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ADAPTIVE AND MALADAPTIVE RESPONSES TO SOCIAL CHANGE: A STUDY OF MIGRANTS AND THEIR FAMILIES IN SAN LUIS POTOSI, MEXICO
RICE UNIVERSITY

ADAPTIVE AND MALADAPTIVE RESPONSES TO SOCIAL CHANGE:
A Study of Migrants and their Families
in San Luis Potosi, Mexico

by

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DOCTOR OF PHILOSOPHY

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ABSTRACT

This dissertation seeks to demonstrate that for some Mexican migrants and members of their families, migration is stress-inducing. Certain types of migration or mobility carried out under certain circumstances may make the individual's and family's psychosocial adaptation to everyday life problematic. It is argued and defended with ethnographic and empirical data that migration may be distinguished as a causal or precipitant factor in social deviance.

The results of survey research among 218 Mexican psychiatric patients, many of whom had a social history of migration, are discussed. The incidence of patients with a history of migration in this group is reported and interpreted. The maladaptive approaches to migration which these patients seem to have taken are described. Those patients with migration in their backgrounds are distinguished from non-migrant patients and it is suggested that, because migrants had a notably different set of social factors which contributed to their problems and because their emotional problems ran a very different course, migration may elicit a syndromic response of maladaptation in some migrants and members of their families.

Finally, through the presentation and analysis of case material on fourteen families currently involved in migration, an effort is made to distinguish adaptive from maladaptive migration. The way in which migration in certain directions and under particular circumstances entails risks that may affect individual well-being and family function-
ing is described. Migration is depicted as a multifaceted social process which permeates all aspects of personal and social life. The short term effects of migration as they directly influence those who migrate, such as culture contact, isolation, separation from kinsmen are considered and the way in which the well-adapted and poorly-adapted families sought to cope with these consequences of migration is discussed. Also, the indirect effects of migration are described and the case study material is used to explain how migration established certain pathological family themes in these maladapted groups which contributed to the onset of psychiatric illnesses in their members.
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PREFACE

This dissertation describes the impact of Mexican migration on the psychosocial adaptation of individuals and families, people who were practicing mobility towards gainful ends, while attempting to achieve a sense of security, continuity, and hope in their daily lives. Migration is depicted as an agent of social change which moves the individual through a series of varied and unfamiliar life events. Changes which occur during migration, due to alterations in important social networks, may make social life discontinuous, often unpredictable and problematic. Any individual who participates in these social networks may be affected by such changes. Mental health researchers have often hypothesized that the consequence of repeated change in one's social world may be mental illness. Knowing that not all migrants suffer emotional distress or mental illness, this dissertation seeks to explain why and under what circumstances some Mexican migrants and members of their families will seek psychiatric treatment.

The research upon which this analysis is based was carried out over a period of approximately 8 months, from the spring to the winter of 1978. It took place in and around the city of San Luis Potosi, Mexico (the capital city of the state by the same name). I originally came to this region at the invitation of a friend to observe Mexican psychiatric care, at La Clinica para Enfermos Mentales "Vicente Chico Sein." While there I learned two important facts: (1) that the state of San
Luis Potosi sponsors a great deal of emigration and (2) that this particular psychiatric clinic serves many individuals with a history of migration in their backgrounds. After discovering these details, it became my goal to understand more about emigration from this region and to determine whether geographical mobility played a part in the onset of mental illness among the patients at Vicente Chico Sein. I set out by doing ethnographic and library research on the general population of that region and by conducting survey and case study research in the psychiatric clinic. In the clinic I focused my attention on individuals and families with migration in their backgrounds, hoping to draw some distinctions between those psychiatric patients with a history of migration and those without such a history. I also sought to determine some of the differences between those patients with migration in their backgrounds and those migrants in the regional population.

The process of becoming interested in migration and mental illness as interrelated phenomena evolved over a three year period while I was studying for my graduate degree at Rice University in Houston, Texas. My coursework included cognitive anthropology, cultural psychiatry, and urban anthropology, with special emphasis placed on migration and Mexican civilization. I first became interested in the mental health problems of Hispanics during this time, while working to supplement my student's income in the emergency psychiatric ward of a large county hospital. During my nine months of employment there I noticed that an unusually small number of Hispanics came to the clinic; a fact which seemed odd due to the fact that the hospital's catchment area
overlapped several densely populated Hispanic neighborhood areas. I explained this to myself by assuming that many Hispanics sought care elsewhere because rarely did they encounter any personnel who spoke Spanish during the process of admission and diagnosis. I had been summoned on several occasions to act as interpreter for intake nurses or doctors in the emergency room. I also noticed that, when Hispanic patients did manage to find their way through the maze of the admission process to our ward, they were somehow different. From my viewpoint their degree of arousal seemed to be either much higher or much lower than that of Anglo and Black patients. The way they interacted with doctors and patients on the ward was different in a way that I sensed more than I was able to articulate. Also, the aid they received from their family and friends appeared to be different. These Hispanics seemed to either receive more visitors than patients of other ethnic groups or none at all. I was particularly curious about the occasional male patient who arrived at our ward in a very aroused state, whose symptoms seemed to disappear very quickly, who usually received no visitation during his stay and upon dismissal from the hospital left by himself. I learned that in many of these cases that the patients were recent immigrants working in Houston, but at the time I did not suppose any causal relationship between migration and their emotional distress. Based on these subjective and often unarticulated observations, I made plans to visit Mexico in the summer after passing my exams and being admitted to doctoral candidacy. My goal in going to Mexico was originally to perfect my conversational Spanish, to investigate Mexican psychiatric care and, only in my spare time, to look at migration.
As I was completing my coursework and developing a research project, a good friend provided me with the opportunity to visit Mexico. Jose Felipe Nieto, a neurosurgeon from San Luis Potosi who had come to the United States to study psychiatry, was working at the same clinic as myself. I had mentioned, in passing one day, that I was eager to visit Mexico. Shortly thereafter I encountered the first example of the sort of unanticipated generosity which made this research possible. Dr. Nieto offered to introduce me into his network of doctors and friends in Mexico. He wrote to a lifelong friend, Dr. Jesus Noyola Bernal, who was then director of medical education in San Luis Potosi. Dr. Noyola, after receiving a letter of introduction from myself which followed Nieto's letter, in turn contacted Dr. Neumann Pena, director of the psychiatric clinic Vicente Chico Sein. It was not long until I received a letter from Dr. Neumann, inviting me to come to the clinic. When I arrived at the clinic in San Luis Potosi in June of 1978, I was given a small room in the dormitory shared by the psychiatric residents and, to my surprise, free meals at the clinic. More generosity followed from innumerable sources. It is ethnographically significant that so much was given to me when I had asked for so little. The way in which, by being friendly to only one person (Dr. Nieto in Houston) I tapped a social network which took me on a free ride to San Luis Potosi and gave me partial support for the entire duration of the research project, is an example of the sorts of paths that migrants may blaze for themselves in a supportive and generous network.

When I arrived in San Luis Potosi I had no intention of staying. My goal was to practice speaking and to observe, for as long as my money
held out. Because I was given free room and board which I did not antici-
cipate, my money lasted much longer than expected. In retrospect, I
think it is significant that I did not know until I arrived what I
could expect to be given in terms of aid. Nothing was contractual.
The people at the clinic and the informants who later gave me informa-
tion and aid offered what they could; but throughout the research period
I often wondered how long my luck would hold out. This also seems to
reflect on what it means to strategize migration in networks where
generosity can be expected, but where the source and limits of that giv-
ing are left undefined.

My plans to stay began to develop as I began to trust the generosity
of the people at the clinic and as I found a research project which
interested me. One day over breakfast one of the residents began talk-
ing about her patient -- a man who had returned from the United States
and immediately come for psychiatric treatment. I was very interested
in this, but to the other residents it seemed commonplace. They inform-
ed me that it was a frequent occurrence for patients to return from the
United States when their psychiatric symptoms began. They also said
that there was a yearly increase in admissions of patients with a recent
history of migration in October, when seasonal workers are returning
from their jobs. It was obvious to me that this topic merited further
investigation and I was encouraged to pursue this issue by Doug Uzzell,
my faculty advisor in Houston. So after ten days in the field, I had
decided on a dissertation topic and I made plans to stay on at the clinic
to investigate the mental health of Mexican migrants.
My first step in executing the research involved conducting intensive fieldwork in the state of San Luis Potosi and reading everything I could find in the local libraries and newspapers on migration in that region. I had also brought with me a substantial number of books which addressed the issues of migration, culture contact, and psychosocial stress as they related to mental illness. This research allowed me to construct a small questionnaire about migration for circulation among those patients receiving ambulatory care. The residential psychiatrists at the clinic offered to administer the survey in their daily consultations. I conceived of this as a pilot study which would allow me to determine how many patients came to the clinic had problems related to migration. While I learned that 65% of all the patients who visited the clinic during that two week period had a history of migration either among themselves or within their families, what I did not learn seemed more significant. I did not learn how, why, or if migration was significant in the onset of these patients' problems. I did not learn how to ask the appropriate questions about migration, which would allow me to determine whether it had a beneficial or disruptive impact on their lives. The problem was fairly obvious: we (myself, the residents, and the patients) held different notions about migration and about what was relevant to the psychiatric interview in determining causation.

It became clear to me that I needed to take three steps: (1) I needed to investigate migration more for myself via ethnography conducted inside and outside the clinic; (2) I needed to educate the residents about what migration is -- where, when, and how Mexican
people migrate and what their experiences are likely to be; and (3) I had to solidify my alliance with the clinicians so that we could establish an ongoing dialogue about migration and its role in the causation of mental illness. I also needed to understand how the psychiatrists viewed migration and to be able to depend on them for further aid in sampling the patient population. I began giving lectures at the clinic on migration and increasing my own understanding of the phenomenon through ethnographic investigation in two local communities. I developed ways to collect standard social history information in the clinic. This later resulted in a survey which I combined with a checklist of symptoms to be used by the residents in sampling the residential care population. I developed a more thorough set of open-ended questions to be used in drawing case studies of families with a history of migration and of those with members who became psychiatric patients. I began participating as completely as possible in the routine of the clinic. I took part in classes, weekly case presentations, and intake interviews. I began to advise two psychology graduate students who were studying the attitudes of Mexican people towards the mentally ill and helped them in their fieldwork and the completion of their theses. Aside from participating during work hours, I spent an average of half of my leisure time with the residents and their friends. Dining, dancing, and discussing with these people was probably one of my most educational experiences while in the field. The remainder of my time was spent away from the clinic attempting to make contacts and gather ethnographic information about migration in general. I continued this schedule for approximately one third of the research period.
(2½ months) at which time I made a short trip to Houston in order to consult with my advisors, attain some important books, and step back to evaluate what I had done and should then do.

After I returned from Houston it became my primary motivation to gain information and contact with people outside of and unconnected with the clinical setting. The clinic I felt was a closed group with its own set of self-reinforcing attitudes and beliefs. Even those who worked in the most menial positions in the clinic had beliefs about mental illness which I felt diverged from those of other people. In most cases I was successful at establishing social contacts and a personae for myself outside the clinic. Some of my social contacts led to my introduction to local folk-healers (curanderos), many of whom claimed to have treated people who had recently returned from migration. I contacted the local priests in S.L.P. and in three nearby municipios. These men were quite willing to tell me of their own impressions of migration and its impact on people's lives. They introduced me to many individuals in their communities who had migrated. Having been introduced to these people by a priest who treated me with friendly respect certainly diminished much of the potential distance between myself and these informants and increased the ease of talk and self-disclosure. I began spending more time with friends I had made who were not associated with the clinic. I became very good friends with the family who received my mail in S.L.P. They were from a different world, one thoroughly separate from the clinic. Their sons, who were only slightly younger than myself and who shared my interest in popular music, became a valuable resource. They invited me to
Zacatecas where they attended school and introduced me to many of their friends, most of whom had migrated to the U.S. or to other places in Mexico. Finally, of equal importance in filling out my understanding of Mexican culture and of migration were those events which happened without planning.

Another feature of my research which contributed directly to my present understanding was my own status as a "migrant" while in the field. I came to the clinic with no previous social contacts other than those etched for me by Dr. Nieto. Although their generosity and courtesy was substantial and consistent, they were not familiar to me. Learning to understand their nonverbal cues and the sequences through which they made decisions and managed their emotions was a constant endeavor in which I had little reason to take anything as understood or assumed. My status as a gringo also gave me an individual reputation or personae which preceded me, having both good and bad effects. People responded to me as an American often before they recognized me as myself. At times I would be invited to drink or have dinner, because I was a friendly gringo. Other times, I would be assumed to be rich, materialistic, or overly aggressive and I would offend people for these reasons, not solely due to my actions, but because of what they assumed my actions would be. Finally, my time in the field was one of total immersion; I spoke only Spanish while there. While I was successful at adapting to this situation, I also experienced on occasion the occupational hazard of anthropology--culture shock. My total reliance on Spanish imposed a sense of distance between me and my world, not just my social world, but my physical world as well. I felt removed from those
worlds, because my language, the stuff which had cemented me to my world for all of my life, was now changed. In short, my experience as a stranger and the anxiety which accompanied that experience have fueled my empathy for other migrants.

I have organized the results of this research in the following fashion. Chapter One introduces the problem, evaluating extant literature on the subject, and proceeds to describe the theoretical and methodological framework of my approach, in addition to the region and population within which this study was conducted. Chapter Two of this study is an ethnographic description of some of the societal constraints and cultural expectations which organize the experiences of both migration and social deviance. It describes the types of alliances that are formed, the way information is exchanged, and the ways in which people normally strategize to make migration as unproblematic as possible. I discuss the attitudes of Mexican people towards migration and mental illness. Finally, the assumptions regarding the causes of mental illness and the way it should be managed are considered as they relate to our present concern. Chapter Three is a description of the patient population at Vicente Chico Sein. By summarizing the results of a survey of those patients and comparing patients who have no social history of migration with those who do, I propose certain hypotheses about (1) what sorts of people are likely to come for psychiatric treatment, (2) who within that group are likely to have a history of migration, (3) how their problems are likely to be viewed by psychiatrists, and (4) what portion of the general population of migrants and the problems within that group are likely to go unnoticed by research conducted only in a psychiatric clinic. Chapter
Four presents case study material of 14 Mexican families from four different types of communities. Eleven of these families contain members who sought psychiatric care and are considered to be poorly-adapted to migration, while the remaining three are obviously successful at migration. An effort is made in each case to show the process whereby these families developed strategies for migration and responded to its multiple consequences in different ways, some of which were adaptive while others were not. Chapter Five draws conclusions based on the differences between the well-adapted and the maladapted families presented in the case material. It attempts to explain the conflicts and deviance in the maladapted families as the products of interpersonal themes, which were themselves influenced by migration. Chapter Six, the conclusion, summarizes what has been presented in the body of the text. It delineates the types of individuals who are most likely to suffer emotional disturbances during migration and then offers some criterion for judging whether a particular way of migrating will be beneficial or injurious to an individual's and/or a family's psychosocial adjustment.
CHAPTER I

INTRODUCTION

This treatise seeks to demonstrate that for some Mexican migrants and members of their families, migration is stress-inducing and may be distinguished as a causal or precipitant factor in social deviance.\(^1\) Migration may be seen as a multifaceted process of change which permeates all aspects of personal and social life. Life changes of the sort occurring during migration are believed to be primary causes of stress leading to mental illness (Holmes and Rahe, 1967; Lin, et al., 1979); yet, the huge body of research relating migration to emotional pathology has produced conflicting and inconclusive results. One must also acknowledge that the changes which accompany migration are often the necessary prerequisites to growth and prosperity. Many Mexican migrants are well adapted to migration and, certainly, many have flourished as a result of their mobility. Conversely, my research has revealed that migration is closely associated with the onset of symptoms for many Mexican psychiatric patients. A survey of the patient population at a Mexican psychiatric clinic showed that 51\% of those patients receiving ambulatory care have a history of recent migration, either among themselves or members of their families. Thirty-eight percent of these patients showed symptoms of mental illness which clinicians believed were causally associated with the stresses of migration. Yet, these figures do not stand alone as proof of the deleterious effects of migration.
The most accurate statement that can be made is that migration is beneficial to some and injurious to others; some Mexican migrants manage to overcome the stresses it presents to reap its rewards, while others do not.

