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Mi familia y mi comunidad son mi fuerza: Understanding the Protective Role of Family and Community for Latina/o/es Experiencing Racialized Stress

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*Mi familia y mi comunidad son mi fuerza: Understanding the Protective Role of Family and
Community for Latina/o/es Experiencing Racialized Stress*

DISSERTATION

submitted in partial satisfaction of the requirements
for the degree of

DOCTOR OF PHILOSOPHY

in Psychological Science

by

Jose Arreola

Dissertation Committee:
Professor Jessica L. Borelli, Chair
Associate Professor Kristine Molina
Professor Belinda Campos

2024

DEDICATION

To my daughter, Vivian and my partner, Tiffany. You are the light of my life!

To my parents, Jose and Teresa.

To my brothers and sister, Alex, Cesar, and Jacqueline.

To all of my nieces and nephews.

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Terminology Note

It is important to note that there have been various changes pertaining to the terminology used to describe identity among individuals from Latin American backgrounds. Recently, the term Latine was put forth as a means for being more gender-inclusive. As such, I use Latina/o/e as an abbreviation for the term Latina/Latino/and Latine in order to provide gender neutrality and underline the fluidity of language (Miranda et al., 2023). Moreover, the term Latine is consistent with gender neutrality within Spanish language norms. I also opted for the use of Latine instead of Latinx, considering the reticence of many individuals in adopting the Latinx identity term (Lozano et al., 2023; Noe-Bustamante et al., 2020b).

Acknowledgments

First, I would like to express my heartfelt thanks to my committee chair and faculty mentor, Dr. Jessica Borelli, whose support and guidance has been instrumental throughout these years. I genuinely appreciate your patience and commitment to my growth and development as an academic. I cannot thank you enough for everything you have done. I am fortunate to have you as my mentor and I am sincerely grateful for the profound influence you have had on my academic and professional journey.

I would also like to thank my dissertation committee, Dr. Kristine Molina and Dr. Belinda Campos. Your expertise and insightful feedback have been invaluable. I am sincerely grateful for your consistent support and encouragement, as well as your contributions to this work. Our conversations have played a vital role in further developing my research interests and have helped foster my growth as a research scientist.

I would like express my gratitude to everyone in the THRIVE Lab who have been there for me through every step of this process, providing me with support. I wish them all the best in their future endeavors.

This research project has been made possible by our partnership with Latino Health Access. I would like to extend my gratitude to the sources of funding for this project, particularly the Centers for Disease Control and Prevention through the *Confía en mi, Confío en ti project/ YEA (Youth Engaged for Action)/MADRES Program* (PIs: Jessica L. Borelli, Nancy Guerra, & Kirk Williams; Grant #: 1R01CE002907).

To my daughter Vivian, I love you so much! Thank you for being you and for inspiring me each day to be the best I can. It has been such a gift to watch you grow into the person you

are today. You are such a kind, funny, and smart kid! I hope this inspires you to pursue your goals one day. I look forward to celebrating all of your accomplishments.

To my partner, Tiffany. Thank you for being an amazing source of support and strength throughout my academic and parenting journey. I could not have imagined doing either without you by my side. Your love, support, and understanding have been invaluable.

A mis padres, José y Teresa. Gracias por su amor, apoyo y continua creencia en mí. Su aliento y sacrificios han influido en muchos aspectos de mi vida, incluida mi decisión de obtener un doctorado. Estoy profundamente agradecido por todo lo que han hecho. Viva Michoacán y Nayarit.

To my sister, Jacqueline. Thank you so much for always being in my corner and dragging me to register and attend my first class at East Los Angeles College. I would not be in the position I am today without your love and support. To my brother-in-law, Samidt, your positivity, love, and support has been instrumental in helping me throughout life, as well as through this academic journey. To my goddaughter, Ruby. Thank you for being the best cousin to Vivian! It has been such a gift watching you grow into the person you are today! You are such a positive role model for your cousin! I hope this also inspires you to pursue your goals!

To my brothers, Alex and Cesar. Thank you for always having my back and helping steer me in the right path. You both have set so many positive examples for me and I would not be where I am today without your love and support.

To Kayla, Nancy, Sophia, Ryan, Alyssa, Natalie, Ashley, and Cesar, thank you! Without your love, support, and guidance, all of this would not have been possible.

Lastly, I want to thank my friends and my 2019 cohort for their support and friendship throughout my academic journey.

Curriculum Vitae

Jose Arreola

EDUCATION

- 2024 Doctor of Philosophy in Psychological Science, Emphases in Developmental and Health Psychology,
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University of California, Irvine; Irvine, CA
Advisor: Jessica Borelli, Ph. D.
- 2021 Master of Arts in Social Ecology
University of California, Irvine; Irvine, CA
Thesis: *Más Que Palabras: Understanding the Mental Health Consequences of Sociodemographic Risk and Deportation Fears in Latinx Families*
Advisor: Jessica Borelli, Ph.D.
- 2019 Master of Arts in Psychology, Option: Clinical Psychology
California State University, Northridge; Northridge, CA
Thesis: *Exposure to Violence: Understanding Risk and Protective Factors Among Youth*
Advisor: Jonathan Martinez, Ph. D.
- 2016 Bachelor of Arts in Psychology, Option: Honors in Psychology
California State University, Northridge; Northridge, CA
- 2014 Associate of Arts in Psychology for Transfer
East Los Angeles College; Monterey Park, CA

PUBLICATIONS

- Marquez, C., Kazmierski, K., Carballo, J.A., Garcia, J., Avalos, V., Russo, L.N., **Arreola, J.**, Rodriguez, A.H., Perez, A.A., Leal, F., Torres, G., Montiel, G., Guerra, N., Borelli, J.L. (2023). COVID-19 and the Latinx Community: “Promotoras Represent a Community in Pain.” *Journal of Latinx Psychology*, 11(2), 148-165.
- Arreola, J.**, Russo, L.N., Cervantes, B., Paredes, P., Hernandez, H.S., Marquez, C., Montiel, G., Leal, F., Guerra, N., & Borelli, J.L. (2022). Más Que Palabras: Understanding the Mental

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Borelli, J.L., Russo, L.N., **Arreola, J.**, Cervantes, B., Marquez, C., Montiel, G.,- Carballo, J.A., Avalos, V., Garcia, J., Bhatt, I., Torres, G., Leal, F., & Guerra, N. (2022). Saving a seat at the table for community members: co-creating an attachment-based intervention for low-income Latinx parent-youth dyads using a *promotor/a* model. *Research In Psychotherapy: Psychopathology, Process And Outcome*, 25(1).

Borelli, J.L., Russo, L.N., **Arreola, J.**, Cervantes, B., Hecht, H., & Leal, F., Montiel, G., Paredes, P., & Guerra, N. (2021). Más Fuertes Juntos: Attachment relationship quality, but not demographic risk, predicts psychopathology in Latinx mother-youth dyads. *Journal Of Community Psychology*, 49(6), 2086-2105.

Borelli, J. L., Yates, T. M., Hecht, H. K., Cervantes, B. R., Russo, L. N., **Arreola, J.**, Leal, F., Torres, G., & Guerra, N. (2021). Confía en mí, Confío en ti: Applying Developmental Theory to Mitigate Sociocultural Risk in Latinx Families. *Development and Psychopathology*, 33 (2), 581-597.

SELECTED CONFERENCE PRESENTATIONS

Arreola, J., Russo, L., Avalos, V., Carballo, J.A., Guerra, N., & Borelli, J.L. (2022, July). *Nuestra Lucha: An examination of we-talk in relation to psychopathology and discrimination among Latinx youth*. Symposium presented at International Attachment Conference, Lisbon, Portugal.

Russo, L.N, **Arreola, J.**, Montiel, G., Torres, G., Leal, F., Guerra, N., & Borelli, J.L (2022, April). Traumas Del Pasado: Maternal child abuse and discrimination exposure interacts to predict higher levels of mental health symptoms in Latinx mothers and youth over time. In Ahrens, C, *Cultural Influences on Experiences of and Intervention for Gender-Based Violence*. Symposium conducted at the 102nd Annual meeting of the Western Psychological Association, Portland, OR.

Borelli, J. L., **Arreola, J.**, Russo, L.N., Cervantes, B., Hecht, H., Leal, F., Montiel, G., Paredes, P., & Guerra, N. (2021, April). Más Fuertes Juntos: Attachment relationship quality, but not demographic risk, predicts psychopathology in Latinx mother-youth dyads. In Borelli, J.L., *New Directions for Developmental and Prevention Science for Improving the Lives of Latinx Families*. Symposium conducted at the Biennial Meeting of the Society for Research in Child Development, Virtual.

- Arreola, J.,** Venegas, C., López, I., Orozco, P., Saravia, D., & Martínez, J. (2021, April). *Racial/Ethnic Differences in Assessing Pathways from Community Violence to Psychosocial Adjustment and Mental Health Service Use*. Poster session presented at the 18th biennial meeting of the Society for Research on Adolescence, Virtual.
- Arreola, J.,** Venegas, C., Orozco, P., Saravia, D., López, I., & Martínez, J. (2019, October). *The Role of Community Violence and Relational Factors on Psychological Adjustment and Service Use*. Poster session to be presented at the annual meeting of the Society for Advancement of Chicanos/Hispanics and Native Americans in Science, Honolulu, Hawai'i.
- Arreola, J.,** (2019, March). *A Qualitative Inquiry on Trauma Exposure and Pathways of Resilience Among Mexican Citizens: From Adaptation to Resistance*. Poster presented at International Convention of Psychological Science, Paris, France.
- Arreola, J.,** Lopez, I., Venegas, C., Villegas, A., & Martinez, J. (2019, February). *Assessing the Impact of Neighborhood Disorder on Mental Health Adjustment and Help-Seeking Outcomes*. Poster presented at 48th Annual Meeting of the Society for Cross-Cultural Research, Jacksonville, FL.
- Arreola, J.,** & Rice, T. (2018, February). *Engaging Women's Voices: Student Perspectives on Intimate Partner Violence and Sexual Assault Services at a College Campus*. Poster presented at 35th Annual Winter Roundtable, Teachers College, Columbia University, New York, NY.
- Arreola, J.** (2017, August). *The Role of Discrimination in Predicting Help-Seeking Among Mexican Americans*. Poster presented at 125th American Psychological Association Annual Convention, Washington, D.C.
- Chang, S., Dadvand, A., **Arreola, J.,** & Kang, S. (2016, July). *The Priming Effects on Negative Emotion Recognition Among Asian Americans*. Poster presented at International Association for Cross-Cultural Psychology, 23rd International Congress, Nagoya, Japan.

RESEARCH EXPERIENCE

Graduate Research Assistant

Department of Psychological Science

THRIVE (The Health, Relationships, and Interventions) Lab

University of California, Irvine

Principal Investigators: Jessica Borelli, Ph.D.

2019-present

Confía en mi, Confío en ti project/ YEA (Youth Engaged for Action)/MADRES Program

A CDC-funded collaborative study with Latino Health Access focused on assessing the effectiveness of a strengths-based relationship program for low income Latinx families in the Santa Ana community.

The YEA/MADRES program focuses on the promotion of youth and parent attachment security, positive youth development, and youth violence prevention and intervention in the community.

- Assisted in developing safety follow-up protocol.
- Assisted in the refinement of Positive Memory/ Unsafe Memory measures.
- Conducted assessments using the parent-child interaction task (assessing positive and unsafe memories) with Latinx families at Latino Health Access.
- Led a team of research assistants in developing a culturally-responsive observational coding scheme for Latinx mother-youth dyads.
- Used SPSS and R to analyze data sets for conference presentations and to develop second year project, dissertation, and manuscripts.

Graduate Research Assistant

Department of Psychological Science

Child Narratives Lab

University of California, Irvine

Principal Investigators: J. Zoe Klemfuss, Ph.D.

2020- 2021

CRAFT COVID study

- Participated in weekly meetings
- Interviewed caregiver-youth dyads to assess coping and health behaviors of families during the COVID-19 pandemic.

Graduate Research Assistant

Department of Psychology

P.U.E.N.T.E. (Promoting the Use of Evidence-Based Practices) Lab

California State University, Northridge

Principal Investigator: Jonathan Martinez, Ph.D.

2017-2019

Development of Mental Health Care Toolkit

- Assisted in developing therapist toolkit for school-based mental health service providers working with ethnic minority families.
- Reviewed literature on questionnaires assessing families' expectations regarding therapy.
- Developed a questionnaire and worksheet that examines therapy expectations.
- Assisted in the development of other worksheets included in the toolkit.

'Logrando Bienestar' Project

A collaborative study with Ventura County Behavioral Health focused on providing psychoeducation and promoting mental health service use in community settings.

- Assisted in the development and presentation of psychoeducation workshops.
- Reviewed relevant literature.

Secondary Data Analyses

- Used SPSS, R, Mplus, and AMOS to analyze national data sets for conference presentations, developing thesis and manuscript.

Research Assistant

Department of Psychology

REACH (Researching Emotions Across Childhood) Program

California State University, Northridge

Principal Investigator: Sara Berzenski, Ph.D.

2015- 2016

- Assisted with audio project assessing communication between foster youth and their social workers.
- Analyzed, separated, and labeled audio data using Audacity.
- Assisted in manual data entry of scores from paper questionnaires or computer surveys onto SPSS.
- Reviewed literature pertaining to child maltreatment and emotional development.
- Met with consensus groups to combine various adversity experiences into scores that determined categories of adversity experience.

Research Assistant

Department of Psychology

Emotion, Culture, and Social Adaptation Lab

California State University, Northridge

Principal Investigator: Sun-Mee Kang, Ph.D.

2015- 2016

- Ran experimental sessions using implicit-association test (IAT).
- Assisted in data entry and data cleaning.
- Reviewed relevant literature and participated in bi-weekly meetings.
- Assisted in research project examining the priming effects of minority status on negative emotion recognition among Asian-American, African American, and Latina/o college students. Presented findings at an international conference.

TEACHING EXPERIENCE

University of California, Irvine, 2020- Present

Teaching Assistant

Social Ecology 195W, Field Study Writing Seminar

Spring 2024, Supervisor, DeWayne Williams, Ph.D.

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Winter 2024, Supervisor, Raymond Novaco, Ph.D.

Social Ecology 10, Socioecological Research Design

Fall 2023, Supervisor, Amy Dent, Ph. D.

Psychological Science 9/11B, Fundamentals of Psychology
Spring 2023, Supervisor, Linda Levine, Ph. D.
Psychological Science 9/11C, Fundamentals of Psychology
Winter 2023, Supervisor, Jenny Rinehart, Ph. D.
Psychological Science 102C, Abnormal Psychology
Summer 2023, Supervisor, Jenny Rinehart, Ph. D.
Psychological Science 111D, Child Development
Spring 2022, Supervisor, Angela Lukowski, Ph.D.
Psychological Science 153C, Developmental Psychopathology
Spring 2021, Supervisor, Jessica L. Borrelli, Ph.D.
Psychological Science 101D, Lifespan Developmental Psychology
Winter 2021, Supervisor, Zoe Klemfuss, Ph.D.
Education 107A, Child Development in Education
Fall 2021, Supervisor, Stephanie M. Reich, Ph.D.
Psychological Science 103H, Health Psychology
Summer 2020, Supervisor, Jenny Rinehart, Ph. D.
Psychological Science 11C, Fundamentals of Psychology
Spring 2020, Supervisor, Linda Levine, Ph. D.
Psychological Science 101D, Life-Span Developmental Psychology
Winter 2020, Supervisor, Scott Blum, Ph. D.

California State University, Northridge, Fall 2015

Teaching Assistant

Psychology 321/L, Research Methods in Psychology and Lab, Supervisor, Sun-Mee Kang, Ph.D.

CLINICAL EXPERIENCE

2018- 2019 Graduate Intern, Assessment Clinic, California State University, Northridge
Supervisor: Gary Katz, Ph.D.

- Trained in administering, interpreting, and scoring various psychological assessments on adult, children, and youth.
- Participated in weekly meetings in which as a whole we would observe intake sessions and assessments, discussed appropriate assessments, and formed hypotheses regarding potential diagnoses and referrals.
- Trained using the WAIS-IV, WISC-V, WIAT III, MMPI, CDI, BDI, BAI, ASEBA, & Woodcock-Johnson IV

2017-2019 Graduate Intern, Anxiety and Mood Clinic, California State University, Northridge
Supervisor: Jill Razani, Ph.D.

- Trained in providing CBT focused treatment for adults presenting with mild to moderate depressive and/or anxiety symptoms.
- Participated in weekly meetings in which as a whole we would observe intake and ongoing therapy sessions, formed hypotheses regarding potential diagnoses, discussed appropriate strategies and methods for promoting engagement and facilitating the therapeutic alliance.

ABSTRACT OF THE DISSERTATION

Mi familia y mi comunidad son mi fuerza: Understanding the Protective Role of Family and Community for Latina/o/es Experiencing Racialized Stress

by

Jose Arreola

Doctor of Philosophy in Psychological Science

University of California, Irvine

Professor Jessica L. Borelli, Chair

This dissertation project examines the mental and behavioral health consequences of racialized stressors including perceived racial/ethnic discrimination, deportation fear, and acculturative stress among Latina/o/e adolescents and emerging adults of immigrant origin or descent. This project also explores cultural and familial strengths through the potential moderating roles of communal coping, maternal positive parenting behaviors, and attachment relationship quality with mothers in the context of racialized stress. Adolescence and emerging adulthood both represent a developmental period in which individuals strive for independence from parents and transition into a phase of identity and future-oriented exploration (Arnett, 2004; Moretti & Peled, 2004). Given the pressures experienced from individual, phase of life, and developmental factors, numerous adolescents and young adults report struggling with mental health (American College Health Association, 2013; Arnett, 2000; 2004; Huynh et al., 2021; McDermott et al., 2015; Rivas-Drake et al., 2008). Additionally, Latina/o/e adolescents and young adults must contend with disproportionate mental health strain (e.g., higher depression rates) due to racialized stressors such as discrimination and acculturative conflict relative to their

non-Hispanic White counterparts and even compared to older Latina/o/es (Alegría et al., 2008; Castillo & Schwartz, 2013; Huynh et al., 2012; 2021; Pérez et al., 2008).

Latina/o/e culture gives prominence to interdependence, familial harmony and connection, as well as communality as a means for preserving the family's well-being and each individual's overall health, providing a base for coping with daily life stressors including racialized stress (Campos et al., 2014; 2018; Campos & Kim, 2017; Carter & Forsyth, 2010; Kulish et al., 2019; Molina et al., 2016; Stein et al., 2014; Umaña-Taylor et al., 2015). For instance, through a number of various closely-related concepts, familial and communal support have showcased a host of positive outcomes including protecting against the onset of internalizing and externalizing symptoms, as well as alcohol use despite experiences with racialized stressors such as perceived racial/ethnic discrimination, deportation fear, and acculturative stress (Ajrouch et al., 2010; Campos et al., 2014; Crockett et al., 2007; Carter & Forsyth, 2010; Rastogi et al., 2012; Stein et al., 2014; Zhang et al., 2007). Building on this foundation, this project aims to deepen the understanding of positive family dynamics, attachments, and community as effective coping resources for Latina/o/e youths and emerging adults by exploring and delving into the interplay of risks associated with racialized stress and potential protective benefits of positive parenting behaviors, attachment relationship quality, and communal coping (i.e., *we-talk*).

Study 1 draws upon an all-Latina/o/e sample of 173 youths (e.g., 11-17 years old) from a sample of mother-youth dyads participating in the Youth Engaged for Action YEA/Madres a Madres (YEA/Madres) program, a collaborative community intervention focused on promoting parent-child attachment bonds and reducing mental health symptoms and disparities among Latina/o/e mothers and their children (see Borelli et al., 2021a; 2021b). This study focuses on the

individual and interactive influence of communal coping assessed via linguistic analysis of first-person pronoun use (i.e., *we-talk*) and deportation fears expressed during an attachment interview on youth mental health and aggression. The study reveals a significant positive association between youth deportation fear and mother-reported youth depression. Additionally, communal coping (i.e., *we-talk*) did not demonstrate a main effect, but it significantly moderated the association between youth deportation fear and mother-reported youth depression indicating that the negative effects of deportation fear on mother-reported youth depression are only present when communal coping is low.

Study 2 assesses the main and interactive effects between each individual marker of racialized stress (e.g., perceived racial/ethnic discrimination, acculturative stress, deportation fear), along with attachment relationship quality with one's maternal caregiver, and communal coping on self-reported depression, anxiety, and alcohol use among a sample of Latina/o/e college and university students between the age of 18 and 25. Data for this study were obtained through recruitment of university and college students via the University of California, Irvine (UCI) School of Social Ecology Human Subject Pool as well as across various Los Angeles community colleges using in-person and social media outreach, with a resultant sample of 115 undergraduate students. The results revealed significant positive associations between deportation fear and alcohol use, perceived racial/ethnic discrimination and depression and alcohol use, as well as acculturative stress and anxiety. However, neither attachment relationship quality nor *we-talk* were significant predictors or moderators. The findings underscore some of the negative outcomes associated with racialized stressors including deportation fear, discrimination, and acculturative stress for Latina/o/e emerging adults, but were unable to

showcase the protective benefits or coping potential of communal coping and attachment relationship quality.

Through both of these studies, this dissertation project provides valuable insights into the complicated relationship between attachment, parenting behaviors, communal coping, and mental and behavioral health among Latina/o/e adolescents and emerging adults in relation to contexts of racialized stress. Conclusively, this research contributes to both the understanding and need for further exploration of the complexities of family and communal support as coping resources for experiences with racialized stress among youth and young adults. This is especially the case given that for Latina/o/es, social support systems offer the most palpable coping resources to build on and areas to target for optimizing health promotion as well as prevention and intervention strategies (Ajrouch et al., 2010; Berkman, 2000; Campos et al., 2014; 2018; Crockett et al., 2007; DeGarmo & Martinez, 2006; Albrecht & Goldsmith, 2003; Mossakowski & Zhang, 2014). However, the coinciding effects of these racialized stressors may cross a threshold into toxicity that drowns the protective benefits of attachment or communal coping resources, highlighting the need for the field to focus on multilayered approaches to research and interventions to redress the socioecological factors and structures perpetuating racialized toxic stress (Bowen et al., 2022; Cogburn, 2019; Condon et al., 2019; Garner & Yogman, 2021).

Chapter 1:

Introduction

Introduction

Ethnicity and culture have a strong role in determining an individual's sense of identity, values, and self-perceived role in their community and society, which in turn can contribute to one's overall well-being (Berkel et al., 2010; Takeuchi & Williams, 2003; Umaña-Taylor et al., 2006; 2009). The Latina/o/e population in the United States (U.S.) continues to grow exponentially; with a record 59.9 million living in the U.S., Latina/o/es account for more than half (~52%) of the nation's growth from 2008 to 2018 (Noe-Bustamante et al., 2020a). Estimates also project that by 2050, the Latina/o/e community will make up about 30% of the national population (U.S. Census, 2010). Additionally, the Latina/o/e community accounts for an estimated 51% of the foreign-born population in the U.S. (Radford & Noe-Bustamante, 2019). Despite their increased presence in the U.S., Latina/o/es frequently encounter contextual stressors like prejudice and discrimination at disproportionate rates resulting in adverse mental and physical health outcomes (Takeuchi et al., 2007; Torres et al., 2012; U.S. Census Bureau, 2018). Relative to racial/ethnic minorities that have been in this country for several generations, new immigrants may be less equipped for coping with discriminatory experiences, especially when the populations in their country of origin are more homogenous (Harrell, 2000; Huynh et al., 2012).

Latina/o/es must contend with racial/ethnic discrimination via overt and covert encounters, as well through systemic racism, all of which can range from racial slurs to hate crimes (Molina et al., 2019; Sirin et al., 2015; Stacey et al., 2011; U.S. Department of Justice, 2017), economic disadvantages (Gonzales et al., 2011; Prelow et al., 2010), and unfair treatment in school or work settings (APA, 2012; Sirin et al. 2015). In order to fully understand discrimination-based stress among immigrants, we have to consider the interconnections

between racial/ethnic prejudice embedded within U.S. culture and the growing xenophobic mistrust of immigrants, particularly towards those of Latina/o/e descent (American Psychological Association [APA], 2012; Cardoso, 2018; 2021). Hostility directed toward the Latina/o/e community has increased drastically over the past decade due to rising xenophobic sentiments, concerns over the economy, job stability, as well as fear over potential changes to “American culture” (American Psychological Association [APA], 2012; Becerra et al., 2020; Cardoso et al., 2018; 2021; Deaux, 2006).

Although these anti-immigrant sentiments and policies typically target undocumented immigrants, when it comes to Latina/o/e individuals, ethnicity and legality tend to be conflated such that all Latina/o/es are presumed to be recent and/or undocumented immigrants resulting in the marginalization of the entire Latina/o/e population (Almeida et al., 2016). For instance, community and workplace immigration raids primarily target Latina/o/e immigrant communities (Gee et al., 2009; Moradi & Risco, 2006; Torres, 2009). More recently, Latina/o/e immigrants have become the center of political discourse, often being demonized and labeled as criminals, or experiencing unwelcome threats (Cardoso, 2018; Golash-Boza, 2015; Wray-Lake et al., 2018). It has been well-documented that sociocultural and political shifts regarding immigrants and their place in American society yields a significant impact on the psychosocial experiences of Latina/o/e families (Becerra et al., 2020; Cardoso et al., 2018; 2021; Dreby, 2013; Wray-Lake et al., 2018).

Racialized Stress: Understanding the Experiences of Latina/o/es

The Latina/o/e community historically faces a wide range of risk factors associated with being an ethnic minority (i.e., racial/ethnic discrimination; Lorenzo-Blanco & Unger, 2010; Lorenzo-Blanco et al. 2011; Kam et al. 2010) and of immigrant descent or origin (e.g.,

acculturative stress; Araújo Dawson & Panchanadeswaran, 2010; Sirin et al., 2012, Torres et al., 2012) all of which similarly contribute to increased risk for depression, anxiety, and substance use (Ángel Cano et al., 2015; Lorenzo-Blanco & Unger, 2015; Torres et al., 2012). Prior research has attempted to capture the extensive and often coinciding role of these risk factors through a factor labeled as racialized stress (Ángel Cano et al., 2015; Harrell, 2000; Harrell & Sloan-Pena, 2006; Lorenzo-Blanco & Unger, 2015; Romero et al., 2007) comprised of various multilevel and interactive indicators including bicultural/acculturative stress (Romero & Roberts, 2003a), racial/ethnic discrimination (Williams & Mohammed, 2009), and negative context of reception (Schwartz, et al., 2014), as shown in Figure 1. Although these risk factors are often treated and assessed as unique or separate constructs, emergent literature suggests that the measurement and conceptualization of these risk factors contain considerable overlap and demonstrate a concurrent impact on mental health (Ángel Cano et al., 2015; Kulis et al., 2009; Rudmin, 2009).

Despite the different methods used to measure or operationalize these various racialized stress indicators, research has consistently shown that higher levels of these racialized stressors contribute to poor mental health and externalizing behaviors (Ángel Cano et al., 2015; Forster et al., 2015; Lorenzo-Blanco & Unger, 2015; Romero et al., 2007). For example, as primarily seen among Latina/o/e adolescents, higher levels of perceived ethnic discrimination have been associated with increased depressive symptoms, alcohol use, and aggression (Araújo Dawson & Borrell, 2006; Delgado et al., 2011, Kulis et al., 2009; Lorenzo-Blanco et al., 2013; Okamoto et al., 2009; Smokowski & Bacallao, 2006). Bicultural or acculturative stress has also been linked to elevated levels of mental health problems and alcohol use among Latina/o/es (Forster et al., 2014; Romero et al., 2007; Sirin et al., 2012). Negative context of reception has demonstrated associations with conduct issues among Latina/o/e adolescents (Forster et al., 2014).

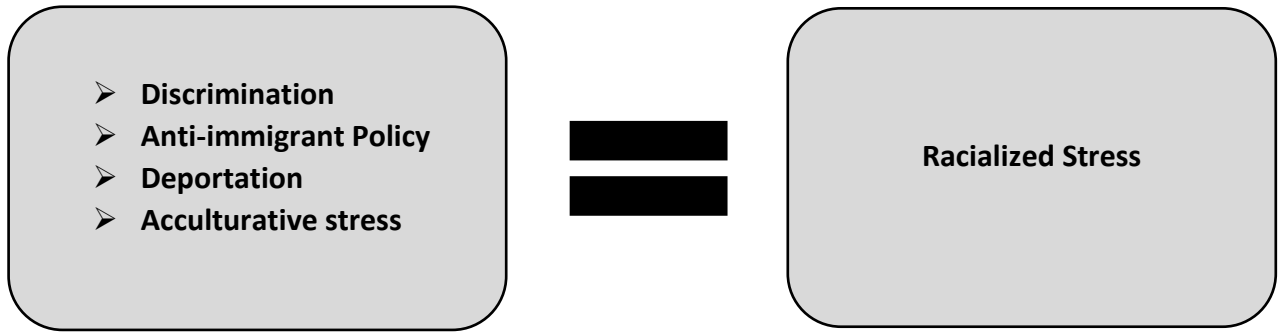


Figure 1. Potential indicators/variables that characterize racialized stress related to Latina/o/e communities.

A series of theoretical models have proposed that the burden associated with racialized stress, namely acculturative stress and ethnic discrimination, substantially increase one’s risk for the onset of mental health and behavioral issues (Ángel Cano et al., 2015; Berry, 2003; Cervantes et al. 2012; Romero & Roberts 2003a; Viruell-Fuentes, 2007). Consistent with prior scholarship, the present study defines racialized stress as the collection of various factors contributing to the stress experience of being a Latina/o/e individual of immigrant origin or descent in the U.S. (Ángel Cano et al., 2015). Similar to prior models, I include three key constructs that have been previously identified within the literature, which I examine as separate variables in Study 1 and 2 and collectively in Study 3. The key constructs assessed in the current study include: 1) perceived ethnic discrimination (Brondolo et al., 2005; Chithambo et al., 2014; Viruell-Fuentes, 2007), 2) acculturative stress (Crockett et al., 2007; Araújo Dawson & Panchanadeswaran, 2010; Romero & Roberts, 2003a), and in lieu of context of reception, I decided to focus on 3) deportation fear (Almeida et al., 2016; Arreola et al., 2022; Cardoso et al., 2018; 2021). Given the current sociopolitical climate, deportation fear seems particularly pertinent to the stress experience of Latina/o/e families (Almeida et al., 2016; Becerra et al., 2020; Cardoso et al., 2018; 2021, Wray-Lake et al., 2018). To the extent of our knowledge,

deportation fear has yet to be extensively assessed within the context of both acculturative stress and perceived discrimination. Nevertheless, emergent literature has routinely documented documentation status as potent social determinant of health and potential risk factor linked to adverse mental and physical health (Enriquez et al., 2018; Hacker et al., 2011; Sullivan & Rehm, 2005). For example, findings by Enriquez and colleagues (2018) suggests that the dimensions of “illegality” or documentation status comprised of academic concerns, future concerns, financial concerns, and deportation concerns all may uniquely and conjointly contribute to elevated stress levels and poorer self-reported health.

Although closely related to perceived discrimination, deportation fear reflects the junction of sociocultural, institutional, and political shifts that work in tandem to influence the individual and their social networks (Brabeck et al., 2014; Cardoso et al., 2018; Dreby, 2013; Zayas et al., 2015). As such, I propose that these three potential indicators operationalized by perception of negative ethnic-based encounters (perceived ethnic discrimination), perceptions of stress stemming from bicultural interaction (acculturative stress), and frequency of word use pertaining to deportation fear will converge in a manner that showcases the multifaceted experience of racialized stress among Latina/o/es in the U.S.

Relational Resources: A Potential Means for Coping with Racialized Stress

The norms and values of the Latina/o/e population are derived from a collectivistic and interdependent culture that places an emphasis on strong familial bonds (i.e., *familismo*), harmony, and community, which have been associated with a host of positive outcomes including buffering against psychological distress despite experiences with discrimination or other forms of racialized stress (Carter & Forsyth, 2010; Castro et al., 2009; Rastogi et al., 2012; Stein et al., 2014). Extant literature also indicates that features of *familismo* remain a critical

source of support spanning across generations despite the length of residence in the U.S. (Ayón, 2016; Santiago-Rivera, 2003). Given their high reliance on family for emotional support, Latina/o/e youth are particularly vulnerable to adverse outcomes when confronted with experiences (i.e., discrimination, anti-immigrant policies) that threaten the closeness within their family system (Ayón, 2016; Kuperminc et al., 2004). Research indicates another major resource for coping with discrimination is through intragroup or communal support by identifying issues as a collective group threat and working together to alleviate such threats and their associated risks (Harrell, 2000; Williams et al., 1999; Zárate et al., 2004). As a result of the advancements made through this research, the field has come to understand the pertinence of and protective benefits derived from relational resources such as family and community as a means for buffering the adverse outcomes associated with the racialized stress endured by the Latina/o/e community (Ajrouch et al., 2010; Campos et al., 2014; Crockett et al., 2007; DeGarmo & Martinez, 2006).

The focus of this research is on centering positive family dynamics, communal coping, and cultural strengths as a means for understanding how to protect against the various levels of risk Latina/o/e communities face including discrimination, deportation fear, and acculturative stress. Extending the lens beyond individual predictors of negative mental health outcomes, we examine how racialized stress contributes to high levels of adverse mental health and behavioral outcomes as well as its impact on relationships. It is important to allow for more of a culturally-congruent approach to addressing these various levels of risk and understanding which factors to build upon, given that relational resources generally help facilitate coping and family support systems are some of the most tangible areas to influence via interventions (Ajrouch et al., 2010;

Campos et al., 2018; Crockett et al., 2007; DeGarmo & Martinez, 2006; Mossakowski & Zhang, 2014).

Theoretical Frameworks for Understanding Stress in The Latina/o/e Community

To assess the various relational and sociocultural contexts contributing to the experiences and outcomes of Latina/o/es, the current study is guided by four core theoretical frameworks that capture the interactive nature and influence of the different layers of sociocultural risks (i.e., discrimination) and relational factors such as attachment and familial relationships on mental health and psychosocial adjustment.

Ecological Systems Theory. Ecological models offer various appropriate guiding frameworks that accentuate the interplay of contextual influences, ranging from proximal to distal influences on youth's mental health and development (Bronfenbrenner, 1979). One such model is the Ecological Systems Theory (EST), which asserts that youth are embedded within an interconnected system comprised of their family, peers, school, and community, as well as broader macrosystem influences, all of which work in tandem to influence a youth's adjustment and overall mental health (Bronfenbrenner, 1979). For Latina/o/e families, it is through these ecological systems in which they experience sociodemographic risk, discrimination, and immigration-related stressors (Garcini et al., 2017; Quesada et al., 2011). Although widely used for investigating youth mental health and the contexts contributing to mental health outcomes, EST is limited in addressing racial/ethnic contexts which contribute to varied experiences in the ways individuals perceive and respond to adverse life events (Spencer, 2006).

Integrative model of developmental competencies for ethnic minority children. To address these limitations and also consider culturally-specific processes with regard to youth

developmental outcomes, this study is guided by the integrative model of developmental competencies for ethnic minority children (García Coll et al., 1996; Stein et al., 2016). At the forefront of this model is the significance of identifying and understanding how socioecological and social positional processes may either promote or impede positive developmental competencies (García Coll et al., 1996; Stein et al., 2016). Moreover, the model recognizes that larger social systems including culture, environment, and family for ethnic minority youth are heavily influenced by racism and classism. These forms of racism and classism may manifest in the form of racially, ethnically, and socioeconomically segregated and disadvantaged neighborhoods which may subject these youth to pervasive adverse experiences (García Coll et al., 1996). More recent adaptations to this model propose that social positional variables such as race/ethnicity, gender, social class, immigrant status, documentation status, as well as migrant status all yield a potent effect on the developmental trajectories of Latina/o/e children and youth through the multilayered and interactive experiences of racism, discrimination, prejudice, oppression, and xenophobia (Stein et al., 2016). Further, this model may provide one avenue for explaining the link between vulnerability to punitive immigration policies and Latina/o/e youth mental health (Cardoso et al., 2021; Stein et al., 2016).

The integrative model also suggests that the strength of the associations between discriminatory experiences and mental health are contingent upon specific circumstances. For instance, cultural values and adaptation processes are conditions under which discrimination or contextual stressors pose more or less risk (Berkel et al., 2010; Calzada et al., 2010; DeGarmo & Martinez, 2006; Delgado et al., 2011; Forster et al., 2015; Gallo et al., 2009; García Coll et al., 1996; Gonzalez et al., 2008; Umaña-Taylor & Updegraff, 2007). Indeed, cultural and familial support resources may work to offset the risks associated with racialized stress and even

potentiate one's adaptive developmental competencies (Stein et al., 2016). An example of this is evidenced in the work of Morgan-Lopez and colleagues (2003), in which Latina/o/e adolescents' acceptance of Latina/o/e cultural norms protected against engagement in risky behaviors (i.e., smoking). Similarly, findings by Germán and colleagues (2009) suggest that despite being associated with deviant peers, Latina/o/e adolescents benefited from their parent's strongly endorsed familism values which protected against externalizing behaviors. Thus, strong familial relationships and cultural orientations play a vital role in protecting against the adverse effects of racialized stress.

Attachment. Attachment theory (Bowlby, 1973; Mikulincer & Shaver, 2007) also provides a valuable framework that regards the quality of a youth's primary relationships as foundational for learning how to respond to adversity via emotion regulatory strategies used to cope with real or perceived threats to one's relationship (Ainsworth, 1989; Anderson et al., 2015; Venta et al., 2019). Attachment security reflects a sense of confidence that one's attachment figure will consistently be available to provide support during times when the youth challenge themselves (i.e., secure base) or for protection (i.e., safe haven) when necessary (Ainsworth, 1989). Feelings of safety and security in one's relationships grants one the capacity to make decisions that support both the mental and physical health of themselves and others by behaving in ways that are overall more adaptive (Ranson & Urichuk, 2008; Sroufe, 1990). Attachment security, which reflects both a sense of safety and security in one's relationships (Ainsworth, 1989), is considered crucial for both children and their parents, given its association with positive interpersonal behavior and overall health for both (Atkinson et al., 2000; Ducharme et al., 2002). To no surprise, attachment security has consistently demonstrated a protective role against socioenvironmental risks, including community violence (Lynch & Cicchetti, 2004), poverty

(Johnson et al., 2018), racial/ethnic discrimination (Anderson et al., 2015), and immigration-related stressors (i.e., threats of deportation; Venta et al., 2019). Given the emphasis on a strong familial bond and harmony within Latina/o/e culture, this makes attachment theory a potent vessel for understanding parent-child bonds, relational disruptions, and dysfunctions within Latina/o/e families (Borelli et al., 2021a; 2021b; Venta, 2020; Venta et al., 2019).

Community Cultural Wealth Model. The community cultural wealth (CCW) model represents an asset-based theoretical framework grounded in the principles of critical race theory that presents a challenge and shift away from a deficit perspective to centralize the multitude of cultural resources, knowledge, skills, and contacts communities of color possess that help to cultivate positive overall outcomes (Yosso, 2005; Yosso & Burciaga, 2016). Various forms of capital are recognized within this model as being shaped through cultural wealth including aspirational, navigational, social, linguistic, familial and resistant capital (Yosso, 2005; Yosso & Burciaga, 2016). Aspirational capital reflects one's capacity for sustaining hope, aspirations, and desires regarding the future despite real and perceived barriers stemming from structural inequality. Navigational capital depicts an individual's ability for navigating the social institutions that historically undermined, excluded, and neglected communities of color. Social capital refers to the social networks and community resources that individuals can potentially rely on for instrumental and emotional support in response to navigating social institutions (Acevedo & Solórzano, 2023; Yosso, 2005; Yosso & Burciaga, 2016).

Linguistic capital details the intellectual and social skills acquired via bilingual or multilingual communication experiences (Orellana et al., 2003; Yosso, 2005). Familial capital refers to the cultural knowledge fostered through family interactions, commitments to communal well-being, and the significance of maintaining connections to one's community and its

resources. Resistant capital pertains the knowledge and skills amassed through agentic and oppositional behaviors combating inequality (Acevedo & Solórzano, 2023; Yosso, 2005; Yosso & Burciaga, 2016). These forms of capital reflect dynamic and interactive processes that build on one another, and while the present study addresses the potential individual and mutual influence of these different forms of capital, of particular interest are the roles familial and social capital. Application of the CCW framework allows people to better understand how to utilize and maximize cultural wealth as tools for empowerment and minimizing the adverse outcomes associated with racialized stress.

Current Projects

Drawing from these frameworks, this body of work will seek to explore the interplay of racialized stress, culture, attachment, and mental health concerns among Latina/o/e youth and emerging adults from immigrant families. These frameworks allow us to study the consequences of macrosocial factors like discrimination and racism in relation to parenting, attachment, and mental health in children, youth, and emerging adults. In addition, they allow us to further understand how racialized stress (i.e., discrimination) influences one's social environment and the types of demands that targeted individuals face which can constrain available resources (i.e., emotional support) used to respond to such demands (Brondolo et al., 2015). The objectives of this research are twofold: (1) to examine the associations between racialized stress (i.e., discrimination, deportation fear, and acculturative stress) and mental and behavioral health among Latina/o/e youth and emerging adults and (2) to explore cultural and familial strengths through the potential moderating roles of communal coping, maternal positive parenting behaviors, and attachment relationship quality with mothers in the context of racialized stress.

