

Running head: MEXICAN TRANSNATIONAL PARTNERS AND MENTAL HEALTH

## **Correlates of Mental Health and Well-Being for Mexican Transnational Partners**

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## Abstract

The study assessed associations among specific aspects of *marital and parental relationships* with *mental health and well-being* in a unique sample of 103 U.S. – Mexican transnational partners interviewed at both sides of the border. Forty-seven percent of participants lived within six hours driving distance from their partners. Multi-group SEM techniques were used to test for moderation effect of participant's migration status (i.e. U.S. migrant versus partner in México) within the associations. Findings revealed that *marital satisfaction*, *parent-child affection*, and *frequency of physical contact* significantly predicted partners' outcomes in the expected positive direction –with higher values suggesting better *mental health and well-being*. However, higher endorsement of the cultural value of *familism* was associated with lower reports of well-being for Mexican transnational partners. No moderation effects were found.

**Keywords:** Mexican transnational partners, Mental health and Well-Being, Relationship Satisfaction, Parent-child Affection, Familism, Frequency of contact.

## **Correlates of Mental Health and Well-Being for Mexican Transnational Partners**

México is the country with the largest number of nationals living in the United States with 11.9 million immigrants in 2012 -about 4% of the total population of the country. Mexican nationals account for 28% of the U.S. immigrant population, comparable to those from all of Asia (29%). U.S. citizenship is a key factor determining access to rights, economic and social benefits, but just over one in four Mexican immigrant is a U.S. citizen (Mexico's Secretariat of Government/CONAPO, 2013), which explains, partially, the chronic health disparity they face (Castañeda, 2007; Salgado de Snyder, 2007; Wallace, Gutiérrez, Castañeda, 2008).

Aside of the political and economic sides of immigration, which have been ongoing issues center of countless papers; during 1990's, binational efforts were formalized to work not only at the political and economic aspects of migration (Escobar, Martin, Schatzer, & Martin, 2003), but also to put health issues at the center of the research producing important amount of information on most acute health issues (i.e. chronic diseases, alcohol and drug consumptions, among others. *See* Denman, Monk, Ojeda de la Peña, & Cornejo, 2004; Mexico's Secretariat of Government/CONAPO, 2013).

Simultaneously, other views of the México-U.S. migration got presence in the research, the analyses of its impact over more intimate aspects of transnational migrants, such as the quality of relationships among family members. Since Berumen and Santiago (2012) the transnational approach understood migration as a dynamic process of building and re-building social networks that helped to organize work, social, cultural, and political life of migrants and their families across the borders. That approach placed families in the eye of the analyses, which seemed crucial, particularly today, to unveil the impact of recent and more astringent U.S. immigration policies over Mexicans migrants. From the authors' perspective, migration policy

adopted after the financial crisis of 2008 prevented the circularity of the process therefore inhibiting migrants to return to México; which in turn fostered either, a more prolonged family separation, or the migration to U.S. of those who stayed in Mexico and their stronger efforts to reunite.

Despite the attention the topic has gained, there is a paucity of research in some specific domains of family life of transnational families. This study aims to advance current knowledge on intimate aspects of their lives by accounting how (if at all) partners' marital and parental relationship quality, as well as, Mexican culture value of familism impact transnational partners, using a quantitative approach. This information is needed to inform policy makers and professional services provides (i.e. counseling) to attend mental health issues with these partners and families. The need for professional services may also be great for U.S. migrants given that they come from a vulnerable population who has encountered economic hardships in México, sometimes trauma during the migration process, and hostility in the U.S.

#### *Transnational families, mental health and well/being*

The migration experience can lead to physical and mental health problems. Several studies have documented that migrants' health is affected by repeated exposure to risk factors all way along, from leaving their place of origin, during their period of transit, and while settling in the destination country. Increased consumption of alcohol/drugs and associated negative affection/depression feelings are only two of the many health risk factors for migrants.

