Well-Being and Family Role Strains Among Cuban American and Puerto Rican Mothers of Adults with Mental Retardation

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[Haworth co-indexing entry note]: “Well-Being and Family Role Strains Among Cuban American and Puerto Rican Mothers of Adults with Mental Retardation.” Magaña, Sandra et al. Co-published simultaneously in Journal of Human Behavior in the Social Environment (The Haworth Social Work Practice Press, an imprint of The Haworth Press, Inc.) Vol. 5, No. 3/4, 2002, pp. 31-55; and: Latino/Hispanic Liaisons and Visions for Human Behavior in the Social Environment (ed: José B. Torres, and Felix G. Rivera) The Haworth Social Work Practice Press, an imprint of The Haworth Press, Inc., 2002, pp. 31-55. Single or multiple copies of this article are available for a fee from The Haworth Document Delivery Service [1-800-HAWORTH, 9:00 a.m. - 5:00 p.m. (EST). E-mail address: getinfo@haworthpressinc.com].

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SUMMARY. This article examines predictors of depressive symptoms and caregiving burden in a sample of Cuban American and Puerto Rican caregivers of an adult child with mental retardation. Using a stress process model of caregiving, the focus of this analysis was on family role strains that result from the caregiving process, which were hypothesized to be particularly strong predictors of maternal well-being in Latino families. Findings indicate that Cuban American mothers of adults with mental retardation had higher socioeconomic status than Puerto Rican mothers, yet there was a substantial amount of within-group heterogeneity in family socio-demographic characteristics, linked closely with immigration patterns for the Cuban American mothers. However, taking into account socio-demographic diversity and ethnicity, findings demonstrate that mothers whose family had more problems had higher levels of burden and depressive symptoms, supporting the hypothesized importance of family functioning to Latina mothers with a non-normative parenting challenge.

KEYWORDS. Well-being, role strains, Cuban, Puerto Rican, mental retardation

INTRODUCTION

This article examines the caregiving context of Cuban American and Puerto Rican mothers of an adult child with mental retardation in order to better understand the influence of culture on the stress and coping process. We investigated the predictors of caregiver well-being among these Latino samples to identify both similarities and differences in the effects of important aspects of the caregiving context and cultural characteristics for Cuban American and Puerto Rican mothers.

Recent family research on mental retardation has been based on a life course perspective, which examines caregiving across different life stages (Seltzer & Heller, 1997). As a result, mental retardation family research has expanded beyond studying families with young children to include families at different stages of the family life course (Seltzer & Ryff, 1994). Findings from Seltzer and Krauss’ (1994) longitudinal study of older mothers of adult children with mental retardation were
surprising. Although these mothers were expected to exhibit more psychological and health problems than parents of young children with mental retardation, the aging mothers were in fact less stressed and less burdened than parents of young children, in better health than other women their age, and had better morale than caregivers of elderly persons (Krauss & Seltzer, 1999; Seltzer & Krauss, 1994). Other studies have emphasized the unique service needs of older families caring for an adult with mental retardation (Fullmer, Tobin, & Smith, 1997; Heller & Factor, 1994; Smith, Fullmer & Tobin, 1994).

The conceptual framework utilized in much research about older adults with mental retardation and their families is based on stress process models that have been adapted from life course and caregiving studies (Lazarus & Folkman, 1984; McCubbin & Patterson, 1983; Pearlin, Mullan, Semple, & Skaff, 1990). One such model has been specified by Pearlin and his colleagues (1990) which has had a considerable influence on research on stress and coping among caregivers of older adults. An important domain in this model is the social context (i.e., age, gender, marital status, and socio-economic status), which is expected to have an important influence on the stress process because these characteristics may indicate where people stand in the social order and what resources they may have available to them. Other domains include primary stressors (e.g., maladaptive behaviors and functional limitations of the person receiving care) which determine the nature and magnitude of care required, and secondary stressors (e.g., family and job conflict) which are conceptualized as strains that potentially result from the primary stressors.

The role of the social and cultural context on individual family members is receiving attention in the theoretical, research and practice literatures (Szapocznik & Kurtines, 1989; Szapocznik & Coatsworth, 1999, Szapocznik & Williams, 2000). There is a growing literature on Latinos as caregivers for the elderly (Aranda & Knight, 1997; Cox & Monk, 1993; Delgado & Tennstedt, 1997; Mintzer et al., 1992; Mintzer, Rubert, & Herman, 1994; Sotomayor & Randolph, 1988) and some studies of Latino caregivers of young children with mental retardation (Bailey et al., 1999; Blacher, Shapiro, Lopez, Diaz, & Fusco, 1997; Harry, 1992; Heller, Markwardt, Rowitz, & Farber, 1994). However, virtually no published research has been focused on family caregivers of adult Latinos with mental retardation, with the exception of a study of Puerto Rican families (Magaña, 1999).