These objectives are carried out via two core projects, please refer to Figure 2 for a visual of the guiding conceptual model.

Study 1 examines the role of communal coping and positive parenting behaviors in protecting against negative environmental influences on health. Communal coping is a factor which reflects a state of viewing one's identity as a plurality such as a member of a family and/or community (Agnew & Etcheverry, 2006; Borelli et al., 2016). **Study 1**, specifically, assesses the associations between youth deportation fear and mother- and youth-reported youth depression, anxiety, and aggression, while also testing whether communal coping and maternal positive parenting behaviors moderate those relationships.

Study 2 builds on the prior models by exploring these relations among emerging adults in an integrated model. In **Study 2**, I will examine the associations between racialized stress (a factor comprised of discrimination, deportation fear, and acculturative stress) and mental health and alcohol use among a sample of university and college students. Similarly, communal coping and attachment relationship quality with mothers are examined as potential moderators.

Given the rise in anti-immigrant hostility directed toward Latina/o/e populations, this research yields an important contribution to field. Findings will provide insights regarding the strength of community and family as a means for fostering resilience and combating the adverse consequences associated with racialized stress. In the sections that follow, I will review the literature in greater depth.

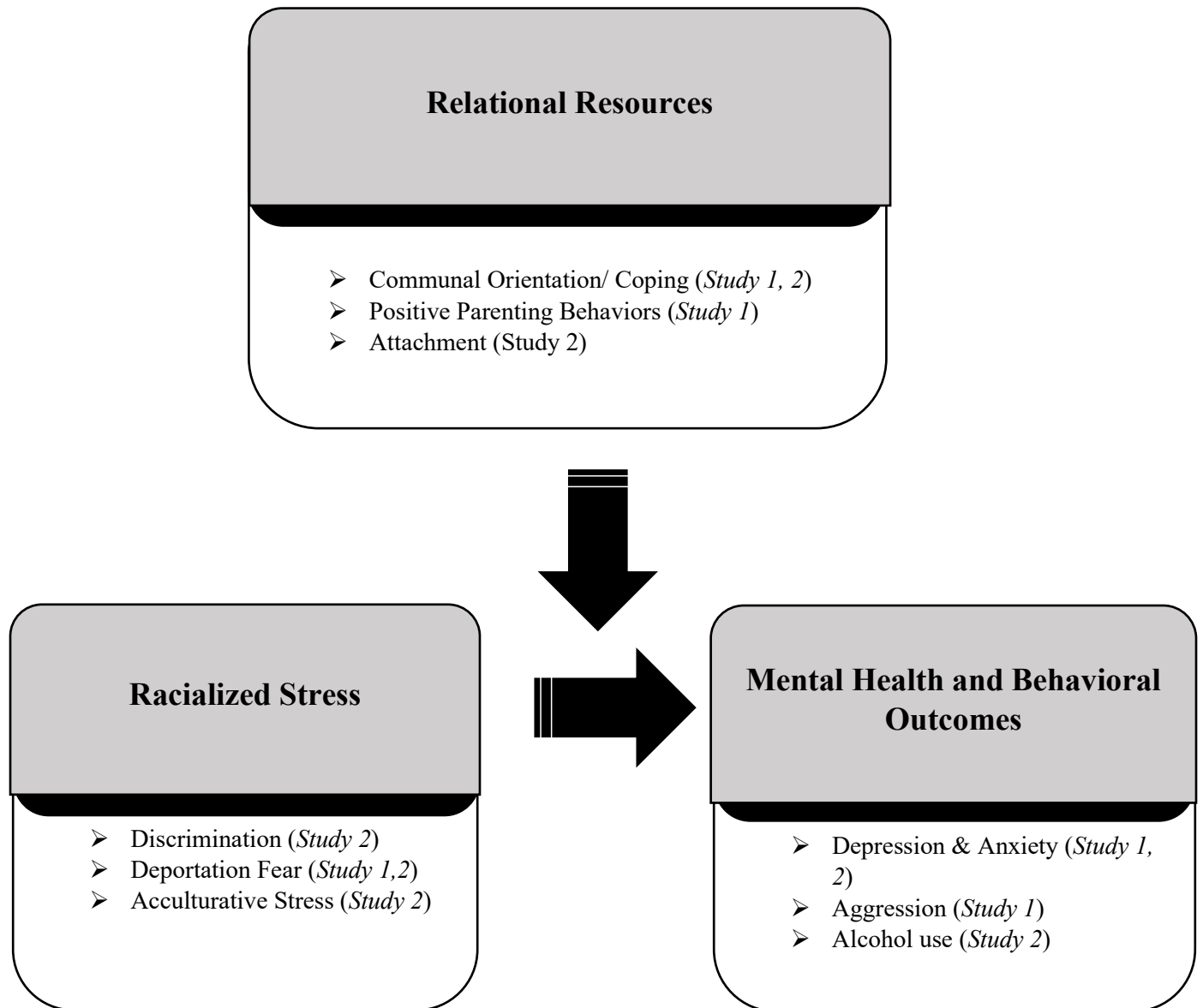


Figure 2. Overarching Conceptual Model for Studies 1 and 2

CHAPTER 2:

Mi familia y mi comunidad son mi fuerza: Understanding the Protective Role of Family and Community for Latina/o/es Experiencing Racialized Stress

Racialized Stress: Examining Common Risk Factors Faced by Latina/o/es

Discrimination: Prevalence and Risks Among Latina/o/es

Prior research has repeatedly documented the harmful effects of racial/ethnic discrimination on the mental and physical health of minoritized individuals (Brondolo et al., 2005; Guyll et al. 2001; Pascoe & Smart Richman, 2009; Williams & Mohammed, 2009) and is regarded as a common cultural risk factor among Latina/o/e individuals (Ayón et al., 2010; Moradi & Risco, 2006; Okamoto et al., 2009). Discrimination is generally defined as a process by which dominant groups attempt to maintain their status in society demonstrated through negative attitudes, judgment, and/or unfair treatment directed toward members of a particular group based on specific group attributes (Krieger, 1999; Flores et al., 2010; Williams et al., 1999). Discrimination occurs across various contexts and aspects of life and may manifest or be categorized as either institutional, interpersonal, individual, and/or cultural (Brondolo et al., 2011; 2023; Flores et al., 2010; Harrell, 2000; Harrell & Sloan-Pena, 2006; National Research Council, 2004).

Interpersonal discrimination can refer to directly perceived discrimination (i.e., verbal abuse) and institutional discrimination refers to discrimination embedded within social structures such as policies, norms, and practices that contribute to inequities regarding resources and power (Brondolo et al., 2011; 2023; Flores et al., 2010; Harrell, 2000; Harrell & Sloan-Pena, 2006; National Research Council, 2004). Cultural racism, on the hand, refers to the dissemination and communication of prejudicial attitudes, negative stereotypes, and the perceived value or merit of members of different racial/ethnic groups expressed via multiple media platforms (i.e., film, television, internet; Brondolo et al., 2011; 2023; Harrell, 2000; Harrell & Sloan-Pena, 2006; Williams & Mohammed, 2013). Discrimination is further operationalized as either perceived

personal discrimination which focuses on discrimination directed at an individual (Taylor et al., 1996) or perceived group discrimination which refers to discrimination directed at ingroup members as a whole (i.e., other Latina/o/e s or Latina/o/e s as a group) (Molina et al., 2018; Shorey et al., 2002).

Discriminatory experiences occurring at the collective or group level represent the interactive and joint effects of institutional, cultural, and individual levels of racism which may manifest in the form of racial/ethnic disparities in healthcare, education, economic opportunities, as well as prevalence of disease and mental health issues (Brondolo et al., 2012; 2023; Flores et al., 2010; Harrell, 2000; Harrell & Sloan-Pena, 2006; National Research Council, 2004). These collective experiences of discrimination also concern an understanding of their effects on members of one's same race/ethnicity, which may contribute to adverse outcomes via observations despite whether one has a direct individual experience (Brondolo et al., 2012; 2023; Harrell, 2000; Harrell & Sloan-Pena, 2006). Ultimately, while the primary focus of this research is on discriminatory experiences at the interpersonal level, this study utilizes multiple measures to attempt to account for the influence of perceived group discrimination, as well as cultural and institutional discrimination via linguistic analysis as an indirect proxy for assessing the potential influence of institutional forces (i.e., anti-immigrant policies), cultural attitudes, and media portrayals.

Perceived discrimination not only leads to disruptions in well-being and physical health but also potentiates psychological distress, which in turn contributes to the development of mental health symptomatology (Pascoe & Smart Richman, 2009; Schmitt et al., 2014; Schwartz & Meyer, 2010; Tillman & Weiss, 2009; Williams & Mohammed, 2009). For instance, across various racial/ethnic groups, perceived discrimination has demonstrated consistent associations

with elevated physiological stress, depressive and anxiety symptoms, substance use, and poorer self-reported health (Borrell et al., 2006; Brondolo et al., 2011; Corral & Landrine, 2012; Sawyer et al., 2012; Williams et al., 2003). Additionally, evidence has accrued indicating that chronic exposure to discrimination hinders one's ability to cope with stressful life situations, including among Latina/o/es (Crockett et al., 2007; Edwards & Romero, 2008; Ong et al., 2009; Torres, 2010; Umaña-Taylor et al., 2008). While anti-immigrant hostility has grown in recent years (Newman et al., 2018), Latina/o/e s have historically encountered high exposure to discriminatory experiences, with prevalence rates ranging from 30% to 83% (Arellano-Morales et al., 2015; Perez et al., 2008). Further, surveys of both foreign-born (70%) and U.S.-born (49%) Latina/o/e s indicate that discrimination is considered a significant issue hindering opportunities for success as well as feelings of inclusion and well-being (Lopez et al., 2010). In addition to racially/ethnically motivated discrimination, Latina/o/es also encounter discrimination based on presumptions regarding immigrant status and language (i.e., Speaking Spanish, English proficiency) (Edwards & Romero, 2008; Lopez et al., 2016). For example, findings from the National Survey of Latinos (Pew Research Center, 2002) indicated that 35% of Latina/o/e s in the overall sample attributed their experiences with discrimination to language. Further analyses revealed that 55% of primarily Spanish-speaking Latina/o/es experienced discrimination relative to 38% of bilingual Latina/o/es and 29% of primarily English-Speaking Latina/o/es.

More recently, research has revealed that younger U.S.-born Latina/o/es are not only more likely to perceive discrimination relative to older Latina/o/es (Perez et al., 2008), but are also more likely to endorse higher rates of depression compared to their immigrant counterparts (Alegría et al., 2008). Additionally, literature has indicated that discriminatory experiences (i.e.,

perceived and everyday discrimination) may be particularly detrimental during adolescence; this age range is regarded as a critical period in which youth begin to explore their identities and become more sensitive to the way they are perceived by peers (Greene et al., 2006; Rivas-Drake et al., 2008; Huynh et al., 2021; Sirin & Fine, 2008). A similar trend has also been demonstrated among emerging adults, particularly with college-attending adults due to individual and phase of life and developmental factors (American College Health Association, 2013; McDermott et al., 2015). As such, this study focused primarily on adolescence and emerging adulthood given that these developmental periods are also characterized by increased stress and engagement in risky behaviors (Arnett, 2000; 2004; Huynh et al., 2012; 2021).

Regarding the experience of discrimination during adolescence, negative messages (e.g., devaluing, disrespect) pertaining to their racial/ethnic background expressed by adults or peers in schools is an important socializing agent that potentially contributes to worse developmental outcomes (Arora & Wheeler, 2017; Suárez-Orozco et al., 2008; Wong et al., 2003). As evidenced across multiple studies, ethnic minority (e.g., Black, Latina/o/e, Asian American) adolescents that experienced higher levels of discrimination by peers and/or adults across various contexts endorsed higher levels of depressive symptoms (Greene et al., 2006; Grossman & Liang, 2008; Sirin et al., 2012). Indeed, it has also been documented that for these age groups, perceptions of discrimination increase as demonstrated by greater reports of overt racial/ethnic discrimination due to greater exposure to the social world as well as a deeper understanding of intergroup dynamics (Benner & Graham, 2011; Brown & Bigler, 2005; Greene et al., 2006; Huynh et al., 2021).

Experiences with discrimination are highly prevalent among ethnic minority communities with about 75 to 85% of African American and Latina/o/e youth reporting at least one highly

memorable discriminatory experience within a year's timeframe (Espinoza et al., 2016; Seaton et al., 2008). Discriminatory experiences curtail opportunities for ascending the social hierarchy and may induce a sequela of mental and physical health issues (Chithambo et al., 2014; Williams & Mohammed, 2009). In fact, the adverse consequences of perceived personal discrimination have demonstrated consistent patterns of elevated blood pressure levels (Karlsen & Nazroo, 2002), greater likelihood of engaging in risky behaviors (Okamoto et al., 2009; Pascoe & Smart Richman, 2009), and increased depressive and anxiety symptoms (Lorenzo-Blanco & Unger, 2015; Schulz et al., 2006) across various racial/ethnic groups even after controlling for sociodemographic variables (Harris et al., 2006). Among Latina/o/e youth, the most commonly reported consequences of perceived discrimination include poorer academic performance (Benner & Graham, 2011; Behnke et al., 2011), greater psychological distress (Sellers et al., 2003; Umaña-Taylor et al., 2015), low self-esteem and substance use (Berkel et al., 2010; Greene et al., 2006; Lee & Ahn, 2012; Smokowski & Bacallao, 2007), as well as depression, anxiety, and externalizing behaviors (Delgado et al., 2011; Wheeler et al., 2020). Interestingly, several studies have documented that Latina/o/e youth often attribute their discriminatory experiences to their family's or own immigrant background, English fluency, poverty, and/or skin color which has demonstrated negative outcomes such as lower self-esteem and higher internalizing problems, poorer academic adjustment, and greater engagement in risky behaviors (DeGarmo & Martinez, 2006; Romero et al., 2007; Smokowski & Bacallao, 2007; Zeiders et al., 2013).

Additionally, while Latina/o/e children and youth report exposure to discriminatory experiences at disproportionately high rates, younger children's comprehension of race may be equivalent to that of non-Hispanic White children (Dulin-Keita et al., 2011; Romero & Roberts

2003b). For instance, prior studies have indicated that while children below the age of 10 years may be aware or conscious of discrimination or racism, they often refer to superficial characteristics of race (i.e., food preference), name-calling, unequal sharing, or social exclusion (Brown & Bigler, 2005; Dulin-Keita et al., 2011; Quintana & Vera, 1999; Verkuyten et al., 1997). Indeed, research documents and supports the notion that Latina/o/e children become increasingly aware of racism upon developing their social perspective-taking abilities and also develop racial identification at later ages (Dulin-Keita et al., 2011; McKown, 2004; Ocampo et al., 1993; Woody et al., 2022). It is not until adolescence that youth begin to correctly identify the types and sources of discrimination, given their increased understanding of overt and subtle forms of discrimination occurring at interpersonal and institutional levels (Brown & Bigler, 2005).

At the interpersonal level, Latina/o/e youth are increasingly aware of and frequently report experiencing discrimination from peers in the form of racial epithets and stereotypes (Armenta et al., 2013; Corona et al., 2017; Pasco et al., 2022; Romero et al., 2015). Latina/o/e youth frequently cite disparaging and stereotypical remarks made by peers directed at their perceived citizenship status or legality, as well as their ability to speak English (Armenta et al., 2013; Corona et al., 2017; Pasco et al., 2022; Romero et al., 2015). At the institutional level, Latina/o/e youth are attuned to the structural differences in their neighborhoods, including understanding the forms of racial segregation that limit their community's access to adequate resources (Massey & Fischer, 2000; Pasco et al., 2022; Pasco & White, 2020). This indicates that individuals demonstrate increased cognitive processing by late adolescence and a more nuanced understanding of the institutions and structures perpetuating racism and discrimination (Pasco et al., 2022; Woody et al., 2022).

Perceived racial/ethnic discrimination has also been connected to greater psychological distress among Latina/o/e college students (Hwang & Goto, 2008; Torres, 2009) and adults (Finch et al., 2000; Flores et al., 2010; Moradi & Risco, 2006) as well as elevated levels of depression and anxiety (Paradies, 2006; Pascoe & Smart Richman, 2009; Williams et al., 2003), hypertension, smoking, and alcohol abuse (Karlsen & Nazroo, 2002; Williams & Mohammed, 2009; Williams & Neighbors, 2001). Indeed, an estimated 38% of Latina/o/es between the ages of 16 and 25 have reported that they have directly or know of someone who has been the target of racial/ethnic discrimination, whereas, prevalence rates among general Latina/o/es are at about 30% and 31% for those above 26 years of age (Perez et al., 2008; Heimlich, 2010). Extensive literature has shown that racial/ethnic minority students frequently report exposure to racial/ethnic discriminatory experiences on colleges campuses (Banks & Kohn-Woods 2007; Biasco et al. 2001; Billingsley & Hurd, 2019). Altogether, perceived discrimination exacts a toll on the mental health and emotional well-being of college students, including among Black and Latina/o/e students (Billingsley & Hurd, 2019; Hwang & Goto, 2008; Prelow et al., 2006). For instance, among Latina/o/e University students, experiences with perceived discrimination were associated with increased psychological distress (Hwang & Goto, 2008), depressive symptoms (Torres, 2009), and greater alcohol use (Ángel Cano, 2016; Substance Abuse and Mental Health Services Administration, 2015).

It is important to note the potential limitations with existing discrimination measures that often overlook the diverse experiences and varying identities of immigrant ethnic minorities (Almeida et al., 2016; Arellano-Morales et al., 2015; Ayón, 2016; Lopez et al., 2016; Lorenzo-Blanco et al., 2013; Moradi & Risco, 2006). I attempt to address these limitations across these studies by employing multiple strategies for assessing the experiences of Latina/o/es including

incorporating and examining the influence of deportation fear and acculturative stress in addition to perceived discrimination, as well as the use of a more comprehensive factor in racialized stress that captures a wide range of stress experiences stemming from bicultural identity, discrimination, and deportation fear.

Deportation fear: A Collective Concern Among Latina/o/es

While research has consistently demonstrated the injurious effects of perceived discrimination on the psychological and physical health of racial/ethnic minorities (Pascoe & Richman, 2009; Williams & Mohammed, 2009), including Latina/o/e youth (Cardoso et al., 2018; Sanchez et al., 2016; Umaña-Taylor et al., 2008; 2015), it alone only captures a portion of the types of discriminatory experiences Latina/o/e youth and their families face. Shifts in U.S. immigration policy spanning the past decade are defined by rampant increases in anti-immigrant sentiment and the deportation and separation of Latina/o/e immigrant families which has contributed to an array of adverse mental and physical health outcomes among Latina/o/e children, youth, and adults regardless of their nativity or citizenship status; however, those factors do magnify the negative outcomes (Ayón, 2016; Cardoso et al., 2021; Dreby, 2012a; 2012b; Wray-Lake et al., 2018; Zayas & Gulbas, 2017). Evidence indicates that anti-immigrant rhetoric and policies may hinder Latina/o/e families' sense of hope, opportunities for social mobility, and increase marginalization (Finch et al., 2000; Hancock, 2005).

In addition to the aforementioned factors, upon migrating to the U.S., Latina/o/e immigrants experiencing negative contexts of reception may decide to withdraw from others to remain undetected and hidden due to fears of deportation (Chavez, 2012; Cobb et al., 2017; Portes & Rumbaut, 2001; Stepick & Stepick, 2010). This withdrawal or avoidance of others may hinder access to social support resources and opportunities for social mobility (Abrego &

Gonzales, 2010; Cobb et al., 2017; Portes & Rumbaut, 2001) via limited access to health care (Chavez, 2012; Cobb et al., 2017), lower educational attainment (Gonzalez, 2009), and poorer psychological well-being (Gonzales et al., 2013; Sullivan & Rehm, 2005). The media also often depicts negative and stereotypical diatribes of undocumented Latina/o/es, questioning their place in the country, as well as labeling them as economic and social burdens, which has contributed to more significant adverse contexts of reception, encounters with discrimination and social rejection, contributing to numerous adverse health outcomes (Chavez, 2012; Cobb et al., 2017; Golash-Boza, 2015). For instance, under negative contexts of reception, undocumented parents may utilize cultural socialization strategies that promote the mistrust of others, which is linked to elevated levels of depression in Latina/o/e youth (Cross et al., 2020).

Furthermore, racism-related threats, including those directed at Latina/o/e youth, can contribute to biopsychosocial changes such as vigilance or hypervigilance that influence the ways youth process and attend to real and perceived threat information in their social environments (McLaughlin et al., 2020; Woody et al., 2022). This increased vigilance is linked to hindered adaptive functioning, goal-directed behaviors, maintenance of reciprocal relation with fear and distress, and ultimately place youth at risk for developing depressive and other internalizing symptoms (McLaughlin et al., 2020; Saleem et al., 2020; Woody et al., 2022). Similarly, among Latina/o/e college students, findings by Sawyer and colleagues (2012) revealed that the mere anticipation of being discriminated against, even before the presence of a potential perpetrator, was associated with increased stress and cardiovascular response. It is also important to acknowledge that the transition to emerging adulthood represents unique and novel challenges for many undocumented youths. For instance, many undocumented individuals report that their first realization of their status did not occur until they attempted to obtain a driver's license or

complete college applications that required a social security number (Gonzales, 2010; 2011; Pasco et al., 2022).

Furthermore, the majority of perceived discrimination measures do not consider additional contexts specific to minoritized individuals from immigrant backgrounds or descent which includes the structural and institutional targeting of such groups through policies (Almeida et al., 2016; Ayón, 2016; Cardoso et al., 2018; 2021), as well as negative media portrayal, all of which have been demonstrated to incite greater reports of perceived discrimination (Almeida et al., 2016; Ayón, 2016), feelings of stigma (Lopez et al., 2016; Wray-Lake et al., 2018), and even forced family separation (Lovato, 2019; Lovato & Abrams, 2020) and hate crime victimization (U.S. Department of Justice, 2017). For instance, in recent years, the national rise in hate crime perpetration has been disproportionately higher for Latina/o/e populations (30%) relative to other groups (18.5%; U.S. Department of Justice, 2017). Furthermore, it has been cited that around 1 in 4 Latina/o/e children in the United States have immigrant parents (Ornelas & Perreira, 2011), thus highlighting a highly pertinent and co-occurring risk factor in addition to perceived discrimination.

More recently, during its campaign, the Trump administration continuously vilified the Latina/o/e immigrant community via public discourse, setting in motion an anti-immigrant climate (Garcini et al., 2020; Roche et al., 2018). Once in office, this administration centered its policies around anti-immigrant rhetoric by suggesting ending birthright citizenship (Davis, 2018), advocating for the construction of a wall along the US-Mexico border (Nixon & Qui, 2018), threatening to revoke Deferred Action for Childhood Arrivals (DACA) protections (Shear & Davis, 2017), and separating migrant children from their parents (Radnofsky et al., 2018). Consequently, many immigrant communities reported feeling unwelcomed and uneasy given the

exponential rate at which anti-immigrant policies and rhetoric had progressed (Ayón, 2020; Fleming et al., 2019; Wray-Lake et al., 2018) which generated considerable fear and anxiety within these communities (Lopez et al., 2018; Eskenazi et al., 2019; Vargas et al., 2017). These immigration enforcement policies, besides being linked to increased reports of discrimination and stigmatization, have also demonstrated associations with a host of psychopathology outcomes (e.g., anxiety and depression, Becerra et al., 2020; Roche et al., 2018).

The adverse outcomes linked to the current immigration climate are especially pronounced among Latina/o/e parents and their adolescent-aged children (Arreola et al., 2022; Ayón, 2020; Cardoso et al., 2018; 2021; Wray-Lake et al., 2018). Compared to their younger counterparts, adolescents exhibit an acute awareness of the stressors impacting their families and community including understanding their families' legal status (Brabeck et al., 2014; Dreby, 2013; Roche et al., 2018) as well as ongoing immigration issues (Cardoso et al., 2018; Wray-Lake et al., 2018). Adolescents and young adults are also more likely to have spent their formative years of identity development within the U.S. under the current immigration contexts, which has contributed to heightened fears of separation or deportation, as well as conflicting feelings pertaining to their ethnic identity or citizenship status which may prompt feelings of stigma regarding their immigrant heritage (Dreby, 2012; Ornelas & Perreira, 2011; Roche et al., 2018; White et al., 2017).

Increases in immigration enforcement have contributed to feelings of stigmatization, as well as elevated anxiety and depressive symptoms among U.S.-born children, undocumented youth, and/or youth from mixed-status households (Cardoso et al. 2021; Cavazos-Rehg et al., 2007; Suárez-Orozco, 2017). For example, multiple studies revealed Latina/o/e adolescents reported higher feelings of anger, contempt, fear, and anxiety, as well as greater experiences and

consciousness of discrimination as a result of the recent immigration landscape (Ayón 2020; Wray-Lake et al., 2018; Vargas et al., 2017). Threats of parental deportation are especially salient among Latina/o/e immigrant families, as indicated via some disturbing trends including an estimated 22% of deported individuals being parents of U.S.-born children (Sulkowski, 2017). Additionally, despite only accounting for 30% of the foreign-born population and 58% of undocumented residents (Passel & Cohn, 2011), Mexican immigrants represented 83% of undocumented persons who were detained and 73% of whom were deported (Dreby 2012a; U.S. Department of Homeland Security, Office of Immigration Statistics, 2010). As a consequence, deportation fears among immigrant communities have increased exponentially given the rising rates of detention and deportation (Becerra et al., 2020; Lopez et al., 2018) which has prompted many Latina/o/es to express increased worry for their family and community members resulting in poorer mental and physical health relative to other immigrant and racial/ethnic groups (Ayón, 2016; 2020; Cardoso et al., 2018; 2021; Eskenzai et al., 2019; Lopez et al., 2018; Szkupinski et al., 2014).

Associations between parents' well-being and their children's well-being has also begun to be explored within the context of immigration and Latina/o/e families. For instance, adolescents demonstrated increased depressive symptoms when their undocumented Latina/o/e parents displayed mistrust towards members outside of the Latina/o/e community and/or law enforcement personnel (Cross et al., 2020). In addition, the effects of deportation fear have consistently been identified within U.S.-born Latina/o/e children whom expressed increased worry for the safety of their immigrant parents (Vargas & Ybarra, 2017; Yoshikawa & Kalil, 2011; Zayas et al., 2015). Also, some research has documented that Latina/o/es residing in neighborhoods with greater levels of Latina/o/e immigrant concentration may experience an

increased risk for anxiety disorders (Alegría et al., 2013) and may not experience the potential buffering effects of living in such communities, particularly when it reflects a downward assimilation of distressing socioeconomic conditions (Alegría et al., 2013; Dailey et al., 2010).

Furthermore, multiple studies indicate children may experience discrimination vicariously through their parents and their parents' response to discrimination may influence the child's mental health (Espinoza et al., 2016; Halim et al., 2013; Lopez et al., 2016; Vines et al., 2017). Indeed, findings from Arreola and colleagues (2022) indicate that mother-reported deportation fears predicted higher levels of both youth and maternal depression symptoms. Other studies further corroborate the link between both youth- and mother-reported deportation fears and elevated levels of depression, anxiety and externalizing symptoms (Becerra et al., 2020; Cardoso et al., 2021; Delva et al., 2013; Dreby, 2013; Salas et al., 2013), potentially stemming from concerns for the safety of their parents (e.g., Delva et al., 2013; Wray-Lake et al., 2018) and fear of separation (e.g., Cardoso et al., 2021; Delva et al., 2013; Lovato, 2019; Wray-Lake et al., 2018). Evidence also indicates that children and youth who learn about the detention and deportation of fellow Latina/o/es through media sources may experience increased fears of profiling, racism, separation, and deportation, all of which contribute to greater psychological distress (Cardoso et al., 2018; Dreby, 2012; Vargas et al., 2017).

Altogether, these findings highlight the various paths through which deportation fears may manifest and contribute to the mental health of Latina/o/e youth, showcasing why this link is worthy of additional study. Yet, there remains a need to further understand how deportation fears and perceived discrimination may manifest and influence mental health and adjustment among Latina/o/e emerging adults. Furthermore, Latina/o/es also face the risk of experiencing mental health issues due to the added stress of dealing with discriminatory experiences while

navigating between two cultures via acculturation (Arévalo et al., 2015). This includes managing cultural interactions and appraisals of acculturative stress, all of which contribute to Latina/o/e mental health (Berry, 2006). Despite this understanding, limited research has examined the confluence of perceived discrimination, deportation fear, and acculturation (e.g., acculturative stress) on Latina/o/e mental health adjustment (Araújo Dawson & Borrell, 2006; Finch, et al., 2001; Lorenzo-Blanco & Unger, 2015; Torres et al., 2012).

Acculturation and Acculturative Stress

The Latina/o/e community is one of the largest growing ethnic minority communities contributing to demographic and cultural changes in the United States over recent decades (Alamilla et al., 2010; Viruell-Fuentes, 2007; Zamboanga et al., 2009). Consequently, researchers and mental health service providers have grown increasingly aware of the necessity to understand cultural adaptation processes such as acculturation, which focuses on global changes postmigration (Cervantes et al., 2013; Thoman & Surís, 2004; Zayas et al., 2009). Moreover, acculturation refers to the mutual process through which change occurs for immigrant-origin individuals navigating a novel host culture and acquiring the customs, behaviors, attitudes, and language of the host culture while concurrently maintain aspects of their culture of origin (Berry, 2001, 2003; Schwartz et al., 2010). The primary changes that occur upon arrival include behavioral changes in the types of food and media one consumes (Berry, 2006; Marín, 1992; Schwartz et al., 2010), which progresses to social changes comprised of language use and bicultural interactions, and then cognitive changes including adaptations to one's values and norms (Marín, 1992).

To an extent, most Latina/o/e families in the U.S. are confronted with challenges stemming from the acculturation experience, with 37% of Latina/o/es being born outside of the

U.S. (Nwosu et al., 2014), and 52% of Latina/o/e children being the children of immigrants (Fry & Passel, 2009), this makes acculturation a highly important context for understanding the mental health of Latina/o/e individuals. Immigrants and their families must navigate between two often dueling cultures that differ in language, values, beliefs, and customs which may incite psychological distress (Berry, 1997, 2006) via several factors theorized to further influence the connection between acculturation and psychological distress including familial conflict, disruption of social networks, and maladaptive health behaviors (Chithambo et al., 2014; Cook et al., 2009; Vega et al., 2004). These factors have come to represent a more nuanced approach to understanding acculturation through its stressors, or what is referred to as acculturative stress another common cultural risk factor among Latina/o/es (Crockett et al., 2007; Araújo Dawson & Williams, 2008; Finch et al., 2001; Rodriguez et al., 2002).

Acculturative stress is defined as stress derived from changes occurring as result of continuous intercultural contact and interaction, or broadly, the cultural adaptation process (Berry, 2006; Hovey & King 1996; Schwartz et al. 2010). Stressors comprising acculturative stress can include pressures to learn a new language, pressure to maintain native language, and having to balance between contrasting cultural values, as well as differing ways of life between U.S. and Latina/o/e customs (Araújo Dawson & Panchanadeswaran, 2010; Rodriguez et al., 2002; Torres et al. 2012). Acculturative stress is particularly detrimental to the mental health of Latina/o/e individuals as demonstrated across multiple pathways including links to depressive symptoms (Hovey & King 1996; Romero & Roberts 2003a; Torres, 2010), suicidal ideation (Hovey & King 1996), as well as alcohol and substance use (Gil et al. 2000; Kam et al. 2010) among youth. Among Latina/o/e adults, findings from Torres (2010) indicate that the experience of acculturative stressors, specifically, the pressure to attain English competency contributes

substantially to increased levels of depressive symptoms. Similar trends linking mental health problems to acculturative stress have been echoed in samples of Latina/o/e college students (Crockett et al., 2007).

Furthermore, Berry (2006) describes acculturative stress as a response stemming from an individual's perceived inefficiency in resolving conflicting cultural values and practices. Consequently, immigrants may experience pressures regarding assimilation, separation, and marginalization all at once, but the relation between acculturation and psychological sequelae is contingent upon the presence of specific contexts (i.e., bicultural integration, social support) (Berry, 2006; Bhatia, 2002; Crockett et al., 2007; Araújo Dawson & Williams, 2008; Gupta et al., 2013). For instance, within Berry's (2006) conceptualization of acculturation, he champions bicultural integration as the path through which acculturation may become associated with positive outcomes, whereas other acculturation strategies may contribute to negative outcomes. Bicultural integration refers to an optimal balance between adopting the cultural norms of the host culture and maintaining the cultural norms of the culture of origin (Berry, 2006). Though the presence of these acculturative pressures may still contribute to elevated stress, successful bicultural integration grants individuals the capacity to draw from different sources of support (i.e., social support, healthcare) which allows for more adaptive coping strategies (Berry, 2006; Crockett et al., 2007; Sullivan et al., 2007). Contrarily, without bicultural integration, individuals may become especially susceptible to negative health outcomes through the lack of adequate coping resources when acculturative stressors such as homesickness, feelings of isolation, and financial difficulties arise (Sirin et al., 2013).

Among Latina/o/e individuals, both acculturative stress and perceived discrimination present risk for the onset of mental health problems. Prior research conceptualized

discriminatory experiences as a facet of acculturative stress both in theory and assessment (Alderete et al., 1999; Finch et al., 2000). More recent work, however, contends that while perceived discrimination and acculturative stress reflect related processes, they stem from separate sources or avenues of stress (Araújo Dawson & Panchanadeswaran, 2010). Specifically, researchers assert that acculturative stress is instinctive to the adaption process, in which issues may be perceived as problematic but simultaneously controllable or manageable (Berry, 2006). Discrimination, on the other hand, stems from an individual's racial/ethnic background or social position (Rodriguez et al., 2002), through which these events are perceived as sudden, negative, and uncontrollable (Carter, 2007; Flores et al., 2010). Indeed, research assessing relations between discrimination and acculturation indicate that for Latina/o/es, the impact of discrimination may be contingent upon one's acculturation orientation and the role of acculturative stress in connection to mental health issues (Cook et al., 2009).

Moreover, Latina/o/e individuals endorsing a greater Anglo orientation (e.g., more acculturated) may be at a much higher propensity for experiencing perceived discrimination (Alamilla et al., 2010) as evidenced via increased English fluency which contributes to greater comprehension and interpretation of discriminatory events (Perez et al., 2008). However, contrary evidence has demonstrated that the ability to effectively communicate (e.g., English fluency) can help to mitigate the effects of discrimination (Araújo Dawson, 2009). Similarly, a Latina/o/e orientation can offer a protective influence through the provision of traditional cultural resources (Ayón et al., 2010; Campos et al., 2018; Torres et al., 2012). Conversely, adhering to a Latina/o/e orientation can also work to magnify the relation between perceived discrimination and anxiety, as evidenced in a sample of Latina/o/e college students (Alamilla et al., 2010). In sum, despite evidence recognizing perceived discrimination and acculturative stress as salient

experiences and potential risk factors in the everyday lives of Latina/o/e individuals in the U.S., there remains a paucity of research assessing the combined and distinctive influence of these experiences as they pertain to psychological distress and mental health pointing to a much-needed line of inquiry (Araújo Dawson & Panchanadeswaran, 2010).

Racialized Stress: Understanding the Mechanisms that Delineate Risk and Resilience

A myriad of studies have evinced the harmful effects of racialized stress on Latina/o/e youth and adults, and while our understanding of how individuals cope with discriminatory experiences and acculturative stress has grown, there remains a need for better understanding the culturally-specific factors that help promote or hinder one's capacity for coping (Alamilla et al., 2010; Crockett et al., 2007; Hobfoll, 2002; Mossakowski & Zhang, 2014; Romero & Roberts, 1998; Sellers & Shelton, 2003). For instance, perceived discrimination is a well-established contributor to psychological distress, particularly in the absence of sufficient resources to cope with the stresses it engenders (c.f., Ajrouch et al., 2010; Hobfoll, 2002; Utsey et al., 2008). However, social support is a common coping resource with the potential to reduce psychological distress and promote well-being through either direct or buffering effects (Ajrouch et al., 2010; Cho et al., 2010; Crockett et al., 2007; DeGarmo & Martinez, 2006; Mossakowski & Zhang, 2014, Sanchez et al., 2019). Similar to Black and Asian populations, for Latina/o/es, greater social support is often associated with fewer negative effects of perceived discrimination on mental health (DeGarmo & Martinez, 2006; Sanchez et al., 2019).

Broadly, evidence accrued via the social support literature supports this buffering hypothesis; however, the magnitude of its buffering effects varies greatly and is contingent upon specific contexts of perceived discrimination as well as the source of social support (Ajrouch et al., 2010; DeGarmo & Martinez, 2006; Mossakowski & Zhang, 2014; Olstad et al., 2001).

Moreover, the stress-buffering hypothesis of social support posits that social relationships are particularly beneficial during times of stress due to social support provision that helps to alleviate the negative effects of stress (Cohen & Wills, 1985). Essentially, individuals with more social relationship resources may be less impacted by stress. Applying this to an analytical model suggests that a significant difference in outcomes should be present when comparing high and low levels of social support in response to stress (Cohen & Wills, 1985; Corona et al., 2017).

Similarly, during the course of acculturation, social support has also been shown to either promote or impede an individual's adaptive stress reactions by serving either a protective or risk function (Larose & Boivin, 1998; Morrison & Bennett, 2006; Olstad et al., 2001). In fact, several studies have demonstrated that social support can promote positive adaptation, and reduce mental health symptoms (i.e., depression) through the course of acculturation by thwarting the potential adverse effects of immigration-related stress resulting from social isolation and loss of home country social networks among immigrants and refugees (Horgan, 2000; Schweitzer et al., 2006; Takeda, 2000), including Latina/o/es (Sanchez et al., 2019). Moreover, the presence of social support has the capacity to provide individuals with refuge and hope to combat the challenges accrued during the acculturation process making social support a vital mechanism for adaptive coping (Crockett et al., 2007; DeGarmo & Martinez, 2006; Sanchez et al., 2019; Schweitzer et al., 2006). As it pertains to acculturation, social support may serve as resource for mitigating negative outcomes depending on local contexts and support sources such that higher levels of social support availability in the host culture can aid adaptive coping in response to bicultural stressors (Crockett et al., 2007; Safdar et al., 2009; Sanchez et al., 2019). In other words, acculturation has the potential to exert a positive impact on one's mental health adjustment if relational resources such as social support and social cohesion are present.

However, too much divergence from either culture can lead to detrimental effects including mental health and behavioral issues (Sirin et al., 2013; Thoman & Surís, 2004), making social support an imperative context to consider in understanding ways to augment adaptive coping and positive mental health adjustment among Latina/o/es.

Our understanding of the protective benefits of social support in mitigating the negative effects of racialized stress, however, is still limited given an overreliance on self-report measures and global assessment of familial or social support (Ajrouch et al., 2010; DeGarmo & Martinez, 2006; Edwards & Lopez, 2006; Mossakowski & Zhang, 2014; Olstad et al., 2001). In sum, as it pertains to racialized stress, the research on social support and acculturative stress is scarce (Hernández-Plaza et al., 2006), whereas the relation between discrimination and social support is fairly mixed, highlighting a need to explore ways to optimize the benefits of social support, especially considering it is a tangible coping resource (Ajrouch et al., 2010; Campos et al., 2018; Crockett et al., 2007; DeGarmo & Martinez, 2006; Mossakowski & Zhang, 2014) and area to improve via interventions (Berkman, 2000; DeGarmo & Martinez, 2006; Albrecht & Goldsmith, 2003; Kessler et al., 1985; Mossakowski & Zhang, 2014).

Research has demonstrated that across racial/ethnic groups, the potency of social support's buffering effects are most salient in situations in which individuals reported lower levels of discrimination and when discriminatory experiences can be attributed broadly to racism, meaning, individuals are less prone to internalizing and individuating their discriminatory experiences (Pascoe & Smart Richman, 2009; Schmitt et al., 2014; Yoo & Lee, 2005). Furthermore, research indicates that social support may not function effectively as a buffer when discrimination is perceived as hopelessly overwhelming (Birman & Tran, 2008; Brondolo et al., 2009) or when one feels individually targeted (Chae et al., 2012). Of the various

forms of social support, familial support has consistently been shown to buffer the mental health consequences associated with perceived discrimination in Latina/o/e and other racial/ethnic populations (Anderson et al., 2015; DeGarmo & Martinez, 2006; Edwards & Lopez, 2006; Lau et al., 2013; Tummala-Narra et al., 2012), yet, few studies distinguish between the various support sources within families (i.e., parents- fathers/mothers, siblings, grandparents) as well as the type of support provided (i.e., emotional, instrumental) (Ajrouch et al., 2010; Larose & Boivin, 1998; Mossakowski & Zhang, 2014) highlighting an important gap in the literature.

Another example that depicts the complex relations between racialized stress, social support, and health in the Latina/o/e community is demonstrated via the Latina/o/e immigrant paradox which reflects an enigmatic trend in which despite having higher-than-average exposure to contextual and social stressors (i.e., discrimination), Latina/o/e immigrants generally experience better mental and physical health, as well as greater life expectancy (Alegría et al., 2008; Marks et al., 2014; Ruiz et al., 2016). However, it is important to note that longer duration of living in the U.S. erodes these health advantages for Latina/o/es which highlights the need to elucidate mechanisms of risk and resilience beyond acculturation and duration of residence (Daviglius et al., 2012; Gordon-Larsen et al., 2003). While these mechanisms can directly influence facets of one's mental or physical health, general assertions such as that from the cultural buffer hypothesis posit that Latina/o/e cultural values such as the centrality of family help to buffer against adverse social stressors and contexts by contributing to strong familial and social bonds which provides avenues for garnering more social support and capital across different contexts (Gallo et al., 2009; Hovey, 2000; Ruiz et al., 2016).