Borges and colleagues' studies (Borges, Breslau, Orozco, Tancredi, Anderson, Aguilar-Gaxiola, & Medina-Mora, 2011; Borges, Rafful, Benjet, Tancredi, Saito, Aguilar-Gaxiola, Medina-Mora, & Breslau, 2012) found that current Mexican immigrants in U.S. were at higher risk for drug use and disorders associated with that compared against Mexican living in Mexico, but were at lower

risk than U.S.-born Mexican-Americans. They used two nationally representative datasets with important sample sizes (1208 for U.S. and 5782 for Mexico). Drug and alcohol abuse are also typical for border cities youths (Flores & Kaplan, 2009); and alcohol consumption tends to rise as the length of stay in the host country increases, particularly among males (Mexico Secretariat of Government/CONAPO, 2013). Since Sanchez and Arellanez (2012) family separation due migration lead families to drug use, not only for those who migrate to U.S. but also for those who stay in México; for those who migrated, by means of the distress associated with the process of acculturation to the host society; and for those who remain in home due to the emotional turmoil, which in turn, causes maladjustment particularly among the youths.

Depression and other negative emotions are also typical of Mexican immigrants. Rush and Reyes (2012) examined how family separations influenced mental health of low acculturated Mexican immigrant families living in the United States. They found that 43.4% scored enough to be considered depressed with half of those falling within the range indicating major depression. When comparing migrant by status (i.e. separated versus non separated parents) no difference was found for depression, but it was found for acculturative stress, with separated parents experiencing a higher level than their counterparts.

Research by Marsiglia, Kulis, Perez, Bermudez-Parsai (2011) found that Mexican-heritage women, among other Latinas, have higher prevalence rates of psychiatric disorders than their male counterparts. The authors suggest that cultural-rooted aspects such as resiliency and a sense of optimism connected to immigration, appeared to shelter these women from hopelessness and depression, but they were not effective against the risk of hopelessness coming from living in very large households and non-working status.

Similarly, Tyson and colleagues explored cultural models of depression among Latinos (i.e. thirty percent Mexicans), and found strong intra-group consensus over migration experiences as being the common cause for depression. Economic problems and childbearing issues were also reported as causes of depression for Mexicans, who further, was the most vulnerable of the Latino groups under comparison, as 90 percent reported not having health insurance. The study also found that stress and loneliness influenced by legal status and immigration-related factors, were especially salient in the case of Cubans and Mexicans (Tyson, Castañeda, Porter, Quiroz & Carrion, 2011).

Before these studies, early research had already detected the role that migration and nativity (i.e. U.S. first, second, so forth generation) have played not only on mental health but also in changing parenting and socialization goals –therefore children’s outcomes- for Mexicans, all these patterns of change that could be associated with risky behaviors (Buriel, 1993). Thus, it seems inevitable to think that family separation due to international migration may be associated with risky consumption behaviors, which in turn, could be associated with mental health issues (i.e. anxiety/depression, loneliness, etc.), a very real health issue for this population.

This study proposes that family level variables are important to explain mental health outcomes with transnational families. A family studies approach may contribute with a deeper understanding on the family processes underlying the mental health outcomes within this very special case of family structure. We propose that, among others, the followings are important aspects or variables to consider when analyzing transnational families. Even more we propose that -beyond the study of migration over parenting and the role of contact between family members- some of our study variables have not been touched in previous studies since our literature review. Among these gaps are the potential associations between marital satisfaction

and the role of Mexican culture values in explaining mental health and well-being for transnational partners.

*Contact among partners (physical & telephone or electronic)*

Existing literature on Mexican transnational families have shown that the geographical distance affects several domains of family life. However, most outcomes examined have been for children or for wives who stay in Mexico. The consequences of maintaining contact for the U.S. migrant are less known. Dreby (2006) did find that men are more likely to maintain contact when they feel they can fulfill their role of family provider, whereas women are more likely to maintain contact when they are able to perform emotional care from a distance.

Some studies have explored the role that frequency of contact has on alleviating the distress of distance. In ethnographic work, Dreby (2006) found that the amount of contact migrant mothers versus migrant fathers maintain with their children in Mexico are equal and that the most common form of contact is telephone. Using the 2005 Mexican Family Life Survey, Nobles (2011) found that 61% of migrant fathers maintain phone contact with their children in México on at least a weekly basis. Furthermore the amount of contact is greater than that of nonresident fathers who left their homes following divorce. Additionally, the majority of fathers in their sample helped with most of their children's expenses. Financial contributions made by migrant fathers were also found to positive correlated with children's' school outcomes. Kanaiaupuni (2000) found that maintaining frequent contact by phone and letters reduced anxiety for both women in children in Mexico.