To seek to determine whether migration is or is not a cause of mental illness is to oversimplify the issue. The terms "migration" and "mental illness" are abstract categories, used to refer to broad ranges of behavior. Migrants as a group are extremely heterogeneous. They are socially and psychologically prepared for migration to differing degrees, and their experiences as migrants vary tremendously. All people experience their world in different ways, interpreting daily events as desirable or undesirable with a great deal of capriciousness. No two individuals will experience emotional distress under exactly the same circumstances and none will manage their distress in a consistently identical fashion. To say that migration in and of itself is a cause of mental illness would be to ignore the variability of that process and of the responses it elicits in social actors. To make such a claim would be to imply that all migrants will become mentally ill.

Since this is obviously not the case, I have turned my attention to those events which are necessary or probable components of the migration process, to determine which ones create a risk of social or psychological dissonance. These events are then treated as precipitant factors, as sufficient as opposed to necessary causes, in the process which leads to mental illness. The basic aim of this dissertation is therefore, to describe the social events occurring during migration which lead to psychiatric hospitalization; to determine at what points in time and space the
distinct behaviors of migration and social deviance intersect, establishing the need for psychiatric care. I will demonstrate that this intersecting (or co-occurrence) appears with enough frequency so as to be worthy of investigation and that, if it were possible to refine a method for more appropriate investigation, one might discover an even greater occurrence of migration associated with social deviance. Because I view migration and social deviance as inherently varied and incompletely understood phenomena, I emphasize qualitative over quantitative description. The statistics presented herein are intended only to provide a basis for comparison of those patients who have a history of migration with those who do not. Hence, this is not an epidemiology of psychiatric disorders. The impact of migration on the individual and his social world is presented as an etiological question which precedes epidemiological concerns. In this vein, questions are posed and partially answered regarding the appropriate unit(s) and methods of study, and about the nature of mental illness itself. Not before the manifestations, structures and consequences of mental illness and migration are better understood through direct observation is a strictly epidemiological investigation appropriate. The basic task of the project at hand is, therefore, to determine the series or clusters of intervening variables which link migration to mental illness.

Current Status of Related Research

In the study of migration as it may be related to mental illness we are attempting to measure a correlation between two varied and often undefinable forms of social behavior. Migration eludes definition or
quantification because, as Forman (1976) says, it is "not a unitary or
discrete event encapsulated in time and space" (such as age or sex),
but rather a "social process" with a variety of underlying motivations,
methods, and manifestations. The boundaries across which a person must
move in order to be considered a migrant are often arbitrarily set by
those who investigate migration and may not be recognized by the social
actors themselves. This is the case with the migrants of San Luis
Potosi, Mexico, who hesitate to refer to themselves as "migrants" and
prefer to discuss their activity as viajando al otro lado (traveling to
another place or to the other side). In everyday talk about migration
they tend to deemphasize the distance traveled and the duration of their
absence from home, seeming somehow to gloss over the repercussions of
the acts of leaving and returning. Mental illness is, likewise, and
overflowing conceptual pot; seeking to contain many behaviors which
often overflow into the real world. Many of those behaviors which are
labeled as deviant within the patient population are observable in
healthy individuals as well (Meissner, 1976). What is interpreted as
deviance in one context may be adaptive behavior in another. Mental
illness is more than the set of symptoms presented and diagnosed by a
psychiatrist. It is also the end product of a long series of social
disruptions, miscommunications, and maladaptive responses which lead to
emotional distress. At this time the studies of migration and mental
illness as separate disciplines have one common task at hand: to link
their general theories of causation -- those regarding the patterns of
mobility and the expression of social deviance -- more directly to the
historical and sociocultural context out of which the observed and con-
sistently varying behaviors arise.
This task has only begun to be accomplished. Migration and cross-cultural mental illness studies have traditionally been limited by their modes of seeing and describing their subject matter. Some of the basic assumptions common to these fields are that: (1) the phenomenon they observe are easily recognizable and more or less uniform from case to case; (2) existing data and the methods for gathering further information are reliable and will reflect actual behavior; (3) based on the simplicity of the phenomenon and the reliability of extant data and methods, large populations can be sampled and accurate inferences derived. All of these assumptions have proven false to one degree or another. Social deviance is not uniform or easily recognized outside the clinical setting. Instead, what is predictable is the fashion in which a select portion of a population will be channeled for psychiatric treatment and subsequently diagnosed by clinicians according to their group-specific labels and assumptions. The startling reality is that the regularity of definition and explanation given to the "presenting" behaviors of psychiatric patients is more a function of the clinic they visit than of the commonality in their symptoms; that is, there is greater consistency of diagnoses within clinics than between them (Keith, et al., 1976). Nor is one type of migration to be distinguished from another along any and all parameters. Internal and international migration, for example, may differ only with respect to the direction traveled, while they remain quite similar in the nature of the social relationships they employ and the behavioral adaptations they demand. Only recently have social scientists begun to realize that the distinctions made in most migration typologies are arbitrary and of little use in refining
sampling techniques or drawing inferences (Camara and Kemper, 1979; Downing and Weaver, 1976). Similarly in mental illness research, the call for a departure from the strict use of psychiatric labels and standard sociological categories is relatively new and generally unheeded (Weakland, 1977).

Researchers are now realizing that migration is the manifestation of several underlying phenomena which preceed the actual movement of people. Contained in the long list of influences which create and sustain migration are the historical and cultural embeddedness of human mobility in Mexican civilization and the various forces of modernization. Latino people have moved about to work since the time of the Spanish conquest, when most of Latin America was divided into "enclave economies." The establishment of a border between Mexico and the United States has not resulted in the severing of familial or economic ties which bind the citizens of the two nations. It is a cultural fact that Mexican people maintain multilocal familial ties which are geographically extensive (Butterworth, 1972; Uzzell, 1976). During the twentieth century the United States has at times invited and at other times rejected Mexican immigration to accommodate its fluctuating labor needs (S. Ross, 1978; Samora, 1971). Such broad cultural, historical, economic, and political push-pulls of migration have been voluminously documented and reveal that Mexican migrants are caught up in a system of changing influences and demands over which they wield only partial control. Migration is a symptom of these changing influences and demands, as well as a social force creating its own momentum. It cannot be understood when viewed in isolation. Also to be included in the list of
phenomena leading to the symptom of migration, are the infinite personal motivations, perceptions and decisions, which cause the reasoning individual to move about (Brody, 1970; Hull, 1979; Tobias, 1976).

Here we are interested in the multifaceted, changeful, and personal nature of migration as it is related to stress. Migration and stress have in common the features that they are both manifestations of underlying forces and both are phenomena which are commonly observable in individuals. Consequently, our understanding of migration and stress is augmented by looking at the social forces which accompany them as they occur in personal life. Guillet and Uzzell (1976) argue that the micro-analysis of individual and small group decisions to migrate can reveal factors which are hidden by aggregated data and generalizations. Plotnicov (1976) and Rubel (1976) claim that it is the personal characteristics and experiences of Mexican migrants involved in the process of sociocultural changes which merit further investigation. With regard to the stress of migration, Morrison (1973) suggests that it is more appropriate to examine the "intermediate variables" occurring in the individual lives of migrants if we seek to isolate stress-causing factors. Such intermediate cultural and experiential variables which impact the individual before, during, and after his journey -- rather than migration as a single unambiguous entity in itself -- are the actual stressors. Due to the changeful nature of migration, it is a strategic entry point for the researcher who wishes to determine the process and the effects of change. As Hawley (1950:327) says, "migration is both the means by which change is effected and the most accessible and measurable evidence of change." If we draw our attention
to psychological well-being as it is affected by change, migration studies are an effective method of sorting out other variables so as to evaluate the impact of the environment on mental health and to measure the potency of the change factor itself.

There is also the important question about the adequacy of data and the methods through which it was acquired. The field of migration studies can be characterized at this time as bounded by its concern with the economic and political models used to explain the movement of groups. Migration studies are often equated with demography, or it is assumed that the types of information sought should at least be of use in quantitative research. Sources of data have either been existing records (e.g., the Mexican census, the U.S. Immigration and Naturalization Service reports of Mexican immigrants who were either admitted or deported from the United States) or information gathered in a specific community where migration was believed to be frequent. Although these studies have done the best they can with what they have, they do not begin to define the universe of active or potential migrants; yet, they proceed to draw inferences as if they had succeeded in doing so. Cross-cultural mental illness studies also emphasize quantitative methods, their concern being to sample large populations using typical sociological categories which are assumed to be independent of one another. Their sample universe has likewise been indeterminable, due to their almost exclusive reliance on clinical records and, less often, census data (Sanuva, 1969; Weakland, 1977). Their preoccupation with incidence and statistical correlation has resulted in the "rather vague postulation of mechanisms connecting mental illness and social factors . . . without
much critical scrutiny of either the concept(s) or the phenomena they are so freely used to characterize" (Weakland, 1977). The goal which is common to both these disciplines of amassing large amounts of data attained through questionable means about the differentially manifest symptoms of several underlying phenomena has led them to posit causation from naive stances. On the whole, their propositions about the interrelatedness of these variables have not proven fruitful, and both fields have lapsed into an antitheoretical phase. It is for reasons such as this that, while several psychiatrically based studies support the claim that migration is pathogenic (Hull, 1979; Locke, 1960; Malzberg, 1940; Malzberg and Lee, 1956; Odegaard, 1932; Rumbaut, 1977), a controversy still rages over the actual cause of that pathology. Some scholars disclaim the disruptive affects of transiency, culture contact, and social alienation arguing that it is the mentally ill or the socially marginal who are most prone to migration -- a social selection theory used to challenge one of social causation. Both theories are oversimplified and atomistic. M. Ramirez (1978) says about an appropriate methodology for research on Mexican people that because they have been interpreted on the basis of "inappropriate models," we really know very little about the unique qualities of their personalities and values. The need for further research to discern what is normative behavior for mestizo people has been emphasized by Atencio (1972), Padilla and Ruiz (1973), Wrenn and Ruiz (1970). Such research is necessary before we can make acceptable judgments about abnormality and psychopathology. Ramirez places faith in the "drawing of oral histories and extensive participant observation, using ethnomethodological
and/or naturalistic research techniques." Other researchers in the field of migration have reiterated this call (Tobias, 1976; Uzzell, 1976; L. Whiteford, 1976). The Residential Survey recently implemented by the U.S. Immigration and Naturalization Service has begun to complement standardized sampling techniques with "in-house interviews" where the "rapport between the interviewer and the respondent is essential" (Guss, 1977).

Whereas one would expect to find methods for determining which migrants suffer emotional distress and why in the recent ethnographic literature, one does not, due to an apparent bias toward proving the adaptive capacity of migrants. Earlier anthropological studies of acculturation, assimilation, and urban adaptation depicted the migrant (usually subsumed in the categories poor, rural, and uneducated) as a pawn who was shuffled about by such external "push-pull" factors as overpopulation and underdevelopment, as one who was unavoidably the victim of the deleterious effects of urbanization and modernization. Breakdown in important societal groups, loss of tradition, hypertension, and mental illness were assumed too readily to be the consequences of movement to a more complex social setting. The adaptive capacity of the poor and migrant was overlooked in such descriptive theories as Redfield's "folk-urban continuum" (1941). In other explanations, such as Lewis' "culture of poverty" (1952), those who could not adapt to complex society were depicted as the victims of their own ignorance and self-defeating cultural norms, while the role of the surrounding society in selecting against their particular modes of behavior was disregarded (Provencher and Uzzell, 1976). Even in
Durkheim's theory of anomie, one which should be of particular use here, the way in which society is "disorganized" is emphasized, while the way in which it is structurally and regularly organized to exclude or defeat the individual is not accounted for. With good reason, much of the anthropologist's time in recent years has been spent disproving these theories. More recent studies acknowledge the intelligence, motivation, and decision-making capacity of the migrant, and take a more optimistic view of his capacity for adaptation (Butterworth, 1970; Kemper, 1977). Others have emphasized the role of the society which frames the individual's experience as an antagonistic force. Contemporary migration research has shown that:

1. The migrant does not always encounter insurmountable obstacles to his adaptation and success. Migration, on the contrary, oftentimes means a better standard of living for the migrant and his family, relative to those who do not migrate.

2. It is not the poorest, least healthy, or most marginal members of a community who migrate. Instead, it is more likely that the most able and ambitious members leave to seek greater opportunity outside the community.

Having adopted this adaptation model and having shown that migration does not always result in pathology, contemporary anthropology has arrived at the opposite extreme of its predecessors. It has shown how individuals adapt to complex society and, in particular, to migration. In the process it has come to take an extremely relativistic stance, one which does not help us determine under what circumstances migration and social change become less than beneficial or injurious. In saying
that "individuals not cultures migrate" (Southhall, 1961; Mayer, 1961; Mitchell, 1966); that migrants behave according to the dictates of specific situations, becoming "bi-cultural, much as one becomes bi-lingual" (Provencher and Uzzell, 1972:52), they imply that our focus of concern should be the process of learning bi-culturalism. Yet, they seem to treat this as an unproblematic process, of little consequence to the actors who attempt it. In sum the adaptation model, while it balances our perspective on migration by showing that not all migration is deleterious, offers little assistance in determining what segments of the migration process are likely to become complicated, confusing, or unmanageable for those involved. This approach to migration has, furthermore, been a stepping stone for "the gradual abandonment of culturalism" (Kemper, 1979) in a rush towards the macro-analysis of "historical-structuralism" and an increased disinterest among anthropologists studying migration in the sort of low-level investigation which will allow us to determine where psychosocial adaptation fails.

During the past several years it has become increasingly obvious that emotional disturbances are strongly affected by the social milieu which the individual inhabits (Foulks, et al., 1977; Pattison, 1977). If the Mexican migrant experiences distress, it is not due solely to the amount of change he must endure, for change is also a necessary prerequisite for growth and advancement. His distress is also produced by antagonistic forces in the social environment. Wittkower and Dubreuil (1973) list three aspects of social organization which deserve immediate attention with regard to emotional disturbances: "minority status, anomie, and rigidity" (the presence of social norms which
severely restrict individual behavior). The Mexican immigrant to the United States encounters all three of these social forces and, unless he is prepared to cope, is subject to their deleterious effects. All peasants who migrate, including Mexican migrants, are likely to be leaving a social context of poverty and a "felt lack of power" (Rogers, 1975:731). They may be moving into an environment of increased poverty (Samora, 1971), which denies them recourse through which they might gain power. Alvirez (1970) finds that Mexican migrants do not significantly change their work-skill level during migration, and Cornelius (1978) tells us that the illegal alien cannot successfully compete for wages and skill with native-born minorities. Sotomayor (1971) argues that weaknesses in Mexican American families can be attributed, not to the dynamics of the family itself, but to external social forces which inhibit economic success and increase feelings of alienation and anomie in family members. Rogler (1965) found in a study of mentally ill Puerto Ricans, all of whom were poor and recent immigrants, that sick men and women reported more "economic and social problems" in the year prior to the onset of their disturbances than did healthy individuals. It is the poor and powerless, such as the Mexican migrants, those who have the least available resources with which to better their situation, who run the highest risk of incurring emotional disturbances.

