to see the government taking action.

Adolfo, Ruben, and Viridiana reported that soldiers are making a deliberate effort to control the violence in the streets. Adolfo added that the soldiers are constantly monitoring the towns: “*Hay soldados en cada pueblo para que si escuchan balazos o pleitos luego luego se encargan de tranquilizarlos o de mandarlos a otras cárceles.*” (There are soldiers in each town that monitor for shootings or fights, and right away they make sure to placate the people or to send them to jail.) Analy reported that, because of their constant surveillance, oftentimes there might be a street shooting between the drug traffickers and the soldiers or police officers, which places many people at risk.

Ruben agrees that authority is making an effort, but he believes that, even with their efforts, it will be difficult to stop organized crime because of their overwhelming influence and power. He added:

Empezó a trabajar el gobierno que esta horita, contra de los narcotraficantes, y empezaron a buscarlos, a asecharlos, y... lo militar también... la naval, todos entraron a acabar con los narcos... pero no acaban... no van acabar porque es una mafia. (The current government [President Calderón’s term] worked against the drug traffickers, and they started to look for them, ambush them, and... the military too... the navy,

everybody entered to finish off the cartels... but they cannot finish them off, they will not be able to finish because they are a mafia.)

Juan Carlos and Fabian agreed that it is nearly impossible to end organized crime in Mexico, and they believe that it will take years before the violence is reduced. Fabian also reported that fighting against the cartels comes with a consequence, because the cartels become angry and kill innocent people. Specifically, Fabian stated, “*Si el gobierno agarra personas pesadas, los narcos matan a personas que no deben nada, por llevar la contraria al gobierno.*” (If the government arrests a [high-ranking cartel leader], the cartels kill people who do not owe anything, just to get back at the government.) In other words, in taking action against the organized crime, they engage in vengeful efforts and victimize others, just to assert their power.

Some participants expressed hope that the new president continues what President Calderón was able to accomplish, so that with time the power that the cartels have over Mexico diminishes. Ruben’s concern is that, even though the government is fighting to arrest drug traffickers, so many individuals are recruited that it seems like, “*Matan a uno, y entran diez.*” (They kill one, and ten enter.) This implies that the influence of the cartels is overwhelmingly powerful.

Theme C, *El gobierno quiere hacer su fortuna* (The government wants to make its fortune), highlights the alleged government involvement with the cartels. While the previous section highlights the participants’ acknowledgement of the government efforts, several others are ambivalent about their feelings toward the government. Even though participants denied knowing with 100% certainty that politicians are involved, several alluded to allegations related to their involvement. Specifically, Marcos noted:

Somos una cultura de corrupción, somos una cultura de que vamos a agarrar beneficio en donde se puede, sobre todo en el sentido político. Estoy completamente seguro que es el... el... el lado político esta muy embarrado con en narcotráfico. (We are a culture of corruption; we are a culture in which we are going to seek benefit wherever we can, above all in the political sense. I am completely sure that the... the... the... political side is very enmeshes with the drug cartels.)

Adolfo, Anay, and Juan Carlos affirmed that the government allows the cartels to exploit individuals, take over businesses, and manufacture and sell their drugs. The main problem, as Marcos noted, is that there is corruption within the government, which perpetuates the drug war culture. The corruption has reportedly come from high-ranking politicians of the PRI, since they have been in power since 1925. A few participants reported that when a president from a different political party wins and tries to stop organized crime, such as President Calderón of the PRD, politicians from the PRI threaten the president. Adolfo noted:

A él lo han querido criticar mucho el partido del PRI y lo han querido sacar. Ahorita muchos de esos lo han amenazado a él. Por lo mismo que el trato de llevar... ahora esta que si alguien mira en ese pueblo algo raro, que los policías del pueblo los amenazan o los golpean. (The party of the PRI has tried to criticize [former President Calderón] a lot and they have tried to take him out. Right now a lot of those [in the PRI] have threatened him. For the same reason, that he tried to fix... now they have it where if

someone in that town sees something weird, the policemen from that town threaten and beat the [people who try to make a report].)

On the contrary, Juan Carlos made a statement alluding to the idea that President Calderón was indeed involved with the cartels. With great frustration, he noted:

Calderón no hizo nada por el país. El hizo por el, por su bolsa de él. Siento feo y me da coraje a la vez porque es mi paisano pero...no hizo nada. El esta haciendo cosas que no debe de hacer. El esta apoyando al crimen organizado. (Calderón did not do anything for the country. He did for his own pocket. I feel bad and it enrages me at the same time because he is my compatriot but... he did not do anything. He is doing things that he should not be doing. He is supporting the organized crime.)

Consequently, two participants reported that it is difficult to know who to vote for on Election Day, since they expect most politicians to be involved with the organized crime.

In addition to government officials, it appears that there is a heightened suspicion that police officers are also engaging in behaviors of corruption to ensure that the cartels are able to continue their drug trade. These authority figures are benefitting not only financially but also their security is ensured. One participant did admit to being confused as to whether police involvement was voluntary, or whether the superior cartel leaders give them orders to obey or suffer the consequences. Sometimes police officers even receive orders from their superiors to support the actions of the cartels. However, most participants endorsed the belief that police officers are paid by the cartel leaders to ally with and protect them. Ruben and Marcos utilized an idiom, “*Tu haz te de la vista gorda*” (Ignore what you see), to describe the way they operate—by ignoring the criminal

behavior they see and acting like it never happened. Moreover, when cartels demand that a person or company pay them a portion of their profits, if the person reports it to the authorities, then they are ignored and scrutinized. This idiom was shared as a perceived experience of how police officers ignore the violence and, instead, perpetuate the crime.

Ruben provided a specific example of police involvement noting, *“Desafortunadamente la policía está involucrada en todo eso, porque si usted hace un reclamo, al momento de que usted hace la denuncia, [los narcos] ya saben en seguida.”* (Unfortunately the police is involved in all of that because if you make a complaint, within minutes from making the report, the drug lords know right away.) Juan Carlos added, *“Cuando usted regresa a su tienda o a su lugar de trabajo, ya hay dos o tres personas esperándolo para fregarlo, para levantarlo o matarlo.”* (When you return to your store or your place of employment, there are already two or three people waiting for you to mess you up, to pick you up, or to kill you.) As such, the people of Mexico do not turn to police officers due to fear of being reported and killed by the cartels. Viridiana confirmed, *“No podemos confiar en la policía. Antes sabíamos que había crimen pero todavía había una confianza.”* (We cannot trust the police. Before we knew that there was crime, but there was also trust.) As a result, individuals are often left to fend for themselves since they are unable to trust in authority.

It is also important to note that some authority figures have even joined the cartels, specifically *Los Zetas*, which, as mentioned previously, is made up of a paramilitary of highly trained ex-law enforcement. Irasema expressed disappointment when she stated:

Siempre va ver alguien que encuentra la vida fácil. Entonces, lo que más cosa me da es que es gente que era del gobierno, gente que era del militar, gente que defendía la libertad de nuestro país... La gente que está haciendo daño ahora, por el poder. Si porque es por esa razón, por el dinero. (There will always be someone who finds the easy life. So what gives me more feeling is that it is people who used to be in the government, people who were in the military, people who used to defend the freedom of our country... Yes, because it is for that reason, for the money.)

Theme D, *El gobierno quiere tapar el ojo al macho* (The government wants to cover the eye on the strong), discusses the secret involvement and exploitative actions on behalf of the government. Unlike the previous section, this section highlights the efforts of the government to conceal their involvement with the organized crime. Several participants indicated that government officials make promising statements that they will fight crime, when in reality, as stated by Juan Carlos, “*Hacen cosas a espaldas de la gente*” (They do things behind people’s back), and, as stated by Patricia, “*Quieren tapar el ojo al macho.*” (They want to turn the blind eye on the people.) Viridiana expressed frustration toward elected officials, because they make promises about how they plan to improve the infrastructure and economy in Mexico and do not keep their word.

To add to the frustration, several participants reported that authority figures exploit and target innocent bystanders, as opposed to targeting those involved with the organized crime. For example, Viridiana noted that troops entered her family’s home

several times, demanding to search the home for drugs and weapons. She shared her mother's statements regarding the search:

Yo no sé porque si nosotros ni siquiera molestamos a la gente. Estamos en paz nos vienen a molestar. Imagínese toda la gente como los vecinos de verdad piensa que si hay algo por aquí cuando hay tantas personas armados y apuntándole a uno. Nos ponen en la pared como si somos criminales. Donde esta la privacidad que uno tiene en este país? (I do not know why if we do not even bother anyone. We are in peace, and they come to bother us. Imagine all the people, like the neighbors probably really think that there is something in here when there are so many armed people, pointing their gun at us. They line us up against the wall as if we were criminals. Where is the privacy that one has in [Mexico]?)

Viridiana's statement represents the disbelief and level of humiliation in being targeted in one's community when not at fault, and simply due to a suspicion that criminal activity is going on. She also noted that it is possible that the army just chooses to enter people's houses without any warrant or reason to do so. There is an increased mistrust in the government because of their inability and/or unwillingness to control the cartels. The actions of the government feel counterintuitive, especially since more is done against the citizens than against the organized crime. Juan Carlos spoke about how President Calderón ordered that all weapons in the possession of the people should be taken away, as opposed to enforcing laws to remove weapons from those involved with the organized crime. He added, "*La gente se a preguntado para que lo hizo? La gente desarmada que va hacer? No hay mucho que pueden hacer. Porque no desarma a los*

que andan haciendo males? Porque no los detiene?” (People ask themselves why [President Calderón] did it. What can disarmed people do? There is not much they can do. Why doesn't he disarm the people who are doing harm? Why doesn't he arrest them?)

As Viridiana stated, alleged government efforts to control the violence have involved random security checks to monitor and search cars and houses. However, these searches are viewed as invasions and an exploitation of one's privacy. Two participants reported that, when they search the vehicles at the traffic stops, they take the people's belongings and even try to take the vehicles, with no legitimate reason as to why. Even though one participant admitted that these traffic stops are to search for drugs and weapons, Analy shared, *“Entonces tu vas en tu carro y te paran y te preguntan donde vas, de donde eres, así, no. Pero realmente no detienen a la gente importante, a la gente que deben de detener, ósea... Detienen a los ciudadanos.”* (So if you are in your car, they stop you and ask where you are going, where you are from, and stuff like that. But in reality, they do not pull over the important people, the people they should be pulling over, like... They pull over the citizens.)

Lastly, another way in which the participants felt that the citizens of Mexico are being exploited by the government is through buying the votes of the citizens. Marcos reported that, in order to remain in power, politicians from the PRI engage in corrupt activity on Election Day. However, he places some blame on the people as well, stating that they should not allow the government to buy their votes, and that they should recognize that the long-term consequences are damaging to the community. He shared:

Esta muy triste, que se haya... permitido la ciudadanía Mexicana a

prestarse a vender sus votos... Tan barato en el sentido que nos dieron muy poquito y tan caro que, en el largo plazo, las consecuencias, supongo, y espero que este equivocado, pero supongo que vayan a ser peores. Hay alegatos que... todo el equipo de... toda la estructura PRIista estuvo ofreciendo dinero, tarjetas con dinero, tarjetas electrónicas, y otro tipo de beneficios a ciudadanos a cambio de que votaran por el PRI. Entonces se enfocaron en zonas extremadamente pobres en donde obviamente, aparte de los pocos recursos en lo que cuentan, eh... como consecuencia la educación y la información con la que cuentan los ciudadanos es muy poca, entonces son personas mas vulnerables. (It is very sad that... the Mexican citizenry permitted themselves to sell their vote... for so cheap in the sense that they gave us so little; and so expensive that, in the long run, I presume the consequences, and I hope I am wrong, but I presume [the consequences] will be worse. There are allegations that... all the team of... the PRI structure was offering citizens money, cards with money, electronic cards, and other types of benefits, in exchange for their vote, in favor of the PRI. So they focused on the extremely poor zones where obviously, the resources they count on, umm... as a consequence the education and the information that they count on is minimal, so they are very vulnerable individuals.)

As Marcos stated, the government officials focused on extremely poor areas, because the people there are much more vulnerable since they need money to buy food,

and they might lack knowledge about the political process and its involvement with organized crime. Resentment and hate was expressed toward the organized crime and potential government officials, because they are destroying Mexico and harming its citizens, and they continue to engage in crime. Juan Carlos stated:

No es que me afrento, no me afrento de mi país. Me afrento de cómo enforzan las leyes. O como no las enforzan. De eso es lo que me da vergüenza. No me avergüenzo de mi patria ni de mi estado. Como le digo, yo puedo dar mi vida por ellos. Pero no por los que sirven al gobierno. Por ellos no les doy ni agua si veo que se están muriendo. (I am not ashamed, it is not that I am ashamed of my country. I am ashamed of how they enforce the laws. Or how they do not enforce them. That is what embarrasses me. I do not get embarrassed of my homeland or my state. Like I said, I can give my life for them. But not for those who serve the government. For them, I will not even give them water if I see that they are dying.)

Based on the previous examples of government actions, participants reported feeling angry that authorities are trying to control the citizens who have limited control and power as is, as opposed to revolting against organized crime. It is likely that the Mexican government officials target individuals to not only affect them but also to instill fear in the community at large so that the people feel powerless, and, in turn, the government can continue its corruption.

Theme E, *Es aquí y allá* (It is here and there), discusses the potential involvement that the U.S. has with the organized crime. Consistent with previous research and media

reports, the drug trade in Mexico is growing because of the demand in the U.S. This large demand makes it less likely for the drug trade (and war) to end, because there will always be people buying and supplying. Adolfo reported:

Es grande no nada más en México, aquí en los Estados Unidos. Hay carteles grandes de México que están aquí, pues yo pienso que la red más grande es aquí. Aquí es donde consumen, venden y mandan todo para allí, es aquí y allá. ([Drug trafficking] is big, not only in Mexico but also here in the U.S. There are big cartels from Mexico here too, but I think the biggest network is here. Here is where they consume, sell, and send everything over there; it is here and there.)

Along with the drug trade, there exists ways by which the drug traffickers obtain other profits. For example, Ruben noted that a significant money laundering activity is occurring in the U.S. He stated, “*Hay muchas cuentas con menos de \$10,000. Porque? Porque menos de \$10,000 no hay investigación, y ya lo mandan para México, y luego mandan otra vez.*” (There are a lot of accounts with less than \$10,000. Why? Because there is no investigation if there is less than \$10,000, and they send it to Mexico, and then they send it again.)

Since the U.S. is so heavily involved in the drug trade, several individuals believed that it is also the responsibility of the U.S. to help fight against the organized crime. Marcos reported, “*Es muy triste, es triste que el... los gobiernos no puedan... no sean capaces de manejar la situación y estabilizarla. Y digo los gobiernos porque creo que son muy eh... responsables de una manera indirecta el gobierno americano...*” (It is very sad, it is sad that the... the governments are not able to... are not capable to manage

the situation and stabilize it. And I say the governments because I think that the American government is very responsible in an indirect way.) While President Obama provided financial support during President Calderón's term, participants believe that the U.S. should continue to make efforts to intervene against the organized crime in Mexico.

***Vivir así no es vivir*—A culture of fear, impotence, and a lack of overall safety.** Category five, *Vivir así no es vivir* (To live like this is not living), has five main themes: (a) *Balas perdidas, pagan justos por pecadores* (Lost bullets, the innocent pay for the sinners); (b) *No tienen corazón los carteles* (The cartels have no heart); (c) *Donde le lloro sin tumba* (Where do I cry without a tomb); (d) *Esta muy difícil para sobrevivir* (It is very difficult to survive); and (e) *No encuentro las palabras para describirlo* (I cannot find the words to describe it).

Category five, *Vivir así no es vivir* (To live like this is not living), describes the culture of fear, impotence, and a lack of overall safety that is felt in Mexico. In addition, the extent to which people feel fear and impotence because of their inability to protect themselves and their family is outlined. Specific violent tactics such as torture, kidnappings, and murders are also discussed in this section. Lastly, participants discuss the way in which they feel they have personally been impacted.

Theme A, *Balas perdidas, pagan justos por pecadores* (Lost bullets, the innocent pay for the sinners), discusses the extent to which innocent bystanders, and people who have nothing to do with the cartels, are targeted. Six participants agreed that innocent bystanders are being killed on the street during shootings because, "*Están en el lado equivocado a la hora equivocada.*" (They are at the wrong place at the wrong time.)

Analy elaborated:

Y mucha gente esta allí, esta el muchacho que vende el periódico y las personas que están cruzando... Y mucha gente a muerto de esa manera, por balas perdidas, le llaman... balas que salen en el momento y ellos están allí. (And a lot of people are there. There is the boy selling the newspaper and the people who are crossing the street... and a lot of people have died in that way, for lost bullets, that is what they are called... bullets that are released in the moment and those people are there.)

Because of the random street shootings, there are often dead bodies left unclaimed.

Juan Carlos reported feeling frustrated because the cartels target innocent people for no reason. He expressed:

Si andan en lo que andan manténganse a lo suyo. Pero no extorsionen a la gente inocente. No muevan a familias de sus casas. No las perjudican. Si ustedes se quieren agarrar a balazos con el gobierno, háganlo. Pero fuera donde no maten niños inocentes, gente que no debe nada. (If they are doing what they are doing, then keep it within them. But do not extort innocent people. Do not move families from their homes. Do not harm them. If you all want to begin a shooting with the government, do it. But outside the ranges from where innocent children can be killed, people who do not owe anything.)

In addition to innocent bystanders, participants reported that, oftentimes, the family members of those who are involved are targeted and killed. Adolfo noted:

Se han visto niños recién nacidos que ni si quiera conocido la vida... O aunque tengan siete, o diez anos los matan simplemente por el simple

hecho que su papa estaba metido en las drogas, o fue una persona grande, o hizo algo malo... nada mas por el simple hecho de ser familiares de ellos pierden la vida por culpa de eso. (There have been cases where newborns, who do not even know life... or even if they are seven or ten years old, they kill them simply for the simple fact that their father was involved with the drugs, or he was a big person, or he did something wrong... simply for being related to them, they lose their life as a result.)