In an effort to address these limitations, the current set of studies explores the potential buffering effects of various types of relational resources including communal coping,

attachment, and positive maternal parenting behaviors to provide insights as to the most fruitful and promising sources of support in order to maximize adaptive coping in response to racialized stress and inform relationship-building intervention strategies, a much-needed contribution given the rampant rate at which anti-immigrant and anti-Latina/o/e sentiments and policies have spread. Furthermore, upon reflecting on this literature, the idiom of “it takes a village” comes to mind. As noted previously, Latina/o/es frequently encounter discriminatory experiences at alarming rates (Almeida et al., 2016; Araújo Dawson & Borrell, 2006; Ayón, 2016; Espinoza et al., 2016; Lopez et al., 2016), and when coupled with acculturative pressures, may undergo feelings of isolation, hopelessness, and fear contributing to adverse mental health (Thoman & Surís, 2004; Zamboanga et al., 2009). However, the cultural valuing of family and community not only has the potential to provide a source for coping but also has the power to assuage the negative consequences linked with racialized stress (Lorenzo-Blanco & Unger, 2015; McQueen et al., 2003; Pasch et al., 2006; Piña -Watson et al., 2013; 2019). Thus, understanding how to build upon existing and available sources of strength among Latina/o/es yields an imperative step forward for informing intervention and prevention strategies as well as guiding policy-level change.

Familismo y comunidad: The importance of attachment, familial connection, and communal orientation in Latina/o/e culture

Family represents a vital source of emotional support and guidance in the life of Latina/o/es, making it a focal component for understanding and addressing Latina/o/e mental health issues, disparities, and intervention strategies (Campos & Kim, 2017; Gonzales et al. 2008). Family support and similar concepts including family closeness and *familismo* reflect a sense of connectedness to the family, with research across these various constructs converging

on the idea that greater familial connectedness allows for better coping and overall health and mental health, including with Latina/o/e samples (Ayón et al., 2010; Campos & Kim, 2017; Campos et al., 2014; De Luca et al., 2020; Marsiglia et al., 2009). *Familismo* is a traditional cultural value that represents the prioritization of the family's needs above one's own needs, honoring the family, and defining oneself in terms of one's relationship and devotion to their family (Ayón et al., 2010; Calzada et al., 2013; Campos et al., 2014; Germán et al., 2009; Piña-Watson et al., 2013). This is exemplified through strong feelings of loyalty, obligation, closeness, and solidarity with family members, and providing emotional and financial support to maintain familial harmony (Steidel & Contreras, 2003; Villarreal et al., 2005). *Familismo* is often regarded as a source of strength in Latina/o/e culture protecting against the onset of psychological problems despite adverse ecological contexts (Kennedy & Ceballo, 2013; Santiago-Rivera et al., 2002; Smokowski et al., 2007).

In the research realm, *familismo* has showcased its strength as a potential moderator protecting against the onset of adverse mental and behavioral health. Feelings of closeness along with higher perceptions of social support represent domains of *familismo* which have been linked to positive mental health outcomes (Campos & Kim, 2017). As evidenced in a meta-analysis, *familismo* is linked to significant positive associations with educational adjustment and familial support; as well as negative associations with adjustment problems in youth, familial conflict, and is regarded as a plausible risk minimizing factor (Cahill et al., 2021; Causadias, 2013). For instance, *familismo* has demonstrated its buffering effects in weakening associations between externalizing behavior and exposure to deviant peers in Latina/o/e youth (Germán et al., 2009). Furthermore, in looking at the stress-buffering benefits of *familismo*, findings by Corona and colleagues (2017) revealed that high levels of *familismo* with high stress still demonstrated a

significant association with higher self-esteem and subjective health, a consistent trend across Latino and non-Latino groups pointing to the stress-buffering potential of family factors such as *familismo*. An important consideration across multiple studies, however, indicates that for many Latina/o/es experiencing chronic or everyday high stress contexts the protective benefits of *familismo* may be overwhelmed or even nullified (Corona et al., 2017; Stein et al., 2013; Umaña-Taylor et al., 2011). Consequently, more research is needed to understand how to optimize the stress-buffering potential of family support so that individuals may reap the benefits even under high stress contexts.

Similarly, supportive parenting practices have also demonstrated direct associations with higher life satisfaction (Edwards & Lopez, 2006) as well as lower levels of depressive symptoms and conduct issues in Latina/o/e adolescents (Bámaca-Colbert & Gayles, 2010; Gonzales et al., 2006). Other closely related constructs such as parental involvement and parent-child communication (Davidson & Cardemil, 2009), parental monitoring (Parsai et al., 2010), and family cohesion (Marsiglia et al., 2009) have also yielded impressive outcomes in directly reducing substance use, and internalizing and externalizing problems (Edwards et al., 2006; Marsiglia et al., 2009; Smokowski et al., 2007). In contrast, youth who do not feel as strongly connected to their family and *familismo* values are at a much higher risk for increased depressive and anxiety symptoms (Bámaca-Colbert & Gayles, 2010; Piña-Watson et al., 2019), conduct problems and deviant behaviors (Gonzales et al., 2006; Lau et al., 2005), as well as substance use (McQueen et al., 2003; Pasch et al., 2006). Altogether, these findings highlight that for Latina/o/e youth, their adjustment to stressors is heavily influenced by values such as *familismo* (e.g., valuing of family) as well as their own feelings about their families which can contribute to greater social cohesion and protect against the effects of different stressors, but it can also confer

greater risk under negative family circumstances (i.e., family conflict, less cohesive family dynamics) (Calzada et al. 2013).

Attachment

Given the proximity between constructs such as attachment and family support, it makes conceptual sense that attachment security may lend itself quite well to the social support buffering hypothesis literature. Through this conceptualization, we can account for the dearth of attachment research with Latina/o/e youth by examining literature on closely related concepts such as family support, family closeness, and *familismo*. Attachment theory centralizes the importance of feelings of security, safety, and closeness within parent-child relationships which result from consistent availability and support provision in times of need (Ainsworth et al., 1974; Bowlby, 1982). Attachment theory posits that patterns of consistent and sensitive caregiving promote the development of a child's internal working model of the self, their attachment relationships, socioemotional functioning, and their capacity for effective coping (Ainsworth et al., 1978; Bowlby, 1980). In contrast, those who experience inconsistent, hostile, or overcontrolling caregiving are at greater risk for insecure working models of attachment and the onset of psychopathological problems (Ainsworth et al., 1978; Bowlby, 1982; Cassidy, 1994; Main, 1996). Attachment is characterized by three core aspects: proximity-seeking/availability (i.e., seeking to be close to the parent, availability of parent), secure base (i.e., gaining a sense of security from the parent to explore new environments), and safe haven (i.e., seeking comfort, support, and reassurance from the parent when distressed) (Ainsworth et al., 1978).

Attachment contexts within Latina/o/e families reflects an important area to on which to empirically focus and build upon, especially given that Latina/o/e youth rely heavily on their family to deal with the challenges and stresses that arise from migration, acculturation, and

discrimination. However, attachment within Latina/o/e families reflects a considerably understudied area of research (Borelli et al., 2021a; Rodriguez et al., 2020; Venta et al., 2019; Venta, 2020). Regarding the link between attachment and psychopathology, while little work has examined these associations among Latina/o/es, findings from a meta-analysis indicate that attachment insecurity is associated with greater reports of internalizing symptoms among non-Latina/o/e samples (e.g., depression and anxiety grouped together) (Madigan et al., 2016). Another meta-analysis found that among non-Latina/o/e youth, greater attachment security was significantly associated with fewer externalizing behaviors (Fearon et al., 2010). In sum, while attachment security demonstrates positive outcomes such as lower depressive and anxiety symptoms in youth, these studies have mostly relied on non-Latina/o/e samples (e.g., Agerup et al., 2014; Borelli et al., 2010; Brown & Wright, 2003; Brumariu & Kerns, 2010).

More recent studies have explored the utility of attachment theory in relation to Latina/o/e mental health and relationship functioning. For instance, Venta (2020) found that attachment security was associated with greater acculturative learning and resilience among immigrant Latina/o/e youth. Similarly, findings by Venta and colleagues (2019) revealed secure attachment to be significantly negatively associated with mental health and externalizing problems in a sample of immigrant Latina/o/e youth. Similar findings were echoed in a study by Kalu and colleagues (2020) which demonstrated a significant negative association between attachment security and externalizing problems among Latina/o/e youth. Additionally, attachment anxiety and attachment avoidance, which reflect attachment insecurity, were linked to greater depressive symptoms in a sample of Latina/o/e college students (Rodriguez et al., 2020). Furthermore, findings by Borelli and colleagues (2021b) also revealed significant declines

in both mother and youth anxiety and depression following pre-post intervention in children's attachment security among an all-Latina/o/e sample.

Attachment has also begun to be explored as a potential moderator, buffering the adverse effects associated with sociodemographic risks by serving as an internal resource allowing individuals to cope with, and lower anxiety related to sociodemographic stressors (Borelli et al., 2021a; Mikulincer & Shaver, 2003). As noted, few studies have examined the protective role of attachment against sociodemographic stressors in Latina/o/e populations. For instance, findings by Walker and colleagues (2007) revealed that while parental attachment (i.e., attachment security) did not yield independent effects on violent behavior, attachment did interact with race/ethnicity such that among Latina/o/e youth, higher parental attachment was associated with lower rates of violent behavior. Similarly, in an all-Latina/o/e sample of youth and their mothers, findings by Borelli and colleagues (2021a) revealed a significant main effect of attachment relationship quality which was negatively associated with psychopathology (e.g., anxiety and depression) and externalizing symptoms. However, the interaction between demographic risk and attachment revealed that maternal closeness was associated with lower maternal depression, not youth depression, at low and mean levels of demographic risk (see Borelli et al., 2021a). In sum, although a multitude of research has linked attachment security to lower levels of psychopathology and externalizing issues in youth (Agerup et al., 2014; Brown & Wright, 2003; Brumariu & Kerns, 2010; Madigan et al., 2016; Marganska et al., 2013), including among some Latina/o/e samples (Borelli et al., 2021a; Rodriguez et al., 2020; Venta et al., 2019; Venta, 2020), less is understood about the buffering or protective role of attachment as it pertains to Latina/o/e youth, highlighting an additional gap in the literature.

What also remains to be seen is how the aforementioned protective factors interact with cultural risk factors such as perceived discrimination for Latina/o/e individuals who are at heightened risk for experiencing discrimination and developing negative mental health outcomes as a result (Carter & Forsyth, 2010; DeGarmo & Martinez, 2006; Edwards & Romero, 2008; Mossakowski & Zhang, 2014). Of the studies that have explored these protective factors under the context of discrimination, results have been mixed. For instance, in some studies assessing the negative effects of perceived discrimination on developmental outcomes and *familismo* along with other cultural values (i.e., *respeto*) as mediators, it was found that *familismo* could operate as a risk-reducer by mitigating the negative effects of stressors like perceived discrimination (Roosa et al. 1997; Berkel et al. 2010; Gonzales et al. 2008). Additionally, a study by Ayón, Marsiglia, and Bermudez-Parsai (2010) assessed the main effects and interaction of discrimination and *familismo* on mental health symptomatology. Despite a significant main effect of *familismo* on decreased internalizing symptoms among Latina/o/e families, it did not reduce the adverse effects of discrimination.

The findings from these studies corroborate that of several others indicating that social support may not always protect or buffer against racialized stress (Thompson, 2006); however, the majority of research does provide evidence that social support from family and friends can protect against negative outcomes associated with racial/ethnic discrimination through the provision of emotional comfort (Ajrouch et al., 2010; Cho & Haslam, 2010; Tummala-Nara & Claudius, 2013). Altogether, these studies highlight the need to further understand and specify how familial connection and attachment can promote Latina/o/e mental health while also reducing the consequences of discrimination and other markers of racialized stress.

Positive Maternal Parenting Behaviors

Although the role of parents as agents of their children's social development greatly decreases during adolescence (Masche, 2010; Nichols & Tanner-Smith, 2022), parenting behaviors such as structure (i.e., consistent discipline, monitoring, mentoring, etc.), warmth, and emotional support remain an imperative influence on adolescent mental and behavioral health outcomes (Langton & Berger, 2011; Nichols & Tanner-Smith, 2022). Moreover, strong parent-child relationships and parent-child communication are said to spawn through the presence of consistent positive parenting behaviors characterized by warmth, sensitivity, responsiveness, supportiveness, praise, and reflective listening which have been linked to better problem-solving skills, higher self-efficacy, interpersonal skills, psychosocial development, emotional stability, as well as a greater likelihood of positive adaptation which contributes to fewer internalizing problems (Anthony et al., 2019; Butterfield et al., 2020; De Wolff & van Ijzendoorn, 1997; Figge et al., 2021; Madden et al., 2015). Key elements of positive parenting include the transference of positive or constructive emotions as well as verbal and non-verbal affirmations that convey to the child that they are loved and valued (Dallaire et al., 2006). Constructs capturing these core elements of positive parenting include maternal sensitivity, affection, and validation which are examined within the current research.

Maternal sensitivity is marked by a parent's ability to accurately perceive and appropriately respond to their child's distress signals (Ainsworth et al., 1978; Solomon & George, 1996). Maternal sensitivity has received considerable attention for its positive influences during infancy and early childhood; however, less is understood about its role during adolescence (De Wolff & van Ijzendoorn, 1997; Eisenberg et al., 2008). For example, research has demonstrated that infants who experience sensitive parenting are able to develop a sense of confidence in their parent's ability to respond and provide emotional support when needed

(Belsky & Fearon, 2002; Booth et al., 2017). Some research posits that maternal sensitivity likely plays an integral role in the maintenance of an adolescent's sense of secure base (De Wolff & van Ijzendoorn, 1997) pointing to an important area of focus for promoting positive youth mental health especially considering the developmental demands and stressors that characterize this age period (Eisenberg et al., 2008; Forehand & Wierson, 1993; Garai et al., 2009).

For instance, adolescence entails a period in which parents must balance and respond sensitively to the adolescent's desire for autonomy, encourage their child to make their own decisions and explore novel experiences and environments while also negotiating changes in their own relationship with their adolescent child. Failure to do so may result in parent-child conflict, especially in families experiencing elevated stress levels (Buttitta et al., 2019; Eisenberg et al., 2008; Forehand & Wierson, 1993; Wierson & Forehand, 1992). Moreover, within the attachment literature, the more a mother or caregiver is attuned to the needs of their child, the more likely a child will develop a strong sense of a secure base granting them the capacity to confidently explore their environments knowing that their mother or caregiver will be available for support when encountering emotional stress (Allen et al., 2003; Garai et al., 2009; Kawabata et al., 2011). For example, a mother endorsing greater sensitivity is likely to be more adept in aiding their child in overcoming stressful circumstances without undermining the youth's independence or self-confidence (Allen et al., 2003) through the provision of empathetic responses and the modeling of empathetic behaviors which help promote optimal development and the skills necessary for better emotion regulation (Kawabata et al., 2011).

Another closely related construct that captures these empathetic responses is validation (i.e., emotional validation), which refers to the acceptance of another individual's emotions, emotional perspectives, or experiences without judgement (Fruzzetti & Iverson, 2004; Lambie &

Lindberg, 2016). Parents who respond to their child's emotional experiences with validation help comfort and empathize with their child while also collaboratively guiding their problem-solving which in turn helps mitigate the intensity of the youth's distress by helping them to better understand, express, and regulate their emotions and ultimately develop adaptive coping strategies for dealing with emotional distress (Eisenberg et al., 1998; Lambie & Lindberg, 2016; McCallum & Goodman, 2019). Specifically, a parent's validating response may help encourage youth to utilize verbal means to cope with emotional distress, pacify interpersonal conflicts, and reduce mental health problems (Eisenberg & Fabes, 1994; Shenk & Fruzzetti, 2014).

Parental warmth, another core component of positive parenting refers to a child-rearing practice characterized by acceptance, support, affection, and praise for children's efforts, explorations, and accomplishments which yields a substantial influence on youth development (Khaleque & Rohner, 200a2). These parenting behaviors help to provide a positive family emotional climate for youth (Spera, 2005), promote a child's sense of autonomy, self-assertion, and self-regulation capacity (Baumrind, 1991), and cultivate close and adaptive parent-child relationships (MacDonald, 1992, Santesteban-Echarri et al., 2017), which have routinely been associated with fewer depressive and anxiety symptoms (Gorostiaga et al., 2019; Santesteban-Echarri et al., 2017; Smokowski et al., 2014). Conversely, at low levels, parental warmth has demonstrated associations with anxiety and depressive symptoms (McLeod et al., 2007a, b), externalizing symptoms (Buschgens et al., 2010), as well as limited interpersonal functioning and a stunted sense of self-worth and safety (Butterfield et al., 2020; Rohner et al., 2005; Santesteban-Echarri et al., 2017). Parental warmth has also demonstrated a protective influence against the negative effects associated with adverse childhood experiences such as the onset of mental health problems (Anthony et al., 2019) and also helps facilitate a child's capacity for

positive social adaptation (Daspe et al., 2018; McNeely & Barber, 2010; Ruiz et al., 2020).

However, the protective influence of these positive parenting behaviors is not fully understood as it pertains to Latina/o/e youth, their mental health, and their experiences of racialized stress.

Communal Coping

Similarly, connectedness has long been held as a protective factor for mental health (De Luca & Wyman, 2012; Whitlock et al., 2014), as well as a critical developmental milestone enabling children and youth to seek out trusted attachment figures in times of need to cultivate their coping resources as they transition to adulthood (De Luca et al., 2020; Wyman et al., 2010). Generally, a child's first relational connection is with their parents through which various coping resources are learned, shared, and exchanged among family members as one transitions to adulthood. This initial relationship sets the groundwork for children to navigate their ability to connect with peers and later, other adults (De Luca et al., 2012, 2020; O'Donnell et al., 2004). Relative to individuals who define their sense of self independently, those who define their sense of self in relation to others demonstrate cognitive interdependence which can protect against psychological maladjustment.

Cognitive interdependence stems from interdependence theory and the investment model (Kelley & Thibaut, 1978; Rusbult, 1983) which reflects a state of viewing oneself as a member of a plurality as opposed to an individual, which is typically associated with higher quality relationships (Agnew et al., 1998; Borelli et al., 2016; Cross & Morris, 2003; Gore et al., 2006). For instance, an individual with high cognitive interdependence may construe their identity as a member of a family and/or community instead of an isolated individual (Agnew & Etcheverry, 2006; Borelli et al., 2016). Essentially, individuals adopt a communal orientation in their view of self. Emergent literature suggests that a communal or relational orientation can be reliably

assessed through first-person pronoun word use or *we*-talk (i.e., “us,” “we,” “our,”) which not only indicates shared beliefs and desires but also allows individuals to conceptualize issues as a collective problem (Borelli et al. 2016; Rohrbaugh et al. 2008, 2012) which has consistently been linked to higher relationship quality and more optimal relationship outcomes (Herzberg, 2013; Karan et al., 2019; Mills et al., 2004; Williams-Baucom et al., 2010).

We-talk is typically assessed via patterns of natural language and is operationalized in terms of greater frequency of first-person pronoun use which reflects the extent to which people are interdependent and communally driven (Borelli et al., 2016; Pennebaker et al., 2003; Tausczik & Pennebaker, 2010). *We*-talk stems primarily from relationship research in which it has been conceptualized as an indicator of constructs such as interdependence, perceived support, and sense of self (Aron et al., 2001). *We*-talk at high levels among romantic couples, for instance, indicates one’s view of self as a partner of a greater whole which implies mutual influence, expanded identity, and a greater likelihood of working together which may reduce negative feelings, emphasize positive feelings about one’s partner, and promote positive relationship functioning (i.e., marital quality; Karan et al., 2019; Williams-Baucom et al., 2010). For instance, findings by Simmons, Gordon, and Chambless (2005) indicate a direct association between *we*-talk and more positive problem-solving and fewer negative interactions between partners. A meta-analysis of 30 studies provides further evidence for the link between one’s own, as well as their partners’ *we*-talk and better relationship outcomes, relationship behaviors, as well as mental and physical health and health behaviors (Karan et al., 2019). Moreover, findings indicate that romantic partners, via shared experiences and interactions, influence one another’s thoughts, feelings, and behaviors which can lead to better relationship satisfaction (Herzberg, 2013) and personal coping outcomes (Manne & Badr, 2008).

In the coping literature, *we*-talk is widely regarded as a marker of communal coping in which two or more individuals approach situations as a collective, rather than as separate entities, thus, perceiving and addressing issues or challenges conjointly, and as a result feeling more integrated into one another's lives (Karan et al., 2019; Lyons et al., 1998; Rentscher et al., 2017; Rohrbaugh et al., 2008, 2012). In accordance with interdependence theory, *we*-talk from the individual not directly affected by the problem allows the directly impacted individual to feel less isolated or alone regarding facing their problems which is associated with improved intra- and interpersonal psychological and physical health outcomes (Karan et al., 2019; Lyons et al., 1998; Rohrbaugh et al., 2012). Indeed, prior research suggests that greater *we*-talk among couples is associated with improved individual mental and physical health outcomes and relationship-level outcomes, such as greater perceived unity (Agnew et al., 1998), improved marital quality (Rohrbaugh et al., 2008) and satisfaction (Simmons et al., 2005), increased relationship satisfaction and adjustment to breast cancer among couples (Robbins et al., 2013), and reduced cardiac arousal while discussing marital conflict (Seider et al., 2009). Additionally, findings by Rohrbaugh and colleagues (2008) revealed that among the partners of individuals with heart failure, greater *we*-talk was associated with fewer heart failure symptoms and improved health among the health-compromised partner. Similarly, greater *we*-talk among partners of health-compromised smokers was associated with long-term abstinence from smoking and tobacco use (Rohrbaugh et al., 2012). Findings by Frost (2013) also provide a link between better mental health and *we*-talk assessed via written samples describing positive and negative relationship events experienced by participants. While *we*-talk often yields positive outcomes, when observed under the context of strained relationships or unavailable partners it

can be linked to poorer mental health, relationship, and personal functioning (Borelli et al., 2013; Karan et al., 2019).

Despite a large number of studies highlighting the strengths and correlates of *we*-talk, these studies have primarily examined romantic relationships resulting in a paucity of research on parent-child relationships. To date, there are few studies that have explored *we*-talk among parent-child dyads. A study by Sichko and colleagues (2015) found that higher levels of *we*-talk displayed by mothers and their children functioned as a protective factor against children's depressive symptoms. Moreover, in their study, *we*-talk significantly moderated the association between maternal overcontrol and children's depressive symptoms. In a similar vein, findings by Borelli and colleagues (2018) suggest that children's depressive symptoms were negatively associated with their *we*-talk indicating a less interdependent sense of self when depressive symptoms are present. Conversely, higher *we*-talk is said to reflect a child's interdependence with their family which is related to lower levels of depressive symptoms (Borelli et al., 2018; Puig-Antich et al., 1985).

Despite these advancements in integrating the assessment of children and youth, scant research has explored the concept of *we*-talk in relation to mental health among Latina/o/e youth and their experiences with racialized stress which is surprising given their strong family and community ties. Given the emphasis on collectivistic values in Latina/o/e culture, it is understood that the experiences of the collective group influence an individual's overall health (Molina et al., 2018; Rinderle & Montoya, 2008). For instance, among individuals from various ethnic groups, adherence to collectivist-type value orientations can lead to improved self-esteem (Ghazarian et al., 2008) and help protect against anxiety and depressive symptomatology (Zhang

et al., 2007) by creating support systems and facilitating a stronger allegiance to familial and social ties (Schwartz, et al., 2010).

Despite the lack of communal orientation, communal coping or *we-talk* research with Latina/o/e populations, similar constructs such as ethnic attachment and ethnic identity may help shed light on the importance of such connections for promoting mental health in the face of racialized stressors such as perceived discrimination. Ethnic attachment depicts an individual's sense of engagement and belonging with their own ethnic group (Phinney, 1992) which demonstrates a strong association with greater social support and connectedness to other members of their ethnic group and has even been found to moderate the adverse effects of perceived discrimination on health, including among Latina/o/e mothers and their children (Deaux & Martin, 2003; Halim et al., 2012; Kim, 1999). Additionally, individuals with greater ethnic attachment are also more likely to adhere to traditional cultural values and norms (e.g., *familismo*) which are linked to better health outcomes and practices (Hayes-Bautista, 2002).

Regarding one's ethnic identity, findings by Umaña-Taylor and colleagues (2015) provide evidence for its role as a moderator, dampening the effects of discrimination on Latina/o/e youths' self-esteem, depressive symptoms, and externalizing problems. However, there does exist some contradictory evidence that suggests that the more strongly connected to their ethnic group an individual is, the greater the likelihood that discrimination may be perceived as a greater threat (Rentscher, 2019). Specifically, the extent to which one's cultural or ethnic identity contributes to one's sense of self factors into how one copes with inconsistent experiences about one's beliefs about their identity, which may be viewed as threatening, thereby promoting psychological distress and exacerbating any potential negative effects (DeGarmo & Forgatch, 2002; Rentscher, 2019). For instance, some research suggests not only are U.S.-born

Latina/o/es likely to be younger but are also more likely to report higher instances of discrimination (Perez et al., 2008), which can compound conflict between their self and cultural/ethnic identity which may engender psychological distress (Torres & Ong, 2010).

In addition, subsequently following the inauguration of Donald Trump in early 2017, many Latina/o/e youth experienced heightened marginalization and expressed negative emotions in reaction to the ensuing anti-immigrant policies and rhetoric (Ayón, 2016; Wray-Lake et al., 2018) despite their own documentation status (Cardoso et al., 2018; 2021; Cavazos-Rehg et al., 2007; Delva et al., 2013; Espinoza et al., 2016). Thus, assessing individually-experienced discrimination may not be sufficient as youth have demonstrated increased sensitivity to their parents' and community's experiences of discrimination which can contribute to increases in their own depressive symptoms (Huynh et al., 2021). As such, these studies aim to address the limitations on existing assessments of both discriminatory experiences and social support by examining self-report, observational, and linguistic data to provide a more exhaustive understanding of the racialized stress experience of Latina/o/es and how they cope with such experiences given their strong familial and communal attachments.

Natural Language Use

The application of linguistic measures represents a relatively new exploit enabling the assessment of observable behaviors and their association with psychological health (Baumeister et al., 2007; Borelli et al., 2011; Pennebaker et al., 2003; Tausczik & Pennebaker, 2010). Language use has progressively begun to be utilized as a behavioral index of factors such as emotion regulation (Tausczik & Pennebaker, 2010), as well as a marker of psychological adjustment (Cohn et al., 2004), individual differences in personality (Pennebaker & King, 1999), attachment (Borelli et al., 2011; Lee et al., 2011), and communal orientation and coping (Bernier

& Dozier, 2002; Rohrbaugh et al., 2012; Roisman et al., 2007). When conceptualizing the influence of attachment and familial connection, it is important to consider the use of both self-report and observational data, both of which offer equally valuable but distinct methods for assessing one's perception of connectedness and attachment. Self-report measures remain the prevalent method for assessing various aspects of relationships (e.g., Bernier & Dozier, 2002; Borelli et al., 2011; 2013), though, this approach relies on the assumption that an individual has the insight required to complete these measures honestly as well as the ability to consciously assess and reflect on their own behaviors (Jacobvitz et al., 2002). The value derived from self-report measures stems from the relevant information participants provide pertaining to their own perceived experience.

Conversely, linguistic analyses can reveal a great deal of variability in psychological states that exist outside of conscious awareness and, as behavioral samples, are not susceptible to the constraints of self-report methods (Borelli et al., 2011; Jacobvitz et al., 2002; Pennebaker et al., 2003). It is also important to note that self-reports often fail to converge with linguistic assessments (Crowell et al., 2008; Rohrbaugh et al., 2012), which does call into question the utility of relying solely on self-reported data (Bernier & Dozier, 2002; Jacobvitz et al., 2002; Rohrbaugh et al., 2008). An explanation for this lack of convergence may be due to observational and linguistic measures occurring within a specific context, whereas self-reports simply ask respondents how they generally feel, act, or behave (Borelli et al., 2013; Rohrbaugh et al., 2012). To account for the strengths and limitations of these methods, the current study employs the use of both observational and self-report measures.

Linguistic Inquiry and Word Count (LIWC; Pennebaker et al., 2003) provides an innovative approach to conducting qualitative content analysis on natural language by quantifying text into

predetermined word categories. LIWC's reliability has been demonstrated across diverse cultures and has been widely used to assess behaviors, thoughts, and emotions of people with depression, including among Spanish speakers across both oral and written language mediums (Hernandez-Ramos et al., 2022; Kahn et al., 2007; Ramírez-Esparza et al., 2007; 2021). It is important to note, however, that a common underlying issue in the development of a Spanish-version LIWC dictionary is that while often being comparable to the English dictionary, some linguistic categories are not comparable across languages. One such case is the category of first-person singular pronouns which varies greatly in Spanish, because the "I" is often excluded and implied in the conjugation of the verb (Ramírez-Esparza & Pennebaker, 2006). On that note, however, more novel language findings pertaining to LIWC posit that these findings can also be exported to other non-English languages and cultures (Ramírez-Esparza et al., 2008; 2021).

As demonstrated through the findings of Ramírez-Esparza and colleagues (2008), which assessed depression in online written language through LIWC, it was revealed that individuals with higher levels of depression used significantly more first-person singular pronouns and less first-person plural pronouns across both English and Spanish forums. Essentially, depressed individuals were found to focus more on themselves and disengage from others. These findings lend support to the applicability of first-person plural pronoun use and also highlight that Spanish-speakers used language in a similar fashion to English-speakers via LIWC. Thus, to better understand the associations between communal coping, mental health, and discrimination among Latina/o/e youth, I will conduct a linguistic analysis (LIWC; Pennebaker et al., 2003) of their Child Attachment Interviews which were primarily conducted in English (CAI; Target et al., 2003; 2007). Using the CAI, I will analyze youth's level of *we*-talk which is generally done using greater frequency of first-person pronoun use (i.e., we, us, our) which reflects how

interdependent and communally-driven individuals are (Borelli et al., 2016; Pennebaker et al., 2003; Tausczik & Pennebaker, 2010) but is also a marker of attachment (Borelli et al., 2016). Specifically, by assessing CAIs with *we-talk* in this study we can get a sense of 1) the extent to which youth are able to rely on their mothers to cope with stress and 2) how youth perceive the availability of support from their mothers in times of need.

The CAI is a well-established semi-structured interview designed to identify attachment representations during middle childhood and adolescence by having children and youth describe and reflect on their attachment experiences (Bizzi et al., 2022; Venta et al., 2014). Several studies utilizing the CAI to assess attachment across diverse populations indicate that inconsistent parental responses (e.g., insecure and disorganized attachment) during exposure to highly stressful experiences substantially augment the risk of both internalizing and externalizing problems in school-aged children (Bizzi et al., 2022; Madigan et al., 2016). As such the CAI affords us insight as perceived by the child or youth regarding their current valuing of attachment relationships as well the availability and attentiveness of specified attachment figures. This can be applied to moments that activate attachment systems such as illness, loss, and separation (Venta et al., 2014; 2020). Recently, the CAI has also been assessed in relation to separation from caregivers among Latina/o/e immigrant adolescents and found to be related to lower maternal attachment security (Venta et al., 2020).

We will also conduct a linguistic analysis of the CAI examining use of words related to deportation fears (e.g., *separado*). Specifically, we measure deportation fears as they occur during an attachment interview, thus providing us insight with reference to deportation fears as they occur within the context of youth discussing their attachment relationships and experiences with their recent immigrant mothers. The use of linguistic measures to study deportation fear in

the context of attachment depicts a new venture; to our knowledge, this set of studies are some of the first to investigate the associations between discrimination, deportation fear and attachment among an all-Latina/o/e sample within the context of the current sociopolitical climate. This will provide a much-needed contribution to the field given that many Latina/o/e children, youth, and even adults expressed concern regarding their immigrant parents potentially being treated unfairly, deported and getting separated from them (Brabeck et al.,2014; Cardoso et al., 2018; 2021; Dreby, 2012a; 2012b; Wray-Lake et al., 2018; Zayas et al., 2015).

Understanding Developmental and Gendered Contexts for Latina/o/e Youth

In assessing these various sociocultural risks and protective relational factors among children, youth, and emerging adults, it is imperative to contextualize their developmental differences as they pertain to both perceived and observed experiences as well as adjustment outcomes. Adolescence reflects a period of significant and rapid biological, cognitive, and social changes associated with the potential onset of greater risk engagement (Daspe et al., 2018; Moretti & Peled, 2004; Yu et al., 2006) as well as numerous health-related issues including depression, anxiety, and externalizing problems (Ángel Cano et al., 2015; Costello et al., 2011; Gorostiaga et al., 2019), exposure to stressful life events (Eisenbarth et al., 2019), school dropout (Benner & Graham, 2011; Spera, 2005), substance abuse and dependence (Baumrind, 1991; Kulis et al., 2009; Okamoto et al., 2009; Substance Abuse and Mental Health Services Administration, 2015), as well as antisocial behaviors and delinquency (Daspe et al., 2018; Moretti & Peled, 2004; Samaniego & Gonzalez, 1999; Yu et al., 2006).

Adolescence is also generally depicted as the most difficult and contentious life period for both the youth and their parents (Bee, 1998; Moretti & Peled, 2004). Parent-youth relationships go through significant transformations during adolescence, an age period perceived

by many parents as the most challenging stage of child rearing (Smetana et al., 2006). During this phase of life, the amount of time youth spend with their parents decreases while time spent with peers considerably increases which has led to some researchers to call into the question the role of parental influence regarding adolescent adjustment (Moretti & Peled, 2004). Even so, parents remain a key influence on their adolescent's behavioral and socioemotional development (Baumrind, 1991; Butterfield et al., 2020; Davidson & Cardemil, 2009; McNeely & Barber, 2010; Moretti & Peled, 2004; Newman et al., 2008). For instance, parent-youth attachment has demonstrated a profound impact on the cognitive, social, and emotional functioning of youth as evidenced through links between secure attachment and reduced engagement in high-risk behaviors, fewer mental health problems, and improved interpersonal skills and coping strategies (Kerstis et al., 2018; Tabaka & Zawadzka, 2017). Additionally, family dynamics that provide youth with the ability to express independent thoughts and feelings while concurrently maintaining a sense of closeness and connection with their parents contributes to elevated levels of self-esteem, fewer depressive symptoms, improved psychosocial competence, and better identity development (Carone et al., 2020; Smetana et al., 2006; Tabaka & Zawadzka, 2017). Furthermore, findings from a meta-analysis reveal that risk-reducing effects of *familismo* and familial support on mental health are most prominent during early adolescence (Cahill et al., 2021; Perez & Cruess, 2014), making age an important covariate to consider.

Conversely, attachment insecurity is considered a strong predictor of youth internalizing and externalizing problems (Brumariu & Kerns, 2010; Groh et al., 2012). Given the increasing prominence of attachment relationships under contexts of threat or stress (Borelli et al., 2021a; Howard & Medway, 2004; Venta et al., 2019; Venta, 2020), attachment security and parenting behaviors may be particularly important for understanding youth mental health adjustment to

stressful life events such as discrimination, acculturative stress, and deportation fear. One avenue through which we can deepen our understanding of the relation between family support or attachment and racialized stress on mental health is by exploring support offered from specific family members (i.e., maternal attachment, maternal emotional support). Another method to employ relates back to specifying the source of social support, the social support literature distinguishes between distal (e.g., friendships, social connectedness, neighborhood cohesion; Lee & Ahn, 2011; Mosakowski & Zhang, 2014) and proximal sources of support (e.g., family members, Birman & Tran, 2008). However, studies typically only consider the influence of one source and do not acknowledge the very different relationships and types of support provided by individual family members (Ajrouch et al., 2010; Edwards & Romero, 2006; Mosakowski & Zhang, 2014). As a result, this study specifically examines the influence of youth's attachment to their maternal caregivers (i.e., mother, grandmother) while concurrently examining the influence of a potential distal source of support in orientation to one's heritage and/or community.

Many of the processes and outcomes pertaining to racialized stress, familial support, attachment, and coping are variable and heavily influenced by gender and cultural socialization processes (Baumann et al., 2010; Lazarevic et al., 2018; Otiniano Verissimo et al., 2014). For instance, findings by Baumann and colleagues (2010) revealed that *familismo* was positively associated with mother-daughter mutuality (i.e., reciprocal empathy and engagement) which in turn demonstrated negative associations with internalizing and externalizing problems as well as protective benefits for Latina girls in the context of acculturative stressors. Furthermore, given gender socialization processes, relative to Latinas, Latinos are found to be less expressive, less likely to share their thoughts and concerns, and are more prone to developing depression and maladaptive coping patterns such as excessive alcohol use in the context of racialized stressors

(Lazarevic et al., 2018; Otiniano Verissimo et al., 2014). Consequently, this makes gender an important potential covariate to consider as well. Lastly, prior research has revealed consistent links between maternal mental health and increased risk for youth mental health and psychosocial functioning (Raffaelli et al., 2014; Riley et al., 2009; Van Loon et al., 2015), including in Latina/o/e families (Riley et al., 2009). Maternal mental health (i.e., depression) is regarded as a strong predictor of lower family functioning, both of which significantly contribute to youth depression and substance use (Lorenzo-Blanco et al., 2017). As a result, this study also includes the potential covariates of maternal mental health (i.e., depression and anxiety) in relation to the adolescent sample.

Emerging Adulthood: College Years and Mental Health Undergraduate Students

Emerging adulthood details an age period between 18 and 25 years defined by uncertainty and more lifestyle, educational, and demographic diversity compared to childhood and adolescence during which individuals become even more immersed in their identity-based explorations pertaining to education, career, and intimate relationships in an effort to become independent and financially self-sufficient (Arnett, 2004; National Opinion Research Center, 2003). Emerging adulthood is also represented by a greater sense of independence from parents, with many individuals leaving home; however, many of these individuals have yet to enter the stable and enduring commitments commensurate to typical adult life such as long-term career, marriage, and parenthood (Arnett, 2004). As such, during this interval of years, individuals are less reliant and dependent on their parents and free of many of the commitments associated with typical adult roles, allowing them the opportunity to explore various ways of living and potential career paths including attending university (Arnett, 2004; McDermott et al., 2015). Numerous college-attending adults and undergraduate students report struggling with mental health (i.e.,

psychological symptoms) due to individual and phase of life/developmental factors (American College Health Association, 2013; McDermott et al., 2015). Additionally, research indicates that relative to their non-Hispanic White/European American counterparts, ethnic minority college students must contend with inordinate mental health strain due to stressors such as perceived discrimination and acculturative conflict (Castillo & Schwartz, 2013).

Findings by Smith and colleagues (2013) investigated ethnic differences among college students attending Majority-Minority versus predominately non-Hispanic White college campuses, which revealed that regardless of the type of school attended, African American and Latina/o/e students demonstrated greater psychological distress and increased mental health issues relative to White students. Moreover, ethnic minority students endorsed elevated symptoms of depression, self-harm, suicidal ideation, and feelings of loneliness (Smith et al., 2013). Similar findings pertaining to depression or depression symptoms among Latina/o/e college students were mirrored across multiple studies (Castillo & Schwartz, 2013; Clark & Dorris, 2007; Santiago et al., 2015). Furthermore, an estimated one-fourth of Latina/o/e emerging adults in the U.S. are either immigrants or first-generation U.S. born (Batalova & Fix, 2011), pointing to the pertinence of further understanding the role of acculturation and acculturative stress on the college experience and well-being of Latina/o/e students (Crockett et al., 2007; Lopez, 2005). Latina/o/e parents of first-generation college students also tend to lack college-related knowledge that can help their child prepare for and cope with challenges in college (Clark & Dorris, 2007). As such, Latina/o/e parents may be less apt to have discussions pertaining to college learning, activities, or struggles (Clark & Dorris, 2007), but less is known about the protective benefits of parent emotional support during college, especially among Latina/o/es.

Attachment, *Comunidad, y La Familia*: A Source of Strength Even in Emerging Adulthood

Parallel to adolescence, attachment theory has also come forth as an important framework for understanding and addressing the mental health woes of college students (Lopez et al., 2002; McDermott et al., 2015; Mikulincer & Shaver, 2007). As previously mentioned, attachment depicts an enduring emotional bond between a parent and child formed across the lifespan through the procuring of parental emotional support and guidance (Bowlby, 1978; Rice et al., 1995). Attachment security helps foster a child's self-view and ability to form and maintain positive interpersonal relationships which has been projected to assist individuals later in life as they begin to manage developmental changes including the transition from home to college during emerging adulthood (Griffin & Bartholomew, 1994; Rice et al., 1995). The experience of leaving home for college has been conceptualized as a naturally occurring "Strange Situation" (Ainsworth et al., 1978; Kenny 1987, 1990), presenting the student with a novel set of environmental experiences to explore and master (Rice et al., 1995). This transitional period is marked by the potential reorganization of familial structures, changes in relationships among family members, greater identity exploration, less parental oversight, the acquisition of social and legal independence, as well as the undertaking of novel contextual demands requiring more self-reliance and autonomous functioning (i.e., new academic and financial responsibilities, Mattanah et al., 2004, 2011; Rice et al., 1995; Sullivan & Sullivan, 1980). During childhood, the primary function of the attachment figure is to provide a secure base of support and be available as a source of help and comfort when needed which promotes environmental exploration and mastery (Ainsworth, 1989; Bowlby, 1988; Kenny, 1987).