Only a few studies have been published on families of color who have an adult son or daughter with mental retardation (Chen & Tang,
Chen and Tang (1997) conducted a study of thirty Chinese mothers of adults with mental retardation living in Hong Kong, and found that the most common stressors were similar to those found in Western studies: behavior problems of the son or daughter and the need for future planning. Another recent study, which explored cultural values and beliefs in the context of caregiving, described older families from various ethnic groups caring for persons with developmental disabilities in the US, including African American, Chinese American, Haitian American, Latino/Latina American, Korean American, and Native American communities (McCallion et al., 1997). Using focus group methodology, researchers in this study found that adherence to cultural values varied based on differing levels of acculturation. Virtually all of the participants valued family involvement and expected family participation in caregiving, even though economic and social realities interfered with the ability of some families to maintain this cultural value (McCallion et al., 1997).

Socioeconomic limitations were common in other studies of samples of color who cared for an adult with mental retardation. For example, Pruchno et al. (1997) found that African American mothers of adults with mental retardation were of lower socioeconomic status, were more likely to live with their adult with the disability, and experienced less caregiving burden and reported greater satisfaction than White mothers. In contrast, in a study of Puerto Rican mothers of an adult with mental retardation, Magaña (1999) found that in addition to extremely low socio-economic status, these mothers were in very poor health, which, in turn, was associated with elevations in both caregiving burden and depressive symptoms.

The current study focuses on two groups of Latina mothers in the US (Cuban Americans and Puerto Ricans) who have an adult son or daughter with mental retardation. In this study we test an adaptation of the stress process model of Pearlin and his colleagues (1990) by investigating the relationship of family problems to the mothers’ psychological well-being. Family is an important institution for most cultural groups, particularly in the caregiving process. Pearlin et al. (1990) incorporate the importance of family into the stress process model by including family conflict in the domain of secondary role strain. The significance of the family for Latinos has been well documented, although there has been some criticism that more research is needed to understand its unique significance (Aranda & Knight, 1997; Baca Zinn & Wells, 2000). In this article we build on the concept of family strain put forth
by Pearlin et al. (1990) by examining problems in family functioning that result from the caregiving process. Because of the importance of family for Latinos, we hypothesize that mothers’ own psychological well-being will be more strongly affected by the functioning of their family than by the other factors measured in our study.

Research on Latino families with a child with mental retardation has confirmed the importance of the family (Bailey et al., 1999; Blacher et al., 1997; Harry, 1992; Heller et al., 1994; Magaña, 1999). For example, Blacher et al. (1997) found that high family cohesion was associated with low maternal depression among a primarily Mexican-American sample of mothers with a child with mental retardation. In a qualitative study of Puerto Rican mothers with a child in special education, Harry (1992) found that mothers made many references indicating the importance of family. For example, some parents described the strengths and weaknesses of their child as family characteristics (rather than child characteristics), which served to protect the child by shifting the responsibility for these characteristics from the child to the family. In a study of Puerto Rican mothers of adults with mental retardation, Magaña (1999) found that various family members provided instrumental caregiving support to their relative with mental retardation, but this type of support was not predictive of the mothers’ emotional well-being. Instead, having larger social support networks (which were composed primarily of family members) and greater satisfaction with support were predictive of lower levels of depressive symptoms for these mothers. In a study of Mexican American and Puerto Rican families of preschool-age children with developmental disabilities, Bailey et al. (1999) found that parents reported receiving equally high levels of support from the family and the formal support system, but significantly less support from friends. On the other hand, there is evidence that support from the family may be no different for Latinos than for other groups. Heller et al. (1994) found that Latino and non-Latino White mothers of an adult with mental retardation had similar degrees of family support, although Latino mothers had less support from friends. However, when controlling for SES, this difference in support from friends was no longer significant.

It is important to recognize that US Latinos are a very diverse group with different countries of origin, migration patterns to the US, and political histories. Although most research on Latinos has been conducted on Mexican-Americans, findings have been over-generalized to other Latino groups (Baca Zinn & Wells, 2000). The current study adds to the literature by examining two distinct US Latino groups, Cuban Ameri-
cans and Puerto Ricans, to determine differences and similarities they report in the stress and coping process.

Political history and migration patterns are two factors that are distinct between Cuban Americans and Puerto Ricans. Cuban migration to the US was initially precipitated by the 1959 Castro revolution and is frequently characterized by three waves. The first wave began in the early 1960s with the former Cuban economic and political elite. The second began in the mid-1960s and continued until the late 1970s, and was representative of all socioeconomic levels in the Cuban population. The third wave started in 1980 and continued through the 1990s with Cubans of low socio-economic status (Baca Zinn & Wells, 2000; Bernal & Shapiro, 1996; Garcia-Preto, 1996a). The combination of support provided by the US government and the already economically advanced status of the first wave of Cuban immigrants resulted in a strong and economically viable Latin ethnic enclave in the Miami area. This enclave sustains itself economically and politically through Cuban American ownership of businesses, professional services, and institutions (Baca Zinn & Wells, 2000). It also provides a unique context that may itself influence the caregiving experience for those Cuban Americans who live in the Miami area. How caregiving fits within that social context is in question. Are there natural supports within this community available to caregivers, or alternatively, do caregivers struggle with balancing multiple roles that are unique to their culture and social structure?

