Migration, mental health, and family functioning among Mexican men

FINAL REPORT

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We appreciate the participation of our research team on both sides of the border and the men who shared their stories, their pain and their pride with us.
ABSTRACT

Utilizing a mixed methodology, we investigated the mental health and family relations of 40 Mexican men from Michoacán who had a history of U.S. migration and had returned to their communities in Mexico and 40 compatriots who lived in the Central Valley of California. Although none met criteria for a psychiatric disorder, we found low levels of anxiety among all men. Whereas mild depressive symptoms were more frequently reported in the Mexican sample, moderate and severe depressive symptoms were more frequently reported in the Californian sample. We also examined the psychological resources utilized by the men in both countries to cope with symptoms of depression. Most of the men appeared to rely on self-control to manage sadness and anger, with men in Mexico relying on these psychological resources to cope to a greater extent than those in California.

Qualitatively, we investigated the impact of transnational migration on the men’s perceptions of masculinity, impact of their migration on the family, and the ways in which the experience of migration affected their mental health. The repatriated sample found challenges to their role functioning upon return and most continued to dream of returning North. The U.S. sample longed for the homeland and minimized the impact of their migration on the women and children left behind. They saw migration as a noble sacrifice, as their labor improved the quality of life of their families of origin and their spouses and children. Policy implications of our findings and directions for future research are offered.

RESUMEN EJECUTIVO

Utilizando una metodología mixta, investigamos la salud mental y relaciones familiares de 40 mexicanos de Michoacán quienes tenían una historia de migración estadounidense y regresaron a sus comunidades en México al igual que 40 compatriotas que vivían en el Valle Central de California. Aunque ninguno llenó los criterios de un trastorno psiquiátrico, encontramos bajos niveles de ansiedad entre todos los hombres. Mientras que los síntomas depresivos leves fueron más frecuentemente reportados en la muestra mexicana, los síntomas depresivos moderados y severos fueron más frecuentemente reportados en la muestra californiana. También examinamos los recursos psicológicos utilizados por los hombres en ambos países para enfrentarse a los síntomas de la depresión. La mayoría de los hombres parecían confiar en el autocontrol para manejar la tristeza y la ira, y los hombres en México confiaban en estos recursos psicológicos para enfrentarse en mayor medida que los de California.

Cualitativamente, investigamos el impacto de la migración transnacional en las percepciones de los hombres sobre la masculinidad, el impacto de su migración en la familia y las formas en que la experiencia de la migración afectó su salud mental. La muestra repatriada encontró desafíos a su función al regresar y la mayoría continuó anhelando con regresar al Norte. La muestra estadounidense anhelaba la patria y minimizaba el impacto de su migración en las mujeres y los niños dejados atrás. Consideraron la migración como un noble sacrificio, ya que su trabajo mejoró la calidad de vida de sus familias de origen y de sus cónyuges e hijos. Se ofrecen las implicaciones políticas de nuestros hallazgos y las direcciones para futuras investigaciones.
INTRODUCTION

Transnational male migration from Mexico to California has occurred steadily since the Mexican revolution (González & Vizcarra, 2006) and has ebbed and flowed depending on the United States’ need for agricultural labor and Mexico’s political and social realities (CONAPO, 2015). Despite the historical presence of Mexican immigrant men in the United States, there is limited information on their mental health or the extent to which masculinity, and the cultural and social construction of gender, nuances the experience of migration for these men. Likewise, few psychological studies have examined the impact on the men’s psychological well being post migration or the stress of reunification once the spouse/partner and/or children join the male migrant in the new social context (Falicov, 2014).

Through a mixed methods study, we investigated the migration experiences, mental health, family relations, and psychological resources utilized by 40 men from Michoacán, Mexico who had returned to their country and 40 Mexican men who lived in a rural community of Central California.

Gender, Masculinity and Migration

Transnational migration studies have shown the complexity and heterogeneous nature of migration processes and the role of gender and masculinity in the experiences of immigrants. In Mexico the decades of the 1980’s and 1990’s brought about a significant increase in migration studies that included a gender perspective, particularly those carried out in rural Mexican communities of Michoacan (González, 1995; Mummert, 1995; 2009). However, these studies failed to include male subjects as the unit of analysis, focusing instead on the impact of their migration on the women and children left behind.
The few studies that included a theoretical grounding in masculinity concluded that work, the sending of remittances, and the authority and control the men exercised over their families even from another country, as well as the courage to brave a dangerous journey to the United States, reflected culturally constructed values of Mexican masculinity and male identity (Flores & Valdez-Curiel, 2009; Rosas, 2008; Vega, 2009).

Most migration studies focus on adult men; however, Hernández (2012)’ study of Mexican boys and youth detained at the border, concluded that adolescent male migration reflects internalized values regarding masculinity, which are inculcated in boys since infancy. These boys are taught that they are responsible for their families regardless of the cost or personal sacrifice, that it is their duty to support their parents, and work to generate the capital necessary to marry and form their own families at a young age. Hernández (2012) assertions contest the notion that the cultural and social construction of masculinity and their attendant role expectations is relevant solely for adults, since it is evident that for rural Mexican men such expectations begin to inform them since childhood and prevails during their entire life.

A gender perspective in research provides a more nuanced understanding of the meaning and purpose of migration in the lives of men and women (Espin, 2016). The social construction of masculinity and femininity creates differences in the quality of life and experiences of each gender. Thus, it is critical to utilize a gender perspective in migration studies in order to hear males’ narratives of their migration experience with sensitivity to the multiple effects of gender roles, and the stereotypes and sociocultural scripts that guide their actions and give meaning to their experience.

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1 Study of the migration experience of boys who were deported in the Matamoros-Brownsville border (Hernández, 2012).
Moreover, internalized notions of masculinity are neither rigid nor immutable; instead masculinity is constructed daily and modified historically in response to societal changes and men’s perception of themselves and in relation to others. Thus, men learn, adjust, and practice their gender role assignments according to what others expect of them, and according to what they consider to be characteristics of an ideal man (Connell, 2003; Flores, 2013).

However, for some men, masculinity is precarious, uncertain and must be established with effort depending on the level of privilege and class position they hold. While the social construction of “a man” has been constituted as an individual with power and privilege, men of color, gay men, working class or poor men have been marginalized or rendered invisible. Vega (2009) argues that discourses of modernity have yielded the notion of work as the central aspect of male identity, while in Mexico minimal attention has been paid to the migrant male subject as a provider/worker and authority in his family. This is in part due to the nature of male Mexican migration and the government’s reluctance to analyze or study it (Vega, 2009).

Feminist Mexican scholars argue that gender roles represent historically constructed social expectations, which maintain that by virtue of being male or female, each gender should possess certain characteristics, attitudes, and carry out particular occupations (Rivera-Heredia, Obregón & Cervantes, 2009). Likewise, the family is a socially constructed space wherein such roles are enacted. In most Mexican rural families, men have been assigned the role of provider who will resolve the family’s economic necessities. Men assume this role and when the social and economic realities of their communities impedes the fulfillment of this mandate, they must evaluate their options in order to protect their self esteem. In this context, transnational migration appears as an attractive option to fulfill their role. This is especially the case in communities with a long history of transnational migration, where “irse al Norte” (going north) may become an adolescent rite of passage.
Migration and Mental Health

Psychological studies of migration consider it a stressful life event that impacts all who participate in it, including the migrant and those left behind (Achótegui, 2002; Falicov, 2014; Rivera-Heredia, Obregón & Cervantes, 2009; Salgado, 2007). Existing studies propose that a combination of social and emotional vulnerability that may occur prior to, during or after migration, may result in depression for the migrant (Bhugra, 2004).