College-aged adults with secure attachments are likely to still view their parents as a secure base, inferring that they would likely still seek out emotional support from their parents

when needed which may cultivate the emerging adult's likelihood of exploring their own identity and sense of self, developing new relationships, and undertaking college-related challenges (i.e., rigorous coursework) (Kenny, 1987; Rice et al., 1995). Indeed, numerous studies have demonstrated that among college students, secure attachment to parents has been associated with fewer psychopathology symptoms and less alcohol use (Cavell et al., 1993; Rice et al., 1995; Vivona, 2000; Vungkhanching et al., 2004) as well as better adjustment in college across social, emotional, and academic domains (Holmbeck & Wandrei, 1993; Larose & Boivin, 1998; Lopez, 2009; Schultheiss & Blustein, 1994). Some evidence even purports greater closeness to parents after leaving for college in situations when college student know they can continue to rely on their parents for emotional support (Kenny, 1987; Pipp et al., 1985). More recent literature indicates that attachment insecurity among college students is linked to a wide range of psychological issues (Mikulincer & Shaver, 2007) and substance use (Kassel et al., 2007).

In general, there is limited research on the role of attachment among Latina/o/e samples, but this is especially true past the period of adolescence. Of the attachment research conducted with college samples of primarily non-Hispanic Whites, findings generally support the notion that secure attachment contributes to positive health and mental health outcomes (Montague et al., 2003; Wang & Ratanasiripong, 2010). Moreover, among a sample of mostly White undergraduate and graduate students, avoidant attachment was positively associated with depressive symptoms (Herbster, 2018). Cooley and colleagues (2010) observed similar findings regarding the association between insecure attachment and depressive symptoms among a primarily White college student sample. One study assessing attachment among Latina/o/e samples indicated that higher scores on insecure attachment corresponded to higher depression

scores, with higher scores of insecure attachment displayed in participants who were immigrants (Ramos et al., 2015).

Also, findings by Lopez and colleagues (2000) revealed that African American and Latina/o/e college students were more likely to develop an avoidant-related attachment in their interpersonal relationships when they reported having overprotective mothers. It is also important to note that the majority of measures of attachment security reflect U.S. cultural norms regarding appropriate levels of closeness and support seeking which may yield implications on the nature of this study's findings pertaining to the attachment relationship quality variable (Campos et al., 2016; Friedman et al., 2010; Lopez et al., 2000; Wei et al., 2004). For instance, attachment avoidance may be a problematic construct to assess among cultures emphasizing interdependence due to its conflicting nature with those interdependent norms, including in samples from Mexico (Campos et al., 2016; Friedman et al., 2010). Attachment anxiety, on the other hand, is less susceptible to such concerns as it has been shown to be less culturally variable (Campos et al., 2016; Friedman et al., 2010). Taking these findings into consideration may provide potential justification for modification of the present study's analytical models post hoc.

The closely related concept of *familismo* does lend some support to the benefits of attachment for Latina/o/e college students as evidenced by its positive associations with overall well-being (Gloria & Rodriguez, 2000) and resiliency regarding academic challenges (Ojeda et al., 2011). However, findings by Becerra (2010) indicate that among more acculturated Latina/o/e students, familial closeness was perceived as a potential barrier to college success. Given the paucity of research on attachment among Latina/o/es, more information is needed to understand the significance of attachment relationships beyond adolescence, especially given the influence of acculturative processes and diverse experiences among individual family members

which can inform one's capacity for positive adaptation across various domains of functioning (Berry, 1997; Garrido et al., 2015; Ramos et al., 2015).

Summary

Although there have been a host of recent advancements in the study of Latina/o/e mental health, much remains to be understood about the psychological consequences of racialized stress markers such as discrimination and deportation fear on Latina/o/e children, adolescents, and emerging adults. The current research attempts to address this gap through an in-depth assessment of psychopathology within a sample of Latina/o/e youth with recent immigrant mothers as well as an all-Latina/o/e college sample. This project employs a community-based participatory research (CBPR) approach to examine interactions between deportation fear with communal coping and maternal positive parenting in predicting youth mental and behavioral health (**Study 1**). CBPR accentuates the strengths and insights of community members and key stakeholders by forming equitable partnerships with individuals directly impacted by health disparities, political or structural issues and policies (Ferrera et al., 2015; Ford-Paz et al., 2015; Horowitz et al., 2009). CBPR has been instrumental in expanding our understanding of mental health disparities in the Latina/o/e community as well as the means for addressing these issues (Israel et al., 1998, 2017). **Study 2** utilizes a correlational design to assess associations and interactions between racialized stress (i.e., discrimination, deportation fear, and acculturative stress), communal coping, and attachment relationship quality in predicting mental health and alcohol use in a college and university sample.

CHAPTER 3:

Study 1

Study 1: *Nuestra Lucha*: An examination of *we*-talk and positive parenting in relation to psychopathology and deportation fear among Latina/o/e youth

Due to interest in linguistic markers of deportation fear and communal coping, I will conduct a linguistic analysis of youths' semi-structured interviews about their attachment relationships and experiences, examining *we*-talk, as well as a linguistic marker of deportation fear, operationalized in terms of greater frequency of word use pertaining to deportation fears established within a pre-existing dictionary, (e.g., *separado*; Arreola et al., 2022). The purpose of this study is to better understand the associations between deportation fear, mental and behavioral health, positive parenting behaviors, and communal coping among Latina/o/e children and adolescents. As such, I will examine associations and interactions between youths' word use related to deportation fears, and *we*-talk, as well as with positive maternal parenting behaviors in predicting youth behavioral and mental health (e.g., depression, anxiety, and aggression).

Specifically, I will examine the potential moderating role of *we*-talk or communal coping. Additionally, given the inherent valuing of family within Latina/o/e populations I will include another potential moderator, positive maternal parenting behaviors, a factor comprised of maternal sensitivity, affection, and validation. First, I predict that deportation fear will be positively associated with depression, anxiety, and aggression in Latina/o/e youth (***Hypothesis 1***). Second, I predict that the relation between youth deportation fears and youth mental health (i.e., depression, anxiety, aggression) will be moderated by positive parenting behaviors such that at high levels of positive parenting behaviors there will be no (or decreased) relation between deportation fears and mental health (***Hypothesis 2***). Next, I predict that the relation between deportation fear and youth mental health symptoms will be moderated by *we*-talk or communal coping in a similar manner (***Hypothesis 3***). Lastly, I will include a number of relevant

covariates including age, gender, and mental health. A visual of model of the hypotheses is provided below in Figure 3.

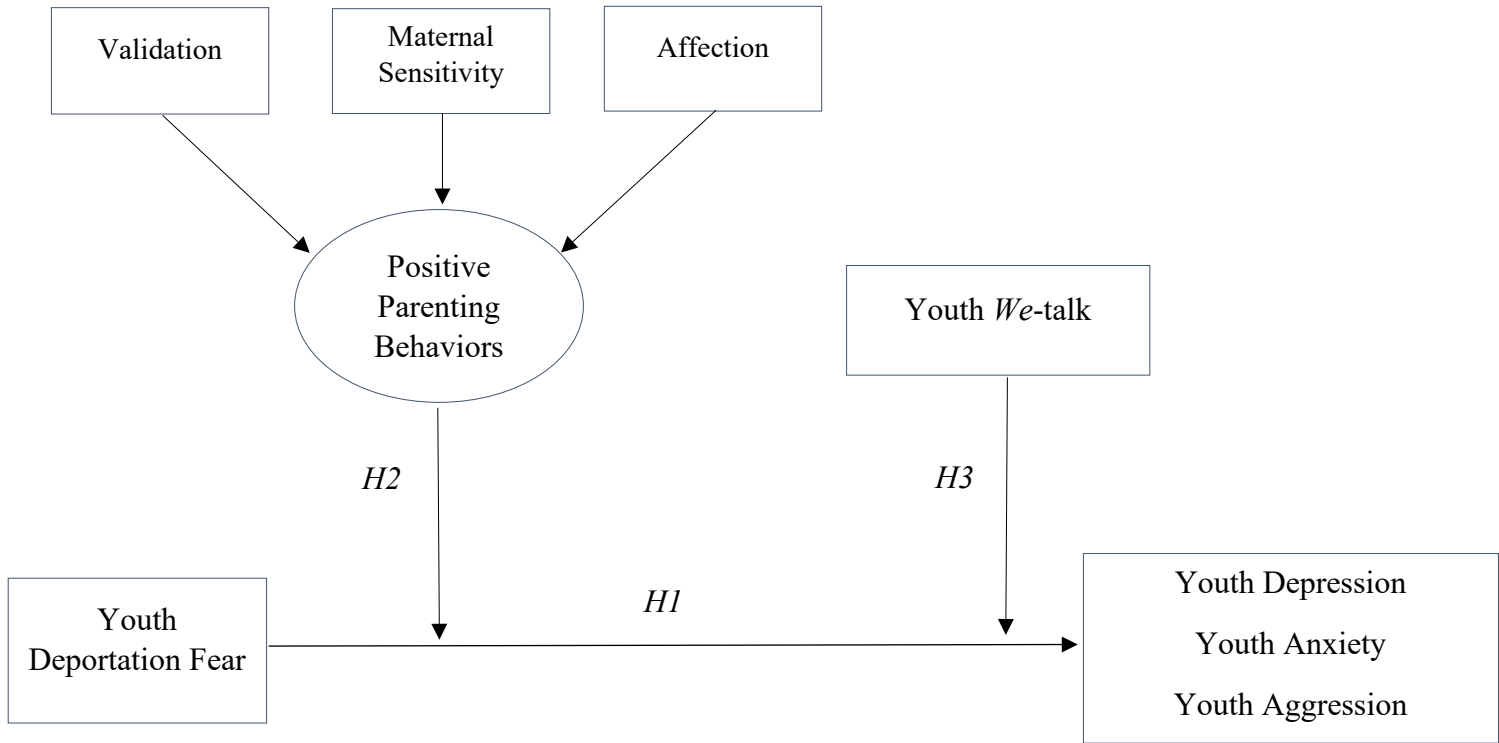


Figure 3. Conceptual path model assessing the relations between deportation fear, positive parenting, *we-talk*, and youth mental health and aggression

Method

Design

Study 1 will investigate the associations and interactions between a linguistic index of first-person pronoun use or “*we-talk*”, a linguistic index of youth deportation fear, and mental health and behavioral outcomes in a sample of Latina/o/e youth from recent immigrant families. **Study 1** also includes an index of positive maternal parenting behaviors via observational coding as a potential moderator. This study draws its sample from the baseline assessment of the Youth

Engaged for Action YEA/Madres a Madres (YEA/Madres) program, a collaborative community intervention focused on promoting parent-child attachment bonds and reducing mental health symptoms and disparities among Latina/o/e mothers and their children (ages 10 to 17) who are at elevated risk for violence exposure (see Borelli et al., 2021a, 2021b).

This project was conducted in partnership with Latino Health Access (LHA), a non-profit *promotora* (community health worker)-led program located within a markedly underserved, southern California community. Their mission is in promoting violence prevention and reducing health disparities among the local Latina/o/e community. The research team had an ongoing intervention, co-developed by LHA to expand beyond conventional cognitive-behavioral and skill-building programs in an effort to address multiple layers of strengths and risks including neighborhood factors, family strengths, and cultural values (e.g., Borelli et al., 2021b). LHA *promotoras* and staff helped to identify culturally congruent values, norms, and resources to design an intervention with a greater likelihood of acceptance, utilization, and integration within the communal structure (Borelli et al., 2021; Cicchetti et al., 2000). Through this collaboration, our research team became increasingly aware of the significant adversities our sample as a whole faced; during the years of data collection (2018-2020), ICE raids and deportation were remarked as a constant concern for our participants.

This study was approved by the Institutional Review Board (HS# 2017-3974). Utilizing the principles of community-based participatory research, the larger-scale intervention study was codesigned and developed in collaboration between the University of California, Irvine research team and LHA. The intervention study entailed randomized controlled trials of the community-health worker (*promotora*)-led program in three Santa Ana, California neighborhoods, with

another three neighborhoods serving as comparison sites. Given the focus on baseline report of all the variables, the following studies encompass a cross-sectional design.

Participant Recruitment

Families were recruited from neighborhoods identified as having high levels of inequalities in accordance with the 10-year Building Healthy Communities Initiative funded by the California Endowment (2010–2020). The LHA *promotoras* recruited families residing within one of these neighborhoods via door-to-door outreach, neighborhood flyers, word of mouth, and contacting families through lists provided from local schools. Families underwent over-the-phone screening to determine eligibility, which included living within one of the high crime neighborhoods, having a child between 11 and 17 years old, Spanish and/or English fluency, no ongoing mental health treatment, and no present developmental disabilities nor severe mental illness diagnosis (e.g., psychotic disorder) in the parent or child. The participants are predominately recent immigrant families from Latin America. Mothers with more than one child in the target age range selected the child they wanted to participate in the study/intervention, a recommendation made by LHA to give mothers more agency in the process. We began the study targeting youth between the ages of 11 and 17 but changed midway because our recruitment was too low, to 8 to 17 -- the *promotoras* advised the researchers that the current political climate was making families wary of participating in research.

Procedures

Families eligible to participate in the intervention study were provided with additional information administered by trained bilingual research assistants. Assessments took place at LHA. After completing informed consent (mothers) and assent (youth), mothers and youth were taken to a private room with a research assistant where they were given paper and pencil

questionnaires in their preferred language (Spanish or English). The research assistant explained how to complete Likert scales and offered to read the items to support their comprehension of the material, remaining in the room the entire time. Families were then randomized to an intervention or waitlist control group. Intervention families began treatment as soon as a new eight-week intervention cycle began, while waitlist control group families returned to the community and were contacted regularly by *promotoras* until they returned to complete a second baseline assessment and enroll in the intervention three months later.

Measures

Communal coping/*We*-talk. Latina/o/e youth completed the Child Attachment Interview (Target et al., 2003; 2007), a semi-structured interview used to assess internal representations of attachment and attachment-related experiences among children and youth from 8 to 17 years old (Shmueli-Goetz et al., 2008; Venta et al., 2014; 2020). Moreover, the CAI (Target et al., 2003; 2007) is designed to identify attachment representations during middle childhood and adolescence by having children and youth describe and reflect on existing attachment relationships and experiences (Bizzi et al., 2022; Venta et al., 2014). CAI Interviews were conducted primarily in English then were digitally recorded and transcribed verbatim and analyzed using Linguistic Inquiry and Word Count system (LIWC; Pennebaker et al., 2003; Pennebaker et al., 2015). LIWC is a computer software program that analyzes and calculates the percentage of words within a specified semantic or grammatical category within a text. In this study, we examined *we*-talk, or first-person plural pronoun use (i.e., “we,” “us,” “our”), as an indicator of communal coping (Borelli et al., 2011, 2016). Communal coping has been reliably assessed through *we*-talk among dyads during relationship discussion as well as parent-child relationships (Borelli et al., 2016; Rohrbaugh et al., 2008; 2012; Sichko et al. 2015). Further, the

validity of *we*-talk as a measure of communal coping has garnered support through its association with relationship satisfaction (Robbins et al., 2013) and attachment security (Borelli et al., 2014; 2016).

Deportation Fear. Latina/o/e youth whom are children of recent immigrant Latina/o/e mothers completed the CAI (Target et al., 2003; 2007), a semi-structured attachment-based interview. Interviews were primarily conducted in English, digitally recorded, and later transcribed. The CAI was analyzed using an empirically- and culturally-informed linguistic index of youth deportation fears custom dictionary (Arreola et al., 2022) via LIWC (Pennebaker et al., 2003; Pennebaker et al., 2015) software. To construct the custom dictionary, we consulted the empirical literature on deportation fears, reviewing articles describing qualitative studies of deportation fears. We identified common themes such as fear of separation, feeling unsafe or uneasy, increased discrimination and profiling, and concern for parents' status (Fleming et al., 2019; Lovato, 2019; Lovato & Abrams 2020; Wray-Lake et al., 2018). We then began an iterative process extracting words used in descriptions of deportation fears, met, and discussed their relevance until we had a comprehensive dictionary. The custom dictionary was written in English, then translated in Spanish, and back-translated to ensure accuracy, then assessed in both English and Spanish. LIWC analyzes and calculates the percentages of words in writing or speech samples that correspond to a specified linguistic category, in this case, words pertaining to fears of deportation. The final dictionary consisted of 53-word stems displayed on Table 1.

Table 1*Custom comprehensive dictionary of deportation fears related words*

List of words				
English (Español [Spanish])				
Experiences	Emotions	Status	Climate	Migration
Take (<i>Se llevaron</i>)	Scare (<i>Espanto</i>)	Status (<i>Estatus migratoria</i>)	Raid (<i>Redada</i>)	Country (<i>País</i>)
Separate (<i>Separado</i>)	Fear (<i>Miedo</i>)	Papers (<i>Papeles</i>)	ICE (<i>La Migra</i>)	American Dream (<i>El sueño Americano</i>)
Detain (<i>Detenido</i>)	Unsafe (<i>Inseguro</i>)	Citizen (<i>Ciudadano</i>)	Trump (<i>El Trump</i>)	Immigrant (<i>Inmigrante</i>)
Deport (<i>Deportaron</i>)	Worry (<i>Preocupación</i>)	Undocumented (<i>Undocumentado/a</i>)	Police (<i>Policia</i>)	Immigration (<i>Inmigración</i>)
Arrive (<i>llegar</i>)	Anxious (<i>Inquieto/ ansioso</i>)	Legal (<i>Legal</i>)	President (<i>Presidente</i>)	Border (<i>La frontera</i>)
Cross (<i>Cruzar</i>)	Afraid (<i>Asustado</i>)	Illegal (<i>Illegal</i>)	Law (<i>Ley</i>)	Cayote (<i>Cayote</i>)
Return (<i>Regresar</i>)	Nervous (<i>Nervioso/a</i>)	Document (<i>Documento</i>)	Unwelcome (<i>Mal acogido</i>)	Visa (<i>Visa</i>)
Arrested (<i>Arrestar</i>)	Sick (<i>Enfermo/a</i>)	Resident (<i>Residente</i>)	Government (<i>Gobierno</i>)	INS (<i>Abogado de inmigración</i>)
Jail (<i>Carcel</i>)	Insecure (<i>Insegura</i>)	Green card (<i>Green card</i>)	Politics (<i>Política</i>)	Wall (<i>Muro</i>)
Die (<i>Morir</i>)			Politicians (<i>Políticos</i>)	Refugees (<i>Refugiados</i>)
Dying (<i>Muriendo</i>)			Authorities (<i>Las autoridades</i>)	
Services (<i>Servicios</i>)			Border patrol/ immigration authorities (<i>"La Migra"</i>)	

Positive Maternal Parenting Behaviors. Maternal sensitivity, affection, and validation were assessed through a uniquely developed qualitative and observational coding process designed for this particular Latina/o/e community sample. Maternal sensitivity ($ICC = .94$) reflected the degree of mother's positive affection and attuned response to their child's emotional distress signals as demonstrated in the tone of voice, words chosen, posture, and use of physical affection toward the child. Affection ($ICC = .96$) was marked by the degree to which the mother expressed genuine care and provided emotional comfort demonstrated via tone of voice, physical touch, and affectionate language (i.e., "mi amor", "te amo"). Validation ($ICC = .93$) reflected the degree to which the mother responded to the child with understanding, acceptance, empathy

and/or support. All of the items were rated by coders on a 4-point scale (0 = Not at All to 3 = A Lot).

Drawing from Coan and Gottman's (2007) Specific Affect Coding System (SPAFF), attachment research (Chavira et al., 2000; Polo & Lopez, 2009), and other emotion-based coding schemes (Breen et al., 2017; Calzada et al., 2010; Lopez et al., 2009; Rodriguez et al., 2006) used for Latina/o/e and dyadic samples, this coding procedure was created to measure both verbal and non-verbal (i.e., gestures, facial movements, body language) responses between the mother and her child during an interaction task. Relevant themes were first identified via deductive thematic analysis, a process which involved culturally matched and trained research assistants reviewing the relevant literature and drawing from their own experiences to identify themes pertaining to Latina/o/e parent-child dynamics. These themes were then examined by the Lead Coder and reviewed before being incorporated into a codebook. Coders were trained on the parent codebook and assigned 20% of overlapping files.

Trained bilingual coders observed and coded video interviews of the parent-child interaction task which involves engaging mother-child dyads in a conversation regarding a specific time in which the child experienced a fear-related emotion or felt unsafe. The interaction task was presented to mother-child participants by a trained bilingual research assistant who recited the specific prompt and introduced the topic before leaving the room. The mother and child were then given five minutes to converse in an effort to capture the mother's natural responses toward their child sharing a memory or experience associated with distress; the child was asked to recall a memory they had not previously discussed with their mother. The prompt introducing the task is provided below:

Directed to parent: *“Now, we would like you to spend the next few minutes talking about a different type of event. We would like to ask your child to spend some time discussing a time when s/he felt unsafe.”*

Directed to child: *“This could be a time when something happened in your neighborhood, school, or home that made you worry or feel scared, or it could be a time when you did something that resulted in you being in an unsafe situation. This can be something big or small -- the key is to talk about a time when you were concerned about your safety and you felt like you needed someone to be there for you for comfort, support, or protection.” “It can be hard to come up with a time when you have felt afraid or uneasy, but please take as much time as you need and we can begin whenever you feel ready. This should be a time that you haven’t already talked about with your mom, and something you would like to spend a few moments now telling her.”*

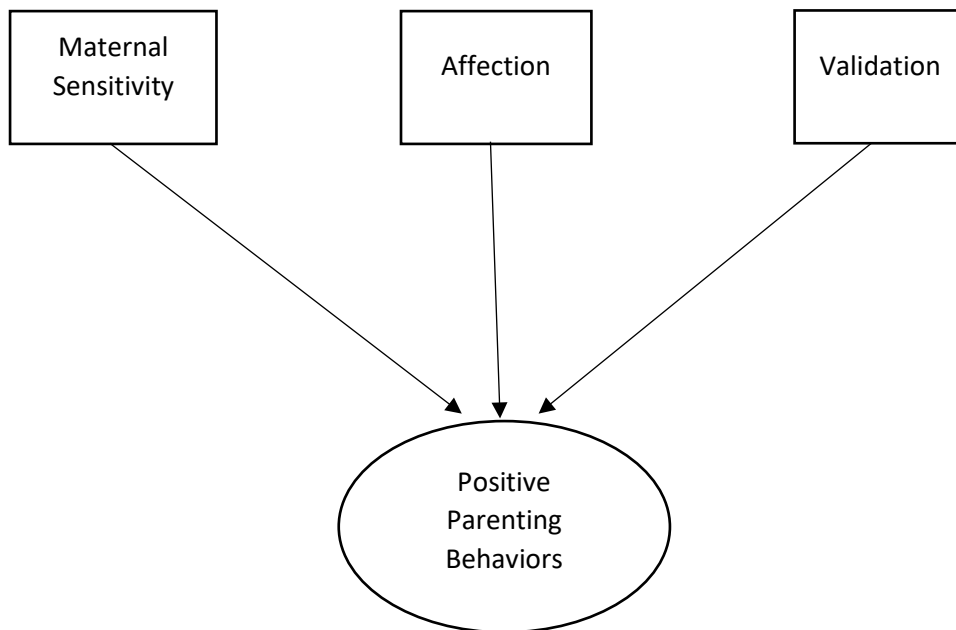


Figure 4. Model of variable indicators for latent factor of positive parenting behaviors

Youth Psychopathology symptoms and aggressive behaviors

Depression and Anxiety Symptoms. Firstly, children (ages 8-10) reported on their depressive symptoms via the Child Depression Inventory (CDI; Kovacs, 1992), a 27-item measure assessing cognitive, emotional, behavioral, and psychological aspects of depression. Participants were administered a series of three statements and asked to select the most applicable statement related to their experiences over the past two weeks (e.g., *I am sad once in a while, I am sad many times, or I am sad all the time*). The psychometric properties of the CDI are excellent (Kovacs, 1992; Saylor et al., 1984). Cronbach's alpha in this sample was good, $\alpha = .81$.

Secondly, children (ages 8–10) also provided reports on their anxiety symptoms via the Multidimensional Anxiety Scale for Children (MASC; March et al., 1997), a 39-item measure presenting youth with a series of statements (e.g., *The idea of going away to camp scares me*) and asks them to select the extent to which each statement is true on a 4-point scale from 0 (Never) to 3 (Often). This measure yields high validity and reliability in past studies with both clinical and nonclinical populations (March et al., 1997). Cronbach's alpha was good, $\alpha = .84$.

Next, adolescents (ages 11–17) reported on their depression and anxiety symptoms using the Youth Self Report (YSR; Achenbach, 1991), which assesses psychopathology among youth between the ages of 11 to 18. Participants responded to items assessing the presence of mental health problems during the past 6 months on a 3-point scale (e.g., 0 = not true; 1 = somewhat/sometimes true; 2 = very/often true). This study used the anxiety problems scale (9 items; e.g., *I'm afraid of going to school*). This study also used the depression problems scale (13 items; e.g., *I feel that no one loves me*). The YSR has previously been validated with Spanish and Brazilian adolescent populations (Zubeidat et al., 2018). Internal consistency in this sample was good, $\alpha = .75$ and $\alpha = .80$, respectively.

Lastly, mothers also provided reports on their child's depressive and anxiety symptoms using the Mexican version of the Child Behavior Checklist for ages 6–18 (CBCL/6-18; Achenbach & Rescorla, 2001) which has excellent psychometric properties (Albores-Gallo et al., 2007). They reported whether their child displayed any of a wide range of behaviors from the depression problems scale (e.g., 13 items; e.g., *feels worthless or inferior*) and anxiety problems scale (9 items; e.g., *too fearful or anxious*) in the last 6 months on a 3-point scale from 0 (Not True) to 2 (Very True or Often True). Internal consistency was good, $\alpha = .78$ and $\alpha = .74$, respectively.

While the two age ranges of our sample depict some potential developmental differences, we had difficulty recruiting participants, which the *promotoras* at LHA thought was due to the political climate, distrust of researchers, and fear of deportation of the community members. To address these recruitment challenges, we broadened the age range of eligible youth to 8–17-year-olds. To account for developmental differences in reading and comprehension abilities, we adopted the use of measures specifically developed for use with younger children. Reports of psychopathology derived from youth and children were standardized and combined to create a comprehensive youth depression and anxiety measure.

Aggression. Adolescents reported on their own aggressive behaviors using the YSR (Achenbach, 1991). Participants responded to items inquiring about the presence of mental health problems during the past 6 months on a 3-point scale (e.g., 0=not true; 1=somewhat/sometimes true; 2=very/often true). We utilized the aggression scale (17 items; e.g., *I get into many fights*). Cronbach's alpha was good, $\alpha = .88$.

Mothers also provided reports on their child's aggressive behaviors using the CBCL/6-18 (Achenbach & Rescorla, 2001). They reported whether their child displayed any of a wide range of behaviors from the aggression scale (e.g., 18 items; e.g., *Gets in many fights*) in the last 6

months on a 3-point scale from 0 (Not True) to 2 (Very True or Often True). Cronbach's alpha was high, $\alpha = .91$.

Data Analytic Strategy

Preliminary Analyses. This study sample included 173 mother-youth dyads for all structural path models, which combined both mother and child/youth reports of mental health (i.e., depression symptoms and anxiety symptoms) and aggression. The second set of analyses, which utilized a moderated regression model, included both mother and youth-reported mental health and aggression, were estimated separately and resulted in a slight drop in sample size to 162 for mother-reported data, 159 for child and youth-reported depression and anxiety, and 130 for youth-reported aggression. Data screening procedures revealed no significantly skewed or kurtotic variables exceeding the values of -2 and 2 for skewness or -7 and 7 for kurtosis (George & Mallery, 2010; Kim, 2013). Furthermore, in evaluating multivariate normality, Mahalanobis distance was calculated for each respondent on all continuous variables of interest. Three multivariate outliers were identified. Sensitivity analyses revealed no significant differences in outcomes (i.e., estimates, coefficients) when outliers were removed from the analytic sample. Despite having these outliers, they were retained in the current study analyses to avoid further reducing any statistical power needed to estimate the interactions. The outlier cases were all within the age range and population of focus. Table 2 reports descriptive statistics on sample characteristics. Table 3 reports descriptive statistics of key study variables. Table 4 presents bivariate correlations for the total sample, which revealed several significant correlations: Youth deportation fear demonstrated significant positive associations with parental validation and youth-reported aggression, while also being negatively associated with maternal depression. Youth *we-talk* did not demonstrate any significant associations.

Table 2
Sociodemographic Characteristics and Covariates

Variables	<i>N (%)</i>	<i>M (SD)</i>
Youth Gender		
Male	91 (56.5%)	
Female	69 (42.9%)	
Non-Binary	1 (0.6%)	
Age		12.19 (2.10)
Maternal Depression		0.01 (1.00)
Maternal Anxiety		0.00 (1.00)
Language Primarily Spoken at Home		
English	(6.3%)	
Spanish	(18.1%)	
Bilingual	(74.8%)	
Youth- Born in the U.S.		
Yes	(92.90%)	
No	(7.10%)	
Mom- Born in the U.S.		
Yes	(1.40%)	
No	(98.60%)	
Mom- Country of Origin		
Mexico	(85.10%)	
El Salvador	(3.70%)	
Guatemala	(0.6%)	
United States	(0.6%)	
Years living in Santa Ana		
Less than 1 year	(1.60%)	
1-2 years	(0.80%)	
3-5 years	(4.10%)	
6-9 years	(13%)	
10-17 years	(80.5%)	

Table 3
Key Study Variables

Variables	<i>M (SD)</i>
Age	12.19 (2.10)
Deportation Fear	0.24 (0.21)
<i>We</i> -talk/ Communal Coping	1.72 (1.10)
Validation	1.20 (1.23)
Sensitivity	1.16 (1.22)
Affection	1.27 (1.24)
Child/Youth-reported Depression	-0.02 (0.97)
Child/Youth-reported Anxiety	-0.02 (0.98)
Youth-reported Aggression	-0.01 (0.85)
Mother-reported Youth Depression	3.58 (3.42)
Mother-reported Youth Anxiety	3.18 (2.71)
Mother-reported Youth Aggression	6.11 (5.57)

Table 4
Correlations among key study variables

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
1. Dep Fear	-	.08	.16*	.03	.09	-.18*	-.06	.02	.01	-.06	.04	.10	.18*	-.08	-.03
2. <i>We</i> -Talk		-	-.02	.00	.01	-.02	-.03	-.04	-.05	.02	.00	-.09	-.03	-.09	-.04
3. Validation			-	.52*	.55*	-.08	-.00	-.07	.01	-.03	.02	.05	-.06	-.13	-.01
4. Affection				-	.55*	.09	.12	.05	.09	.05	-.00	.02	-.04	-.26*	.00
5. Sensitivity					-	-.08	-.02	-.04	-.02	-.01	-.07	-.06	-.19*	-.19*	.01
6. M Dep						-	.63*	.48*	.45*	.32*	.13	.07	.04	.02	.07
7. M Anxiety							-	.36*	.52*	.27*	.03	.06	.10	.02	.02
8. MR- Dep								-	.70*	.64*	.24*	.17*	.41*	.00	.04
9. MR- Anx									-	.56*	.20*	.17*	.23*	-.08	-.02
10. MR- Agg										-	.17*	.03	.14	-.13	-.09
11. C/YR-D											-	.64*	.59*	-.04	.12
12. C/YR- A												-	.49*	-.12	.20*
13. YSR Agg													-	.06	-.03
14. Y Age														-	.08
15. Y Gender															-

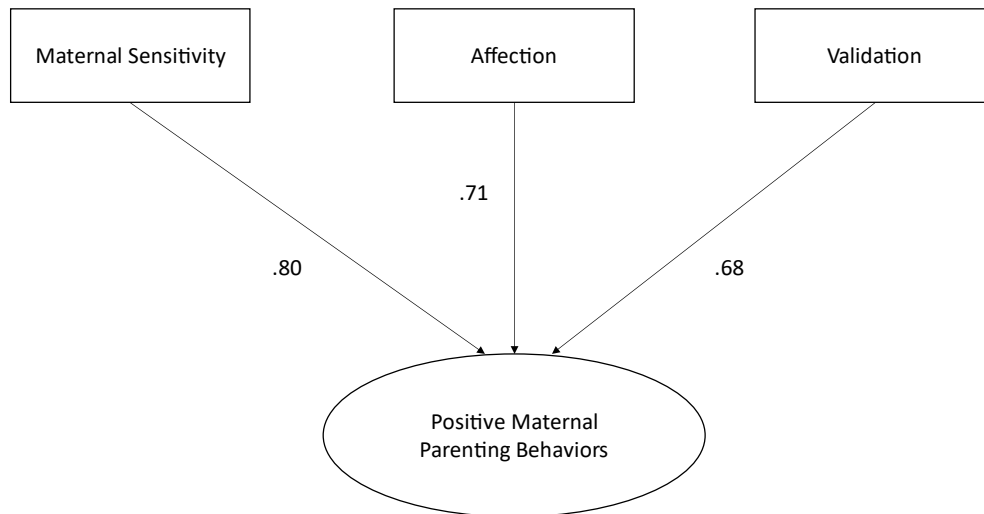
* $p < .05$; Note: Dep Fear- Youth deportation fear; M Dep- Maternal depression; M Anxiety- Maternal anxiety; MR-

Dep- Mother-reported youth depression; MR- Anx- Mother-reported youth anxiety; MR- Agg- Mother-reported

youth aggression; C/YR- D- Child/Youth-reported depression; C/YR- A- Child/Youth-reported anxiety; YSR Agg- youth self-report aggression; Y Age- youth age; Y Gender- youth gender.

In **Study 1**, I examined associations between youth deportation fear and youth psychopathology and behavioral symptoms (e.g., depression, anxiety, aggression), while also including two potential moderators in youth *we*-talk and positive maternal parenting behaviors. Firstly, I conducted a confirmatory factor analysis (CFA) using observational data comprised of coder-reported maternal sensitivity, affection, and validation as potential indicators of a factor of positive maternal partnering behaviors, which demonstrated an excellent fit to the data, $\chi^2 = 8.08$, $df = 2$, $p < .05$; $CFI = .97$; $RMSEA = .05$. Examination of the factor loadings for positive maternal parenting behaviors revealed that the three indicators (maternal sensitivity, affection, and validation) each had a positive and moderate loading onto the latent factor (see Figure 5).

Figure 5
Factor loadings for Positive Maternal Parenting Behaviors



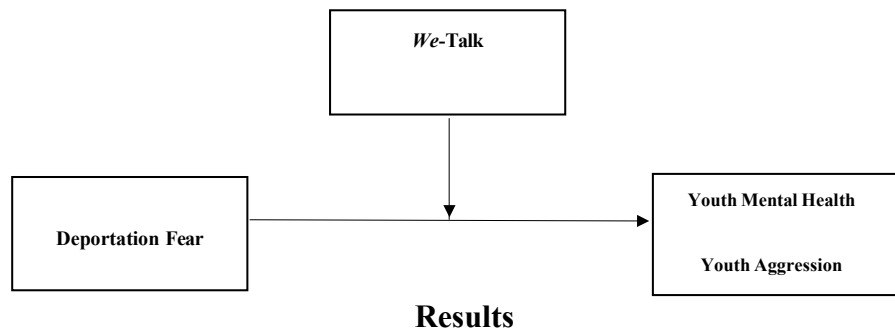
Primary Analyses. Subsequently, upon establishing a good fit for the CFA, I estimated three separate outcome models via structural equation modeling to investigate associations between youth deportation fear (*Hypothesis 1*), *we-talk* (*Hypothesis 2*), positive maternal parenting behaviors (*Hypothesis 3*), as well as interactions between deportation fear and *we-talk* (*Hypothesis 4*), and interactions between deportation fear and positive maternal parenting behaviors (*Hypothesis 5*), in predicting mother- and youth-reported child/youth depression (model 1), anxiety (model 2), and aggression (model 3). Specifically, I hypothesized that at higher levels of both *we-talk* and positive maternal parenting behaviors there will be no (or decreased) relation between deportation fear and youth depression, anxiety, and aggression. The models also assessed the influence of potential covariates including child/youth age and gender as well as maternal depression (model 1 and model 3) or maternal anxiety (model 2). Good model fit is indicated by values greater than .90 for the Comparative Fit Index (CFI), as well as values less than .07 for the root mean squared error approximation (RMSEA; Bentler, 1990; Steiger, 2007). The structural equation model was assessed using RStudio statistical software (RStudio Team, 2023).

Supplementary Analyses. Across the various structural equation models, there were a lack of significant findings, perhaps due to sample size constraints and concerns regarding adequate power given the various parameters within the proposed structural equation models. As a result, I conducted additional analyses beyond the original proposed analyses to test simpler models. Specifically, doing so, through a series of simplified moderated regression models which were analyzed separately and individually for youth- and mother-reported youth depression, anxiety and aggression. To examine study hypotheses, I conducted a series of moderated multiple regressions via IBM SPSS Statistics for Windows, Version 29.0 (2022) and PROCESS

Model 1 (Hayes, 2012). Moreover, I tested for associations between youth deportation fear (*Hypothesis 1*), youth *we-talk*/communal coping (*Hypothesis 2*), and their interaction (*Hypothesis 3*) in predicting youth- and mother-reported youth depression, anxiety, and aggression across separate and individual models for each mental and behavioral health outcome, while accounting for relevant covariates such as youth age, youth sex, or one of the other mental health variables. A visual representation of the supplementary regression model of youth mental health and aggression is presented in Figure 6.

Figure 6

Schematic Representation of Reduced Moderated Regression Model of Youth Mental Health (i.e., depression and anxiety) and Aggression



Results

Model Determination

As a reminder, the aims of this study were: (1) to examine the influence of racialized stressors such as deportation fear on mental and behavioral health among Latina/o/e youth and (2) to explore cultural and familial strengths through the potential moderating roles of communal coping and positive parenting behaviors. In order to test independent associations between youth deportation fear and child/youth-reported and mother-reported youth depression, anxiety, and aggression, I estimated a series of structural equation models for each mental health outcome. To test for synergistic associations, I included an interaction term between youth deportation fear

and youth *we*-talk as well as between youth deportation fear and positive maternal parenting behaviors.

Structural Equation Models

Youth- and Mother-reported Youth Depression Model

The youth- and mother-reported youth depression model had an excellent fit to the data, $\chi^2 = 12.56$, $df = 12$, $p > .05$; $CFI = .99$; $RMSEA = .02$. Examination of the factor loadings for the positive parenting factor revealed that the three indicators (maternal sensitivity, affection, and validation) each had a positive and moderate loading onto the latent factor (.80, .71, and .68, respectively). None of the independent or interactive associations considering key study variables predicting youth- and mother-reported youth depression were significant. However, the path from maternal depression to youth- and mother-reported youth depression was positive and significant (also see, Borelli et al., 2021a). Table 5 reports the unstandardized path estimates, and Figure 7 shows the standardized path estimates of the overall model.

Table 5

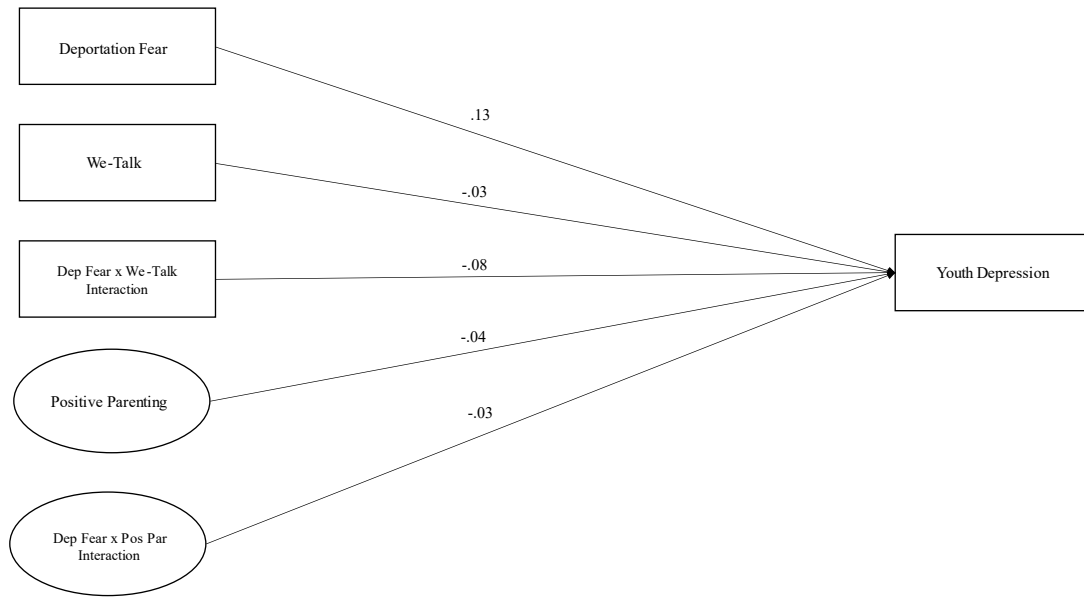
Unstandardized Estimates from SEM of Youth- and Mother-reported Youth Depression

	<i>B (SE)</i>	<i>95% CI</i>
Maternal Sensitivity → Positive Parenting	1.00	
Affection → Positive Parenting	0.94** (0.13)	0.65- 1.37
Validation → Positive Parenting	0.95** (0.13)	0.65- 1.44
Deportation Fear → Youth Depression	0.48 (0.28)	-0.02- 0.97
<i>We</i> -Talk → Youth Depression	-0.02 (0.05)	-0.11- 0.08
Positive Parenting → Youth Depression	-0.03 (0.07)	-0.25- 0.11
Dep Fear x <i>We</i> -Talk Interaction → Youth Depression	-0.28 (0.25)	-0.65- 0.10
Dep Fear x Pos Par Interaction → Youth Depression	-0.17 (0.38)	-1.25- 0.55
Maternal Depression → Youth Depression	0.32** (0.06)	0.20- 0.45

Note. * $p \leq .05$, ** $p \leq .01$.