In contrast, mainland Puerto Ricans are among the most economically disadvantaged of all Latino groups (Baca Zinn & Wells; 2000; Garcia-Preto, 1996a). Puerto Rican migration, although politically influenced, is more economically based. In 1898, the US colonized Puerto Rico. Since the early 1900s, Puerto Ricans have been migrating to Northeastern US cities in search of jobs, education and new opportunities. Migration increased after World War II due to greater economic opportunities. The period after World War II to about 1965 is referred to as the “Great Migration.” Since that time there has been a “revolving door migration” in which Puerto Ricans migrate back and forth depending on economics and employment opportunities on the Mainland and the Island. Some families migrate to solve problems including obtaining help from relatives who already migrated, resolving marital problems, or obtaining help for a sick or disabled relative (Garcia-Preto, 1996b).

Most studies that make comparisons across Latino groups report socio-demographic differences. For example, analyses based on the
1988 National Survey of Hispanic Elderly People (NSHEP) found that in comparison to Cuban American elders (N = 714), Puerto Rican elders (N = 368) were more likely to live in poverty, and were less likely to be married or to have a high school education (Burnette & Mui, 1995; Dietz, John, & Roy, 1998; Tran & Dhooper, 1996; Tran & Williams, 1998). Puerto Rican elders were also found to be in worse health and had more daily living impairments than Cuban American elders in the NSHEP (Burnette & Mui, 1995).

Other studies investigated adherence to cultural values such as familism among specific Latino groups, including Mexican Americans (Keefe, Padilla, & Carlos, 1979), Puerto Ricans (Cortes, 1995; Rodríguez & Kosloski, 1998), and Cuban Americans (Szapocznik, Scopetta, Aranalde, & Kurtines, 1978). However, only one published study has made direct comparisons about cultural values across Latino groups (Sabogal, Marin, Otero-Sabogal, Marín, & Perez-Stable, 1987). Sabogal et al. (1987) compared Mexican-, Cuban- and Central Americans on three attitudinal factors of familism: perceived family support, familial obligations, and family as referents. The researchers found that all three Latino groups reported agreement with these attitudinal factors and, in comparison to a White non-Latino sample, the combined Latino sample showed stronger endorsement of these factors. The present study extends this line of research to investigate how problems in the family might influence the stress process for two groups of Latinos caring for an adult with mental retardation.

The research questions and hypotheses for this study are:

1. To what extent do Cuban Americans and Puerto Ricans caring for a son or daughter with mental retardation differ with respect to socio-demographic characteristics? Based on the literature cited above, it is hypothesized that the Cuban American mothers in this study will be more likely to be married, have higher socio-economic status (as measured by income, home ownership, and years of education), and to be in better health than Puerto Rican mothers of adults with mental retardation.

2. Do Puerto Rican and Cuban American caregivers differ in family functioning and emotional well-being, as measured by level of family problems, depressive symptoms and subjective caregiving burden? It is hypothesized that because Puerto Rican mothers are expected to be in poorer health and of lower SES, they will have higher levels of family problems, depressive symptoms and more caregiving burden than Cuban American mothers.
3. What are the predictors of depressive symptoms and burden among Latina mothers of adults with mental retardation? It is hypothesized that because of the theorized importance of family functioning to maternal well-being among Latinas, family problems will be the strongest predictor of depressive symptoms and caregiving burden for both Cuban American and Puerto Rican mothers.

4. To what extent are the predictors of caregiving burden and depressive symptoms different for the two groups? We do not include a hypothesis for this question as it is an exploratory analysis.

**METHOD**

**Sample**

Participants included in this study were 44 Puerto Rican mothers from Massachusetts and 49 Cuban American mothers from Miami-Dade County, all of whom had an adult child with mental retardation who lived at home. Puerto Rican mothers were recruited with the help of personnel from 14 area offices of the Massachusetts Department of Mental Retardation and community organizations in Massachusetts that serve Latino families who have a family member with mental retardation. In addition, eight families were identified by participating sample. Service providers were asked to refer all families who met the three criteria: the mother was the main caregiver for a son or daughter with mental retardation, the son or daughter lived at home, and the mother and/or the son or daughter were of Puerto Rican descent.