Migration, particularly if it exposes those involved to extensive sociocultural change, may have deleterious effects on the individual and his immediate social environment. The "cultural transition" resulting from immigration to the United States "is stress-inducing" (Padilla and Ruiz, 1973:51). An individual can encounter serious personal
problems when he tries to adapt to the social mores of an alien culture (Cohen, 1970). Social changes such as those experienced by the individual during migration have been shown to play an important role in clinically diagnosed depression (Kendrie and Thompson, 1972). Trautman (1961) has shown that "hangover depression" after migration was a causal factor in the suicide attempts of recent Puerto Rican immigrants. According to Murphy (1968), certain social situations, whether they arise in the individual's microsociety, are schizophrenia-inducing, if they confront the individual with ambiguous or conflicting information. Such ambiguous and confusing situations arise for the migrant to a foreign culture on a daily basis, and there is a possibility that similar difficulties result from rural to urban migration as well.

As a process of change, migration is experienced by the social actors involved as a long series of alternatives which necessitate decision-making and purposeful action. There are numerous alternative ways to migrate: temporary migration, repeated migration, step migration, permanent migration, etc. Within social groups members must select between alternatives in deciding who migrates, who stays at home, and who returns. Each of these alternatives is the product of interacting structural and psychological forces (Graves and Graves, 1974; Kemper, 1977). Structural forces refers to the whole of the social and cultural circumstances which influence, aid, and educate the individual throughout the migration process determining such issues as the migrant's function in the home community and his potential in the host community. Psychological forces, including cognitions, motivations, and individual characteristics, also shape the migration experience as
they expand or limit the alternatives available to the migrant. Both structural and psychological forces have an impact on the decision-making process and dispose the migrant to success or failure. Yet, presently, "a relatively minor amount of the vast literature on migration" has been produced by field researchers with a psychological orientation, and few studies have looked directly at the decision-making process (Graves and Graves, 1974).

The cultural uniqueness of Mexican people must be kept in mind. The Latin American culture-bound syndromes such as "susto" have been discussed by many (Adams, 1953; Adams and Rubel, 1967; Currier, 1966; O'Neill and Selby, 1968; Uzzell, 1974c) and an effort has been made to define these with respect to western concepts of mental illness (Gillan, 1948) and role theory (O'Neill and Selby, 1968; Uzzell, 1974c). These culture-bound syndromes and the medical beliefs of which they are a part still play a role in the mestizo's definition, experience, and treatment of suffering. Fabrega, et al. (1967) found by studying psychiatric patients in Mexico City that folk beliefs still determined many subjects' view of causation. Many of his subjects blamed their emotional difficulties on the malevolent doings of other persons through "unnatural means such as witchcraft." Others acknowledged that "punishment by God" might be the underlying causal factor in their disability. Yet, Fabrega found in the same study that a good many of his subjects, mostly of the working class, had a good knowledge of causation as it is viewed in the modern medical model. The general pattern that now exists in Mexico and most of Latin America is that modern medicine does not replace or significantly alter folk medical

Diaz-Guerrero (1967) describes Mexican people as "passive endurers" of stress and contrasts them with Anglo Americans who tend to cope with stress through more active, goal-oriented responses. There is reason to believe, furthermore, that the typical Mexican migrant, because he occupies a social rank of low status, will be more tolerant of deviant behavior in its early stages of development (Dohrenwend and Ching-shong, 1967). These factors affect the evolution and symptomology of stress among these people. Closer attention should be given to psychological stress as it is typically expressed and managed in everyday life.

Significant contributions are now being made to the study of Latino mental health in the United States through the investigation of "social support" as a buffer or an adaptation to life stress. Keefe, Padilla, and Carlos (1978:65) have determined that:

Mexican Americans who do not have a local kin network are not very likely to have substitute sources of help at hand in times of stress (due to their almost exclusive reliance on the extended kin network for such support). This is particularly troublesome for Mexican immigrants who are least likely to have a locally integrated kin group.

Yet, this conclusion is stated as an untested hypothesis. While we may hypothesize that such immigration is pathogenic, we have no conclusive evidence and further research is warranted. As Samora states:

Much research needs to be done on the effects on the individual, the family, and the community of this periodic migrancy. This situation which compels an individual to leave his home, his family, his community, and his country in search of employment must have profound effects on all concerned (1971:97).
Theoretical Framework

We have to look for an etiology involving multiple levels of trauma.
(G. Bateson, 1972:196)

To examine more closely the social context of migration and the stress which it may or may not present, we must first clarify our notions about causation in mental illness, with close attention to the social and cultural dynamics of daily life. Sanua (1969) summarizes present theories of how migration is causally linked with mental illness:

Two major theories have been proffered to explain the apparently high admission rates of immigrants to mental hospitals. One theory assumes that change of environment, with the ensuing problem of social and cultural adaptation, may cause psychological stresses which are reflected in hospital statistics. This is part of what Murphy (1961) has called the "general hazard theory." The other major hypothesis pertains to what is commonly referred to as the "self-selection theory," which presumes that those who are predisposed to mental illness are prone to immigrate.

Such a conceptualization oversimplifies the issue of causation, dissolving it into little more than a rephrasing of the nature-nurture controversy: either the mental patient was predisposed to be "sick" and his migration a symptom of that illness -- social selection -- or his interactions with an imperfect world made him so -- social causation. This dichotomized notion is unfruitful, for in most cases it is simply impossible to determine whether predisposition or the environment played the major causal role. Intrapsychic or inherited traits may or may not be the necessary conditions for mental illness, but the malady will not be manifest unless other sufficient conditions exist in the environment as well. Therefore, if we suspend this 'either/or' notion of
causation, we may admit that it is virtually impossible to prove the
sanity of the patient who has migrated before his departure and we see
that he does indeed experience a long series of potentially distressing
events throughout the process of migration. The Mexican migrant,
regardless of his psychological makeup, cannot be described as deviant
solely because he migrates, regardless of how often or how irregularly
he comes and goes. Rather, he should be described as one performing a
positively sanctioned cultural behavior -- one which is adaptive, not
self-defeating.

Yet, this is not to say that migration does not present may social
circumstances which are problematic and unmanageable. Migration is a
behavior which brings about sociocultural change in at least two ways:

1. Through absence and the resultant alterations in the primary
units of social life. Migration changes family structure and
function. It depletes the stock of productive individuals and
changes social and economic relationships in the home community.
It alters familial relationships and may make the maintenance of
social ties difficult.

2. Through modification in interpersonal behavior. The culture
contact which follows from migration may cause the migrant to
alter typical modes of behavior. These changes may make readjust-
ment to life at home problematic or change his familial relation-
ships.

Each of these forms of change necessitates adjustment on behalf of all
those involved, be they the migrants themselves, members of their
families, or members of their communities. If migrants and social
systems are not able to adapt under these circumstances, conflict and emotional stress result. The conditions inherent in Mexican migration -- the many life changes, the losses, the constant exposure to unfamiliar social situations which place new demands and expectations on the migrant -- may be sufficient conditions for mental illness. Or they may be precipitant factors in the onset of psychiatric symptoms. Yet, only through a close look at particular cases can one weigh the relative effects of environment and predisposition in the causation of mental illness. The appropriate unit of study should be the migrant in the context of his network of primary social relations, specifically his family and domestic household (Selby and Murphy, 1980). 3

One final word about causality seems appropriate. Most theories and explanations of cause are linear. That is, they attempt to demonstrate how event A preceded and shaped effect B. Attempts at holism have merely added clusters of variables at either end of the process, saying, for example, "the combinations of events A, X, and Y will produce effect B and/or C." While such a conceptualization is useful, not to mention unavoidable, it lacks the important element of feedback. This notion implies that event D may be removed in time and space from event A and effect B, yet still relevant to their occurrence. In other words, what has happened in the past may be psychologically present and may impinge very forcefully on the interaction of social actors. The effect of feedback seems to have had great impact on the migrants included in the case studies (Chapter Four). In one family system a man migrated to the United States with a strong feeling of ambivalence, because his brother had previously disappeared while there. His
decision to migrate was affected by the memory of this loss and the implicit messages he received from his mother who still grieved at the loss of her son. With the use of the concept of feedback we can explain how the past history of the family can affect the present. Not only does it impinge on the memories of the migrants themselves, shaping their actions and determining their flexibility, sentiments, and decision-making capacity; feedback may also be understood to be the substance out of which family themes and interaction patterns are made. Thus, all the previous ideas and experiences which family members have had during migration will come to bear on the decision to migrate, the period of separation, and the return. The concept of feedback, by allowing us to consider causality as a circular instead of a linear process is instrumental to the present discussion. Without it I would be forced to show that all the stressors which I wish to deem causes or precipitant factors occurred in the recent history of the patient.

My research and documentation is based on the following assumptions:

1. Social deviance is the product of an interactional, as opposed to an individual process. Maladaptive responses during migration precipitate deviance and are themselves the products of social conflicts, the lack of accurate or clear information or emotional support, or disruption in primary social groups. The identified patient may only be the visible sign of pathology in the social networks to which he belongs. The troubled individual cannot be understood in isolation from these networks.
2. The causes of social deviance are multiple. Deviance is the end result of a long series of social and psychological disruptions, best understood by determining the history and perceptions of changes which precede its onset.

3. Social systems tend towards homeostasis. They develop norms or patterns of interaction and respond to rectify deviations from these patterns. It holds that, whether the original patterns are adaptive or maladaptive, they resist change.

4. The migrant and all those involved in the migration process need some form of emotional support. Families must continue to function with a sense of cohesiveness and provide a sense of belonging to their members. In more general terms, if family members are unable to provide a feeling of solidarity, they must at least adhere to the familial patterns to the extent that a sense of homeostasis is maintained. Support may also be attained through voluntary associations.

5. The migrant needs information and/or experience about the process of migration and about life in the host community if he is to adapt successfully.

6. The adequacy of information, experience, and emotional support can be gleaned from the description and analysis of social networks and the personal histories of migrants and members of their families. In short, people's actions and associations in the present reflect their level of adaptation and, also, social actors have insight into their own lives.

I would depict my approach to the problem in summation, as an interactional, or systems approach.
Using an interactional, or systems approach to the problem has had direct bearing on my view of normative culture, specifically with reference to acculturation, assimilation, and role behavior. From a systems viewpoint, our concern is not simply whether or not individuals had inculcated the values of the host community and been assimilated into its indigenous networks, although these are significant considerations. We are also interested in the degree of congruence between the new and the old values which frame the migrant's experience and in the degree to which new associations either facilitate or hinder his integration into previously existing social networks. With regard to families, what is important in establishing a basis for conflict and emotional distress is a differential rate of acculturation and assimilation between family members. I have tried to avoid thinking about and describing these individuals in terms of their roles. The term too often implies that people will behave in a prescribed manner consistently from context to context. Rather, I have tried to think more in terms of the rules of behavior which social groups implicitly set up in order to regularize and simplify their interactions. The rules of behavior may vary from group to group or from interaction to interaction, whereas roles are generally regarded to be sets of behaviors and expectations which are characteristic of whole segments of a society. The common sense expectations of role behavior in many cases impinge on the role-making process. The prescribed male role of provider becomes the rule of a family system, for example, when family members not only expect the father to "bring home the bacon," but may chastise him when he is unable to do so. In practice I have avoided the temptation of assuming that
prescribed roles will always be acted out in family systems. I have used as evidence for the breaking of family rules those events which were related to me by the actors themselves. More specifically, I did not consider it significant when I interviewed a family where the father was absent frequently and had earned little to support the family while the mother was the more dependable economic resource in the family, although stereotypical role behavior deems that it be otherwise. I did consider it to be significant evidence of familial disharmony and rule-breaking when the members of families such as this expressed to me a disappointment in the father, stating as they did in one case; "I don't know why he is gone over there so much. He doesn't bring enough home to make it worth our while . . . and he's hardly a father to his children." Using a systems approach has led me to analyze situations as I saw them occur and as they were related to me. As a result, my inferences are based in what "really happened" and, I believe, parallel the sorts of interpretations they would be given by the actors themselves to a great extent.

For the purposes of this discussion adaptive strategies will be defined as any and all modes of action and cognition which actors employ in an effort to obtain resources and to solve or cope with the problems they confront. Migration is an adaptive strategy; one which necessitates further adaptive actions. Social deviance is, likewise, an adaptive strategy, albeit a desperate one, initiated in an effort to cope with extreme contradiction and hopelessness. By employing the term "strategy" I do not intend to imply that the actors always select paths of behavior with full understanding of the rules, motivations, and consequences
which accompany a particular action. The planning of one's activities in a thorough and long-range fashion would, in fact, be maladaptively inflexible in many sorts of migration. Adaptive strategies then, constitute the series of decisions and responsive actions that occur over time. They take shape as one works towards a general goal. With each step towards that goal, the sorts of available information change, as do the perceived alternatives. In this way adaptive strategies are situationally constructed and their effectiveness measured reflexively, after the fact.

All adaptive strategies initiated to solve one problem have the potential to create others. If we characterize the migrant simply as a goal-seeking decision maker, we see that in order to get what he wants in one particular social context he may have to alter his behavior or change his associations. The voluntary associations he makes in an effort to secure a job or a place to live, while they may help him meet his desired ends, also require specific behaviors in the form of reciprocity. The migrant may feel obliged to present himself to another person in a particular fashion, manifesting certain qualities which he feels will help to maintain the relationship to guide it in the desired direction while repressing the expression of other aspects of his personality. Adapting to migration involves various trade-offs. In making the various decisions and associations that the migrant must make in order to successfully adapt, he cannot help but change his repertoire of behavioral patterns and alter the relationships he had before he began to migrate. The degree to which these change is a function of the expectation and demands of those people who compose his
social networks, both old and new. It is also a matter of how long he is in or out of contact with each. I do not mean only that the migrant who stays away from his rural home while working in an urban center will make drastic behavioral changes, although that is conceivable, depending on how malleable one considers the adult to be. I mean also, that simply through the process of making and maintaining new relationships the migrant will alter already existing ones. Such alterations have the potential for either good or bad effects.

The idea of the migrant as new-comer, or as "stranger" to use Schuetz's (1944) term, cannot be stressed enough in the subtle ways in which it affects social interactions. The stranger is a guest, either wanted or unwanted, who arrives in a social group whose members share common schemes for interpretation and expression. These basic schemes may differ greatly from those used by the stranger. Often the migrant has limited knowledge upon which to strategize his everyday behavior. "He becomes essentially the man who has to place in question nearly everything that seems to be unquestionable to the members of the approached group" (Schuetz, 1944). He often has little "knowledge by experience" of the host culture and, depending on the amount of talk he has heard from countrymen about the host culture, he has a varying degree of "knowledge about" the situations he will encounter. The migrant who has limited contact with people from home or with similar backgrounds may be at a loss. He is very quickly made aware that his ideas about the host group, its cultural patterns, and its ways of life "do not stand the test of vivid experience and social interaction" (Schuetz, 1944). In such a situation all interactions with the host
culture become problematic. The possibility of failure in daily transactions with the host culture is drastically increased. Such considerations have direct bearing on migration strategy. Choices regarding voluntary association, direction, duration, and the frequency of migration all hinge on what social contacts the migrant is likely to make during his sojourn. Whether adaptation is successful or unsuccessful will also be influenced by these social factors.

Research Locale: San Luis Potosi, Mexico

At the outset of the research project, investigation was conducted in San Luis Potosi (the capital city of the state by the same name), in two local communities, and in a psychiatric clinic, Vicente Chico Sein. As the research progressed, it was necessary to visit communities throughout the state of San Luis Potosi in order to interview as many members of each subject's social networks as possible. Information about the communities from which migrants and members of their families originated is included later in the text. The present discussion highlights some of the features of the San Luis Potosi region and its population.