Figure 7

Standardized Estimates from SEM of Youth- and Mother-reported Youth Depression



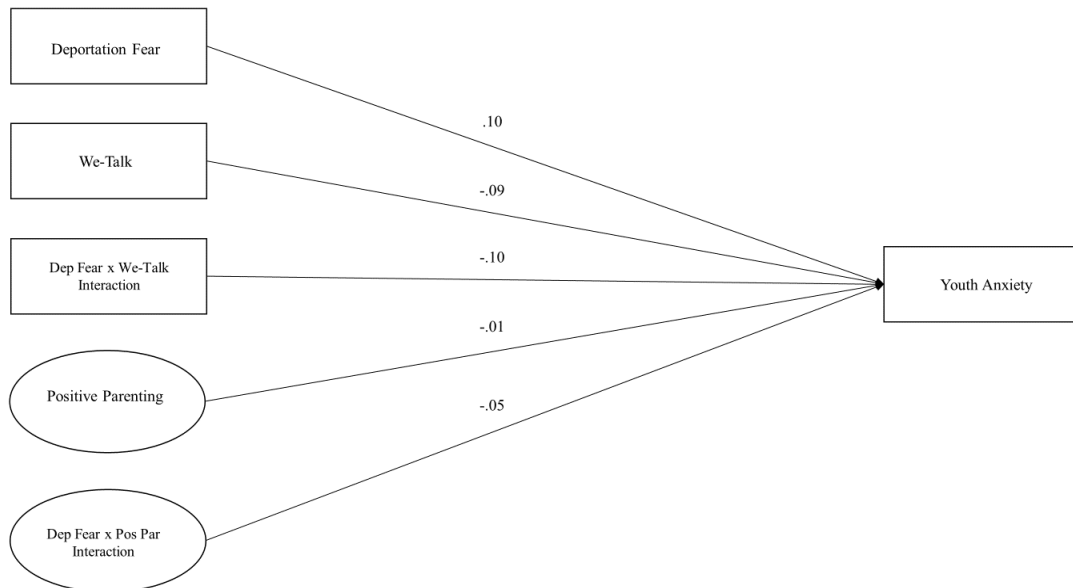
Youth- and Mother-reported Youth Anxiety Model

The youth- and mother-reported youth anxiety model demonstrated an excellent fit to the data, $\chi^2 = 11.89$, $df = 12$, $p > .05$; $CFI = 1.00$; $RMSEA = .00$. Examination of the factor loadings for the positive parenting factor revealed that the following indicators: maternal sensitivity, affection, and validation, each had a positive and moderate loading onto the latent factor (.80, .71, and .68, respectively). None of the independent or interactive associations considering key study variables predicting youth- and mother-reported youth anxiety were significant. Moreover, the path from maternal anxiety to youth- and mother-reported youth anxiety was positive and significant. Table 6 reports the unstandardized path estimates, and Figure 8 shows the standardized path estimates of the overall model.

Table 6*Unstandardized Estimates from SEM of Youth- and Mother-reported Youth Anxiety*

	<i>b (SE)</i>	<i>95% CI</i>
Maternal Sensitivity → Positive Parenting	1.00	
Affection → Positive Parenting	0.95** (0.13)	0.66 – 1.38
Validation → Positive Parenting	0.96** (0.13)	0.64 – 1.44
Deportation Fear → Youth Anxiety	0.36 (0.27)	-0.23 – 0.97
<i>We</i> -Talk → Youth Anxiety	-0.06 (0.05)	-0.16 – 0.04
Positive Parenting → Youth Anxiety	-0.01 (0.07)	-0.21 – 0.15
Dep Fear x <i>We</i> -Talk Interaction → Youth Anxiety	-0.32 (0.25)	-0.73 – 0.17
Dep Fear x Pos Par Interaction → Youth Anxiety	-0.23 (0.37)	-1.48 – 0.65
Maternal Anxiety → Youth Anxiety	0.28** (0.06)	0.19 – 0.38

Note. * $p \leq .05$, ** $p \leq .01$.

Figure 8*Standardized Estimates from SEM of Youth- and Mother-reported Youth Anxiety*

Youth- and Mother-reported Youth Aggression Model

The youth- and mother-reported youth aggression model had an excellent fit to the data, $\chi^2 = 12.85$, $df = 12$, $p > .05$; $CFI = .99$; $RMSEA = .02$. Examination of the factor loadings for the positive parenting factor revealed that the following indicators: maternal sensitivity, affection, and validation each had a positive and moderate loading onto the latent factor (.80, .71, and .68, respectively). Neither deportation, *we-talk*, nor positive parenting were significant in predicting youth- and mother-reported youth aggression. However, the path from maternal depression to both youth- and mother-reported youth aggression was positive and significant. While there were no direct associations between the predictors and youth aggression present, there was a significant interaction effect between deportation fear and positive parenting which was significantly negatively associated with youth aggression. Table 7 reports the unstandardized path estimates, and Figure 9 shows the standardized path estimates of the overall model.

Table 7

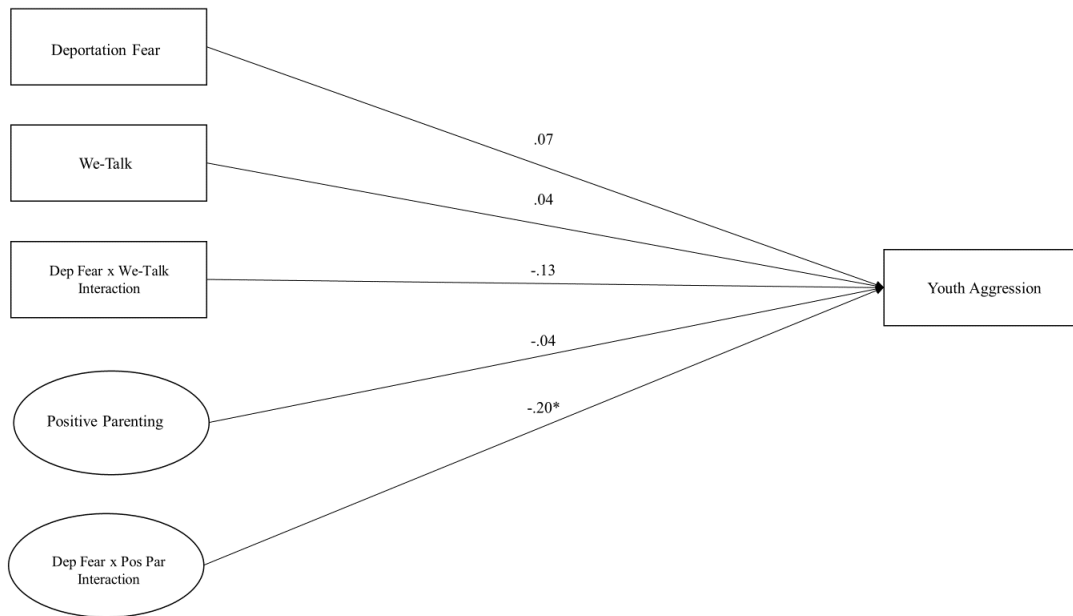
Unstandardized Estimates from SEM of Youth- and Mother-reported Youth Aggression

	<i>b (SE)</i>	<i>95% CI</i>
Maternal Sensitivity → Positive Parenting	1.00	
Affection → Positive Parenting	0.94** (0.13)	0.64 – 1.37
Validation → Positive Parenting	0.95** (0.13)	0.62 – 1.46
Deportation Fear → Youth Aggression	0.29 (0.32)	-0.58 - 1.06
<i>We-Talk</i> → Youth Aggression	0.03 (0.06)	-0.06 – 0.15
Positive Parenting → Youth Aggression	-0.04 (0.08)	-0.20 – 0.13
Dep Fear x <i>We-Talk</i> Interaction → Youth Aggression	-0.49 (0.28)	-1.00 – 0.03
Dep Fear x Pos Par Interaction → Youth Aggression	-1.12* (0.43)	-2.39 - -0.25
Maternal Depression → Youth Aggression	0.22 ** (0.06)	0.08 – 0.37

Note. * $p \leq .05$, ** $p \leq .01$.

Figure 9

Standardized Estimates from SEM of Youth- and Mother-reported Youth Aggression



Note. * $p \leq .05$, ** $p \leq .01$.

Supplemental Simplified Models: Moderated Regression Models Predicting Child/Youth-Reported Youth Outcomes

Child/Youth-Reported Depression. The regression model examining the main effects of youth deportation fear (focal predictor) and *we-talk* (predictor/moderator) along with their interaction in predicting child/youth-reported depression was not significant, $F(4,154) = 0.87, p > .05, R^2 = .02$. None of the independent or interactive associations considering youth deportation fear and *we-talk* variables significantly predicted child/youth-reported depression (see Table 8).

Child/Youth-Reported Anxiety. The regression model examining the main effects of youth deportation fear (focal predictor) and *we-talk* (predictor/moderator) along with their

interaction in predicting child/youth-reported anxiety was also not significant, $F(4,154) = 0.96, p > .05, R^2 = .02$. None of the independent or interactive associations considering youth deportation fear and *we-talk* variables significantly predicted child/youth-reported anxiety (see Table 8).

Child/Youth-Reported Aggression. The regression model examining the main effects of youth deportation fear (focal predictor) and *we-talk* (predictor/moderator) along with their interaction in predicting youth-reported aggression was not significant, $F(4,125) = 1.30, p > .05, R^2 = .04$. None of the independent or interactive associations considering youth deportation fear and *we-talk* variables significantly predicted youth-reported aggression (see Table 8).

Table 8
Regression Models for Youth-Reported Youth Outcomes

	Aggression			Anxiety			Depression		
	<i>b/R</i> ²	<i>SE</i>	95% <i>CI</i>	<i>b/R</i> ²	<i>SE</i>	95% <i>CI</i>	<i>b/R</i> ²	<i>SE</i>	95% <i>CI</i>
<i>R</i> ²	.04			.02			.02		
Deportation Fear	6.02	3.80	[-1.51, 13.55]	0.78	0.76	[-0.73, 2.28]	0.09	0.75	[-1.39, 1.57]
<i>We-Talk</i>	0.20	0.53	[-0.58, 1.25]	-0.06	0.10	[-0.26, 0.15]	-0.02	0.10	[-0.22, 0.18]
Dep Fear x <i>We-talk</i>	-1.06	1.83	[-4.69, 2.57]	-0.14	0.35	[-0.83, 0.55]	0.11	0.35	[-0.58, 0.79]
Maternal Depression	0.26	0.41	[-0.54, 1.07]	-	-	-	0.14	0.08	[-0.01, 0.30]
Maternal Anxiety	-	-	-	0.05	0.08	[-0.01, 0.20]	-	-	-

Note: Dep Fear x *We-talk* = interaction between *we-talk* and deportation fear, Covariates: maternal depression, maternal anxiety

Supplemental Simplified Models: Moderation Analyses Predicting Mother-Reported Child/Youth Outcomes

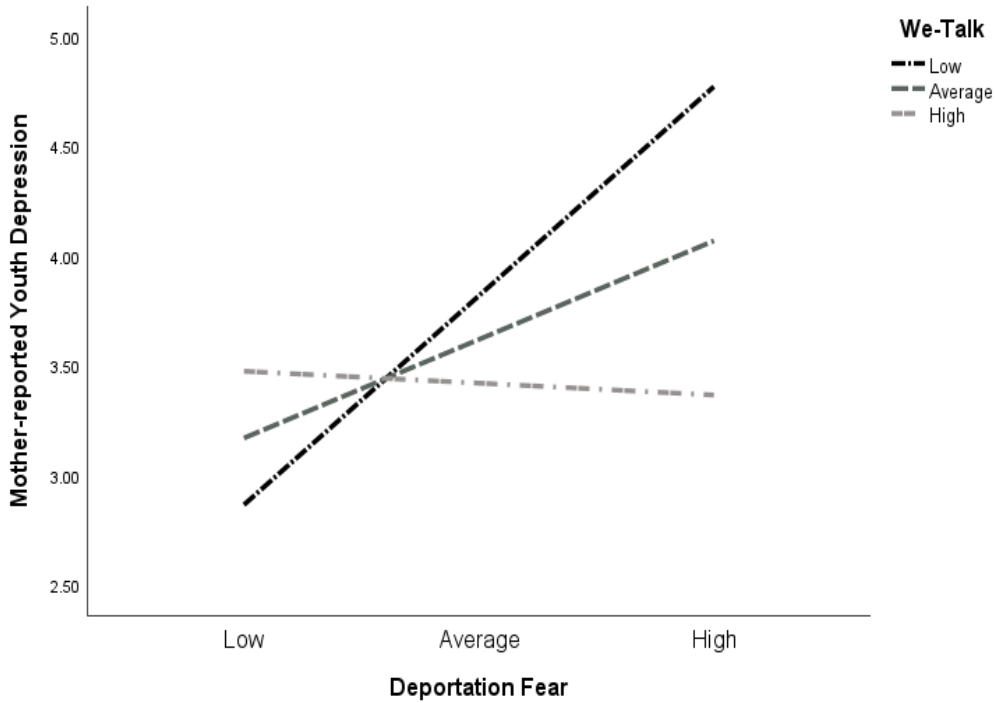
Mother-Reported Child/Youth Depression Symptoms. This regression model comprised of youth deportation fear as the predictor, *we-talk* as both a predictor and moderator,

their interaction, and a covariate of maternal depression explained a significant proportion of variance in predicting mother-reported youth depression, $F(4,157) = 13.99, p < .001, R^2 = .26$. Higher levels of deportation fear were significantly associated with higher levels of mother-reported child/youth depression, $b = 5.95, SE = 2.27, 95\% CI [1.47, 10.43], p < .01$. *We*-talk did not yield a significant main effect on mother-reported youth depression, $b = .35, SE = .31, 95\% CI [-.26, .97], p > .05$. However, *we*-talk moderated the association between deportation fear and mother-reported youth depression, $b = -2.20, SE = 1.05, 95\% CI [-4.28, -.12], p < .05$.

Conditional effects analyses revealed that the association was significant at low levels of *we*-talk, such that under low levels of *we*-talk, youth-reported deportation fear and mother-reported youth depression were positively associated, $b = 4.59, t(157) = 2.64, p < .05$ (see Figure 10). At average ($b = 2.16, p > .05$) and high ($b = -0.26, p > .05$) levels of *we*-talk, the association between deportation fears and mother-reported youth depression symptoms were not significant. To aid in the interpretation of interactive effects, I reversed the predictor and moderator variables and found that the simple slope for the association between *we*-talk and mother-reported youth depression symptoms was significant only among youth reporting high levels of deportation fears, $b = -0.64, t(157) = -1.94, p = .05$, whereas these effects were non-significant at average ($b = -0.18, p > .05$) and low ($b = 0.28, p > .05$) levels of deportation fear. Essentially, these results imply that the negative association between deportation fear on mother-reported youth depression is only salient when communal coping or *we*-talk is low. Additionally, communal coping and youth depression are negatively associated only when deportation fear is high.

Figure 10

Mother-reported youth depression symptoms as a function of youth's deportation fear and we-talk



Mother-Reported Youth Anxiety Symptoms. A similar regression model consisting of youth deportation fear as a predictor, *we-talk* as a predictor and moderator, their interaction, and maternal anxiety as a covariate significantly predicted mother-reported child/youth anxiety, $F(4,157) = 15.22, p < .001, R^2 = .28$. However, neither the main effects of youth-reported deportation fear and *we-talk* nor their interaction significantly predicted mother-reported child/youth anxiety (see Table 9).

Mother-Reported Youth Aggression. A similar regression model consisting of youth deportation fear as a predictor, *we-talk* as a predictor and moderator, their interaction, and maternal depression as a covariate significantly predicted mother-reported child/youth aggression, $F(4,157) = 4.93, p < .01, R^2 = .11$. However, neither the main effects of youth-

reported deportation fear and *we*-talk, nor their interaction significantly predicted mother-reported youth aggression (see Table 9).

Table 9
Regression models for Mother-Reported Youth Outcomes

	Aggression			Anxiety			Depression		
	<i>b/R</i> ²	<i>SE</i>	95% <i>CI</i>	<i>b/R</i> ²	<i>SE</i>	95% <i>CI</i>	<i>b/R</i> ²	<i>SE</i>	95% <i>CI</i>
<i>R</i> ²	.11*			.28**			.26**		
Deportation Fear	4.85	4.05	[-3.16, 12.85]	2.52	1.79	[-1.01, 6.05]	5.95*	2.27	[1.47, 10.43]
<i>We</i> -Talk	0.73	0.56	[-0.37, 1.82]	0.17	0.24	[-0.31, 0.65]	0.35	0.31	[-0.30, 0.97]
Dep Fear x <i>We</i> -talk	-2.65	1.88	[-6.38, 1.07]	-1.23	0.83	[-2.86, 0.41]	-2.20*	1.05	[-4.28, -0.12]
Maternal Depression	1.69*	0.43	[0.84, 2.53]	-	-	-	1.64*	0.24	[1.17, 2.12]
Maternal Anxiety	-	-	-	1.36*	0.19	[0.99, 1.73]	-	-	-

* $p < .05$, ** $p < .01$; *Note*: Dep Fear x *We*-talk = interaction between *we*-talk and deportation fear, Covariates:

Maternal depression, maternal anxiety

Discussion

Taking into account the rapid pace at which anti-immigrant policies and rhetoric have progressed over the past decade (Ayón, 2020; Fleming et al., 2019; Wray-Lake et al., 2018), it is not surprising that Latina/o/e immigrants and their families have frequently reported feelings of vulnerability and despair as a result of the palpable threat of deportation (Becerra et al., 2020; Cardoso et al., 2018; 2021; Roche et al., 2018). Despite a host of recent advancements in identifying mental health stressors among Latina/o/es (Gonzales et al., 2010; Sullivan & Rehm, 2005; Takeuchi et al., 2007), much remains to be understood about the psychological consequences of racialized stress markers such as deportation fear on Latina/o/e children and youth. The current research attempts to address this gap through an in-depth assessment of psychopathology within a sample of Latina/o/e youth with recent immigrant mothers. Specifically, this study examined the individual and interactive associations between deportation

fear, *we*-talk/communal coping, and maternal positive parenting in predicting youth mental and behavioral health.

In Study 1, I initially utilized structural equation modeling to examine potential associations between youth deportation fear and mother- and youth-reported depression, anxiety, and aggression while assessing the potential buffering effects of *we*-talk and positive maternal parenting behaviors. Specifically, across these sets of models, I hypothesized that higher levels of deportation fear would be associated with higher levels of youth depression, youth anxiety, and youth aggression --- however, my findings revealed that deportation fear was not associated with youth depression, youth anxiety, or youth aggression. As such, my hypotheses for deportation fear predicting youth psychopathology were not supported, which was inconsistent with prior literature linking both mother- and youth-reported deportation fears with increases in depression, anxiety, and externalizing symptoms in children and youth (Becerra et al., 2020; Cardoso et al., 2021; Delva et al., 2013; Dreby, 2013; Salas et al., 2013). A possible explanation for these discrepant findings may be due to the fact that the way deportation fear was measured in the current study digresses from that of prior studies all of which have assessed deportation fear either qualitatively, through a single-item question, or via a multi-item self-reported questionnaire (Arbona et al., 2010; Ayón, 2017; Becerra et al., 2017).

Furthermore, while the words used for the deportation fear dictionary were derived from empirical works which included recurrent qualitative themes as well as themes and words used within self-reported questionnaires, this dissertation focused solely on a global frequency score of word use of deportation fear, whereas other studies assessed the different dimensions of immigrant concerns. It is also important to address the fact the sample utilized in this study primarily consisted of U.S.-born Latina/o/es, whereas other studies contained samples of

primarily undocumented individuals or mixed-status families, pointing to potentially varying levels of perceived deportation threat or risk (Brabeck et al., 2014; Cardoso et al., 2018; Dreby, 2013; Gonzales et al., 2013; Suárez-Orozco, 2017; Yoshikawa & Kalil, 2011; Zayas & Gulbas, 2017), thus, highlighting additional limitations and probable contributors to the divergent findings demonstrated.

Despite the lack of consensus, these measures do tend to converge on the notion of deportation fear being a risk factor for adverse health and mental health outcomes (Almeida et al., 2016; Arbona et al., 2010; Ayón, 2017; Becerra et al., 2017; Cardoso et al., 2018; Dreby, 2013; Lovato & Abrams, 2020). Future research working with Latina/o/e immigrants, especially, parents, should consider a multi-method approach possibly using a linguistic or qualitative analysis in addition to the Perceived Immigration Policy Effects (PIPES) Scale (Ayón, 2017) which assesses the impact of state-level immigration policies on Latina/o/e immigrants via a total score as well as four subscales including discrimination, social exclusion, threat to family, and children's vulnerability. PIPES demonstrates excellent and promising psychometric properties and offers an extensive assessment of Latina/o/e immigrant experiences with intra- and inter-group discrimination, policy-level or structural discrimination, as well as individual and familial factors all of which contribute to life quality, psychological distress, health, and mental health (Ayón, 2017). However, this a relatively novel scale that has yet to be adapted for children, youth, and emerging adults.

Furthermore, none of the independent associations between *we*-talk and positive maternal parenting behaviors predicting youth depression, anxiety, and aggression were significant. These findings are in contrast to some literature in which *we*-talk, a well-regarded marker of communal coping has demonstrated associations with lower levels of youth depression (Borelli et al., 2018;

Puig-Antich et al., 1985; Sichko et al., 2015) and improved mental health (Frost, 2013). Similarly, supportive parenting practices characterized by sensitivity, validation, and affection have demonstrated direct negative associations with depression and anxiety (Gorostiaga et al., 2019; Santesteban-Echarri et al., 2017; Smokowski et al., 2014) as well as externalizing behaviors (Bámaca-Colbert & Gayles, 2010; Gonzales et al., 2006). Subsequently, neither *we-talk* nor positive maternal parenting behaviors significantly moderated the relationship between deportation fear and youth depression and anxiety. However, despite there being no significant main effects present, there was a significant interaction effect between deportation fear and positive parenting which was negatively associated with youth aggression. These findings were also in contrast to prior work which suggests that higher levels of *we-talk* function as a protective factor against children's depressive symptoms (Borelli et al., 2018; Sichko et al., 2015). In a similar fashion, positive maternal parenting behaviors have been shown to reduce anxiety, depression, and externalizing symptoms (Buschgens et al., 2010; McLeod et al., 2007a, b). Furthermore, these positive parenting practices have routinely shown a significant protective influence against the ill effects of adverse childhood experiences such as poor mental health (Anthony et al., 2019) and promote positive social adaptation (Daspe et al., 2018; McNeely & Barber, 2010; Ruiz et al., 2020).

Due to a lack of significant findings and limitations with sample size in the structural equation models, a set of supplementary analyses were conducted via six individual moderated multiple regression models examining individual and interactive associations between youth deportation fear and *we-talk* in predicting youth- and mother-reported youth depression, anxiety and aggression. First, regarding the hypotheses for youth-reported outcomes, none of the main effects of deportation fear or *we-talk* were significant nor their interaction in predicting youth-

reported youth depression, anxiety, and aggression. As such, the hypotheses solely predicting youth-reported outcomes of mental health and aggression were not supported. This is in contrast to prior literature which, as mentioned previously, has found that deportation fears are frequently associated with elevated youth internalizing and externalizing symptoms (Becerra et al., 2020; Cardoso et al., 2021; Delva et al., 2013; Dreby, 2013; Salas et al., 2013). Similarly, past research has identified negative associations between *we-talk* and youth depression (Borelli et al., 2018; Puig-Antich et al., 1985; Sichko et al., 2015).

Additionally, hypotheses pertaining to mother-reported outcomes were only partially supported. Specifically, neither the main effects of youth-reported deportation fear and *we-talk*, nor their interaction significantly predicted mother-reported youth anxiety and aggression, a finding that also conflicts with prior research. However, as predicted, higher levels of youth deportation fear were significantly associated with higher levels of mother-reported youth depression. As demonstrated in our findings, youth-reported deportation fears pose a significant risk for increases in depression (Becerra et al., 2020; Cardoso et al., 2021; Delva et al., 2013; Dreby, 2013; Salas et al., 2013), possibly arising from concerns for the safety of their parents (e.g., Delva et al., 2013; Wray-Lake et al., 2018) and fear of separation (e.g., Cardoso et al., 2021; Delva et al., 2013; Lovato, 2019; Wray-Lake et al., 2018). Furthermore, *we-talk* did not yield a significant main effect on mother-reported youth depression which is in contrast to prior studies that have demonstrated the direct and buffering effects of *we-talk* on children's depressive symptoms (Borelli et al., 2018; Sichko et al., 2015).

Interestingly, as expected, *we-talk* significantly moderated the relationship between deportation fear and mother-reported youth depression. Further analyses revealed that this association was only significant at low levels of *we-talk*, under which deportation fear and

mother-reported youth depression were positively associated, thus, indicating that the negative impact of deportation fear on mother-reported youth depression is only salient when communal coping or *we-talk* is low. The predictor and moderator variables were also reversed to assist in the interpretation of this interaction; under this condition the association between *we-talk* and mother-reported youth depression was only significant for youth reporting high levels of deportation fear. Essentially, communal coping and youth depression are negatively associated only when deportation fear is high. Furthermore, the effects of deportation fear are not only dependent on *we-talk* or communal coping but also on who's reporting mental health (i.e., mother or youth). Another way to conceptualize this link is by viewing *we-talk* as a proxy for closeness in which not engaging in *we-talk* as it relates to deportation fear may lead a child or youth to feel that they are left with those fears without an effective means for responding or coping. In other words, when there is a lack of communal coping it may be difficult for one to understand ways to invoke effective coping strategies to minimize the stress that may ensue from deportation fear. Also, dyads may be protected when there is general closeness, not just closeness related to deportation fear.

While research in the domain of communal coping via *we-talk* in Latina/o/es is scant, there is research that has found that internalizing symptoms are more readily present among youth who lack the knowledge and experience needed to deal with discrimination (Ayon et al., 2010) which are typically garnered through ethnic identity (Umaña-Taylor et al., 2015), ethnic attachment (Hayes-Bautista, 2002), and ethnic-racial socialization (Kulish et al., 2019). The effects being observed and/or lack thereof may be partially explained by the region in which our sample was drawn. The community is fairly homogeneous (e.g., majority low-income Latina/o/e families); as a result, the threats and risks related to deportation may occur less frequently

relative to other communities. It may also be the case that youth may become desensitized or habituated to deportation fears upon being pervasively exposed to racialized and immigrant-based threats in their communities. Indeed, undocumented Latina/o/e youth across qualitative interviews reported feeling that being undocumented and the accompanying stressors were normal or routine, and as a result, experienced limited fear or concern regarding their documentation status (Kam et al., 2018). Similarly, findings by Núñez (2020) revealed that among a sample of Latino/a/es living near the U.S.-Mexico border, many individuals reported constant feelings of being surveilled, which contributed to both fear and desensitization to threats of deportation among those residents. Additionally, findings by Heard-Garris and colleagues (2021) demonstrated that youth are exposed to discrimination, stereotypes, and racial-threat messages incessantly through a multitude of online and social media platforms, which has contributed to feelings of helplessness and stress but also led many individuals to report being desensitized to such experiences.

Furthermore, as the only study to measure an observed indicator of *we-talk* or communal coping in an all Latina/o/e sample, although this index significantly moderated the relationship between youth deportation fear and mother-reported youth depression, there were no direct associations between *we-talk* and either mother-reported youth anxiety and aggression or youth reported youth depression, anxiety, or aggression. Despite the lack of communal coping or *we-talk* research with Latina/o/e populations, related constructs including ethnic attachment and ethnic identity have demonstrated strong associations with greater social support and connectedness to one's ethnic group, as well as protecting against the adverse effects of racialized stressors such as perceived discrimination including among Latina/o/e mothers and their children (Deaux & Martin, 2003; Halim et al., 2012; Kim, 1999; Umaña-Taylor et al.,

2015). It is also important to highlight the potential influence of linguistic and cultural differences in pronoun use between Latina/o/es and non-Latine Whites. For example, linguistic research indicates differences in the expression of possession between native English speakers and non-native English speakers from Spanish language backgrounds (i.e., Latina/o/es), specifically, as it pertains to the use of and overextension of possessive pronouns; periphrastic of possessives, and attributive possessives (Hill & Bradford, 2000; Whitley, 2002; Wolford, 2006). Whitley (2002) indicates that this practice is much more common among Spanish speakers learning English given the common forms of expressing possession in Spanish, thus, potentially bringing into question the cultural or linguistic relevance of *we*-talk in Latina/o/e samples. However, to date, no research has explored the differences in pronoun expression (i.e., singular, plural, etc.) among Latina/o/es and other ethnic groups in relation to mental health such as in the case of *we*-talk.

Examination of selected excerpts from the CAI data indicated that “*We*” may refer to one’s relationship with peers, siblings, parents, or family (see Table 10). For example, at low levels of *we*-talk, several individuals discussed themes of support seeking from parents and fears but used more individualistic language in times of need. Conversely, those with higher levels of *we*-talk discussed were more apt to view and address issues as a team whether with their mother, sibling, or peers. These examples may be indicative of cognitive interdependence, but may contribute to distinct implications regarding this study’s findings.

Table 10*Selected Excerpts from CAI with Low and High We-Talk Score*

Low <i>We-talk</i>	High <i>We-talk</i>
<p>Alright. Umm, the other word you used is helpful. So, tell me about a time it felt helpful with your mom. Um, a time when it felt helpful...Um. One time in seventh grade I believe it was. There were these problems that my—that I had for homework and I didn't know what to do and then, um, my parents they actually tried helping me and because of their help I could actually get the work done. And. I could turn it in on time. I could get my grades up. And other times when I actually need like things <i>for school</i>. Like specifically right now, um, I need to get a Santa hat for my high school. Because we are currently doing a parade this Sunday, if it doesn't rain. And usually, I can just ask my parents these things and if it's necessary for what I'm taking they can help me get it...</p>	<p>Now can you tell me about a time when you felt 'together we are fearless,' with your mom? So, like when, we were walking it was very dark then me and my mom were walking together nothing can happen to us like if anything comes up to us nothing is going to scare us away—we're going to be strong together and fear nothing. Can you tell me a little bit more about that? So, like umm when, so like we were walking I don't know how to say it but like umm... me and my mom I guess nothing can technically scare us—like my mom has a problem she is scared of something I come to her and I tell her not be scared or something cause it's going to happen. Like if one of her family members are like sick and she is like scared or I try to talk to her “don't be scared cause like we are fearless together.” And then they can get better and we're going to be stronger when there is something happening. We are not going to fear anything anymore.</p>
<p>Can you tell me a little bit more about that time when you had help with some homework problems in seventh grade? Umm...it was these—I believe it was math equations specifically. And, I didn't really know what to do, I even asked some of my middle school friends if they could come over and help me. They didn't get it either and my parents actually understood the math problems and they could help me figure it out. They explained to me how the equations worked and then I eventually got it and, yeah. Okay. And how did you feel? I felt—it felt really nice to know that I have some...parents that can actually help me through my problems and issues that...sometimes even my—my sister can't even help me out.</p>	<p>Can you think about the last time when you felt together were fearless? Cause I'm usually at school and stuff like I think on summer—there was like a guy following us like my mom was like “hurry up, hurry up” and together—like my mom was scared of him—and me and her weren't scared of him and we were like together we are fearless of him either way, but then after that me and my mom looked at him and like not scared like you know not in a fear—face and then he like walked away—then we didn't see him anymore. Okay, and what about that memory that you just told me about makes you feel fearless—together we're fearless? Cause like if something is happening to us—and I am the only one looking at the person they are going to think oh that's just a kid he's just a kid—I mean with my mom and her and me—look at the person that's like doing stuff to us, like they are going to—they are going to get scared of us and we're not going to be scared of them because like we're making them scared—and we're are teaching our umm strength together.</p>
<p>So, tell me about a time when it felt trustworthy with your mom. This one time there was a lot of like weird things happening, and I felt like—I—like I was very unlucky uhm recently I got...m—my knees liked scraped right here 'till the point where it started bleeding, both of them, my instrument almost broke, and... I got in a fight also and I feel just like my life was in total misery. And then my parents, they—I can just tell them how I felt mhm and they'll talk me through it. They're like, “it's fine this is what happens. It's part of everyday life, you just need a go out and ignore all the problems that are going.” And so, what about this example makes you feel trustworthy with her? Cuz a lot of the times I can't rely—I feel like I can't tell people what's going on with my life. Uhum. And so, most of the time I just keep it secret. Yeah. But I feel like I can tell my mom a lot of the time.</p>	<p>Can you tell me about a time you were upset and wanted help? Well not really because I tell my mom I'm upset. I usually get help from my friends or my friends that are girls. Umm like yester-umm Tuesday—I got like angry then people were like “are you okay? are you okay?” and then helping me to get cheered up—because I was mad and tearing up and then yeah. They were helping me get my cause they say they like seeing me happy not crying and all stuff—and I was alright. Okay. Can you tell me a little bit more about what happened? Well like its cause like umm people were starting to say things but I keep it inside so I get angry—but until like when I get angry it like very angry, I start crying and getting mad, my face is red mhm my eyes are red then like yeah. Okay. So umm did you tell anyone about this time when you were upset? You mentioned your friends. Yeah, my friends cause like mostly the whole class saw me crying. My teacher-my two teachers saw me, my friend. Is it okay to say my girlfriend? Yeah, my girlfriend on the other side because she was over there—then yeah pretty much. Okay. Yeah.</p>

Note. **Interviewer** statements are displayed in bold font; participant statements presented in

regular font

Lastly, consistent with prior literature, the covariates of maternal mental health (i.e., depression and anxiety) demonstrated a significant positive association with youth mental health and aggression across all models and analyses. Indeed, previous research has consistently documented associations between maternal mental health woes (i.e., depression) and elevated risk for children's mental health and psychosocial functioning (Raffaelli et al., 2014; Riley et al., 2009; Van Loon et al., 2015), including in Latina/o/e families (Riley et al., 2009). As such, this is especially important to consider within the *familismo* context given that mothers are generally more likely to have a relational orientation and are pivotal in upholding familial bonds (Campos et al., 2014; Taylor et al., 2000; Updegraff et al., 2005). Thus, maternal mental health yields a strong influence on the overall well-being and functioning of the family as a whole. For instance, findings by Lorenzo-Blanco and colleagues (2017) indicate that parent depression symptoms along with lower family functioning are linked to poor youth emotional well-being as well as increases in health risk behaviors. Specifically, parent depression symptoms predicted lower parent-reported family functioning; both of which were associated with increases in youth depression and substance use (Lorenzo-Blanco et al., 2017).

Strengths & Limitations

It is important to contextualize the contributions of these findings in light of this study's strengths and weaknesses. This study depicts a contribution to the literature of youth psychopathology by exploring the impact of racialized stressors such as deportation fear as well as the potential benefits of communal coping and positive parenting behaviors in a sample of low-income Latina/o/e families, an otherwise understudied population. To my knowledge, our study is one of the first to employ linguistic analysis (Pennebaker et al., 2003) in examining deportation fears within the contexts of one's attachment representations and experiences during

middle childhood and adolescence. This methodology may afford us insights regarding youth's current valuing of attachment relationships with their immigrant mothers during a turbulent sociocultural moment, underscoring an area of concern for researchers and service providers to address. Furthermore, this study entails a collaborative effort with LHA in which recruitment efforts were led by the *promotoras* and assessments were conducted at the agency. As a result, participants experienced levels of trust with research staff and the research process that would otherwise not have been possible without the university-community partnership. This partnership was instrumental in enhancing the integrity of our data.

In addressing the shortcomings of this study, I would like to acknowledge that it was cross-sectional and correlational, which restricts the ability to make causal inferences. As mentioned previously, our sample was fairly homogenous in that all families were Latina/o/es, from immigrant backgrounds, low-income, and lived in high crime neighborhoods populated by Latina/o/e immigrant families. It may be worth noting the potential role of the neighborhood's demographic homogeneity in influencing this study's results or lack thereof. As prior research suggests, residing in neighborhoods with high concentrations of the same ethnic or cultural group one belongs to can have benefits for community solidarity and organization as well as ethnic identity processes and exploration which can protect against the negative effects of discrimination and promote positive youth development, including among Latina/o/es (Bronfenbrenner & Morris, 2006; Sampson et al., 1997; White et al., 2017).

Another factor is that the sample was drawn solely from California, a much more progressive state than others with state-level punitive immigration policies (i.e., Arizona, Texas). As a result, threats and risks related to deportation may be less frequent than in other communities; therefore, individuals may be insulated given their area of residence and less

worried about their deportation fear. Another potential limitation to note is that the sample of youth participants was predominately (92.90%) second-generation, which might suggest that deportation fear may not be as relevant a stressor as it pertains to their mental health or experiences. For instance, relative to their U.S.-born counterparts, many undocumented Latina/o/es must withdraw from others to minimize deportation risks, which greatly hinders opportunities to utilize social supports, access health care, and contributes to poorer psychological well-being (Chavez, 2012; Gonzales et al., 2013; Sullivan & Rehm, 2005). Furthermore, research indicates that deportation fear tends to be in the legal consciousness of first-generation immigrant Latina/o/es at greater levels compared to 1.5 or second-generation Latina/o/es, with many immigrant Latina/o/es reporting higher discrimination rates based on perceived legality and English comprehension relative to their U.S.-born counterparts (Abrego, 2011; Gonzales & Chavez, 2012; Lightfoot et al., 2019).

Additionally, because these data were collected during a specific period of time during which anxieties were high given the rise in anti-immigrant sentiment, these findings may not be extrapolated to Latina/o/es in the U.S. at other points in history. Out of sensitivity to our sample's privacy and the desire to establish trust and avoid adding to their distress, families were not directly asked about their immigration status, a common practice in research with Latina/o/e immigrants (e.g., Cavazos-Rehg et al., 2007). Also, despite initially including a measure of acculturation for our sample, this measure was difficult for participants to comprehend and per the guidance of the *promotoras*, the measure was excluded from the overall study. Consequently, we are unable to speak to the effects of acculturation or the role of legal citizenship status within our sample. Low socioeconomic status (SES) along with discrimination represent two prominent stressors disproportionately impacting racial/ethnic minoritized individuals and their propensity

for adverse health outcomes (i.e., Latina/o/es; Brondolo et al., 2009). Yet, while initially included in the analytical models, SES or income status did not demonstrate any significant associations with mental or behavioral health, nor did it contribute to the model's predictive power. As such, it was excluded from the final analyses. This finding is consistent with prior research demonstrating that among Latina/o/es, SES often yields very little predictive power, in part because there is often minimal variation in the samples regarding income level (Dailey et al., 2010; Molina & Simon, 2014; Wheeler et al., 2020). Moreover, research, including work by Molina and Simon (2014), indicates that rather than demonstrating independent effects, discrimination and SES work interactively. For example, Latina/o/es, as well as other racially minoritized groups, may be more adversely impacted by discrimination when they are middle-income, which is linked to elevated rates of chronic health conditions relative to their lower-income counterparts (Molina & Simon, 2014).

It is also important to acknowledge the potential roles of mother-youth discrepancy and reporting bias for youth mental health on this study's outcomes. Firstly, the extent to which a child or youth displays mental health or behavioral problems may appear quite different contingent upon whether these issues can be directly observed and whether they are displayed within some contexts and not others (i.e., home, school, etc.) (Berg-Nielsen et al., 2003; Comer & Kendall, 2004; De Los Reyes et al., 2015; Orchard et al., 2017; 2019). For instance, parents of adolescents may be relatively unaware of some of their child's internalizing or externalizing behaviors, considering that older adolescents are more autonomous, less likely to confide in their parents, and may not display some of the problem behaviors at home (Berg-Nielsen et al., 2003; Comer & Kendall, 2004; De Los Reyes et al., 2015; Seiffge-Krenke & Kollmar, 1998). Secondly, regarding the mother-youth discrepancy on mental health reporting, child age is

considered a significant variable (Berg-Nielsen et al., 2003) such that it is generally regarded that older (e.g., 12 and up) youths' self-report of internalizing problems may be more valid or closer to an objective evaluation relative to parental reports (Aebi et al., 2017; Berg-Nielsen et al., 2003). However, the advantages of youth self-report may not apply to younger children (e.g., 12 and below), as prior literature suggests younger children may not have the capacity to fully understand and describe their emotional problems making them less reliable informants compared to older children (Grills & Ollendick, 2003) and their own parents (Aebi et al., 2007; Lewis et al., 2012; Loeber et al., 1990). Consequently, given our relatively young sample age, this may provide a potential explanation for the discrepancy with mother-reported outcomes and lack of results pertaining to youth-reported outcomes in this study.