A key element of sample recruitment in this study was a reliance on personal contact of service providers with potential sample members. Service providers presented information written in Spanish or English to the families and reviewed it with them. They then asked families if they would be interested in being contacted by the study staff. There was a 97% response rate of those families who were approached about the study, which resulted in the participation of 73 Puerto Rican mothers. Only those mothers who were age 55 and over (N = 45) were included in the present analysis in order to sharpen the focus on older mothers caring for an adult with mental retardation. However, one mother had substantial amounts of incomplete data, so this family was not included, leaving 44 Puerto Rican families in this analysis.
Names for the Cuban American sample were obtained from the State of Florida Department of Children and Families–Developmental Services (CFS-DS) in Dade County that serves clients with developmental disabilities. All families of CFS-DS who were identified as Latino and whose son or daughter was not living in an institutional setting or group home were sent letters describing the project and given a number to call if they were interested in participating. Of those families who were in contact with the study, 83% participated. Families who participated met the following criteria: the adult with the developmental disability was living with a family member; the primary caregiver was a relative and Latino; and the primary caregiver provided the majority of assistance with activities of daily living to the adult with a developmental disability. Only those families in which primary caregiver was a mother aged 55 or older who self-identified as Cuban or Cuban American were included in the present analysis (N = 49).

**Measures**

Characteristics of the mother included ethnicity, marital status, age, years of education, years in the US, and self-reported physical health status. Dummy variables were constructed for ethnicity (1 = Cuban American, 0 = Puerto Rican) and marital status (1 = married, 0 = widowed, divorced, separated or single). Physical health was measured by a question taken from the Older Americans’ Resources and Services Multidimensional Functional Assessment which asks the mother to rate her own health from excellent (4) to poor (1). The criterion-related validity of this item with a physical examination was reported to be .70 (Multidimensional Functional Assessment Manual, 1978).

Characteristics of the son or daughter with mental retardation included level of mental retardation, the number and severity of maladaptive behaviors, and the number of services received. Level of mental retardation was measured by mother’s reports ranging from (3) mild to (0) profound retardation. Number and severity of maladaptive behaviors were measured by a scale from the ICAP (Inventory for Clients in Agency Planning; Bruininks et al., 1986). There were eight items in which the mother was asked whether her son or daughter had the maladaptive behavior, and if so, with what severity, ranging from (1) not serious to (5) extremely serious. To determine the number of maladaptive behaviors, researchers counted the maladaptive behaviors of the son or daughter. To determine severity of maladaptive behaviors, the severity ratings for the eight items were added together.
Items in which the son or daughter did not exhibit the behavior were coded as 0. In addition, each study site (Miami and Massachusetts) included a measure listing services that are typically received by persons with mental retardation. Mothers were asked if their son or daughter received the service. Services that both studies had in common were counted. Services included in this measure were: case management, therapy services, psychological services, legal services, transportation, self-care services, respite, income support, and social/recreational activities.

Family problems were measured by a subscale of the revised version of the Questionnaire on Resources and Stress-F (Friedrich, Greenberg, & Crnic, 1983). This subscale consists of 20 items answered yes (score of 1) or no (score of 0) reflecting family well-being and functioning. Sample items are: “Other members of the family have to do without things because of (son or daughter).” “The constant demands for care for (son or daughter) limit growth and development of someone else in our family.” The scale’s alpha reliability was .74 for the present sample.

Outcome variables for this study included two measures: depressive symptoms and caregiver burden. Depressive symptoms were measured by the Center for Epidemiologic Studies Depression (CES-D) Scale (Radloff, 1977). This is a measure of the frequency of 20 depressive symptoms that had occurred over the last week, each rated on a 4-point scale. The CES-D has been shown to be valid and reliable with many populations and is often used in cross-cultural research (Blacher et al., 1997). Some researchers have cautioned against making cross-cultural comparisons between Latinos and non-Latino cultural groups, because Latinos are more likely to report elevated symptoms (Coelho, Strauss & Jenkins, 1998; Guarnaccia, Angel & Lowe Worebey, 1989; Kolody, Vega, Meinhardt & Bensussen, 1986; Stroup-Benham, Lawrence & Treviño, 1992). Loss is known about the validity of using the CES-D to compare different Latino groups to each other. The scale’s alpha reliability was .88 for the present sample.

Caregiver burden was assessed by an adaptation of the Zarit Burden Scale (Zarit, Reever & Bach-Peterson, 1980). Twelve items that both studies had in common were used in this analysis, each answered on a 3-point scale, ranging from 0 (not at all true) to 2 (extremely true). Examples of items we used are, “I feel that my son or daughter makes requests which I perceive to be over and above what she needs,” “Because of my involvement with my son or daughter, I don’t have enough time for myself,” and “I feel embarrassed over my son or daughter’s behavior.” The scales’ alpha reliability was .73 for the present sample.
Data Collection Procedures

In both research sites, families who expressed interest in the study were contacted by telephone by bilingual, bicultural interviewers who explained the study in more detail and confirmed that recruitment criteria were met. Demographic information was also obtained in the telephone call. Bilingual, bicultural interviewers with two days of training in survey interview techniques administered structured interviews at the participants’ homes. Measures not already available in Spanish were translated in Miami using the translation, back translation-method (Kurtines & Szapocznik, 1995). For the Puerto Rican sample, all items were read aloud to the mothers even though some measures are typically self-administered because it was recognized that some mothers may not have been able to read or may not have felt comfortable with a reading and writing component. For the Cuban American sample, most items were read to the mothers with the exception of the Family Problems scale and the CES-D. These measures were self-administered by those who were able to complete the questionnaire, and read to those who were not. Mothers in both research sites were paid $20 for the interview at the end of the visit as a gesture of respect for their time. Interviews lasted an average of three hours.