A recent report by the Consejo Nacional de Población (CONAPO, 2015) of the Secretaría de Salud of Mexico and the Health Initiative of the Americas (HIA) of UC Berkeley’s School of Public Health indicates that the migration process may create adverse consequences for the mental health of migrants, given the challenges they face prior to, during the migration, especially if unauthorized, and while settling into the new social context (Falicov, 2014; Kirkmayer, Sedhev, Whitley, Dandeneau and Issac, 2010). Torres and Wallace (2013) among others note that the stress of departure, anticipation of leaving loved ones behind, as well as the push factors to the migration, including social and political violence in Mexico, can cause additional stress. Moreover, concerns about detection and detention during the journey, the potential encounter with violence while on route, and possible deportation exacerbate the
migrants’ apprehension. Furthermore, worries regarding whether or not they may find employment once settled into their new location, and the degree of social support they may find, all pose significant risk to the mental health of migrants (Flores et al., under review).

Once settled in the United States, Mexican immigrants also face multiple challenges. Falicov (1989 & 2014) proposes that the changes in the meaning systems provided by the culture of origin, social supports, and even physical geography, also can contribute to psychological distress. In addition, communication problems and difficulties in cultural adaptation due to language and value differences, including ideas about masculinity and gender role performance, pose significant threats to their emotional well being. Augmenting these are the experiences of racism, classism, and discrimination from the majority population, which may reduce employment options and demonize their masculinity, nativity and therefore, their sense of self (CONAPO, 2015).

The process of migration propitiates a renegotiation of relationships across borders, within the new social context, as well as “a reconstruction of social networks” and the cultural and socioeconomic systems of the migrants (Bhugra, 2004; Rogler, 1994). The transitions and adaptations required of immigrants may increase their stress and manifest as feelings of sadness, anxiety, despair, concentration problems and depression (CONAPO, 2015; Jablensky, Sartorius, Gulbinat and Ernberg, 1981). The CONAPO report notes that 8% of newly arrived Mexican immigrants described experiencing sadness, longing and symptoms of the disorders described above, whereas 15.5% of Mexican immigrants who have lived more than 10 years in the United States, reported symptoms of anxiety, depression, hopelessness or despair (CONAPO, 2015). Their report also notes that on average 14% of immigrants from Latin America who have lived more than 10 years in the United States experience some feelings of hopelessness or anxiety compared to European Americans (11.6%). Most epidemiological studies find that immigrant
Mexican men tend to have a lower prevalence of depression than US born Latinos, but when they do, they are less likely to seek help (Pincay Martinez & Guarnaccia, 2007). However, few of these studies have explored the role of masculinity in the decision to migrate.

Clearly more studies of immigrant mental health are necessary to understand fully the risk factors that propitiate distress and thus develop more culturally attuned interventions to prevent the onset of more serious psychiatric distress among recent immigrants, as well as address the psychological well being of longer term residents, especially older Mexican immigrants who are more likely to have chronic health conditions that also may affect their mental health (CONAPO 2015; De la Torre & Estrada, 2015; Flores, 2013). Likewise, it is critical to elucidate the psychological resources and coping mechanisms available to the migrants, which can facilitate their adaptation and maintain their well being.

METHODOLOGICAL FRAMEWORK

Our study aimed to investigate the extent of emotional distress experienced by Mexican immigrant men who resided in a rural community in the Central Valley of California and their compatriots who had returned to Michoacán, Mexico, either voluntarily to reunify with loved ones, due to deportation, or as a result of legal problems. We also studied the men’s perceptions of how migration affected their family relations. This study utilized a gender perspective (Burin & Meler, 1998 & 2000), to examine the role of masculinity and gender socialization in their decision to migrate, since it is typically men who implicitly organize migration patterns, determine the use of social support networks at their destination, and shape the employment opportunities. This research is grounded also on a systems approach (Bertalanffy, 1968; Hoffman, 1987), since the decision to migrate arises within the family system, causing changes in its structure and dynamics (Esteinou, 2006, Martinez-Ruiz, 2007; Mummert, 1999).
Our project includes the measurement of relevant aspects of subjective well-being and mental health. We utilize the World Health Organization’s (WHO, 2007) definition of mental health as not only the absence of mental illness or psychiatric disorder, but also as a state of well-being or balance. Moreover, it is critical to note that for immigrants, mental health implies the ability to negotiate a new social context that likely will create challenges, pose risks, and potential threats to their emotional and physical health. Consequently, we consider it essential to assess as well the psychological resources immigrants utilize to maintain mental health and face the challenges created by the process of migration and subsequent adaptation.

**Male migration from Michoacán, Mexico**

Data obtained by CONAPO (2010) show that in 2010 there were 12 million Mexicans living in the U.S. (of these 55% were men and 45% were women). According to indicators of the Population and Housing Census 2010 (INEGI, 2010), the state of Michoacan ranks third nationally comprising 7.7% of migrants to the United States. Most of those migrants travel primarily to the states of California and Illinois. The total population in the state of Michoacan is 4 million 351 thousand 037 people. The number of Michoacans who lived abroad between 2005 and 2010 was 89,261. Of these, 70.6% were male and 29.4 % were women. Migration from the state of Michoacan is mostly male, despite the changes in migration patterns, such as increased female migration or of families who migrate together (Cervantes-Pacheco, Rivera-Heredia, Obregón-Velasco and Martínez-Ruiz, 2011).

Given the significant numbers of people migrating to California from Michoacan, it is important to investigate how adjustment occurs among immigrant men both socially and economically, as well as determine to what extent the men experience psychological distress. We also wanted to gain a better understanding of how men perceived their family relations and the impact of migration on their partners and children.
**General objective**

To identify the impact of migration on the mental health of Michoacanan men who experienced U.S. migration as well as the functioning of their families, in order to influence binational public policies that promote psychological well-being, family reunification, and sustained social adjustment for transnational migrants.

**Specific Objectives**

Two primary objectives guided our study: first, to examine quantitatively the impact of migration on the mental health of Michoacan men in Mexico who experienced direct migration to the U.S. and those living and working in California who are alone, or who emigrated with their partners and / or children, or those who were able to reunify with their family in the U.S.; and second, to qualitatively explore the men’s subjective experience of migration and its impact on their personal, family and social life.

**METHODS**

**Participants and recruitment procedures**

We utilized a mixed methodology that integrated qualitative and quantitative approaches, combining the process of research in both countries, but with an independent management of data collection and analysis. This was an exploratory study that utilized an ethnographic method; the research team based in both countries spent two years in the communities of study, engaging and involving local residents in recruitment of participants. The study was conducted in various communities of Michoacan, Mexico (described below) and Central California. The study was conducted in both countries between 2012-2015. After approval by the Institutional Review
Boards of both universities, the co-principal investigators\(^2\) and their research teams began the fieldwork, which was planned in three phases (described below), (1) community exploration and engagement, (2) data collection, and (3) monitoring the quantitative data analysis was completed for both countries\(^3\) after the completion of all surveys; the qualitative data were obtained throughout the study period through focus groups and in-depth interviews.

**Phases of study**

**Michoacán, México.**

In the initial phase of the study (exploration and engagement), principal investigator Cervantes Pacheco recruited researchers familiar with the high sender communities\(^4\) of Hidalgo, Irimbo, Cheran, Coeneo de la Libertad, Nahuatzen and Charo. The researchers then engaged community leaders and gatekeepers to facilitate recruitment of men who met the study criteria.

All men needed to be older than 18 years and had to have migrated previously to the United States. Field notes were recorded for each of the visits to the communities in order to systematize the participant observation.