*Relationship satisfaction*

There is a clear link between relationship variables including satisfaction, conflict, and violence and mental health and well-being (for a review see Fincham & Beach, 2010). Happy

couples are healthier both physically and psychologically. Marital satisfaction is a strong predictor of life satisfaction and well-being (Proulx, Helms & Bueler, 2007). Literature on Mexican American families shows that levels of satisfaction in couple relationships are similar to those in White samples (Lucero-Liu & Christensen, 2009), however less is known about how relationship variables impact mental health and well-being. The study couple variables for transnational Mexican families is sparse. It is unknown whether maintaining positive relationships from a distance will enhance mental health and well-being or hinder it.

### *Parent-child relationship*

Literature had showed that transnational parenting has important impact on children. Most of the studies have focused on the effects that parents distance has on children's socio-emotional outcomes with studies documenting both cases, children who accompanied their parents and paid the cost of acculturative stress, feelings of inadequacy, irritability, and even ambivalence risking identity of migrants (Faulstich-Orellana, Thorne, Chee, & Lam, 2001; Mummert, 2009); as well as the effect on those who stayed in México, and had to deal with emotional consequences such as feeling of abandonment, separation-anxiety, among other (McGuire & Martin, 2007; Sanchez & Arellanez, 2012; Sotomayor & Montiel, 2013). In a lesser extent, research has explored how parents view their own parent-child relationship quality as affected by own or partner migration (Bonizzoni, 2012, Debry, 2010; López-Pozos, 2009; Silver, 2006; Moreno, 2013), particularly, studies from a quantitative approach.

Previous studies have proposed that meanings and practices for transnational mothers affect and are affected by the geographical configuration of their families (Bonizzoni, 2012). During her qualitative exploration, she observed that mothers kept alive their love and care toward their children through phone calls, visits, and remittances- which would allow them to

reconnect lately, hoping for reestablishing a sense of intimacy, in a retrospective fashion. Regretfully, the legal and economic constraints of migration that limit the frequency of transnational interchange, author suggests, make these strategies not fully effective in preventing the loss of intimacy and closeness that could result after years of separation.

### *Mexican cultural value of Familism*

As largely known, a cultural value such as *familismo* is important to explain interpersonal and familial relationships quality within Latino and specifically with Mexicans in Mexico (Diaz-Guerrero, 6th ed., 1996; Esteinou, 2007), as well as with Mexican-immigrants in U.S. (Smith-Morris, Morales-Campos, Alvarez, & Turner, 2013). We propose that the strong endorsement for a value highlighting the importance for family well-being -overcoming that of the individual-closeness, and solidarity between family members, may have a special role in explaining not only marital and parental dynamics, but also in mental health and well-being within transnational partners. A recent ethnographic study by Smith-Morris, Morales-Campos, Alvarez, & Turner (2013) revealed that familismo, as expressed in narratives, was a more complex and evocative concept for Mexicans, than most existing literatures have tended to suggest.

Previous studies found that less acculturated and first generation Mexican-origin families -embracing culture-rooted values- were less prone to risky behaviors than third generation (Buriel, 1993) immigrants. Romero and Ruiz (2007) measured *familismo* as family proximity and family closeness and found that the amount of time that Mexican adolescents spent with their families in positive activities (i.e. hobbies, sport, fun time, etc.) increased parental monitoring which led to less adolescent coping with risky behaviors. Sotomayor, Figueredo, Christensen, and Taylor (2012) found how high familism endorsement had a clear impact on Mexican immigrant families living in U.S. with partners being more prone to share parenting,

improving thus the quality of family climate. Additionally, several studies including familism as cultural factor explained high prosocial personality traits with Mexican young adults residing in Sonora, Mexico, where most of the transnational families of our study were recruited (Sotomayor, Cabeza de Baca, Figueredo & Smith, 2013). However, no studies were found which explored the impact of familism on mental health with transnational partners.

### *Purpose of the Study*

Therefore, the aims of this paper are twofold: a) to understand how transnational migration impacts the mental health and well-being of transnational families. We examine how mental health and well-being are affected by a number of factors, particularly, the quality of the marital relationship, parent-child affection, cultural value of familism and frequency of physical contact between partners; and, b) to explore the role of partner' status (i.e. U.S. migrants vs. partners in México) in explaining these associations.