RESULTS

Ethnic Differences in Demographic Characteristics

Our first research question asked, to what extent do the two Latino groups differ on sociodemographic characteristics? Consistent with our hypothesis, Cuban Americans had higher socioeconomic status, were in better health, and were more likely to be married (see Table 1).

With respect to socioeconomic status, Table 1 shows that the median income of Cuban American families was slightly higher, but the difference not significant. However, Cuban Americans were significantly more likely to own their home and had more years of education. Additional findings shown in Table 1 are that Puerto Rican mothers had significantly more children, and the Puerto Rican adults with mental retardation received more services. Differences in service systems between Miami and Massachusetts may account for differences in receipt of services. Because the number of services correlated with outcomes
Because the Cuban American sample was not expected to be homogeneous in socioeconomic status due to the varying waves of migration discussed earlier, a comparison was made among the three migration waves to determine differences in socio-demographic variables. A categorical variable was constructed in which Wave 1 included all Cuban American mothers who migrated before 1965 (N = 17), Wave 2 included Cuban American mothers who migrated between 1965 and 1979 (N = 21), and Wave 3 included Cuban American mothers who migrated from 1980 on (N = 11). As expected, there were differences among the three groups in socioeconomic status. Cuban American mothers who migrated early had the most education (M = 12.5, SD = 2.9) and the most recently arrived mothers had the lowest level of education (M = 8.8,

(see Table 2), the number of services was used as a control variable in the multivariate analysis.

Because the Cuban American sample was not expected to be homogeneous in socioeconomic status due to the varying waves of migration discussed earlier, a comparison was made among the three migration waves to determine differences in socio-demographic variables. A categorical variable was constructed in which Wave 1 included all Cuban American mothers who migrated before 1965 (N = 17), Wave 2 included Cuban American mothers who migrated between 1965 and 1979 (N = 21), and Wave 3 included Cuban American mothers who migrated from 1980 on (N = 11). As expected, there were differences among the three groups in socioeconomic status. Cuban American mothers who migrated early had the most education (M = 12.5, SD = 2.9) and the most recently arrived mothers had the lowest level of education (M = 8.8,
SD = 4.5), F (2, 49) = 2.7, P = .08. Likewise, 87.5% of Cuban American mothers who migrated early owned their own homes, while only 36.4% of Cuban American mothers who arrived most recently owned their own homes, χ² (2, N = 49) = 7.7, p = .02.

We also examined differences in the demographic variables in Table 1 between Puerto Rican mothers who migrated in two different periods (the Great Migration period, those who migrated before 1964; and the revolving door period, those who migrated from 1965 on) but found no significant differences.

**Ethnic Differences in Family Problems and Emotional Well-Being**

Our second research question asked, to what extent do Cuban American and Puerto Rican caregivers differ in family functioning and emotional well-being, as measured by the level of family problems, depressive symptoms, and subjective caregiving burden? We hypothesized that because Puerto Ricans are in poorer health and of lower SES, they would have higher depressive symptoms and more family problems and caregiving burden. These hypotheses were not supported. There was no significant difference between the two groups with re-
spect to depressive symptoms, \((M \text{ Cubans} = 16.7, SD = 11.6; M \text{ Puerto Ricans} = 18.5, SD = 12.2), t(93) = -0.75, p = .454\). However, contrary to the hypothesis, the Cuban American mothers \((M = 10.4, SD = 3.2)\) were significantly more burdened than the Puerto Rican mothers \((M = 6.2, SD = 4.9), t(93) = 4.9, p = .000\), and had significantly more family problems \((M = 101, SD = 2.8)\) than the Puerto Rican mothers \((M = 66, SD = 3.5), t(93) = 6.2, p = .000\).

We also examined differences in family problems and emotional well-being within the two ethnic groups according to migration patterns, and found differences in the level of depressive symptoms only within the Cuban American group. Cuban American mothers who migrated early had lower levels of depressive symptoms \((M = 11.4, SD = 10.9)\), while Cuban American mothers who migrated most recently had considerably higher levels of depressive symptoms \((M = 21.3, SD = 11.6), F(2, 49) = 3.1, p = .05\). When years of education and home ownership were controlled for, however, this difference was no longer significant.