Ruben expressed the idea that “*pagan justos por pecadores*” (innocent people pay for the sinners), indicating that relatives are targeted if the cartels are not able to find the individual they are looking for, or simply as a scare tactic for the person involved. Relatives are kidnapped and tortured until they receive what is seemingly at stake. As Adolfo stated above, the cartels do not take into consideration whether the relative is a child or an adult; they act on what they deem would be most threatening to the individual.

Juan Carlos believes that his brother was targeted, not because of a family member, but rather, because he was friends with some of the men in the cartels. He affirmed that his brother was not involved; he simply knew the people, and even spoke to some men in the opposing cartels. Juan Carlos reported:

No por hacerles un mandado de que ir a matar a alguien... si no por darles de comer, por darles donde dormir en la noche. Como le digo, hay conocidos de los dos lados. Y eso es lo que nosotros pensamos, que por eso. (It was not for doing them a favor to go kill someone... it was just for giving them food, giving them a place to sleep at night. Like I said, there are acquaintances from both sides. And that is what we think, that it was because of that.)

Based on his statement, it is unknown whether there was involvement on the brother's behalf; however, it appears that, even if one associates with the drug traffickers, even to a small degree, an individual and his family can become a target.

Other innocent individuals who are often targeted are those who are traveling to Mexico from the U.S. The cartels are able to identify people from the U.S. by their clothes, accessories, vehicles, and overall appearance. The cartels are also able to identify wealthy people through the Internet and social media sites. In other words, they monitor the pictures that are uploaded and, if it looks like the person has money, then they target the relatives of that person who live in Mexico, kidnap them, and request a ransom.

A participant noted that they often wait at the airport for people to arrive and then they assault them and take all of their belongings. If the individuals are driving, they assault them along the road and take their vehicles. Saul shared that they almost kidnapped his wife when he and his wife drove to Mexico from Chicago. He stated that, as soon as he entered Uliapan, heading toward Mexico D.F., he noticed that a vehicle was following them. Fortunately, his brother is a sergeant in Mexico so he called his brother to ask him to meet him at the next stop, because he suspected that he and his wife were in trouble. As soon as they arrived to the parking lot of the next stop, the men in the vehicle all got out and surrounded his truck and stated, "*Le avisamos cuanto le va costar la camioneta.*" (You want to know how much your truck is going to cost you.) Saul reported that as soon as they said that, his brother showed up with a squad of police officers. He indicated that he was not afraid because he knew that his brother was going to show up to save them; however, he fears that he would have lost his wife otherwise.

Affluent people who live in Mexico are targeted as well, simply because the cartels know that they can obtain large sums of money or property from these individuals. Patricia relayed an interesting statement that highlights the idea that poor people are kidnapped as well. When asked for her thoughts about why they kidnap poor people, she noted, “*No sé, para el fan de matar a gente, ya son como gente loca, psicópata. Porque que van a sacar. Pero pues no se.* (I do not know, maybe just for the joy of killing people, they are crazy people, psychopaths, what are they going to get out of it. But I do not know.)

Aside from requesting large sums of money from citizens, the cartels are also demanding that small business owners give them a portion of their profits every week. They target people who have restaurants, taco stands, and even those who sell fruit on the corner. This amount varies, but it appears to be from 15% to up to 75% of their earnings. Participants reported that the cartels expect their portion even if the business owner does not make any profits that week. They also demand money from others in order to ensure their security. Marcos expressed frustration that the cartels are trying to charge people for their sense of security. He stated, “*Supuestamente dan seguridad pero... la seguridad en cualquier país no puede comprarse.*” (Supposedly they guarantee security... security in any country cannot be bought.)

Theme B, *No tienen corazón los cartels* (The cartels have no heart), continues the discussion about the frequent kidnappings and ransom that is demanded for these individuals. Participants stated that the cartels do not stop and think of all the harm they are causing, not only to the citizens, women, and children included but also the overall country of Mexico. Fabian reported, “*Los narcos no piensan lo que están ocasionando.*

Están perjudicando el país económicamente, físicamente... Están destrozando a México, toda la reputación...” (The cartels do not think about what they are doing. They are harming the country economically, physically... They are destroying Mexico, all of its reputation...) Similarly, Juan Carlos stated, *“Esa gente no se detiene para hacer las cosas. Porque saben que no les van a hacer nada.”* (Those people do not stop before doing things. Because they know that nobody is going to do anything to them.) Both of these statements indicate that the cartels operate without remorse or consideration of the consequences because they feel invincible, and they are confident that nobody can stop them.

Regarding specific tactics of violence, 15 of the 16 participants spoke of a personal example in which a family member or loved one had been kidnapped. The kidnappings more commonly occur because they are requesting money and/or property. However, the kidnappings also occur against innocent people, as previously mentioned, or citizens who refused to oblige with the demands of the cartels. For example, Juan Carlos noted that his brother was kidnapped simply because he did not want to sell the cartels his cows at the price they wanted. In addition, Saul stated that they kidnapped a family friend because the cartels wanted to plant marijuana in his fields and he refused to let them.

Being held captive and tortured is reportedly a common practice of the drug cartels. When someone is held hostage and their families are called for ransom, body parts, such as fingers, are reportedly sent to relatives until the expected ransom is paid. If the amount that is requested is not paid, then the person held hostage is tortured for an ongoing period as a way of showing the gravity of the situation. The length of time can

be anywhere from days to months. Many participants noted that their family members had been tortured due to not being able to pay the ransom immediately. The amount that is typically requested was unclear, but Ruben did state that when three of his relatives were held hostage, the kidnappers demanded \$50,000 pesos, plus two cars worth \$100,000 pesos each, totaling \$250,000 pesos (about \$20,000 U.S. dollars).

Edgar shared that his uncle was held hostage for five months because his family did not have the means to pay the amount. Once they were able to pay the money, “*Lo mandaron todo golpeado, todo maltratado. Lo quemaron con correas, y a veces ni le daban de comer ni agua. Le quebraron sus costillas, y su cara toda irreconocible, hinchada.*” (They sent him all beat up, all mistreated. They burnt him with chains, and sometimes they would not even give him food or water. They broke his ribs, and his face was unrecognizable, swollen.) Seven other participants spoke of situations in which individuals had been tortured and burned before being returned to their families, leaving their face and body unrecognizable. Many participants reported that, while held captive, their relatives were not given food or water and were not given an opportunity to contact anyone, which increases the extent of the physical and psychological torture.

Like Edgar mentioned above, in order to acquire means to pay the demanded amount, individuals have to sell property, surrender life earnings, and request donations through their community, both in Mexico and through family in the U.S. Ruben stated:

Agarran a gente que mas o menos pueden conseguir dinero, que le pueden prestar dinero, que tienen propiedad y pueden vender propiedad para sacar ese dinero para darse los... porque la vida de una persona vale mas que todos los bienes materiales. (They get people who more or less can obtain the money, who

can borrow money, who have property and can sell their property to obtain the money and give it to them... because a person's life is worth more than material goods.)

However, holding someone hostage from a poor family was reportedly common as well, and it might have been due to potential involvement, or for no reason at all. Ruben also added, "*Y por eso la gente humilde, muchas veces dicen, 'ya se lo llevaron, ya...' Se despiden de él. 'Si lo sueltan bueno, y si no'... Ya rezan para que dios haga la justicia.*" (And that is why the humble people, a lot of times just say, 'they took him...' they bid him farewell. 'If they let him go, good, if not...' and they pray that God does justice.) Seemingly so, if the family does not pay the ransom, the cartels never return the person, and, if they do, they return them dead.

Oftentimes, cartel leaders will call a family and lie that they have a family member held hostage so that the family can send the money. Three participants shared that their family in Mexico received a call stating that they wanted a ransom for the release of a relative, and that their family members panicked, wanting to collect the money right away, without thinking of verifying if the information was even true. This is a tactic that those involved with organized crime utilize as a way to obtain money from individuals.

Aside from innocent individuals, people involved with the cartels can be held hostage for not complying with the leaders, or for failing to turn in money from sales. Adolfo added that if someone tried to get out, they would be killed:

Yo pienso que por eso los balacean, porque tratan de salirse. Los buscan para matarlos si deben o por simplemente el hecho de querer salirse. De

allí tienen que arrancar para otro lado, ya sea para acá o para otro estado de México para hacer vida otra vez. Y si los miran, yo pienso que ya van a matarlos o van hacerle daño a alguien de su familia. (I think that is why they get shot, because they try to get out. They look for them to kill them if they owe, or simply for wanting to get out. From there, they have to leave somewhere else, be it to [the U.S.] or to another state in Mexico to start a new life. And if they see them, I think that they will kill them, or harm someone in their family.)

The above example, along with the many examples provided of the torture, violence, and murders by organized crime, shows that they are ruthless and is great evidence that “*los carteles no se tientan el corazón*” (the cartels do not feel with their heart), as Ruben shared. They will kill the innocent, women, and children alike, authority figures, the wealthy, the poor, the enemy (other cartels), and even their own kind (those who try to get out).

Theme C, *Donde le lloro sin tumba* (Where do I cry without a tomb), discusses the specific experiences that the participants shared related to personal or family exposure to violence and loss. As mentioned in the previous section, some of the individuals’ relatives were kidnapped until the ransom was given. However, their relatives still endured acts of violence during their time in captivity. Adolfo added that, while the cartels do demand money, sometimes they do not even return the individual. The families might not ever receive notice as to whether their relative is still alive or not. Some families might receive a call from authorities that the body has been located and they need to go identify it. It has become less common that families will receive a call,

because victims are often beheaded or brutally beaten and killed and then left on the street. Often these bodies are so badly tortured that they are unidentifiable, not even by investigators or relatives.

Once a significant amount of time passes, individuals lose hope and begin to believe that they will never see the individual again. Marlina indicated that it is more difficult when a loved one is taken as hostage and no information is given on whether he is dead or alive. She specifically stated that her neighbor was taken and his mother cried, *“A donde le voy a llorar si no tengo ni una tumba. Por lo menos se muere alguien y tienes la tumba. Pero el... no saben ni donde esta, muerto o vivo.”* (Where am I supposed to cry to him if he does not even have a tomb. At least if someone dies, you have a tomb for them. But him, they do not even know where he is, dead or alive.)

Juan Carlos shared that his brother has been missing since March 2012. He added that a group of men showed up to his home and took him away in front of his daughter and wife. The family has not heard from him since, and, to this day, they are unsure if he is dead or alive. The family received calls from the individuals, demanding that they leave their town in 24 hours or they would all be killed. Immediately, the family had to gather all of their belongings and leave their home and their life behind. Juan Carlos believes that they kidnapped his brother because he refused to sell his cows at the price they requested. Due to this incident, even Juan Carlos fears that the cartels will find him in the U.S. and kill him and the family he has here.

Edgar reported several instances in which his family has been affected by the violence. He shared that his uncle was kidnapped and tortured, and he was not returned

until the family paid \$1,000,000 pesos. Soon after, the four sons were violently killed over the span of two years, and in three separate incidents. Edgar shared:

Mis primos murieron otro día. Recibieron balazos en la troca de muchos calibres el 57, del 9 mm y hasta un canon calibre 50, como la de las balas más potentes que puede haber (sigh). Y allí los mataron. Les tiraron de allí abajo, seran unos, como 200 impactos en la troca y como 20 impactos en el cuerpo de ellos. y todavía a uno de ellos le pusieron el cañón aquí (points to head) y le explotó Toda su cabeza. (My cousins died another day. They received bullets in their truck of a 57-caliber, a 9 mm, and even a 50-caliber canon, like one of the most potent guns that there are (sigh). And there they killed them. They show from down there, maybe, about 200 impacts in the truck, and like 20 impacts on their body. And one of the guys still put the canon right here (points to head) and all of his head exploded.)

Bertha indicated that her 19-year-old nephew was kidnapped and tortured in late 2012. She believes that they took him because he was selling bananas on the streets and they demanded that he give them his money or that they would kidnap him. Since he had no money from his sales, they took him. She added that her family believed he was already dead, because they never received any information until her uncle saw him on the street one day. Bertha noted that he was beaten up and burned so badly that the uncle was not able to recognize him. Luckily, her nephew was left alive, but he was in critical condition. At the time of the interview, Bertha indicated that she was unsure if he would survive because he had already undergone several operations, and he was still suffering

significant complications. She added that she has tried to raise money for him and has sent it to Mexico, but the family still does not have the means to pay for the surgeries that he requires.

In addition to having her nephew brutally beaten, Bertha reported that a distant relative was killed in a shooting simply because he tried to defend himself by shooting back at the cartels. She noted:

Se balacearon entre ellos porque ellos no se dejaron. Se balacearon pero pues ellos tienen mucho poder y lo mataron. Y lo hicieron pedacitos. Lo dejaron ahí y no dejaron que fuera la gente a verlo. Nadie. Los perros se lo estaban comiendo, ahí donde estaba el tirado. Y no dejaban... su esposa quería recogerlo y no la dejaron. Nunca dejaron. Se lo comieron los perros los pájaros. (They began shooting at each other because they started defending themselves. They all started shooting but [the cartels] have a lot of power so they killed [my distant relative]. And they made him into pieces. They left him there and they did not let anyone go see him. Nobody. The dogs were there eating him, right there where he was laying. And they did not let... his wife wanted to go get his remains, and they did not let her. They never let her. The dogs and the birds ate him all.)

In addition to the vivid examples highlighted above, several participants reported knowing of non-related loved ones (neighbors, friends, acquaintances) who have been affected by the violence. Similar to the above examples, these individuals have received news that their relatives were killed, and they also struggle with having to pay ransom.

A challenge that many participants reported is not knowing whether their relatives were involved with the cartels, because they are unsure if they were innocent. Sometimes potential involvement is more suspected because the cartels might not even contact the family to request a ransom. Dora shared her experience about her cousin being tortured and killed. Like others, she stated that, even though there was evidence that her cousin might have been involved, it was not discussed among the family due to possible humiliation and shame, which is very important culturally. The suspicion of involvement grew once he was found dead. She reported:

No lo encontraban. Hasta que un día mi tía lo fue a encontrar en Querétaro... Este, le dijeron que fuera a identificar el cuerpo. Lo encontraron con tres balazos en el pecho y le cortaron tres dedos. Nunca le hablaron a mi tía, nunca fue un secuestro porque no nos hablaron, o no nos pidieron dinero. Pero pues todos imaginamos que... ya que el tipo de muerte, el comprar cosas que no sabíamos por donde salía. Todo nos llevaba a ese punto. (They could not find him. Until one day, my aunt went to look for him in Queretaro... And, they told her to go identify the body. They found him with three bullets in his chest and they had cut three fingers. They never called my aunt. It was never a hostage because they did not call us, and they did not ask for money. But everybody thinks that... the type of death, buying things that nobody knew where it came from. Everything led us to that point.)

Despite potential involvement, the participants reported feeling distraught at the way in which their relatives' lives ended. In fact, they might feel guilt at not being able

to help deter their relatives from that lifestyle. Dora added that she understands how the lack of opportunities and resources, tied with the pressures and fast money of cartel involvement, is often too much for children and adolescents living in Mexico to turn down. Edgar expressed sadness and frustration because his family is unsure if they were involved or simply targeted. Regardless of the degree of involvement, he admitted that he and his family members were devastated.

Theme D, *Esta muy difícil para sobrevivir* (It is very difficult to survive), highlights one's desire to protect the family in Mexico, the lack of safety, and the impact on those who have been directly targeted. People who live in Mexico are afraid to be victimized, such that individuals deny wanting to raise their children there. Some individuals have moved away from their hometown, in hopes that they will be away from the dangers. The wealthy individuals who have the resources to move away to another country do so, so that their children can grow up in a safe, non-threatening environment. Participants noted that some of their family members in Mexico have a bodyguard that accompanies them everywhere, because they are fearful of being targeted. Those who are unable to afford a bodyguard are constantly watchful and cognizant that something might occur at any moment. Analay reported that this is especially true for women, as they are more consistently targets for sexual abuse.

The individuals stated that their families who are currently in Mexico would move to the U.S. if they had legal documentation. Several participants expressed an interest in wanting to process their own documentation so that they can help their relatives. Even though Karina crossed the border illegally, she refused to allow her own family to undergo the same horrible experience she endured. She fears it would only be worse for

them, given the increased violence and harsher immigration laws. Four participants did indicate that their older relatives who have been in Mexico all their lives refuse to leave Mexico, no matter how much the violence increases. They believe that it is better to be loyal to their country and die with pride than to move to the U.S., a place they do not know, simply because of fear.

Likewise, people who live in the U.S. are afraid to visit their relatives. Seven participants expressed a desire to take their children to Mexico so that they can visit with relatives, learn the culture, and become familiar with their native land. However, they all noted that Mexico is unsafe, and traveling out there would put them at risk of harm. All participants admitted that, even though they miss their family and they have hopes to return to Mexico one day, they refuse to do so because the experiences people are encountering are unsafe, horrible, depressing, and traumatizing. Viridiana indicated, “*La verdad uno tiene sueños de regresar uno no quiere estar toda la vida en este país o sea, extraña uno su patria, sus cosas...*” (In reality, one has dreams of returning, one does not want to be living in this country their whole life. In other words, one misses one’s country, one’s things...). Like her, several others admitted that they never thought they would have to stay in the U.S.; four participants specifically stated that they had hopes to return once they were financially stable, but now they do not see that as being a realistic goal.

Ten of the 16 participants explicitly stated that people cannot live like they used to—in a Mexico with freedom, security, and peace. Along with that, people do not feel safe to wear jewelry or brand-name clothes; one cannot have nice cars, or anything that

indicates that one has money, because the cartels are looking for people with money.

Fabian admitted:

No está uno agusto y no puede uno disfrutar, Ponerse una buena ropa o buenos zapatos y caminar a la calle o tener tus, tus Argollas, las mujeres, las cadenas. No se puede porque luego luego te asaltan, te ven algo y ya llegan como 20 personas y te roban todo. (One is not comfortable and one cannot enjoy, put on some nice clothes or some good shoes and walk the streets, and have your jewelry, the women, their necklaces. You can't because they will assault you right away, they see something on you, and like 20 people will show up right away and take everything.)

