Hoping for a Better Tomorrow:

Do Hope and Optimism Serve as Protective Factors Against Discrimination in

Latinx Immigrants

by

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ABSTRACT

The United States has historically been perceived as a "nation of immigrants" due to its eclectic racial and ethnic make-up. Nonetheless, the nation's relationship and attitudes towards immigrants have been predominantly negative, especially with Latinx immigrants. The criminalization of Latinx immigration has led to an array of poor psychosocial outcomes for those who arrive and remain within the United States. Numerous studies have found a significant positive relationship between discrimination and elevated rates of depression, anxiety, and stress among Latinx immigrants. Seeing that Latinxs are projected to become 25% of the U.S. population by 2060, there is an urgent need for the development of culturally-affirming interventions grounded on protective factors unique to this population. This study sought to expand on the current literature surrounding the relationship between discrimination and poor mental health outcomes in Latinx immigrants, by determining whether hope and optimism serve as protective factors. Findings from a multi-step linear regression analysis showed that hope and optimism do have a significant moderation effect on Latinx mental health outcomes. Nonetheless, results varied by gender and mental health construct between depression, anxiety, and stress. The findings from this study provide an additional antidote for ameliorating the pernicious effects of discrimination concerning this cultural group. Recommendations informed by these findings are made for social work practice, policy reform, and research.

DEDICATION

I dedicate this project to my grandmother, "Mama Nena", who passed away this year.

Her hope and optimism were unwavering even in the hardest of times, which taught me

to the power of positive-perspective taking.

ACKNOWLEDGMENTS

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CHAPTER 1

INTRODUCTION

The United States (U.S.) has long been described as a "melting pot" and a "nation of immigrants" due to its eclectic racial and ethnic make-up (Chavez-Dueñas et al., 2019). Despite being labeled as such, the relationship between the U.S and immigrants has hardly been as welcoming as the terms appear. This relationship has been especially contentious towards the Latinx community. Historically, anti-immigrant sentiment towards numerous racial and ethnic groups has been an ongoing and well-documented issue in the United States. Although anti-Latinx immigrant policies and deportations of Latinx immigrants and even Latinx individuals who were U.S. citizens existed since the early 1900s, the criminalization of unauthorized immigration from Latin American countries can be traced back to 1965 when immigration and criminal law began to converge in efforts to treat unauthorized immigration as a criminal offense (Chavez-Dueñas et al., 2019).

This intersection came to be known as "crimmigration" and has more recently led to a fivefold increase in anti-immigration policy between the years of 2005 and 2015 (Chavez-Dueñas et al., 2019). These policies, such as the infamous Arizona Senate Bill (SB1070) enacted in 2010 which allowed law enforcement officers to use race, color, and origin as a basis to request proof of legal status, are targeted at identifying, detaining, and deporting immigrants through criminal law (Chavez-Dueñas et al., 2019; Hardy et al., 2012). Although a small portion of these policies has been removed after being deemed unconstitutional, their detrimental impact on Latinxs endures in the form of poor biopsychosocial outcomes.

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As of 2019, there are an estimated 60.6 million Latinxs living in the U.S., which translates to roughly about 18% of the entire U.S. population (Noe-Bustamante et al., 2020). Of those, about 19.8 million, or 33%, self-identified as immigrants (Batalova et al. 2020). Although Latinx is an inclusive term used to comprise various ethnic groups from Latin America., about a quarter (25%) of the immigrant population comes from Mexico compared to other countries (Budiman et al., 2020). At this rate, Latinxs are projected to make up 25% of the nation's population by 2060 (Colby & Ortman, 2014). Such rapid group growth in the immigrant population, compounded by a history of crimmigration has led to pernicious consequences for the Latinx immigrant and non-immigrant communities. In fact, recent studies have shown that a plurality of Americans views Latinx as the most discriminated against cultural group (Ayón & Becerra, 2013). This sentiment has been fueled by unsupported economic claims, anti-immigrant rhetoric from government leaders, and unfounded contentions labeling immigrants as drug dealers, rapists, and criminals (Becerra, 2020; Becerra et al., 2018, 2020). During the Trump administration, Latinx immigrants experienced heightened levels of discrimination as a result of his discriminatory bombast and hate speech towards the community (Becerra et al., 2018).

In light of fast the population growth and augmentation in crimmigration, researchers realized the urgency of examining the magnitude of the detrimental effects of anti-immigrant sentiment and discrimination among Latinx communities. As a result, numerous studies have verified there is a strong association between discrimination and poor mental health outcomes for Latinx immigrants, including depression, anxiety, and stress (Schmitt et al., 2014). Living under the power of a seemingly anti-immigrant

government arguably depletes any belief that the future will be better, leading to intense feelings of hopelessness the Latinx immigrant and nonimmigrant community.

With growing rates of mental illness among an expanding population due to the ongoing toxic sociopolitical climate, the negative effects are bound to be experienced at colossal levels among the entire nation if not addressed now. Previous studies have found that Latinx report higher levels of hope and optimism, but limited research has been done to explore how these constructs can improve mental health outcomes in this face of discrimination for this group (Burrow et al., 2010; Shelton et al., 2020). This paper aims to address this issue by expanding on the established relationship between discrimination and mental health by examining hope and optimism as potential protective factors through a risk and resilience theoretical frame.

CHAPTER 2

LITERATURE REVIEW

Latinx Immigrant Mental Health

Extensive literature exists substantiating the negative relationship between discrimination associated with immigration and mental health outcomes for Latinx immigrants. Previous studies have found that Latinx immigrants are at an elevated risk for poor overall well-being due to higher rates of exposure to racism, isolation, discrimination, community violence, and poverty (Becerra, 2020; Cardoso & Thompson, 2010; Christophe et al., 2019). Discrimination, specifically, appears to be disproportionately damaging to Latinx mental health. Discrimination may appear in multifarious forms including offensive language, marginalized neighborhoods, and abuse in the workplace (Becerra et al., 2018). Furthermore, it can occur in the form of legal violence which constitutes the use of anti-immigration policies to target and disempower certain racial and ethnically diverse groups. In other words, legal violence can be described as the physical and psychological harm individuals and groups experience as a result of policies that sanction the criminalization of immigration (Menjívar & Abrego, 2012).

Discrimination has been linked to higher rates of depression, anxiety, stress, substance use, and family conflict (Becerra et al., 2018; Sangalang et al., 2019). Moreover, anxiety stemming from discrimination has been associated with a loss of trust and a diminished overall sense of safety under the U.S. government (Becerra et al., 2017; Chavez-Dueñas et al., 2019; Rojas-Flores et al., 2016). These findings explain why Latinx immigrants are exposed to a number of risk factors that intensify their

multifaceted propensity for poor mental health outcomes. For example, as a result of a diminished sense of trust in U.S. law enforcement, Latinx immigrants are less likely to report workplace abuse and violence to authorities increasing their susceptibility for inhumane treatment (Brennan, 2010; Cleaveland, 2010). Latinas are also less likely to report domestic violence and sexual abuse out of fear of deportation and economic dependence on their spouse (Chavez-Dueñas et al., 2019; Messing et al., 2015; Reina et al., 2014). Furthermore, Latinx immigrants tend to isolate themselves more in response to discrimination and harsh anti-immigration policies that elicit fear of retaliation. This can then lead to limited access to healthcare, smaller social networks, and language isolation (Cardoso & Thompson, 2010; Chavez-Dueñas et al., 2019).