**Predictors of Depressive Symptoms and Burden**

Our third research question asked, what are the predictors of depressive symptoms and burden among Latina mothers of adults with mental retardation? To examine patterns predictive of the outcome variables, hierarchical multiple regressions were conducted. Three domains of independent variables were entered into the regression models: mother characteristics, which represent the social context domain of Pearlin et al.’s model (1990); child characteristics, which represent the primary stressors domain; and family problems which represent the secondary stressor/role strain domain. Because of sample size, the total number of variables used in the model was limited. Variables were chosen based on theoretical importance, their correlation with the dependent variables, and variables that needed to be taken into account because they were significantly different between the two groups. In addition, ethnicity was used as dummy variable (Cuban American = 1, Puerto Rican = 0). Because of the importance of timing of migration, at least for the Cuban American sample, years in the US was included in the regression model.

Table 2 shows the bivariate relations among the study variables of the combined sample. More depressive symptoms were correlated with more family problems, mothers’ poor health, fewer years of education, and fewer years in the United States. More caregiving burden
was correlated with more family problems, being married, being Cuban American, having a son or daughter with more severe behavior problems, and receiving fewer services. Table 3 shows the multiple regression results. As in the bivariate analysis, poor health of the mother, fewer years of education and fewer years in the US were predictive of higher levels of depressive symptoms (step 1). The addition of child characteristics (step 2) did not explain any additional variance in maternal depressive symptoms. In step 3, the family problems variable was entered into the model, and consistent with our hypothesis, a higher score on family problems was predictive of more depressive symptoms. The final model accounted for 27% of the variance in depressive symptoms, with 4% of the explained variance associated with family problems.

In examining the predictors of burden, poor maternal health, being married and ethnicity were predictive of higher burden, with Cuban Americans having higher burden scores (see Table 3, step 1). There were weak effects for younger mothers and those with fewer years of education to be more burdened. Additionally, more severe behavior problems of the son or daughter was predictive of more burden (step 2). Family problems were a major predictor of burden (step 3), accounting for 14% of the total variance explained ($R^2 = .50$).

When the family problems variable was entered into the model for predicting burden, ethnicity was no longer a significant predictor. This finding suggests that family problems mediate the main effect of ethnicity on burden. The correlation matrix (Table 2) shows three bivariate correlations relevant to this mediation effect: ethnicity with family problems (with Cuban Americans having higher family problems than Puerto Ricans: $r = .55$, $p < .001$), family problems with burden ($r = .66$, $p < .001$), and ethnicity with burden (with Cuban Americans having higher burden scores than Puerto Ricans: $r = .46$, $p < .001$). Figure 1 shows the mediation effect, namely that when controlling for family problems, ethnicity is no longer predictive of burden, but family problems still are. Thus, one reason why Cuban Americans appear to be more burdened by caregiving is their elevated level of family problems.

### Differences in Predictors Between Cuban Americans and Puerto Ricans

Our fourth research question asked to what extent the predictors of depressive symptoms and caregiving burden are different for the two
groups? To determine whether there were any differences in predictors across the two groups, interaction terms between ethnicity and each of the eight other independent variables in the regression models were constructed and tested in preliminary exploratory analyses. For caregiving burden, we did not find any differences in predictors between the two groups when interaction terms were entered into the model. For depressive symptoms, we found only one significant interaction, namely that maternal health was a stronger predictor of depressive symptoms for Puerto Rican mothers than for Cuban American mothers (see step 2 of Table 4 and Figure 2). Figure 2 shows that Puerto Rican mothers who are in poor health have very high levels of depressive symptoms, whereas those in excellent health have no depressive symptoms. For the Cuban American mothers depressive symptoms were elevated regardless of health status. Note that the health variable was centered (the mean of maternal health was subtracted from the value in each case) in the interaction term to minimize the correlation with other variables.

### TABLE 3. Hierarchical Regression of Maternal Emotional Well-Being

<table>
<thead>
<tr>
<th>Mother Characteristics</th>
<th>Depressive Symptoms</th>
<th>Caregiver Burden</th>
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<tbody>
<tr>
<td></td>
<td>Step 1</td>
<td>Step 2</td>
</tr>
<tr>
<td>Age</td>
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<td>-.12</td>
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<tr>
<td>Health status</td>
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<td>-.35**</td>
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<td>-.22*</td>
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<td>Years in the US</td>
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<td>-.23*</td>
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<tr>
<td>Marital status</td>
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<td>-.11</td>
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<td>Ethnicity (1 = Cuban, 0 = Puerto Rican)</td>
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<td>.14</td>
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<table>
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<th>Child Characteristics</th>
<th>Depressive Symptoms</th>
<th>Caregiver Burden</th>
</tr>
</thead>
<tbody>
<tr>
<td>Severity of maladaptive behaviors</td>
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<td>.08</td>
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<tr>
<td>Number of services received</td>
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<td>.03</td>
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<table>
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<th>Family Role Strain</th>
<th>Depressive Symptoms</th>
<th>Caregiver Burden</th>
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<tbody>
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<td>.28* (.38)</td>
<td>.48*** (.12)</td>
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<table>
<thead>
<tr>
<th>Adjusted R²</th>
<th>Depressive Symptoms</th>
<th>Caregiver Burden</th>
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<tbody>
<tr>
<td>.24</td>
<td>.23</td>
<td>.27</td>
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<table>
<thead>
<tr>
<th>F statistic</th>
<th>Depressive Symptoms</th>
<th>Caregiver Burden</th>
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<tr>
<td>5.7***</td>
<td>4.5***</td>
<td>4.8***</td>
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Standardized beta coefficients are reported, standard errors in parentheses