Analy lived in Mexico at the time of the interview. She was in Chicago completing some forms to process her documentation. Regarding what it is like to live in Mexico, she stated:

La situación en México esta lamentable. Digo, uno tiene sus raíces en México, yo amo a México este soy muy feliz en México pero toda esta situación pues te cambia la vida completamente. ósea no puedes disfrutar tu vida. Horita en mi ciudad no puedes comprarte un coche nuevo porque te lo roban este no puedes salir a pasear con tu familia. Solo trabajo casa o estar inmersa en que secuestraron a un familiar de alguien o que mataron a alguien. (The situation in Mexico is unfortunate. I mean, one has their roots in Mexico, I love Mexico, I am very happy in Mexico but this whole situation changes your life completely. In other words, you cannot enjoy your life. Right now in my city, you cannot buy a new car

because they will steal, umm, you cannot go out and enjoy with your family. Only work, home, or be immersed in that they kidnapped a relative or that they killed someone.

As a result of the high rates and frequency of violence, Mexican citizens reportedly feel unsafe and concerned for their safety and well-being, because there are so many deaths. A shared frustration by the participants is that people are no longer able to live a normal life because they must always be vigilant of their surroundings and fearful that they might be targeted by the cartels or the other crime organizations. Analy disclosed that she was at a club in Mexico with several of her friends when a group of cartel members entered the club and shot a gun in the air. She added that one of the men wanted to take one of her friends, but they all ran to the bathroom and locked the door. They all had to sneak out through the bathroom window, and, luckily, everyone made it out safely. She stated, “*Lo que me paso fue... traumante. Fue realmente... No sabes tu en ese momento que te va a pasar (voice heightens). Es una situación horrible... Y que me ha afectado pues, bastante.*” (What happened to me was... traumatizing. It was really... You do not know in that moment what will happen (voice heightens). It is a horrible situation... And that it has affected me well, a lot.)

Like many others, Analy was personally targeted in a public place in which most would believe that one would be safe. Fortunately, she and her friends were able to escape without harm, but she now lives in constant fear that she will be victimized yet again, especially since she lives in Mexico. Juan Carlos stated, “*Vivir así no es vivir. Que persona vive así, haz de cuenta que esta presa.*” (To live like this is not living. What person lives like this, it is almost as if one is incarcerated.) It is noteworthy that

participants described feeling like being incarcerated in Mexico, and they described being in the U.S. seeking a better life as a birdcage.

Since so many citizens of Mexico are unable to leave, they are making an effort to acclimate themselves to the violence. The participants admitted that anyone can be killed at any moment, but that the people cannot stay locked in their homes forever. Ruben stated, "*Ellos saben que tienen que trabajar... con el nombre de dios, y, vámonos.*" (They know that they have to go to work... in the name of God, and, let's go.) In other words, he admitted that his family is fearful but that they also have to live their lives and just pray to God that everything will be okay. Unfortunately, as much as people try to protect themselves from the violence, many individuals have fallen victim to the violence from the drug war. The stories below are not the direct experiences of those who were targeted but, rather, the reported experiences of the family members who were interviewed and their perceived notion of how their victimized relatives feel.

As previously mentioned, the victims experience severe physical injuries, some of which are left in critical condition and with longstanding medical concerns. Those who are burned, had their fingers cut off, and tortured in several other ways experience not only the physical pain but also psychological pain. They are not given food or water, even if they are held captive for weeks. Ruben stated, "*Los amedrentan feo. Los dejan traumatados. De hecho que no pueden dormir, ni siquiera por mucho tiempo. Brincan, se levantan asustados...*" (They terrorize them bad. They leave them traumatized. In fact, they cannot sleep, not for a long time. They jump; they get out scared...) Bertha reported that her nephew is experiencing similar symptoms. She noted:

Ahorita mi sobrino dice que cuando pasa un carro por la casa, el corre y se esconde. Y luego dice, ‘Cierren la puerta porque estos me vienen a buscar.’ Ayer un helicóptero andaba, y el piensa que ya son balazos los que le están dando. Dice que ya viene el carro, piensa que lo van a matar. (Right now my nephew says that when a car passes by the house, he runs and hides. And then he says, ‘Close the door because they are coming to look for me.’ Yesterday there was a helicopter, and he thought that they were gunshots toward him. And he says that the car is coming, he thinks they are going to kill him.)

From the example above, it can be seen that the victimized relatives do not specifically talk about what happened; they simply talk about it in terms of fearing that the cartels are looking for them. All the participants reported that it might be difficult for them to talk about, as it is something that they do not want to relive. Specifically, Analy reported, *“No se si quiere revivir el momento. Para el fue algo tan traumático que no quiere hablar sobre eso. Entonces para el, si pudiera tener dificultades de hablarlo porque significa recordar, entonces es mas difícil.”* (I do not know if [my cousin] wants to relive the moment. This was something so traumatizing for him that he does not want to talk about it. So for him, he might have difficulty talking about it because it would indicate having to remember, so it would be difficult.)

Bertha noted that her nephew does not remember what occurred; he just remembers that he was thrown into a car where they tied him up and told him not to speak. They took him to a place and they beat him and left him there. He reportedly does not remember specific details. Given this example, it would be interesting to know

more about the victim's recollection of the story to determine whether they were drugged and/or beaten until they passed out, and therefore they do not remember, or if this has become a repressed memory due to its harsh and painful reality.

Patricia also shared that her cousin's friend has been very different since he was returned home. He was held captive for three months, and the cartels requested a lot of money because he comes from an affluent family. She stated that ever since his return he does not like to do anything, and he fears that something will happen to him again. He has hired two bodyguards to accompany him wherever he goes. Even though Patricia was able to recognize that there is a significant change in her cousin's friend, she stated that he did not really endure much harm and that they were likely only "*daños psicológicos*" (psychological harm), which she tended to minimize.

It appears that those who are returned to their families were greatly impacted. They are watchful and fearful that the cartels will find them again, and they no longer participate in activities in fear that they will be targeted once again. More direct information from the victims is warranted to better understand the extent of their trauma and its impact on their life. In this section, it is also important to discuss the impact present in the family who lives in Mexico, as they are at risk and have been able to have firsthand experience with the victims.

Saul reported that his distant uncle was kidnapped and tortured because he did not want to sign a contract to give over their land to the cartels. When they took him, they coerced his wife and threatened her that they would cut a finger every time she refused to sign the contract. She ended up never signing the papers because she and her husband had agreed that it was their land, their pride, and their possession that they would

someday give to their children. Three months later, they returned her husband, beaten and tortured, but they were able to keep their land. In response to how this must have felt for the wife, Saul noted:

No... No, pienso imaginarme el dolor que haya sentido cada vez que le están cortando los dedos al marido torturándolo. Y a la vez la admiro porque tuvo suficiente valor de no firmar las escrituras, me entiendo porque eso era el futuro de sus hijos. Es un valor que admiro porque hubiera sido otra cobarde y ya hubiera firmado. Y esta no. (No... No, I cannot even imagine the pain that she must have felt every time they were cutting her husband's fingers off, torturing him. And at the same time, I admire her because she had enough courage to not sign the papers, you know, because that was the future of their children. It is a courage that I admire because had she been another coward, she would have signed. And she did not.)

Dora admitted not knowing how her aunt feels, having lost her son. She added that it must be even more difficult not knowing whether or not they were involved with the cartels. Along with the pain of losing her son, this participant added that she must feel embarrassed and, therefore, does not discuss the details with anyone, not even her family, due to fear of being criticized. Edgar noted that his aunt, who lost her five sons and her husband due to the violence, must be feeling devastated and experiencing significant symptoms of depression.

Bertha reported that her sister is also terrorized by what happened to her son. She stated:

Mi hermana a veces no duerme pensando en Que... Inclusive ella pensaba trasladarlo a otro lugar porque dice que tiene miedo que se den cuenta que él vive, y que vayan a llegar a destrozarla a ella en su casa también. Entonces tratamos de juntar dinero para traerlos. (Sometimes my sister does not sleep thinking that... in fact she was thinking of transferring to another place because she is afraid that they will know that he survived, and they might show up and destroy the house too. So we are trying to collect money to bring them over here.)

Ruben indicated that his aunt must have been distraught when they took her husband and two sons, especially because they returned two but they kept the other son for ten days longer. He noted, “*No me quiero imaginar como se sentía la familia porque la mama estaba destrozada, desesperada. Porque como cualquier madre de saber que su hijo esta en peligro y luego no tener comunicación.*” (I do not want to imagine how the family felt because the mother was destroyed, hopeless. Just like with any mother, to find out that her son is in danger and then not be able to have any communication with him.)

Juan Carlos stated that since his brother was kidnapped, his family living in Mexico is fearful for their lives. He indicated:

[Mi familia] viven a la orilla de un pueblo y no salen mas que a comprar mandado y sale un persona y se encierran otra vez. Están ocultos, por eso es que yo le decía que no le puedo revelar en donde están porque corren peligro. No es que no confíe en usted, porque no la conozco, pero es la seguridad mía. ([My family] lives at the edge of a town and they do not

go out except to buy groceries, and only one person goes and they lock up once again. They are hiding, that is why I told you that I cannot reveal where they are because they are at risk of danger. Not because I do not trust you, because I do not know you, but for my own sense of security.)

His concern for his family's safety was so prevalent that he was reluctant to share their location with this researcher.

Theme E, *No encuentro las palabras para describirlo* (I cannot find the words to describe it), talks about the impact of the drug war on the participants. Unlike the previous section that focused on the way in which those who were victimized have been impacted, this section focuses on the effects on the participants due to their own impact or due to their relatives being targeted. Several participants were able to verbalize the impact and admitted that their lives have changed since their loved ones were targeted. They described the incidents as painful, traumatizing, difficult, and overwhelming, noting that it has greatly affected them. Juan Carlos reported an inability to sleep due to being watchful and fearful that something might happen to him and his family. This fear seemed to develop out of concern that someone involved in the cartels would track them down in the U.S. He noted:

Duermo, yo sé que duermo pero cualquier ruido yo brinco. Estoy en la ventana oyendo. Callados. A los niños no los dejo que hagan ruido por lo mismo, porque yo quiero escuchar todo. (I sleep, and I know I sleep but I jump when I hear any sound. I am by the window listening. We are silent. I do not let the children make any noise for that reason, because I want to hear everything.)

Along with wanting to hear everything, Juan Carlos stated being watchful when he goes somewhere, to make sure that no car is following him, and he makes sure that there are no unrecognizable cars parked on his street. If any car is parked in front of his house, he goes to ask them what they are doing there. In addition, he does not take any pictures, and he does not allow his wife to have any pictures of him, his children, or anyone in his family, just to be certain that there is no evidence of who they are.

Several participants stated that, since their experiences, they have been unable to engage in pleasurable activities, and that their lives have also changed even though they were not directly impacted. People are more aware of their surroundings, and they are reluctant to go places or talk to people. Juan Carlos noted:

Se me acabo la alegría. Casi 90% la eh tenido que cambiar. Yo mismo he echo de ver...porque no me salen ganas de tomar, no me salen ganas de platicar con la gente, de convivir con la gente. Yo era una de las personas que yo le sacaba una sonrisa a usted aunque usted fuera muy amargada. Y ahora la gente que me conoce o me conoció de tiempo me ven y dicen, 'Ay porque eres tan serio? Que onda? Que te pasa?' (My joy has ended. [My life] has changed almost 90%. I have personally made sure of that... because I do not feel like drinking, I do not feel like going to have a conversation with people, or to engage with people. I used to be one of those people who would get a smile out of anyone even if you were very moody. And now the people who know me and have known me from before see me, and they say, 'Hey why are you so serious? What is up? What is wrong with you?')

Despite the evident psychological impact, the participants appeared to be detached from their emotional experiences and, instead, some reported experiencing psychosomatic symptoms, such as *nervios* and back pain. It is possible that the participants' psychological issues are manifested psychosomatically, at which point it would have been beneficial for this researcher to explore any presence of psychosomatic symptoms in other participants. Karina reported feeling *nervios* due to having to be constantly worried and fearful that something might happen to her son. "*Ay pues bien nerviosa, le digo que estoy con los nervios. Y pues si se pudiera, no lo traíamos. Ya se hubiera venido. Porque violencia aqui hay también verdad, pero éste (silent)... alla esta peor.*" (Oh well very nervous, I am telling you that I have *nervious*. And well, if we could, we would bring him. He would have come already. Because there is violence out here too right, but umm... [silent]... over there it is worse.) *Nervios* is a culture bound syndrome that is presumably experienced physically and emotionally and is akin to anxiety symptoms.

When asking about personal impact, participants had a difficult time verbalizing and expressing their emotions. In fact, Juan Carlos stated, "*Usted se imagina.... lo duro que es. Es algo muy, no se....no le encuentro palabras para describirlo. Porque es algo muy duro.*" (Can you imagine... how difficult it is. It is something very, I do not know... I cannot find the words to describe it. But it is something very difficult.) Seemingly so, participants might have minimized impact or they are unsure how to express themselves, especially because most have never talked about their experiences with anyone.

For others, they associate personal impact to whatever it is that their family is experiencing. In other words, individuals are personally affected and victimized because their relatives are being victimized. When asked how the drug war has personally impacted them, most participants indicated that they are fearful that their relatives will be kidnapped or targeted by the cartels. This fear either persists because family members have already been affected or because the violence in their communities is so severe.

Edgar reported:

A mi personalmente me afecta porque... Pues por eso qué, que mataron a mis amigos. Y que esta alla en mi ciudad, tengo miedo que porque tengo hermanos más chicos. Pueden decir, 'Allá están sus hermanos y pueden pagar por ellos y sus padres.' Ese es el miedo que me da a mi. Estoy viendo que no les vaya a pasar algo a ellos. (I am personally affected because... Well for that reason that, that they killed my friends. And that they are in my city, I am scared because I have younger brothers. They can say, 'Their brothers are over there and they can pay for them and their parents.' That is the fear I have. I want to make sure that nothing will happen to them.)

Ruben had a similar response noting, "*Bueno a mi me afecta (raises voice) porque yo tengo hijos... hijas... Mayores, ya casadas, tengo dos profesionistas... que pueden caer en riesgo, que están en riesgo, de... todas las personas están en un riesgo de, de ser victimas.*" (Well this affects me [raises voice] because I have sons... daughters... older, married, I have two professionals... who can fall at risk, who are at risk, of... everyone out there is at risk of, of being victims.)

Saul noted that he is impacted because he has to think of whether or not his family will be okay. He shared:

Todos los días. Todos los días. Es como le digo ahorita como están las cosas uno nunca sabe. Pero ojalá y no verdad... Sería cuestión de... Hay no quiero ni pensarlo. Entiende, porque imagínese, me llega la noticia de que a mi padre o... es que tengo dos hermanos allá, le sucedió algo yo creo que el mismo instante... Me entiende... Es lo que, pero pienso ojalá y Dios no lo quiera que vaya suceder algo, me entiende. Estoy con el Jesús en la boca esperando de que algo suceda. Pero ojalá y Dios me de licencia de eso. (Everyday. Everyday. It is like I tell you, how things are now, one never knows. Hopefully not though, right... It would be a matter of... Oh I do not even want to think about it. You understand, because imagine, if I receive the news that my father or... I have two brothers out there, if something happened I think in that same instant... You know. It is what, but I think, hopefully God does not allow something to happen, you know. I am in constant prayer waiting to see if something happens. But hopefully God grants me the license for that.)

The individuals in the study also discussed an inability to trust in others, in authority, and in the world around them. Participants reported that they are no longer able to trust in government officials, because they do not keep their word about how to improve the conditions in Mexico. Instead, many are allied with the cartels and they make decisions that will increase their profits and ensure their security.

These individuals also reported feeling a lack of trust in others, given that people whom they trusted at one point either victimized their loved ones or had insider knowledge of a hostage. In other words, several participants added that, at times, people in one's own community are aware that the cartel leaders are going to kidnap someone, but they are reluctant to tell the family. It is possible, and highly likely, that these families are threatened to keep quiet by the cartels, otherwise they risk being killed. Regardless, the participants expressed an interest in wanting to have known this information and finding a way to handle the issue, as opposed to those individuals keeping quiet and allowing the kidnappings or murders to occur.

Regarding the experiences that they shared with this researcher, Juan Carlos and Bertha admitted to feeling impacted by the experiences that their relatives have had. However, both stated that they do not talk about it with anyone due to a lack of trust. Bertha specifically stated, "*Por miedo... que alguien vaya a descubrir que yo estoy hablando y diciendo esto.*" (Because of fear... that someone will discover that I am talking and saying this.) She also felt that the cartels would somehow find out that she was sharing it with someone and that she would put her family at risk. Juan Carlos disclosed:

Me es difícil soltarlo, y a la vez por mi propia seguridad. Siento que si le digo a la gente lo que nos está pasando que alguna de tantas personas me va traicionar. Por eso prefiero mantenerlo conmigo y no darle información a ninguna persona.

(It is difficult to let it out, and at the same time, it is for my own safety. I feel that if I tell people what is happening, someone out of all those people is going to

betray me. That is why I prefer to keep it within me and not give information to anyone.)

It appears that he believes that, by speaking about it, the information will get to someone who will be associated with the cartels and they will be able to track him down.

While many were able to verbalize their perceived impact, others denied feeling affected and, instead, appeared to be disconnected from their feelings. Fabian denied feeling an impact, even though an emotional and affective impact was evident as he shared his stories. Marcos reported that the violence does not make him fearful because, as mentioned in an earlier section, he grew up in Mexico City, where the crime rate is high, so he adapted to the violence at an early age. He admitted that it is possible that the violence might be a lot worse now than before, but that his necessity to go to Mexico outweighs his concern.