In phase 2 "Collection of quantitative and qualitative data," families with male migrants were identified. Forty men were identified and agreed to participate in the completion of surveys; once informed consent was obtained, the men were administered a socio-demographic questionnaire and three standardized instruments: Center for Epidemiologic Studies Depression

\(^2\) Ericka Cervantes Pacheco, MA of the Universidad Michoacana San Nicolás de Hidalgo and Yvette Flores, Ph.D. from UC Davis were co-principal investigators.

\(^3\) Monica Siañez, Dr.Ph. conducted the quantitative analysis of the study.

\(^4\) Alethia Silva, Professor in the Psychology Dept. of Universidad Michoacana assisted with the recruitment in Hidalgo and Irimbo; Eduardo Lugo, Professor at the Universidad Intercultural Indígena de Michoacán conducted the research in the Meseta with the aid of his students, whose fathers and other relatives met criteria for the study. Ulises Ávila, a researcher, entered Coeneo with the assistance of local authorities and recruited participants through the snowball technique. In Charo both Mr. Ávila and Ms. Cervantes interviewed men with the assistance of the local DIF (Desarrollo Integral de la Familia), the Mexican agency in charge of family welfare and development.
Scale–Revised (CESD-R)\textsuperscript{5}, Beck Anxiety Inventory\textsuperscript{6} (BAI), and Psychological Resources Scale (Rivera-Heredia, Andrade-Palos and Figueroa, 2006)\textsuperscript{7}.

Qualitatively, focus groups and in-depth interviews were conducted to identify stressful life events, mental health concerns not captured by the CESD-R or BAI, and family functioning. The four focus groups were organized with community members with the assistance of gatekeepers. A semi-structured interview guide was developed to explore themes of masculinity, reasons for migrating, and perceived impact of their absence on the family, as well as stressors related to reunification. Ten men were invited to participate in in-depth interviews. All focus groups and interviews were audiotaped, transcribed and analyzed by the principal investigators.

In phase 3 "Monitoring," 10 men were followed during the length of the project. The interviews were conducted approximately every 3 months. A structured interview guide was utilized.

California, USA.

In California, the research team consisted of 4 undergraduates and one graduate student, a Latino male psychologist and the principal investigator\textsuperscript{8}. We were assisted by a health promotora and the program coordinator for the Niños Sanos Familia Sana Project (NSFS) (De la Torre et al., 2013).

\textsuperscript{8} Lisceth Brazil-Cruz was a doctoral student at the time of the study, Dr. Hector Rivera-Lopez, a clinical psychologist volunteered his services for the study. The field team in the rural community included Maria Rangel, the program coordinator for the Niños Sanos Familia Sana (NSFS) research project (De la Torre et al., 2013), and two promotoras (community health promoters), Alma Hernandez and Lupita Hernandez.
Phase one was facilitated by the fact that the principal investigator (Flores)\(^9\) had worked in the community\(^{10}\) for several years prior the onset of this study; participants were recruited at Health Fairs conducted as part of the Niños Sanos/Family Sana study of UC Davis (De la Torre, Sadeghi, Green, Kaiser, Flores, Jackson, Schaefer and Whent, 2013), through direct recruitment with the help of the health promoters, and a male community resident\(^{11}\). Potential participants needed to be also 18 years of age or older and long-term residents of the area.

In phase 2, we recruited 40 men who lived and worked in a rural agricultural community of 7,200 where most of the residents are either Mexican or Mexican origin. Once identified, 40 men were administered the surveys. An additional ten men from this sample were interviewed and five focus groups where conducted between 2013-2015.

In phase 3, ten men were followed for the duration of the project and interviewed every 3-6 months. This longitudinal perspective permitted us to examine the impact of seasonal work, food insecurity and more recently the drought, on their emotional and family well being.

**Data Analysis**

Focus group and interview data in both sides of border were transcribed and analyzed. The field diaries and transcribed documents were systematized by date and data collection technique. Atlas-ti program was used (V.6) for data reduction (Taylor & Bogdan, 1987).

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\(^9\) Dr. Flores is co-investigator of a nutrition and long-term health project Niños Sanos Familia Sana in this community. We have developed working relationships with stakeholders, which facilitated recruitment of study participants. In some cases, spouses of the male participants were involved in the NSFS project and encouraged their husbands to participate in this study.

\(^{10}\) This community is located in Congressional District 20, one of the poorest in the U.S. It is located in the agricultural heartland of California.

\(^{11}\) Don Hilario participated in the survey and first focus group and offered to recruit more men. Over the span of the project, he continued to support the research team.
The standardized instruments were analyzed according to previously published criteria (Van Dam & Earleywine, 2011; Steer & Beck, 1997; Rivera-Heredia, Andrade-Palos & Figueroa, 2006).

CESD-R scores less than or equal to 20 were categorized as mild for depression, whereas scores of 21-36 were categorized as moderate and scores greater or equal to 37 were categorized severe for depression.

Beck Anxiety Inventory Anxiety scores less than or equal to 20 were categorized as 0, indicating the absence of anxiety, whereas scores greater than 20 were categorized as 1, indicating the presence of anxiety.

The Psychological Resources Scale includes items on five sub-scales of psychological resources, namely, psychological, cognitive, instrumental, social and material resources. Responses for the four-point Likert scale include: almost always (4), sometimes (3), rarely (2) and almost never (1). Participant responses were scored to correspond with Rivera-Heredia, Andrade and Figueroa’s criteria, including the reverse coding of scores of 4 to 1, scores of 3 to 2, scores of 2 to 3, and scores of 1 to 4, for negative aspects of resources (sadness, anger, self reproach, and inability to receive help).

Descriptive statistics were calculated through STATA® version 12 (STATA Corp., TX, USA) for all items: raw counts and percentages are reported for categorical variables, whereas means and standard deviations are reported for continuous variables. Bivariate associations were assessed using chi-square and Fisher’s exact tests for categorical variables and t-tests for normally distributed continuous variables.

Research Participants
In this study 80 men participated in total, of which 20 were interviewed in depth and some of these were part of focus groups, as seen in the next figure 1.1.

Figure 1.1. Participants in both sides of the border

Source: (Flores & Cervantes, 2015).
Research Participants California’s Central Valley

<table>
<thead>
<tr>
<th>Age range: 19-72</th>
<th>Mean Age: 36 years</th>
<th>Age at first migration:</th>
<th>Years in the US</th>
<th>Marital Status:</th>
<th>Number of children:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>- 50% migrated between the ages of 16-20</td>
<td>- 31% between 16-20 years</td>
<td>- 46% were married; 3% cohabitating</td>
<td>- 38% had 3 or 4 children</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- 9% between 21-25</td>
<td>- 21% 26-40 years</td>
<td>- 3%</td>
<td>- 15% had between five and more than 10</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- 20% between the ages of 11-15</td>
<td>- 15% more than 40 years</td>
<td>- 38% single</td>
<td>- 25% had one or two</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- 12% between the ages of 6-10</td>
<td>- 18% 11-15 years</td>
<td>- 13% separated, divorced or widowed</td>
<td>- 22% had no children</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- 9% younger than 5 years of age</td>
<td>- 6% 9-10 years</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: (Flores, 2015).

Research Participants Michoacan, Mexico

The men who participated originated from four rural communities classified by CONAPO (2010) as “high senders” to the United States. Charo is located in the central region; Hidalgo and Irimbo are located in the East; Cherán, Coeneo de la Libertad and Nahuatzen are in the Meseta P’urhépecha region. The following chart shows the sociodemographic characteristics of the 40 men from Michoacan, by region of origin.
RESULTS

Table 1 presents the basic demographic characteristics of our combined sample.