The state of San Luis Potosi (population 1.3 million) is composed of a long expanse of semi-arid plain running north-south for the entire length of the state and bounded on the east and west by rugged hills and mountains. The mountains to the east rise sharply to an altitude which causes them to receive substantial rainfall. There the tropical to semi-tropical climate provides for rich agriculture and ranching, activities which are intermittently interrupted by the steep terrain.
To the east then, San Luis Potosi is perfect for small-scale agriculture and is relatively well-populated. To the west, in contrast, the mountains are less precipitous, but much drier. Throughout the arid plain to the western border of the state irrigation is necessary and, although agriculturally productive, this area is most often privately owned and farmed in large plots. In all, thirteen percent of the state's land is arable, which is slightly less than the national average and that of neighboring states (Cumberland, 1977). Only to the north of San Luis Potosi, in the northern border states, is the land drier and less productive. Sixty percent of the land in the state is ejido\(^6\) owned, fifty-five percent of the state's labor force is involved in agriculture. The economic boon of the state came early in Mexico's history, when San Luis Potosi was a central mining district. This industry has all but died; presently only 2.5 percent of the labor force participates in mining. Nor has this industry been replaced by other major sources of productivity. Now San Luis Potosi is primarily an agrarian state, although the growth rate of its urban population in this decade (67.1%) far outstrips the rate of growth in rural areas (9.7%). That the number and diversity of employment opportunities in urban areas has not paralleled this urban growth is apparent in the fact that only a small proportion of the labor force is employed in urban-related jobs. The percentages of the labor force participating in such jobs are: manufacturing -- 12%, services -- 12%, commerce -- 7%, construction -- 4%, and oil or natural gas production -- 2%. In the three major categories of urban-related jobs (manufacturing, services, and commerce), San Luis Potosi employees smaller percentages
than those in the national average of Mexican states. In jobs related to manufacturing and service it employees a smaller percentage of its labor force than in all its neighboring states, with the exception of Queretaro. Relative to the rest of Mexico, there is little tourism in San Luis Potosi, the exception to this rule being the state capital which is modestly popular among tourists. As for artisanry, San Luis Potosi is famous only for its fine rabozos (shawls), which are produced in a few towns near the capital city.

The state capital, San Luis Potosi (population 304,100\textsuperscript{7}), is located on the western edge of the dry plain. According to Mexico's 1970 census, the city contains 48,100 households, making an average of 5.6 members per household, which is higher than the national average of 4.9 members per household. The median income per household is $7,006 and for household heads it is $4,979.\textsuperscript{8} San Luis Potosi is a railroad center and distribution point for many foreign and domestic products. Local industries include primary metals, textiles, and food processing, as listed by value of output. Together these industries account for 61% of the city's output,\textsuperscript{9} although none compares in size or productivity with those in other major urban centers, such as Monterrey. The majority of the labor force (62%) is employed in three areas: services -- 25%, transformation industries -- 23%, and commerce -- 14%, which leaves a large portion of employable individuals in marginal jobs. As the only major city in the state, San Luis Potosi has received almost all of the state's urban growth. Yet, its rate of growth is still one of the lower according to the national average: 3.8% annually. In terms of socio-economic development, San Luis Potosi ranked 22nd of 32 Mexican cities.
in Unikel's study (1976) based on data gathered in 1970. Although the
city was clearly economically disadvantaged as late as 1970, it seems
that it is developing more rapidly now. Recent administrative deci-
sions emphasizing increased water-welling for irrigation in surrounding
areas and the revitalization of the city to attract more tourism as
well as increased commerce seem to have changed the trend of the city's
decline; yet, there is little hope that prosperity will occur overnight.

The state of San Luis Potosi spawns a great deal of out-migration,
both internal and international. There are also high rates of emigra-
tion from the city of San Luis Potosi, where 52% of the households
send members out to live and work in Mexico or the United States (Selby
and Murphy, 1980). According to Selby and Murphy, this mobility has
not shown any positive effect on household incomes, however. Although
the intents and destinations of this migration may vary from migrant
to migrant or from viaje (journey) to viaje, many Potosinos choose
urban areas as their ultimate destination. From its southern region
(where the state capital is located), San Luis Potosi contributes a
high percentage of emigrants to Monterrey from high income strata; and
from the north it sends a larger number of migrants of low socio-
economic status to that same city than any other Mexican state (Browning
and Feindt, 1971). My research suggests a similar pattern of migration
to Mexico City, while it also makes clear that one cannot ignore the
large volume of highly varied non-urban migration which accompanies or
precedes this movement in an urban direction, such as seasonal migration
to harvest crops along the Gulf Coast. Of equal significance is the
volume of migration to the United States. As it did in many states
of the Mexican republic, migration from San Luis Potosí to the United States became popular during the Bracero Program\textsuperscript{10} (1942 to 1954), during which time the state sent more migrants than many along the northern border. In 1951, San Luis Potosí was listed as one of five states in the republic which supplied over 70 percent of Mexican migrants to the United States (Saunders, 1951). In 1971, Samora's study revealed that migration from San Luis Potosí to the United States was still greater than in most other states. If we consider the numbers of undocumented Mexican aliens apprehended in the United States in the years 1961, 1966, 1971, 1972, and 1973 (the only years for which my source reports data), San Luis Potosí is shown to have sent more migrants than all other states in the republic, with the exceptions of Chihuahua and Guanajuato (Diaz and X. Icaza, 1976). In the years 1972 and 1973, whereas the Mexican border states sent an average of 6.6 percent of all those undocumented migrants captured in the United States, San Luis Potosí sent almost nine percent each year. The volume of internal emigration is high for both lower and upper classes, as is the volume of international migration to the United States, both legal and illegal. This trend is ongoing and likely to continue, for San Luis Potosí is primarily an agrarian state, "lacking economic diversity necessary for sustained economic growth" (Downing and Weaver, 1976:6).

Because all those individuals and families considered to have problems of adaptation to migration were first contacted at the psychiatric clinic, it is necessary to describe that clinic and the population it services. \textit{La Clinica para Enfermos Mentales "Vicente Chico Sein"} is located in the countryside near the municipality of Soledad Diez
Gutierrez, approximately 18 kilometers from the city of San Luis Potosi. It services a population that includes residents of this state and neighboring ones as well. Patients are generally referred by private doctors, both general practitioners and psychiatrists. Many are transferred to the clinic from other facilities which cannot provide adequate treatment, such as Seguro Social, one of the national health clinics. Some are also brought to the clinic by legal authorities. Fewer than 30 percent of the patients whom I interviewed came directly to Chico Sein without previous consultation or referral from another helping agency. The clinic is unique for the region as one of the few psychiatric facilities outside Mexico City; and it is the only clinic in the state, which offers psychiatric treatment exclusively. It serves patients with all psychiatric diagnoses (both organic and behavioral disorders), all ages, and socioeconomic backgrounds. It offers both ambulatory and residential treatment. Despite the fact that the clinic is not richly endowed, it offers services which are very similar in kind and quality to many psychiatric clinics in the United States. Quite possibly, because of its unique facilities and good reputation, those cases it receives for treatment are often those that are the least manageable or most problematic for other psychiatrists to treat. More will be said about treatment and the patient population at Chico Sein in Chapters Two and Three.

Research Techniques; Methods and Sample Groups

In the preliminary phase of the fieldwork, interviews were conducted with clergymen, physicians, folk-healers, migrants, members of the
families of migrants, non-migrants, and with any available individuals in the greater San Luis Potosi region who had experience in or opinions about migration. As the research progressed empirical data were gathered in the psychiatric clinic and in two residential communities where emigration was frequent. With the help of the physicians undergoing psychiatric residency training at the clinic, I distributed a survey to determine the incidence of patients with a history of migration. Together we gathered data on the diagnoses, presenting symptoms, social histories, health-seeking behavior and illness beliefs, as well as the migratory history of all those patients receiving residential care at the clinic. Case studies were completed on 14 families containing members who had migrated. Eleven of these families had members who were undergoing psychiatric treatment. The primary units of analysis were the individual and the family, although information on the community and social networks outside the family was also gathered. While participant observation was the starting point for both clinical and community investigation, certain methods proved most useful: (1) the mapping of social networks and the elicitation of their affective content, (2) the recording of the social histories of migrants and their families, and (3) detailed analysis of migrant's narrative accounts of difficulties and distressing events they encountered during migration.

Ethnographic Approach

From the beginning of this research it was apparent that I, the psychiatric residents, and my informants (both migrant and non-migrant) each had different ideas about what migration was. What varied even
more noticeably was the way in which these people believed migration
was related to emotional distress and social deviance. For this
reason, I attempted to structure the ethnographic portion of my research
so that my informants and friends did much of the defining for me. By
making it public knowledge in the social networks to which I belonged
that I was interested in migration and in social deviance, I let
others refer me to those people whom they believed fit into these
categories. From the start, then, my definition of migration was a
broad one, as was my definition of deviance related to migration. The
term geographic mobility, used by Downing and Weaver (1976) to mean
"the movement of people in space for whatever reason and without con-
sideration for the length of time or distance involved," best depicts
the conceptualization of migration which I have carried with me in my
mind throughout the research and up to this point. Specifying further
what it meant to be a migrant and especially a socially-deviant migrant
was seen as a socially problematic process of establishing and assign-
ing meaning. One of my aims throughout the research was to determine
how this process took place. Such an approach allowed me to avoid the
assignment of such artificial distinctions as those between internal
and international migration or between legal and illegal migration
(Camara and Kemper, 1979; Downing and Weaver, 1976). Although I was
interested in collecting information about the direction, duration, and
frequency of migration, I attempted to let the significance of these
variables unfold in their ethnographic context. I learned very quickly
that many of the distinctions held by ethnographers regarding the
decision-making process and the perceived consequences of any particular
migration were of little relevance to the actors themselves. In most cases no individual migrant could fit into any one category of migration throughout his career of geographic mobility. Most of those migrants who traveled to the United States in my sample, had at one time been illegal migrants, although many had also gained legal entry at some time as well. Many also had a long career of repeat migration, either to the United States or to an urban place in Mexico, during which time they returned home in periods ranging between three months and seven years. Some of these migrants had established the necessary social contacts in the host community so that, after several years of migration, they could lengthen their stays there and some began to consider permanent relocation in the host region (although the process of making or finalizing the decision to relocate may still have been incomplete). It was obvious that categorizing any of the individuals as legal or illegal migrants or as permanent or temporary migrants would have been artificial and illusory. It would distort my perception of the processual nature of migration.

Using a broad definition of migration allowed the development of an understanding of what the actors themselves considered migration to be. In the beginning of the research in the psychiatric clinic for example, I found that when I asked resident clinicians to refer to me "those patients with a history of migration" they took this to mean (for a short while at least) that I wanted to contact only those who had migrated to the United States. Once this confusion was clarified I learned that they were referring to me only those patients who had themselves migrated, excluding those psychiatric patients from families
where migration was frequent. Informants whom I interviewed outside the clinic had common-sense definitions of migration which varied from my own to an equally large and surprising degree. Although all the actors involved in the social process of migration recognized that another individual may have been preparing to leave, that he/she was absent or about to return, their common-sense understanding and talk about these events tended to downplay the fact that the person was "migrating" (or even absent at all as will become apparent shortly). Migrants did not call each other migrants. They were more likely to refer to one another in terms of their location or their expressed purpose and/or activity: "He's in Houston trying to earn money. He wants to open a store here at home." What this meant in terms of a research strategy was that, if I were to stand in a crowded room and ask all the "migrants" there to follow me outside, I was likely to walk outside alone. If, on the other hand, I would sit talking with individuals or small groups about where they and other members of their families had recently traveled and what their source of income was, I was likely to get much more information and a clearer picture of how they saw their activity. In all these cases where I have tried to understand the relationship between emotional distress and migration it has been these details -- the social memorabilia as organized and given significance by the actors themselves -- and not the types, categories, and generalizations about migration which has been of use.

I did, of course, have to limit my investigation to a subset of individuals within the universe of mobile Mexican people, for I was not interested in including those people who walked across the street
one day to buy a loaf of bread in my sample, although these too were geographically mobile individuals. But again, this process of whittling down the group of actors to be considered migrants was done for me in the most part, by those Mexican people who became my social contacts, who peopled my social networks in the field, and who, throughout my investigation, referred me to those people who they considered to be mobile individuals. By asking the curas (rural priests) in villages and the men whom I met in bars and markets to introduce me to people who moved around a lot to work or seek other opportunities, I was introduced into several networks of mobile individuals at various strata and in different segments of the regional society. By asking the psychiatrists at Chico Sein to refer me to those among their patients who migrated and by prodding them to think of human mobility in broader terms, I was likewise, introduced to several sorts of mobile individuals. The biases in my sampling reflect the biases of the actors in what they considered to be migration. In most cases the only way in which I acted to shape their perception of migration was to gently insist that they broaden it. I asked that they broaden their conceptualization about what is geographic mobility only to the extent that it allowed for more inclusive sampling, a more diverse number of contacts. Once I had made these contacts it was up to me and the actors themselves to specify the type of mobility that had occurred through their own accounts. In the case studies (Chapter Four) these accounts are given as they were related to me. They are evidence of the variety of migration experience which can be had by one individual or a single domestic unit within a brief period of time.
They are also evidence of the variety of "primary" and "secondary" motivations which accompany migration. With regard to the "primary" motivations which spurred migration, I found that I could not claim that "my" migrants, whether they became psychiatric patients or not, differed in any noticeable way from the larger population of Mexican migrants. Over 82% of all the patients in my sample with a history of migration gave economic reasons as their primary motivation for migration. The percentage is slightly higher for those who migrated to the United States. Even those who migrated with the intent of gaining an education may, in the long run, be said to have migrated to assure themselves greater economic opportunity. Without disputing the validity of economic motivations in most of Mexican migration -- certainly economic incentives have both objective and common-sense significance for those who migrate -- I have come to question how much this can actually tell us about the topic at hand, emotional distress. The group of psychiatric patients (those whom I considered to be poorly adapted to migration) like most migrants, were so homogenously a group of economically motivated goal-seekers that to speak of them in purely economic terms would be to over-simplify the issue. We may say that they suffered emotional distress because they sought resources in an environment of unequal distribution, an environment which blocked much or most of their striving. This hypothesis has been shown to have validity by other researchers (Kleiner and Parker, 1966; Bagley, 1971). Certainly, this was an important factor in many, but not all of the cases in my study. Secondary and tertiary motivations, such as the desire for upward mobility beyond simple economic security or the lust
for adventure, were combined with primary economic motivations and inseparable from one another in determining actual behavior. Ethnicity, religious preference and culturally ingrained expectations interacted with other motivations to shape thinking and behavior, thereby creating the potential for intragroup and intrapsychic conflict.

My approach to migration was both phenomenological and systemic. I approached the research phenomenologically in the sense that I was interested in investigating those people who either defined themselves as migrants, or who saw mobility to be an instrumental part of their lives, and who practiced mobility with a relative degree of frequency. My approach was systemic in the sense that I was interested in looking at those who belonged to social networks (particularly families, nuclear and extended) where migration was either:

1. frequent -- practiced three or more times, for more than a few weeks, by one or more members of the family, and/or

2. ongoing -- where the individuals of the network were either migrating, preparing to leave, or had returned from a prolonged absence within one year of the time at which we made contact.