Three other male participants stated that they are not afraid to travel to Mexico, and they denied feeling personally impacted. Gilberto reported, "*Personalmente no he sido afectado pero yo creo que la piensa dos veces antes de ir a México porque, por lo mismo por tanta violencia, y en esa forma si me afecta.*" (Personally I have not been affected but I think twice before going to Mexico, because for that reason, too much violence, so in that form, it does affect me.) Adolfo noted, "*No estoy metido en nada así para decir que pueda pasar algo. Nada mas escucha uno y mira las cosas que pasan.*" (I am not involved in anything to say that something might happen. One only hears and sees the things that are happening.) Even though these participants denied feeling impacted, they all presented with a negative affective experience throughout the interview. Ruben even admitted that he is not afraid to travel to Mexico, but he does take

precautions, such as driving next to other families, going through the streets that are less busy, and therefore less targetable, and being more careful overall.

Theme F, *Fatalismo, familismo, and machismo/ marianismo* (fatalism, family-centered, and *machismo/ marianismo*), discusses the mitigating protective cultural factors endorsed by the participants. Most of the participants presented with a fatalistic attitude regarding the drug war in Mexico, especially because they feel a lack of control.

Fatalismo is a cultural value by which Mexicans live, and which also serves as a coping mechanism. Having a fatalistic attitude seems to be associated with lower impact. In other words, those who were able to regard their negative experiences as fate and something that can be overcome through a faith in God were better able to cope with their situation. Oftentimes, individuals felt as though the only solution was to believe that God will protect their family and make the situation better. In fact, 15 out of the 16 individuals interviewed mentioned God, both to thank him when they felt blessed and to show that prayer has been a source of strength through this difficult time. Viridiana's statements are a good representation of everyone's perspective regarding *fatalism* and their faith in God. She reported:

Llevar la vida poquito más, como más tranquilos porque también si estamos con ese temor que nos va pasar algo pues mas nos hace daño a nosotros. Mas todos los dañamos entonces vamos a vivir la vida tranquila, confiar en Dios y esperar que no nos pase nada. (Take life a little more, like more calmly because if we are constantly with fear that something is going to happen, then it will harm us more. Then we will all harm ourselves, so let's live life in peace, have trust in God and hope that

nothing happens to us.)

Familismo was another strong value that was present in all of the interviews. As previously mentioned, family was an important aspect in everyone's stories. Individuals felt personally targeted because their relatives were targeted. Sacrifice and a loyalty to one's family were viewed as important, even with being in a different country from their relatives. Most participants talked about ways in which they still show commitment to their family, such as daily communication through phone, email, or letters, sending money, and, although rare, family visits.

Consistent with *familismo*, several participants reported making decisions that took their families into consideration. For example, those participants who expressed a desire to travel to Mexico to physically protect their family also recognized the danger this might present, not only for the family in Mexico but also for those in the U.S. Keeping the best interests of their family when making decisions about how to respond to the violence of the cartel was common, and it served as a protective factor for many who considered physically revolting against the cartels.

Machismo and *marianismo* are cultural values that were evident in the participants, particularly the older individuals in the study. Mostly male participants reported feeling angry and impotent due to the violence from the drug war, especially because they are immobilized due to their documentation status. The frustration of not being able to take matters into their own hands was expressed by many, especially the male participants. They are not able to physically protect their relatives as they would like. Juan Carlos added that he feels impotent because he cannot physically defend his family. He noted, "*Yo me siento impotente de estar aquí, que no puedo ir porque yo*

tengo mi esposa, mis hijos que si yo voy a hacer justicia con mis propias manos y me pasa algo ellos se quedan sin protección.” (I feel impotent being here. I cannot go over there because I have my wife, my children, and if I go make justice with my own hands and something happens, they will be left without protection.)

However, overall, the men and women expressed a great desire to protect their family, and they discussed the importance of working hard and being strong for one's family, even in these harsh conditions. The impotence seemed to be even more difficult for several participants, because they are reportedly the sole providers for their families in Mexico. They send money, provide advice and moral support, and the violence from the drug war consequently leaves them feeling unable to provide the support and protection that their families need. This desire to protect and care for one's family is indicative of *machismo* and *marianismo* alike. Many individuals noted that they would not feel at peace and secure until the violence from the drug war ended, so then they would know that their family's lives are no longer at risk.

In addition, due to *machismo*, the male participants had a difficult time with verbal and emotional expression, specifically when it related to personal impact. About half of the male participants admitted that they were impacted, but that they do not share their experiences with anyone. Juan Carlos noted, “*Yo estoy doblado por dentro. Pero afuera, yo no, a nadie le demuestro lo que yo estoy sufriendo.*” (I am bent on the inside. But on the outside, I do not show anyone how much I am suffering.) Surprisingly, even though this participant's demeanor was characteristic of strong *machista* tendencies, he wept when disclosing his experiences. Even though he was reluctant to speak to this researcher, he became comfortable within minutes after the interview started, and he

ended up sharing his experiences for one hour and a half, making his interview the longest. This finding states a lot about his need to express himself, despite his emphasis on keeping his problems to himself.

Another value that was present in some of the participants was humility. Many felt fortunate that more family members had not been targeted, and they found their negative experiences as humbling. Saul reported, “*Tengo mis dos manos mis dos ojos, mis dos pies que más necesito. Tengo una familia que quiero mucho. Tengo un trabajo, qué más le puedo pedir a nadie. Nada.*” (I have my two hands, my two eyes, my two legs, what else do I need. I have a family that I love. I have a job, what else can I ask for. Nothing.) It is possible that this man felt fortunate to be blessed with these things because his distant uncle was tortured and his fingers were cut off. He might also feel blessed compared to the people of Mexico who have no job, family, and who are violently beaten and tortured. Thus, after hearing about the experiences of those in Mexico, participants were able to appreciate their life and blessings more.

A pattern that was found among most of the participants is the use of *dichos*, or sayings, which are common ways for Mexicans to relate to and communicate with one another. *Dichos* are also used to cope and provide strength, but they also serve to explain situations in ways that others can understand bigger meanings. For example, several participants used metaphors to describe how they feel regarding the drug war, such as the way in which the government wants to *tapar el ojo al macho*. The translation of this is that some government officials want to blind the public from what they are doing because it is corrupt.

Another good example of a *dicho* is *ando con el Dios en la boca*, meaning that one is constantly praying to God and hoping that everything will be okay. Several participants relayed this statement, which shows that a belief in the power of prayer serves as a source of comfort. Several participants discussed feeling as though most people who are targeted are simply *en el lugar equivocado a la hora equivocada*, indicating that one is at the wrong place at the wrong time. Those who stated this felt like anyone can be victimized, which actually seemed to create more fear and concern for families who remain in Mexico.

***La gente se esta cansando*—Solutions to end the drug war.** Category six, *La gente se esta cansando* (People are getting tired), has four themes: (a) *Que vea el gobierno como esta afectada la gente* (The government should see how the people are being affected); (b) *Mejores condiciones de vida* (Better living conditions); (c) *La responsabilidad de cada uno* (The responsibility of each individual); and (d) *Falta de esperanza, pedirle a Dios, o matar a todos* (Hopelessness, a faith in God, and homicidal feelings).

Category six, *La gente se esta cansando* (People are getting tired), outlines participants' perceptions of solutions to end the drug war. Participant responses ranged from feasible and realistic to hopeless and illogical. Nonetheless, hearing the participants express their feelings about what can be done, not only as individuals but also as a whole society, indicated that there is hope to end organized crime in Mexico.

Theme A, *Que vea el gobierno como esta afectada la gente* (The government should see how the people are being affected), highlights the importance of the government to recognize the impact, which was a response shared by many. Several

participants expressed the importance of authority figures to recognize the damage that is being caused by the organized crime. They noted that it is crucial for the government to see how Mexico and its people are being affected physically, economically, socially, and culturally. Juan Carlos affirmed, “*Yo se que si el gobierno quiere hacer algo lo puede hacer. Se pone duro y duro y duro hasta que acabe esa plaga.*” (I know that if the government wants to do something, they can. They get tough and tough and tough until this plague ends.) Fabian agreed that it is in the power of the government to end the organized crime, but he also recognizes that all individuals of the government have to be working toward the same goal. He stated that it would not help if one president tries to control them, like President Calderón did, if the next president works backwards and counteracts all the progress that was made.

Edgar had a different idea about how the government can help reduce the violence. He thinks it would be better if the government let the cartels manufacture and sell their drugs legally. He stated, “*Asi estaba años atras con el PRI, los dejaban trabajar. Uno dice, ya es mejor que los dejen trabajar y no hay tanta violencia. Antes no había tanta violencia porque los dejan trabajar.*” (That is how it was years ago with the PRI, they let the cartels work. One says, yes it is better to just let them work so that there is not so much violence.) Interestingly enough, the violence did increase when President Calderón ordered the troops to try and stop the cartels, whereas, prior to that, it appears that the cartels worked more freely. They only competed and fought one another, as opposed to with innocent citizens and the government as well.

Edgar indicated that the government should do a better job at hiring people and detecting for potential corruptive intentions. In addition to that, Fabian believes that

better training and education for police officers and politicians would be beneficial, as well as to remove any politicians who are involved with the organized crime. Two participants reported that the government authorities in many states have made efforts to build a positive community through *Domingo Familiar*, a weekly gathering on Sundays with music, food, and dancing, as a way to reduce the crime. There are soldiers on every corner monitoring for violence, and, for the most part, these events are becoming more and more safe. However, this implementation appears to be successful in smaller, safer towns, whereas the more dangerous parts of Mexico are run by the cartels and are, therefore, not as safe to have this tradition.

As mentioned before, several participants discussed that the U.S. government also has a responsibility to end the organized crime in Mexico. Juan Carlos specifically stated:

Que sepan el impacto que esta causando todas estas cosas. Pero pues esperemos que hagan algo bueno. Que no nada mas sepan del problema y se hagan para otro lado, 'Ahh a mi no me importas.' No es bueno. Pero pues haya ellos. Yo tratare de mi vida como pueda, al día. ([The U.S.]

should know the impact that all of this is causing. But we will have to wait to see if they do something good. Hopefully they do not just know about the problem and turn to the side. 'Ahh I do not care about you.'

That is not good. But well, it is up to them. I will take my life as I can, by the day.)

Theme B, *Mejores condiciones de vida* (Better living conditions), highlights the hopes that the participants have for a better Mexico. Several indicated that the drug war

will not end until there are better opportunities for employment and overall better life conditions. Marlana and Bertha believe that if there are more resources, such as clinics, hospitals, and psychological services, that it would help people a lot. They noted that this would be especially useful for those living in small towns, since they have no resources of this kind.

Ruben stated that the crime rates would decrease if there were harsher punishments for offenders. He stated that serious offenders are incarcerated and they are given a lengthy, and even maximum, sentence. However, with time, government officials assume that people will forget, so they allow the individuals to pay money to be released. Consequently, those involved with the cartels and who have a lot of money and power are able to buy their way out so that they can continue to engage in criminal activity. Ruben believed that if people were actually held accountable for their crimes, then they would be more reluctant to break the law.

Theme C, *La responsabilidad de cada uno* (The responsibility of each person), discusses the importance of individual responsibility in order to stop the violence in Mexico. Juan Carlos stated that, if each person respected one another, and that if the government respected the people and the state of Mexico, then the situation would be different. He believes that with respect comes pride for one's country and its people, and this would therefore not allow the violence in Mexico to get to the point that it is. Moreover, Viridiana indicated that each person needs to do their part to better the conditions. She added that if anyone sees someone engaging in crime that they need to be reported to the police. However, this option becomes more difficult if people do not feel safe going to the police, as was previously mentioned. Ruben noted:

La responsabilidad de cada uno de decir, 'Esto es malo. Esto no se debe de hacer, y no lo voy hacer.' Ir por el camino del bien, porque eso es lo que se pretende hacer. Y yo pienso que así mejoraríamos el sistema de vida. (The responsibility of each person to say, 'This is bad. This is not something that one should do, and I am not going to do it.' Go on the path of good, because that is what one should aspire to do. And I think that is how we would be able to better the system of living.)

Karina reported that many individuals in Mexico have put rallies and marches together to speak against the cartels. This individual noted that the marches serve to increase awareness and empower the people of Mexico. Activists are a good way to show people that, as individuals, they can stand together and be heard. However, it would be interesting to know how safe these rallies and marches are, given that they are against the cartels, and essentially people are risking their lives to speak out.

Two participants believe that the drug war will not end until people take it among themselves to also stop consuming drugs. Adolfo noted, "*La manera mas obvia que esto termine pues será que no hubiera químicos o cosas para que no hicieran tanta pendejada pero eso nunca va acabar.*" (The most obvious way for this to end would be for there not to be any more chemicals or things so that people would not consume so much shit, but that will never end.) Yet it is noteworthy that even if people in Mexico stopped consuming drugs, 90% of the drugs made in Central and South America go to the U.S., so there would still be a demand for drugs, meaning that this is likely not a realistic solution.

Theme D, *Falta de Esperanza, pedirle a Dios, o matar a todos* (Hopelessness, a faith in God, and homicidal feelings), discusses the feelings and reactions that the participants had regarding potential endings to the drug war. Juan Carlos noted that citizens are becoming aggressive and angry because of the way they are being treated by the cartels and the government. He believes that people are beginning to revolt against politicians who are involved with the cartels. However, he also noted that, since President Calderón took the guns away from the citizens, they are no longer able to defend themselves.

Irasema and Ruben stated that the situation in Mexico is getting so bad that the citizens are losing their patience, and they feel like they have to confront the cartels and even the authority figures who are involved. That is because they feel hopeless that the government will ever do anything to remediate the situation. Those who felt hopeless and lost about a potential solution felt that maybe, within a few years, the violence will have decreased. However, they are unsure if that point will ever come. Irasema asserted, “*Nunca va terminar. Mientras exista corrupción, mientras existe gente que se venda, no va terminar.*” (It will never end. While there exists corruption, while there are people who sell it, it will never end.)

Analy has turned to God for strength and support with regard to the situation. She stated, “*Ojala algún día se pare todo esto en México. Y ojala que ese efecto se mueva para otro país. Pedirle a Dios por nuestro país.*” (Hopefully someday, all of this will end in Mexico. And hopefully this effect can move to another country. I pray to God for our country.) On the other hand, Juan Carlos expressed a negativistic response toward those involved with the organized crime, and he stated:

Matar a todos. Crudamente, agarrar de uno por uno y quemarlos para que no quede rastro porque la tierra se va infectar. Ya esta infectada. Empezando desde los altos rangos del gobierno hasta el mas chiquito. Desgraciadamente a lo mejor mis palabras le van a ofender, pero le voy a decir como es. Empezar desde el más grande hasta el más chiquito, si incluye gallinas, perros, niños—acabar con todo. No me importa, es de mi coraje. A lo mejor va decir que porque a los niños. Pero si se da cuenta, usted encarcela al papa pero el hijo va a crecer. Desgraciadamente los morritos a lo mejor no tienen la culpa... pero va a crecer y va seguir los pasos del papa. O se las va querer cobrar. El remedio es cortarlo desde abajo. El árbol hay que cortarlo desde la raíz. Quemar todo. Esa es mi opinión personal. Yo sé que a lo mejor hay alguna otra solución, pues que la hagan. (Kill everyone. Crudely, get one by one and burn them so that there are no remains because then the ground will be infected. It is already infected. Beginning with the highest ranks of the government up until the smallest. Unfortunately, my words might offend you, but I will tell it like it is. Begin with the biggest up until the smallest, if that includes chickens, dogs, children—finish with all of them. I do not care; it is my anger. Maybe you are saying why the children. But if you realize, if you arrest the father, the son will grow up. Unfortunately the little kids might not be at fault... but they will grow up and they will follow in their father's footsteps. Or he will want revenge. The remedy is to cut it from the bottom. You have to cut the tree from the

root. Burn everything. That is my personal opinion. I know that maybe there is another solution, well then they should do it.)

The anger and frustration in Juan Carlos is greatly felt with his words above. He is equally angry at the government and the cartels, because he feels that the government is allowing innocent people to get hurt and killed and to have to move away from their life, culture, and family to keep themselves safe. This section highlights the desperation and hopelessness that people feel. While they place great responsibility on the government to reduce the violence, individuals also discussed several options that they can do as individuals, which indicates that the society as a whole must make changes to fight against the cartels.

No estoy loca—Perceptions of mental health. Category seven, *No estoy loca* (I am not crazy), has five themes: (a) *Si existen las enfermedades mentales* (Mental illnesses do exist); (b) *A que vas a contarle a otro de tus problemas, estas loco!* (Why are you telling someone else your problems, you are crazy!); (c) *Falta de acceso a esa ayuda* (Lack of access to that help); (d) *Se fortalece uno de la manera que sea mas practica* (One finds strength in the manner in which they deem most practical); and (e) *Que te entiendan* (To be understood).

Category seven, *No estoy loca* (I am not crazy), discusses the perceptions of mental health, along with barriers to treatment. While this section does not directly relate to the topic at hand, this researcher was interested in learning about the perceptions, barriers to treatment, and help-seeking behaviors among the participants. Specifically, this information is relevant in that the literature states an underutilization of mental health services among Latinos, despite having psychological symptoms and traumatic histories,

such as those shared in this study. Individuals had opposing perspectives related to mental health, most of which were influenced by cultural values as well as past experiences. Some individuals reported having some exposure to therapy and mental illness, while others admitted to having negative beliefs and experiences. This section also discusses help-seeking behaviors and desired qualities in a mental health provider.

Theme A, *Si existen las enfermedades mentales* (Mental illnesses do exist), discusses how personal perceptions and experiences impact mental health. Twelve out of the 16 participants denied ever seeking mental health treatment. Karina reported participating in a Neurotics Anonymous (NA) group to help her deal with her *nervios*, and four other individuals reported participating in individual therapy at some point in their life. The only male (Marcos) who participated in therapy reported that it was not helpful, because the therapist just listened and did not provide any advice that his friends had not already provided. The two females who participated in therapy had a positive experience, one of which also tried psychotropic medication and found that it alleviated symptoms.

Marlena and Patricia admitted to never having sought mental health treatment, even though they have experienced significant symptoms of depression. However, Marlena reported a positive experience with psychotropic medication. Patricia reported that she never went because her symptoms would fluctuate, and she believed that she was better. She stated:

Mi mama decía 'Si te llevo' pero como me veía que me calmaba, y luego decía 'No es para tanto...' Y yo también... pero cuando estaba en ese estado, si decía 'Es para tanto.' Y cuando se me bajaba, decía 'Ay es

cosa de nada.' (My mom would say, 'I will take you,' but then she would see that I was calm, and she would say, 'It is not that serious...' And I too would say... but when I was in that state, I did say, 'It is serious.' And when I felt better, I would say, 'It is nothing.')