<table>
<thead>
<tr>
<th></th>
<th>Mexico (n=40)</th>
<th>US (n=40)</th>
<th>t-test</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age in years (mean ± SD)</td>
<td>(39.5 ± .12.4)</td>
<td>(40.7 ± 14)</td>
<td>-0.40</td>
</tr>
<tr>
<td>Age at migration (mean ± SD)</td>
<td>(18.6 ± 8.9)</td>
<td>(16.1 ± 7.7)</td>
<td>1.28</td>
</tr>
<tr>
<td># times migrated (mean ± SD)</td>
<td>(3.5 ± 2.3)</td>
<td>(1.7± 1.1)</td>
<td>4.34*</td>
</tr>
<tr>
<td># of children (mean ± SD)</td>
<td>(2.7 ± 1.8)</td>
<td>(1.5± 1.1)</td>
<td>3.55*</td>
</tr>
<tr>
<td>Marital Status</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single</td>
<td>4 (10%)</td>
<td>15 (38%)</td>
<td></td>
</tr>
<tr>
<td>Married</td>
<td>30 (75%)</td>
<td>15 (46%)</td>
<td></td>
</tr>
<tr>
<td>Divorced/Separated</td>
<td>2 (5%)</td>
<td>4 (10%)</td>
<td></td>
</tr>
<tr>
<td>Widowed</td>
<td>1 (3%)</td>
<td>1 (3%)</td>
<td></td>
</tr>
<tr>
<td>Cohabitating</td>
<td>7 (8%)</td>
<td>1 (3%)</td>
<td></td>
</tr>
<tr>
<td>Fisher's exact</td>
<td>= 0.010</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Education (%)

<table>
<thead>
<tr>
<th>Education Level</th>
<th>Men (incomplete)</th>
<th>Men (complete)</th>
<th>Fisher's exact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elementary (incomplete)</td>
<td>13 (33%)</td>
<td>7 (19%)</td>
<td></td>
</tr>
<tr>
<td>Elementary (complete)</td>
<td>8 (21%)</td>
<td>7 (19%)</td>
<td></td>
</tr>
<tr>
<td>Middle School</td>
<td>11 (28%)</td>
<td>17 (47%)</td>
<td></td>
</tr>
<tr>
<td>High School</td>
<td>7 (18%)</td>
<td>3 (8%)</td>
<td></td>
</tr>
<tr>
<td>College</td>
<td>0 (0%)</td>
<td>2 (6%)</td>
<td></td>
</tr>
</tbody>
</table>

Severity of Depression n (%)

<table>
<thead>
<tr>
<th>Depression Level</th>
<th>Men (men who completed college)</th>
<th>Men (men who did not complete college)</th>
<th>Fisher's exact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mild Depression</td>
<td>31 (78%)</td>
<td>23 (58%)</td>
<td></td>
</tr>
<tr>
<td>Moderate Depression</td>
<td>7 (18%)</td>
<td>5 (13%)</td>
<td></td>
</tr>
<tr>
<td>Severe Depression</td>
<td>2 (5%)</td>
<td>11 (28%)</td>
<td></td>
</tr>
</tbody>
</table>

Anxiety Symptoms (%)

<table>
<thead>
<tr>
<th>Anxiety Symptoms</th>
<th>Men (men who completed college)</th>
<th>Men (men who did not complete college)</th>
<th>Fisher's exact</th>
</tr>
</thead>
<tbody>
<tr>
<td>0%</td>
<td></td>
<td>100%</td>
<td></td>
</tr>
</tbody>
</table>

Psychological Resources (mean ± SD)

<table>
<thead>
<tr>
<th>Psychological Resource</th>
<th>Men (men who completed college)</th>
<th>Men (men who did not complete college)</th>
<th>T-statistic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-control</td>
<td>(3.7 ± .4)</td>
<td>(2.7 ± 1.2)</td>
<td>4.89*</td>
</tr>
<tr>
<td>Sadness</td>
<td>(1.5 ± 0.5)</td>
<td>(1.7 ± 0.9)</td>
<td>-1.33</td>
</tr>
<tr>
<td>Anger</td>
<td>(1.4 ±0.4)</td>
<td>(2.0 ± 0.8)</td>
<td>-4.53*</td>
</tr>
<tr>
<td>Equilibrium</td>
<td>(2.9 ± 1.0)</td>
<td>(2.5 ± 1.1)</td>
<td>1.96*</td>
</tr>
<tr>
<td>Reflection</td>
<td>(3.8 ± 0.4)</td>
<td>(2.9 ± 1.1)</td>
<td>4.36*</td>
</tr>
<tr>
<td>Religiosity</td>
<td>(3.6 ±0.8)</td>
<td>(2.6 ± 1.3)</td>
<td>4.17*</td>
</tr>
<tr>
<td>Self-reproach</td>
<td>(1.8 ± 0.7)</td>
<td>(2.0 ± 0.9)</td>
<td>-1.20</td>
</tr>
<tr>
<td>Social</td>
<td>(3.8 ± 0.3)</td>
<td>(3.4 ± 0.8)</td>
<td>3.14*</td>
</tr>
<tr>
<td>Support Network</td>
<td>(3.4 ± 0.8)</td>
<td>(3.0 ± 1.0)</td>
<td>1.70</td>
</tr>
<tr>
<td>Inability to seek help</td>
<td>(1.8 ± 0.8)</td>
<td>(2.2 ± 0.9)</td>
<td>-2.03*</td>
</tr>
<tr>
<td>Material</td>
<td>(3.2 ± 0.6)</td>
<td>(2.4 ±0.9)</td>
<td>4.19*</td>
</tr>
</tbody>
</table>

*p<0.05

Both men who completed college lived in California. One obtained a degree in accounting in Mexico, prior to migration. The second completed his studies in counseling in the U.S. after he migrated alone at age 18. He was the only participant who held a white-collar job.

In the U.S. sample, most men worked in agriculture either picking crops or driving farm equipment. Most of the men (46%) were married and lived with their spouses. Three percent were living with domestic partners. Thirty eight percent were single and thirteen percent were separated or divorced. These men tended to live in rented rooms or in apartments with other men.
The Mexican sample had migrated to the U.S. before the age of 20; the youngest migrants were those from Meseta; several of them had migrated between 13-15 years of age. All the men had been undocumented at the time of migration, and had lived in various states of the Union. While in the U.S., the men had worked in agriculture, construction, gardening, and food service. The men from the Meseta P’urhépecha, who were indigenous, had worked in clothing factories and construction. All the men had migrated alone and engaged in circular migration, returning home to visit family multiple times. Several of the men remained unemployed upon their return to Mexico. Others worked as taxi drivers, in agriculture, or set up small businesses. Many of the men had been deported back to Mexico; others had returned to reunify with the family or due to legal problems in the United States (see qualitative findings).

**Depressive and Anxiety Symptoms**

Overall, study participants did not meet criteria for any psychiatric disorder based on the DSM IV-TR. However, symptoms of depression were reported by men both in the U.S. and Mexico (n=79). Depression symptoms were measured by the CESD-R (Center for Epidemiologic Studies – Depression Scale Review, Radloff, 1977; Eaton et al., 2004). In this sample, CESD-R scores ranged from 0-62. Most participants who reported any symptoms met criteria for mild severity, with more men in Michoacán, Mexico (n=31) reporting such symptoms than men in California, USA (n=23). Only 5 of the men in the U.S. and 7 in Mexico reported symptoms of moderate severity and only 2 men in Mexico and 7 in the US reported severe depression. Of these, one had suicidal ideation and was evaluated further.\(^\text{12}\) Although the majority of the men

\(^{12}\) Ethically, studies that assess psychological symptoms should provide resources for further evaluation and treatment. In the rural community where the study took place no Spanish speaking clinicians were available. Thus, Dr. Hector Rivera-Lopez and I, both licensed clinical psychologists were available for debriefings and further evaluation.
did not meet criteria for Major Depressive Disorder, as other studies have found, many of the men experienced sadness, felt hopeless and desperate at times.