## **Method**

### *Participants and Recruitment*

In order to be eligible for the study, participants had to be over 18 years of age and from a transnational family, with nuclear family members living in both México and the United States. Participants were recruited in Sonora, México (including in Hermosillo, Nogales, Magdalena) and in Los Angeles, California. In México, participants were recruited from migrant shelters, local schools and through word of mouth. In California, the sample was recruited through a community partnership with a park and recreation center in South Central LA. In total 103 individuals participated in the current study, 83 in Sonora and 20 in California. Of the 103 study participants, 38 were migrants (7 women & 29 men) and 65 were the partners of migrants who

had stayed in México (58 women & 7 men). Some migrants were interviewed in México, either while visiting their family or were in México after deportation from the United States.

The current sample is unique from other studies done of Mexican transnational families. The physical proximity between México and the United States diversify the family experiences of the current sample. The physical distance between family members ranged from a few miles to thousands of miles, with the majority of the sample living within a few hours' drive from their family. Thus our sample includes both transborder families (with member living within 100 miles of the U.S.-Mexico border) as well as transnational families. Additional demographic characteristics are shown in Table 1.

### *Procedure*

Participants were interviewed face-to-face by the principal investigators or by trained graduate and undergraduate students. All participants were interviewed in Spanish by native speakers with a similar dialect. Interviews primarily took place at participant homes, migrant shelters, and community centers. Participants gave verbal consent for their participation and received \$25 for their participation in the study or the equivalent amount in pesos. This study was approved by Internal Review Boards in California and in Sonora.

### *Instruments*

#### ***Frequency of physical contact between partners***

Frequency of physical contact between partners was measured by a single open-ended item asking participants how often they reunited with their partners. Categories were created by the researchers, see Table 2 for frequency of physical contact.

#### ***Relationship Satisfaction***

Relationship satisfaction was measured with the Relationship Assessment Scale (Hendrick, 1988). This scale consists of 7 items measured on a 5-point Likert scale. A sample item is: “In general, how satisfied are you with your present relationship?” The scale is scored so that higher scores reflect higher levels of relationship satisfaction. This instrument has been previously used with a working-class Mexican-American sample (Barnett, Del Campo, Del Campo & Steiner, 2003). Internal consistency alphas for the current sample were .89.

### ***Parent-child affection***

Parent-child affection was measured with 6 items modified from the MIDUS Parental Affection Scale (Brim et al., 2000). The items are measured on a 4-point Likert scale and coded so that higher score reflect greater level of parental affect. A sample item is: “How much do you understand your child’s problems and worries?” Internal consistency alphas for the current sample were .72.

### ***Familism***

A global measure of familism was computed by combining familism subscales developed by Knight and colleagues (2010). The three familism subscales that were combined includes familism-support, familism-obligations, and familism-referent. The combined measure consists of 16 items measures on a 5-point Likert scale. Higher scores reflect greater endorsement of familism values. Sample items include: “Parents should teach their children that the family always comes first” and “A person should share their home with relatives if they need a place to stay.” Internal consistency alphas for the current sample were .81.

### ***Mental Health***

Mental health was measured with the K6 scale. The measure has been shown to shown to be sensitive screens for DSM-IV disorders in surveys carried out in the U.S. (Kessler et al.

2002). Higher scores represent worse mental health. Sample items include: “Within the last 4 weeks how often have you felt without hope?” and “Within the last 4 weeks how often have you felt nervous?” Internal consistency alphas for the current sample were .83.

### **Loneliness**

Loneliness was measured with three items from the UCLA Loneliness Scale (Russell, 1996). The items were scored with a 5-point Likert-type response format with higher scores representing feeling greater loneliness. This scale was been previously validated for use with a Mexican migrant sample (Muñoz-Laboy, Hirsh & Quispe-Lazaro, 2009). Internal consistency alphas for the current study were .91.

The K6 and Loneliness scales were used to create a latent variable called Mental Health and Well-being which is the outcome variable in our model.

### *Data Analyses*

Descriptive analyses for demographic and study variables were analyzed by using univariate statistics with SPSS. Structural equation modeling performed with Lisreal 8.8 was used to examine the association among variables as well as to seek for moderation of the associations based on respondent’s situation (i.e. partner in U.S. versus partner in México). We relied on practical fit indices while evaluating causal paths [Card & Little, 2006; Cheung & Rensvold, 2002; Little, 1997; practical fit indexes: the root mean square error of approximation (RMSEA) fit is considered good/acceptable when value is less than or equal to 0.05/0.08; comparative and normed fit indexes (CFI and NFI respectively), good/acceptable values for both are above than or equal to 0.90/0.95], and a more stringent significance tests during the hypothesis-testing phase (i.e., evaluating  $\Delta \chi^2$  to compare nested models).