The approach of the clinicians, as I have said, was somewhat more limited as were the conceptions of migration among the actors themselves. It became a preliminary goal of the research to (1) understand the conceptualization of migration held by the individuals who were likely to migrate and to learn how to ask appropriate questions regarding their mobility, and (2) to understand the assumptions of clinicians about what sorts of mobility were considered to be psychiatrically relevant
and to learn how to encourage them to see other types of mobility (i.e. internal as well as international migration) as psychiatrically relevant. The process of coming to these sorts of understandings is documented in Chapter Two.

The Units of Study\textsuperscript{11}

I began my research by associating myself with the psychiatric clinic and with various individuals in the city of San Luis Potosi and two nearby communities. As a result of my associations, I was led into various spheres of interaction. To a certain extent, my population of study was bounded only by the social networks to which these people belonged. By pursuing many informal contacts, I tapped several social networks many of which shared few or no common members. Although all the members of these networks were mestizo and Mexican citizens, they were of varied educational and socioeconomic backgrounds. They included individuals whose experience of mobility (or immobility) was shaped by different influences. When I finally left the field, this strategy of pursuing networks of social affiliation had taken me as far away from the city as the ranching towns of Zacatecas (capital city of the state by the same name), to the somewhat isolated peasant communities of La Huasteca (rich farmland in the tropical mountains of eastern San Luis Potosi), and even to Houston, Texas, where I interviewed many of the 100 men from a single community in San Luis Potosi who had migrated there illegally to work. By relying on interpersonal networks as my units of study, I attempted to adhere to the premise of network analysis that human interactions are more important in determining the preference
for, access to, and strategies for attaining particular resources or goals than mere geographic proximity (Mayer, 1966; Mitchell, 1966).

In spite of their geographical dispersion, all of these individuals had some contact with the city of San Luis Potosi and, in the final analysis, it did not prove fruitful to completely ignore the geographic origins or primary social networks of my informants. The communities from which these people came had influenced the types of social networks they participated in and thereby determined such issues as (1) the motivations and strategies which accompanied their migration, (2) the sorts of information they had available to them in choosing goals and values, (3) the various sociocultural constraints which shaped the expression of these values and the pursuit of these goals, and (4) the kinds of events which were considered to be problematic, the behaviors which were judged as deviant and how they were managed. The influences that these communities exerted over individual and small-group behavior were in turn shaped by their degree of interaction and interdependence with urban centers (in most cases San Luis Potosi). The city as a center of "dominance" (Miner, 1967) determined the political, commercial, educational, and industrial composition of many communities in the entire San Luis Potosi region. By establishing particular sorts of relationships with its hinterlands, the city determined what sorts of information, education, and medical care was available there. It also influenced the degree of economic diversity in these outlying communities and the nature of their ties to one another. San Luis Potosi did not dominate all surrounding communities in the same manner or to the same extent. Some of the larger rural communities
were central markets which indirectly linked more isolated rural communities to the city. All of the types of communities had differential affects on migration and social deviance. Just as the motivations and strategies which accompany migration are affected by urbanism, so are the ways in which people define and seek to cope with social deviance. In Chapter Three of this dissertation, I will discuss how the communities from which these individuals came may have affected the likelihood that they chose to migrate and/or to seek psychiatric treatment. In the following two chapters, I will describe some of the different sociocultural constraints which shaped their behavior during migration and the conflicts that arose when migrants deviated from the limits imposed by such constraints.

While few of my informants had migrated in only one fashion or for a single reason throughout their careers of mobility, a few generalizations may help to clarify what sorts of migration I will be discussing. All of these migrants had moved about within Mexico or to the United States. None had gone to any other country and the degree to which any individual had migrated both internally and internationally differed significantly. Because I was guided in that direction by the opinions of my informants, I have given a slight emphasis to my consideration of migration to the United States, both illegal and legal. Most of my informants were voluntary migrants who aspired to better themselves economically and most were successful at this task, at least in the early phases of their migration. Some of the migrants I contacted however, had started mobility in response to real economic crises and may be considered "dislocated migrants." Those migrants in "real" and
visible states of poverty make up a small minority of the entire sample, yet most of my informants perceived themselves as poor to one degree or another -- even those who seemed relatively wealthy in the context of their home communities. I will talk mostly about male migrants for a number of reasons: Male migrants tended to be the risk-takers and were more likely to be migrating alone or as the first members of their families to go. Women who migrated from this region, in contrast, tended to migrate after other family members had gone before them. They tended either to travel shorter distances from home and remain absent for briefer periods or to go where they could be assured of familial support and safety. Furthermore, I had more access to male informants. Many people do not think of migration as a female endeavor in Mexico. Men migrate, whereas their husbands or fathers "bring women along." Also, women were simply more reticent to disclose themselves and talk comfortably during an interview than the men were, due to the sex differences between us. Because I was a single man, they were reluctant to be alone with me or even to talk about how they cope with their stresses during migration. Finally, I will be describing in most cases the attitudes and experiences of those migrants who did not seek originally to relocate in the host community, but went there only to take advantage of opportunities while maintaining their social networks and holdings at home. Hence, most of my informants were men, who migrated repeatedly, on a voluntary basis, accompanied by varying degrees of economic necessity.
Patient Population of Chico Sein: Methods and Sample Groups

Representative groups of patients were surveyed from among those receiving either of the two forms of treatment available at the psychiatric clinic: ambulatory and residential. Over a fifteen week period, two of the three psychiatric residents at the clinic asked each of their patients in the ambulatory care program (outpatients) about their history of migration. Regardless of their status as migrants or non-migrants, the sex, diagnosis, and the date of consultation were recorded for all patients. Those patients without a history of migration were asked no further questions. Those who claimed to have migrated or to have a history of recent migration in their families were asked to respond to a brief list of questions about who in their families had migrated, as well as the direction, duration, frequency, and intent of their mobility. A total of 162 outpatients (89 females and 73 males) were seen by the two psychiatrists, a group which represents slightly more than two-thirds of all the patients who came for ambulatory treatment during the research period.

During an overlapping two week period, I and all of the psychiatrists surveyed those patients receiving residential treatment (inpatients) to gather basic personal and social history information. An expanded version of the migration questionnaire was also completed on each patient. Over this two week period the residential facilities contained 83 patients (close to maximum capacity). Fifty-six of these patients (23 females and 33 males) were interviewed in our survey. (Eighteen of these patients had migration in their backgrounds). Those 27 patients who were excluded (14 females and 13 males) were not
interviewed for the simple reason that almost no adequate personal and social information could be attained. In most of these cases, their families and the doctors who originally treated them were unavailable. In all of these cases, the patients could not communicate effectively about even the simplest information such as age, residence, or how they had arrived at the clinic. All of those patients who were excluded had been hospitalized for at least three years and 60% of this group had received treatment for four to seven years consecutively. In all of these cases, however, we were able to attain enough information from already-existing records to conclude that probably none had a history of migration; so we did not feel a loss in eliminating this highly chronic and unreachable portion of the patient population. Those 56 patients who were included in the sample had shorter careers as mental patients and their communication and social functioning were less impaired by their symptoms. Fifty percent of these patients were contacted within two weeks of their admission to the clinic. A total of 218 patients were contacted in the two survey periods. Male patients constituted 49% of this group (106) and female patients the remaining 51% (112).

Finally, so as to increase our pool of inpatients with a history of migration, we selected another 21 patients at random from among those patients who had received residential treatment within the previous nine months and who were known by the psychiatrists to have a history of migration. All the data on personal and social history for these patients which were not available in clinic records were collected during home interviews. Data on these inpatients were combined with
that on those 18 inpatients already sampled in our two week survey. We then had data on two groups of inpatients of approximately equal size to use for comparative purposes. One group contained 36 individuals who reported no history of migration and the other included 39 members, all of whom had a history of migration, either among themselves or members of their families.

Family Case Studies: Methods and the Sample Group

I selected fourteen families for intensive investigation, in hopes of determining the extent to which migration or other social factors may have disrupted their lives. I was also interested in finding out how they had sought to cope with potential disruptions and about the degree to which they were successful at this endeavor. In all of the fourteen families included in this portion of my investigation, migration was frequent and/or ongoing. Between families, the styles with which it was practiced were extremely varied. Three of these families contained no members in present or previous generations who had sought psychiatric care. With respect to various parameters (e.g., direction, duration, and frequency of migration, patterns of selecting members to migrate, household and community integration), these families were practicing migration in a similar fashion to other members of the general population. They seemed well-adapted to migration and represented many aspects of what I came to see as normative migration. They are included here (Chapter Four) to aid the reader in making comparisons between adaptive and maladaptive strategies of migration. All of these three families were contacted in the course of my fieldwork in separate communities where migration was a vital component of daily life.
Migrant families which contained psychiatric patients (those considered to be poorly adapted to migration) were contacted at the clinic where one of their members had been admitted for treatment or came periodically for consultation. Eleven such families were chosen from a group of fifteen families, the patient-members of which were referred to me by psychiatrists as having "problems related to migration." They were selected with regard to their geographic accessibility and the constraints which limited funds and time placed on the research procedure. Of the eleven patients who originated from these families, ten were diagnosed as paranoid schizophrenic. This diagnosis was accompanied by one of alcohol abuse in two of these cases and by the label oligophrenia (mental retardation) in a third. Resident psychiatrists disputed over an appropriate diagnosis in the final case; one doctor maintained the opinion that this man was schizophrenic, while the other insisted that his symptoms were those of depressive neurosis.

The diagnosis of paranoid schizophrenic prevails because psychiatrists at Chico Sein believe that a cross-cultural experience is likely to lead to isolation and alienation and will be manifest in paranoia -- sometimes labeled **transcultural schizophrenia**. Had these psychiatrists been better educated about the principals of social psychiatry, or had they known more about the life histories of the patients they treated, I am certain that other diagnoses would have been used more frequently. It also seems to be the case that the label of paranoid schizophrenia was overused in this clinic and tended to be the catch-all category for confusing or border-line cases. Hence, these diagnoses may not reflect the reality of these patients' problems and there was
an obvious need in all of these cases to examine more closely the social histories of these patients, as well as the way in which their problems were presented and interpreted. All of these patients were interviewed after the symptoms which originally brought them for psychiatric care were in remission and they were able to communicate clearly.

In conducting the case studies of well adapted and poorly adapted families, I began by collecting standard information on geneology, household composition, residential changes, socioeconomic status, education, and occupation. In all of these case studies, community investigation and home interviews were necessary in order to better understand the social context from which migrants originated and how their experiences had influenced their lives. I spent between 10 and 50 hours with each family (mean of 21 hours), completing a standard interview schedule and observing everyday interactions. I attempted to structure my time with these families so that I could consistently gather information on their social networks, family history, and migration experiences, yet still allow myself time for participant observation. When I was asked to help with a household chore or accompany a family member on an errand, for example, I gladly did so. I believed that this method would allow me to ferret out the impacts of psychological, social, and cultural variables on migrants and their families. In all phases of the research, and especially in the recording of narrative accounts about the stress of migration, I used what may be referred to as a phenomenological approach. I attempted to adopt a "natural attitude," suspending my presuppositions about the relevancy or irrelevancy of information. When I asked my informants
to give their accounts of migration and stressful experiences that accompanied it, my questions were left open-ended and I allowed informants to talk as they wished. This approach was based on an assumption that these individuals' subjective accounts held their own meaning and an inherent structure. Initial interviews generated, in part, the form and content of subsequent interviews. After one interview with a family had been taken and reviewed, new questions about the life history of the members and what they considered psychologically stressful arose. These questions were then posed to the same informant or other family members in the interviews which followed. The end result was that I gathered accounts from several family members about such issues as how and why migration occurred, how and if it contributed to the suffering of the identified patient, how family members felt about one another, etc. By this process I constructed a picture of the families' social networks, their migration experiences, and the events contributing to the deviancy of the patient which was a composite of the bits and pieces contributed and verified by all or most of the family members residing in the household at the time the research was conducted.

It should be stressed that this investigative technique, like all others, is not an entirely objective one; yet, it proved to be superior to clinical psychiatric interviews which presupposed what constitutes mental illness causation and overlooked a large part of the personal history of those patients who had migrated. Neither I nor my informants were without our presuppositions about the meaning of migration, its relationship to a person's distress, and even about the meaning of
the interview in the particular time and social context where it occurred. Both I and my informants in the families containing psychiatric patients, because we were dealing with the crisis of their troubled relative, approached the interview with the assumption that it was to be framed in a concern for that relative and his suffering. Accordingly, my informants assumed that they were to talk about "life problems" and the causes of those problems. Within this frame it often occurred that informants brought up issues related to migration naturally as explanation for their family member's distress. Parents would remark, for example: "If only he hadn't been so far away, we might have helped." Other social factors impinged on the interview context as well. The fact that families with psychiatric patients had met me at the psychiatric clinic meant that they assumed me to be associated with institutionalized medicine and were reluctant to discuss their use of non-institutionalized sources of care. This situation did not always cause informants to grow mute about such issues, however, and more often than not, my association with institutionalized medicine caused families to believe that, the more they confided in me on all aspects of their lives, the more it would facilitate the cure of their distressed relative. Finally, because I was a United States citizen, many informants were less willing to discuss the negative aspects of American culture. This obstacle was overcome in all families because I made several home visits (4 on the average), was known and trusted by other members of the community, and made an effort to establish rapport with family members by showing an interest in their daily lives.
NOTES

1 The term "social deviance" is meant to refer to all those bits of behavior which are recognized by everyday social actors as somehow unacceptable, intolerable, or abnormal. While such behaviors may lead to an individual's increased marginality, not all social deviance is judged as a sign of mental illness. The term "mental illness" I have reserved for reference to those individuals who have been psychiatrically diagnosed and treated. "Patients" refers to those individuals who have been labeled by psychiatric professionals as mentally ill.

2 Mestizo is the label for the ethnic category into which most Mexican people fall. It denotes a person of mixed Spanish or Portuguese and Amerindian ancestry. In San Luis Potosi many people still appreciate the physical attributes of their Spanish ancestors. Those with light complexions, straight and narrow noses, and lighter hair are often considered more attractive than those with brown skin and hair pigmentation, characteristics which they attribute to their Indian ancestors. Potosinos are likely to speak proudly of their "Spanish" traits and often the possession of these traits will determine ones access to certain socioeconomic opportunities.

3 Selby and Murphy (1980) stress the importance of the domestic household in migration studies, saying that "the analysis of migration must be based on the analysis of the Mexican household (not just the migrating individual) as the decision-making unit." They distinguish between the family, which is a kin network, and the domestic household, which is a group of interdependent and proximally-located individuals who may or may not be kin.

4 With the exceptions of countries, states, larger cities, and the psychiatric clinic where this research was conducted all names of places are pseudonyms.

5 The figures on population, labor force distribution, and rural and urban growth are taken from a study by Downing and Weaver (1976) in which they used projective computer techniques to derive these estimates. As their sources of data they drew on the Mexican Census (1960 and 1970), regional birth and death statistics, as well as various marketing research findings. In estimating population distribution and change they selected indicators of the consumption of commodities and the utilization of resources (i.e. sugar and beer consumption, newspaper circulation, school enrollment) which they combined with census data and other population statistics published by the Mexican government.
6 An ejido is a unit of land which the government has expropriated from a private owner, then granted to a politically recognized rural community or "pueblo" which forms an ejido society. The land is communally owned and operated, however, the amount of power wielded and benefit gained from the ejido may vary from member to member.

7 This is the 1977 population estimate taken from the IX Censo General de la Poblacion, Mexico, D.F. by Selby and Murphy (1980).

8 The figures on urban growth rate, labor force distribution, population, household income and income of household heads are taken from computations by Selby and Murphy (1980).

9 Source: Censos Industriales, Secretaria de Industria y Comercio. Data on extraction industries (mining), oil refining, and petrochemicals is here excluded. Their output is presently very low.