A comparison of the repatriated sample and the US residents in terms of anxiety as measured by the BAI (Beck Anxiety Inventory; Steer, R. A., & Beck, A. T. (1997) did not find any participants who met criteria for this disorder. Moreover, very few participants in Mexico or the U.S. (n=8) reported any symptoms of this disorder; this finding calls into the question the usefulness of this instrument with a low literacy rural male population with a history of migration.

In sum, our participants did not meet criteria for any psychiatric disorder utilizing standardized instruments, although more men in Mexico than California reported symptoms of mild severity and more men in the U.S. reported symptoms of severe depression. We also examined the psychological resources utilized by our study participants through the inventory developed by Rivera-Heredia, Andrade-Palos and Figueroa (2006).
Psychological resources utilized by study participants

This instrument consists of five scales: psychological, cognitive, instrumental, social and material resources. The Psychological resources scale consists of five subscales: self-control, sadness, anger, and efforts to regain equilibrium. The Cognitive scale includes self-reflection, religiosity, and self-reproach. The Instrumental scale only consists of the person’s social skills. The Social Resources scale is comprised of the use of support networks and the inability to seek help when it is available. Lastly, the Material resources scale includes availability of work, housing and income to purchase needed goods; these are all subsumed under the “material” subscale.

Chart 2. Mean Psychological Resources Scores by Country

As Chart 2 indicates, the group from Mexico utilizes greater self-control (3.7) and has greater capacity to achieve equilibrium (2.9), as compared to the Michoacanos who reside in
California (2.7 & 2.5, respectively). The management of emotions was evaluated inversely, the higher the score in the US and Mexico (2.5 & 2.7, respectively) shows greater inability to express and cope with sadness and anger. These finding may reflect traditional male gender roles that are prominent in the Mexican culture, wherein the men are discouraged from an open expression of their emotions, instead they are expected to withhold these feelings.

Cognitive resources refer to the coping mechanisms utilized by people who face a stressful problem or situation, similar to those experienced before, during or after the migration process. There are three subscales, self-reflection, religiosity, and self reproach (or self blame). Self-reflection, religiosity, and self-reproach appear less prominent among the men residing in California (2.9, 2.7, and 3.0, respectively) as compared to the men who returned to Michoacan (3.8, 3.6, and 3.2, respectively).

Social skills is the only dimension that makes up the subscale of instrumental resources; men in Michoacan report greater reliance on social skills (3.8) as compared to those who remain in the United States, despite only a difference of 0.4 points. In general, the ability to associate with other individuals, establish contact with others, communicate and participate in social life aspects are representative of skills that are culturally acquired throughout life. These skills are expressed within their communities of origin and in California. The men in California reside in a rural community where other men in similar situations, in terms of migration history and employment, surround them. This fact may facilitate their use of social skills to problem solve.

In regards to social resources, two dimensions were measured: 1) support systems and 2) the inability to ask for support. The inability to ask for support was evaluated inversely, that is how willingly was the participant to ask for help during stressful events. Results show that both indicators were higher among men in Michoacan than in California (3.4 and 2.8, respectively), perhaps because returnees are surrounded by their family, friends, and institutions that can offer
them help during difficult times, unlike men in California who tended to have smaller networks of support. The men in the United States indicated that they have a support system that they can rely on; their ability to ask for help and/or support does not significantly differ from that of men in Mexico.

The men in our sample utilized psychological resources to cope with symptoms of depression. Most of the men appeared to rely on self-control to manage sadness and anger, with men in Mexico relying on these psychological resources to cope to a greater extent than those in California. Likewise, men in Mexico relied more on social supports to address their distress; however, both groups of men reported having access to networks of support. Our findings indicate that the mental health of male migrants from rural Mexican communities cannot solely be examined with standardized instruments. Thus, we also conducted focus groups and individual interviews.

**Qualitative findings: Michoacan, Mexico**

The qualitative data obtained from our interviews and focus groups sheds light on the ways in which immigrant Mexican men in our sample experienced the emotional and psychological impact of transnational migration and return. Ten men participated in focus groups and were interviewed individually. The audio recordings of each of the 10 in-depth interviews and the focus groups conducted were transcribed verbatim for analysis. Five dimensions of analysis were used: 1) representation of masculinity, 2) family and social functioning, 3) mental health, 4) the migration process, and 5) emotional expression. We categorized the findings into three themes that emerged: economic, sociocultural and personal factors.

**Reasons for migration to the United States**

In this paper we highlight the economic, sociocultural, and emotional or affective reasons for migration to the United States reported by the men and offer our analysis of the role
of masculinity in migration, its impact on the family functioning and on the mental health of the men.

**Economic reasons.**

The majority of the mean migrated for economic reasons. According to Mexican scholars (Zúñiga & Leite; 2007) the successive economic crisis in Mexico adversely affected employment opportunities and the salary of Mexican workers, increasing both domestic and international migration. This was evident in our sample, most of whom cited economic reasons for their migration. For those who were married, support of their wives and children was the primary purpose for their migration.

**Sociocultural reasons**

Sociocultural reasons refer to the networks and migration flows that have been established historically and make more likely the decision for others to migrate. These family and social networks have been consolidated and extended in different regions of the U.S., which act as enablers of the migration experience (Zuniga & Leite, 2007). According to Herrera (2006) such networks further facilitate the creation of migration chains. In fact, despite the increased difficulties faced by undocumented immigrants to the United States, the idea of emigrating remains in the collective consciousness of high sender communities, although actual migration numbers have decreased as border crossing has become more dangerous and the recession in the U.S. decreased employment opportunities (Gonzalez, 2015).

**Affective or emotional reasons**

In addition to economic push factors, as well as those having to do with sociocultural expectations, there are emotional reasons for migration. These may include: the decision to migrate for pleasure; to visit or explore a new social context; to seek a change of environment; to visit a loved one who migrated previously; due to a heartbreak; to flee a crime or family problem;
to seek freedom from oppression; to reassert the courage to be and become a man; and due to health needs of a family member or loved one, among others.

In the case of men who first migrated as bachelors, the motivation to migrate was built upon the curiosity of getting to know “el Norte” (the North), of which other men spoke, to earn their own money to become financially independent from their parents, and to participate in the border crossings which many others had told them about, to live in the United States and then return to their communities to tell of their own experiences. The men tended to highlight positive experiences of migration while omitting those connected to negative or traumatic events or situations, as discussed later in this paper.

**Masculinity**

One of our study objectives was to examine how cultural ideals of masculinity were enacted by these men and the extent to which traditional gender role expectations nuanced their migration experience. As stated in the introduction, migration can be observed both as a collective and individual practice that affirms masculinity and serves to meet certain social mandates, such as ensuring the economic stability of their families; in turn adhering to such role functioning assures the men will maintain authority within the family group.

In Michoacán’s rural communities men are culturally assigned participation in public spaces (political and community representation, work) while women are restricted mostly to the domestic sphere. During our fieldwork in the various communities we observed and heard testimonies that showed a system of community surveillance for the support of these culturally mandated roles. Men in Michoacan have assumed the role of main providers for their families, which is threatened by the economic disadvantages of their communities and the lack of employment and educational opportunities. When unable to fulfill the culturally mandated role of economic provider, and thus affirm their masculinity, men seek work opportunities grounded
traditionally in the imaginary North. Thus, in these communities migration itself is an activity of men, collectively entitled travel “to the North” (irse al Norte) to work and earn money, while their wives remain in their home communities and are responsible for social reproduction activities. Both men and women are simultaneously ascribed roles regulated by the cultural construction of gender in Michoacan. This in turn, influences the migration process and their own subjective experience of it, as well as the relationships between genders.