### **Results**

### *Correlations among Variables*

As shown in Table 3, all study variables were significantly correlated with outcomes Loneliness and Mental Health. Also, there were a positive and significant correlation between marital relationship quality and frequency of contact ( $r = .33, p < .01$ ).

### *Means by Respondent situation*

Table 4 displays the mean levels of relationship quality, parent-child affect, familism, and frequency of contact among partners by respondent situation (i.e. partner in U.S. and partner in Mexico). As can be seen by the  $F$  ratios at the right of this table, there were significant mean differences by respondent situation on frequency of contact, familism, and loneliness; and one difference at trend level on parent-child affection. Partners in Mexico reported higher frequency of contact ( $F = 11.77, p < .001$ ) and higher feelings of loneliness ( $F = 12.23, p < .001$ ), than partners in U.S. By the other side, partners in U.S. reported higher traditional family values ( $F = 3.83, p < .05$ ); and finally, partners in Mexico scored higher in parent-child affection than their counterparts in U.S. but only at trend level ( $F = 3.59, p = .06$ ).

### *Structural Equation Modeling*

First, we estimated a fully saturated model of four predictors covarying (i.e. *Relationship satisfaction, Parent-child affection, Familism, and Contact among partners*) and causally linked to latent variable *Mental health and Well-being*. The model reaches good fit across all the indices but RMSEA [ $\chi^2(3) = 8.55, p < .05$ ; RMSEA = .13; CFI = .96; NFI = .94]. The results showed only one significant covariance among predictors and all causal paths from predictors to latent outcome variables were significant. Second, we tested a model which retained only the significant paths from the previous model and dropped non-significant ones increasing goodness of fit [ $\chi^2(8) = 12.52, p < .13$ ; RMSEA = .07; CFI = .96; NFI = .91]. Coefficients were as follow,

the covariance between *Relationship satisfaction* and *frequency of contact*, was  $\beta = .33, p < .05$ ; causal path from *Relationship satisfaction* was  $\beta = .37$ , from *Parent-child affection* was  $\beta = .19$ ; *Familism*  $\beta = -.24$ ; and *Frequency of Contact* was  $\beta = .21$ , all with significant values of  $p < .05$  (see figure 1).

Then, we performed multi-group analyses separating our sample in two types of respondents (i.e. partners in U.S. and partners in Mexico) to freely estimate the paths among variables. The model reaches excellent goodness of fit [ $\chi^2 (16) = 16.25, p < .13$ ; RMSEA = .002; CFI = .99; NFI = .89] allowing us to proceed and test for moderation effect.

Thus, we constrained the causal paths to be equal across groups to find if the effects of predictors over mental health and well-being are equal or different between those who stay here (i.e. partner in U.S.) and those who left (partner in Mexico). This final and more restricted model keeps excellent fit indices [ $\chi^2 (20) = 20.92, p < .40$ ; RMSEA = 0.0; CFI = .99; NFI = .85], but no moderation was found as shown by the non-significant change on Chi square [ $\Delta \chi^2(4) = 4.67; p > .10$ ] that compared the restricted against the free model (i.e. nested model comparison), indicating that we can hold the equality hypothesis.

In summary, findings revealed that our four variables actually predict Mental health and well-being for both types of partners, regardless if we see those who stay or those who left. Also, finding suggest that Frequency of contact only covariate with Relationship but there is no link between this contact with the partner and respondent's relationship with their children. Moreover, all the effects were found in the expected positive direction that we presumed to be based on previous studies with Mexican-origin families. Except for familism that resulted in a negative effect suggesting that respondents more traditional in their family values experience less positive mental health and well-being.

## Discussion

As expressed by Salgado de Snyder, González, Bojorquez, and Infante (2007) research needs to deeper current understandings of the determinants and social processes involved in health status, if we want to decrease the negative effect of migration, particularly, on the most vulnerable Mexican immigrants in U.S. We believe that our findings may contribute to this aim as they show that international migration of one member of the couple affects to the other as following discussion states. Close relationships are context to develop intimacy and belongingness and under such context experiences are shared by its members producing reciprocal effects (Reiss, Collins, & Berscheid, 2000); therefore in transnational couples, mental health and well-being is not anymore an individual issue, what affects the partner, also affects him/herself. Also, the fact that these couples raise their children and manage their marital issues living under two different roofs for long periods of time – around thirty percent of our participants has from 7 to 24 years living apart, with time length since last reunion ranging from 1 and a half to 14 years - pose new challenges for family researchers (Falicov, 2005; 2007; 2009). Thus, our findings are discussed under the light of our research questions and corresponding assumptions in the order in which were presented in the introduction part.