Regarding family experiences with mental health and mental illness, Fabian disclosed that his uncle who lived in Mexico committed suicide six months prior to the interview. He noted that there were no warning signs or indications about why he might have done it, but that he might have been overwhelmed with family issues. In addition, three individuals disclosed that they have had family members who have suffered from mental illness, specifically depression. Ruben stated that his son suffers from epilepsy and that he has been participating in therapy to learn how to control the symptoms, and also to process his feelings about it. In fact, this participant requested referrals from this researcher to obtain additional services for his son.

Ruben did admit that he has not always had a positive awareness about mental illness. He stated that his mother and sister suffered from depression when he was younger, and that he would disregard their experiences and assume that they were simply joking or over-exaggerating symptoms. Interestingly enough, Irasema reported a similar notion that, even though she believes that mental illnesses exist, and can be stabilized through therapy, there are people who use mental illnesses as an excuse. She specifically stated:

Yo digo que sí existe, pero a veces siento que mucha gente busca una excusa para decir, tengo esto... Para que no les exijas más. Osea una depresión que tu vez de una persona y dices, no eso es depresión,

manténla activa, mantenlo... Y dices, que si les sirve ir a un consejero. (I say that [mental illnesses] do exist, but sometimes I feel that a lot of people look for an excuse to say, I have this... so that other people do not expect more of them. In other words, if you see a person with depression and you say, that really is depression, maintain yourself active, maintain... and you say, they can benefit from a therapist.)

It is possible that individuals do feign symptoms; however, it is more likely that individuals do not believe when others endorse symptoms, because mental illnesses are an invisible illness that others cannot relate to or understand. As such, many might struggle to understand them, like Ruben, and some might even believe that people are just using symptoms as an excuse to minimize expectations from others. Several indicated that sometimes other people need to experience symptoms themselves in order to understand and believe what others experience, since they are invisible illnesses.

Certain individuals reported that sometimes people have no knowledge about what a mental illness is and are, therefore, unable to identify if they are suffering from psychiatric symptoms that warrant a psychological evaluation. Analy noted that sometimes people just think that symptoms are something that will go away on their own and do not go and get treated because they are uninformed. As a result, someone might experience depression for a long time and just ignore the symptoms, and just feel worse over time. For this reason, Ruben and two other participants admitted that it is important to educate oneself about mental illness as a way to understand oneself and others better and to be aware of the signs and symptoms.

Regarding positive beliefs about mental illness, Marcos stated that a mental illness is like any other illness that requires treatment. Fabian reported that a mental illness is “*algo muy feo que no debe de pasar, no debe de suceder pero que vamos hacer.*” (something very ugly that should not happen, it should not occur but what can we do) He added that those who have negative perceptions are people who have no knowledge or exposure to mental illness and who need help themselves. Irasema was able to describe a mental illness as something that, “*No tienes control sobre eso porque es un ollo que te está chupando y chupando cada vez más. No hay modo de encontrar la salida.*” (You do not have control over it because it is a hole that sucks you in more and more each time. There is no way to find the exit.)

Analy believes that a mental illness is caused by situations and events in one’s environment, and it is also dependent on the nurturance one receives from one’s family. Gilberto believes that a mental illness is a weakness inherent in the person, or that it is a hereditary illness that needs to be treated. Like him, several other participants seemed to recognize the importance of seeking mental health treatment to overcome the symptoms of a mental illness. However, fewer participants reported that it would be something they would consider for themselves, unless they were experiencing significant symptoms.

Along with seeking therapy to learn how to cope with a mental illness, Patricia stated that therapy would also help individuals deal with hormonal and developmental changes, abuse, financial, and housing issues. Saul added that therapy would help to resolve relationship and substance use issues. Others did not believe therapy would be something they sought simply to talk to someone. Seven participants did share that it would be beneficial to talk to someone simply to talk about one’s experiences and to

vent. Ruben stated, “*Lo que mas falta hace es sacar lo que trae uno dentro. Ya cuando lo saquen lo que hay adentro se alivia uno.*” (What one needs most is to release what one is holding inside. Once they take out what they have within them, one can be healed.)

Thirteen out of the 16 participants reported that they would be willing to seek therapy in the future. Two explicitly stated that they would only go if they really needed to and it benefitted their family. Specifically, Juan Carlos stated that he did not believe in therapy but that he would do it for his family. At the end of the interview, he requested mental health referrals and recommendations for psychology-related books, stating that the interview with this researcher increased his desire to learn more about therapy. A few participants agreed to take a list of mental health resources from this researcher, and they appeared motivated to seek treatment.

Others who expressed an interest in therapy seemed reluctant, but they might have felt inclined to agree because they had knowledge that this researcher is studying psychology. Three specific individuals stated that they appreciate its usefulness but that they are not experiencing any distress to require professional help. It is possible that due to *personalismo*, they wanted to appear as agreeable and cordial. They might have believed that refusing to participate in treatment might have been disrespectful or offensive toward this researcher.

Of the three who stated they were unwilling to participate in treatment, Marcos stated that he had a negative experience and that he did not see the usefulness, because he engages in self-reflection and self-analysis frequently and, therefore, seems capable to solve his own issues. Fabian reported that he knows what is “right and wrong,” and therefore does not see himself requiring therapy. Viridiana expressed a strong opposition

about mental health treatment, and she stated that she does not believe it is useful. She actually believed that a mental illness was a demon possessing a person. She noted, “*Pues la verdad para mí a veces pienso que son demonios que atacan a la gente porque, porque tienen alguna debilidad.*” (Well honestly, sometimes I think that they are demons who attack people because, because they have some type of weakness.) Marcos and Bertha did add that, while they are reluctant to seek therapy, they do not judge those who do, especially if it is something that the person believes in.

Theme B, *A que vas a contar le a otro de tus problemas, estas loco!* (Why are you telling someone else your problems, you are crazy!), discusses negative perceptions that the participants endorsed related to mental health. Several participants stated that the main reason why people do not seek mental health treatment is because of the idea that, if people go talk to someone, then they are crazy. As such, individuals admitted that they are also influenced by and hold this belief to be somewhat true. Gilberto noted this as a reason as to why he believes people do not seek treatment: “*A lo mejor el orgullo de la gente que dice ‘Si voy a buscar consejería van a decir que estoy loco.’ Pero no es necesariamente que estoy loco nomás necesito ayuda.*” (Maybe because of people’s pride who say that ‘if I go seek therapy, they are going to say I am crazy.’ But it is not necessarily that I am crazy, I just need help.) In other words, individuals believe that they will be criticized and judged if they seek therapy, not only by acquaintances but also by relatives.

Another concern was that family members would be unsupportive, and instead make comments such as:

‘Hay para que andas buscando si tu puedes hablarlo aqui? Tu puedes platicarle a las personas aqui. No necesitas a alguien que venga a mandarte en tu vida.’ Que es lo que muchas personas dicen. ‘Tu no tienes porque decirle a el, puedes platicarlo aquí en tu casa.’ (‘Why are you seeking [therapy] if you can talk here? You can talk to people here. You do not need anybody to run your life.’ That is what a lot of people say. ‘You have no reason to go talk over there, you can talk about it here at home.’)

Several participants were able to relate to this concern, which is influenced by the cultural belief that family privacy is crucial. Among Mexicans and Latinos in general, family issues are kept within the family. One is not to disclose family problems to others, because it is viewed as a form of betrayal in the family. This idea was evident throughout many of the interviews, in which participants stated that they do not talk about their negative experiences with anyone. Dora, Juan Carlos, and Bertha even stated that they do not discuss their relatives’ incident from the drug war with family. Dora specifically stated that nobody discusses it because of the humiliation and embarrassment that her cousin might have actually been involved with the cartels. As such, her aunt prefers not to discuss it with anyone so as to not taint the family name.

Based on this idea of family privacy, therapy is viewed in a negative light because it requires that individuals disclose their most personal experiences to a stranger and outsider of the family. Like the quote above indicates, family might criticize those who talk to a therapist, because they believe the person should seek whatever support they need within the family.

Another negative belief about mental illnesses is not knowing anything about them and, therefore, not believing that they exist. Juan Carlos relayed:

Pero como le digo, yo no creo que la persona se deprima por algo, y no creo en la depresión. Yo eh escuchado que hay gente deprimida.

Deprimida en que forma? Que es la depresión? Porque se deprimen o que significa la depresión? Porque? No le encuentro base para decir si, si esta deprimido. Que cosa es la depresión? La persona que cae en depresión es porque quiere caer. (But like I told you, I do not believe that a person becomes depressed for a reason, and I do not believe in depression. I have heard that there are depressed people. Depressed in what way? What is depression? Why do they get depressed or what does depression mean? Why? I do not find a base to say, yes, yes he is depressed. What is depression? The person who falls in a depression wants to be depressed.)

The stigma of seeking mental health treatment was evident when speaking to the participants in the study. The personal and family beliefs likely influence a person's willingness to admit that they suffer from a mental illness. Irasema discussed that she has noticed increasing amounts of individuals who are suffering with depression. However, she wondered if the depression rates have actually increased or if people are simply learning to accept it, whereas before nobody wanted to face their illness due to the stigma. Related to this idea, several participants reported that, oftentimes, people do not seek therapy because they do not recognize that they need the help, much less that they have a problem. Fabian noted:

A lo mejor le da miedo que a uno le digan cosas que no quiere escuchar. Y pues, mucha gente no quiere reconocer que uno está mal, hay muchas personas que siempre están correctas (laughs). No reconocen lo que han hecho. Son muy aferradas a lo que piensan. No quieren, no entender, escuchar, o no razonan, no... I dont know. (Maybe one gets scared that others might say things that one does not want to hear. And well, a lot of people do not want to recognize that they are wrong; there are a lot of people who are always right (laughs). They do not recognize what they have done. They are very clung on what they think. They do not want to, they do not understand, listen, or reason, they do not... I do not know.)

In other words, along with not wanting to recognize one's problems, people are afraid to hear what one's shortcomings or issues are. A lot of people do not seek mental health therapy because it is easier to live one's life and not have to face those difficult realizations. As such, Patricia admitted that it takes a lot for a person to make the decision to go to therapy. Another reason why individuals reported not seeking therapy is because of time. They stated that work hours and other obligations leave little time for other activities, such as therapy. The findings of ambivalence regarding seeking treatment are indicative of a possible disconnection between their own reactions to trauma and a need to seek professional help. In other words, even though they recognize that they have been impacted, they might not believe that mental health treatment would serve as beneficial.

Theme C, *Falta de acceso a esa ayuda* (Lack of access to that help), highlights the external barriers to mental health. Most of the impediments that individuals shared had to do with internal and cultural barriers to mental health, discussed in the two sections above. However, there were a few external barriers, such as the cost of therapy and transportation. Cost was an issue for three participants, noting that they believed therapy was expensive. Referrals for sliding scale mental health services were provided to all of these participants. Transportation was also an issue as many participants do not have a vehicle and do not know how to utilize public transportation; therefore, they are not able to travel too far from their homes. Karina stated that, if there was a place close to her, then she would walk there.

Another barrier that was relayed is that there is a lack of accessibility and availability of psychological resources. In other words, people are unsure of where to seek these services, and psychological services in Spanish are limited, especially in the areas most heavily populated by Latinos. The last impediment was discussed by Gilberto, who noted that people are reluctant to seek professional services of any kind because doctors do not complete a thorough evaluation and might often state that the person is fine, even when the person is not feeling well. Therefore, it makes the person invalidated, and they might be inclined to find support elsewhere.

Theme D, *Se fortalece uno de la manera que sea mas practica* (One finds strength in the manner in which they deem most practical), discusses the help-seeking behaviors that participants shared. In order to cope with issues, participants reported having a limited means of support. Divided by gender, most males indicated that they hold their

problems inside and do not share them with anyone. While women also shared this view, more of them reported that they talk with their spouse or relative about their issues.

On a general level, most participants reported that they are reluctant to share their negative experiences because they do not want to worry others about their personal problems. They worry that, if they share their personal issues with relatives, then they might cause them concern, which might result in psychiatric symptoms. Participants also believed that, if they tell one relative, then everyone in the family will find out and it would defeat the purpose of trying to be discreet about their issues. It also leads to an inability to trust their relatives with personal issues, which impacts mutual communication among the family. Individuals also expressed concern about being criticized, judged, or being perceived as weak for not being able to manage their issues. They noted that the criticism and judgment mainly comes from family and close friends, of which would make them feel worse. Edgar believed that if he admitted to feeling distressed, loved ones would criticize him and make fun of him for not being strong.

Those who did seek support in family stated that they are able to help one another resolve issues and increase trust and overall communication between them. Even those who did seek support within their family stated that they only trusted one person, such as a mother, sister, or partner. Marlana reported feeling reluctant to tell other relatives, because they do not give positive advice, and instead make her feel worse. Several individuals noted that family members do not necessarily understand what one is experiencing and provide harsh advice and feedback.

A commonly endorsed source of support aside from family was prayer and a faith in God. As previously mentioned, every participant referred to God throughout the

interview, and they pray in order to receive strength, guidance, and support. Religious leaders are sought for help, but only rarely. Fabian stated that he and his wife participate in religious-based couples counseling with a Christian counselor, and that it has been a positive source of support. Viridiana reported that she is part of a church group in which everyone supports one another with their personal issues, through prayer and financial support.

Of the participants who expressed a strong faith in God, they also held unfavorable beliefs toward seeking mental health treatment. They appeared to have negative connotations with seeking professional help or endorsing psychiatric symptoms. Viridiana even stated, “*No sé es algo que no le pueda decir porque no, no es necesario para mí, es que no creo. No lo siento que necesitamos eso.*” (I do not know, it is something that I cannot even tell you because it is not, it is not necessary for me, it is because I do not believe. I do not feel that we need that.)

Only two participants admitted to seeking help and support through a *curandero* or other spiritual leader, both of which were males. Marcos noted that it was more for the experience, and not so much to seek guidance or support. Juan Carlos discussed an example in which he believed one of his brothers died because someone had cast a spell on him. He admitted that his family hired a spiritual healer to cure him, but that his brother passed away 15 days later. Although the symptoms he reported appeared to be neurological in nature, he believed that they were due to *brujeria* (witchcraft).

Five participants stated that they do not seek support from anyone but themselves. They noted that they are not able to talk to their family for the reasons stated above, and they do not seek support from any other sources in the community. They emphasized the

importance of keeping their problems to themselves and engaging in self-reflection to solve their issues. Most admitted that talking about their problems is not the norm in their family and, as such, they find themselves keeping their problems to themselves. Marlana did admit that she engages in journal writing as part of her self-care and reflection, which helps her feel better since she does not talk to anyone about her issues. Surprisingly, this woman admitted to quickly feeling comfortable with this researcher, and she shared several personal issues that she was dealing with at the time of the interview. It is likely that these individuals simply need a source of support so that they can vent and process their issues.

Theme E, *Que te entiendan* (To be understood), discusses the qualities the participants reported they would want in a mental health professional. Most participants reported wanting someone who would be patient and meet them where they are at in terms of readiness. Individuals want someone who will be honest about their opinions, but will not judge or criticize them. In other words, they want someone who can be open about their impressions, to the extent that they help people understand their errors and provide advice to solve their issues. They stated that they would want someone who would listen and seek to understand them. Dora stated that it would be important for the mental health professional to put him or herself in the person's shoes.

Honesty was also something that participants would seek in a therapeutic relationship, expressing an interest in wanting to know the therapist's perceptions and understanding of them. Being able to provide an outsider and unbiased perspective is crucial, because it provides an alternate way to view the issue. Some noted that seeking support from a mental health professional would be more useful than talking with a

relative because of the confidentiality that is guaranteed. Edgar admitted that another reason why he would feel more comfortable with a stranger than with his own family is because:

A veces se confía mas en una persona que no conoces, que a la que conoces porque tu se lo platicas y ya ellos se lo platican a fulanito. Y fulanito le dice a otro y ya se fue pa alla. Y ya todos estan hablándo a tus espaldas. (Sometimes you can have more trust in a person that you do not know than toward one that you do know, because you can tell them something and then they tell *Fulanito*. And then *Fulanito* tells someone else and then there it goes. And then everyone is talking behind your back.)

In other words, they do not have to worry that the professional will disclose their concerns to anyone, and that they will spread rumors or judge in a negative way. With regard to mental illness, a good mental health professional would provide psychoeducation, along with ways to better understand the illness and symptoms, while also providing skills to reduce those symptoms. Several participants noted that they would want someone who can help them understand something better, and who can motivate their clients to reach their goals.

Juan Carlos reported that he would feel comfortable talking to a mental health professional if the sessions were not videotaped. However, this participant presented that he was extremely watchful and cautious about having any evidence linked back to him as a person due to fearing that the cartels might find him. Marlena stated the importance of being able to speak her language (Spanish) so that she can communicate herself well.

Other participants reported wanting someone who was competent and knowledgeable enough to be able to provide advice and support. Gilberto stated that he would feel comfortable with a mental health professional if the person was recommended to him by a loved one, as it would ensure competence. Marcos and Saul stated that they were unsure what qualities they would want in a mental health provider.

The above qualities all appear to be character traits that are consistent with *familismo* and *personalismo*. Participants described wanting someone who is friendly, warm, and personable. Just like with casual relationships, these individuals reported getting an intuitive feeling of whether or not they can trust the mental health professional. This intuition can be through body cues, nonverbal communication, and eye contact, along with the way this person treats them. Most of them noted that, if the mental health professional seemed engaged and open with them, then they would be able to develop a positive and trusting relationship with them, and therefore disclose their experiences and feelings.