Psychological distress is observed even among Latinx communities in states without severe anti-immigrant legislation, signifying that the negative effects of legal violence, such as poor mental health outcomes, carry across state lines (Becerra, 2020). All of these factors are added on top of the initial vulnerability that may exist from potential trauma experienced at the three stages of the migration journey itself. During these three stages immigrants face challenges including exposure to violence in the country of origin, severe living conditions while traveling, and acculturative stress upon arrival (Chavez-Dueñas et al., 2019).

Although the focus of this study is on Latinx immigrant populations, it is important to note that these heightened propensities for poor mental and physical health outcomes occur across Latinx communities regardless of immigration status. This happens as a byproduct of restrictive policies and racist rhetoric that promote racial profiling and discrimination based on phenotypic characteristics, such as skin color

(Ayón & Becerra, 2013; Perez, 2011). Latinxs who have legal status to be in the U.S. have also reported higher levels of fear, stress, and anxiety from simply knowing someone with undocumented status (Santos et al., 2013). They are also more likely to be discriminated against if they share physical and cultural characteristics, such as darker features and speaking Spanish, regardless of their current legal status (Ayón & Becerra, 2013; Perez, 2011).

To add, the deleterious effects of discrimination spread across family systems seeing that previous studies have discovered that parents often avoid schools and outings in general out of fear of deportation, which can lead to an array of psychosocial problems for Latinx children (Chavez-Dueñas et al., 2019). Moreover, children of immigrant or mixed-legal status Latinx families tend to experience higher levels of stress and depressive symptoms from living between cultures (Becerra et al., 2013). Evidently, this issue is multisystemic and has the potential to affect millions of people through not only vast psychosocial distress, but also large-scale economic healthcare costs if Latinx families avoid seeking services out of fear until emergency care is needed.

Hope and Optimism as Protective Factors

In response to the extensive literature detailing the negative effects associated with immigration in Latinx populations, numerous researchers have set out to examine potential protective factors that attenuate or extinguish the detrimental health effects experienced by Latinx immigrants. Social support, social capital, family cohesion, and language proficiency have all been identified as protective factors against the adversities associated with immigration (Alegría et al., 2017; Lee et al., 2020). Furthermore, a limited number of studies have started to look at the possibility of individual factors, such

as hope and optimism, as protective mechanisms for Latinx immigrant populations (Becerra et al., 2013; Chang et al., 2013; Karaman et al., 2020; Shelton et al., 2020). This stems from a growth in the field of positive psychology, which attempts to focus on strengths and positive aspects over negative ones, such as pathology (Shelton et al., 2020). Under this framework, hope and optimism have been associated with positive psychosocial outcomes, which appear promising for Latinx immigrant interventions (W.-C. Ho & Cheung, 2016; Karaman et al., 2020). The idea of focusing on strengths rather than pathologies is not new to the field of social work, which operates from a strengths-based perspective. Thus, hope and optimism appear to be desirable constructs to include in social work interventions.

Hope has been defined as a cognitive set, made of goal-directed determination, also known as agency, and goal-planning pathways (Snyder et al., 1991). In other words, hope refers to having a positive outlook by believing in one's ability to accomplish goals through goal-oriented planning and behavior (Hellman & Gwinn, 2017; Karaman et al., 2020; Snyder et al., 1991). Hope has been associated with lower rates of anxiety, depression, suicidal risk, and behavioral problems (Chang et al., 2013; Hellman & Gwinn, 2017). It has exhibited a strong correlation with other psychosocial strengths including grit, gratitude, social intelligence, curiosity, and self-control (Hellman & Gwinn, 2017). In fact, brief interventions promoting hope have shown improvement in overall well-being and increases in life purpose and vocational training (Feldman & Dreher, 2012; Hellman & Gwinn, 2017). Bidirectional correlations have also been found between hope and well-being within Latinx populations, showing that Latinx generally have more hope than other cultural groups, but exposure to discrimination significantly

decreases their positive expectations for the future (Becerra et al., 2013; Shelton et al.,

2020).

Optimism is another positive psychological construct that is often closely

affiliated with hope. Optimism is defined as a generalized expectation and belief in

positive outcomes for the future rather than negative (Ho et al., 2010; Lucas et al., 2020).

Researchers have argued that optimism is slightly less goal-directed and more

generalized than hope (Lucas et al., 2020). Nonetheless, like hope, it has been associated

with lower rates of depression, negative affect, and suicide risk (Ho et al., 2010). It also

shows positive correlations with emotional well-being, adaptive coping, self-esteem, and

life-satisfaction (Grote et al., 2007; Ho et al., 2010; Lucas et al., 2020). Importantly, there

is substantial evidence suggesting that optimism is especially beneficial for psychological

well-being under stressful situations since it is more likely to result in resilient adaptation

in the form of coping skills (Hellman & Gwinn, 2017). This may signal an additional

benefit in implementing it when working with Latinx immigrants who undergo vast

amounts of stress while integrating and adapting to a new culture.

Despite the push for differentiating the two constructs from one another in recent

literature, some studies argue that hope and optimism are much more effective when

applied together in interventions due to their additive power and strong correlations with

positive well-being when coupled together (Lucas et al., 2020). For the purpose of the

study, the two terms will be used together to represent a broad positive outlook for the

future. In line with this, anti-immigration policies and perceived discrimination have

shown negative correlations with hope and optimism in Latinx immigrant groups

(Becerra et al., 2013, 2018). Higher rates of depression have also been associated with

diminished expectations that the future will be better (Becerra, 2020). Moreover, perceived discrimination is related to low self-esteem and negative mental health outcomes (Schmitt et al., 2014). Since Latinx immigrants appear to lose hope and optimism as a result of discrimination stemming from anti-immigrant sociopolitical culture, one might argue that this is a vital and promising area for mental health interventions. Under this premise, hope and optimism appear to be propitious tools for addressing the negative mental health outcomes, such as depression, anxiety, and stress that many Latinx immigrants face.

Risk and Resilience Theoretical Framework

To better understand the influence of hope and optimism on the relationship between discrimination and poor mental health in Latinx immigrants, this study used the ecological risk and resilience theoretical framework (Bogenschneider, 1996). The risk and resilience framework posits that there are risk factors that increase the likelihood that negative outcomes will occur and protective factors that act as safeguards in the face of adverse events. Under this paradigm, the goal is to eliminate or mitigate the negative effects of risk factors, while promoting or building on the powerful strength of protective factors (Bogenschneider, 1996). Risk and protective factors can be found at the individual, cultural, and social level and result in negative or positive biopsychosocial outcomes (Becerra, 2020). By examining the risks and strengths found at different levels of an individual's ecological systems, interventions and support can be put in place to promote positive well-being.

Elevated Vulnerability of Latinx Immigrants

Latinx immigrants represent a highly vulnerable group for negative mental health outcomes for several reasons. To begin with, Latinx immigrants experience social isolation, poverty, and discrimination at elevated rates which have all been linked to higher rates of depression, anxiety, and stress (Hardy et al., 2012). They are also more likely to experience workplace violence and abuse more often than other cultural groups due to fear of deportation (Ayón et al., 2012). A large portion of those who are abused in the workplace elect not to report in order to keep their source of income and remain in the country. Similarly, domestic violence and sexual abuse are more prevalent among Latinas and often go unreported out of fear of law enforcement (Messing et al., 2015). This can even result in lethal harm, considering wives make up 81 percent of population killed by their spouse (Kyriakakis, 2014).