10 In 1942 The Bracero Program was enacted as a bilateral agreement between Mexico and the United States as a wartime emergency measure. Its purpose was to import agricultural labor into the United States. When the war ended, however, it continued for 22 years, thus establishing a great deal of regularity in the flow of Mexican emigration.

11 All of the names of people referred to in this study are pseudonyms.
CHAPTER II

MIGRATION AND SOCIAL DÉVIANCE; THE FRAMES OF EXPERIENCE

The juncture at which migration and social deviance intersect in the social world is an ideal point at which to make explicit many facets of culture which might otherwise remain implicit. Migrants, like social deviants, are defined as people between worlds. While usually only migrants move between geographically-bounded worlds; both migrants and deviants reside on the fringes of various social and psychological worlds. By examining the ways in which migrants and social deviants move between and inhabit these worlds, by noting that which is easy or difficult to accomplish, and by observing the responses of those who are more stationary in geographic or social space we may begin to build a notion of what is acceptable or unacceptable and of what is effective or ineffective. Migration and social deviance are similar, also, in that both may be viewed as symptoms of social change. As such, they contain a multiplicity of scenarios in which individuals, alone or in groups, have sought to manage and make the best of change. These scenarios evince the resilience and adaptability of these individuals and groups. They also expose the social forces which test this resilience and adaptability.

More concretely, the migrant as one in motion between social worlds remains a marginal character. This is not to imply that he is a social deviant, only that he is ascribed the status of non-member or partial
member by many segments of the society through which he moves. His status, power, and acceptance are likely to be qualitatively different from those who have full membership in these segments of society. His capacity for gaining full membership is dependent on his own goals and attitudes, those with whom he interacts directly, and those of the larger social structure. The migrant is moving from the world to which he belongs, the members of which may choose to either accept him or reject him for his migration and the changes he feels obliged to make. He is moving into another social world, the members of which may respond in a variety of ways, ranging from total acceptance to total rejection. The attitudes and responses of many people affect the migrant's experience, determining the real and perceived sets of alternatives for action, as well as the process and outcome of the migration endeavor. All of these attitudes and responses interact to influence whether the migrant's status as marginal character is augmented or diminished.

Social deviance is, likewise, a social role which entails marginality. It involves qualitative differences in status, power, and membership which may be viewed as either the causes or the effects of deviance. The alternatives for action available to the deviant, as well as the manifestation and consequences of his deviancy are all shaped by the social world which he inhabits. Friends and family will play a role in whether he receives psychiatric care. These people and others may choose to tolerate and aid him, or to stigmatize and alienate him. As in the case of the migrant, the attitudes and responses that various people have toward the social deviant interact to determine whether his status as marginal character will be augmented or diminished.
Framing the Migration Experience

Migration as Movement within an Extended Community

(Mexican migrants) are selecting strategies based on their perception of available resources. That they may reside in one place and move to another, thereby allowing themselves to be classified as migrants, is epiphenomenal. They speak of their moves as one might who lives in New Jersey and works in New York City. They live where they do because it is where their families are, because it is relatively inexpensive, and because they feel comfortable there. They work where they do because work is available and the wages are better than in their home towns. . . . they share language, religion, social institutions, and history with those who surround them. This sharing is the basis for their perception that they move within a single, albeit extended, community (L. Whiteford, 1979:128).

This notion that migration occurs within an extended community applies directly to what constitutes adaptive and maladaptive migration in the San Luis Potosi region. Migration is motivated by the perceived inadequacy of employment or income in the home community and the anticipated potential for better opportunities elsewhere. While the "real" imbalance of economic factors between regions may be the initial stimulus to migration, it also creates its own impetus. It can effect economic circumstances in the home community, thus encouraging continued migration. It also causes the social actors involved in the migration process to generate a stock of knowledge among themselves which further increases the inertia behind migration. In such cases migration becomes a highly institutionalized phenomena, a family and community tradition. Migration begins to be viewed as one of the more viable means of adapting to contemporary life and the actors' goals become, not solely to migrate, but to learn to incorporate this
ongoing activity into their daily lives. Migrants must learn how to be a part of their families and communities while they are away. Those who stay behind must adjust to the changes in social structure and status which occur on an interactional level as a function of the absence of others. All those involved, whether they are the migrants or those who stayed behind, whether they are family or friends, must learn how to come back together gracefully and with minimum conflict.

Those involved in the migration process are usually successful to the extent that they are able to maintain a sense of linkage and boundedness in the social networks which constitute the extended community. The selection of who is and who is not to migrate, as well as the goals and strategies of each migration are organized within that community, most often within a subset therein which is composed of the domestic household and extended family. This community also provides social contacts throughout the migration process. Migrants from San Luis Potosi do not move to a place they know nothing about. Rather, they go where they have heard of other migrants going to where they have kin and acquaintances. If they cannot travel with a relative from home, they go with a neighbor or an old friend. Rarely do they choose to travel with a stranger; if they must, they ask for advice and opinions about the stranger from their own family and friends. By choosing a destination which is known or where they are known individuals (preferably kin) and by migrating in the company of trusted and, hopefully, experienced individuals, migrants hope to reduce the risks and problems of adjustment that they face in migration. They also hope to increase the likelihood that, when they arrive in the host community, they will
have the aid and information of others who have more experience and a larger social network than their own. Rather than seeing himself as moving across geographic space then, the migrant attempts to put himself in a position where he can move through predictable social and economic space. Much of the planning and strategizing to make this come about is conducted within the family before the migrants' departure. Hence, by attempting to always move within familiar social networks, the migrant reduces his contact with unfamiliar individuals. In this act he diminishes the extent to which his migration leads to culture contact. By making efforts to maintain the solidarity between himself and those who occupy his social networks, he diminishes the risk that he will be left "out in the cold," without aid or information and forced to fend for himself. In a very real sense then, ideal migration for Mexican migrants -- if defined as movement across regional, cultural, or social boundaries -- is not migration at all. Instead, it is movement within the extended community of close and distant kin and acquaintances.

The prevention and management of change

Of course, it is not always the case that the migrant can move about within familiar social territory. The social networks which facilitate migration must have started at some point where no previous ties existed. Furthermore, migration would soon loose its economic advantage if all migrants went only where others had gone before them. Yet, in San Luis Potosi, one can observe that migrants still rely on social networks which have a long history of existence. Many migrate
to the same places that their fathers went during the Bracero Program. Old social networks, because they are continually revived and repeopled, still serve as a source of aid and information which shapes the migration process, determining the direction, duration, frequency, and motivations of that mobility. It is also apparent, however, that some members of these already existing social networks need to take risks if migration is to continue to be successful. Someone must move away from family and friends to seek better opportunities, by exploring new economic and, inevitably, new social territory.

Exploring new territory entails greater risk, both to the individual risk-taker and his family. Less is known about the existing opportunities and receptivity of the new destination. While migrants may anticipate that they can no longer depend on existing social networks and standard modes of behavior, they may know little about what they must do in order to form new affiliations and generate new adaptive behaviors. Because they are accustomed to group-oriented decision-making, they may find themselves at a loss when migrating alone. Nor do they or those they leave behind know how to presuppose the financial consequences and behavioral changes which result from risk-taking. Decisions about what degrees of assimilation or acculturation are desirable may only be evaluated after the risk-taking migrant has returned home and what is acceptable may be inconsistent from place to place, or from moment to moment.

Those migrants who are exploring new territory are the starting point for our consideration of how migration may lead to emotional distress. Those who have chosen new affiliations over old; those who
have strategized migration through extra-familial and extra-community networks; those who have placed themselves in unpredictable situations where they had limited sources of aid and information may be considered to occupy a high-risk position within the extended community of migrants. Also to be included in this group of risk-takers are those who are altogether new at migration -- those for whom migration is a deviation from previous or existing family patterns of adaptation. Finally, those who belong to the social networks which these risk-takers inhabit may be affected by the increased sense of marginality and divisiveness which risk-taking involves.

Based on this view of migration as movement within an extended community, the social actors assume -- wrongly in some cases -- that they will be able to keep their social world intact during migration. They take pragmatic actions to insure this. Again they rely on their sets of social alliances to see that life continues "as it should" during their absence. A rural peasant may have his relatives care for his livestock and see that his family is protected while he is away. Frequently, two sisters (or sisters-in-law), who have been temporarily "widowed" by the migration of their husbands, will move into the same house so that they may share the responsibility of childcare while one seeks an alternative source of income. The degree to which any particular migration is perceived as a risk determines the extent to which the family will attempt to provide alternative sources of income during the migrant's absence. Whatever the perceived risk, migrants depend on the aid of their extended kin during their time away. The limits to which a migrant can secure his life at home are, therefore, dependent on the
size and composition of his family and the availability of his extended kin.

While he is away the migrant expects to maintain a sense of interconnectedness between the members of his family. If he succeeds at migration, he also expects to maintain his previous sense of belonging to his family. Letters and phone calls are important in maintaining family integration. With the aid of these forms of communication, the migrant, if he is the father of a family, will not relinquish his role as authority figure and chief decision-maker, in spite of the distance between himself and his family. In San Luis Potosí it is a frequent occurrence that wives will wait for their husbands' weekly phone call to make important family decisions or even to discipline their children. The principal gesture which the migrant may make during his absence is that of remittances to home. Phoning and writing are important, but money carries the most symbolic weight. It is a sign of the migrant's success, as well as his caring and membership. Usually the amount of remittance is less important than the regularity with which it is sent with respect to securing the migrant's role and status during his time away. Because there are frequently told stories about the migrant who neglected his family and eventually disappeared, many individuals assume that when the money stops coming, the migrant has ceased caring. Stories which circulate among those at home depict both the good and the bad consequences of migration and often serve to hold the status of the migrant and the integration of his family in a precarious position. Many community religious leaders, for example, believe that migration is the case of infidelity among spouses and general family disintegration.
They support the fears of such notions in their congregations. As one rural priest remarked:

When men go to the United States, many times they start hanging around and sleeping with other women. Then their wives think that if it is all right for their husbands to do it, why shouldn't they do it too . . . . Not many women are strong enough to resist the temptation (for sex) and wait until their husbands return.

How often infidelity and family schism actually occur during migration is difficult to judge, although my fieldwork suggests that they occur with considerable frequency. What is important, however, is that migrants and members of their families and communities discuss the bad as well as the good effects of migration and social change. While they recognize the negative consequences, they tend to brush over them in everyday talk in an effort to emphasize the benefits of migration. They believe, as does the priest, that it is only the "weak" who cannot resist temptation and who will "sacrifice their family for themselves."

Almost all families of migrants, whether they have sought psychiatric care or not, notice changes in their social world which they associate with migration. In most cases, the changes they report as most visible are those in members who have recently returned from migration. Usually the differences they recognize in return migrants are described as passing symptoms:

"He could not sleep for several nights after he returned."

"He was edgy, always ready for an argument."

"He didn't eat much, and I remember he had many headaches."

In other cases they note longer-lasting changes in behavior or in values:

All he thought of when he got home was work. He was out of a job and didn't want to go over there again. But he didn't used to be so eager to get money.

The well-adapted families, in general seemed to adopt an attitude of
Since he started working over there many years ago, he's always concerned about the children getting an education so that they can have a better life. Sometimes he's too hard on them. They do their best.

Nor are these changes always apparent just at the moment of return. Parents see changes in their young adult offspring who have gone elsewhere for work or schooling. Over time they note basic value shifts, decisions made which may conflict with the implicit values of the family. They are also aware of alterations in the patterns of visitation, correspondence, and remittance to home. Family members expect the greatest amount of change to occur when an individual has gone to a place which differs from home to a large degree. A sojourn into the United States or to an urban center in Mexico from a rural village is expected to change one more than a stay in a neighboring village.

Family members are also expected to change more if they are absent for an extended period of time.

In my research, what distinguished the successfully-adapted families from those who were unsuccessfully-adapted was their degree of tolerance of the changes in their members. The successfully-adapted families showed more tolerance towards their migrant members in spite of the amount of change or deviance they noticed in returning members. One mother described her perception of her son's changes and how she dealt with them:

When he got back home he acted depressed, angry, and aggressive. I worried about him alot. But I kept feeding him and seeing that he got enough sleep, and little by little he got better . . . . He came back into our family.

The well-adapted families, in general seemed to adopt an attitude of waiting for their member to return to what they viewed as normal or
waiting for their members to return to what they viewed as normal or acceptable. It was relatively rare that they chose to call attention in a critical manner to the changes they noticed. Instead, they maintained an attitude of caring and attempted to endure (aguantar) the behavioral changes which they assumed were "necessary" for the migrant member's readjustment. In the less successfully adapted families, in contrast, the changes which occurred in migrant members became the fuel for unresolvable conflicts. These families were less willing to explain away the changes they witnessed or to accept them as passing phenomena. When a migrant member failed to visit, write letters, or send money, this was often interpreted as a sign that he was moving away or rejecting the family. When the migrant member displayed behavior which was incongruent with what they expected or desired, instead of explaining it as behavior which was necessitated by the migrant's experience, they saw it as an affront to the family and placed the blame on that individual member. Whereas many of the successfully-adapted families responded with flexibility to the changes in migrant members and refused to let them threaten the integration of the family, most of the unsuccessfully adapted families responded to these changes with rigidity and intolerance.

What was also apparent is that the less than successfully-adapted families had many practical reasons for being threatened by modifications in behavior and values among their members. Many of these families were heavily dependent on migration to provide a source of income and security. When they saw that their migrant members were sending less money to home or attempting to settle permanently in the host community, they often appraised this in a very realistic fashion as a threat to their own well-being. The adapted families, on the other hand did not
show the same degree of economic dependence on migrant members. Not all families which showed signs of schism over migration were poor and destitute, but most had higher goals in migration which distinguished them from the well-adapted families. These goals directly affected their degree of tolerance for changes in their members who migrated.

**Information, alliances, and the decision to migrate**

When one asks men why they migrate, he is just as likely to hear that they go "for the adventure" as he is to hear about their poverty or economic concerns. Usual convention is laden with reference to how little the social actors have or can do to improve their circumstances to such an extent that one often wonders why it is that not everyone migrates. Yet, such discussions, which leave the impression that migration is a crucial endeavor, are tempered by comments which depict migration as an act of frontiersmanship, as one which is ultimately beneficial at some level (educationally, if not financially enriching), and even as an act of play. In fact, there is little everyday talk about migration as an act in itself, separate from its purpose. Those conversations that do occur often comprise a series of self-congratulatory accounts about overcoming threatening situations and descriptions of the good life en el otro lado (on the other side, in the United States) or in the Federal District. Rarely are there speech events which educate the novice migrant about the pitfalls of migration. If one wishes to migrate and lacks experience, he goes to someone who has migrated before and has knowledge of his experience to share. The novice will try to convince that man to migrate again and to invite himself along. For heuristic purposes, knowledge about migration, friendship with
an experienced migrant, and membership in a group of migrants may be viewed as commodities. They are a form of wealth in that they are viewed as a means of attaining more tangible wealth and, like commodities, are hoarded, concealed, and unevenly distributed within the community of potential migrants. Knowledge about migration and aid are distributed most freely through kinship and friendship networks. Although these commodities are not restricted to flow within these groups, one who is poorly integrated into the community via his extended kin and friends is likely to receive less education and aid for migration than others. Furthermore, experienced migrants may underplay their expertise in social gatherings in order to maintain a sense of social balance and avoid the envy of others.