Chapter 5: Discussion

Summary

This study focused on the impact of the drug war on Mexican immigrants. The aim of this study was to identify if Mexican immigrants believe that they have been, or are being, impacted by the drug war occurring in Mexico and, if so, to what extent. As this information is reviewed, it is important to note that these are the experiences of the participants and are therefore not to be considered factual allegations, especially concerning political aspects of the drug-related violence and potential government

involvement. The study also hoped to shed light on the help-seeking behaviors that Mexican immigrants engage in, as it relates to everyday stressors, and the violence from the drug war. In so doing, the researcher sought to better understand participants' experiences with mental health treatment, and the extent to which personal and cultural beliefs, as well as external factors, impact their willingness to seek treatment.

Overall, participants were open and revealing when describing the experience of living under the control and influence of the drug cartels and the far-reaching effects of the violence, even among those living in the U.S. In other words, even life in the U.S. appears to be constrained in many ways, such that those living here are still adversely impacted by the drug war, and they also have to face the realities of acculturative stress and economic plight of life in the U.S. Mexican immigrants fear returning to Mexico, despite having a great desire to see their relatives again. The effect of the violence is detrimental not only to the victims but also to their families, due to feeling the pain of relatives caught in the middle of the violence in Mexico. These individuals also experience a sense of impotence and sadness due to not having the means to bring their families to the U.S. and protect them from the violence, which is likely due to the cultural values of *machismo* and *marianismo*.

Immigration Experience

Along with obtaining information for the research questions above, the participants also shared their immigration experiences. This part of their narrative is important, because prior exposure to violence and psychological distress might make individuals more vulnerable to (a) risky migration processes, (b) experiencing additional traumas as a consequence, and (c) it might impact their overall emotional health and

well-being once settled in the U.S. Individuals might also struggle with ongoing stress and acculturative issues since they had to leave their culture, homeland, and family behind, as well as reorient themselves to an unfamiliar land in hopes for the American dream.

The primary reported reasons for migration included reuniting with family, hoping for a better job or education, wanting an opportunity to obtain their legal documents, and having an illusion of the American dream. While Gilberto was the only person who affirmed that he moved from Mexico specifically because of the violence, most participants admitted that it is one of their many reasons for leaving, and they refuse to move back because the violence is too severe. For the eight participants who migrated to the U.S. with no documentation, they suffered additional amounts of distress due to the unforeseen challenges of crossing the U.S.-Mexico border.

Participants reported physical exhaustion, fear, deprivation of food and water, and having to cross through unsafe and unsanitary conditions simply to cross the border. Physical and sexual assaults, as well as exploitation by *coyotes*, bandits, and organized crime, are a common danger that several endured along the way. Consistent with participants' reports, Sullivan and Rehm (2005) found that bandits along the road prey on the vanloads guided by the *coyotes*, which indicates that the women are at high risk of being abused, and that the danger does not end simply upon crossing the border. Three participants even reported that they had to cross the border twice, either because they were caught the first time or to return for family. The migration of these individuals implies that they endure challenging, unexpected, and painful experiences during their

journey, which contributes significantly to PTSD-related symptoms that might result from experiences before, during, and after the migration.

Life in the U.S. as a Mexican Immigrant

Edgar and Viridiana, among others, noted that, to their dismay, living in the U.S. presents several unforeseen challenges. They described life in the U.S. similar to living in a birdcage, which is the antithesis of the American dream. As Sullivan and Rehm (2005) stated that often Mexican immigrants leave in hopes of a better life, and what they find is that they end up experiencing discrimination, exploitation and vulnerability, poorer housing, and low paying jobs, which often warrants worse living conditions than their previous situations. Discrimination toward Mexicans has increased with recent immigration laws, which in turn causes high levels of stigmatization, leading to low self-worth and depression. Chavez et al. (2011) found corroborating evidence that discrimination also leads to identity confusion and a sense of powerlessness in individuals who already have limited recognition as valued members of society. In most cases, the discrimination further contributes to the psychological distress of these individuals, especially those with pre-existing psychiatric symptoms due to challenging past experiences and/or exposure to violence.

Many participants reportedly fear being deported and separated from family members who financially and emotionally depend on them, not only in the U.S. but also in Mexico. Specifically, several participants noted that they send their family in Mexico money on a consistent basis, since Mexico's economy is dwindling. Splitting one's finances between two homes is a challenge for many, especially those with low-paying or inconsistent jobs. Hofstede (2001) affirmed that in collectivist cultures, one's resources

are shared among the whole family, and those who have jobs are expected to help feed the entire family despite the limited availability of funds. Also, a common theme that emerged among the participants is missing one's family and homeland. Most expressed an interest in returning to Mexico to visit their family but felt unable to, due to documentation status and/or the dangerousness and severity of the violence. Sullivan and Rehm (2005) reported that immigrants who are undocumented or whose papers are pending have restricted mobility in the U.S. because many "crossed the border initially, and are reluctant to attempt another crossing for fear of physical danger and risk of apprehension" (p. 247). Having separate lives in the U.S. and Mexico creates an emotional distance between the individuals and their families and leaves individuals feeling incomplete, as they find themselves stuck between two identities.

The Drug War

Individuals expressed significant concern about their relatives who remain in Mexico ever since 2006 when the violence from the drug war increased. Ever since President Calderón enforced military tactics to revolt against the drug cartels, the violence has increased:

Daily violence, kidnappings, assassinations of police and government officials, beheadings, and armed assaults are the result of violent combat between drug cartels, gangs, and the Mexican police and military. The cartels vying for domination of the lucrative drug trade are seeking both market dominance and freedom from government interference. (Bunker & Sullivan, 2010, p. 43)

The type of war that is going on is unclear, even to criminal investigators and scholars. While some believe the violence has increased due to more competition among the

opposing cartels, others believe it is the cartels fighting against the military and targeting the innocent to make their impact known.

They seemingly fight for power, territory, and control so that they can continue to perpetuate the selling and manufacturing of illicit drugs. Consequently, the influence of the organized crime is monopolizing the Mexican economy, leaving the citizens financially unstable and lacking employment. Some individuals have succumbed to the influence of the cartels and they have engaged in criminal activity for the status, while other more humble citizens, adults and children alike, find themselves joining the cartels, because it appears to be the only means by which to make a living.

Community establishments have had to close down because cartels regularly enter places and start a shooting. Thus, nobody feels safe being outside once the sun goes down. Small business owners and individuals who have food or magazine stands are demanded that they pay a weekly percentage or a standard amount of their profits to the cartels, in exchange for their security. This remains true despite the amount of money the people actually make. Those who refuse or are unwilling to pay are targeted and sometimes killed. People feel unable to live their lives freely and without fear that they might be targeted. Participants refuse to visit their families in Mexico even though they are concerned for their safety, and they would like to reunite with them.

All Participants reflected the idea that the cartels are heartless and that they victimize innocent individuals at all costs, and at an increasingly high rate. All the participants in the study disclosed having at least one family member who was targeted and even killed. One participant had five family members who were killed over the course of two years, while others had relatives who were kidnapped for several months,

brutally beaten, and even left in critical condition or killed. Many were unsure whether or not their relatives were victimized because of potential involvement. The uncertainty often leads to shame and guilt in the family, and it promotes family secrecy and discretion regarding the incident and the victimized relative. However, most relayed the idea that people are simply at the wrong place at the wrong time—in the way of stray bullets. Others noted that innocent family members have had to pay the price of death for involvement of their relatives, which is used by the cartels as a scare tactic and threat. Two participants shared their personal experiences of being targeted by the cartels; however, they felt grateful that they were able to escape the violence.

Torture, daily violence, and beheadings are a common method by which the cartels target individuals, both involved and uninvolved. A common practice is kidnapping individuals from affluent families, or those who have involvement with the cartels, and they demand a ransom to release the individual. The amount demanded is often so large that it requires that families to sell their possessions in property, leaving them in an even worse economic state than they were. The longer the families take to pay the ransom, the more threatening the cartels become, and they begin torturing the victim until they receive the money or the person dies from agonizing pain.

Oftentimes, the cartels do not contact the family and their bodies are never found, or they are left so brutally beaten that they are unidentifiable, even by investigators. Participants described the pain in not knowing whether their relatives are dead or alive, because they are left with uncertainty and an unfounded level of hope. They noted that it is almost better to know that they are dead, so they can have their remains and pray for

their peace. As some participants expressed, where are they supposed to cry for their relatives without a tomb?

Following captivity, those who have been victimized are at risk for developing longstanding psychological issues. The psychological torture does not end once released, for they are forever impacted. Herman (1992) noted that in captivity, “The perpetrator becomes the most powerful person in the life of the victim, and the psychology of the victim is shaped over time by the actions of the perpetrator” (p. 383). In addition, she notes that:

The methods of establishing control over another person are based upon the systematic, repetitive infliction of psychological trauma, designed to instill terror and helplessness, to destroy the victim’s sense of self in relation to others, and to foster a pathologic attachment to the perpetrator. (p. 383)

Participants who had a relative who was returned by the cartels reported that their relative was different from before, suffering from what they complained to be sadness, fear, terror, nightmares, intrusive thoughts, anxiety, and avoidance of places and conversations related to the event. Eisenman et al. (2008) conducted a study that focused on PTSD in Latino patients and their illness beliefs and treatment preferences. This group of researchers found similar symptoms in those who were diagnosed with PTSD, specifically the findings included symptoms of sadness, anxiety, nervousness, and fear. However, since the symptoms in this current study were reported by the participants and not the actual victims, the extent of their impact is unknown and warrants clinical attention.

Participants are increasingly frustrated with the government because of their limited efforts to intervene against the cartels. While some have acknowledged that the soldiers and other government officials are making efforts to reduce the power of organized crime, most other participants asserted corruption within the government, especially those from the PRI governmental party. They reportedly obtain financial benefits as well as security for their involvement. It is important to note that some authority figures feel coerced to join with the cartels. As one of the participants, Adolfo, reported, authority figures are in a double bind, because they will be killed if they do not cooperate, but then they become part of the problem if they do.

What presents itself as most upsetting is that government officials make promises to the people about their efforts, all the while engaging in corruption and exploiting the citizens. Examples of exploitation are taking weapons away from the citizens, engaging in house searches for drugs and weapons and treating individuals like criminals, and taking people's possessions during random vehicle searches. Piwowarczyk (2007) reported that government officials might engage in intimidating practices because, "by exploiting what can be done to those who show opposition, they can silence a population and stifle democracy" (p. 719). In turn, the government officials are free to continue involvement with the cartels and gain profits, in whichever form that may come.

Participants stressed the importance of U.S. government involvement in the efforts to defeat organized crime. That is because most of the drugs manufactured in Mexico are transported directly to the U.S. for sale and consumption. Participants in the study are not the only ones who believe that the U.S. should provide relief efforts to Mexico. Susana Seijas (2012), a freelance journalist based in Mexico City, stated:

With the U.S. election next door, Mexico seems not only far from God, but forgotten. In the past six years, 60,000 people have died in drug-related violence. Some say the death toll could be as high as 100,000. Yet the violence here didn't make it into the last U.S. presidential debate between Barack Obama and Mitt Romney. (p. 1)

A feeling that the drug war might be overlooked is commonly shared by citizens, both in Mexico and in the U.S. Robert Leiken (2012), Director of the Mexico, Immigration and National Security Programs at the Center for the National Interest, a non-partisan public policy institution, believes that if the violence continues to increase, more direct U.S. involvement will be necessary, such as employment of the U.S. forces into Mexico. The way in which the cartels have victimized individuals in Mexico is nothing short of a violent and ruthless epidemic. As Carpenter (2005) stated, what exists in Mexico today is more dangerous than gangs. The gang members obey orders from drug cartels, which are related to gaining and maintaining power and money. This implies that even the most powerful gangs in Mexico are responding to the orders of the cartels and aspiring to be involved among the top leaders, which perpetuates the problem further. As the street gangs and other criminal organizations ally with the Mexican cartels, their power and impact on the people of Mexico increases.

Leiken (2012) estimated the death toll at 50,000 (as opposed to the aforementioned 60,000), but he admits that this number is excessive, reaching more than five times the death toll of the Iraq and Afghanistan wars combined. It is unknown how many of those dead have actually been involved with the cartels. However, Leiken (2012) noted that Mexican officials believe that 90% are involved in the drug trade, 6%

are police officers and soldiers, and the remaining 4% are innocent bystanders, about 2,000 based on his reports of the death toll. There is no information on what is meant by those involved versus innocent bystanders, and more information would be needed. However, given that participants in this study had no knowledge about whether their relatives were involved or not, it appears that those numbers might be blurred and, regardless of involvement, family members are suffering the loss and experiencing significant distress.

Given the significant impact of the drug-related violence, participants expressed frustration, limited control, and hopelessness about ways for the government to regain control over Mexico. They believe that the violence will never end, and that the violence might even worsen over the years. Most participants have resorted to their faith in prayer, and they hope that God will make justice. Contrary to the rest of the participants, one individual wanted to take matters into his own hands. His statements reflect what is described as 'ethical violence,' which likely stems from years of anger, pain, and feelings of helplessness and powerlessness that can often result in increased violence.

Personal Impact of the Drug War

When asked about the ways in which the drug-related violence has personally impacted them, most participants struggled to verbalize their feelings, especially if the impact was significant. Two men and one woman wept throughout the interview, as they discussed the ways in which their relatives have been victimized. There was a shared feeling of not being able to find the words to describe how deeply impacted they were. Many reported feeling sadness, fear, terror, a loss of interest in pleasurable activities, avoidance of people and activities that remind them of the drug-related violence, and

watchfulness toward others. They all reported significant concern that something might happen to their relatives in Mexico, to the extent that they are unable to sleep and they wake up with intrusive thoughts that something might have occurred. Interestingly enough, the symptoms they perceived their victimized relatives to experience were the same that they personally endorsed. Even more significant, Marshall et al. (2009) found that the Latinos in their study also endorsed similar PTSD-related symptoms, specifically hypervigilance, avoidance, and intrusive thoughts (p. 1175).

While the purpose of this study was not to diagnose PTSD, it appears some of the participants are experiencing symptoms indicative of a PTSD diagnosis. According to the DSM-IV-TR (2000), the participants in this study would not meet the full criteria due to Criterion A:

- A. The person has been exposed to a traumatic event in which both of the following were present: 1. The person experienced, witnessed, or was confronted with an event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others AND 2. The person's response involved intense fear, helplessness, or horror. (p. 467)

Since not all of the participants were directly victimized, they would likely not meet criteria A-1 or A-2. Still, this finding does not discount the emotional reactions that the individuals are experiencing despite not being directly impacted. Of note, Greenwell and Cosden (2009) found that Latinos are two to three times more vulnerable for developing PTSD compared to other ethnic groups, due to the wide range of cultural and societal challenges they endure. In order to account for

and understand the participants' experiences from a cultural and contextual perspective, they can be seen as suffering from "ambiguous loss." The symptoms of ambiguous loss are similar to that of PTSD; however, this is an "ongoing trauma that becomes part of peoples' continuing reality rather than a reaction to an event in the past" (Boss, 2000, p. 24; Ludwig et al., 2006, p. 48).

Ambiguous loss refers to the idea that a person may be physically absent but psychologically present. In ambiguous loss there may be a lack of evidence to support the notion that a loved one is dead. Ludwig et al. (2006) stated that families who lost someone during the September 11th attack on America experienced ambiguous loss, because they did not receive the bodies of their loved ones, and thus were not able to mourn in the same way. This presented uncertainty about how to regard the missing person. Similar to these families, the participants in this present study reported experiencing ambiguous loss due to their families being victimized by the drug-related violence and their inability to establish physical contact with them. They also experience loss of their culture and homeland, and they fear that they might never be able to return to their lives, which in turn creates an incomplete sense of identity.

The participants' experiences clearly indicate that they have been negatively impacted, simply because their relatives were targeted. For many, they felt like they had personally been attacked because, when a relative is hurt, they feel the pain as if it were toward themselves. According to *familismo*, a threat to one individual affects the whole family system, and the participants' personal impact was largely influenced by the extent to which their family has been impacted. This reaction is not unusual, but rather expected, given the physical and emotional closeness among Latinos and the idea that

one's happiness is dependent on the well-being of the family, just like one's pain is felt throughout the family. It is also clear that the impact of the drug war transcends the familial level; entire communities have changed and, to some extent, the entire country of Mexico.

On the other hand, certain individuals who verbalized a significant impact minimized their psychiatric symptoms on the screening. It is possible that this low reported impact is associated with a higher fatalistic attitude and a tendency to see the violence from the drug war as something that is beyond their control. Consequently, they often turn to God for strength and support. Aside from PTSD-related symptomatology, some reported experiencing psychosomatic symptoms, such as *nervios* headaches and back pain. It is possible that the participants' psychological issues are manifested psychosomatically, which is consistent with what most Latinos tend to endorse. Psychosomatic pain is more accepted within Latino culture, and it is less stigmatizing to seek help for such pains. Eisenman et al. (2008) also found that the participants who had suffered from trauma relayed their impact somatically, complaining of headaches and other medical issues. Organista (2007) also found that Latinos tend to express their emotional problems somatically, especially less acculturated individuals and females. Since individuals in this present study endorsed such symptoms, it would have been beneficial for this researcher to explore any presence of psychosomatic symptoms. However, a question inquiring about such symptoms was not explored.

Participants also endorsed anger, impotence, and insecurity due to the drug-related violence. They are obviously afraid that their family members are in danger on a daily basis. However, even more significant, they are even worried that they might be

found and killed by the cartels, even though they are in the U.S. This increased anxiety and concern that others might hurt them is related to an inability to trust others. They avoid talking about their experiences due to the fear that someone will betray them and tell the cartels where they are.

Help-Seeking Behaviors

In order to cope with their distress, participants have resorted to several cultural values. They all presented with *fatalismo*, the idea that little is under one's control. It is difficult to know whether their fatalistic attitudes originate from a deficit or resource-oriented perspective. Falicov (1998) noted that some researchers see *fatalismo* as a characteristic of social class, not of ethnicity, because "poor people learn through recurrent experiences that powerful others and unpredictable forces control their lives" (Sue & Sue, 1990, p. 149), which leads to disempowerment and hopelessness. However, Falicov (1998) also admits that resource-oriented *fatalismo* is influenced by a philosophical or spiritual connection, which allows individuals to accept their losses and fate.