First question has to do with the role that distance has on certain domains of family life. Agreeing with previous studies, we suggested that frequency of contact would alleviate the distress of distance for transnational partners, therefore fostering a positive mental health and well-being. Our findings supported this idea with partners who reunite more frequently experiencing better mental health and well-being (i.e.  $\beta = .21$ ). In our data, frequency of partners' physical contact was highly and negatively correlated with geographical distance between partners ( $r = -.69, p < .001$ ); therefore, it is implicit that the more partners live far apart, the less

physical contact is possible. Our sample was integrated by migrants, the vast majority of them originals from the central and south-states of Mexico who were residing in Los Angeles, U.S. at the time of the interview; and for partners of migrants, mostly original from the northwest state of Sonora, Mexico, with their spouses mostly residing in U.S. border' states (i.e. California, Arizona, Texas). Thus, we have essentially two groups who differ significantly in their frequency of reunion (see Table 4), but that are similarly affected in their mental health and well-being by the distance (Dreby, 2006).

A second question wondered whether relationship satisfaction was associated with mental health outcomes with transnational families, as it has been consistently found with mainstream as well as Mexican-origin families (Fincham & Beach, 2010). We argued that no previous studies analyzing relationship satisfaction within transnational partners were found, further, we also argue that distance might make a difference here, therefore we did not advance specific hypothesis regarding this link. Findings revealed that marital relationship not only has the strongest effect on our outcome variable (i.e.  $\beta = .37$ ); it also has the highest mean's values (see Table 4) regardless if we see migrants in U.S. or their partners in Mexico. Thus, our sample is homogeneous with regard to level and impact of relationship satisfaction over transnational partners' mental health and well-being. This is consistent with most of the studies that have highlighted the role of marital variables impacting mental health outcomes (e.g. Fincham & Beach, 2010). Similarly, it supports claims saying that transnational families are identical to more traditional families in build an environment, (i.e. for transnational partners a non-physical environment), integrated by emotional and practical ties that support them along the years of physical distance living arrangement (Herrera & Martínez, 2002).

In similar vein, we contribute to the existing research that study the effects of parents' migration over children outcomes by exploring the parents' view on their own parent-child relationship quality, focusing on affection. We found a difference on mean values -at trend level- when comparing those who stay in Mexico against those who migrated. But, as it happened with marital relationship quality, parent-child affection has a positive and significant effect over partners' mental health and well-being in a similar fashion for both groups. This is consistent with the immense and all culture majority of research showing the relevance of affection with children as indicator of good parenting (Belsky, year; references), and family well-being (Lindhall, year, references). This is also consistent with the more common findings for transnational parenting, showing that as well as separation is deleterious for children (Debry, McGuire, etc.), keeping an affectionale contact with children is always protective factor for mental health and well-being for parents also; even for those who live this relationship across the distance.

With regard to familism, we stated that this value has proven to be important to explain several domains of Mexican-origin families (i.e. Buriel, Coltrane, Smith-Morris; etc.). But, we highlighted that no previous research was found to test the role of familism over mental health and well-being in transnational families. Given the uniqueness of our population, we should be caution to make any assumption. Surprisingly, our significant and negative effect of it (i.e.  $\beta = -.24$ ) over mental health and well-being suggest that what has been identified as protective factors for immigrant families becomes an obstacle for transnational partners. While previous studies yielded a positive association between familism and family outcomes for non-separated Mexican immigrants in U.S. (Sotomayor-Peterson, Figueredo, Christensen, & Taylor, 2012) and Mexican

families in their country (as reported by the adult children of those families; Sotomayor-Peterson, Cabeza de Baca, Figuredo, & Smith, 2013) our finding result in the opposite direction.

Mexican-origin families as those who integrate our sample (i.e. born and grew up in Mexico) exhibit high level of *familism* endorsement as seen in mean values closest to the highest value of the scale ( $M = 3.37$  for partners in Mexico,  $M = 3.52$  for partners in U.S., see table 4). This value proscribe the strong responsibility to take care of family, keep it cohesive, maintain traditions, and be there for times of needs; thus, it seems intuitively opposite to the way these partners has to live under current conditions. Therefore, it makes plenty of sense to think that those who more strongly endorse this view family has to experience the more deleterious effect of separation, meaning, strong feelings of loneliness and depression/anxiety symptoms.