Outside the family making the decision to migrate is a highly individualized process. Men may talk enthusiastically about migrating, but it is rare that any two men will have the simultaneous urge to make the trek and most are selective or mistrustful of others when deciding with whom they will travel. Gonzalo, one of my informants who was eager to migrate for the first time often remarked: "I'm ready to go when the right time comes -- when the river is low and the moon is full . . . . When we're ready, all I have to do is pack some food, grab a jug of water, and catch the bus to Piedras Negras. Esteban (my friend) knows what to do from there." During the course of my research, four full moons waxed and waned, and the Rio Grande was lower than at any other time of the year. Still, the men did not leave. Each time I asked Gonzalo why he had not left, he replied that the other men were not ready to go. The group decision-making process prior to migration
dramatizes what Foster has called "limited good behavior" (1967). In order to migrate each member of the group must make the decision by himself and he must make it known to his companions that it is his own decision, made "sin compromisos" (without obligations to others). Each man must prove his willingness, and as a group they must overcome their mutual mistrust in each others' commitment. In cases of illegal migration to the United States they are also skeptical about one another's stamina and ability to maintain composure in threatening situations. As they begin to organize themselves into a group for departure, each man must relinquish his individualism to the corporate group. When I witnessed the lifestyle of migrants in Houston, Texas, I saw that once this is done it is beneficial to their adaptation, because the corporate group provides essential knowledge and support. But prior to migration, it is somewhat difficult for each migrant to make the individual decision to sacrifice his individualism. For these reasons, making the decision to migrate is a slow process: migrants prefer to travel and live with relatives or boyhood friends, and associations of migrants formed outside the community are usually unstable and shortlasting.

Viajando al otro lado; going to the United States

Migration to the United States was a preferred destination for my informants, particularly those who wanted "quick cash" or larger sums of surplus wealth. This does not mean that they saw U.S.-bound travel as the simplest or least risky type of migration, only as the most financially rewarding.

Migrants saw various methods at their disposal in getting to the United States; but one of the important decisions they needed to make
prior to their departure was whether to enter as documented or undocumented migrants. Legal and illegal migration, although they may have led to similar ends, required distinct sets of behaviors and produced different consequences. Both had their inherent advantages and disadvantages. Both entailed risks and unpredictability, although the point at which these factors came into play in the migration process varied. Legal and illegal migration were preferred for different reasons. Preference for one type of migration over the other was a function of the aspiring migrant's goals and the resources, such as social alliances, which were available within the extended community.

Legal migration is a strategy available to those who have close kin in the United States, those who can attain the sponsorship of an employer there, or those can can attain permits for temporary work or visitation. The first two of these criterion require that one have some previous association with the United States before undertaking migration. Such factors encourage those who want to become legal migrants at some point in the future to migrate illegally now, their goal being to establish an alliance with an employer or relative. Another strategy is that of attempting to establish kin ties with American citizens. I met one migrant who had traveled illegally to the United States for most of his adult life. Now that his daughters were of marrying age he encouraged the young men whom he met in the United States to visit his home in Mexico. In this manner he "married-off" two of his daughters to American citizens whom he felt would be good providers and at the same time he blazed a trail for the remainder of his family to go legally to the United States. Certainly, current laws
encourage illegal migration as a step toward eventual or potential migration to the United States. Legal migration is seen as a long-range strategy which is available after one has established social alliances in the United States.

Legal migration to the United States need not always be facilitated through existing kinship ties. Nor is it necessary that one have the individual sponsorship of an employer there. In theory at least, one may attain a work permit or a temporary tourist visa through legal channels in Mexico. But as the potential migrants see it, attaining legal entry into the United States in this method is equally as costly as illegal migration and often less predictable. To attain papers one must go to those who have the authority to issue them. This requires travel to a major city, usually along the border or to Mexico City. (I know of no office in the state of San Luis Potosi which is authorized to grant permission for legal entry into the United States.) Once there, aspiring migrants must present their reasons for wanting to emigrate to the consulate officials, so that their request may be evaluated by those in authority. Then they must wait for the outcome. Aspiring migrants anticipate that they will have to pay up to several thousand pesos\(^1\) in mordida (bribes, literally translated as "little bites"). Those who wish to migrate legally to the United States expect that attaining papers will be time-consuming, expensive, and -- even after both time and money have been spent -- still unpredictable. Aspiring migrants also know that, if they cannot successfully hide the fact that they are going to the United States to work, they are unlikely to be granted legal entry. They have a better opportunity of success,
if they are able to prove that they have other reasons to go, such as visiting close kin. Even then, they feel that they cannot anticipate whether their request will be granted or denied, for there is a certain degree of irregularity with which the consulate authorities respond to requests. One man who had worked legally in the United States until his retirement and had three sons living and working legally there, submitted a request for a three-month tourist visa for his wife, but was denied legal entry for reasons he could not understand. Stories such as these circulate widely and serve to convince potential migrants that illegal migration is no more costly and often more predictable than legal migration. They prefer illegal migration particularly when they wish to attain large sums of cash in a brief period, so as to achieve an immediate objective or remedy a crisis which cannot be postponed.

Illegal migration to the United States is also seen as risky, costly, and unpredictable, but for different reasons. Crossing as a mojado (literally, a "wet") by swimming the Rio Grande, as on alambrista (literally, a "wire-fencer") by jumping the fence at a dry place along the border, or as a "visa jumper" always entails the risk of capture and deportation by la migra (U.S. Immigration Officials, INS). Migrants from San Luis Potosí anticipate that their crossing will require stamina, commitment and endurance. Possibly due to their distance from the border, few of these migrants have family or friends along the border, and as a result they expect to walk a long distance after crossing so that they may follow a route which will reduce the risk of detection by la migra. Crossing "wet" is believed to be accompanied by the possibility of getting lost or even dying of thirst and fatigue while
in route to a safe destination. The fear of capture follows the illegal migrant throughout his stay in the United States. Anecdotes are exchanged, such as the one about a Mexican American woman who supplemented his income with the $25 that he was paid by the INS for every "wetback" she reported, which serve to increase the anxiety which accompanies illegal entry. Even when a safe route is carefully chosen, one cannot be assured that he will not be captured at the end of his trek as he arrives in the first town or at some point thereafter. Migrants attempt to reduce the risk of illegal entry in several ways. Some prefer to hire the services of a coyote (slang for one who facilitates illegal entry) so that they may be smuggled across the river by those with more expertise. Among my informants there was a growing mistrust in these individuals, many having been reported to have robbed and beaten their customers, or in some cases to have held them for a ransom from their family. The price of hiring a coyote (200 to 300 American dollars) was not a sum which many of my informants possessed or wished to spend, especially when it did not insure their safety. In most cases migrants sought to reduce the hardship and uncertainty of their illegal migration by their choices of voluntary associations. In the home community, novice migrants sought to ally themselves with more experienced migrants. Those who had made more than one trip to the United States sought to establish social contacts with people there who could be trusted to given aid and protection. One man who had made numerous trips to work in the United States had, in the process, acquired a set of friends who lived on ranches at several points along the footpath to his preferred destination. Because this individual could enter the United States and
walk for no more than three days at a time without food and lodging, 
his migration was less trying and more consistently successful. In 
his community he had become a valuable resource for novice and aspir-
ing migrants, all of whom wished to travel with his accompaniment. 
Not all U.S.-bound migrants are as successful as this man at estab-
lishing the sorts of social networks which eliminate the problematic 
aspects of illegal migration.

Both legal and illegal migration are "black box plays" (Uzzell, 
1974a), involving different, but equally significant sorts of unknowns. 
Both involve risk, the severity or negative consequences of which 
actors attempt to reduce by solidifying alliances among their kin and 
voluntary associations. Those with high aspirations or immediate 
financial need may increase the risk to their personal well-being to 
reduce the risk of financial loss. When migrants enter the United 
States illegally, it has been shown that they rarely come with depen-
dent family members, that they tend to stay in the host community for 
longer periods than do legal migrants, and that while there, their 
mobility is severely limited by a fear of deportation (Reichert and 
Massey, 1979:599). They may also limit their voluntary associations 
for the same reason. All of these adaptations to illegal migration 
may increase the migrant's sense of isolation and negatively affect 
his emotional well-being.

The migrant at home; ingroup and outgroup attitudes

Migration, as it is viewed by those involved in the process, is 
seen as a means to various ends, all having something to do with the 
betterment of self or those to whom one feels obligated. It is seen as
a risk, the advantages of which are expected to outweigh the disadvantages. In their efforts to maximize the advantages and minimize the disadvantages of migration, the social actors devise strategies. This term, however, seems to be somewhat of a misnomer in view of the actual context of migrant behavior. Migrants, like all other human animals, know that they do not have unlimited knowledge. When they look back on their career as migrants or when they attempt to project into the distant future, they realize that migration involves problematic decisions and tasks, that the world around them does not behave in an orderly fashion, and that they rarely have enough information on which to make a decision which is unquestionable the best one. Too many things change or remain unknown. Yet migrants must act; and they must act deliberately if they are to be successful at migration. In order to deal with such circumstances, migrants act as if they know all that is important in strategizing their behavior. They bring into play all the information and ideas that they have available to them at any given time, thinking as if they know what is important, and acting as if migration were simple and best carried out in an orderly fashion. Each time the situation changes -- as they acquire new information or opportunities -- they may reevaluate and alter their strategies. Again they act deliberately, as if they know what is important to know. In this way they adjust their strategizing to take advantage of the world around them; their strategies and actions remaining as consistent from day to day as that world and the information and alternatives it provides. Successful migration then, does not demand consistency, but rather deliberate action based only on what is presently known.
Risk arises in the process of migration out of the potential incongruity in the way migrants approach the world from one day to the next. One of the major risks which is felt and acted against by those who migrate is the potential for loss of status and membership in the home community. By "putting things in order" before they leave, by calling, writing and sending remittances, and by migrating within the extended community, migrants hope to reduce this risk. Most attempt to maintain their holdings at home, planning to return there to invest the money or skills they have acquired through migration in a way which will continue the betterment of themselves and their families. Such motivations accompany migration whether the actors are attempting to remedy a family crisis such as a drought, planning to accumulate surplus cash in hopes of opening a neighborhood store, and even when they migrate to acquire professional education. The option to return home may not be selected in the final tally; but most migrants will attempt to keep it open as a viable choice for as long as their social circumstances allow. They also keep alternative options open, to be acted on when the appropriate situation presents itself. Temporary and home-oriented strategies may be transformed into ones which emphasize taking advantage of opportunity in the host community on a more long-term basis. In shifting the emphasis of his migration strategy the migrant must also decide what to do about his holdings and relationships at home. In making such decisions, again he must act deliberately and as if he knows what is best for himself and all those involved. It is at this point of shifting migration strategies that the migrant runs a risk of acting in a manner which is inconsistent with what those in his home
community expect of him. Not only does this inconsistency expose the migrant to a loss of status and membership in his home community, it also may upset the entire system of familial interactions.

One case illustrates how the evolving strategy of a successful migrant was interpreted by his friends and family at home as inconsistency: Gregorio, who was 49 years old at the time we met, had been migrating illegally to the United States since his young adulthood. He was successful at tapping the information referral networks which led to employment, and by the time he was thirty, he felt confident that each time he traveled to the United States he would have no trouble finding work. As his three sons and two daughters reached adolescence, he began spending at least 10 months of each year there. He migrated to earn enough money to send his children away to school; wanting, at least, all of his male children to have professional careers. Up until the time he was about 42 years old, Gregorio put all his effort into maintaining his livestock at home (with the help of his wife) and migrating to expand that business and assure his children a better quality of life via education. Upon turning 18, his youngest son went to the United States against Gregorio's wishes. Gregorio did not want his children to have to work as hard as he had. "They were to become professionals." But his son was successful at migration, just as Gregorio had been. Within a year he had a steady job with good pay and had found a way to enter the United States with little risk of deportation. At this point Gregorio's strategizing took a shift in emphasis. He began inviting the eligible bachelors whom he met in the United States to spend their vacations at his rancho in Mexico. Both of his daughters were married to
Mexican Americans in this way and proceeded to migrate legally to the United States where they lived in secure homes and found steady employment. By this time Gregorio's second-born son had migrated successfully to the United States as well. Having lost much of his influence in the home community and having reduced his livestock business over the years for want of sons to manage it, Gregorio began putting all of his emphasis on migrating permanently to the United States. He found work in California, where he lived with one of his daughters until his wife arrived. Now the entire family was in the United States except for Gregorio's eldest son, Raul. Raul, the only son to do his father's original bidding, was in Guadalajara attempting to complete his college degree and to gain admission to law school. Because he was away at school, Raul had been excluded from the family since the beginning of its increased impetus to migrate. Gregorio requested reluctantly at one point that Raul give up his studies and follow the family to the United States; which he did, but with little success. Raul proceeded to cut himself off from the family out of his resentment for what he later called his family's "abandonment." He began to drink and eventually was admitted for psychiatric care. Although Gregorio and his wife see their son as solely responsible for his downfall and, indeed, are quite angry about "what he had done to himself," part of Raul's problem may be interpreted as precipitated by the inconsistency in the father's actions and expectations of his sons, an inconsistency which affected the entire family.

Gregorio's original insistence that his sons have good educations and pursue professional careers exemplifies the appreciation for
professionalism and urbanism which is currently growing in most regions of Mexico. Implicitly it says something about what it means to be a migrant, about the connotations of that label, and about how migrants are likely to present themselves in public life. To be a migrant is to be a mobile individual exploiting regional differences in opportunity. As a result of their mobility, it is rare that migrants possess reputation, skills, or credentials which retain the same significance from place to place. This is particularly true of labor migrants; for they do not approach potential employers with a resume or demand a job description before they begin to work. Their access to jobs, rather than being determined by their skills and reputation on the job market, is a function of their reputation and membership in informal referral networks. All migrants, upon arriving in a new location must start over at some level, be it related to their work or their social life. They must begin to master cognitive, social, and manual skills in order to build a reputation. Nor do migrants often leave the host community with skills or credentials which allow them to obtain employment and establish a reputation immediately upon returning home (Cornelius, 1976). Their success at migration is not measured by what skills or knowledge they may have acquired. Instead, it is measured by the money they bring home and, more importantly, by what they do with their newly acquired skill or cash. Migration is not an end in itself as far as establishing a social reputation is concerned, except in those few cases where migrants become culture brokers, building their reputation solely on their skill at migration. So, while the migrant goes elsewhere in pursuit of income or education, his social reputation -- his status and
power -- are held in limbo by those at home, until he returns and does something with the fruits of his labor. What this means is that migrants do not present themselves in public life as migrants, except in the community of other migrants. Even then they do not assume that by calling themselves migrants -- and it is rare that migrants actually refer to themselves as such -- they are placing themselves in a formally defined role. To say that one is a migrant makes no reference to his occupation. There is no fringe of meaning in the term "migrant" which connotes professionalism, skill, or regularity of employment. To say that one is a migrant is very different than saying that he is a mason, a physician, or a farmer. All of these people have the occupational title as well as the diploma, the steady employment, or the piece of land with which to establish a social reputation. Migrants rarely possess any of these, or if they do, they must build a reputation by putting them to use. This explains part of the paradox in Gregorio's simultaneous insistence that his sons get an education in order to pursue professionalism, while encouraging them to put this aside in order to migrate. As he saw it, education was a means of achieving marketable skills, a secure social reputation, and upward mobility, while migration was only a more immediate way of increasing one's income. Until late in his career as a migrant he even questioned the security of migration as a source of income. Even when this belief had been altered, he hesitated to relinquish his hope that some member of his family would one day attain a "real" occupation.