While the participants expressed anger, sadness, and hopelessness due to the drug-related violence, they all spoke about their faith that God will either protect their families or give them the strength to endure the pain if something does occur. At the same time, most recognize that anyone can be victimized at any time, which leads to their belief that fate cannot be changed. It is highly likely that their fatalistic attitude is resource-oriented, but, given their documentation status and lower SES, it is much more difficult to feel empowered because they are in the U.S.; thus, they feel impotent and cannot protect their families.

Regardless of gender, every participant reported that they turn to prayer for strength and support, and they have faith that God will protect their family and stop the violence in Mexico. Prayer helps individuals create a connection with a transcendent being, in addition to feeling like they will be heard and protected from harm (Moreno & Cardemil, 2013). Moreno and Cardemil (2013) found that prayer often provides people with a sense of hopefulness during difficult times. Falicov (1998) added that religion and the church are high sources of support, especially for immigrants. The church “provides a place of belonging, a way to meet other immigrants, and a socializing and educational setting for their children and themselves” (p. 147). It is unknown whether the participants were spiritual and/or religious, and information about their religious affiliation was not asked. However, they all mentioned God when speaking about difficult issues. The participants’ faith is a strong protective factor that helps them cope. A belief in God is strongly associated with a fatalistic attitude, and it likely serves to appease their perceived limited control about their fate.

Even though all expressed a strong connection and devotion to their families (due to *familismo*), many felt unable to seek emotional support in their families. Eisenman et al. (2008) found similar findings in their study when they asked the extent to which participants talk to their family about their experiences. Specifically, one participant stated, “No my problems are very personal. I don’t like to talk to my family or friends about my problems” (Eisenman et al., 2008, p. 1389). They also reported not telling their family about their issues due to feeling criticized, judged, and concerned that they would receive unproductive advice. In collectivist cultures, such as Mexicans, families typically make those who have engaged in a misdeed feel shame for their actions. Hofstede (2001)

indicates that the source of a person's shame stems more so from the misdeed becoming known by others, as opposed to the action itself. That is because Mexican families are highly critical of one another because of their perceived obligation to push one another to be righteous, pleasant, and honorable to one's family. The participants in Eisenman et al.'s (2008) study noted a similar idea in that they felt unable to share personal problems with family due to shame or distrust.

Other participants shared that they do not share their personal issues with their family because they do not want to worry them or cause them distress. Hofstede (2001) examined the consequences of culture on behaviors and values, and he found confirming evidence that "the in-group (one's family) is the major source of one's identity and the only one secure protection one has against the hardship in life" (p. 226). With that said, the participants in the study might have felt an obligation to protect their relatives from feeling pain or distress, because one's relatives already experience enough challenges. Given the collectivist perspective, Latinos have a lifelong duty to their families, and refusing to protect their families or "breaking their loyalty is one of the worst things a person can do" (Hofstede, 2001, p. 226). From a cultural perspective, it is not culturally appropriate to share negative or unpleasant news with others because of *simpatia* and the idea that interactions should be pleasant and light. If one shares pain or trauma with someone else, then the interaction will be negative, and is therefore going against the expectation to always be easygoing. Along those lines, individuals might not share personal challenges because the criticism of judgment from relatives might lead to conflict and confrontation, which then deviates from the important upholding of being

simpatico/a. Triandis, Marín, Lisansky, and Betancourt (1984) noted that such behaviors could be viewed as assaults on the other person's dignity and self-respect.

Those participants who reported that they do not turn to family for emotional support indicated that they seek guidance within themselves. Many believed that they have to contain their problems and solve them on their own. That is because, in addition to upholding the value of *simpatia*, preserving a consistent image of stoicism is also valued. This means that public expression of grief is acceptable to the extent that it is light and minimally painful, and more so for women than for men. However, *machismo* and *marianismo* also expect Mexican individuals to be strong. Thus, an ability to hold in one's trauma and not show vulnerability is a way of being stoic and courageous, not only for oneself but also for one's family. This sense of self-sufficiency allows for self-reflection and self-analysis, as well as consideration of the consequences of their actions. They seem to turn to their cultural values for guidance, with family at the core of their decision-making strategies. Several participants stated that it is not good to live by the memories and that, instead, one should focus on the future, a characteristic of *fatalismo* that hence limits emotional expression. In other words, people stated that they do not talk about what happened to their relatives because it can be painful and counterproductive to talk about since it cannot be changed.

Falicov (2009b) discussed the concept of *controlarse* (control oneself), the ability to control one's mood and negative emotions in order to survive harsh environmental, social, and familial issues, as being linked to fatalistic attitudes (more information on this concept can be read in chapter two's "Help-Seeking Behaviors" section). The four modes by which to achieve *controlarse* are *aguantarse* (endurance), the ability to

withstand stress in times of adversity; *no pensar* (do not think about the problem), indicates avoidance of thinking about disturbing thoughts and feelings; *resignarse* (resignation), means that one accepts one's fate as it comes; and *sobreponerse* (to overcome), a more active coping that facilitates working through or overcoming adversity (Falicov, 2009b). The participants presented with all four forms of coping, although *no pensar* and *resignarse* appeared to be most prevalent given their limited mobility and economic resources in the U.S.

By being able to *aguantarse*, *resignarse*, *sobreponerse*, and *no pensar*, individuals are able to accept their fate and live with a sense of humility and modesty that gets them through life's challenges, therefore alleviating the immediate need to seek professional help. A fatalistic attitude and the above coping mechanisms do provide short-term relief, but they can be harmful in the long-term because they do not give individuals the opportunity to process their grief. They might live with the idea that one should not dwell on what has happened, and should therefore not talk about their feelings because it is part of their destiny. Greenwell and Cosden (2009) found that *fatalismo* can be a risk factor for lasting trauma symptoms because it ensues a passive coping style due to a perceived inability to protect oneself from trauma. However, Falicov (1998) noted that *fatalismo* is used to cope with losses beyond an individual's control, which seems relevant to the participants in the study. Because the literature provides contrasting findings about *fatalismo* and trauma, it would be important to explore this value and its impact when working with Mexican immigrants with histories of trauma.

Eisenman et al. (2008) reported that nine of their 12 participants did not see therapy as useful for their PTSD, because, as one participant stated, "It is in the past and I

can't change it" (p. 1389). These participants displayed a fatalistic attitude about their trauma, like many of the participants in this study, noting that it is better not to discuss. In fact, some individuals in the present study had never disclosed their experiences to anyone prior to the interview. Many indicated that their experiences with the drug war are something unspoken within the family.

The men in this study specifically expressed feeling like it was their obligation to deal with their issues, a belief that is likely due to *machismo*, one of the other prevalent cultural values. They often denied experiencing any emotional responses throughout the interview, and their verbalized impact reflected anger, frustration, and a sense of impotence due to not being able to do anything for their families. Many of them talked about their desire to protect their families from the drug-related violence. Nonetheless, all participants reported feeling relieved and at ease due to having shared their narrative. This is a significant finding given that several individuals were initially reluctant to share their experiences, most of which were men.

Nicolaidis et al. (2010) found that Latina violence survivors attributed their depressive symptoms to holding their problems inside (*guardarse las cosas adentro*). The participants were dealing with life stressors such as childhood sexual abuse, intimate partner violence, financial and family stressors, and immigration issues. One participant in their study stated:

There are a lot of things, things like violence, or a lot of things that, maybe
I can't finish saying them, no, but each person has a lot of things,
physically, emotionally, in your children, in your family, friendships, well,

of everything that happens in the world. To me, if you don't have an exit, it goes into your blood and becomes a depression. (p. 1133)

While some of their issues might be different from the participants in the present study, the impact of life stressors appears to be the same, especially because they feel unable to discuss their feelings with anyone. Still, Nicolaidis et al.'s (2010) study shows that the participants were cognizant of this and expressed a great desire to share their problems with others in order to heal. Perceptions for reasons to seek mental health treatment from the participants in this present study involved having a severe mental illness, relationship issues, developmental and financial issues, or to process one's traumas. However, most denied feeling like they "needed" to talk to someone despite endorsing one of the aforementioned issues.

Others refused to seek mental health treatment because of personal and family beliefs that it is only for those who are *locos* (crazy). It was reported that if one went to speak to a therapist, then loved ones would judge, criticize, and even express disappointment that they are speaking about their personal problems to someone outside of the family. Due to this pressure from relatives, several expressed a reluctance to seek out this type of professional help, as they would not feel supported. Other negative beliefs endorsed by participants are that they did not believe in mental illness or the benefits of therapy. Two explicitly stated that a mental illness was a sign of weakness, while one of those continued to elaborate that he does believe in mental illness, but that only people who "chose" to get depressed experience depression. Those who had limited exposure to therapy admitted that additional resources and education about therapy and mental illness are essential to increase awareness. They added that, since mental illnesses

are an invisible illness, it is possible that people need to personally experience them in order to understand others' experiences. Due to these negative perceptions of mental health, it is not likely that these individuals would be willing to seek treatment despite recognition that they have been impacted by the drug-related violence. In fact, it is possible that they see mental health treatment as irrelevant to their psychological distress and trauma responses.

Desired Qualities in a Mental Health Professional

Most individuals expressed a willingness to seek treatment and were able to identify factors by which a professional can show empathy and understanding, most of which revolved around the values of *familismo* and *personalismo*. Participants described wanting someone who is friendly, warm, and personable. Just like with casual relationships, these individuals reported getting an intuitive feeling of whether or not they can trust the mental health professional. Most of them noted that if the mental health professional seemed engaged, open, and nonjudgmental, then they would be able to develop a positive and trusting relationship with them, and therefore disclose their experiences and feelings.

Some noted that seeking support from a mental health professional would be more useful than talking with a relative because of the confidentiality that is guaranteed. Some admitted that they would feel more comfortable with a stranger than with their own family, because relatives criticize and judge and cannot be trusted to keep information confidential. In other words, they do not have to worry that the professional will disclose

their concerns to anyone, that they will spread rumors, or that they will judge in a negative way.

Another finding is the importance of speaking one's language—in this case, Spanish, so that they can feel connected to the person. Ludwig et al. (2006) stated that through being able to speak Spanish in their study's focus group, the participants felt a sense of belonging and their emotional intensity was heightened, because affective experiences can be accessed more fully when they are spoken in their primary language. Thus, language is a very important piece that helps develop a positive therapeutic relationship. At the same time, language also helps them feel more connected to their homeland and past.

Participants also wanted someone competent and knowledgeable, being able to provide psychoeducation about mental illness and the issues that the individual is struggling with, along with coping skills and symptom-reduction strategies. Being able to motivate and encourage clients to achieve their goals is essential, along with meeting them where they are at as opposed to making unrealistic expectations of them. Individuals want someone who will be honest about their opinions to the extent that they help people understand their errors and provide advice to solve their issues. What was most commonly shared among participants is the feeling of being understood by the mental health professional. Moreno and Cardemil (2013) found that individuals will express more positive attitudes toward mental health providers if they feel understood and if they held some of the similar beliefs, values, and principles as them. One participant in this present study expressed a desire for the professional to put him or herself in the person's shoes in order to really feel validated.

Limitations of the Study

This study has a few limitations given the demographics, type of study, and inclusion criteria. This researcher only interviewed Mexican immigrants who are 18 to 65 years old; therefore, this study does not directly shed light on the difficulties the drug war has made on children and adolescents, or the elderly. The study is also limited in that participants were interviewed in Chicago; therefore, the results cannot be generalized to Mexican immigrants living in other regions in the U.S. In terms of inclusion criteria, participants were Mexican immigrants who have been exposed to violence or whose relatives or acquaintances have been impacted as a result of the drug war. Thus, the criteria would not include people who were born in the U.S. but who have relatives impacted by the drug war, or those who continue to live in Mexico and have experienced multiple violent offenses.

Moreover, there is a possibility that many individuals were reluctant to participate in the study because of fear of authority figures. While this researcher is a student in training and has a similar culture and language background with that of the participants, they likely viewed this researcher as an outsider, and thus an authority figure. Along with that, since the interviews were conducted in a government agency, it is possible that the participants were skeptical about the study and its involvement with the *Consulado de Mexico en Chicago*. Although the interviews were done in a portable office away from the public, or in a locked stairway accessible only to authorized personnel, it was evident that some individuals would try to talk lower when discussing details related to vulnerable and personal information, such as their immigration journey or potential familial involvement with the cartels. While the stairway does not seem to be ideal or

conducive to the interview process, the two longest interviews were held in this area (59 and 83 minutes, compared to the average 32-minute long interview). Thus, it is possible that those two participants felt the need to express themselves, they felt comfortable with this researcher, and/or they did not have any concerns regarding confidentiality.

Due to a potential fear of authority figures, the participants might have feared being deported, discriminated against, or investigated due to their undocumented status. It is also possible that they were skeptical with regards to confidentiality, which may have limited how much they disclosed. Ritterman and Simon (1990) found that many individuals exposed to political violence experience paranoia and are unable to trust others. With that said, it is possible that participants might have had feelings of persecution and might not have been able to develop trust with this researcher because of their past experiences and exposure to physical and psychological violence. As mentioned in the “Results” section, some participants were less disclosing than others, and it is unknown if there are certain experiences that they did not share due to a perceived lack of trust or safety in which to share their experiences.

Regarding gender, due to the idea of *machismo*, some men in the study initially appeared reluctant to disclose their experiences or their negative feelings for fear of being viewed as vulnerable or weak. It is possible that this researcher’s female gender impacted their willingness to disclose their experiences because of the idea that Mexican men are to be strong and courageous, especially around women. Some were unable to express emotional impact, and instead relayed the impact to a lack of control and inability to protect their family. This finding is consistent with *machismo* and men’s desire to be

the provider and protector of their family. As a result, the verbalized emotional impact was minimized in male participants.

A final limitation is that this researcher's interviewing style was at times limiting to what the participants shared. The predetermined questions prevented this researcher from following the participant's lead in the first interviews that were conducted. This was likely because of the researcher's novice level of experience and difficulty balancing between the phenomenological and researcher's need to interpret what is said, as is encouraged in IPA. Because IPA acknowledges that sometimes the original questions might be too explicit, they encourage that the researcher redrafts questions, as a way of becoming less loaded and more open. As this researcher recognized the struggle with the interviewing style, she was able to seek supervision and identify ways to adjust the approach utilized, so as to obtain richer and more personalized interviews.

To account for the limitations noted in this study, this researcher received adequate supervision and training on how to be empathic, understanding, and patient throughout the participant interviews. This researcher covered the consent form and answered any questions or concerns, and rapport was established prior to beginning the interview. There was ample time after the participants disclosed their experiences to debrief them and ensure that they received any necessary referrals for potential therapeutic outlets.

Clinical Implications

This study contributes information of a descriptive and personalized quality that has lacked in other studies looking at the effects of organized crime in Latin American countries. These findings are consistent with the literature in that psychological impact is

often minimized and repressed by those who experience traumatic experiences. In addition, it provides support about the importance of cultural values in everyday living. In this study, participants were able to share their personal experiences related to the drug-related violence in Mexico. Many of them have brutally lost relatives through torture, beheadings, and murders, while others reported having no knowledge of relatives who have been missing for extended periods.

Individuals reported feeling significant psychological distress due to having been impacted by the drug war. The impact is so significant that finding an avenue in which to share their narratives is difficult, and, as such, they are likely to avoid discussing those experiences, or emotionally detach as a way to protect themselves. While all individuals were reluctant to share their concerns with family, women were more willing to share than men. Fortuna et al. (2008) did recognize that men have additional barriers to seeking mental health, such as stigma, emotional vulnerability, and challenges to masculinity. The researchers also noted that, since men appear to have a higher rate of exposure to political violence and other traumatic and severe violent experiences than their female counterparts, providing support for them is crucial. The differences of perceived impact by gender must be understood and respected in therapy, in order to create a strong therapeutic relationship. Community outreach and psychoeducation to Latino males as well as mental health providers is recommended to help reduce the stigma and encourage the use of services.

It is important to be patient and nondirective while asking participants to disclose their experiences and allow them to open up at their pace, in order to respect the cultural style of interactions. Incorporation of values within *familismo* and *personalismo*, such as

honesty and an unbiased and supportive perspective, are highly desired in a mental health professional. These characteristics are consistent with the values that are important within Mexican, and an overall Latino, culture. Keeping *personalismo* in mind, Falicov (1998) notes the importance of using a non-confrontational approach that does not demand greater disclosure than the person is comfortable with. In addition, activities that would allow individuals to express themselves, such as writing, drawing, and family therapy or a support group, are essential.

Despite the reported psychological impact, many individuals exhibited a great amount of resiliency that allows them to continue living their lives. A resilience that immigrants often obtain from protective cultural factors (APA Presidential Task, 2012), such as family and values, will often be present. In turn, mental health professionals should take the resiliency and resource factors into account so as to not pathologize the client. At the same time, while mental health professionals should respect the cultural background and values discussed in this study, such as *familismo*, *fatalism*, *personalismo*, *machismo*, *marianismo*, *respeto*, *controlarse*, a belief in God, and a few others, it is also important to explore how these values impact decision-making and interpersonal relationships. For example, those who rely heavily on *fatalismo* might be reluctant to explore their traumatic experiences, which, although effective for the short-term, can lead to significant psychological distress. Also, closely aligning with the Latino cultural values, *dichos*, diminutives, and humor, would help establish and maintain a positive therapeutic relationship. Therapists might also encourage individuals to utilize *dichos* when praying in order to take a more active stance. As Organista (2007) states, “It is necessary to assess and even challenge forms of prayer that may lessen active problem

solving” (p. 235). In other words, individuals should be asked to pray for help with trying out new behaviors and to utilize *dichos*, such as, “*Ayúdate, que dios te ayudara.*” (God helps those who help themselves.)

Weine et al. (2004) discussed the importance of working with the families of the victims because the consequences of political violence are viewed through a family lens, especially with collectivist cultures such as that of Mexicans. In many cases, the whole family has been affected by the drug-related violence, and therapeutic support should be afforded to all members of the family. Mental health professionals must explore family dynamics around help-seeking behaviors and the way in which families communicate their distress and concerns in order to effectively provide support.