Additionally, those who experience discrimination are often less confident that their futures will be better and more likely to engage in substance use and suicidal ideation (Otiniano et al., 2014; Perez-Rodriguez et al., 2014). This loss of hope can result in social isolation, exacerbating their poor mental health (Becerra et al., 2013). Inadequate housing and limited access to health care are common problems faced by Latinx immigrants as well (Cardoso & Thompson, 2010; Keller et al., 2010). Lastly, poor outcomes are often transmitted throughout entire family systems as evidenced by higher rates of antisocial behaviors at school by children of Latinx immigrants attempting to adapt between two cultures (Ayón & Becerra, 2013). This creates multigenerational problems that may compound over time if not address in timely manner.

Latinx Cultural Strengths

Despite the overwhelming risk factors Latinx immigrants face, studies have also identified some notable protective factors unique to this ethnic group. These factors have been categorized into individual, social, and cultural domains. Self-esteem, social competence, self-mastery, and positive ethnic identity have all been individual characteristics associated with resiliency in the Latinx community (Bermudez & Mancini, 2013). Furthermore, strong family ties both nationally and transnationally (i.e. across country borders) are associated with positive well-being (Ornelas et al., 2020). This interconnectedness between and devotion to the family is a core Latinx value, also referred to as "familismo" (Castillo et al., 2010; Villarreal et al., 2005). Familismo has been linked to positive mental health outcomes including increased self-esteem and life satisfaction (Piña-Watson et al., 2013). Thus, it is an important of component to assess and prioritize when working with this population because it can help mental health providers address a significant area of influence.

Within the social domain, social support and close relationships with other Latinx immigrants in the community through school, church, and neighborhoods have also been identified as protective factors (Cardoso & Thompson, 2010). Lastly, cultural concepts such as "dichos," or popular sayings passed down across generations, have shown to promote resiliency among Latinx immigrants due to the positive outlook on difficult situations they convey (Bermudez & Mancini, 2013). Although there are numerous other protective factors, hope and optimism have only recently been studied as such.

Application of Risk and Resilience Framework

In view of the heightened vulnerability of Latinx immigrants, hope and optimism appear to show protective effects against negative psychosocial outcomes. Previous studies have found hope and optimism to be robust predictors of positive mental health outcomes including life satisfaction, meaning in life, lower suicidal ideation, and adult adjustment (Chang et al., 2013, 2017; Karaman et al., 2020; Snyder, 2002). Since Latinx immigrants generally appear to be more optimistic and often migrate to the U.S. in hopes for a better future, examining hope and optimism as resilience factors may open the door for potential future interventions grounded on their unique cultural strengths (Becerra et al., 2018; Raleigh & Kao, 2010; Shelton et al., 2020). Hope and optimism may also uncover new pathways to overall well-being practitioners can utilize to guide their treatment.

Purpose of Present Study

Given the information shared in the previous sections, Latinx immigrants are at an elevated risk for poor mental health outcomes. Disproportionate exposure to poverty, isolation, limited access to health care, violence, and abuse is strongly correlated to depression, anxiety, and stress (Becerra, 2016, 2020; Chavez-Dueñas et al., 2019). More specifically, discrimination appears to be a significant predictor for psychological distress including loss of confidence that the future will be better and even suicidal ideation in the most severe cases (Perez-Rodriguez et al., 2014). These effects can transmit across systems, including families and other non-immigrant Latinx communities, leading to a larger social problem such as compounded healthcare costs from untreated conditions, unemployment due to fear of deportation and abuse in the workplace, and family conflict

stemming from poor parenting due to Latinx parents being preoccupied with their own distress (Becerra et al., 2013, 2018; Chavez-Dueñas et al., 2019). To address this problem, this study aims to expand on current literature establishing the relationship between discrimination and poor mental health outcomes by positing hope and optimism as potential moderators in efforts to create interventions that promote Latinx immigrant well-being.

CHAPTER 3

METHODOLOGY

Sample

Data used in the Becerra et al. (2020) study were analyzed for this study. After receiving approval from the IRB, the data was collected over a period of time between the summer and fall of 2015 through February 2016. This sample consists of 427 Latino immigrants residing in the state of Arizona at the time of collection. Recruitment was done through social service agencies, faith-based organizations, churches, and immigrant rights organizations within Maricopa County. Participants were asked to fill out self-report questionnaires using paper and pen/pencil format. They were also given the option to complete the questionnaires in their language of preference between English and Spanish. The authors informed participants on the purpose of the study but omitted signatures for participation given the sensitivity associated with participating. Likewise, participants were not asked to provide any identifying information to reduce the risks of participating in the study.

After adjusting for missing values, the final sample consisted of 421 participants (See Table 1). Of those 250 reported as female (59.4%) and 171 as male (40.6%). Age ranged from 18-65, with a mean of 36 years old. Socioeconomic status was measured using a scale asking participants to rate how often they had enough money to afford food, utilities, transportation costs, school costs, clothes, and leisure activities. Scores on the SES scale ranged from 7 to 28, with higher scores signifying better financial status. The mean score for SES was 18.39 (SD=4.49) In terms of education, approximately 54% of the sample had a middle school education or less. Over 60% of the sample reported

speaking no English and only 16.6% reported holding U.S. citizenship status. The

number of years spent in the U.S. ranged from zero to 43, with a mean of 17.

Table 1

Demographics

	N	Percent (%)
Age (years)		
18-25	71	17.0
26-32	80	19.2
33-39	108	25.9
40-47	96	23.0
48-65	62	14.9
Sex		
Female	250	59.4
Male	171	40.6
Education		
None	9	2.2
Some Elementary School	38	9.3
Elementary School	38	9.3
Some Middle School	54	13.2
Middle School	79	19.4
Some High School	46	11.3
High School	103	25.2
More than High School	41	10.0
U.S. Citizenship		
Yes	71	16.6
No	351	82.2
Not Reported	5	1.2
Years in the US		
Less than 5 Years	31	7.4
6-10	55	13.1
11-15	137	32.5
16-25	134	31.8
More than 26 Years	64	15.2
English Speaking		
Yes	151	35.4
No	276	64.6

Descriptive statistics based on the participants that responded to the demographic questions.

Measures

Control Variables

        The data included self-report measures of age, socioeconomic status, education level, U.S. citizenship status, time spent in the U.S., and English language proficiency. Participants reported their exact age in numerical value. Level of education ranged from 1 = None to 8 = University. Time spent in the U.S. was reported numerically by participants. English language proficiency was differentiated between 0 = No English and 1= English-speaking. Those who spoke English and Spanish were included in the English-speaking group. The following sections will discuss reasons why it was important to control the previously stated variables in this study.

        Older Latinx adults are less likely to report symptoms of stress than younger adults (Becerra et al., 2020). This may be due to the different types of immigration stressors corresponding to each age period. Specifically, younger adults are more likely to be at the beginning of their migration journey characterized by higher levels of discrimination and isolation. Whereas, older adults are more likely to have had more years of social adaptation and integration (Santos et al., 2013).

        Socioeconomic status and education levels have been found to influence Latinx mental health outcomes. Explicitly, Latinx experiencing financial hardships are more likely to report symptoms of depression, anxiety, and stress compared to those with higher socioeconomic status (SES) (Alegría et al., 2017; Hardy et al., 2012). Low SES limits Latinx ability to pay for everyday costs, including food. Consequently, this may also lead to food insecurity which elevates the propensity for poor mental health outcomes (Garcini et al., 2016). In a similar way, lower educational attainment limits

Latinx ability to obtain proper jobs that provide healthcare insurance. This results in poor access to health care leading to an increase in severity of symptoms when present and unattended (Chaudry et al., 2010). While these discrepancies due to SES and education level are noteworthy, they are not the focus of the present study and must therefore be controlled for in the analysis.