Furthermore, across all of the structural equation models the lack of significant findings may perhaps be a consequence of sample size constraints and lack of adequate power given the various parameters within the proposed structural equation models. Shifting to potential issues with the measures and variables, the resultant deportation fear variable did not have sufficient variability (i.e., $M = .24$, $SD = .21$) in predicting several of the outcomes. As mentioned previously, the development of this dictionary was initially done with mothers from the same sample, which was used in a prior study (see Arreola et al., 2022). The goals for using this measure were to 1) establish similar findings for the youth in this current study's sample and their mothers in the study by Arreola and colleagues (2022), 2) to assess concordance between mother-youth dyads in future studies, 3) to assess whether the effects of deportation fear are similar for emerging adults, and lastly, 4) to provide further validity for the use of this measure with Latina/o/es. However, utilizing the same dictionary, this study did not adequately consider the potential for developmental differences and unique experiences of the youth sample. Many of

the words comprising the deportation fear dictionary require an understanding of one's undocumented status and, to an extent, discrimination. According to prior literature, Latina/o/e children under 10 years of age demonstrate a limited or superficial understanding of race, and not until late adolescence do youth form a deeper understanding of interpersonal and institutional levels of discrimination (Brown & Bigler, 2005; Dulin-Keita et al., 2011; Romero & Roberts 2003b). Similarly, many individuals at younger ages are unaware of their undocumented status, with their first discovery occurring during emerging adulthood (Gonzales, 2010; 2011; Pasco et al., 2022).

An additional limitation of the existing measures is that, in their current state, they cannot be broken down to assess differences between the words used in the dictionary. Moreover, LIWC solely analyzes the total frequency of overall word use about the specified category of deportation fear; thus, it combines it all. In developing the deportation fear dictionary, the research team referred to many qualitative and quantitative studies, assessed the different aspects and experiences representing the state of deportation fear, and listed the categories under which they fell, but did not assess those individual categories. As such, future work would benefit from evaluating the different dimensions of deportation fear, or more broadly, of undocumented racialized stress, to determine which aspects of deportation fear pose the greatest risk for chronic or acute contexts. For instance, work by Enriquez and colleagues (2018) investigated four dimensions of "immigrant illegality," which was comprised of academic, financial, deportation, and future concerns and their influence on self-rated stress and health among a sample of the University of California Latina/o/e students. Their findings showed differential outcomes; academic and future concerns demonstrated associations with higher stress levels and poorer health, while financial concerns were only associated with poorer health. Interestingly,

deportation concerns were not associated with self-rated health or stress, further highlighting the need to assess the dimensionality of deportation fear, especially given the potential influence of developmental contexts.”

Furthermore, the lack of effects may be a consequence of the interview and prompts not directly inquiring or being related to deportation experiences. The goal was to see in a naturalistic way how frequently these fears were discussed by youth when sharing about their attachment relationship and experiences with their immigrant mothers. However, it is important to acknowledge that while this methodology sought to assess discussions within a naturalistic manner, perhaps participants would have felt more comfortable discussing deportation or immigrant concerns to a greater extent in a private context such as within their own home, thus, highlighting limitations concerning external validity. The benefits of assessing deportation fear without a directly connected prompt allows us to see how acute and frequent of a concern fear of deportation may be in the daily life of our participants especially under the context of one’s attachment relationships.

Under the previously discussed contexts, other risk factors or stressors may take precedence. For example, findings by Enriquez and colleagues (2018) reveal that among a sample of Latina/o/e students, their academic, financial and future concerns yielded the most prominent and immediate impact on their stress and health, not deportation concerns. Deportation fear, particularly for adolescents or young adults, may represent more of an acute stressor, whereas financial insecurity or academic stress might reflect more of a chronic stressor. The chronicity of deportation fear may only occur when the issue is more frequently discussed because it is more observable or experienced daily. Thus, it may simply be the case that deportation fear is viewed as less of a chronic stressor given one’s area of residence, generation,

and/or citizenship or legal status, as well as the presence of other potentially more pressing stressors. These other risk factors or stressors may also take precedence over immigration concerns because they may be perceived as safer and less emotionally triggering themes for families and youth to discuss, particularly in the context of a research study which may pose a potential and uncertain risk for the family. For instance, work by Roth (2017) revealed that over half of their undocumented adolescent student sample refrained from disclosing their status even to well-meaning teachers, school officials, and staff. Many youths cited the unknown and potentially dangerous risk of disclosing their status as a core reason. Furthermore, many undocumented individuals report frequently receiving warnings from family members, peers, and community members about the perils associated with disclosing one's status and the harm that may befall them or their family (Enriquez, 2011; Roth, 2017). This practice of withholding one's documentation status can continue into emerging adulthood, as showcased in the qualitative work of Enriquez (2011), which reported that even after obtaining legal status, some individuals still refrain from sharing their undocumented history or past status.

Future Directions

In light of the aforementioned strengths and limitations of the present study, future directions should devote its effort to understanding: 1) potential cultural and linguistic differences in pronoun use, 2) ethnic-racial socialization practices as they pertain to Latina/o/e immigrant families, 3) mother-youth discrepancies in mental health reporting, 4) the importance of maternal mental health and familial well-being, and 5) continue utilizing CBPR and qualitative methods focused on empowering marginalized communities. Firstly, given the lack of communal coping or *we-talk* research with Latina/o/e populations, future projects should explore associations between *we-talk*, ethnic attachment, and ethnic identity especially in the context of

coping with racialized stress. Additionally, future studies should examine differences in pronoun use in relation to mental health between native English speakers and non-native English speakers from Spanish language backgrounds (i.e., Latina/o/es) to assess the cultural utility of *we*-talk as a marker of communal coping in Latina/o/es. Also, relative to English, Spanish uses a broader range of emotional words; the Spanish language provides a source of collective identity and pride, allows for the transmission of cultural beliefs and traditions, and provides a means to articulate emotions (Altarriba & Santiago-Rivera, 1994; Santiago-Rivera & Altarriba, 2002). Latina/o/es are also considered much more emotive and expressive in the words used, particularly in Spanish. Furthermore, research indicates that Latina/o/es tend to represent and use emotional words differently (Altarriba & Santiago-Rivera, 1994; Santiago-Rivera & Altarriba, 2002). While research on *we*-talk use in Latina/o/es is limited, these studies provide evidence for communal orientation and the wide range of emotive language used by Latina/o/es. Future work should further explore how *we*-talk or communal coping may manifest differently in Latina/o/es, particularly with Spanish speakers. Specifically, communal orientation and coping among Latina/o/es may not be best represented by first-person pronoun word use but rather by other potential components of communal identity and orientation expressed in language, which have yet to be studied. Moreover, future researchers can inquire about communal coping in Latina/o/es by utilizing qualitative interviews to determine whether consistent themes referring to collective racialized traumas and issues emerge when individuals discuss their coping strategies.

Secondly, future studies should examine parental ethnic-racial socialization practices as they relate to ethnic identity formation, mental health, and coping with discriminatory experiences, specifically among immigrant communities. Ethnic–racial socialization refers to the

process through which parents openly discuss with their children's facets of their ethnic culture and teach their children about their cultural values, practices, and traditions in an effort to foster cultural adaptation, ethnic identity, and positive youth development (Hughes et al., 2006; Kulish et al., 2019; Umaña-Taylor et al., 2014). Ethnic-racial socialization processes also involve preparing one's child for bias via the transmission of messages related to expectations of future discrimination and how to cope with those experiences (González et al., 2006; Hughes et al., 2006, 2016). Generally, these socialization practices aid one's capacity for coping which in turn promotes positive adaptation and reduces the adverse effects of racialized stressors such as discrimination (González et al., 2006; Hughes et al., 2006, 2016; Kulish et al., 2019; Umaña-Taylor et al., 2014). However, surprisingly, few studies have examined these processes in concert with how immigrant families may experience discrimination differently from one another and the types of socialization practices and messages used within undocumented persons/mixed-status Latina/o/e families (Cross et al., 2021; González et al., 2006; Kulish et al., 2019). Some research indicates that recent punitive immigration policies have shifted how Latina/o/e immigrant parents communicate with their children regarding potential discriminatory experiences given their race/ethnicity and undocumented status (Cross et al., 2021). Moreover, a recent study by Cross and colleagues (2021) revealed a series of themes detailing how documentation status informs ethnic-racial socialization practices among both undocumented and documented parents, including limitations and restrictions due to undocumented status and documentation privilege. As such, future studies should continue this line of inquiry by examining the role of ethnic-racial socialization and generation status to understand how individuals from Latina/o/e immigrant families interpret and cope with racialized stress, as well as the differential impact for individual family members.

Third, future research would benefit from further exploring mother-youth discrepancies in mental health reporting along with potential cultural variations in the socialization practices regarding mental health. Furthermore, while it is well-documented that maternal mental health has a strong association with youth mental and behavioral health outcomes, it is also important to consider the broader family environment (i.e., fathers and siblings). For example, factors such as family cohesion, family well-being, family functioning, and parent-child communication have all demonstrated strengths in mitigating the onset of internalizing and externalizing problems in youth (Barber & Buehler, 1996; Raffaelli et al., 2014; Van Loon et al., 2015). Some research indicates that father's, mother's, and sibling's cultural orientations and familism levels yield distinct influences on the younger child or sibling's cultural orientation and values (Bámaca et al., 2005; Coltrane et al., 2004; Killoren et al., 2021; Rodríguez De Jesus et al., 2019; Updegraff et al., 2005, 2011).

For instance, Latina mothers may promote cultural values to support their son's transition into the role of future authority figure or provider, as well as promote self-concept and ethnic identity (González et al., 2006; Sanchez et al., 2017; Umaña-Taylor et al., 2008). Father's cultural orientation or *familismo* is linked to greater involvement with and monitoring of their children, which was associated with higher self-esteem and fewer adverse behavioral outcomes (i.e., deviant peer affiliation, externalizing behaviors, (Bámaca et al., 2005; Coltrane et al., 2004; German et al., 2008). Importantly, among Latina/o/e youth, siblings are characterized as prominent socialization agents, as they tend to spend a greater amount of time together during adolescence when compared to parents or peers (Ackert & Wikle, 2022; Killoren et al., 2021; Maynard, 2002; Rodríguez De Jesus et al., 2019; Updegraff et al., 2005, 2011). Relative to parents, siblings could be more influential given that they spend more time together and may

have more similarities in shared experiences and exposures to both Latina/o/e and U.S. culture and customs (Knight et al., 2010; Rodríguez De Jesus et al., 2019). It is especially prudent to understand the nature of these familial factors as they may hold important implications for the development of intervention and prevention strategies, as well as help-seeking behaviors, given that parents are the gatekeepers to mental health service use and older siblings are important socialization agents for Latina/o/e youth.

Lastly, future studies should continue employing CBPR and utilizing research methods that empower marginalized and structurally and socially vulnerable communities. CBPR places communal strengths and insights at the forefront of community empowerment as a means for understanding and addressing the various multilevel racialized stress contexts impacting minoritized individuals (Ferrera et al., 2015; Ford-Paz et al., 2015; Horowitz et al., 2009; Israel et al., 1998, 2017). As mentioned previously, many undocumented individuals abstain from disclosing their status, particularly within traditional research and qualitative approaches, highlighting the need to integrate multi-modal and community-focused perspectives into research design and the methods utilized (Enriquez, 2011; Roth, 2017; Sahay et al., 2016; Woods-Jaeger et al., 2013). For example, photovoice depicts a CBPR method that grants participants the opportunity to engage and reflect on their concerns and desires while discussing pertinent issues through a socially critical perspective (Catalani & Minkler, 2010; Wang & Burris, 1997). Photovoice operates as an effective means for examining participant-identified community concerns, sharing power in the research process, cultivating trust, providing participants with a sense of ownership, and generating communal-level change (Castleden et al., 2008; Cubilla-Batista et al., 2017; Del Vecchio et al., 2017; Sahay et al., 2016; Wang, 2006; Wang & Burris, 1997; Woods-Jaeger et al., 2013).

Through photovoice, participants utilize cameras to document, identify, and explore personal and community issues and experiences, and then engage in structured and facilitated group dialogue via a process referred to as SHOWED (*VENCER* in Spanish) (Baquero et al., 2014; Wallerstein, 1994; Wang & Burris, 1997). SHOWED is a discussion technique that incorporates concepts derived from the work of Paulo Freire with an emphasis on promoting community empowerment, problem-posing analyses of pertinent issues, and critical thinking to identify community-led solutions (Cubilla-Batista et al., 2017; Del Vecchio et al., 2017; Sahay et al., 2016; Wallerstein, 1994; Wang & Burris, 1997). The overall objective of photovoice is to steer the discussions from individual observations to collective interpretations in order to present and address the issues at hand, and engage with influential advocates and stakeholders to mobilize collective action among all parties (Baquero et al., 2014; Wallerstein, 1994; Wang & Burris, 1997; Woods-Jaeger et al., 2013). Photovoice has been utilized to explore a multitude of complex issues across diverse populations, including assessing immigrant concerns among undocumented and mixed-status Latina/o/e youth and families (Cubilla-Batista et al., 2017; Lightfoot et al., 2019; Sahay et al., 2016). This method has brought to light many of the issues experienced by undocumented individuals, including the challenges of navigating higher education as DACA recipients, which for many has complicated educational motivations (Sahay et al., 2016). Thus, it is imperative to understand community insights not solely in identifying and addressing racialized stressors, but also in driving communal and structural change.

Conclusion

Family is an integral source of emotional support and guidance throughout the lifespan, as such, there is an imperative need to understand how family can help bolster effective coping strategies as well as address mental health issues, disparities and intervention methods

particularly among Latina/o/es (Campos & Kim, 2017; Gonzales et al. 2008; Raffaelli et al., 2014; Van Loon et al., 2015). Given the recent rise of anti-immigrant sentiment and the ever-present threat of deportation, Latina/o/e youth and their families have expressed increased concerns for their family's safety, fears of separation, and greater depression and anxiety as a result (Cardoso et al., 2021; Lovato & Abrams, 2020; Vargas & Ybarra, 2017; Wray-Lake et al., 2018). Family equips and prepares individuals with the means to interpret and cope with racialized stress such as discrimination (González et al., 2006; Hughes et al., 2006, 2016; Kulish et al., 2019; Umaña-Taylor et al., 2014), yet relatively few studies have assessed associations between deportation fear, communal coping, and parenting behaviors among Latina/o/e youth and their families. To better understand the mental health consequences of the climate of deportation concerns among Latina/o/e families in the U.S., the present study offers an in-depth analysis of Latina/o/e youth mental health and aggression. Moreover, this study utilized a linguistic analysis of first-person pronoun use (i.e., *we-talk*) and deportation fears expressed during an attachment interview and examined their individual and interactive effects on youth mental health. As demonstrated in the current study's findings, higher levels of youth deportation fear were significantly associated with higher levels of mother-reported youth depression.

Additionally, communal coping or *we-talk* significantly moderated the relationship between deportation fear and mother-reported youth depression indicating that the adverse effects of deportation fear on mother-reported youth depression are only present when communal coping is low. The current study's findings help elucidate the harmful outcomes of anti-immigrant sentiment through associations of deportation fear and depression for Latina/o/e youth and the protective benefits of communal orientation and communal coping, thereby underscoring the importance of family, community, policy, rhetoric, and sociocultural shifts.

CHAPTER 4:

Study 2

Study 2: *Con tiempo*: Do the protective influences of family and community endure for Latina/o/e college students experiencing racialized stress?

Building on the research from **Study 1**, I examined among a sample of Latina/o/e university and college students the potential moderating role of *we*-talk or communal coping. In addition, given the emphasis of familial relationships in Latina/o/e culture, I also examined attachment relationship quality with mothers as a potential moderator. The focal predictor for this study is a factor comprised of perceived discrimination, deportation fear, and acculturative stress, labeled as racialized stress. As such, I predicted that all of the listed variables would positively load onto a broader factor representing racialized stress. Next, I predicted that racialized stress will be positively associated with depressive symptoms, anxiety symptoms, and alcohol use in Latina/o/e university and college students (*Hypothesis 1*). Secondly, I predicted that the association between racialized stress and depressive symptoms, anxiety symptoms, and alcohol use will be moderated by *we*-talk/communal coping. Specifically, I predicted that at low levels of *we*-talk, racialized stress and the mental health and alcohol use variables will be positively associated, whereas at high levels of *we*-talk, the association will be attenuated (*Hypothesis 2*). Similarly, I predicted that the relation between racialized stress and depressive symptoms, anxiety symptoms, and alcohol use will be moderated by attachment relationship quality with mothers. Moreover, at high levels of attachment relationship quality the association between racialized stress and mental health and alcohol use will be attenuated, and at low levels these variables will be positively associated (*Hypothesis 3*).

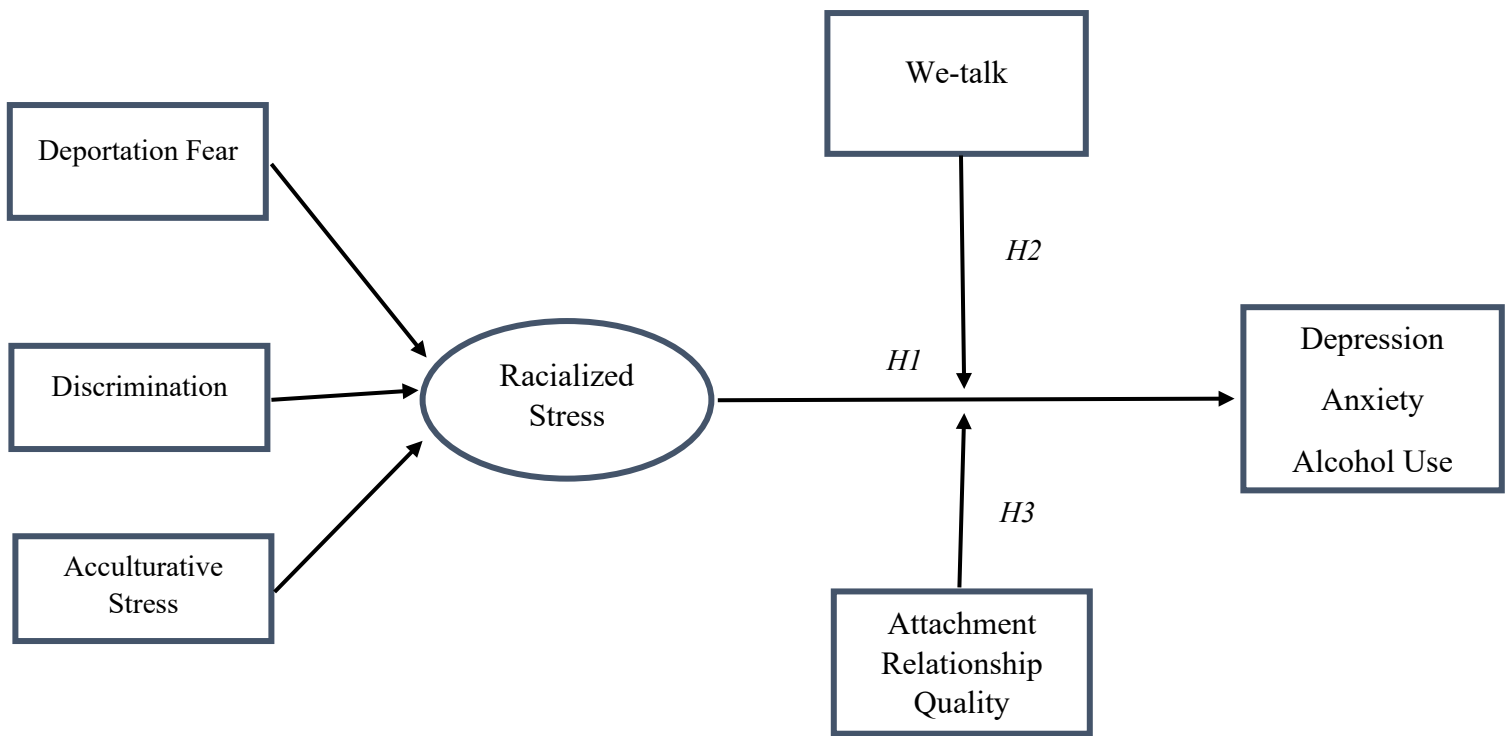


Figure 11. Conceptual structural model examining the associative pathway between racialized stress and mental health and substance use, along with attachment relationship quality and *we-talk* as moderators

Method

Design

These data were collected at a singular time-point with no intent for follow-up, thus, indicating a cross-sectional design.

Participant Recruitment

The present study recruited a sample of 115 exclusively Latina/o/e-identifying undergraduate students between the ages of 18 and 25 years via the University of California, Irvine (UCI) School of Social Ecology Human Subject Pool as well as across various Los

Angeles (L.A.) County community colleges to assess the impact of racialized stress and importance of familial and communal relationships among college-aged Latina/o/e individuals.

Table 11 reports sample characteristics.

Table 11
Sociodemographic Characteristics and Covariates

Variables	<i>N</i> (%)	<i>M</i> (<i>SD</i>)
Gender		
Male	20 (17.4%)	
Female	94 (81.7%)	
Non-Binary	1 (.9%)	
Race/Ethnicity		
Latina/o/e	113 (98.3%)	
Multiracial	2 (1.7%)	
Sexual Orientation		0.56 (1.13)
Heterosexual/Straight	91 (79.1%)	
Gay	3 (2.6%)	
Lesbian	2 (1.7%)	
Bisexual	19 (16.5%)	
Type of Institution Attended		
Four-year University (UCI)	62 (53.9%)	
Community College- L.A. County	53 (46.1%)	
Year in School		
First-year	20 (17.4%)	
Second-year	36 (31.3%)	
Third-year	39 (33.9%)	
Fourth-year and up	20 (17.4%)	
First-Generation Student		
Yes	86 (74.8 %)	
No	29 (25.2%)	
Living Arrangement		
On Campus	22 (19.1%)	
With Parents/Family	75 (65.2%)	
Off Campus- Alone	4 (3.5%)	
Off Campus- With Roommates	14 (12.2%)	

Procedure

Recruitment was conducted primarily through the UCI Social Ecology Human Subject Pool along with social media/online, and in-person outreach across various L.A. County

community colleges in which eligible (i.e., Latina/o/e university and college students) respondents were asked to participate in a study about Latina/o/e mental health, discrimination, and attachment in exchange for course credit (UCI) or as volunteers (universities and community colleges). Upon registering for the study or scanning the QR code, participants were directed to a Qualtrics link to the study in which they were provided with an information page detailing the study's purpose and procedures, data confidentiality, and details indicating that their participation is completely voluntary and that they are able to discontinue or withdraw their participation in the study at any time. Upon providing their consent, participants responded to a series of surveys assessing demographic information, mental health, perceived ethnic discrimination, attachment quality with their mother, acculturative stress, and alcohol use. After this set of surveys, participants then provided an audio-recorded response to a stream-of-consciousness (SOC) stressor task modeled after a task previously used in our laboratory, yet designed to be ecologically relevant to this population. Moreover, through an audio recording plug-in via Phonic in Qualtrics, participants provided an audio-recorded response to a stream-of-consciousness (SOC) stressor task for 4-minutes in which they shared their thoughts, feelings, hopes, experiences, and concerns regarding people's perceptions toward immigrants. Lastly, using a different SOC task, participants provided a 4-minute audio-recorded response detailing a specific challenge or difficult circumstance they had experienced since being in college. This was a process ranging between 45 to 60 minutes to complete.

Measures

Perceived Discrimination. Participants reported on the extent of their exposure to perceived discrimination via the Brief Perceived Ethnic Discrimination Questionnaire-Community Version (Brief PEDQ-CV; Brondolo et al., 2005). The Brief PEDQ-CV is a 17-item

survey used to assess the frequency of experiences of four types of perceived racism/ethnic discrimination subscales: exclusion/rejection, stigmatization, discrimination at work/school, and threat/aggression. Exclusion/Rejection measures the extent to which individuals are excluded, isolated, or ignored due to their race/ethnicity. Stigmatization measures the extent to which individuals are treated in ways that are demeaning or stigmatizing because of their race/ethnicity. Discrimination at work/school evaluates the extent to which individuals are treated unfairly or in an unjust way at work or school due to their race/ethnicity. Threat/Aggression assesses the extent to which individuals report that they or their property are threatened with harm or are directly harmed due to their race/ethnicity. Participants were asked “How often have any of the things listed below ever happened to you, because of your ethnicity/race?” Responses are rated on a 5-point scale (1= never happened to 5 = very often) for each item (e.g., “Have others made you feel like an outsider who doesn’t fit in because of your dress, speech, or other characteristics related to your ethnicity?”). A total score was calculated to broadly assess all types of discriminatory experiences, with higher scores reflecting greater exposure. The Brief PEDQ-CV has demonstrated evidence of good internal consistency reliability for the total Discrimination score ($\alpha = .88$) as well as all four subscales: Exclusion/Rejection ($\alpha = .78$), Threat/Aggression ($\alpha = .74$), Stigmatization/Devaluation ($\alpha = .77$), and Discrimination at Work/School ($\alpha = .75$) (Arellano-Morales et al., 2015; Brondolo et al., 2005). The Brief PEDQ-CV has also shown evidence of both predictive and construct validity in prior research assessing racially/ethnically diverse adult samples (Arellano-Morales et al., 2015; Brondolo et al., 2005).

Acculturative Stress. Participants’ acculturative stress was assessed via the Multidimensional Acculturative Stress Inventory (MASI; Rodriguez et al., 2002). The MASI is a 36-item instrument measuring acculturative stress derived from two sources: European American

(e.g., “It bothers me that I speak English with an accent”) and Latina/o/e (e.g., “I feel pressure to learn Spanish”). Moreover, the MASI examines the severity of acculturative stress corresponding to language competency (e.g., English and Spanish), pressures to acculturate to the majority culture, and pressure against acculturating to the majority culture. Participants respond to items on a 5-point scale ranging from 1 (does not apply) to 5 (extremely stressful) regarding their perceived amount of acculturative stress experienced within the past three months. An example item includes: “I have had conflicts with others because I prefer Latino customs over American ones.” An overall score was averaged across the items to create a score that ranges from 1 to 5, with higher scores indicating greater acculturative stress. Previous studies with Latina/o/e samples have demonstrated the excellent psychometric properties of the MASI (Rodriguez et al., 2002; Rodriguez et al., 2015). Internal consistency for the total score was good, $\alpha = .86$.

Attachment Relationship Quality. Participants completed the Experiences in Close Relationships –Relationships Structures Scale (ECR-RS; Fraley et al., 2011), in which they indicated the extent to which a series of statements describe their attachment relationship with their mother (e.g., “I’m afraid this person may abandon me”, or, “It helps to turn to this person in times of need”) on a 7-point Likert scale (1 = strongly disagree to 7 = strongly agree). This measure provides scores on two subscales: attachment anxiety (four items) and avoidance (six items), with low scores on both scales individually and combined signifying higher attachment security, which is how we used the measure in this study. This measure has previously been validated in adolescent (Donbaek & Elklit, 2014) and adult samples (Fraley et al., 2011). Cronbach's α was .51 for avoidance and .86 for anxiety. Analyses of the individual items for attachment avoidance revealed that removing two of the items would increase the Cronbach's α to .94, as such, I made the appropriate adjustments for my statistical models. Examples of the

removed items include, “I prefer not to show this person how I feel deep down” and “I don’t feel comfortable opening up to this person.”

Stream-of-Consciousness (SOC) Task. Participants provided audio-recorded speech samples which were used to assess our linguistic indicators of communal coping and deportation fear through two separate Stream of consciousness (SOC) tasks which were collected via Phonic (Infillion, 2019), an audio plug-in within the Qualtrics online survey administered to them. SOC tasks grant participants the unstructured opportunity to explore their thoughts pertaining to a specified topic, a method that has been employed in analysis of relationship challenges (Borelli & Sbarra, 2011; Sbarra et al., 2012). SOC tasks were downloaded and transcribed verbatim into text files to be prepared for linguistic analysis through Linguistic Inquiry Word Count (LIWC, Pennebaker, Francis, & Booth, 2015). LIWC is a software program that analyzes transcriptions which are then compared to internal dictionaries to assign each word to a specific linguistic category resulting in a quantified output- a percentage of total words used for each specified category (Pennebaker et al., 2015; Tausczik & Pennebaker, 2010). In this study, we examine the linguistic categories of deportation fear (Arreola et al., 2022) and *we*-talk, an indicator of communal coping and orientation (Rohrbaugh et al., 2008; 2012). The LIWC program demonstrates reliable and valid means for assessing verbal behavior (Tausczik & Pennebaker, 2010) and has previously been used to analyze maternal deportation fears (Arreola et al., 2022), communal coping and orientation (Bourassa et al., 2017; 2019), as well as relationship, separation, and divorce-themed SOC tasks (Borelli et al., 2014; Borelli, Sbarra, & Mehl, 2019; Chau et al., 2022; Lee et al., 2011; Sbarra et al., 2012).

Deportation Fear SOC. For the Deportation fear SOC, participants provided a four-minute speech sample which was used to assess a linguistic indicator of deportation fear.

Moreover, participants were instructed to openly discuss their thoughts and feelings regarding people's views towards immigrants by responding to the following prompt:

“People from immigrant backgrounds can sometimes feel they are not welcome here in the United States, which can prompt certain fears such as being treated unfairly, being separated from loved ones, or being made to leave the country. These fears can arise from one-on-one interactions, community hearsay, or media coverage. For the next four minutes, I would like for you to please discuss in detail your thoughts, feelings, hopes, experiences, and concerns regarding people's perceptions toward immigrants.

Remember, there are no right or wrong answers, so please say whatever comes to mind. Your job is to talk continuously about anything that comes to mind about this experience for the 4-minute period. We will record your responses because how you are thinking and feeling about this experience is very important to us.”

Transcriptions of the deportation fear SOC were analyzed using an empirically- and culturally-informed linguistic index of deportation fears custom dictionary (Arreola et al., 2022) via LIWC (Pennebaker et al., 2003, 2015). The custom dictionary was initially constructed to assess deportation fears in mothers (Arreola et al., 2022), however, much of the literature converges on the notion that many of the concerns and word use pertaining to deportation fears may also be endorsed by youth and emerging adults (Cardoso et al., 2018; 2021; Lovato, 2019; Lovato & Abrams, 2020; Wheeler et al., 2020). Construction of the custom dictionary entailed consultation of the empirical literature on deportation fears, reviewing articles describing qualitative studies of deportation fears which identified common themes such as fear of separation, feeling unsafe or uneasy, increased discrimination and profiling, and concern for parents' status (Fleming et al., 2019; Lovato, 2019; Lovato & Abrams 2020; Wray-Lake et al.,

2018). An iterative process was used to extract words used in descriptions of deportation fears; it was then written in English, translated in Spanish, and back-translated to ensure accuracy. The final dictionary consisted of 53-word stems displayed on Table 1.

Communal Coping SOC. Participants provided a four-minute speech sample which was used to assess a linguistic indicator of communal coping. Specifically, participants were instructed to openly discuss a recent challenge and the steps used to overcome the selected challenge by responding to the following prompt:

“For the next four minutes, please discuss in detail a specific challenge or difficult circumstance you experienced since being in college. How did you navigate or deal with this challenge? Please discuss your thoughts, feelings, hopes, and concerns about this experience. Remember, there are no right or wrong answers, so please say whatever comes to mind. Your job is to talk continuously about anything that comes to mind about this experience for the 4-minute period. We will record your responses because how you are thinking and feeling about this experience is very important to us.”

In accordance with the protocol outlined by Pennebaker and colleagues (2001), these SOC transcripts were prepared and analyzed verbatim through LIWC. Specifically, this study utilized the frequency of first-person plural pronoun use (e.g., “we”, “us”, “our”), or *we*-talk in the SOC task, as a potential indicator of communal coping.

Mental Health. Participants completed the Brief Symptom Inventory-18 (BSI-18; Derogatis, 2000, a measure of self-reported psychological distress. The BSI-18 consists of 18 items and is widely-used across both clinical- and community-based samples. Participants respond to items inquiring the degree to which they have been distressed by a variety of

symptoms within the past week reflected through three subscales: dysphoria/depression (e.g., “Feeling no interest in things”), anxiety (e.g., “Nervousness or shakiness inside”), and somatization (e.g., “Faintness or dizziness”). Ratings are made on a 5-point Likert scale ranging from 0 (not at all) to 4 (extremely). These items are summed to represent a global severity index (GSI) score ranging from 0 to 72, in which higher scores indicate greater psychological distress (e.g., scores of 20 or higher indicative of risk, Derogatis, 2000). The BSI-18 and its subscales have been used and analyzed across many diverse racial/ethnic groups (Hwang & Goto, 2008; Utsey et al., 2008) including Latina/o/e s (Asner-Self et al., 2006; Borelli et al., 2021a; Hwang & Goto, 2008; Moradi & Risco, 2006; Myers et al., 2002; Thoman & Surís, 2004). Past studies have documented good reliability and validity among various Latina/o/e adults (i.e., Latina/o/e mothers, Prelow et al., 2005), including among the three subscales (Borelli et al., 2021; Hwang & Goto, 2008; Moradi & Risco, 2006; Prelow et al., 2005). Furthermore, use of the GSI or broad range psychological distress has also demonstrated good internal consistency and reliability in studies with Latina/o/e adults (Anser-Self et al., 2006). Lastly, psychological distress as measured through the BSI-18 has routinely demonstrated significant associations with discrimination (Hwang & Goto, 2008; Moradi & Risco, 2006), acculturation (Moradi & Risco, 2006; Thoman & Surís, 2004), and acculturative stress (Thoman & Surís, 2004). Internal consistency was good for both the depression ($\alpha = .85$) and anxiety ($\alpha = .80$) subscales.

Alcohol Use. Participants completed the self-report version of the Alcohol Use Disorders Identification Test (AUDIT), a 10-item screening tool developed by the World Health Organization (WHO) to measure drinking behaviors, alcohol consumption, and alcohol-related problems. Participants responded to items such as “How often during the last year have you had a feeling of guilt or remorse after drinking?” These items are rated on a 5-point scale ranging

from 0 (Never) to 4 (Daily or almost daily), with higher scores indicating potentially harmful alcohol use. The AUDIT has demonstrated good psychometric properties (i.e., reliability and validity) across genders and diverse racial/ethnic groups (Fleming et al., 1991; Reinert & Allen, 2002; Selin, 2003). Internal consistency for this scale was good, $\alpha = .80$.

Data Analytic Strategy

Utilizing IBM SPSS Statistics for Windows, Version 29.0 (2022), I assessed the distribution of the data as well as descriptive statistics (i.e., Correlations, Means, and Standard Deviations). I examined associations between markers of racialized stress (i.e., discrimination, deportation fear, and acculturative stress) and depression and alcohol use among a sample of Latina/o/e university and college students while also including the potential moderating role of *we-talk*/communal coping and attachment relationship quality. Firstly, the present study employed the use of exploratory factor analysis (EFA) to determine whether confirmatory factor analysis (CFA) and structural equation modeling (SEM) were warranted upon establishing a factor. Thus, an EFA model using the potential indicators of a total mean composite score of perceived discrimination, a total mean composite score of acculturative stress, and a total frequency score of word use pertaining to deportation fear was performed. Examination of the factor loadings determined this factor was not warranted for further analyses and as such a series of supplementary analyses were conducted using hierarchical linear regression models for each of the markers of racialized stress (i.e., discrimination, deportation fear, and acculturative stress) along with two potential moderators in *we-talk* and attachment relationship quality with mothers. I also account for the influence of potential covariates such as age and gender.

Results

Preliminary Analyses. This study sample included a total of 115 Latina/o/e university and college students between the ages of 18 and 25 who provided reports on their experiences with racialized stress, mental health, and alcohol use. The initially-proposed analysis was an EFA which included a total of 106 participants due to missing data and inclusion of the deportation fear variable was not deemed suitable for further analyses. The second set of analyses utilized a series of hierarchical linear regression models which included discrimination ($N = 115$), deportation fear ($N = 106$), and acculturative stress ($N = 115$), along with two potential moderators in *we-talk* ($N = 111$) and attachment relationship quality ($N = 115$) which were all estimated separately. Data screening procedures revealed most key study variables were not significantly skewed or kurtotic, meaning their values did not exceed the values of -2 and 2 for skewness or -7 and 7 for kurtosis (George & Mallery, 2010; Kim, 2013). Furthermore, to evaluate multivariate normality, a Mahalanobis distance was calculated for each respondent on all continuous variables of interest. Five multivariate outliers were identified, sensitivity analyses across all outcome models revealed no significant differences in effects, estimates, or coefficients outliers were removed from the analytic sample. Despite having these outliers, they were retained in the current study analyses to avoid further reducing any statistical power needed to estimate the interactions. The outlier cases were all within the age range and population of focus.

Table 12 details descriptive statistics of key study variables. Table 13 displays bivariate correlations for the total sample. Bivariate analyses revealed several significant correlations. For instance, deportation fear demonstrated a significant positive association with alcohol use; discrimination was positively associated with acculturative stress, depression, anxiety, alcohol use, and age. Acculturative stress was positively associated with attachment relationship quality,

depression, and anxiety. Additionally, anxiety and depression as well as attachment relationship quality and gender were also positively associated.

Furthermore, because nearly half of this sample were from community colleges, I assessed whether there were any demographic differences between the UCI students and community college students on deportation fear, discrimination, acculturative stress, mental health, and alcohol use. Independent samples t-tests revealed that there is no significant difference in the average report of a) deportation fear between UCI ($M = 1.44$, $SD = 0.72$) and community college students ($M = 1.49$, $SD = 0.88$), $t(104) = -0.24$, $p > .05$, b) discrimination between UCI ($M = 1.76$, $SD = 0.60$) and community college students ($M = 1.91$, $SD = 0.61$), $t(113) = -1.46$, $p > .05$, c) acculturative stress between UCI ($M = 1.27$, $SD = 0.99$) and community college students ($M = 1.02$, $SD = 0.82$), $t(113) = 1.47$, $p > .05$, d) depressive symptoms between UCI ($M = 1.06$, $SD = 0.96$) and community college students ($M = 1.23$, $SD = 1.14$), $t(113) = -0.87$, $p > .05$, or e) alcohol use between UCI ($M = 0.45$, $SD = 0.62$) and community college students ($M = 0.31$, $SD = 0.31$), $t(113) = 1.46$, $p > .05$. Interestingly, community college students ($M = 1.47$, $SD = 1.00$) reported a significantly higher rating for anxiety symptoms compared to UCI students ($M = 1.08$, $SD = 0.82$), $t(113) = 1.46$, $p > .05$.

Table 12
Key Study Variables

Variables	M (SD)	Range
Age	20.57 (2.06)	18-25
Deportation Fear	1.47 (0.80)	0.00-4.84
We-talk/ Communal Coping	0.40 (0.47)	0.00- 6.46
Ethnic Discrimination	1.82 (0.60)	1.00-3.59
Acculturative Stress	1.15 (0.92)	0.00-4.67
Attachment Relationship Quality	3.31 (0.82)	1.00-5.38
Depressive Symptoms	1.14 (1.05)	0.00-3.83
Anxiety Symptoms	1.26 (0.92)	0.00-4.00
Alcohol Use	0.39 (0.51)	0.00-3.33

Table 13
Correlations among key study variables

	1	2	3	4	5	6	7	8	9	10
1. Deportation Fear	-	-.07	-.02	-.05	-.13	.04	-.05	.26**	.19	-.04
2. We-Talk		-	-.05	-.02	.01	-.11	-.12	.01	.12	.06
3. Ethnic Discrimination			-	.37**	.05	.37**	.33**	.28**	.19*	-.05
4. Acculturative Stress				-	.24*	.33**	.41**	.09	.02	-.11
5. Attachment Relationship					-	.16	.11	-.15	-.13	.20*
6. Depression						-	.72*	.09	.01	.06
7. Anxiety							-	.04	.05	.11
8. Alcohol Use								-	.12	.00
9. Age									-	.00
10. Gender										-

* $p < .05$; ** $p < .01$

Primary Analyses. Exploratory factor analysis. A maximum likelihood factor analysis with varimax rotation of a total mean composite score of perceived discrimination, a total mean composite score of acculturative stress, and a total frequency score of word use pertaining to deportation fear was performed. There was one factor identified with an eigenvalue greater than 1. The variance accounted for by this single factor was 46.5%. The item loadings were not consistent to the framework proposed by racialized stress. Items were relatively low for two of the three items, with deportation fear being well below the recommended cut-off of .32, therefore, no factor was retained (see Table 14; Tabachnick & Fidell, 2007). It is also important to note that the number of degrees of freedom were not positive, thus, factor analysis may not be appropriate for further analyses with the current data and sample.