**Family and Social Functioning**

Family functioning in Michoacan is greatly influenced by gender, generation and age. In rural families that adhere to traditional cultural values (Falicov, 2014; Flores, 2013) power relations within families favor men and generate positions of inequality for women, especially in their roles as mothers, wives and daughters. Men who migrated said their decision to go to the North was not agreed upon by the women. The men had greater freedom to leave the community while women were expected to stay at home, caring for the children. This position of subordination of women has impacted their mental health, since they perceive it as not having options beyond those of staying in charge of the family, with the strict surveillance of the community in order to maintain the social behavior representative and expected of femininity, aspects that demand not only reproductive activities, but also the administration of remittances, among other labor activities performed during the absence of their husbands (Flores & Valdez Curiel, 2016, under review; Obregón-Velasco, Martínez-Ruiz, Rivera-Heredia y Cervantes-Pacheco, 2012).

Despite these cultural mandates, the focus group data showed variation in family patterns. For example, the men of the community of Nahuatzen, in the region of the Meseta P’urhépecha, are the ones who migrate to the United States primarily and initially; others with time will bring their wives, who wait for them in the community caring for their own children and other relatives.
until they are “sent for.” Wives also have the responsibility of taking care of their parents or in-laws. The role of women in migration is to be reunified and accompany their husband. Thus, some children are born in the community of origin and others in the United States.

Many of our participants stated that before their departure to the United States they experienced sadness about leaving their family and their community, especially their wife and small children, because many men would not return until 4 or 5 years later. The men reported that the idea of going to the North begins around 14 or 15 years of age when they see uncles, parents or older siblings who migrate and later return to the community with material goods like clothing, cars, gifts and so on. Therefore, the men learn through the family network that migration to the United States is the option to find work and meet the economic needs of their loved ones. Our participants stated that when men make the decision to migrate it is hard "to stop him"; he tells the women, mainly the mother and wife, who support them because "they know there is no other choice".

Some of these men migrated with the help of brothers, brothers in law, or distant relatives in the United States who lent them money to cross, received them and helped them while they found work and a place to live. Most men who migrated did so before age 20. Men over 50 years of age perceived the difficulties to cross the border and finding work as disincentives to migrate. Moreover, the majority of our participants stated that marriage and having children are commitments that "push" them to go in order to build a house for their woman. This was a major reason for men who married without having a place to live and had to bring their wives to live with his parents. However, when conflicts arise the men begin to feel the need to buy a piece of land and build their own space, generally slowly and through several trips to the North. Owning a home for them and their family is one of the main motivations to migrate. The family that remained in their communities represents the roots that bind them to their place of origin while
they are in the North; the men were aware that the children left behind "are left without a father."

The men also expressed having the fear of not seeing their families again, especially their own parents, when they left. The men also recognized that their family members who stay behind care about them once the men leave because of the risks of crossing the border undocumented.

In the focus groups, participants recounted that upon their return to their communities there were certain tensions and conflicts to adapt again to the family system in their roles as spouses, parents and children. During their absence the women had been in charge of most aspects of family life. This borrowed power (Flores & Curiel, 2016, under review; Obregón-Velasco, Martínez-Ruiz, Rivera-Heredia y Cervantes-Pacheco, 2012) in many cases increased the women’s agency and independence. In others cases family dynamics and patterns changed. The men expected to find “things as they were before they left.” Upon their return, the men expected to assume authority over the family and return to established patriarchal family dynamics. As a result of the discrepancies between the realities they found and what they expected, some men begin to show depressive symptoms, alcoholism, and risky behaviors, particularly if they had difficulty finding work. From this context, the desire to return to the United States emerged once again, despite the attendant risks of undocumented border crossing.

In the case of the P’urhépecha region indigenous cultural values and practices appear not to change as a result of male migration. Clear gender division of labor is a way of life; men assume total responsibility for the support of the wife and children when they marry or form unions, while the women’s role is to raise the children and carry out household duties. This is expected irrespective of whether the man is in the North or in the community. In the case of some families who are reunified in the United States, the men stated that their physical and emotional well-being improved when they are with the wife, and so does their economy because they save
more money because they drink less alcohol. In summary, the male and female role in the functioning and structure of the traditional P’urhépecha family is not substantially modified whether the man is alone or the family is reunified in the United States. In fact returnees from this region were less likely to desire to return to the U.S.; they started their own businesses utilizing skills learned while in the North.

**Mental health**

This is one of the most significant dimensions of our study because it has been one of the least explored elements in migration research, and it is totally absent in the study of masculinity. It is important to note that from the quantitative data no signs of severe mental disorders were found in the population of Michoacan men who had returned to their communities of origin. In the focus groups and interviews we continued to explore their mental health utilizing the definition of the World Health Organization, which includes the individuals awareness of their own abilities, ability to cope with the normal stresses of life, and to work productively and fruitfully, and thus make a contribution to their community (WHO, 2007).

As discussed in the introduction, the migration process affects everyone involved, both the men who made the journey as well as those who stayed in their community. Migration itself represents a stressful life event. Men who migrated undocumented increased their levels of vulnerability during the border crossing and during their stay in the United States. The stress caused by the adaptation to new contexts requires utilization of the psychological resources of each man; which is why participants have different levels of depressive symptomology and anxiety, as we observed in the scales utilized. On the other hand, the interview data suggest that attempting to support the mandates of masculinity has an emotional cost for the men because they cannot always meet effectively these demands. The men reported feeling social and family pressures to work on either side of the border. Likewise attempting to fulfill the goal of being the
sole provider, despite the macro-structural conditions that often impeded finding work, contributed to high levels of stress, which the men often attempted to assuage through alcohol use.

**Expressions of emotion and subjective well-being**

During the interviews we noted that the men had difficulty discussing challenging or traumatic experiences; instead silence and pauses were typical responses to emotionally charged questions. In our analysis we identified a relationship between expression of emotion and subjective well-being. Efforts at self-control (which was evident in the quantitative data) may interfere with emotional expression. Moreover, the men appeared to share a code of silence regarding situations or events they had experienced that could have been traumatic; thus, they acted as if it was best not to discuss “it”, name it, or pretend it had not happened. This response was evident when the men were asked what led to their return to Michoacan. They tended to respond that “something” had happened (“algo pasó”, “cuando pasó eso”), without naming the precise event. It was well known in the community, however, that many returnees had been deported and that others left the U.S. due to legal problems. Nevertheless, the ambiguity of the response may also reflect that the “something” could refer to migration related traumas, challenges of adaptation, the sadness, frustration, and difficulties of being away from home, as well as a specific events that propitiated the return. Obtaining specific information about the men’s emotional well-being and how the experience of migration affects their health can be a challenge for health professionals and researchers.

In the Meseta P’urhépecha region, participants showed pride in relation to their migration experiences. They were more willing to tell their stories, and some proudly shared how hard life was in the U.S. as well as the difficulties to find work and to manage everyday life. Initially they discussed superficially the meals they shared, the parties they attended, how easy it is to buy
clothes, a car, a hamburger. After these descriptions, with fewer smiles on their faces they shared the stories of the days of not being "picked up" to go to work, not having a house to sleep in, sleeping in someone else’s living room along with 20 companions, of cleaning bathrooms, having to cook for themselves, and the risks of deportation. As they told their stories, it became evident that the reality of the migration they had lived went far beyond the issues or experiences they had chosen initially to tell.