Lastly, U.S. citizenship status, time spent in the U.S., and English proficiency also influence the presence of poor mental health in Latinx. Patler and Laster Pirtle (2018) found that authorized status does appear to improve psychological well-being, compared to unauthorized status. This might be a result of increased social mobility and decreased fear of deportation. On the other hand, findings on the effect of length of time spent in the U.S remain mixed. Some studies have posited the existence of a "healthy immigrant paradox", where mental health worsens as acculturation increases, while others have not found a relationship between the two (Patler & Laster Pirtle, 2018; Rogler et al., 1991). Nonetheless, strong evidence exists substantiating the negative relationship between English language proficiency and poor mental health outcomes among Latinx immigrants. Those who identify as monolingual, Spanish-speaking or with limited English proficiency are more vulnerable to psychiatric disorders, social isolation, limited access to relevant information, lower self-esteem, and less access to health care services (Alegría et al., 2017; Kim, Aguado Loi, et al., 2011; Kim, Worley, et al., 2011; Leong et al., 2013).

Independent Variables

Discrimination was measured using a 6-item scale from the Becerra et al. (2020) study using Likert response options ranging from 1 = strongly disagree to 5 = strongly

agree. The scale asked participants to respond to statements such as "Americans are treating Latino immigrants badly"; "The media promotes negative images of Latino immigrants"; and "United States laws discriminate against Latino Immigrants" (Becerra et al., 2020). Scores on the scale range from 6 to 30, where higher scores indicate higher levels of discrimination. The Cronbach's alpha for the *Discrimination* scale in the current study was .82, with a mean score of 23.98 (SD = 4.02).

To analyze content validity, a principal components analysis (varimax rotation) was conducted. The analysis showed that all six items taken together into one component obtained an eigenvalue of greater than 1.0 and accounted for 52.91% of the variance. Component loadings ranged from .667 to .766. The Kaiser-Meyer-Olkin (KMO) Measure of Sampling Adequacy was .789. Only a single component was extracted and rotation was not possible.

Moderator Variables

Recent literature has begun to distinguish hope and optimism as different constructs (Feldman & Kubota, 2015). Precisely, hope encompasses a sense of agency and perceived goal-oriented pathways, whereas, optimism is concerned with general positive outcome expectancy (Carver & Scheier, 2002; Snyder, 2002). Although there are currently some measurement instruments available for hope and optimism, including the Adult Hope Scale (Snyder et al., 1991) and the Life Orientation Test-Revised (Scheier et al., 1994), this study uses a 5-item scale with questions addressing perceptions of hope and optimism combined. Participants were asked to rate their responses using a Likert scale ranging from 1 = Very little confidence to 4 = A great deal of confidence. Participants were asked to respond to the following questions: "How much confidence do

you have in a 1) better future for yourself? 2) better future for your family? 3) better

future for your children? 4) better future for immigrants in the U.S.? 5) better future for

the children of today?" (Becerra et al., 2018). Scores ranged from 5 to 20, where higher

scores indicated greater confidence that the future would be better. The analyses revealed

excellent reliability with a Cronbach's alpha of .928, with a mean score of 13.57

(SD=4.53).

A principal components analysis (varimax rotation) was also conducted to analyze

the content validity of this measure. All five items taken together into one component

into an eigenvalue of 1.0 or greater accounted for 77.93% of the variance. Component

loadings ranged from .869 to .903. The Kaiser-Meyer-Olkin (KMO) Measure of

Sampling Adequacy was .834. Only a single component was extracted and rotation was

not possible. In order to test for moderation, an interaction term was developed. The

interaction term was created by multiplying the variables discrimination and hope and

optimism.

Dependent Variables

To measure mental health outcomes, the Depression Anxiety, and Stress Scale-21

(DASS-21) was utilized. The DASS-21 is a shortened version of the original, 42-item

Depression, Anxiety, and Stress Scale (DASS) (Daza et al., 2002, S. H. Lovibond & P. F.

Lovibond, 1995). The DASS-21 is broken down into three subscales measuring

depression, anxiety, and stress individually. Each subscale is composed of seven items. It

is administered in self-report format and asks individuals to rate how often a statement

applied to them over the previous week on a 4-item Likert scale where 1 = not at all and 4

= most of the time (Daza et al., 2002). Higher scores on each subscale indicate higher severity of the corresponding construct.

Data was collected using the translated, Spanish version of the DASS-21, given the population of interest (See Table 2). The use of the DASS-21 with Spanish-speaking populations, specifically Latinx in the U.S., has been validated (Daza et al., 2002). The translation was completed by three professional translators and included a multiple-step process. Independent translations were completed first, followed by idiomatic modifications, and ending with a back-translation of the Spanish version. The final version was then piloted to identify any necessary final edits (Daza et al., 2002). The three subscales were recoded and analyzed for the purpose of this study and obtained excellent psychometric properties. The Cronbach alpha score for the depression subscale was .91. The Cronbach alpha score for the anxiety subscale was .95. Lastly, the Cronbach alpha score for the stress subscale was .96.

Table 2

Depression Anxiety and Stress Scale-21: Spanish Translation and Validation with Hispanic Sample

En las últimas 2 semanas, que tan seguido ha sentido lo siguiente:	M	SD
Depression Subscale		
A. No podía sentir ningún sentimiento positivo (I couldn't seem to experience any positive feeling at all)	2.28	.92
B. Se me hizo difícil tomar la iniciativa para hacer muchas cosas (I found it difficult to work up the initiative do do things)	2.32	1.02
C. Sentí que no tenía nada por que vivir (I felt that life wasn't worthwhile)	1.52	.86
D. Me sentí triste y deprimido (I felt sad and depressed)	2.17	.99
E. No me pude entusiasmar por nada (I was unable to become enthusiastic about anything)	2.11	1.01
F. Sentí que valía muy poco como persona (I felt I wasn't worth much as a person)	1.73	1.02
G. Sentí que la vida no tenía ningún sentido (I felt that life was meaningless)	1.55	.89
Anxiety Subscale		
H. Evite situaciones en las cuales podía tener pánico (I avoided situations where I might panic)	1.91	.90
I. Se me hizo difícil respirar (I experienced difficulty breathing)	1.57	.77
J. Sentí que mis manos temblaban (I experienced trembling in the hands)	1.64	.77
K. Me di cuenta que tenía la boca seca (I was aware of dryness of my mouth)	1.76	.75
L. Sentí que estaba al punto de pánico (I felt I was close to panic)	1.58	.72
M. Sentí los latidos de mi corazón a pesar de no haber hecho ningún esfuerzo físico (I was aware of a rapid heartrate in the absence of physical exertion)	1.69	.77
N. Tuve miedo sin razón (I felt scared without any good reason)	1.81	.85
Stress Subscale		
O. Me costó mucho relajarme (I found it hard to wind down)	1.95	.93
P. Reaccione exageradamente en ciertas situaciones (I overreacted in certain situations)	1.95	1.04
Q. Sentí que tenía muchos nervios (I was in a state of nervous tensión)	1.98	.93
R. Note que estaba agitado (I found myself getting agitated)	1.77	.91
S. No tolere nada que no me permitiera continuar con lo que estaba haciendo (I was intolerant of anything that kept me from getting on with what I was doing)	1.76	.89
T. Se mi hizo difícil relajarme (I found it difficult to relax)	1.97	.95
U. Sentí que estaba muy irritable (I found that I was very irritable)	2.13	1.05

Analysis

Studies in the past have identified an existing positive relationship between discrimination and poor mental health outcomes, including depression, anxiety, and stress in Latinx immigrant populations within the United States (Becerra, 2020; Becerra et al., 2018; Cardoso & Thompson, 2010; Christophe et al., 2019; Sangalang et al., 2019; Schmitt et al., 2014). To expand the existing literature, the present study analyzed the effects of discrimination on poor mental health outcomes consistent with previous research but included hope and optimism to elucidate any possible moderating effects.