Table 14
Rotated factor loadings

	<i>Factor 1</i>
Deportation Fear- Frequency of word use	-.06
Perceived Discrimination- Total mean score	.46
Acculturative Stress-Total mean score	.85

N = 106; note: sample size drops from 115 to include deportation fear variable

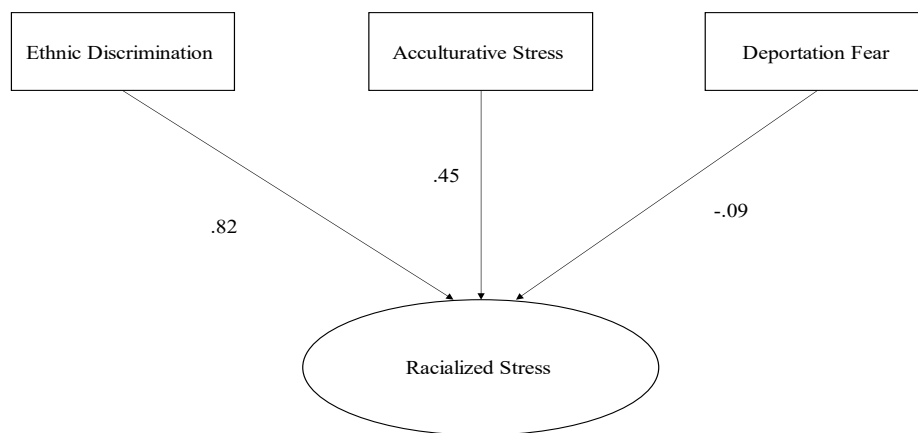
Exploratory confirmatory factor analysis. To examine additional fit indices, an exploratory CFA was conducted in which the statistically significant factor loadings from the initial EFA were freely estimated, while the non-statistically significant loadings were fixed to zero, a practice in line with prior research (de la Torre & Chiu, 2016; Nájera et al., 2023; van Zyl & ten Klooster, 2022). Specifically, I conducted a confirmatory factor analysis (CFA) using a total mean composite score of perceived discrimination, a total mean composite score of acculturative stress, and a total frequency score of word use about deportation fear as potential indicators of racialized stress. The performed model demonstrated an excellent fit to the data, $\chi^2 = 155.86$, $df = 1$, $p < .05$; $CFI = 1.00$; $RMSEA = .04$.

Examination of the factor loadings for racialized stress revealed that while ethnic discrimination and acculturative stress both had had a positive and moderate loading onto the latent factor, the factor loading for the deportation fear variable did not load at all (see Figure 12). In fact, the loading was negative, indicating that ethnic discrimination and acculturative stress are more closely related constructs and deportation fear as currently measured does not capture or represent racialized stress in a similar pattern to the other two measures. It should also be noted that while both acculturative stress and ethnic discrimination were moderately correlated (see Table 15), deportation fear was not significantly associated with either, providing

further evidence for the lack of concordance between these constructs. Furthermore, research documents that the best practice for CFA indicates a factor must have three or more indicators (Rogers, 2024); thus, neither the EFA nor ECFA models provide support for assessing the latent construct of racialized stress with these three constructs. Instead, these results suggest that acculturative stress, deportation fear, and ethnic discrimination may have unique effects separate from one another.

Figure 12

ECFA Factor Loadings for Racialized Stress



Supplementary Analyses. Given that factor analysis may not be appropriate for further analyses, a series of supplementary analyses were performed for each of the markers of racialized stress (i.e., discrimination, deportation fear, and acculturative stress) along with the potential moderators of *we*-talk and attachment relationship quality with mothers. Specifically, for these sets of models, it was hypothesized that all markers of racialized stress (i.e., discrimination, deportation fear, and acculturative stress) would individually and separately demonstrate a positive association with depression, anxiety, and alcohol use. Additionally, it was

hypothesized that both *we*-talk and attachment relationship quality would be negatively associated with depression, anxiety, and alcohol use. Furthermore, it was hypothesized that both *we*-talk and attachment relationship quality would moderate the relationships between each of the racialized stress markers and depression, anxiety, and alcohol use such that at higher levels of both *we*-talk and attachment relationship quality there will be no (or decreased) relation between each of the racialized stress markers and depression, anxiety, and alcohol use. Hypotheses were tested using hierarchical linear regressions via IBM SPSS Statistics for Windows, Version 29.0 (2022) with gender, age, and depression, and/or anxiety as covariates.

Deportation Fear, Attachment Relationship Quality, We-talk, and Depression

After controlling for age, gender, and anxiety ($R^2 = .47, p < .001$), the step containing the main effects of deportation fear, attachment relationship quality, and *we*-talk was not significant ($\Delta R^2 = .02, p = .31$). The third step, containing the interaction terms (deportation fear X attachment relationship quality and deportation fear X *we*-talk) did not significantly contribute to the prediction of self-reported depression symptoms ($\Delta R^2 = .01, p = .45$). Neither the main effects nor the interaction term were significant; therefore, no additional follow-up analyses were conducted.

Deportation Fear, Attachment Relationship Quality, We-talk, and Anxiety

After controlling for age, gender, and depression ($R^2 = .48, p < .001$), the step containing the main effects of deportation fear, attachment relationship quality, and *we*-talk was not significant ($\Delta R^2 = .01, p = .57$). The third step, including the interaction terms (deportation fear X attachment relationship quality and deportation fear X *we*-talk) did not significantly contribute to the prediction of self-reported anxiety symptoms ($\Delta R^2 = .01, p = .56$), and none of the main effects nor interaction effects were significant. Thus, there were no further analyses.

Deportation Fear, Attachment Relationship Quality, We-talk, and Alcohol Use

After controlling for age, gender, depression, and anxiety ($R^2 = .02, p = .68$), the step containing the main effects of deportation fear, attachment relationship quality, and *we-talk* was significant ($\Delta R^2 = .08, p = .04$). Examination of the individual main effects in Step 2 revealed that deportation fear was significantly associated with self-reported alcohol use (higher deportation fear, higher alcohol use: $b = 0.12, SE = 0.05, p = .01, 95\% CI [0.03, 0.23]$), but not attachment relationship quality ($b = -0.03, SE = -0.01, p = .56, 95\% CI [-0.12, 0.06]$), or *we-talk* ($b = -0.09, SE = 0.09, p = .35, 95\% CI [-0.29, 0.11]$). The third step, including the interaction terms (deportation fear X attachment relationship quality and deportation fear X *we-talk*) did not significantly contribute to the prediction of self-reported alcohol use ($\Delta R^2 = .03, p = .18$). Neither of the interaction terms were significant; therefore, no additional follow-up analyses were conducted.

Table 15

Hierarchical Linear Regression Model for Deportation Fear, Attachment Relationship Quality, and We-talk

	Depression			Anxiety			Alcohol Use		
	<i>b</i> / <i>R</i> ²	<i>SE</i>	95% <i>CI</i>	<i>b</i> / <i>R</i> ²	<i>SE</i>	95% <i>CI</i>	<i>b</i> / <i>R</i> ²	<i>SE</i>	95% <i>CI</i>
Step 1 <i>R</i>²	.47**			.48**			.02		
Age	-0.01	0.04	[-0.08, 0.06]	0.02	0.03	[-0.05, 0.08]	0.03	0.02	[-0.01, 0.06]
Gender	-0.10	0.18	[-0.65, 0.30]	0.17	0.15	[-0.20, 0.64]	-0.04	0.09	[-0.22, 0.21]
Depression	-	-	-	0.59**	0.06	[0.47, 0.72]	0.01	0.05	[-0.09, 0.11]
Anxiety	0.79**	0.09	[0.63, 0.98]	-	-	-	0.02	0.06	[-0.10, 0.13]
Step 2 ΔR^2	.02			.01			.08*		
Age	-0.01	0.04	[-0.08, 0.06]	0.02	0.03	[-0.04, 0.08]	0.02	0.02	[-0.02, 0.06]
Gender	-0.14	0.18	[-0.72, 0.28]	0.19	0.16	[-0.21, 0.71]	-0.01	0.09	[-0.18, 0.25]
Depression	-	-	-	0.60**	0.07	[0.47, 0.73]	-0.01	0.05	[-0.10, 0.10]
Anxiety	0.79**	0.09	[0.63, 0.96]	-	-	-	0.03	0.06	[-0.09, 0.14]
Deportation Fear	0.11	0.10	[-0.10, 0.31]	-0.10	0.08	[-0.28, 0.06]	0.12*	0.05	[0.03, 0.22]
ARQ	0.15	0.10	[-0.04, 0.31]	-0.06	0.09	[-0.20, 0.13]	-0.04	0.05	[-0.13, 0.06]
<i>We</i> -talk	-0.11	0.16	[-0.44, 0.34]	-0.10	0.16	[-0.42, 0.20]	-0.09	0.09	[-0.29, 0.08]
Step 3 ΔR^2	.01			.01			.03		
Age	-0.007	.04	[-0.07, 0.07]	0.02	0.03	[-0.04, 0.09]	0.02	0.02	[-0.02, 0.06]
Gender	-0.15	.19	[-0.74, 0.29]	0.19	0.16	[-0.21, 0.72]	0.01	0.09	[-0.16, 0.28]
Depression	-	-	-	0.60**	0.07	[0.47, 0.74]	-0.02	0.05	[-0.11, 0.09]
Anxiety	0.79**	0.09	[0.63, 0.97]	-	-	-	0.04	0.06	[-0.09, 0.16]
Deportation Fear	0.16	0.11	[-0.06, 0.37]	-0.14	0.10	[-0.34, 0.04]	0.17*	0.06	[0.04, 0.27]
ARQ	0.13	0.10	[-0.08, 0.35]	-0.04	0.09	[-0.20, 0.15]	-0.05	0.05	[-0.13, 0.05]
<i>We</i> -talk	-0.09	0.19	[-0.45, 0.30]	-0.10	0.16	[-0.42, 0.21]	-0.08	0.09	[-0.29, 0.09]
Dep Fear x ARQ	0.12	0.09	[-0.09, 0.32]	-0.09	0.08	[-0.24, 0.12]	0.07	0.05	[-0.01, 0.20]
Dep Fear x <i>We</i> -talk	-0.16	0.27	[-0.67, 0.40]	0.09	0.23	[-0.41, 0.58]	0.09	0.13	[-0.20, 0.36]

* $p < .05$, ** $p < .01$; Note: Dep Fear x ARQ = interaction between attachment relationship quality and deportation

fear, Dep Fear x *We*-talk = interaction between *we*-talk and deportation fear, Covariates: age, gender, depression for

the anxiety and aggression outcome models, and anxiety only for the depression outcome model

Discrimination, Attachment Relationship Quality, We-talk, and Depression

After controlling for age, gender, depression, and anxiety ($R^2 = .50, p < .001$), the step containing the main effects of perceived discrimination, attachment relationship quality, and *we-talk* did not significantly contribute to the prediction of depressive symptoms ($\Delta R^2 = .03, p = .13$). Examination of the individual main effects in Step 2 revealed that discrimination was significantly associated with depressive symptoms (higher discrimination, higher depressive symptoms: $b = 0.25, SE = 0.13, p < .05, 95\% CI [0.03, 0.53]$), but neither *we-talk* ($b = -0.04, SE = .15, p = .81, 95\% CI [-0.29, 0.27]$) nor attachment relationship quality ($b = 0.10, SE = 0.09, p = .28, 95\% CI [-0.07, 0.25]$) was associated with depression. The third step, containing the interaction terms (discrimination X attachment relationship quality and discrimination X *we-talk*) did not significantly contribute to the prediction of depressive symptoms ($\Delta R^2 = .02, p = .13$). The interaction terms were not significant; therefore, no additional follow-up analyses were conducted.

Discrimination, Attachment Relationship Quality, We-talk, and Anxiety

After controlling for age, gender, and depression ($R^2 = .51, p < .001$), the step containing the main effects of perceived discrimination, attachment relationship quality, and *we-talk* was not significant ($\Delta R^2 = .01, p = .63$). The third step, including the interaction terms (discrimination X attachment relationship quality and discrimination X *we-talk*) did not significantly contribute to the prediction of self-reported anxiety symptoms ($\Delta R^2 = .02, p = .18$), and none of the main effects nor interaction effects were significant. Thus, there were no further analyses.

Discrimination, Attachment Relationship Quality, We-talk, and Alcohol Use

After controlling for age, gender, depression, and anxiety ($R^2 = .04, p = .36$), the step containing the main effects of discrimination, attachment relationship quality, and *we-talk* was

not significant ($\Delta R^2 = .05, p = .14$). Examination of the individual main effects in Step 2 revealed that discrimination was significantly associated with self-reported alcohol use (higher discrimination, higher alcohol use: $b = 0.14, SE = 0.07, p < .05, 95\% CI [-0.04, 0.29]$), but not attachment relationship quality ($b = -0.06, SE = 0.05, p = .24, 95\% CI [-0.15, 0.04]$) nor *we-talk* ($b = -0.02, SE = 0.08, p = .84, 95\% CI [-0.19, 0.13]$). The third step, containing the interaction terms (discrimination X attachment relationship quality and discrimination X *we-talk*) did not significantly contribute to the prediction of self-reported alcohol use ($\Delta R^2 = .02, p = .36$). The interaction terms were not significant; therefore, there were no further analyses.

Table 16

Hierarchical Linear Regression Model for Discrimination, Attachment Relationship Quality, and We-talk

	Depression			Anxiety			Alcohol Use		
	<i>b/R</i> ²	<i>SE</i>	95% <i>CI</i>	<i>b/R</i> ²	<i>SE</i>	95% <i>CI</i>	<i>b/R</i> ²	<i>SE</i>	95% <i>CI</i>
Step 1 <i>R</i>²	.50**			.51**			.04		
Age	-0.02	0.04	[-0.08, 0.05]	0.02	0.03	[-0.04, 0.08]	0.04	0.02	[0.002, 0.07]
Gender	-0.08	0.17	[-0.61, 0.28]	0.16	0.15	[-0.21, 0.56]	-0.03	0.09	[-0.19, 0.19]
Depression	-	-	-	0.62**	0.06	[0.50, 0.74]	0.01	0.05	[-0.10, 0.12]
Anxiety	0.81**	0.08	[0.65, 0.98]	-	-	-	0.02	0.06	[-0.10, 0.13]
Step 2 ΔR^2	.03			.01			.05		
Age	-0.02	0.04	[-0.09, 0.05]	0.02	0.03	[-0.05, 0.08]	0.03	0.02	[-0.01, 0.06]
Gender	-0.07	0.17	[-0.60, 0.31]	0.19	0.15	[-0.19, 0.61]	0.02	0.09	[-0.17, 0.24]
Depression	-	-	-	0.59**	0.07	[0.46, 0.73]	-0.01	0.05	[-0.12, 0.11]
Anxiety	0.75**	0.08	[0.58, 0.92]	-	-	-	0.01	0.06	[-0.10, 0.11]
Discrimination	0.25*	0.13	[0.03, 0.53]	0.12	0.11	[-0.08, 0.32]	0.14*	0.07	[-0.04, 0.29]
ARQ	0.10	0.09	[-0.07, 0.25]	-0.03	0.08	[-0.18, 0.16]	-0.06	0.05	[-0.15, 0.04]
<i>We</i> -talk	-0.04	0.15	[-0.29, 0.27]	-0.10	0.14	[-0.35, 0.16]	-0.02	0.08	[-0.19, 0.13]
Step 3 ΔR^2	.01			.02			.02		
Age	-0.04	0.04	[-0.11, 0.03]	0.03	0.03	[-0.04, 0.09]	0.03	0.02	[-0.01, 0.07]
Gender	0.01	0.17	[-0.53, 0.37]	0.13	0.15	[-0.23, 0.56]	-0.01	0.09	[-0.21, 0.22]
Depression	-	-	-	0.61**	0.07	[0.47, 0.75]	0.01	0.05	[-0.10, 0.12]
Anxiety	0.76**	0.08	[0.59, 0.93]	-	-	-	-0.01	0.06	[-0.12, 0.10]
Discrimination	0.28*	0.13	[0.05, 0.54]	0.09	0.12	[-0.10, 0.30]	0.13	0.07	[-0.03, 0.28]
ARQ	0.06	0.09	[-0.11, 0.22]	0.002	0.08	[-0.16, 0.18]	-0.04	0.05	[-0.15, 0.05]
<i>We</i> -talk	-0.03	0.15	[-0.27, 0.30]	-0.10	0.14	[-0.39, 0.16]	-0.02	0.08	[-0.20, 0.13]
Discrim x ARQ	-0.28	0.15	[-0.54, 0.03]	0.23	0.13	[0.004, 0.47]	0.11	0.08	[-0.11, 0.27]
Discrim x <i>We</i> -talk	0.11	0.29	[-0.41, 0.67]	-0.05	0.26	[-0.57, 0.42]	-0.01	0.15	[-0.35, 0.29]

* $p < .05$, ** $p < .01$; Note: Discrim x ARQ = interaction between discrimination and attachment relationship

quality, Discrim x *We*-talk = interaction between *we*-talk and discrimination, Covariates: age, gender, depression for

the anxiety and aggression outcome models, and anxiety only for the depression outcome model

Acculturative Stress, Attachment Relationship Quality, We-talk, and Depression

After controlling for age, gender, and anxiety ($R^2 = .50, p < .001$), the step containing the main effects of acculturative stress, attachment relationship quality, and *we-talk* was not significant ($\Delta R^2 = .01, p = .65$). The third step, including the interaction terms (acculturative stress X attachment relationship quality and acculturative stress X *we-talk*) did not significantly contribute to the prediction of self-reported depression symptoms ($\Delta R^2 = .003, p = .76$), and none of the main effects nor interaction effects were significant. Thus, there were no further analyses.

Acculturative Stress, Attachment Relationship Quality, We-talk, and Anxiety

After controlling for age, gender, and depression ($R^2 = .51, p < .001$), the step containing the main effects of acculturative stress, attachment relationship quality, and *we-talk* was significant ($\Delta R^2 = .05, p = .02$). Examination of the individual main effects in Step 2 revealed that acculturative stress was significantly associated with self-reported anxiety symptoms (higher acculturative stress, higher anxiety symptoms: $b = 0.33, SE = 0.11, p < .001, 95\% CI [0.14, 0.56]$), but not attachment relationship quality ($b = -0.06, SE = 0.08, p = .66, 95\% CI [-0.21, 0.13]$), nor *we-talk* ($b = -0.12, SE = 0.13, p = .37, 95\% CI [-0.38, 0.13]$). The third step, including the interaction terms (acculturative stress X attachment relationship quality and acculturative stress X *we-talk*) did not significantly contribute to the prediction of self-reported anxiety symptoms ($\Delta R^2 = .00, p = .96$). The interaction term was not significant; therefore, no additional follow-up analyses were conducted.

Acculturative Stress, Attachment Relationship Quality, We-talk, and Alcohol Use

After controlling for age, gender, depression, and anxiety ($R^2 = .04, p = .36$), the step containing the main effects of acculturative stress, attachment relationship quality, and *we-talk*

was not significant ($\Delta R^2 = .01, p = .68$). The third step, containing the interaction terms (acculturative stress X attachment relationship quality and acculturative stress X *we-talk*) did not significantly contribute to the prediction of self-reported alcohol use ($\Delta R^2 = .05, p = .06$). Neither the main effects nor the interaction terms were significant; therefore, there were no further analyses.

Table 17

Hierarchical Linear Regression Model for Acculturative stress, Attachment Relationship Quality, and We-talk

	Depression			Anxiety			Alcohol Use		
	<i>b/R²</i>	<i>SE</i>	<i>95% CI</i>	<i>b/R²</i>	<i>SE</i>	<i>95% CI</i>	<i>b/R²</i>	<i>SE</i>	<i>95% CI</i>
Step 1 <i>R</i>²	.50**			.51**			.04		
Age	-0.02	0.04	[-0.09, 0.05]	0.02	0.03	[-0.04, 0.08]	0.04	0.02	[0.003, 0.07]
Gender	-0.08	0.17	[-0.59, 0.28]	0.16	0.15	[-0.18, 0.59]	-0.03	0.09	[-0.19, 0.18]
Depression	-	-	-	0.62**	0.06	[0.50, 0.74]	0.01	0.05	[-0.09, 0.11]
Anxiety	0.81**	0.08	[0.66, 0.98]	-	-	-	0.02	0.06	[-0.09, 0.13]
Step 2 ΔR^2	.01			.05*			.01		
Age	-0.01	0.04	[-0.08, 0.06]	0.02	0.03	[-0.03, 0.08]	0.03	0.02	[0.001, 0.07]
Gender	-0.10	0.18	[-0.70, 0.28]	0.26	0.15	[-0.13, 0.76]	0.01	0.09	[-0.18, 0.26]
Depression	-	-	-	0.56**	0.06	[0.44, 0.67]	0.01	0.05	[-0.09, 0.13]
Anxiety	0.79**	0.09	[0.61, 0.98]	-	-	-	0.01	0.06	[-0.11, 0.13]
Acculturative Stress	0.04	0.13	[-0.24, 0.34]	0.33**	0.11	[0.14, 0.67]	0.04	0.07	[-0.11, .20]
ARQ	0.11	0.09	[-0.07, 0.27]	-0.06	0.08	[-0.21, 0.13]	-0.06	0.05	[-0.13, 0.03]
<i>We</i> -talk	-0.05	0.16	[-0.3, 0.25]	-0.12	0.13	[-0.38, 0.13]	-0.02	0.08	[-0.21, 0.13]
Step 3 ΔR^2	.003			.000			.05		
Age	-0.01	0.04	[-0.08, 0.06]	0.02	0.03	[-0.04, 0.09]	0.03	0.02	[0.002, 0.07]
Gender	-0.09	0.18	[-0.67, 0.30]	0.26	0.15	[-0.15, 0.79]	-0.01	0.09	[-0.20, 0.26]
Depression	-	-	-	0.56**	0.06	[0.44, 0.67]	0.02	0.05	[-0.07, 0.13]
Anxiety	0.79**	0.09	[0.59, 0.99]	-	-	-	0.01	0.06	[-0.11, 0.12]
Acculturative Stress	0.04	0.13	[-0.25, 0.37]	0.34**	0.11	[0.13, 0.56]	0.04	0.07	[-0.11, 0.18]
ARQ	0.09	0.10	[-0.09, 0.27]	-0.06	0.08	[-0.23, 0.15]	-0.02	0.05	[-0.11, 0.06]
<i>We</i> -talk	-0.06	0.16	[-0.34, 0.27]	-0.13	0.14	[-0.41, 0.15]	0.004	0.08	[-0.19, 0.14]
Acc Stress x ARQ	-0.10	0.16	[-0.35, 0.25]	-0.01	0.13	[-0.32, 0.25]	0.16	0.08	[-0.01, 0.30]
Acc Stress x <i>We</i> -talk	-0.12	0.27	[-0.56, 0.50]	0.06	0.23	[-0.40, 0.55]	0.21	0.14	[-0.10, 0.43]

* $p < .05$, ** $p < .01$; Note: Acc Stress x ARQ = interaction between acculturative stress and attachment relationship

quality, Acc Stress x *We*-talk = interaction between *we*-talk and acculturative stress, Covariates: age, gender,

depression for the anxiety and aggression outcome models, and anxiety only for the depression outcome model

Discussion

The Latina/o/e community must contend with an array of risk factors and stressors associated with being an ethnic minority and of immigrant origin or descent including racial/ethnic discrimination (Lorenzo-Blanco & Unger, 2010; Lorenzo-Blanco et al. 2011; Kam et al. 2010), acculturative stress (Araújo Dawson & Panchanadeswaran, 2010; Sirin et al., 2012, Torres et al., 2012), and deportation fear (Almeida et al., 2016; Arreola et al., 2022; Cardoso et al., 2018; 2021), all of which are considered markers of racialized stress and contribute similarly to increases in risk for depression, anxiety, and substance use (Ángel Cano et al., 2015; Lorenzo-Blanco & Unger, 2015; Torres et al., 2012). Despite the presence of these racialized stressors, Latina/o/es also possess a multitude of protective factors stemming from their strong familial, communal, and cultural ties. Family presents a crucial source for emotional support, guidance, and coping, helping Latina/o/es deal with these various stressors.

For instance, greater familial connectedness and *familismo* both allow for better coping and protect against psychological problems such as depression and anxiety despite adverse ecological contexts (Campos & Kim, 2017; Campos et al., 2014; Kennedy & Ceballo, 2013; Santiago-Rivera et al., 2002; Smokowski et al., 2007). Similarly, attachment security has been linked to lower levels of psychopathology and externalizing behaviors in youth (Agerup et al., 2014; Borelli et al., 2021a; Brumariu & Kerns, 2010; Rodriguez et al., 2020; Venta et al., 2019; Venta, 2020). Furthermore, individuals who define their sense of self in relation to others as in the case of *we-talk* may be protected against psychological maladjustment (Karan et al., 2019; Williams-Baucom et al., 2010). In general, there is limited research on the role of attachment and *we-talk* among Latina/o/e samples as a means for coping with markers of racialized stress, but this is especially true past the age of adolescence.

The present study sought to examine, among a sample of Latina/o/e/ university and college students, the negative impact of racialized stress on mental health and alcohol use via a factor comprised of perceived discrimination, deportation fear, and acculturative stress along with the potential moderating roles of attachment relationship quality and *we-talk*. Initially, I predicted that perceived discrimination, deportation fear, and acculturative stress would positively load onto a factor representing racialized stress, which would follow with a set of structural equation models. However, this approach was not supported by the current findings. This is in contrast to existing research, which posits that although these risk factors are often assessed as individual constructs, they contain substantial overlap and exhibit a concurrent impact, increasing one's risk for the onset of mental health and behavioral issues (Ángel Cano et al., 2015; Kulis et al., 2009; Lorenzo-Blanco & Unger, 2015; Romero et al., 2007; Rudmin, 2009). Despite the different methods utilized to measure or operationalize these various racialized stress indicators, research tends to demonstrate nearly identical findings linking greater levels of these individual racialized stressors (i.e., deportation fear, acculturative stress, ethnic discrimination) to poorer mental and behavioral health (Ángel Cano et al., 2015; Cardoso et al., 2018; Forster et al., 2015; Kulis et al., 2009; Lorenzo-Blanco & Unger, 2015; Romero et al., 2007; Smokowski & Bacallao, 2006). It should, however, be noted that the latent factor of racialized stress in the present study utilized a linguistic measure of deportation fear, whereas other studies have not typically included deportation fear as a marker of racialized stress.

Indeed, other models of racialized stress as a latent construct have mostly focused on aspects of discriminatory and acculturative experiences such as perceived discrimination, bicultural stress, and context of reception (Ángel Cano et al., 2015; Forster et al., 2015; Kulis et al., 2009; Lorenzo-Blanco & Unger, 2015; Romero et al., 2007). As prior research indicates,

higher levels of perceived ethnic discrimination along with acculturative stress are consistently associated with higher levels of alcohol use, mental health problems, and aggression in Latina/o/es (Araújo Dawson & Borrell, 2006; Delgado et al., 2011; Forster et al., 2014; Lorenzo-Blanco et al., 2013; Okamoto et al., 2009; Romero et al., 2007). Prior work has included a similar construct in the perceived negative context of reception, which depicts perceptions of the receiving culture as unwelcoming and restrictive with resources and opportunities and has been linked to depression, alcohol use, and aggression (Ángel Cano et al., 2015; Portes & Rumbaut, 2006; Schwartz et al., 2014).

While both concepts relate to the potential experiences of immigrants, they may yield potentially different outcomes contingent upon one's legal status (Ángel Cano et al., 2015; Cavazos-Rehg et al., 2007; Forster et al., 2014; Tillman & Weiss, 2009), which was not assessed in the present study, perhaps offering another explanation for the divergent findings. Results from the EFA and ECFA factor loadings revealed that similar to these prior studies, ethnic discrimination and acculturative stress loaded positively and moderately onto the latent factor, driving the effects of these models to a much greater extent than the novel addition of deportation fear. Deportation fear was not associated with either of these two constructs; thus, it may be the case that while deportation may still be conceptualized as a part of racialized stress, relative to ethnic discrimination and acculturative stress, it may represent a different aspect or component of the racialized stress experience.

Due to being unable to establish a factor, a series of supplementary analyses were performed instead via nine individual hierarchical regression models examining the individual and interactive associations between each of the markers of racialized stress (i.e., discrimination, deportation fear, and acculturative stress) and potential moderators (*we*-talk and attachment

relationship quality) in predicting depression, anxiety, and alcohol use in Latina/o/e emerging adults. Following in suit of the initially proposed model, for these sets of analyses it was hypothesized that all individual markers of racialized stress (i.e., discrimination, deportation fear, and acculturative stress) would be positively associated with depression, anxiety, and alcohol use. It was also hypothesized that both *we*-talk and attachment relationship quality would moderate the relationships between each of the racialized stress markers and depression, anxiety, and alcohol use such that at higher levels of both *we*-talk and attachment relationship quality there will be no (or decreased) relation between each of the racialized stress markers and mental health and alcohol use.

Discrimination, *We*-talk, Attachment, and Mental Health and Alcohol Use

As predicted, perceived racial/ethnic discrimination was significantly associated with increases in depression and alcohol use, but not with anxiety; thus, the hypotheses were only partially supported. These findings are also only partly in line with prior research; for instance, previous studies have consistently demonstrated that among Latina/o/e college students and adults, perceived racial/ethnic discrimination is associated with increases in psychological distress (Finch et al., 2000; Flores et al., 2010; Moradi & Risco, 2006), depression and anxiety, (Paradies, 2006; Pascoe & Smart Richman, 2009; Williams et al., 2003), as well as smoking and alcohol abuse (Ángel Cano, 2016; Substance Abuse and Mental Health Services Administration, 2015; Williams & Mohammed, 2009; Williams & Neighbors, 2001). Furthermore, perceived racial/ethnic discrimination is a well-known contributor to psychological distress and poorer mental health, particularly when there are inadequate means or resources for coping with the stress that arises from such experiences (c.f., Ajrouch et al., 2010; Hobfoll, 2002; Utsey et al., 2008). Social support provides a resource for coping with the potential to minimize feelings of

psychological distress as well as promote well-being via direct and/or buffering effects (Ajrouch et al., 2010; Cho et al., 2010; Crockett et al., 2007; DeGarmo & Martinez, 2006; Mossakowski & Zhang, 2014, Sanchez et al., 2019).

The present study assessed the potential direct and buffering effects of attachment relationship quality and *we-talk*, with the hypotheses that both of these variables would be negatively associated with depression, anxiety, and alcohol use. I also hypothesized that attachment relationship quality and *we-talk* would both moderate the associations between all markers of racialized stress (i.e., discrimination, deportation fear, acculturative stress) and depression, anxiety, and alcohol use such that those associations would significantly weaken with higher levels of *we-talk* and attachment relationship quality. For the models assessing perceived racial/ethnic discrimination as a focal predictor, aside from the significant associations mentioned previously for discrimination, none of the main effects of *we-talk* or attachment relationship quality nor their interactions with discrimination were significant in predicting depression, anxiety, or alcohol use.

Regarding the main effects, these findings diverge from the patterns witnessed in prior studies. For example, with attachment relationship quality, a small number of studies have revealed that among college students, secure attachment to one's parents is linked to fewer mental health issues and less alcohol use (Cavell et al., 1993; Montague et al., 2003; Wang & Ratanasiripong, 2010; Rice et al., 1995; Vivona, 2000; Vungkhanching et al., 2004). Conversely, attachment insecurity among college students has demonstrated associations with a wide range of psychological issues and substance use (Cooley et al., 2010; Herbster, 2018; Kassel et al., 2007; Mikulincer & Shaver, 2007). However, very few studies have examined associations between attachment and psychopathology among Latina/o/es, let alone Latina/o/e college students. The

majority have focused on either Latina/o/e youth and/or their mothers and have demonstrated similar trends connecting secure attachment to decreases in mental health and externalizing problems (Borelli et al., 2020; Kalu et al., 2020; Venta et al., 2019). One study that explored attachment among Latina/o/e college students did find that attachment insecurity contributed to greater depression symptoms (Rodriguez et al., 2020).

In relation to *we-talk*, a marker of communal coping, the non-significant main effect deviates from existing literature that demonstrates negative associations with youth depression (Borelli et al., 2018; Puig-Antich et al., 1985; Sichko et al., 2015) and adult mental health (Frost, 2013). Similar to attachment, *we-talk* has yet to be extensively studied among Latina/o/es and emerging adults, with most studies focusing on romantic couples and parent-child dyads (Borelli et al., 2018; Puig-Antich et al., 1985; Rohrbaugh et al., 2008; Sichko et al., 2015). Furthermore, while *we-talk* is often associated with positive outcomes, in the context of strained relationships or unavailable partners, it can contribute to poorer mental health and personal functioning (Borelli et al., 2013; Karan et al., 2019). Emerging adulthood potentially may reflect a shift away from interdependence, such that individuals strive to be less reliant on their parents and become more independent during their exploration of self-identity (American College Health Association, 2013; Arnett, 2004; National Opinion Research Center, 2003; McDermott et al., 2015). As such, while these relationships may not fall under the category of strained or unavailable, per se, this developmental period may mark a shift in how an individual may view their sense of self in relation to their family, culture, and community (American College Health Association, 2013; Arnett, 2004; DeGarmo & Forgatch, 2002; McDermott et al., 2015; Rentscher, 2019; Umaña-Taylor et al., 2015), perhaps offering an explanation for the null results.

While there is limited understanding of how *we*-talk may contribute to the mental health of Latina/o/e emerging adults, some research on secure attachment, a closely related concept, indicates that college-aged adults may still view their parents as a secure base and seek out emotional support from them when needed (Kenny, 1987; Rice et al., 1995). However, as first-generation college students, Latina/o/es may also feel that their parents lack the college-related knowledge to help them cope with challenges in college and as a result may be less apt to have discussions pertaining to college learning, activities, or struggles with their parents (Clark & Dorris, 2007). University and college students may identify or associate their view of self to a number of different groups, cultures, or communities including their family, friends, nationality, race/ethnicity, and/or student/academic role (American College Health Association, 2013; Arnett, 2004; DeGarmo & Forgatch, 2002; Ghazarian et al., 2008; McDermott et al., 2015; Schwartz, et al., 2010; Umaña-Taylor et al., 2015).

This begs the question, to whom do they turn to when dealing with challenges in college? Moreover, could it be the case that because of the various sources for coping, the source of help-seeking (i.e., peers, parents, supervisors) and even identity (i.e., student, Latina/o/e, emerging adult) becomes context-specific? Unfortunately, a limitation of the *we*-talk variable in this study is the lack of specificity and context, meaning, one cannot parse out who the “we” refers to when individuals are discussing the challenges they faced since being a college or university student without more in-depth qualitative analyses. Future work should explore how an individual may resource an identity or coping source contingent upon the context of stress, availability of resources, and type of identity that is activated in response to the context of stress.

Table 18

Selected Excerpts of Stream-of-Consciousness Speech Samples with Low and High We-Talk Score

Low We-talk

“...once my uncle passed away, it was just really hard to stay motivated and do work. Um I definitely saw myself um not trying as hard or just not simply like having like, just not being able to be very goal-oriented anymore and just being ok with the fact that I'd be ok with failing. Um And that's not ok because that's not the kind of student that I am or I've never, I've never been like that, but that is really hard and grieving is really hard to deal with. Um uh I just had to, you know, remember that I tried so hard to go to UCI for a reason and... I just had to push myself through it and I had to lean on my family for support to be able to just get through it. Um because I would always tell myself I never let myself fail. Um But it was just really hard because I felt like I needed to be there for my family. My, you know, ...my dad's brother that passed away and, um, just... being in a Mexican community, it's just like you're not supposed to be able to, like, cry. Like, men aren't, you know, like, that's just like a thing. Like the dads are the ones that are supposed to stay, like, strong and keep their family together. But that was like my dad's best friend. So, um, having to see him cry every day was horrible and I just felt like I had to take care of him to make sure that like, his mental health was good. But then, so I just wasn't putting school first, but they just had to remind me, you know, that I, I can't let myself, like, slip up and it was really stressful, but I was able to get back into a routine and I was able to pass... with all A's and it was really hard.”

“So, I am originally from the Bay area in California here in the United States. I come from a very diverse um city or a very diverse. Uh Yeah, a very diverse city where I see a lot of my own race. I am Mexican American and ... coming here to UCI. I actually, it's the complete opposite. Um They are very, you can tell that uh the diversity is not here that they truly do accept more people of certain cultures, more than others. Uh So it was very hard to navigate or to deal with this because I wasn't able to make friends as fast. I wasn't able to really connect with my community here. I wasn't able to feel at home or feel accepted or feel like I belonged.... And not until I had I joined a uh Chicana Latina sorority was when I finally felt accepted in the school and felt like I belonged here. Um They helped me see that there was more than what I was seeing. They helped me um with my own experience because they were going through it as well. Um So I do believe that if I hadn't, um, met them, if I haven't met those girls, I would still be struggling and I would be having meltdowns every day just because I would have felt like I don't belong here. I would have felt like an outcast. ... Um So yeah, I think that this is a very big challenge that a lot of uh Latinos or Latinas um face here at UCI um I know that this is also a problem in many other schools, universities and colleges... I understand that it's not only me now um but it is something that I felt very alone with, especially being so far away from home. Uh The whole environment here is different. ... you don't see a Taquero on the side of the street, you don't see a super mercado like all that there is here is like really fancy grocery stores that I am not economically um or financially uh good enough to afford. Um So definitely trying to find resources that are that I can um apply to, to support me at a really weird time is definitely was definitely needed. Um I signed up for like this EBT card so that I was able to afford the grocery stores here.”

High We-talk

“Um during college uh being a Latino, I've struggled with finding aesthetic group sometimes because other groups thought they were smarter and kind of excluded us from their groups and they just kind of fend for themselves, which showed me that they're being um they were isolating us. So, what I did was um I found those who are people of my culture and race and we formed our own study groups. And um ever since that It's been pretty helpful. So, we studied together a lot and we've been able to make a lot of friendships and discover that there's actually a lot more Latinos at UCI than you thought um and it's honestly helped us to become better as students, especially because we are all from a different um majors and stuff. So, we have to learn from one another and this makes me feel joyful because it shows that there's some good for us. Yeah. You know, a lot of people tried to bring us down, but it showed us that we were um worthy of being where we are at. So, yeah. Um finding them is probably like the highlight of my college experience because I have people of who are just like me and we want to do the same things. We're really on the same things and we're able to move along in college, which is the main goal, but also, um, have fun at the same time.”

“Um I think I resonate a lot with not feeling welcome here in the United States due to my immigrant family's background growing up, I remember my parents' um visiting many lawyers to see how they could fix their immigrant status. And a lot of the times those meetings ended in tears or in no resolutions other than my parents having to plan a life outside of the United States. And I think that was very difficult... at the time, I didn't really understand um what was going on. I just knew we weren't welcome here. And I thought that included myself too.... So I was always under the impression, oh, I'm also not part of the United States. I'm not welcome here until I grew up a little bit. And I started to realize no, there's this huge gap in separation between families that happens... And that's when I started to realize like, oh no, this country is completely okay with um having families separated due to legal status and that should never be ok It's not humane But those are the laws here, unfortunately. And as Latinos, I feel like, ... we get shame for having immigrant backgrounds the most here... But I think especially here in California, we have more of an open space than other States... So, we don't experience racism or things like that as much as other States. I remember taking a trip to Texas to visit my brother and experiencing racism for the first time in adulthood. And that was very traumatic for me because I was like, no, I've grown up with all of my friends being Latinos or of different cultures. But all of us getting along and doing life together... I was so out of touch with the reality of what it's really like to be living in the United States and experiencing um racism or not feeling like I belong here. ... I think also um the media every time we have somebody new in office...there's always that battle between what is going to happen with all the immigrants coming into the country... that are already here... And it's always almost always a negative outcome. It's always, um, people in power saying no, we're going to send them all back, including the ones that were born here. They're not from here, they're going back. And that just makes me feel so like, I don't want to say, it makes me feel so embarrassed for the country, so embarrassed for the people that we allow to be in power because it doesn't make any sense to me. We all came here from different countries, even if we're from different backgrounds... We all migrated here and that's what baffles me in this country... it doesn't feel fair and ... we need to make a bigger change for our future.”

Perhaps future projects would benefit from a multimethod and directive approach by explicitly asking individuals who they turn to for support when dealing with racialized stress versus college or work-related stress and how often and comfortable they feel utilizing that specific coping source. Examination of several selected excerpts from the communal coping SOC data indicated that “*We*” can refer to a number of different collective identities including one’s cultural group, family, peer group, or even nationality (see Table 18). For example, at low levels of *we*-talk, several individuals discussed feeling isolated and overwhelmed by challenges, feeling like they had to face challenges on their own, and needing a sense of communal belonging with peers of the same race/ethnicity or cultural heritage. Additionally, these excerpts, particularly those reflecting low *we*-talk, seem to speak much more broadly to aspects of social marginalization, such as feeling excluded, observing unfair treatment, and feeling othered and different.

Conversely, those with higher levels of *we*-talk discussed the benefits of communal belonging for academic success, identified discriminatory experiences as a collective problem faced and dealt with as a familial system, but also acknowledged the struggles of their racial/ethnic group as a whole (see Table 18). While these examples all share the theme of cognitive interdependence, they also each lead to potentially different implications regarding this study’s findings. Nevertheless, deciphering the meaning of “*We*” as it pertains to communal coping reflects an important agenda item for future studies. Furthermore, neither attachment relationship quality nor *we*-talk significantly moderated the relationship between perceived racial/ethnic discrimination and depression, anxiety, or alcohol use.

Given that both attachment and *we*-talk are sparsely studied within these racialized contexts and populations, I cite closely-related works to justify the exploration of these

associations within the current study as well as for future research. As previously noted, very few studies have examined the protective role of attachment against sociodemographic or sociocultural risk factors in Latina/o/e populations. Broadly, attachment as a moderator has shown potent buffering effects against a number of sociodemographic risks by serving as an internal resource allowing individuals to cope with the distress associated with the sociodemographic stressors (Borelli et al., 2021a; Mikulincer & Shaver, 2003). For example, Walker and colleagues (2007) found that in a sample of Latina/o/e youth, an interaction between race/ethnicity and attachment was significantly associated with lower rates of violent or aggressive behavior, particularly at higher rates of parental attachment.