#### *Clinical implications*

We should not forget, as Falicov (2005; 2007; 2009) proposes, the challenges that transnational families, particularly Mexican-origin ones, pose for therapy professionals in U.S. and how there is need for evidence to support the therapeutic approaches when dealing for this special case of families. Bonizzoni (2012) explains that transnational partners manage to maintain family life by means of keeping alive family and parental roles, rituals, and other symbols, despite distance; where new communication technologies made possible the development of “virtual intimacy” (Bacigalupe & lambe, 2011). In their qualitative research, Moreno, Mejía, Lucero-Liu & Sotomayor (2013) found that coping strategies for migrants in Los Angeles, U.S. were focusing on capital aspects of separation; fostering the “sense of family” through emphasizing the hard work in U.S. in order to provide for their families, while maintaining communication as frequently as possible.

Findings in this study has clinical implications for practitioners as it contribute with evidence that rituals, symbols and roles needs to be fulfilled in the transnational partners' minds as to protect them from isolation. Working on the re-assessment of meanings can be particularly important to manage the negative outcomes in mental health and well-being of those Mexican transnational partners with strong familism sense and who suffer the most by the logical contradiction implicit in being apart from their love ones.

#### *Limitations and future research*

There are several issues that need to be addressed in future research. Some of these issues are the shortcoming in this study. There may be substantially more differences on transnational families that we did not explored based on, for example, the actual distance among partners. In our study we used frequency of partner's meeting (i.e. proxy for geographical distance  $r = -.69$ ). Defining what exactly means transnational versus transborder is much more than the mileage between the places, and even that is unclear (Ojeda, 2008). Geographically speaking, there is no debate about the west-to-east length of border between Mexico and U. S. (i.e. 3,200 km); the north-to-south length is a much more complex issue. The huge variability on such undefined geographical area regarding socio-economic, cultural, attitudinal differences is important and it shapes family relations (Denman, Monk, Ojeda de la Peña & Cornejo, 2006).

We tested the moderation effect of respondent's residency (i.e. those who stayed vs gone) on the association between marital, parental and cultural values over mental health without considering the sex of respondent. There may be variation on the net of association if the migrant is female (i.e. the gone), and the partner is male (i.e. the stay), which in our study was overwhelming the opposite. So, we could say that the no moderation effect for residency works

for sex as the vast majority of the “goners” were males and the “stayers” were female, but until now this is just speculation that needs to be tested.

Other aspects not touched in this study were the developmental stage of the family, and the economic aspects of the migration for those families. The association among variables may differ based on the period or stage family is cursing. Marital relationship quality and parent-child affection may differ substantially if we see young couples raising toddlers than elder parents with grown adult children. Moreover, there may also be implications regarding which partner keeps the children with him, is it who stayed, or who is gone? (needs references for life span-marcela). It is absolutely obvious that the association between marital relationship quality and economic well-being derived from migration is a critical variable. We have grouped those who had been able to send regular remittances to their families in México with those who had not; there is abundant literature evidencing how economical pressures are deleterious for marital well-being (needs references, ana?).

Also, future research should be deeper in the analyses of the cultural variables strongly associated with traditional familism, such as traditional, rigid, gender role, and religion, to mention two of the most important. Research findings on gender role attitudes is inconsistent with some studies showing Mexican-origin families as being traditionally oriented, while others, also current research, challenging this view with findings of Mexican fathers being as involved in childrearing as their counterparts European American fathers (Adams, Coltrane & Parke, 2007; Knight, Berkel, Umaña-Taylor, Gonzales, Etkal, Jaconis, & Boyd, 2011). Thus, we believe that the influence of cultural values over mental health in transnational Mexican partners could be much more complex because of the interplay among the values just mentioned.

Social support and internal characteristics (i.e. resilience) are among other variables that have been found to explain successful adjustment of migrant to U.S. (Tyson, Castañeda, Porter, Quiroz, & Carrion, 2011). In our study we did not include them, thus it is possible that their effects are confounded with our study variables, so there is need for future research disentangling these complex network of influences. Nevertheless we believe our findings have the merit of providing with a deeper look into some relational aspects of transnational families responding to that previous researchers' claimed to be in great need (Bonizoni, Falicov, etc.).

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