The following four steps were taken to complete the moderating analysis. First, age, SES, education level, U.S. citizenship status, time spent in the U.S., and English proficiency were all entered as control variables. This created an initial model. Next, to identify any main effects, discrimination was entered as the predictor variable, followed by hope and optimism. This created a second and third model. Main effects were present even when controlling for the effects of the control variables. Thus, discrimination and hope and optimism were significant predictors for mental health outcomes in the form of depression, anxiety, and stress. The final step consisted of entering the interaction variable, discrimination x hope and optimism, to create a fourth and final model. If the interaction term showed statistical significance after completing the analyses, a moderation effect is considered to exist (Cohen & Cohen, 1983).

Researchers have discovered important gender differences surrounding the relationship between discrimination and mental health outcomes in Latinx immigrant populations. Specifically, studies have shown that Latina immigrants usually report symptoms of depression, anxiety, and stress at higher rates than their male counterparts

(Becerra et al., 2020). Some have attributed this difference to higher rates at which Latinos are deported, leaving Latinas without their partners and more often than not as a single-parent household (Golash-Boza & Hondagneu-Sotelo, 2013). At the same time, however, other studies have found that Latinos experience discrimination at higher rates which may elevate their propensity to poor mental health outcomes (Lazarevic et al., 2018). To limit the effects of gender in the present study, the analysis was completed separately for males and females.

CHAPTER 4

RESULTS

The results from the data analysis were separated by subscale and gender (See

Tables 3 and 4). The following sections will provide the results for each subscale by

gender.

Results for Latino Immigrants

After running the analysis, results showed a moderation effect in the relationship

between hope and optimism and discrimination on males' reported symptoms for all three

subscales. In other words, hope and optimism moderated the effects of discrimination for

men in regards to symptoms of depression (b = - .179, p < 0.001), anxiety (b = - .109, p <

0.001), and stress (b = - .060, p < 0.05). Meaning that males who experienced higher

levels of hope and optimism in the face of discrimination, reported lower symptoms of

depression, anxiety, and stress.

Results for Latina Immigrants

Similar to the men in this sample, results for females also showed a moderation

effect in the relationship between hope and optimism and discrimination on females'

reported symptoms of depression (b = - .069, p < 0.001). Thus, hope and optimism

moderated the effects of discrimination for women so that as levels of hope and optimism

increased, reported symptoms of depression decreased.

Unlike the depression subscale, there was no moderation effect in the relationship

between hope and optimism and discrimination on females' reported symptoms of

anxiety. For females in this sample, hope and optimism only have a direct effect on

reported symptoms of anxiety (b = - 0.792, p < 0.001). This means that as levels of hope

and optimism rise, females' symptoms of anxiety decrease. Nonetheless, hope and optimism do not moderate the effects of discrimination related to anxiety for women. Similarly, discrimination also has a direct effect on females' reported symptoms of anxiety (b = - .249, p < 0.05). This finding was interesting given the direction of the relationship, which contradicts previous literature on the positive relationship between discrimination and anxiety.

Like the anxiety subscale, there was no moderation effect in the relationship between hope and optimism and discrimination for females in regards to reported symptoms of stress. A direct effect was present, however, for hope and optimism (b = - .631, p < .001) on reported symptoms of stress for females. Again, this means that although hope and optimism do appear to reduce stress levels, they do not buffer the effect of discrimination per se. Interestingly, no direct effect was present for discrimination on reported symptoms of stress for females in this sample.

Table 3

Mediation Analysis for Hope and Optimism Latino Immigrants.

Variable	Depression B	Depression SE	Anxiety B	Anxiety SE	Stress B	Stress SE
STEP 1[a]						
English Speaking[f]	.374	1.39	.533	1.09	1.57	.822
Age	.003	.075	.022	.059	-.630	.058***
Socioeconomic Status	-.525	.122***	-.487	.096***	-.354	.072***
Level of Education	-.038	.313	.220	.246	-.902	.186***
US Citizen	-.477	1.93	-2.61	1.52	-.988	1.13
Years in US	-.020	.104	-.044	.082	.326	.068***
STEP 2[b]						
English Speaking[f]	-.953	1.36	-.723	1.03	1.16	.827
Age	-.086	.075	-.062	.057	-.637	.057***
Socioeconomic Status	-.399	.120***	-.369	.091***	-.311	.073***
Level of Education	-.029	.295	.228	.225	-.871	.183***
US Citizen	-3.11	1.96	-5.10	1.49***	-2.07	1.21
Years in US	.113	.104	.082	.079	-.355	.068***
General Discrimination	.578	.161***	.547	.123***	-.226	.103**
STEP 3[c]						
English Speaking[f]	-.359	1.32	-.254	1.00	1.11	.854
Age	-.126	.073	-.094	.056	-.639	.058***
Socioeconomic Status	-.220	.131	-.227	.099*	-.323	.086***
Level of Education	-.078	.286	.313	.217	-.884	.191***
US Citizen	-2.12	1.91	-4.32	1.45**	-2.10	1.22
Years in US	.127	.100	.093	.076*	.358	.069***
General Discrimination	.426	.163**	.427	.124***	.230	.105**
Hope & Optimism	-.472	.163***	-.373	.124**	.030	.120
STEP 4[d]						
English Speaking[f]	-3.55	1.23**	-2.18	1.00*	.311	.903
Age	-.259	.065***	.174	.053**	-.629	.057***
Socioeconomic Status	-.300	.111**	-.275	.091**	-.316	.084***
Level of Education	-.228	.246	.128	.201	-.893	.186***
US Citizen	-3.07	1.617	-4.89	1.32***	-2.64	1.21*
Years in US	.204	.085**	.139	.070*	.342	.068***
General Discrimination	3.21	.470***	2.11	.384***	1.19	.431**
Hope & Optimism	4.39	.796***	2.57	.650***	1.56	.673*
Ho/Op x GD[e]	-.179	.029***	-.109	.024***	-.060	.026*

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Note: *p<.05; **p<.01; ***p≤.001; [a]Step 1= Control variables; [b]Step 2= Assessing direct effects of General Discrimination; [c]Step 3 = Assessing direct effects of Hope & Optimism; [d]Step 4 = Assessing Interaction effects; [e]Ho/Op = Hope & Optimism, GD = General Discrimination; [f]English speaking are the reference category.

Table 4

Mediation Analysis for Hope and Optimism for Latina Immigrants.