*p < .10, **p < .05, ***p < .01, ****p < .001
DISCUSSION

The Latina mothers in our study share two very important common characteristics: they have cared for a son or daughter with mental retardation over the course of most of their adult lives and their families were members of a Latino ethnic minority group. At the same time, we recognized that the cultural context of caregiving may be different for each group. Overall, we found that, consistent with other studies that have compared Latino groups, Puerto Rican mothers were more disadvantaged than the Cuban American mothers in socioeconomic status and demographic characteristics such as health and marital status. In contrast, Cuban American mothers had higher levels of distress than Puerto Rican mothers as measured by family problems and burden. We argue below that the social structure of the Cuban American enclave in Miami may contribute to this elevated level of family problems, despite their socioeconomic advantage.

Another difference between the two groups concerned the relation of maternal health to depressive symptoms, reflected in Figure 2. Poor health was more strongly related to depressive symptoms among Puerto Rican mothers than for Cuban American mothers. The strong relation of health to depression among Puerto Rican women has been documented in other studies (Angel & Guarnaccia, 1989; Guarnaccia, Good & Kleinman, 1990). For example, a study comparing the relation of self-rated health and depressive symptoms between Puerto Ricans and Mexican Americans found that Puerto Ricans who reported themselves to be in fair and poor health had higher CES-D scores than Mexican-Americans with similar levels of health problems (Angel & Guarnaccia, 1989).
More research is needed to determine why Puerto Rican mothers are particularly vulnerable emotionally to health problems. On the other hand, the level of distress of Cuban American mothers was not a function of their health.

We found that there was variability among the three waves of Cuban migration with respect to depressive symptoms. Mothers who migrated during the first wave were comparable in their average CES-D score to a similar sample of Anglo-American caregivers (Seltzer, Krauss, & Greenberg, 1995), while the CES-D score of Cuban mothers who migrated more recently were similar to the Puerto Rican mothers in the current study. This suggests substantial within-ethnic group heterogeneity, which underscores the importance of socioeconomic status and, for Cuban Americans, historical time of migration, for maternal well-being. Vidal de Haymes (1997) refutes the so-called Cuban American success story by describing differential poverty rates, social class positions, and occupational roles for later wave immigrants who are often Black or of mixed race origin. Our findings corroborate Vidal de Hayme’s assertion: Cuban American mothers who have lived in Miami the longest are more economically and psy-

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<th>TABLE 4. Regression of Depressive Symptoms with Interaction Term</th>
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<tr>
<td><strong>Mother Characteristics</strong></td>
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<tr>
<td>Age</td>
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<tr>
<td>Health status</td>
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<tr>
<td>Years of education</td>
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<tr>
<td>Years in the US</td>
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<tr>
<td>Marital status</td>
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<tr>
<td>Ethnicity</td>
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<tr>
<td><strong>Child Characteristics</strong></td>
</tr>
<tr>
<td>Severity of maladaptive behaviors</td>
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<tr>
<td>Number of services received</td>
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<tr>
<td><strong>Family Role Strain</strong></td>
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<tr>
<td>Family problems</td>
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<tr>
<td>Interaction Term</td>
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<tr>
<td>Mothers’ health X ethnicity</td>
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<td><strong>Adjusted R^2</strong></td>
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<tr>
<td>Step 1</td>
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<td>Step 2</td>
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<td>F statistic</td>
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Standardized beta coefficients are reported, standard errors in parentheses
*p < .10, "p < .05, **p < .01, ***p < .001
chologically advantaged, while those who migrated later are poorer and more distressed. In contrast, Puerto Ricans on the mainland have remained a minority group that is poor, and in poor physical and emotional health.