However, these stories should not be overlooked because they reflect men’s own perceptions of their courage, their bravery to challenge the rules; they are also a manifestation of hegemonic masculinity that is utilized to minimize or hide the painful emotional or physical experiences they endured.

Overall our qualitative findings indicate that the experience of migration did not radically transform the men’s lives in Mexico; most of them returned with the money they were able to save, which was quickly spent on parties, supporting their family or in home improvement. They eventually ended up integrating into the working lives of their communities with wages of approximately one thousand pesos a week. Out of all the participants being interviewed in this region, only two were found to have invested part of the profits they made in the U.S. in family businesses: a store that sold plates, cups and clay pots, and in a maquiladora – a factory that made uniforms. Yet most men continued to idealize the North and dreamed of returning some day to once again work to support their families.

Focus groups and interview findings: California, U.S.

Four focus groups were conducted with an average of 10 men per group. A semi-structured interview guide was utilized to facilitate a discussion of the reasons for their initial migration; how, as farmworkers, they addressed their health concerns, how the migration had affected them and their families, and what advice they would give to younger men in their
communities of origin who were considering migrating. The focus groups were audiotaped, transcribed and analyzed thematically. Several themes emerged: 1) migration to improve the quality of life of their parents and their own families, 2) sacrifice for others, and 3) longing and desire for the homeland. In addition, ten men were interviewed to obtain oral histories of their migration and adjustment (Flores & Rivera Lopez, 2017 under review).

**Reasons for migrating**

In the focus groups we asked the men to discuss the reasons for migrating to the United States and what they were expecting to find in this country that Mexico was not providing. Most of the men originated from ranchos, rural communities in Mexico that provided limited work opportunities; many of their parents subsisted on the crops they planted and traded for other goods. Most men grew up in poverty, without running water or electricity. Most of the men responded that their first motivation to migrate to California was to improve the quality of life of their families, to “give my son a better life”, “help my parents out”. The consensus among the men was that Mexico did not provide them “with the educational and employment opportunities to offer their families a dignified standard of living, much less help them actualize their dreams and expectations”. Some of the older men in the groups had migrated with prior agreements (cartas) that were sanctioned by the U.S. government as part of the Bracero program. These workers were brought to the United States to work in the fields and once the farming season ended, they could return to their country of origin. Many of these men never intended to stay in the U.S. indefinitely. They came motivated to provide their families with financial support to improve their living conditions in Mexico. They remained in the US, often without legal status,

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13 The Bracero Program (1942-1964) an agreement between the United States and Mexico, brought over 4 million Mexican agricultural workers to the US with work permits. to address the work shortage created by WWII.
as their low wages made it difficult to fulfill their obligations to their family and afford them a dignified standard of living.

The psychology of these men was centered mainly on the welfare of their families; family always came first. Their way of thinking reflected traditional views of masculinity – a commitment and loyalty to family that allowed them to face any obstacles that interfered with this goal. This attitude reflects the gender role ideals also present in the Mexican returnees to Michoacan, a posture in life that nothing except death will stop them from achieving their goal.

**Social Supports**

The men in the community looked after each other and provided support among themselves when a needed. These findings mirror the quantitative data obtained through the Psychological Resources Inventory. The men had built community and found support in their shared loneliness. Many said, “here we are all without our families, but we support each other. We become family”. Many men supported each other in times of unemployment due to work scarcity or injury, but also when their spirit was wounded, resulting in hopelessness, sadness, longing for family, and feelings of impotence when, despite their efforts, they could not get ahead financially.

**Masculinity**

Traditional views of masculinity were evident in California sample. The men worked in difficult conditions. They stated that the cold and the heat were just reminders that their families depended on them to survive. Their pain only motivated them to continue. However, the same energy that motivated them to endure in order to provide for their families blinded them to their physical and emotional needs. Most of the men worked everyday for more than 14 hours. Many of them were not aware of, or did not acknowledge, the impact that working in the fields imposed on their bodies and spirits. Most of the time the men relied on traditional healing practices, such
as taking herbs and remedies that could be obtained without seeing a physician, to attend to their physical ailments. In the psychology of these men, complaining about physical pain was a sign of weakness and lack of will power. Making money to support their families was worth the sacrifice. This belief is embedded in the core cultural value of Respect. A man who respects himself never quits, even if his health is compromised. The saying “estamos aqui prestados”, “we are here on loan,” reframed any attempt to quit and helped them to keep going even if that meant becoming physically ill\(^\text{14}\). This attitude, often described in the literature as fatalism or stoicism, instead reflected the men’s commitment to the economic betterment of their families and their willingness to sacrifice for others – a central feature of their masculinity. Visualizing the happiness of their families was the reward for the suffering and deprivation experienced. The compensation was seeing their children attain an education, their parents improve their living conditions via remittances, and seeing (or hearing about) their family’s happiness, although they had to celebrate from afar the accomplishments that were made possible by their efforts. All the men noted that their loneliness and difficult living situation was worth the sacrifice.

**Impact on the men’s well being**

When asked about the impact of the migration on their health, many of the men spoke of loneliness and that money was not everything; most of the men spoke of the ever-present desire to return home. Many of them men who were unauthorized immigrants could not return home for visits, including saying goodbye or burying a deceased parent. One man stated: “my mother died and I could not go to her funeral”. Having sold all he owned to pay for her funeral, he could no longer return. He continued to work in the US to try and save money for his eventual return.

\(^{14}\) Several of the men had type 2 diabetes and one was wheelchair bound due to a diabetes related amputation.
Although the men were not asked about their immigration status, they all disclosed their situation. Most of the men were not authorized migrants, living in fear of detection and deportation. The older men recounted that in their early years in the U.S. employers exploited them more and often called immigration officials prior to paying them. If they were detained or deported, the farm owner would not pay them for the work they had done. “Benito” noted that times were better now; although massive deportations were occurring throughout the US, they were not as afraid, as long as they did not leave the community or get into legal problems.

**Longing for homeland**

Most of the men described life as a sacrifice and discussed how the American Dream, “El sueño Americano”, that brought them to the US no longer exists. They longed to return home but remained in the US because their families in Mexico still needed their support. For the older men, the death of their parents left them no reason to return. While they struggled financially in the US, most concurred that life in Mexico would be more difficult, especially lacking the resources to go back and establish a business or have their own home.

Despite their longing for an eventual return “home,” the men expressed profound gratitude to the U.S. because in some cases they had been able to provide well for their parents and children. Few of the men considered how their absence affected those left behind, as they focused primarily on the economic benefits of their absence. Some men did state that children also needed the presence of a father, but they had to sacrifice that for the economic survival of their family. As stated previously, the men relied primarily on each other for social support. A few attended Alcoholic Anonymous (AA) meetings, even if they did not have a substance abuse disorder, as they found social support there and learned strategies to cope with their loneliness.

The men’s focus groups and interviews yielded powerful narratives of longing and uprootedness and of “dual existence.” Their hearts and spirits were connected to Mexico but their
bodies resided in the agricultural fields where they worked. All the men had migrated initially as young adults or late adolescents to support their parents. Some of the men who had migrated “without papers” had been able to travel to Mexico during the first few years in the U.S. As the passage North became more expensive and dangerous, the men could no longer afford to travel home. Thus, they relied on memories of home, occasional letters and phone calls to maintain contact with their loved ones. They felt they belonged neither her nor there.

The men who had married and formed families of their own often felt guilty that they could not provide for their parents as much. Thus, they sacrificed by working longer hours, following the crops as needed to be able to sustain themselves, their spouses and children, and continue to support their parents. Many of the men coped with the stoicism and self-control detected in their responses to the Psychological Resources Inventory. They did not complain about living with other men in shared rooms, or as boarders in other people’s houses. They lived frugally and saw the sacrifice as worthwhile because their families in Mexico lived relatively well.