Variable	Depression		Anxiety		Stress	
	B	*SE*	*B*	*SE*	*B*	*SE*
STEP 1[a]						
English Speaking[f]	2.24	1.23	-.029	1.22	2.80	1.48
Age	.084	.049	.076	.049	.180	.062**
Socioeconomic Status	-.078	.116	.114	.127	.205	.147
Level of Education	-.836	.223***	-.865	.220***	-1.26	.257***
US Citizen	-2.69	1.96	1.31	1.90	2.19	2.18
Years in US	.074	.087	-.048	.085	-.151	.097
STEP 2[b]						
English Speaking[f]	1.50	1.16	-.446	1.21	2.26	1.45
Age	.071	.046	.069	.048	.169	.060**
Socioeconomic Status	-.022	.109	.147	.125	.242	.144
Level of Education	-.586	.215**	-.724	.222***	-1.08	.259***
US Citizen	-3.63	1.84	.774	1.88	1.53	2.15
Years in US	.073	.082	-.049	.083	-.150	.095
General Discrimination	.496	.105***	.281	.107**	.336	.121**
STEP 3[c]						
English Speaking[f]	2.47	1.09*	.791	.972	3.52	1.34**
Age	.171	.047***	.217	.042***	.302	.060***
Socioeconomic Status	-.191	.106	-.198	.107	-.018	.139
Level of Education	-.451	.201*	-.460	.179*	-.906	.236***
US Citizen	-.651	1.81	5.55	1.58***	5.52	2.07**
Years in US	-.056	.080	-.252	.070***	-.318	.091***
General Discrimination	.168	.118	-.249	.103*	-.088	.134
Hope & Optimism	-.492	.099***	-.792	.088***	-.631	.113***
STEP 4[d]						
English Speaking[f]	2.67	1.05*	.798	.976	3.53	1.34**
Age	.117	.048*	.215	.044***	.310	.064***
Socioeconomic Status	-.215	.102*	-.199	.107	-.013	.140
Level of Education	-.444	.193*	-.460	.180*	-.910	.237***
US Citizen	-1.36	1.75	5.52	1.60***	5.62	2.10**
Years in US	-.023	.077	-.251	.071***	-.323	.092***
General Discrimination	1.26	.317***	-.200	.290	-.218	.380
Hope & Optimism	1.26	.485**	-.713	.443	-.839	.580
Ho/Op x GD[e]	-.069	.019***	-.003	.017	-.008	.022

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Note: *p<.05; **p<.01; ***p≤.001; [a]Step 1= Control variables; [b]Step 2= Assessing direct effects of General Discrimination; [c]Step 3 = Assessing direct effects of Hope & Optimism; [d]Step 4 = Assessing Interaction effects; [e]Ho/Op = Hope & Optimism, GD = General Discrimination; [f]English speaking are the reference category.

CHAPTER 5

DISCUSSION

The purpose of this study was to examine the moderating effect of hope and optimism on the relationship between discrimination and poor mental health outcomes for Latinx immigrants. Specifically, poor mental health outcomes were measured in terms of depression, anxiety, and stress. This study used the ecological risk and resilience framework to identify factors that either promote or endanger resiliency in the face of stressful life events (Bogenschneider, 1996).

Under this paradigm, Latinx immigrants represent a high-risk group for poor mental health outcomes due to their elevated vulnerability as a result of exposure to discrimination, poverty, limited social mobility, inadequate housing, language barriers, and restricted access to healthcare (Becerra et al., 2020; Cardoso & Thompson, 2010; Keller et al., 2010). Latina women are at a higher risk for sexual and physical abuse as a result of not seeking help out of fear of deportation and economic dependence (Messing et al., 2015). Furthermore, previous studies have found some protective factors unique to this population that promote resilience. Self-esteem, strong family ties, and social connection are some of the various protective factors identified thus far (Bermudez & Mancini, 2013; Cardoso & Thompson, 2010; Ornelas et al., 2020). This theoretical framework allows us to further examine the relationship between risk and protective factors that affect mental health outcomes for this population.

The findings from this study expand on the current literature pertaining to the relationship between discrimination and poor mental health outcomes by analyzing the protective effects of hope and optimism for Latinx immigrants. Overall, this study found

that hope and optimism can moderate the negative effects of discrimination on mental health for this population. The effects, however, varied by gender and mental health construct between depression, anxiety, and stress. The following sections will further discuss the difference in findings to better understand plausible explanations for them.

Depression

The results from this study found that hope and optimism appear to be significant moderating factors for depression in both males and females. Seeing that hopelessness is a cardinal feature of depression, these findings are not largely surprising (Marsiglia et al., 2011). Hope and optimism have also been associated with decreased suicidal thinking and rumination, which are both frequently associated with depression (Kelberer et al., 2018). Individuals with higher levels of hope and optimism tend to focus more on positive information and less on negative or threatening information (Kelberer et al., 2018). Thus, Latinx immigrants with more hopeful and optimistic outlooks may spend more time appreciating the positive aspects of their lives, such as the opportunity for a new beginning, despite the oppressive and discriminatory systems within which they operate. This in turn may improve their overall well-being and reduce their symptoms of depression. Optimists are also more likely to use "approach strategies" when faced with problems, meaning they are more likely to take action than deny or avoid them (Forgeard & Seligman, 2012). Under this premise, it is possible that in taking action, Latinx immigrants have more self-efficacy and reach out to others for support, which have both been associated with more positive outcomes (Bermudez & Mancini, 2013; Ornelas et al., 2020).

Anxiety

Interestingly, this study found that hope and optimism only had a moderating effect on anxiety for men but not women. Although this finding appeared unexpected at first, the following reasons may help to explain this gender difference. Primarily, previous studies have found that women experience higher rates of anxiety than men. Not only is it more common in women than men, but it is also reported to be more disabling (McLean et al., 2011). It may be that women in this sample were experiencing more severe levels of anxiety than men, which hope and optimism were not strong enough to attenuate. This may also explain why hope and optimism did have a direct effect on anxiety, but not a potent enough effect to moderate the negative effects of discrimination.

Furthermore, employment has shown to buffer and significantly reduce symptoms of anxiety in previous studies (Hiott et al., 2006). Although the present study did not account for employment, past studies have shown that in Latinx households, as a result of male-dominated gender role expectations, men are more likely to work than their female counterparts, who typically take care of the home (Becerra et al., 2020). Although the present analysis did not account for employment status, it may be that women in this sample may have been more likely to stay at home, become more isolated, and feel less capable of improving their future due to being unemployed and financially dependent on their spouse.

Latinas are also more likely to experience heightened levels of anxiety resulting from traditional male-dominated gender role expectations. Because Latinas typically take care of the family and home, they tend to worry more than men do about their spouse being deported, their children being harmed, and/or family separation (Becerra et al.,

2020; Hiott et al., 2006). In addition to the previously noted gender differences, there may be more logistical reasons why this study did not find a significant moderation effect of hope and optimism for anxiety for women. Rajandram et al. (2011) found that hope and optimism were only significant predictors of anxiety when examined together, but not independently. Since the present study did not differentiate the two constructs from one another, it might be that the data measures one construct more than the other unintentionally, rather than the two together. If this was the case, hope or optimism analyzed alone did not act as a significant predictor. Future studies should use specific measurement instruments for hope and optimism to further analyze this difference.

Stress

Similar to the findings for symptoms of anxiety, results from this study only found a significant moderation effect of hope and optimism for stress for men, but not women. There was a significant direct effect of hope and optimism for females, meaning that higher levels of hope and optimism reduced reported symptoms of stress but only when discrimination is not factored in the analysis. One possible explanation is that women experience heightened levels of life stress as a result of sexism and unequal treatment based on their gender compared to men (Mata-Greve & Torres, 2020). Women also report higher levels of hopelessness due to lack of social support and harsh work schedules when employed that complicate their ability to raise their children (Marsiglia et al., 2011). Intensified stress levels plus elevated levels of hopelessness may prevent women from benefiting from a more optimistic outlook alone.

Moreover, due to male-dominated gender role expectations, Latinas are more often responsible for child-rearing compared to their male counterparts which adds a

unique layer of stress when living in a foreign and challenging environment (Arcury &

Quandt, 2007; Marsiglia et al., 2011). While their spouse is at work, Latina mothers may

be left to navigate community resources, including grocery stores and school systems,

alone in a foreign language. Latina mothers may also be left to address the negative

effects of discrimination their children face while trying to cope with their own anguish.