A finding of interest related to both Puerto Ricans and Cuban Americans was that married mothers were more burdened by caregiving than unmarried mothers, a pattern not characteristic of Anglo-American mothers who care for an adult with mental retardation (Seltzer, Greenberg, Krauss, & Hong, 1997). Unique gender roles among Latino groups may account for this relationship. Although the gender terms often attributed to Latinos, “machismo” and “marianismo,” may be overgeneralized and contribute to negative stereotypes, some understanding of these terms may help in interpreting the findings. “Marianismo” is based on the Catholic belief in the Virgin Mary, and denotes that women are morally and spiritually superior to men, and as a result, better able to endure suffering (Comaz-Diaz, 1982; Sanchez-Ayendez, 1989; Torres, 1998). The cultural expectation is that women will demonstrate self-sacrifice in favor of their children and husbands, and consequently will be more involved in child rearing and maintaining the household. In contrast, the expectations of “machismo” are that the men will protect and provide for the family and maintain self-respect (Torres, 1998) and
not do housework or child care. In the context of caregiving, women who are married may be more burdened because they not only are providing care for the adult child with mental retardation, probably without direct day-to-day help with caregiving from their husband, but are also expected to cook, clean, and defer to their husband. This is not to say that the husband does not contribute to the well-being of the family and the son or daughter with mental retardation, but he probably does not contribute much in day-to-day caregiving, which is what the burden scale reflects. Findings from this study do not indicate that being married is negatively associated with the mothers’ overall well-being, as this relationship is not found with depressive symptoms.

Initially, we found that Cuban American mothers were more burdened than Puerto Rican mothers, but when taking into account the extent of family problems, this difference was no longer significant (as shown in Figure 1). Understanding the social context of the ethnic enclave in the Miami area may shed some light on why Cuban Americans report more family problems and as a result are more burdened. Both Puerto Rican and Cuban American mothers may be expected to be self-sacrificing, and may expect little help from their spouses, but the Cuban American families have the added cultural expectations of the Miami Cuban American community, including a hierarchical social and economic structure. This may create an environment in which culturally prescribed social roles are important, but difficult to maintain for mothers who are providing full time care for a son or daughter with mental retardation. For example, family participation in community activities may be important for those striving to maintain or gain social status within the Cuban American community, but difficult to accomplish for mothers who care for a son or daughter with mental retardation. We looked more closely at the differences between Cuban American and Puerto Rican mothers on each of the family problem scale items and we found some evidence to support this explanation. We found that the Cuban American mothers were substantially less likely than Puerto Rican mothers to “enjoy going places with the family when their son or daughter comes along,” visit friends whenever they want,” to feel that “the family can do things together as always,” and to feel that “the family can do the same kinds of things as other families.” Social pressure for conformity and culturally related stigma toward mental retardation warrants more research as a possible secondary role strain among Cuban American caregivers.
Limitations of this study are that the convenience samples used may not be representative of the larger population of Latina mothers caring for an adult with mental retardation, cross sectional analysis does not allow for causal inferences, different geographical locales may present comparison problems, and the small sample size may not allow for detection of all significant relationships and differences between groups.

Implications for practice are that assessing the social environment and the ability of the family to conform to cultural expectations are essential to the provision of culturally competent services to Latinos with non-normative caregiving responsibilities. Using interventions that take into account Latino cultural values and gender roles, and that teach families how to adapt to stressful situations within the context of acculturative change is valuable (Szapocznik, Kurtines, Santisteban, & Rio, 1990; Szapocznik, Rio, Perez-Vidal, Kurtines, & Hervis, 1986; Szapocznik, Santisteban, Kurtines, Perez-Vidal, & Hervis, 1984). It is also important to take into account how Latino groups may differ as well as in what ways they may be similar. For example, Puerto Rican mothers tend to be in poorer health, which is a threat to their emotional well-being. Ensuring that mothers who are providing care to adults with mental retardation have adequate health care is especially important for Puerto Rican families. It is equally important not to assume homogeneity within Latino groups, as demonstrated by the diversity within the sample of Cuban American mothers. Many of the later-wave immigrants in this population may need help with income and housing supports, as do many mothers from the Puerto Rican sample.

In summary, although overall, Cuban American mothers of adults with mental retardation had higher socioeconomic status than Puerto Rican mothers, we found that there was a substantial amount of within group heterogeneity in family socio-demographic characteristics, linked closely with immigration patterns for the Cuban American mothers. While Puerto Rican mothers had poorer health, Cuban American mothers had more caregiving burden and family problems. However, cutting across socio-demographic diversity and ethnicity was the importance of the family and family problems for maternal well-being. We found that mothers whose families had more problems had higher levels of burden and depressive symptoms, supporting the hypothesized significance of family functioning to Latina mothers who have a non-normative parenting challenge.
AUTHOR NOTE

Support for the preparation of this manuscript was provided by grants from the National Institute on Aging (R01 AG08728-Seltzer & Krauss, supplemented with funds from the NIH Office of Research on Minority Health), the National Institute of Child Health and Human Development (732 HD07194-Abbeduto & Seltzer, 732 HD07489-Krauss, R01 HD31849-Szapocznik) and the Merck Scholars H Program. Support was also provided by the Starr Center on Mental Retardation, Heller Graduate School at Brandeis University; the Waisman Center at the University of Wisconsin-Madison; and the Center for Family Studies at the University of Miami.

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