This study provides invaluable information on the lived experiences of Mexican immigrants whose lives have changed forever since the violence from the drug war increased. While this study focused on the traumatic impact of the drug war, participants also shared their narratives regarding other events, such as the migration journey, acculturative stress, as well as the exploitation and discrimination due to being Mexican immigrants living in the U.S. As such, mental health professionals should be mindful that the presenting problem might not be the only contributor to their psychological distress. They should have an in-depth understanding of the common challenges, as well as a cultural sensitivity by which to help Mexican immigrants heal, as opposed to providing limited and ineffective interventions that would perpetuate the oppression they so often endure. For example, Chavez et al. (2011) note that therapists should be aware of their perceptions and limitations and make a conscious effort to avoid microaggressions toward this vulnerable population, as such acts can damage the therapeutic relationship.

Of importance, this study focused on individuals living in the U.S., so they are physically removed from the violence compared to those living in Mexico. However, they are still experiencing significant emotional reactions despite being removed, due to their relatives being affected. Future research should focus on the impact of those who have been directly impacted so as to assess for psychiatric symptoms and the impact of the violence exposure on cultural values. As was shown in this study, individuals are adamant about disclosing their experiences to anyone, even family members, and they were not all directly impacted. With that said, it can be assumed that direct victims of the drug war have an increased difficulty in sharing their experiences, even in evaluative settings involving asylum hearings.

The difficulties in disclosing should be considered during the asylum hearing, so as to not punish defendants for not being able to provide a clear and coherent narrative of their past. Instead, it is encouraged that one should provide these individuals with a safe, nonjudgmental, and empathic environment, such as therapy, in order to explore and access their experiences and trauma responses. Mental health professionals and legal officials involved in the asylum seeking process should be cognizant of the potential adverse effects, along with the increased vulnerability to develop PTSD due to previous traumatic experiences.

Because the individuals being impacted by the drug-related violence experience such brutal and inhumane violence, it is imperative that mental health professionals seek supervision for these cases. An ability to provide the best standard of care in a culturally competent way is crucial. However, supervision is also essential so that professionals can process their own responses to hearing such narratives. Any individual working with

victims of complex and/or severe trauma is vulnerable to developing vicarious trauma and, if not cognizant of such impact, then it can be detrimental to oneself and one's work. Working with trauma clients can produce such significant negative responses in clinicians because, in addition to wanting to save our clients from pain, "the presence of a survivor client in our office is a reminder of our own personal vulnerability to traumatic loss" (Pearlman & Saakvitne, 1995, p. 154). In order to protect oneself from vicarious trauma and identify the warning signs of trauma exposure response, mental health professionals should read *Trauma Stewardship* by Lipsky. She defines trauma stewardship as "a daily practice through which individuals, organizations, and societies tend to the hardship, pain, or trauma experiences by humans, other living beings, or the planet itself" (Lipsky, 2009, p. 12). Lipsky emphasizes the importance of caring for ourselves while caring for others in order to provide work of high ethic and integrity in a sustainable and intentional way (Lipsky, 2009).

Self-care and self-awareness are highly important in order to be an effective clinician for individuals of severe and complex trauma, such as those found in this study. Along with supervision, consultation is helpful to ward against potential reactions of countertransference. Lipsky (2009) noted that feeling a connectedness with a client can help one know what the client feels, and it can help guide the therapist. However, it can be difficult to draw a clear boundary between one's own pain and the client's pain. Such therapeutic responses can create a bias in one's work and can negatively impact the therapeutic relationship, so speaking to other professionals can help see the client from a different angle. Consultation, along with supervision, can also help the clinician

determine their readiness and ability to work with such clients given his or her own experiences.

This researcher hopes to inform the field of mental health and the overall community about the physical and emotional impact related to the drug-related violence so that professionals can better assist individuals through the therapeutic process, whether it is for therapy or evaluative purposes. It is important to provide culturally competent services and to be cognizant of the wide range of negative exposure resulting from experiences of immigration, discrimination, and drug-related violence, in order to achieve well-being in an underserved population affected by such an overlooked phenomenon. In addition, it is important for mental health professionals to be trauma informed and to engage in trauma stewardship to ensure that they are able to be effective clinicians within this Mexican immigrant population.

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Appendix A

Consent to Participate in a Research Study The Chicago School of Professional Psychology

Title of Study: Identifying the Impact of the Drug War on Mexican immigrants

Student Investigator: Claudia Cespedes, M.A.

Department: Psy.D. Clinical Psychology Program

Phone: 312-278-3250

Email: crc3264@ego.thechicagoschool.edu

My name is Claudia Cespedes. I am a student at the Chicago School of Professional Psychology. I am conducting a study focused on understanding the perceived physical and psychological impact of the drug war in Mexican immigrants. People in this study will be Mexican immigrants who are seeking services at the Consulado General de Mexico en Chicago.

I am conducting this research as part of my studies in the Clinical Psychology doctoral program. The results of this study will be used to inform me about the impact of the drug war on Mexicans and the extent to which it is affecting the people and the community. Your standing with the Consulado General de Mexico en Chicago will not be affected by whether or not you wish to participate. Your participation is completely voluntary. You may skip questions or stop at any time without penalty.

If you decide to participate in this study you will be asked about the impact of the drug war, and your willingness to seek services from a health or legal professional. You will also be asked to complete the PTSD checklist- Civilian Version in Spanish. It is estimated that the interview will be completed in about 30 to 60 minutes.

It is possible that you will experience emotional arousal and unpleasant feelings due to speaking about your experiences. Taking part in this study might provide some benefit. I will provide you with mental health resources, as well as legal resources if you are interested in learning more about the asylum process. The information and trauma narratives will be used to inform mental health professionals and legal officials involved in the asylum seeking process as a way to improve future treatment of Mexican immigrants and asylum seekers.

All of your information will remain confidential. Your name will not be gathered, and you will be given the option to provide an alias for purposes of establishing rapport throughout the interview. The deidentified information collected from this study may be shown to other researchers associated with the study. Your name and other facts that might point to you will not appear when I present this study or publish its results. The interview will be audiotaped, but the recordings will be stored on a password and firewall

protected computer in a locked residence. Only my supervisor and myself will have access to the audiotapes.

If you are concerned about this study, your rights, or your participation you are encouraged to contact the Student Investigator at the contact information listed above. You may also contact the student's Primary Advisor, Dr. Chante DeLoach by phone at (312) 329-6681 or email at CDeLoach@thechicagoschool.edu. You may also contact the Institutional Review Board (IRB), which is concerned with the protection of subjects in this research project. You may reach the IRB office Monday-Friday by calling 312-467-2343 or writing: Institutional Review Board, The Chicago School of Professional Psychology, 325 N. Wells, Chicago, Illinois, 60654.

At this moment, your verbal consent indicates that you understand what is required of you and you have decided to participate in this research. Would you like to participate?

Forma de Consentimiento

Investigadora: Claudia Cespedes, M.A.

Departamento: Psy.D. Clinical Psychology Program

Numero de teléfono: 312-278-3250

Correo electrónico: crc3264@ego.thechicagoschool.edu

Mi nombre es Claudia Cespedes y soy estudiante en el programa de Sicoología Clínica en la escuela The Chicago School of Professional Psychology. Estoy conduciendo un estudio enfocado en el impacto físico y sicológico de la guerra contra las drogas en inmigrantes Mexicanos. Las personas en este estudio serán inmigrantes Mexicanos quienes han llegado a los Estados Unidos desde 2006 o después.

Estoy conduciendo este estudio como parte de los requisitos de mi programa. Los resultados se usaran para informarme sobre el impacto de la guerra contra las drogas en inmigrantes Mexicanos y al igual, aprender el efecto que tiene en la comunidad de México. Los servicios que usted busca en este centro no serán afectados de ninguna manera si usted decide no participar. Su participación es completamente voluntaria. Usted puede omitir preguntas en el cuestionario o durante la entrevista, o parar a cualquier momento sin penal.

Si usted decide participar en este estudio, se le preguntara sobre el impacto de la guerra contra las drogas y también quisiera saber si usted ha considerado aplicar por estatus de asilo si ha sido afectado/a personalmente. Al igual le hare preguntas sobre la manera en que usted ha buscado ayuda para afrontar obstáculos y problemas en su vida diaria. Usted completara un cuestionario en español llamado PTSD Checklist-Civilian Version. Se estima que la entrevista se tomara en 30 a 60 minutos. Por su tiempo, usted recibirá

una tarjeta de \$20 y la recibirá sin importar la duración de su entrevista, las respuestas que usted da, o aunque no termine la entrevista.

Es posible que usted sentirá angustia emocional y sentimientos desagradables a causa de platicar sobre sus experiencias. Como resultado, se le recuerda que usted puede parar a cualquier momento. Yo también estaré al tanto por si noto que usted se mira angustiado/a y en ese momento, parare la entrevista sin que usted me lo pida. Podremos resumir la entrevista solamente si usted expresa interés de continuar. Tomar parte en este estudio si le podría beneficiar de una manera. Yo le daré recursos de consejería y también recursos legales para aprender más sobre el proceso de asilo si los requiere. Al igual, su entrevista será usada para informar a profesionales de salud mental y abogados involucrados en el proceso de asilo. De esta manera, se podrá mejorar el futuro de inmigrantes mexicanos y todos aquellos que aplicaran por asilo o estatus legal de inmigración.

Toda su información se mantendrá confidencial. Yo no le preguntare su nombre y usted tendrá la opción de darme un nombre diferente para poder platicar con usted y establecer confianza durante la entrevista. La información anónima que se colectara será compartida con otros investigadores asociados con el estudio. Su nombre y cualquier otro detalle que lo/la identificarían no aparecerán cuando yo presente el estudio o si publico los resultados. La entrevista será grabada por audio pero las grabaciones serán guardadas con una clave y computadora protegida por firewall en la residencia de esta investigadora cerrada con llave. Solamente yo y mi consejera tendrá acceso a las grabaciones de audio.

Si usted esta preocupada sobre este estudio, sus derechos, o su participación, le recomiendo que contacte la estudiante investigadora a la información que se encuentra arriba. También puede contactar a la consejera de la estudiante, Dra. Chante DeLoach por teléfono al numero (312) 329-6681 o por correo electrónico a CDeLoach@thechicagoschool.edu. También puede llamar al Institutional Review Board (IRB), que se encarga de la protección de participantes en este estudio. Puede llamar al IRB de Lunes a viernes al 312-467-2343 o puede escribir al: Institutional Review Board, The Chicago School of Professional Psychology, 325 N. Wells, Chicago, Illinois, 60654.

En este momento, su consentimiento verbal indica que usted comprende lo que se le requiere y ha decidido participar en este estudio. Quisiera participar?

Appendix B Screening Questions

The following questions will be asked of individuals who agree to participate in the screening.

My name is Claudia Cespedes and I am a second year doctoral student in the Clinical Psy.D. Program at The Chicago School of Professional Psychology. I have been permitted by the Consulado General de Mexico en Chicago to approach each of you regarding a study I am conducting for my dissertation. I am interested in learning your opinions about how you and others have been affected by the drug war.

Your participation in this process is completely optional, and I already thank you for your time. If you wish to assist me, there will be five questions that I will ask of you. For purposes of the study, I ask that you are open and honest with me. However, if you choose not to answer any of the questions, you may do so at any time.

- 1) Did you migrate to the U.S. from Mexico?*
- 2) Have you experienced any violence due to the drug war in Mexico?*
- 3) Have you ever witnessed violence that resulted from the drug war?*
- 4) Has a family member, neighbor, friend, or anyone you know been physically targeted due to the drug war?*

If the individual chooses not to participate or if they do not qualify for the study, they will be notified of the following:

Once again, I thank you for your time. If you have any questions, you can contact me directly by phone at (312) 278-3250 or email at crc3264@ego.thechicagoschool.edu. You may also contact my Primary Advisor, Dr. Chante DeLoach by phone at (312) 329-6681 or email at CDeLoach@thechicagoschool.edu. If you are interested, I would be happy to provide you with mental health resources as needed.

Preguntas iniciales

Mi nombre es Claudia Cespedes y estoy en mi Segundo ano de mi doctorado en el programa de Sicología Clínica en la escuela The Chicago School of Professional Psychology. Quisiera hacerle unas preguntas relacionadas a un estudio que estoy

conduciendo. Estoy interesada en aprender sus opiniones acerca de la guerra contra las drogas en México.

Su participación es completamente opcional y le agradecería su tiempo. Si gusta ayudarme, yo le preguntare cinco preguntas. Por propósitos de este estudio, le pediré que sea honesto/a conmigo. Al igual, si decide no contestar alguna pregunta, puede hacerlo a cualquier momento.

- 1) Usted se vino para los Estados Unidos de México?*
- 2) Ha sido afectado por la violencia de la guerra contra las drogas?*
- 3) Ha visto a alguien ser lastimado/a a causa de la violencia de la guerra contra las drogas?*
- 4) Algún familiar o conocido ha sido lastimado/a de alguna manera a causa de la guerra contra las drogas?*

If the individual chooses not to participate or if they do not qualify for the study, they will be notified of the following:

Gracias nuevamente por su tiempo. Si tiene alguna pregunta, puede hablarme directamente al (312) 278-3250 o por correo electrónico a crc3264@ego.thechicagoschool.edu. También puede hablarle directamente a mi consejera primaria, Dra. Chante DeLoach al (312) 329-6681 o por correo electrónico a CDeLoach@thechicagoschool.edu. También quisiera decirle que si esta interesada/o, le puede dar recursos para servicios de salud mental.

Appendix C

Semi-Structured Interview

Before I begin with the interview questions, I would like to remind you of the study. The results of this study will be used to inform me about the impact of the drug war on Mexicans to gain an understanding of the extent to which it is affecting the people and the community. It is possible that you will experience emotional arousal and unpleasant feelings due to speaking about your experiences. If this does occur, please let me know and we can stop if needed. All of your information will remain confidential. The findings will be summarized and reported but no identifying information will be attached to the information you share with me today. I will be asking you about your arrival to the U.S. and reasons for leaving. I will then ask ways in which the drug war has affected you, and whether or not you have considered applying for asylum. Lastly, I will inquire about ways in which you have sought help to deal with life obstacles.

1. What is your age?
2. How do you identify ethnically/ racially?
3. What is your highest level of education reached?
4. What is your annual household income level?
 - a. Less than \$10,000; \$10,000-20,000; \$20,001-30,000, \$30,001 and above
5. How many people live in your household (including all children)?
6. When did you leave Mexico (at what age and year), and with who?
7. What were the reasons you decided to migrate to the U.S.?
8. How many immediate family members (parents, siblings, children) remain in Mexico?
9. How much did the drug war influence your decision to leave?
10. In your opinion, how is the situation in Mexico due to the drug war?
11. In what ways have you been impacted by the drug war (physically, psychologically, emotionally)?
12. If any negative impact is present, whom have you disclosed your experiences to?
13. Have you ever sought mental health treatment or assistance in the past? If so, for how long and for what reason?
14. What are some of the ways you have sought help in the past to deal with life obstacles?
15. What are some common beliefs that you hold about mental illnesses?

16. If you were ever experiencing psychological symptoms or felt that you needed to talk to someone, how likely are you to seek mental health treatment? Why/ Why not?
17. What barriers are there as to why people do not seek mental health treatment?
18. How can a mental health professional show you they are understanding, supportive, and empathic toward you?
19. Is there anything else you would like to add related to what was discussed today?

Entrevista

Antes de comenzar con las preguntas, quisiera recordarle del estudio. Los resultados se usaran para informarme sobre el impacto de la guerra contra las drogas en mexicanos para poder comprender el efecto que tiene en la gente y la comunidad. Es posible que usted sentirá angustia emocional y sentimientos desagradables a causa de platicar sobre sus experiencias. Si esto ocurre, por favor déjeme saber y podemos parar con la entrevista si es necesario. Toda su información se mantendrá confidencial. Los resultados serán resumidos e incluidos en un reporte pero ninguna información que lo/la identificaría será usada con la información que usted comparta conmigo hoy. Yo le preguntare sobre su llegada a los Estado Unidos y sus razones por irse de México. También le preguntare las maneras en que la guerra contra las drogas le ha afectado, y quisiera saber si usted ha considerado aplicar por asilo. Últimamente, le preguntare las maneras en que usted ha buscado ayuda para afrentar obstáculos y problemas.

1. Que edad tiene?
2. Que es su raza étnica?
3. Que es la nivel más alta de educación que usted ha atendido?
4. Que son los ingresos anuales de su hogar?
 - a. Menos de \$10,000; \$10,000 a \$20,000; \$20,001 a \$40,000; \$40,001 o mas
5. Cuantas personas viven en su hogar (incluyendo a niños y bebes)?
6. Cuando se movió a los Estados Unidos de México y a que edad?
7. Cuáles fueron sus razones para moverse a los Estados Unidos?
8. De alguna manera influyo la guerra de las drogas su decisión a moverse de México?
9. Cuantos familiares cercanos (papas, hermanos/as, y niños) permanecen en México y en qué parte?
10. En su opinión, como está la situación de la guerra contra las drogas en México?
11. De qué manera piensa que usted ha sido afectado/a por la guerra de las drogas

(físicamente, psicológicamente, emocionalmente)?

12. Si le afectado la violencia directamente, a quien le ha contado sobre su experiencia
13. Ha tratado de buscar tratamiento para la salud mental o algún tipo de ayuda en el pasado?
14. En el pasado, que ha hecho para recibir ayuda o apoyo para lidiar con sus problemas?
15. Que son sus creencias o pensamientos sobre las enfermedades mentales?
16. Si algún día usted siente síntomas psicológicos o siente que necesita hablar con alguien, que es la probabilidad que usted buscaría un/a consejero/a de salud mental?
17. De que manera podría enseñarte un profesional de salud mental que tiene empatía, te apoyan y pueden comprender tus experiencias?
18. Que impedimentos hay por la cual las personas no buscan ayuda profesional de salud mental?
19. Hay algo más que me quisiera decir sobre lo que ha compartido conmigo hoy?