Other Cultural and Gender Considerations

In addition to the previously mentioned plausible explanations for the gender

differences observed in the findings from this study, there are a few other possible ideas

worth noting. Some researchers have started to believe that there may be more gender

differences in the stress responses and underlying mechanisms responsible for mental

health outcomes in the face of discrimination than previously estimated (Pascoe & Smart

Richman, 2009). This may mean that females and males respond to and process similar

discriminatory experiences in different ways. Furthermore, Latinas show higher rates of

psychiatric disorders on average compared to Latinos (Marsiglia et al., 2011). Comorbid

disorders were not accounted for when completing the analysis for this study, and

unknown comorbidities may explain why hope and optimism were not significant

moderators for women and only for men.

Unique to this cultural group is the concept of "marianismo," or the belief that

women should sacrifice and suppress their emotions to sustain harmony in the family,

which may also explain the disparate findings (Castillo et al., 2010). In attempting to

keep peace in the family, women may elect not to seek support when needed and

experience intensified levels of anxiety and stress when compared to men. Studies have

also found that levels of hopelessness among Latinx immigrants vary from those in the

general population (Marsiglia et al., 2011). Unlike other cultural groups where women typically appear to be more hopeful than men, Latinas tend to experience higher levels of hopelessness than their male counterparts (Marsiglia et al., 2011). Thus, the women in this study may have started at significantly lower levels of hope and optimism compared to the men, resulting in less moderating strength.

CHAPTER 6

LIMITATIONS

The following limitations in the present study should be acknowledged in line with the findings. The data for the sample was only collected within the state of Arizona and cannot be generalized to Latinx immigrant populations outside of this state. Future studies should analyze samples from different states in order to attempt to replicate and verify the findings from this study. The data was also collected using only self-report methods, which accounts only for subjective responses rather than objective. Furthermore, data collection was completed using a cross-sectional approach, which cannot establish causal relationships between the variables of interest. There were also measurement limitations in regards to the variable accounting for hope and optimism since standardized instruments were not used and the constructs were not analyzed independently. This is important to note because recent literature has called for a differentiation between the two, stating hope and optimism measure different aspects of positive thinking and should be operationalized accordingly (Lucas et al., 2020). Nonetheless, the findings from this study identify new and valuable protective factors for Latinx immigrants and should continue to be studied to better understand their power.

CHAPTER 7

IMPLICATIONS

Substantial research has confirmed the detrimental effects of discrimination on

Latinx mental health outcomes, including elevated rates of depression, anxiety, and stress

(Becerra, 2020). Historically, policies criminalizing immigration have only exacerbated

the negative effects of discrimination on Latinx' overall well-being, and continue to do so

as the U.S. government becomes increasingly more polarized. Thus, interventions

promoting protective factors against such deleterious effects are more important than ever

to implement. The findings from this study uncover new ways in which Latinx

immigrants can be served using distinctive constructs unique to this cultural group.

Practice Recommendations

In order to improve mental health outcomes for Latinx immigrants, access to

health care must first be improved for this group (Cardoso & Thompson, 2010). To ease

access to mental health services, agencies should increase the number of bilingual and bi-

cultural Latinx practitioners they employ who are not only familiar with cultural

attributes and idiosyncrasies specific to this population that may impact treatment, but

also bilingual and able to provide Latinx clients with services in their primary language.

Practitioners should also engage in outreach by going to specific immigrant communities

in-person to address fears surrounding help-seeking behaviors resulting from deportation

concerns (Becerra et al., 2020). By going into communities personally, practitioners can

begin to build trust between Latinx immigrants and healthcare systems, which has

historically dwindled as a result of anti-immigrant policies. Clients should also be

informed of their rights to treatment, as many fear retaliation or assume they will need proof of legal status in order to seek services.

Once engaged in treatment, practitioners should begin by utilizing hope and optimism screening tools in conjunction with the DASS-21 and other culture-specific instruments including the Acculturation Measures and Ethnic Discrimination Scales to inform treatment (Moreno, 2021). Given the findings from the present study, gathering information to determine clients' levels of hope and optimism may provide an additional area of focus in treatment that will promote positive mental health outcomes. Because hopelessness has been associated with employment status, education, discrimination, socioeconomic status, and social support, practitioners can target all these domains when a client scores low on the hope screening tools (Marsiglia et al., 2011).

Additionally, hopelessness in Latinx immigrants, especially women, has been tied to the loss of family support or separation (Hiott et al., 2006). Knowing this, practitioners should try to include family in treatment as much as possible and refer for family therapy or services when available. Since positive perception-taking and optimism have been associated with an improved ability to overcome adverse events (Karaman et al., 2020), practitioners should also spend time on therapeutic techniques that focus on positive reframing to reduce the propensity for depression, anxiety, and stress. This positive reframing approach aligns nicely with the cultural concept of "dichos" noted in previous sections, which involves a protective mechanism in Latinx communities through sharing popular sayings that promote a positive outlook (Bermudez & Mancini, 2013).

Policy Recommendations

Although practice recommendations address day-to-day stressors more directly, changes at the macro level are also necessary to alleviate the negative effects related to immigration across the Latinx community. Hope and optimism appear to be significant moderators for the damaging effects of discrimination on Latinx mental health, but policies focused on eliminating the sources of discrimination should still be an imperative area of focus. In line with this, future leaders should be more clear about the intent of immigration policies, as mixed messages throughout multiple levels of governments tend to increase levels of anxiety and deplete optimistic thinking (Becerra, 2016). Mixed messages coupled with the use of racist, anti-immigrant rhetoric only perpetuates discrimination in communities and leads to intense feelings of hopelessness and poor mental health outcomes for the Latinx immigrant and nonimmigrant community.

Furthermore, seeing that Latina immigrants may experience heightened levels of depression, anxiety, and stress compared to their male counterparts, it is important to address some of the policies that target them specifically. Earlier in the paper, it was noted that Latina immigrants experience heightened levels of intimate partner violence (IPV) than other cultural groups and are less likely to report it out of fear of deportation, economic dependence on their perpetrator, and marianismo (Castillo et al., 2010; Kyriakakis, 2014; Murshid & Bowen, 2018). In addition to fears of reporting, shelters often request that women cut ties with their families and remain in hiding to keep their perpetrators from finding and harming them again (Kyriakakis, 2014). While this tactic appears to be beneficial for other cultural groups, Latinas rely heavily on their family members for support and can psychologically deteriorate even more if forced to distance

from them. In light of this, culture-specific policies should be enacted in order to create safe havens for battered, Latina immigrants that permit them to connect with approved natural supports that improve their well-being.

Similarly, the Violence Against Women Act of 1994 (VAWA), which was most recently renewed in 2013, should be modified to provide additional protections to Latina immigrants in abusive relationships (Murshid & Bowen, 2018). Although the VAWA provides the U-Visa to immigrants and other groups experiencing domestic violence, it entails a lengthy application process and requires most victims to participate in law enforcement investigations against their abusers (Levine & Peffer, 2012; Murshid & Bowen, 2018). The application review alone can take up to 26 months, creating a prolonged time frame for harm for those still residing with their perpetrator (Murshid & Bowen, 2018). By requiring that victims assist with law enforcement investigations, a large portion of Latinas elect not to seek help in fear of retaliation from their abuser (Murshid & Bowen, 2018).

Moreover, those who are approved for a U-Visa are not eligible for programs like the Temporary Assistance of Needy Families (TANF), which can perpetuate economic barriers to independence from their perpetrator (Murshid & Bowen, 2018). Because of these reasons, policies need to be amended to ensure rapid processing, include additional exceptions from participation in law enforcement investigations, and increase eligibility for government assistance programs that will support their transition to safety.