Some of the men admitted to using alcohol to cope and often times overspending on alcohol such that they could not send as much money to their families. They felt tremendous guilt. Some of the older men acknowledged that alcohol might have contributed to failed relationships. Despite advancing years, they continued to work in the fields. Having no family to support, some of these men appeared content with earning enough money to live. They had no plans to return to Mexico.

**Migration, family disruption and reunification**

While all the men conceded that their migration disrupted family life, only one of the men addressed the impact of separation on their wife and child. However, most of the men who had
been (or were) separated from their families did not see their presence in Mexico as necessary to their family’s well-being.

In summary, the men on both sides of the border migrated to the United States largely to enact their culturally mandated masculine role of being a provider. While the men in Mexico were less comfortable addressing the difficulties and possible trauma they encountered during the journey and while living in the U.S., the men in California shared these stories willingly. Perhaps these men felt more comfortable with the research team, as we had been in the community for a long time and they had grown accustomed to our meetings and “platicas” over time. The men on both sides of the border acknowledged the challenges of living far from home. The men who remained in the U.S. were less focused on the impact of their absence on their family, as they had to work to provide for them and viewed their sacrifice as meaningful. Reunification was a challenge for men in both countries, although the men in the U.S. emphasized the economic pressures of supporting their families when they were together, rather than changes in their role. Men in both sides of the border utilized social supports and other psychological resources to deal with the adjustment and challenges caused by migration. They also utilize alcohol to cope.

For these migrant men, the stress of work, living apart from families, fear of detection and deportation did not result in depression and anxiety as measured by the standardized instruments. However, the participants did disclose feelings of sadness, longing and lack of self-care as they sacrificed for their loved ones. Clearly cultural scripts regarding masculinity were still prevalent among these men.

**DISCUSSION**

Our study aimed to shed light on the experiences of migration and its impact on men’s mental health and family relations. Our quantitative findings found low levels of depression among the men, partly due to the men’s low level of educational attainment, which created
difficulties in understanding the language of the standardized instruments; instead, the men spoke of sadness and longing in the focus groups and qualitative interviews. Likewise, the men utilized psychological resources to cope that reflected traditional values and the masculine scripts they learned at home and that were supported by their community. These resources were identified in both the quantitative and qualitative data.

Few of the men focused on the impact of their absence on their families, particularly their children, perhaps because they saw their role primarily as economic providers. Men in California recounted the challenges of reunification, particularly the economic pressures that accompanied having their wife and children with them in the U.S., while the men in Michoacan focused more on the role changes they experienced when they returned to Mexico with the expectation that all would be as it was when they left. Most of the michoacano men coped with the stress of separation and reunification with alcohol. Men who were alone in the U.S. utilized their compatriots for social support; a few used alcohol. None sought professional help to deal with their sadness or stress, partly as no Spanish speaking mental health providers were available in the rural community in California where the study took place, and also due to the stigma associated with seeking psychological services.

The men in our study exemplified the strength, courage, bravery and resilience that are required of transnational migrants. The cultural construction of masculinity guided them and at times pushed them to the limit of their physical abilities; but most men were willing to sacrifice for the wellbeing of their families, which they saw as a core duty of a noble man.

Study Limitations

Although our study sheds light on the complex process of migration and adaption, our study has important limitations. Our sample was small; the experiences of 80 men are not quantitatively representative of all male Mexican migrants. In addition, we lacked the resources
to survey men in enough towns to contrast data, such as family differences, migrants and non-migrants, single and married subjects.

In addition, fieldwork in Mexico happened during times of extreme violence and insecurity in the municipalities in the state of Michoacan, thus hindering our access to the communities since the inhabitants showed high levels of distrust. The support or its lack, of the local authorities of each county (police commanders, heads of various areas, trustees, peace officers) may have created bias in collecting research data; however, given the insecurity in the towns, our sampling approach was the only viable option for conducting research.

In California we had access to a community where the U.S. co-investigator had a track record of presence and cultural humility. This may have facilitated entry but also created response bias. Likewise, our use of economic incentives ($25 gift card) for participating in the focus groups and interviews may have motivated the most needy residents and excluded those who did not see the incentive as sufficient or necessary. In addition, our focus groups and interviews had to be scheduled with regards to the men’s work schedules, which varied with the season. Several men could not be re-interviewed as scheduled because they worked from late afternoon until dawn, as the heat is too intense during the day. They slept during the day and were not available. Some interviews had to be conducted by phone and not in person.

As in Mexico, limited research funding precluded sampling greater numbers of men or a more socio-demographically diverse sample. Nevertheless, our findings are important for future researchers, in terms of the vicissitudes of conducting research with low literacy, immigrant, and undocumented Mexican men.

The standardized instruments may not have fully captured the psychological state of our participants, many of who do not conceptualize mental health utilizing the constructs or terminology utilized in the BAI or CESD-R. The Psychological Resources Inventory, which is
available for different literacy levels and was normed in Mexico, was a more appropriate instrument that appeared to capture the ways in which these men coped, as evident in their narratives obtained in interviews and focus groups.

**Implications for public policy**

Our project also aimed to identify potential areas for intervention. Our findings highlight the importance of conducting preventive efforts in high sender communities of Mexico with a focus on deconstructing hegemonic socialization processes that promote views of masculinity that create risk for young men. Such prevention efforts need to occur early in the education of young men and boys, as our data indicates that these men learned in early childhood to idealize the migration to the North and see it as the only viable solution to their economic problems. Instead, these prevention efforts should potentiate or create solutions rooted in the collectivist practices evident in these communities. This perspective recognizes that the inequality between men and women evident in these communities also has a cost for men; thus, it is essential to engage in discussions regarding the socially constructed gender socialization that affects men and women in high sender communities. Likewise, both men and women need to be informed regarding the impact of family separation on children and the potential change in gender roles that occurs in couples with a history of separation due to the migration of one partner.

In California our findings support the importance of strengthening the existing networks of support agricultural workers create in their communities. In the absence of access to mental health services in their own language, men need alternative solutions to support their well-being. Likewise, educational campaigns targeting their particular needs and experience are essential to promote better health and address the disparities that affect their quality of life. As in Mexico, an examination of masculine cultural scripts that reinforce the notions of sacrifice for others and
disregard for self is essential to ensure the men’s physical and emotional health is promoted and maintained.

REFERENCES


D’Aubeterre, M. E. (2007). “Aquí respetamos a nuestros esposos”. Migración masculina y trabajo femenino en una comunidad de origen nahua del estado de Puebla”. In M. Ariza y A. Portes (Coords.), *El país transnacional. Migración mexicana y cambio social a través de la frontera*. México: Universidad Nacional Autónoma de México, Instituto de Investigaciones Sociales, Instituto Nacional de Migración, Centro de Estudios Migratorios, Miguel Ángel Porrúa.


Mummert, G. (2012).“Pensando en las familias transnacionales desde los relatos de vida: análisis longitudinal de la convivencia intergeneracional”. In M. Ariza y L. Velasco (Coords.), Métodos cualitativos y su aplicación empírica. Por los caminos de la investigación sobre migración internacional. México: Universidad Autónoma de México-Instituto de Investigaciones Sociales, El Colegio de la Frontera Norte.

(Coord.), *Caleidoscopio Migratorio. Un diagnóstico de la situación migratoria actual, en el estado de Michoacán, desde distintas perspectivas disciplinarias*. México: Universidad Michoacana de San Nicolás de Hidalgo, Universidad Autónoma de Zacatecas, Consejo Nacional de Ciencia y Tecnología, Consejo Estatal de Ciencia y Tecnología.