Similarly, in a sample of all-Latina/o/e mother-youth dyads, Borelli and colleagues (2021a) found that the interaction between demographic risk and attachment demonstrated that maternal closeness was associated with reduced maternal depression occurring at low and average levels of demographic risk (see Borelli et al., 2021). Various other studies have generally revealed similar trends connecting attachment security to lower levels of mental health and behavioral issues in youth (Agerup et al., 2014; Brown & Wright, 2003; Brumariu & Kerns, 2010; Madigan et al., 2016; Marganska et al., 2013); this includes among a small number of Latina/o/e samples (Borelli et al., 2021a; Rodriguez et al., 2020; Venta et al., 2019; Venta, 2020). However, despite this study's efforts, there remains a need to further understand the potential buffering or protective role of attachment as it pertains to Latina/o/e emerging adults, highlighting an area on which future studies may focus.

As mentioned previously, existing attachment measures predominately reflect U.S. cultural norms regarding appropriate levels of closeness and support, with some research indicating a potential incongruence between attachment avoidance and culturally interdependent

populations (Campos et al., 2016; Friedman et al., 2010; Lopez et al., 2000; Wei et al., 2004). Attachment anxiety, however, appears to be less culturally incongruent or variable (Campos et al., 2016; Friedman et al., 2010), thus offering a potential explanation accounting for the lack of significant effects of attachment relationship quality on any of the outcome variables. In an effort to address this potential incongruence, a few post hoc supplemental analyses were performed with attachment anxiety solely replacing attachment relationship quality; however, the nature of the results were unchanged. Future research should consider further exploring the congruence of attachment measures with diverse interdependent cultures while also considering the potential role of acculturative processes.

While our understanding of the associations between attachment and Latina/o/es remain fairly limited, closely related concepts including *familismo*, family closeness, and family support all lend support to the benefits and utility of understanding attachment as a source for coping with racialized stressors. For instance, among Latina/o/e college students, *familismo* has evidenced positive associations with positive mental health outcomes (Ayón et al., 2010; Campos & Kim, 2017), overall well-being (Gloria & Rodriguez, 2000) and resiliency regarding academic challenges (Ojeda et al., 2011). Familial support has also demonstrated buffering potential against the mental health risks associated with perceived racial/ethnic discrimination in Latina/o/e and other racial/ethnic populations (Anderson et al., 2014; DeGarmo & Martinez, 2006; Edwards & Lopez, 2006; Lau et al., 2013; Tummala-Narra et al., 2012). Interestingly, findings by Becerra (2010) do suggest that familial closeness may not always operate as a protective influence; for example, among more acculturated Latina/o/e college students, familial closeness can be perceived as a potential barrier to college success. To this note, there does exist

research that indicates that social support may not always protect against racialized stress (Thompson, 2006).

However, the majority of existing literature provides ample evidence that social support from families and peers can protect against adverse outcomes associated with perceived racial/ethnic discrimination through the provision of emotional support and comfort (Ajrouch et al., 2010; Cho & Haslam, 2010; Tummala-Nara & Claudius, 2013). Furthermore, while familial support is an important factor, given that Latina/o/e university and college students strive for greater independence, for first-generation students, other types of social support such as informational and instrumental support may be more pertinent for helping navigate educational barriers and reducing mental health symptoms. Indeed, research indicates that undocumented Latina/o/e university students rely on positive peer relationships, generally from other undocumented students, to build social support networks, and provide informational resources pertaining to their legal status and institutional knowledge to improve academic performance and minimize mental health strain (Conchas, 2006; Enriquez, 2011; Stanton-Salazar, 2001).

Similar to attachment, there is scant research examining communal orientation, communal coping or *we-talk* with Latina/o/e populations; as such, we turn to constructs such as ethnic attachment and ethnic identity to help highlight the importance of communal connections for promoting mental health despite the presence of racialized stressors such as perceived racial/ethnic discrimination. Ethnic attachment has consistently reported strong associations with greater social support and connectedness to other members of one's ethnic group, and has been shown to moderate the adverse effects of perceived racial/ethnic discrimination on health, including among Latina/o/es (Deaux & Martin, 2003; Halim et al., 2013; Kim, 1999). Furthermore, individuals endorsing greater ethnic attachment are more likely to adhere to

traditional cultural values and norms (e.g., *familismo*) which are associated with better health outcomes and practices (Hayes-Bautista, 2002). Finally, findings regarding ethnic identity have routinely showcased evidence for its role as a moderator in reducing the negative outcomes associated with discrimination on Latina/o/e youths' self-esteem, depressive symptoms, and externalizing problems (Ghazarian et al., 2008; Schwartz, et al., 2010; Umaña-Taylor et al., 2015; Zhang et al., 2007).

Deportation Fear, *We*-talk, Attachment, and Mental Health and Alcohol Use

Contrary to extant literature, the hypotheses that deportation fear would be positively associated with depression and anxiety were not supported. Past research has routinely demonstrated connections between elevated deportation fears and increases in depression, anxiety, and externalizing symptoms (Becerra et al., 2020; Cardoso et al., 2021; Delva et al., 2013; Dreby, 2013; Salas et al., 2013). In fact, deportation fear is widely regarded as a significant risk factor for the onset of depression and anxiety among Latina/o/es (Alif et al., 2020; Cardoso et al., 2021; Dreby, 2013; Suárez-Orozco & López Hernández, 2020). Interestingly, as anticipated, deportation fear was positively associated with alcohol use, a finding in line with prior research. For instance, a number of studies have documented a significant increase in depression, anxiety, and alcohol use among immigrant Latina/o/e young adults due to post-immigration stressors such as increased awareness of minority status, discrimination, acculturation, and deportation fear (Alif et al., 2020; Cabrera Tineo et al., 2020; Flores et al. 2010; Kulis et al. 2009; Lee et al. 2020; Otiniano Verissimo et al. 2014; Suárez-Orozco & López Hernández, 2020; Viruell-Fuentes et al. 2012).

Moreover, in response to their increased awareness of their minority status along with associated discriminatory experiences, Latina/o/es may adopt alcohol use as a coping method

(Cabrera Tineo et al., 2020; Kulis et al. 2009; Lee et al. 2020; Viruell-Fuentes et al. 2012). It is also important to note that Latina women reported drinking just as much or even more than their male counterparts, post-immigration (Cabrera Tineo et al., 2020; Kulis et al. 2009; Lee et al. 2020). Another study by Ángel Cano and colleagues (2015), also found that among a sample of recently immigrated Latina/o/e adults (with varying ages), higher levels of immigration stress were significantly associated with increased alcohol use severity. However, this finding only applied to the male participants in their sample, not women. Other studies that have linked deportation fear to higher levels of depression or anxiety have mostly examined such connections among recent-immigrant parents and their children (Becerra et al., 2020; Delva et al., 2013; Lovato & Abrams, 2021; Roche et al., 2018; Salas et al., 2013). Although the proposed link between deportation fear and alcohol use among Latina/o/e college students has yet to be extensively examined, similar constructs such as perceived racial/ethnic discrimination have demonstrated significant positive associations with alcohol use (Ángel Cano et al., 2015; Substance Abuse and Mental Health Services Administration, 2015; Williams & Mohammed, 2009; Williams & Neighbors, 2001).

Furthermore, the findings pertaining to deportation slightly mirror that of Enriquez and colleagues (2018) such that in their study, deportation concerns did not yield any significant or direct associations with self-reported stress or health in their sample which was also comprised of University of California students. However, Enriquez and colleagues (2018) did simultaneously assess other prominent dimensions of immigrant “illegality” or documentation status, namely, academic concerns and future concerns which demonstrated significant positive associations with self-rated health. Similar to the present study, their student sample were 1.5.-generation youth in the state of California and likely felt insulated from the deportation threats or

concerns compared to those in other states or educational institutions (Enriquez et al., 2018). As such, future works should consider assessing the multidimensionality of documentation status to fully understand its implications for chronic stress and mental health.

The hypotheses pertaining to the interaction effects with attachment relationship quality and *we-talk* were not supported. Research linking deportation fear, *we-talk*, or attachment is scant, especially among Latina/o/e emerging adults. However, closely related concepts including discrimination, social support, ethnic attachment and ethnic identity, all provide support for further exploring the utility of communal connections and coping as means for reducing the adverse outcomes associated with racialized stressors such as deportation fear. Indeed, ample research indicates that the provision of social support from parents and peers, specifically, emotional support, helps protect against the negative impact of perceived racial/ethnic discrimination (Ajrouch et al., 2010; Cho & Haslam, 2010; Tummala-Nara & Claudius, 2013). Similarly, ethnic attachment and ethnic identity both have demonstrated strong buffering potential against the negative outcomes linked to perceived racial/ethnic discrimination, including among Latina/o/es (Deaux & Martin, 2003; Halim et al., 2012; Kim, 1999; Umaña-Taylor et al., 2015).

Acculturative Stress, *We-talk*, Attachment, and Mental Health and Alcohol Use

Finally, the hypotheses that acculturative stress would be positively associated with depression, anxiety, and alcohol use were only partially supported. Moreover, acculturative stress was only significantly positively associated with anxiety, not depression or alcohol use. These findings are relatively at odds with existing literature; for example, multiple studies have documented links between acculturative stress and higher depression among Latina/o/es, including university students and emerging adults (Cabrera Tineo et al., 2020; Crockett et al.,

2007; Romero & Roberts 2003a; Torres, 2010). It is also important to consider that although the presence of acculturative pressures contributes to increased stress, successful bicultural integration allows individuals to draw from different sources of support (i.e., social support, healthcare) allowing for a wealth of adaptive coping strategies (Berry, 2006; Crockett et al., 2007; Sullivan et al., 2007). In contrast, without bicultural integration, they may have fewer adequate coping resources and experience negative health outcomes as a result of acculturative stressors such as homesickness, feelings of isolation, and as financial difficulties arise (Berry, 2006; Sirin et al., 2013).

Regarding the significant association between acculturative stress and anxiety, this echoed a similar result to prior research indicating that the experience of acculturative stress contributes significantly to higher anxiety symptoms in samples of Latina/o/e college students (Crockett et al., 2007; Romero & Roberts 2003). Of particular relevance, this study's sample was predominately female; prior research has documented that Latina women generally report higher rates of anxiety relative to their male counterparts (e.g., 31% vs 19%; Altemus & Epstein, 2008; Kessler et al., 1993; Kessler, 2003; McLean et al., 2011; Suárez-Orozco & López Hernández, 2020; Tran et al., 2014). Additionally, research indicates that relative to other racial ethnic groups, Latinas are more likely to somaticize their distress contributing to increased anxiety symptoms such as feeling nervous or worried as well physiological stress responses, perhaps offering an additional explanation for why these findings solely apply to anxiety symptoms and not depression (Angel & Guarnaccia, 1989; Otto et al., 2016; Suárez-Orozco & López Hernández, 2020). Furthermore, research suggests that immigration impacts Latina women differently relative to Latino men due to gender roles and acculturative stress (Gonzales et al., 2013; Rogler et al., 1991; Soto, 2012; Suárez-Orozco & López Hernández, 2020; Tran et al.,

2014). Specifically, Latina women experience pressures to preserve the culture, manage conflicting messages from their native and host cultures, as well as having to prioritize the needs of their family before their own which can contribute to increased depressive and anxiety symptoms (Gonzales et al., 2013; Rogler et al., 1991; Soto, 2012; Suárez-Orozco & López Hernández, 2020; Tran et al., 2014). There was no significant association between acculturative stress and alcohol use in this study, a result that differs from previous work consistently finding significant increases in alcohol use among Latina/o/e emerging adults and college students experiencing higher levels of acculturative stress (Cabrera Tineo et al., 2020; Conn et al., 2017; Gil et al. 2000). Similarly, neither of the interaction effects with attachment relationship quality nor *we-talk* were significant.

While some research documents that during the course of acculturation, social support can either promote or stunt an individual's adaptive stress responses; as it pertains to racialized stress, attachment, and communal coping, the research is sporadic (Hernández-Plaza et al., 2006; Larose & Boivin, 1998; Morrison & Bennett, 2006; Olstad et al., 2001). Some research does, however, suggest that higher levels of social support availability in the host culture can promote adaptive coping despite the presence of bicultural stressors (Crockett et al., 2007; Safdar et al., 2009; Sanchez et al., 2019). Moreover, acculturation yields the potential to exert a positive influence on adaptive coping and mental health if one's relational resources such as social support and social cohesion are readily present and actively drawn upon (Crockett et al., 2007; Safdar et al., 2009; Sanchez et al., 2019 Sirin et al., 2013; Thoman & Surís, 2004). As a result, social support and acculturation provided imperative contexts for future studies to consider in exploring methods of increasing adaptive coping and psychosocial adjustment among Latina/o/es.

Strengths and Limitations

It is important to contextualize the contributions of the current findings, bearing in mind the strengths and limitations of the present study. First, this study reflects a contribution to the literature on the psychopathology of Latina/o/e emerging adults by exploring the negative toll of racialized stress markers such as perceived racial/ethnic discrimination, acculturative stress, and deportation fear on mental and behavioral health while also investigating the potential benefits of communal coping and attachment in an all-Latina/o/e sample of university and college students. Second, to my understanding, this study offers an initial look into the use of linguistic analyses (Pennebaker et al., 2003) in examining deportation fears as well as types of challenges faced during college or university and the coping strategies employed among a sample of Latina/o/e emerging adults. Lastly, the use of such methodologies provides us with insights regarding the utility of attachment to one's parent and communal orientation as a means for coping with challenges specific to the Latina/o/e experience in college and university as well as with racialized stress, highlighting an area of concern for researchers and service providers to address.

To address the shortcomings of this study, it is imperative that I first acknowledge that regarding the factor analysis, the indicators of acculturative stress, discrimination, and deportation fear did not successfully map onto a single factor. This is likely due to how deportation fear is currently measured, as it does not capture or represent racialized stress in a similar pattern to ethnic discrimination or acculturative stress. ECFA model fit indices further support that these discrepant factor loadings are not simply due to sample size constraints and concerns regarding adequate power. Moreover, as previously mentioned, deportation fear was quantified through LIWC which solely analyses the total frequency of overall word use about deportation fear. During the development of the deportation fear dictionary, the research team

referred to a variety of qualitative and quantitative studies, assessed the different aspects and experiences representing deportation fear, and listed them under different categories (i.e., experiences, migration, status), but did not assess those individual categories. As such, I could not further assess the different dimensions of deportation fear to determine which aspects would correspond to the construct of racialized stress, thus highlighting the need for further investigation of immigrant and racialized contexts and stress experiences to determine which present the greatest risk.

Additionally, it is still advised that one exercise caution with these conclusions. Considering this sample size, I do not believe that there is enough evidence or power to suggest whether it is better to look at the indicators individually as opposed to collectively through a racialized stress factor. Secondly, given its cross-sectional and correlational design, I am unable to make any causal inferences. Also, given the cross-sectional design, it is important to consider the possibility that the effects of these racialized stressors on mental health may be observed at later time points. Indeed, previous research has demonstrated lagged effects of adverse mental health outcomes on Latina/o/e youth and adults following experiences with discrimination (Stein et al., 2017; Torres & Ong, 2010). As such, future work should consider employing longitudinal designs when assessing racialized stress contexts.

Furthermore, in assessing the direct associations for each individual racialized stressor (i.e., deportation fear, acculturative stress, ethnic discrimination), I did not include the other stressors in each respective model. As a result, I cannot state whether the effects observed would have remained when controlling for the other types of stressors.

Further, this study utilized a convenience sample of Latina/o/e-identifying university and college students without inquiring about their documentation status. The majority of deportation

fear studies have primarily been conducted with samples comprised of either undocumented individuals, recent immigrant parents, and/or mixed-status families (Arreola et al., 2022; Becerra et al., 2020; Brabeck et al., 2014; Cardoso et al., 2018, 2021; Cavazos-Rehg et al., 2007; Dreby, 2013; Enriquez et al., 2018; Suárez-Orozco, 2017). Perhaps this indicates that the effects of this type of racialized stress are specific solely to individuals who are themselves recent or undocumented immigrants or who have an immediate family member that is undocumented.

Moreover, the current sample was drawn exclusively from Southern California universities and colleges in Los Angeles County. In California, undocumented students are eligible for state-funded financial aid via the California Dream Act as well as institutional aid provided through the University of California (Enriquez et al., 2018; Enriquez et al., 2019; Flores, 2010; Kerwin & Warren, 2018). In fact, qualitative interviews by Enriquez and colleagues (2018) revealed that many undocumented UC students reported receiving comparable levels of need-based financial aid relative to their low-income citizen peers. In addition, prior research indicates that undocumented youth and emerging adults are less preoccupied with deportation risks or threats when compared to first-generation adults because of the protective social spaces (i.e., California schools) they may inhabit (Abrego, 2011; Enriquez et al., 2018; Enriquez & Millán, 2017). Therefore, among California university and college students, threats and risks of deportation may be less relevant than in other states or communities. As such, these individuals may feel protected given their area of residence and, ultimately, less concerned about their deportation (Enriquez et al., 2018; Enriquez & Millán, 2017). Furthermore, as previous work indicates, residence in areas with high concentrations of the same ethnic or cultural group one belongs to helps to promote feelings of unity and engagement in ethnic identity processes. This helps to protect against the adverse outcomes associated with discrimination, including

among Latina/o/es (Bronfenbrenner & Morris, 2006; Sampson et al., 1997; White et al., 2017). Consequently, the conclusions drawn from this study may not apply to other Latina/o/e emerging adults living in the U.S., particularly those outside of California.

It may also be the case that because the sample was drawn from several Hispanic-Serving Institutions in Southern California, the potential demographic homogeneity may have contributed to the lack of identified effects via a restriction-of-range issue. It should also be noted that the sample was overrepresented by individuals identifying as first-generation college students, female, and heterosexual/straight, thus making it difficult to generalize to Latina/o/e students more broadly. Also, this could possibly make the sample less representative of the unique experiences and non-monolithic nature of Latina/o/e students with varying identities. Furthermore, it is important to address the fact that despite representing the largest ethnic group in the U.S., Latina/o/es have some of the lowest rates of college completion, which is influenced by the types of institutions they attend, and in turn, contributes to their psychological well-being (Astin & Osegura, 2003; Nunez, 2009; Von Robertson et al., 2016). Additionally, it is reported that more than half of Latina/o/e college students attend a two-year community college compared to four-year universities, with a large sum of Latina/o/es attending predominately White institutions (PWIs) upon transfer (Gonzalez, 2010; Llagas & Snyder, 2003; Von Robertson et al., 2016). Research documents that for many students of color attending PWIs, the experience can highlight their out-group status, which places them at greater risk for experiences with discrimination, and as result, they may experience poorer mental health and academic outcomes (Alfaro et al., 2009; Berkel et al., 2010; Lee & Ahn, 2012; Stevens et al., 2018).

Indeed, many Latina/o/e students attending PWIs frequently report discriminatory experiences, being negatively stereotyped (i.e., lacking intelligence), and feeling unwanted and

unwelcome at such institutions (Stevens et al., 2018; Von Roberston et al., 2016; Yosso et al., 2009). Racially minoritized students attending PWIs, in addition to experiencing discrimination, may often feel that the predominately White institution is unsupportive, both of which yield detrimental effects on a student's sense of belonging, which contributes to further isolation and alienation, as well as poorer mental health and academic functioning (Hussain & Jones, 2019; Levin et al., 2006; Nuñez, 2009a, 2009b; Rodriguez et al., 2000; Walton & Cohen, 2011). While one may assume that attending universities designated as Minority Serving Institutions (MSI), inferring a high enrollment of minority students, may offer better protections and overall mental health and academic outcomes for racially minoritized students, research on the experiences of students at MSIs has demonstrated mixed findings (Sanchez, 2019; Serpas, 2021). On one hand, various studies have demonstrated that Latina/o/es attending a Hispanic-Serving Institution (HSI) with over 50% Latina/o/e enrollment may report a stronger sense of belonging and culturally supportive environment, which is associated with lower levels of on-campus discrimination and greater positive ethnic identity development (Arbelo-Marrero & Milacci, 2016; Chun et al., 2016; Guardia & Evans, 2008; Sanchez, 2019; Stevens et al., 2018). However, other studies document that students attending HSIs with below 50% Latina/o/e enrollment report comparable levels of psychosocial adversities to their non-HSI attending counterparts, such as unwelcoming campus climates and being discriminated against on their campus (Cuellar & Johnson-Ahorlu, 2016; Medina & Posadas, 2012; Stevens et al., 2018).

Furthermore, HSIs do not inherently protect Latina/o/e students from acculturative stressors and conflict that may arise when curriculum and academic goals compete with cultural and familial expectations (Chun et al., 2016). Also, while MSIs/HSIs graduate a large percentage of Latina/o/es in higher education, they demonstrate lower graduation rates when compared to

PWIs with greater resources and selection criteria (Garcia, 2013, 2016). In sum, MSIs vary in their levels of diversity and inclusivity, as well as in terms of support and resources provided to racially minoritized students (Hussain & Jones, 2019; Sanchez, 2019; Serpas, 2021; Stevens et al., 2018). As such, future studies should continue exploring the racialized experiences and health-promotive coping methods used by university and college students at MSIs and PWIs to increase the quality of student's educational experiences and reinforce commitments to diversity and inclusion.

Also, the present study did not assess the severity of the discriminatory experiences or deportation fear, nor whether the individual was the primary target, highlighting the importance of vicarious experiences with discrimination. For example, among college students, vicarious discrimination via witnessing others in their community (i.e., other Latina/o/es), family, or friend groups being negatively impacted by discrimination may result in experiencing negative feelings and psychological distress themselves (Ayón et al., 2010; Harrell, 2000). Additionally, to avoid contributing to their potential distress, participants were not directly asked about their immigration status, a common practice in research with Latina/o/e immigrants (e.g., Cavazos-Rehg et al., 2007). Therefore, this study cannot speak to the direct role of legal citizenship status within this sample. Also, given that the majority of this sample identified as female, it may be important to further assess gender-specific differences and processes regarding acculturation and stress management regarding the experience of racialized stressors.

There may also be potential issues involved with the measures and variables; perhaps the results would have looked differently with a specific scale of deportation fear indicating direct versus indirect fears versus the broader linguistic analysis used in this study. In addition, *we-talk* also consisted of a broad linguistic analysis of communal coping in response to challenges

endured during the course of college or university. As a result, the lack of effects may result from the interview and prompts not directly specifying the community in reference (i.e., family, race/ethnicity, culture, peers). The goal was to see, in a naturalistic way, how frequently individuals referred to first-person pronoun use (i.e., *we-talk*) when sharing about their struggles and coping methods used during college or university. Lastly, linguistic research details the potential role of linguistic and cultural differences in the expression of possession and pronoun-use between native English speakers and non-native English speakers from Spanish language backgrounds (i.e., Latina/o/es; Hill & Bradford, 2000; Whitley, 2002; Wolford, 2006). However, no research to date has examined potential differences in pronoun expression (i.e., singular, plural, etc.) among Latina/o/es and other ethnic groups in relation to mental health, such as in the case of *we-talk*. Lastly, while beyond the scope of the present study, prior research has indicated that discrimination may disrupt family-level processes such as family cohesion through family-cultural conflict, which, in turn, contributes to risks for poorer mental health (Molina et al., 2016).

Future work must take into account changes to family processes and its association with discrimination or racialized stress in predicting mental health. Furthermore, a potential explanation for the lack of interaction effects between racialized stress and attachment relationship quality may be that, rather than operating as a moderator or buffer, attachment may instead mediate the association between racialized stress and mental health and alcohol use. Particularly for Latina/o/e first-generation university or college students, the stress associated with racialized experiences may contribute to greater conflict with one's parents (Crockett et al., 2007; Ojeda et al., 2011; Piña -Watson et al., 2013; Rodriguez et al., 2020), to the extent that individuals would possibly rate their attachment relationship quality with their parents lower. As

such, future studies should also explore mediation models of attachment within racialized stress contexts for Latina/o/e emerging adults to determine how attachment influences or potentially explains the association between racialized stress and mental and behavioral health.

Future Directions

Upon reviewing the strengths and weaknesses of the present study, future directions should prioritize the investigation of: 1) potential cultural and linguistic differences in pronoun use, 2) experiences of vicarious discrimination, 3) the interactive influences of acculturation and gender, as well as 4) whether the type of coping resources utilized are context-specific. First, considering the paucity of research exploring communal coping or *we*-talk in Latina/o/e populations, future projects should strive to investigate the potential associations between *we*-talk, ethnic attachment and identity, especially within the context of coping with racialized stressors. In addition, future studies should explore the potential differences in pronoun use as it pertains to mental health between native English speakers and non-native English speakers from Spanish backgrounds (i.e., Latina/o/es) as well as other languages to assess the cultural utility of *we*-talk as a marker of communal coping in Latina/o/es and other collectivistic cultures.

Second, while the ill-effects of interpersonal and perceived discrimination are well-documented, growing evidence suggests that vicarious experiences with discrimination may also be particularly harmful, with links to depression and anxiety among ethnic minority college students (Ayón et al., 2010; Jochman et al., 2019), underscoring an important topic to address in future research. Vicarious discrimination is considered an indirect experience in which exposure occurs via observations of events that happen to other people (Ayón et al., 2010; Jochman et al., 2019) which may cue feelings of collective group threat which is associated negatively with mental health (Harrell, 2000). Among college students, vicarious discrimination may yield

specific implications given the importance of relationship and identity building, and witnessing others in their community (i.e., other Latina/o/es), family, or friend groups negatively impacted by discriminatory experiences which may incite negative feelings and psychological distress for themselves as well (Alif et al., 2020; Ayón et al., 2010; Harrell, 2000). The negative impact and pertinence of vicarious experiences of discrimination may be even more pronounced in light of recent anti-immigrant sentiment directed toward Latina/o/es (Ayón 2020; Cardoso et al., 2018) and also given the use of social media within this age group (Ayón et al., 2010; Jochman et al., 2019).

Third, with an estimated one-fourth of Latina/o/e emerging adults in the U.S. identifying as either immigrants or first-generation U.S. born (Batalova & Fix, 2011), future studies should seek to further explore the role of acculturation and acculturative stress on the college experience and well-being of Latina/o/e students (Crockett et al., 2007; Lopez, 2005). Additionally, acculturation or acculturative stress may interact with gender to influence feelings of distress or mental and behavioral health. For instance, Latinas often have to contend with assigned gender roles including being tasked with maintaining familial harmony, placing the family's needs before one's own needs or pursuits, caring for others, and maintenance of cultural traditions and values (Alif et al., 2020; Gloria & Segura-Herrera, 2004; Gloria et al., 2009; Soto, 2012; Suárez-Orozco & López Hernández, 2020; Tran et al., 2014). Furthermore, Latino males are reported to cope differently relative to their female counterparts by attempting to be more self-reliant in ways that fit the traditional social and cultural narrative that men are the financial providers and are expected to solve problems, rather than seek help (Gloria et al., 2009; Spencer et al., 2004; Suárez-Orozco & López Hernández, 2020). Consequently, for Latina/o/e emerging adults leaving home to attend college, they may find themselves less able to provide emotionally or

financially for their family, navigating between two potentially conflicting cultures, and negotiating their new roles, all of which contribute to substantial levels of stress and mental health burden (Gloria & Segura-Herrera, 2004; Gloria et al., 2009; Spencer et al., 2004; Suárez-Orozco & López Hernández, 2020). Thus, future work should seek to impart gender- and culture-specific interventions that promote social support and offset the adverse outcomes associated with acculturative stress and other markers of racialized stress.

Fourth, emerging adults may ascribe their identity or view of self to various groups, cultures, or communities that they belong to, including their family, friends, nationality, race/ethnicity, and academic role (American College Health Association, 2013; Arnett, 2004; DeGarmo & Forgatch, 2002; McDermott et al., 2015; Schwartz, et al., 2010; Umaña-Taylor et al., 2015). This developmental period also marks when individuals strive for independence from their parents to pursue their educational and career goals (American College Health Association, 2013; Arnett, 2004; National Opinion Research Center, 2003). Additionally, first-generation Latina/o/e college and university students may feel less inclined to share their college-related struggles with their parents and opt to either seek solace from their peers or attempt to overcome the challenges on their own (Clark & Dorris, 2007; Harris-Britt et al., 2007; Lee & Ahn, 2011; Mosakowski & Zhang, 2014). However, research also indicates that family (i.e., parents and siblings) offers a dependable source of emotional support and stress reduction when dealing with stress regarding undocumented status and racial/ethnic discrimination (Fergus & Zimmerman, 2005; Pérez, 2010). Thus, the question remains: to whom do Latina/o/e emerging adults turn to when experiencing stress? As such, future work should consider how the context of stress, availability of resources, and type of identity activated influence how an individual may resource an identity or coping source. Lastly, note that future considerations should also distinguish

between distal (e.g., friendships, social connectedness, neighborhood cohesion; Lee & Ahn, 2011; Mosakowski & Zhang, 2014) and proximal sources of social and emotional support (e.g., family members, Birman & Tran, 2008).

Conclusion

Latina/o/e culture places a strong emphasis on interdependence, familial connectedness, and communality, all of which are associated with numerous positive outcomes and protect against psychological distress despite experiences with racialized stressors such as perceived racial/ethnic discrimination, deportation fear, and acculturative stress (Carter & Forsyth, 2010; Castro et al., 2009; Rastogi et al., 2012; Stein et al., 2014). Given the prominence of collectivistic values in Latina/o/e culture, it is understood that the experiences of the family unit, as well as the collective group, influence an individual's overall health (Ayón et al., 2010; Campos & Kim, 2017; Campos et al., 2014; Molina et al., 2018; Rinderle & Montoya, 2008) and also protect against the onset of anxiety, depression, and maladaptive alcohol use (Ajrouch et al., 2010; Campos et al., 2014; Crockett et al., 2007; Carter & Forsyth, 2010; Rastogi et al., 2012; Stein et al., 2014; Zhang et al., 2007) by creating support systems and facilitating a stronger allegiance to family and social networks (Ayón et al., 2010; Campos et al., 2018; Schwartz, et al., 2010). Furthermore, family, community, and the transmission of cultural values help equip and prepare individuals with the tools necessary to interpret and cope with racialized stressors (González et al., 2006; Hughes et al., 2006, 2016; Kulish et al., 2019; Umaña-Taylor et al., 2014). For instance, through communal support, individuals may identify issues as a collective group threat and strive to work together to mitigate threats such as discrimination and their associated risks (Harrell, 2000; Williams et al., 1999; Zárate et al., 2004). Yet, very few studies have assessed the direct and interactive effects between markers of racialized stress, attachment,

and communal coping in relation to mental and behavioral health outcomes in Latina/o/e emerging adults.

To better understand the mental and behavioral health consequences of racialized stress among Latina/o/e emerging adults, the present study provides an in-depth analysis of Latina/o/e young adult mental health and alcohol use in response to experiences with perceived racial/ethnic discrimination, deportation fear, and acculturative stress. Moreover, this study examined the individual and interactive effects between each separate marker of racialized stress, along with attachment relationship quality with one's maternal caregiver, and *we-talk* or communal coping on depression, anxiety, and alcohol use among a sample of Latina/o/e college and university students between the age of 18 and 25. Unique to this study, I utilized a linguistic analysis of first-person pronoun use (i.e., *we-talk*) and deportation fears expressed during a stream-of-consciousness interview task. As demonstrated in the current study's findings, higher levels of deportation fear were significantly associated with higher levels of self-reported alcohol use; perceived discrimination was positively associated with self-reported depression and alcohol use; and acculturative stress was only positively associated with self-reported anxiety. However, neither attachment relationship quality nor *we-talk* predicted depression, anxiety, or alcohol use. Furthermore, neither attachment relationship quality nor *we-talk* significantly moderated the relationships between each individual marker of racialized stress and depression, anxiety, or alcohol use. The current study's findings help explicate the harmful outcomes of racialized stressors such as deportation fear, discrimination, and acculturative stress for Latina/o/e emerging adults through associations with depression, anxiety, and alcohol use but also point to the need for further exploration of their potential confluent effects. Lastly, these results were unable to showcase the protective benefits of communal coping and attachment against racialized

stress. As some research indicates, the connections between social support and racialized stress (i.e., discrimination) are more complicated than one might anticipate, perhaps contributing to mixed, null, and even counterintuitive findings (Ajrouch et al., 2010; Crockett et al., 2007; DeGarmo & Martinez, 2006; Mossakowski & Zhang, 2014). This underscores the need to further explore the mechanisms that help optimize the benefits of social support, especially considering it is a tangible coping resource and area to target for prevention and intervention strategies in working with Latina/o/es (Ajrouch et al., 2010; Berkman, 2000; Campos et al., 2014; 2018; Crockett et al., 2007; DeGarmo & Martinez, 2006; Albrecht & Goldsmith, 2003; Mossakowski & Zhang, 2014).

CHAPTER 5:

Epilogue

Epilogue

Latina/o/es now constitute the largest racial/ethnic minority group in the U.S. contributing to major sociodemographic and cultural shifts over the past decades (Alamilla et al., 2010; Brown, 2014; Viruell-Fuentes, 2007). Yet, Latina/o/e citizens and immigrants alike remain subjected to a number of racialized stressors including discrimination, acculturative stress, prejudicial attitudes, punitive immigration policies, and anti-immigrant hostilities (Ayón, 2016; Cardoso et al., 2021; Cervantes et al., 2013; Forman et al., 2002; Molina et al., 2019; Perez et al., 2008; Zayas & Gulbas, 2017). For example, sociocultural shifts and U.S. immigration policy spanning the past decade have contributed to stigmatization of all Latina/o/es, as well as increases in discrimination, detention, and deportation, prompting many Latina/o/es to feel unsafe and uncertain for their own well-being as well as that of their families and community. This has resulted in a number of adverse mental and physical health outcomes among Latina/o/e children, youth, and adults regardless of their nativity or citizenship status; however, those factors do magnify the negative outcomes (Ayón, 2016; Cardoso et al., 2021; Eskenzai et al., 2019; Forman et al., 2002; Perez et al., 2008; Pew Hispanic Center, 2007; Szkupinski et al., 2014; Zayas & Gulbas, 2017).

Furthermore, advancements in the study of promotive health and mental health factors in Latina/o/es have directed attention to the need to focus on the protective qualities derived from interdependence, communality, as well as familial harmony and connection as a means for redressing the ill-effects of racialized stress and promoting adaptive coping strategies (Campos et al., 2014; 2018; Campos & Kim, 2017; Carter & Forsyth, 2010; Kulish et al., 2019; Molina et al., 2018; Stein et al., 2014; Umaña-Taylor et al., 2014). Therefore, this dissertation examined the influence of perceived racial/ethnic discrimination, deportation fear, and acculturative stress on

mental and behavioral health among Latina/o/e adolescents and emerging adults of immigrant origin or descent. This project also concurrently explored the buffering potential of communal coping, maternal positive parenting behaviors, and attachment relationship quality with mothers in the context of racialized stress. Two independent studies were conducted utilizing survey, linguistic, and observational data to explore various facets of these themes.

Study 1 utilized a community sample of 173 youths (e.g., 11-17 years old; see Borelli et al., 2021) to investigate the negative impact of deportation fears expressed during an attachment interview on youth mental health and aggression, along with the direct effect and buffering potential of communal coping (i.e., *we-talk*). These results revealed a significant positive association between youth deportation fear and mother-reported youth depression, but not for *we-talk* nor youth-reported outcomes. *We-talk*, however, did significantly moderate the association between youth deportation fear and mother-reported youth depression such that the adverse effects of deportation fear on mother-reported youth depression were only salient when communal coping or *we-talk* was low. Ultimately, the impact of deportation fear is not only contingent upon level of *we-talk* but also on who's reporting mental health (i.e., mother or youth).

Study 2 utilized data from a sample of 115 Latina/o/e university and college students (18-25 years old) from local Southern California campuses to investigate the direct influence of each individual marker of racialized stress (e.g., perceived racial/ethnic discrimination, acculturative stress, deportation fear) on self-reported depression, anxiety, and alcohol use. This study also inquired the potential moderating effects of attachment relationship quality with one's maternal caregiver and communal coping stress (i.e., *we-talk*). Results demonstrated a number of significant findings including: positive associations between deportation fear and alcohol use,

perceived racial/ethnic discrimination and depression and alcohol use, as well as acculturative stress and anxiety. Contrary to expectations, neither attachment relationship quality nor we-talk were significant predictors or moderators. These findings highlight the adverse outcomes of racialized stress for Latina/o/e emerging adults, but were unsuccessful in showcasing the protective potential of communal coping and attachment relationship quality.

Findings from both of these studies yield important conceptual and methodological implications. Conceptually, both studies offer insights and incentive for further exploration of the complex and multifaceted relations between attachment, parenting behaviors, communal coping, and mental and behavioral health among Latina/o/e adolescents and emerging adults, particularly as it pertains to contexts of racialized stress. Furthermore, both studies utilized innovative methods to assess deportation fear via a linguistic analysis of frequency of word use, communal coping via a linguistic analysis of first-person pronoun use, and a novel observational coding scheme to assess positive maternal parenting behaviors. These studies also used pre-established measures to assess discrimination, acculturative stress, attachment relationship quality, mental health, aggression, and alcohol use. Despite the lack of significant findings for the familial and cultural variables, one can safely deduce that there remains a need to further explore the multilevel and multidimensional nature of these constructs by utilizing various methods of measurement (i.e., surveys, observational, linguistic).

To an extent, the findings of this dissertation mirror that of prior scholarship by helping to expound the detrimental outcomes of racialized stress on Latina/o/e youth and emerging adults (Ángel Cano et al., 2015; Harrell, 2000; Harrell & Sloan-Pena, 2006; Lorenzo-Blanco & Unger, 2015; Romero et al., 2007). As a result of the literature's growing awareness and recognition of the role sociocultural and sociopolitical factors have in the perpetuation of health disparities, so

too has our understanding of their role in treatment engagement, retention, and overall effectiveness of interventions directed towards Latina/o/es and other minoritized populations (Mays et al. 2017; Pinedo et al., 2018; Steinka-Fry et al. 2017; Woods-Jaeger et al. 2020). These advancements have helped shape the understanding that for Latina/o/es, social and cultural support systems provide the most tangible coping assets to expand and focus on as a method for optimizing health promotion as well as advancing effective prevention and intervention strategies (Ajrouch et al., 2010; Campos et al., 2014; 2018; Crockett et al., 2007; DeGarmo & Martinez, 2006; Harrell, 2000; Harrell & Sloan-Pena, 2006; Mossakowski & Zhang, 2014).

Lastly, it is imperative to highlight that the concurrent impact of these racialized stressors may overwhelm or thwart any potential positive effects derived from attachment or communal resources. Likely, the implications of these racialized stressors (e.g., deportations, discrimination, acculturative stress) may be so toxic that simply discussing them or feeling a sense of attachment may not sufficiently provide individuals with the ability to counteract the detrimental toll of racialized stress. In fact, for many racially minoritized youth, the amalgamation of racism, systemic inequities, and poverty contribute to prolonged and frequent exposure to significant adversity (Bowen et al., 2022; Cogburn, 2019; Condon et al., 2019). This incessant exposure to adversity results in the continued activation of an individual's stress response system, over time, crossing the threshold into toxic stress, particularly in the absence of relational and socioemotional buffers (Bowen et al., 2022; Cogburn, 2019; Condon et al., 2019; Garner & Yogman, 2021). Toxic stress is regarded as a significant contributor to the onset of mental health disorders, externalizing behaviors, substance abuse, as well as chronic physical health conditions (Bowen et al., 2022; Cogburn, 2019; Condon et al., 2019; Deighton et al., 2018; Garner & Yogman, 2021; Shultz et al., 2021; Sciaraffa et al., 2018; Zarse et al., 2019).

Even though parents and other relational coping networks may protect children from toxic stress via supportive and positive parenting, a parent or caregiver's ability to provide such support is significantly reduced under pervasive socioeconomic disadvantage (Condon & Sadler, 2019). For example, toxic stress places a great deal of strain on parents and their ability to provide care, contributes to increases in familial conflict, and hinders many parents' ability to provide basic needs for their children (Bloom et al., 2013; Condon & Sadler, 2019; Garner & Yogman, 2021; Hall, 2009; Randell et al., 2015). Additionally, structural disadvantages and everyday experiences of racism have consistently been linked to increases in depression, familial conflict, risk-taking behaviors, and psychological distress in parents (Abdou et al., 2010; Murry et al., 2001; Nomaguchi & House, 2013; Odom & Vernon-Feagans, 2010; Rosenthal & Lobel, 2011; Umana-Taylor, Updegraff, & Gonzales-Backen, 2011).

In sum, toxic stress negatively impacts the collective family unit by nullifying the protective potential of social supports such as supportive caregiving (Kalil, 2015; Moreno et al., 2021; Randell et al., 2015). To reduce the burden of toxic stress among minoritized communities, research requires multi-level study methods and intervention strategies to identify, target, and address the numerous socioecological factors and public policies perpetuating societal inequities, racism, and poverty (American Psychological Association, 2014; Ángel Cano et al., 2023; Artiga & Ubri, 2017; Buhin & Vera, 2009; Moreno et al., 2021; Phillips et al., 2015; Vera, 2020). Only then can we generate the structural and institutional changes needed to minimize racialized toxic stress, optimize relational health, and champion social equity.

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