Additionally, family separation has created a myriad of psychological stressors for Latinx immigrants that result in poor mental health outcomes. Latinas, specifically, tend to stress more over family separation than their male counterparts and are at higher

risk for worse psychological outcomes irremediable by hope and optimism alone (Hiott et al., 2006). Policies facilitating temporary admission, refugee resettlement, and diversity immigration all claim to promote the family unity of foreign-born immigrants, however, their implementation rarely results in positive outcomes for families (Gubernskaya & Dreby, 2017).

Currently, about 16.7 million households have at least one unauthorized member residing with them, which as noted earlier in this paper, can result in poor mental health outcomes even for those in the family with authorized status (Gubernskaya & Dreby, 2017; Krogstad et al., 2019; Santos et al., 2013). The length of the process to attain legal status is on average approximately 13.5 years, leaving unauthorized immigrants and their families to suffer from years of compounded worry and stress (Gubernskaya & Dreby, 2017; Krogstad et al., 2019). To address these issues, policymakers should increase the cap of those eligible to obtain legal status through family members, which is currently set at a drastically low 226,000 per year for all countries combined (Gubernskaya & Dreby, 2017). They should also create new, accelerated pathways to legal permanent resident and citizenship status in order to keep families together and avoid the psychological toll separation creates.

More recently, family separation in the form of unaccompanied youth has become a growing concern. Between the years 2013 to 2014, there was a 77 percent increase in the rate of minors ranging from a few months old infants to 17 years of age making the migration journey alone (U.S. Customs and Border Protection, 2014). These unaccompanied minors often report maltreatment from U.S government organizations designed to aid them, including instances of sleep deprivation, verbal and psychological

abuse, inadequate meals, and medical neglect (Antony & Thomas, 2017; Burnett, 2014). While agreements made at the United Nations Convention on the Rights of the Child (CRC) demand that alternatives to detention are favored and family reunification be prioritized unless human rights are in danger of being violated in the country of origin, government agencies rarely abide by such delineations (Doering-White, 2018). To truly act in the best interest of these children, new policies protecting these minors providing them with the proper housing accommodations and protected legal status to remain in the U.S. and escape abuse in their country of origin need to be enacted.

Despite the existing vast area of need pertaining to policies that protect and promote the well-being of Latinx immigrants, there are some existing policies that can be taken as examples of true advocacy efforts for this cultural group. Currently, the American Dream and Promise Act of 2021 is awaiting approval from the Senate. If approved, the Act could create significant relief for Latinx immigrants in the U.S. now. This Act would create a pathway for "Dreamers," or those with unauthorized status brought to the U.S. as children, to obtain permanent resident status and citizenship status in the years following (Sprunt & Grisales, 2021). Likewise, the recently proposed Farm Workforce Modernization Act would also create a system for agricultural workers, who are predominantly Latinx, to attain temporary legal status and eventually permanent residency (Sprunt & Grisales, 2021). Studies have shown that authorized status can lead to improved mental health outcomes for Latinx given the reduction in stress and anxiety from fear of deportation (Patler & Laster Pirtle, 2018). Having legal status also increases access to healthcare in the event that mental health does suffer from the numerous

stressors related to immigration (Kyriakakis, 2014). Therefore, additional policies like the previously mentioned should continue to be proposed and enacted.

In conclusion, pro-immigrant policies such as sanctuary city protections, the Deferred Action for Childhood Arrivals (DACA), and the others detailed in the previous sections help create a buffer against the risk factors associated with immigration and discrimination and promote anti-discriminatory practices (Ornelas et al., 2020). These policies also create avenues for authorized status, improved access to health care, and an overall sense of safety for Latinx communities in the U.S. Social workers should continue to advocate for policies that protect Latinx immigrants, as they represent a highly disenfranchised, underserved group. It is within the social worker's responsibility to fight for social justice and promote access to health care and well-being for all groups, but especially those who have been historically oppressed and maltreated by systems that are supposed to protect them.

Research Recommendations

The results from the present study put forward a new antidote for the pernicious effects discrimination has on the Latinx community, especially those with immigrant status. Hope and optimism have been examined as valuable intervention tools in previous studies and have shown promising effects for positive mental health outcomes even when used in short 90-minute sessions (Feldman & Dreher, 2012; Shelton et al., 2020). Nonetheless, very few studies have begun to examine the benefit of hope and optimism in adults and even less in Latinx immigrant populations (Burrow et al., 2010). Consequently, future research should focus on replicating and expanding the findings from the study to better understand the potency of hope and optimism as intervention

tools for Latinx immigrants facing excessive levels of discrimination and other risk factors. Studies should also look at how gender impacts the strength of the protective effects these constructs have. Also, researchers should utilize more specific instruments when measuring hope and optimism in future studies that piece the two constructs apart, given that that was a measurement limitation in the present study. In doing so, such instruments should be translated and standardized to address cultural components unique to this population, similar to the way the Spanish DASS-21 used in this study was modified.

CHAPTER 8

CONCLUSION

The purpose of this study was to expand on current research examining the relationship between discrimination and poor mental health outcomes for Latinx immigrants by testing whether hope and optimism can moderate the negative effects. Using the risk and resilience theoretical framework, this study found that in the face of elevated vulnerability associated with immigration, hope and optimism moderated the effects of discrimination for levels of depression, anxiety, and stress. This finding is crucial for the improvement and development of mental health interventions for this cultural group, as previous studies have found that focusing on protective factors might be more effective than attempting to vanish risk factors (Karaman et al., 2020).

Hope and optimism appeared to have a bidirectional effect on overall well-being, where increased levels of hopelessness lead to poor mental health outcomes and vice-versa. This means that when Latinx immigrants lose hope, they also tend to experience unemployment and social disconnect, which exacerbates their negative emotions. On the other hand, those who are more optimistic tend to perceive stressors are less threatening and adapt more positively (Christophe et al., 2019). Thus, using interventions focused on hope and optimism in social work practice opens up a new pathway for positive mental health outcomes. It will also improve other domains of well-being, such as increasing motivation to seek work and engagement with others. Furthermore, such practices will also reinforce one of the major reasons why Latinx immigrants migrate in the first place, which is to seek a better future for themselves and their families through increased freedom and financial opportunities (Raleigh & Kao, 2010).

These findings and implications come at an increasingly urgent time due to the rise in anti-immigrant sentiment that has resulted from the previous administration. Levels of hope and optimism in Latinx communities have been arguably depleted due to the numerous unfounded, racist claims made throughout the Trump presidency (Becerra, 2020; Becerra et al., 2018, 2020). Consequently, current and future government officials need to be held accountable when using racist, anti-immigrant rhetoric as it can promote discrimination in communities. They also need to advocate for the enactment on pro-immigrant policies that create pathways to authorized status and improved access to mental health. By leading by example, leaders can help attenuate the anti-immigrant sentiment and elevated levels of discrimination the Latinx community faces, especially those with immigrant status. Future studies should continue to look at the impact of the political climate on levels of hope and optimism in this cultural group to better understand how the two relate to one another and how interventions should be modified accordingly.

Latinx are soon to become a majority cultural group in the U.S. in terms of population and poor mental health outcomes need to be addressed now before they become an even more colossal effect across the nation. Because Latinx immigrants often work in essential services, such as agriculture, this can greatly impact not only the Latinx community but the nation as a whole. Without access to healthcare and government support, Latinx immigrants could result in inflated emergency health care costs and rises in unemployment. It is time to build up the communities that support society as a whole and utilize the empirical tools available to promote access to healthcare and overall well-

being. Where there is hope, there is purpose and meaning to fight for a better tomorrow

that Latinx immigrants came to find in a so-called "nation of immigrants".

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