How others perceive the migrant, whether they are those who manage his affairs and wait for his return or are removed from the migration process by occupation and social class, will influence his adaptability
and success. Friends and family who offer the migrant support and aid may also choose what actions and attributes they will accept or reject in the migrant. Likewise, law-makers and potential employers select for certain types of individuals and behaviors by the opportunities they make available to the migrant. The migrant runs the risk of increasing his status as a marginal character if he does not measure up to the expectation of those who supply him with aid and opportunities. Even if he does "everything right," there are limits to his integration into the various segments of society, both those he goes towards and those he leaves behind. The campesino or ranchero who migrates to a place where there is a need for labor is marginal in the sense that he fulfills a temporary or low-level need in the regional economy. Illegal migrants to the U.S., like many migrants to Mexico City, fill the need for unskilled labor. They work on a temporary basis, usually until the crops have been harvested or until a particular job is completed. They are low paid, and even if there is some degree of permanency to their employment, rarely are they slotted into a position which offers any opportunity for an increase in wages or status (Cornelius, 1978).

In short, the migrant is not as often integrated into the economy where he works as he is used for his labor and ignored for his other needs.

The nature of the migrant's marginality on a social level is even more germane to our present concerns. A sentiment exists among his countrymen that, by migrating he has somehow rejected his own country and culture. Stories are shared about the migrant who went to visit his relatives in the United States that usually follow this basic design.
He had only been away for ten days and he came back raving about the city life of Chicago. He swore that he was going back as soon as he could get the money. The craziest thing was the way he'd changed. He dressed like a gringo and after just a few days there he claimed to have forgotten how to speak Spanish. He couldn't even carry on a decent conversation. He was always saying things like: "Cierra la door!" What a pocho!2

Similar anecdotes are exchanged about those who go to Mexico City and other urban centers. During and after migration the migrant must disprove the suspicions of his kinsmen and countrymen, if he wishes to maintain his status and integration in the home community. The social pressure to maintain and display loyalty to the ways of those left behind exists to varying degrees in all segments of society. The student who returns from Mexico City with an affected accent is just as vulnerable to the label of pocho2 or malinchista3 as is the rural peasant who returns from the United States driving a new and shiny Mustang.

The stereotypes and judgments that are leveled against the migrant are, perhaps, the most severe when generated by the upper classes against those who migrate in search of labor. The severity of these attitudes carries intensity, possibly because those of the more privileged classes are the least likely to know the experience of labor migration. The feelings of middle and upper class urban dwellers about migrants vary from pity to dis interess to open ridicule; but all are rooted in ignorance. A young middle class boy gave his views of migrants as follows:

They are ignorant. They don't know how to be civilized (No tienen cultura, ninguna). Sure they have a little more than the poor people around here, but they don't know what to do with what they have. All they want to
do with the money they make is buy fancy clothes (like one of those plaid cowboy shirts with the pearl buttons) then they buy a shiny Ford Mustang and drive home to show it off.

His stereotype of the urban poor, most of whom he assumed to be recent migrants, was even more explicit:

He's always a dark-skinned man with lots of vaseline in his hair. His cowboy hat, which he always wears, makes the hair on the back of his head stand straight up. He always wears bright colors, electric green or fiery orange. He's always trying to copy American styles, but he does it without any taste. He has a continual dumb look on his face and usually at least one gold tooth in front.

The stereotype of the poor and migrant individual is not so cruel in the minds of many people, but surprisingly enough this quote accurately depicts the way in which the migrant is depicted in Mexican television and film. Such stereotyping is, of course, less severe among Mexican psychiatrists. They are not nearly so ready as this person was to assume the ignorance of the migrant, but they do pity him and see him to be an individual who is disjointed from society with little education and no clear sense of loyalty to his culture. Their pity for this sort of person, although evidently tempored by a sincere humanism, is likewise based on a modicum of ignorance and is a distortion of reality, a bias. Most people of the upper and educated classes look down on the labor migrant, seeing him as caught up in a situation by his own choice and remaining oblivious to the structural forces which impel him.

The migrant who enters the United States, either legally or illegally, encounters still stronger attitudes and social forces which increase his sense of marginality and impede his integration into the society. He is subject to discrimination and social exclusion at all
levels of society. Those migrants who come to work are seen as a threat to the job security of the indigenous poor and ethnic minority people. Bustamante (1978a) has depicted the Mexican migrant to the United States as a "commodity," essential to the capitalist economy, who necessarily "submits to exploitation" and may be labeled a "deviate at home as well as abroad." That few American citizens acknowledge the contribution of the Mexican immigrant was brought to my direct attention when I sought aid to conduct an extension of the research which constitutes this thesis. Upon explaining my intention to a prominent campaigner for the present governor of Texas, I encountered the blunt response: "He isn't gonna want to help any of those wetbacks:" at which point I abandoned my endeavor. Stereotyping of migrants and fear of an "alien invasion" are not restricted to economic and political spheres. They blur the supposed clear-sightedness of the media as well. One recent news item from The Los Angeles Times (1979) began:

Hundreds of thousands of Third World immigrants entering the United States are bringing with them communicable diseases that could, say health experts, move the country back to 19th century standards of public health (Maxwell, 1979).

While such publicity serves to reduce the Mexican immigrant to the "untouchable" class, other scholars claim that their continued influx will result in eventual "upheaval (and) social unrest" (T. Carter's testimony in Federal Court, Price, 1980). While popular sentiment in the United States stresses the citizens' fear for their own health and economic as well as political security in the face of Mexican immigration, little concern is given to the circumstances of the migrant's
life. The social forces which encourage migration and make it stress-
ful are de-emphasized, if not totally ignored. Laws against illegal
immigration accuse only the illegal immigrant of guilt, while letting
his employer go unpunished. In cities such as Houston, law enforce-
ment is organized so that the highest crime rates are restricted to
Hispanic neighborhoods (Grotta, Nelson, and Smith, 1979). That
individuals devise strategies to prey directly on the vulnerability of
Mexican immigrants was made harshly apparent in another recent news
item which reported that a rapist was choosing his victims from among
illegal immigrants. By assaulting these women, who were afraid to have
contact with local police due to their status as illegal immigrants,
he avoided capture for several months. All of these factors give the
migrant reason to restrict his social contacts and sources of aid and
information to the group of other Mexican immigrants whom he knows and
can trust. By inference, we might assume that those who are unsuccess-
ful at doing so will run a high risk of experiencing emotional distress.

Framing the Experience of Social Deviance

The Stigma of Mental Illness

As a gringo in Mexico and as someone known to be affiliated with
the psychiatric clinic, Chico Sein, I frequently encountered individuals
who were interested in learning about my experiences in their country.
In particular they were curious about mental illness and what people
labeled mentally ill are like. These queries helped to educate me as
to how people who receive psychiatric care are perceived by the general
population. Typical questions contained an implicit sense of fear for
potential danger posed by those deemed mentally ill. Examples of such questions are:

Can they harm a person? Will they have a sudden break and go kill someone?

Isn't it dangerous for them to be around children?

 Doesn't it make a person crazy just to be around them?

 How do you keep your own sanity?

Other questions reflected the sheer bizarreness which was assumed to accompany mental illness, such as: "Do they scream a lot at night? Still others implied an overriding sense of doubt in the psychiatric patient's capacity for normalcy:

Can you even talk to them?

Will they ever be able to have children?

Popular sentiment towards the mentally ill was composed of fear, assumptions about the bizarre behaviors of these people, and skepticism in their capacity for rehabilitation. There were even implicit assumptions that mental illness might be contagious. Although I never assumed that all Mexican people regarded the mentally ill in this manner, the existence of a far-reaching stigma regarding mental illness was brought to my attention when I helped two psychology graduate students who were surveying Potosinos of various social classes for their attitudes about mental illness. Having selected the names of 100 patients who had been treated at Chico Sein, we went to their homes to question the household heads about their attitudes towards mental illness. The final question on our survey was: "Is there a mentally ill person in your household?"

We were surprised to discover that 55% of the heads of households containing members who had received psychiatric treatment denied that there
was anyone with mental illness in their family. Other questions in our survey assured us that such a response could not be explained by the fact that these people may have believed their deviant relative had been cured. What we concluded was that these respondents were reacting to the stigma attached to mental illness by attempting to hide the fact that their household contained a deviant member. Such attitudes as these must certainly influence the patterns of utilization of mental health services in Mexico as well as the process of social and familial reintegration for the stigmatized individual.

Beliefs about mental illness and its etiology

In the process of responding to people's questions, by interviewing potential patients when they arrived at the clinic, and by investigating the beliefs of indigenous healers -- of both the folk and scientific traditions -- I developed an understanding of how people assume one becomes "mentally ill." Without equating the folk and scientific traditions or oversimplifying the common sense knowledge of the layman, I wish to sketch the shared modes of thought regarding causation which link these supposedly distinct segments of Mexican society. All of these people or institutions postulate similar notions of personality and causally significant while they disregard others. Although these segments of society differ in respect to the complexity of their explanations and the data they regard as significant, they often arrive at similar conclusions because they share common assumptions about the appropriate place(s) to begin investigating and explaining the etiology of social deviance.
Both the folk and the psychiatric model (as they are practiced in Mexico) posit a notion of "personality" which, once formed, is essentially unchanging and is held primarily responsible for the actions of the individual. Folk practitioners claim that the fuerte or "strong" individual, one who has stamina and is sure of himself, can withstand the most severe social disruption and malevolence. They go on to explain that the debil (weak) person, one who was asustado (frightened) as a child, for example, is most vulnerable to such forces. Essentially all individuals possess innate qualities, formed early in life, which determine their receptivity to mental illness. Mexican psychiatry, as I saw it to be practiced, with its origins in Freudian psycho-analysis, works from similar assumptions about personality. The essential traits and action patterns of the individual are said to be formed prior to age five, and in this process and predeliction of the individual to mental illness is predetermined. If he becomes "ill" at a later date, the expression of his illness is explained as the manifestation of defenses and maladaptive behavioral patterns previously formed. In explaining why a person becomes mentally ill, both systems refer consistently to personality; the folk system by pointing out basic weaknesses and the psychiatric system by attributing causation to those events which formed the basic defense mechanisms. Both systems emphasize the distant past over the recent past, although not completely disregarding it. Both systems, furthermore, restrict their focus on significant events in the distant past to those which occurred within the nuclear family, regarding most relationships outside those involving parents, offspring, and siblings as somehow less significant. It
is interesting to note, furthermore, that Bialik (1980) found that 75% of her sample of a cross-section of Mexico City residents believed that "mental illness is inherited at birth." Laymen, like psychiatrists then, believe that mental illness has a hereditary component. By choosing such foci, both systems remain ignorant of the stress and causal impact of more recent events and of other patterns of interaction (those between the individual and his extended family or the outlying society, for example) which may have had equally distressing effects.

When potential patients arrive at Chico Sein, they are usually given the opportunity to explain why they feel they belong there. The psychiatrists, of course, must give explanations about similar concerns throughout the course of diagnosis and treatment. In the process of completing these tasks, both groups of individuals reveal what they consider to be significant data in explaining the causation of mental illness. Among the patients it was not uncommon to hear reference to witchcraft and other sorts of surreptitious malevolence. What was also apparent in the testimony of patients and other members of their families was their tendency to explain causation by specific and usually material events. The sister of one man who was labeled psychotic explained that his illness began when he was working in a plant nursery where he was exposed to poisonous fumes. What a person had eaten was frequently selected as a cause of distress. One woman was claimed to have displayed signs of psychosis for the first time after reading a popular novel, entitled Last Tango in Paris. Probably the most frequent events linked causally to the onset of mental illness by these patients and their relatives were physical mishaps, specifically automobile and
work-related accidents which involved a blow to the head. The psychiatrists sought in a similar, yet more sophisticated manner to explain causation by specific events and traits. Divorce, alcoholism and martial conflicts were partially significant variables, seen as contributing factors in these explanations. Less tangible forces, seen at work in the individual's personality, such as "mood changes," "inappropriate thought," and "anti-social behavior" were perceived as underlying causes rather than symptoms of mental illness. In both systems of explanation, what were considered to be significant data in determining causation were one or a few specific events as they occurred to or within the individual. The flaws in such methods of explanation do not merit their complete dismissal. Given the social and temporal constraints on such a process, these social actors did the best that they could with the information available to them. Yet, two aspects were consistently absent in their endeavors at explanation; (1) Their approaches, by pursuing an explanation based on specific events, overlooked the possibility that stress may accumulate in the individual. Multiple events, which may have been considered insignificant at the time they occurred and thus ignored by those attempting to determine causation, may lead to an accumulation of stress in the individual and, as they are shaped by feedback, eventually be manifest in deviant behavior. (2) By focusing on what happened to the identified patient, their explanations ignored the possibility that causation may be indirect. The real source of confusion and intrapsychic disruption may lie outside the individual in the social networks to which he belongs. As an anthropologist interacting with many of these individuals on a daily
basis, I brought a complementary approach to their attempts at explaining causation -- one which emphasized multiple and accumulative causes of emotional distress, causes, which are recognizable in the present and are the products of a sociocultural system.

Cultural biases affecting the type and length of treatment

Clinicians did not immediately adopt the notion that the suffering of their patients was produced, at least in part, by a sociocultural system. Their social class and educational experience tended to place a large gap between them and their patients. The attitudes and experiences of clinicians was particularly discrepant from those of patients with a rural, uneducated, or poorer background. These resident-level psychiatrists, all of whom had recently graduated from medical school, formed a close-knit group. They shared many common values, and rarely did they interact with people outside of their families and the medical profession. Among themselves they stressed the importance of punctuality, achievement, and the completion of tasks they undertook. In their treatment of patients they viewed punctuality and orientation towards goals of upward mobility as necessary prerequisites to improvement. At casual meetings they joked about the stereotypical Mexican personality traits of neglecting responsibility (the manana complex as they called it) and of making excuses for tasks left incomplete. These clinicians also attempted to develop within themselves a strong sense of social propriety. In their minds the sum of these traits, when combined with consistent politeness and a respect for authority, made up an individual who is educado (well-raised, refined, educated).
In their efforts to present themselves as educado they had rejected many basic features of Mexican life. On their dinner tables, white bread replaced the tortilla; and in daily conversation, their talk was literary, explicit, and void of jargon. At the same time that they sought to overcome many traits which they labeled as typically Mexican, they proclaimed an undying loyalty to their Mexican heritage. As Mexicans, they felt that they possessed talents for empathizing which made them good psychiatrists. As one clinician put it; "We are a people who feel things very deeply. We are emotional." Often such comments were made in an effort to contrast themselves to Americans, whom they viewed as less feeling and oriented strictly towards technical and material concerns. The beliefs of these clinician's about life in the United States caused them to assume that migration to that country would be far more demoralizing than internal migration. While such assumptions may have been justified, it was apparent that they blinded these psychiatrists somewhat to a concern for those who had migrated within Mexico. A belief which accompanied their love for that which is Mexican and their distaste for many personality traits which they attributed to gringos (Americans) was their common disdain for those who had neglected their Mexican heritage (malinchistas). Those who had emigrated to the United States and adopted American values or mannerisms were the most likely objects of this sentiment. Hence, these psychiatrists belonged to a social system which was structurally and compositionally very different from those of their patients. Within these social networks they had acquired certain norms and behaviors which distanced them from their patients. Many of these traits reduced
their capacity to empathize with their patients, particularly those who belonged to social systems where migration was an important aspect of daily life. One of my necessary roles as an anthropologist, if I were to make them see the real effects of migration on the lives of their patients, was to point out that the role of the physician is equally as distinct as that of the person who migrates. Reminding clinicians of the behaviors that they had altered and the social ties which they had left behind during their socialization in becoming physicians was an important aspect of the process of increasing their empathy and understanding of migration.

Another impediment to the introduction of a sociocultural perspective in diagnosis and treatment was the individual way in which patients were perceived and managed during their contact with the clinic. Psychiatrists at Chico Sein had been trained in the Freudian psychoanalytic tradition and took a personal approach to therapy. They viewed the symptoms of their patients as the products of unconscious defense mechanisms which were the result of psychological repression. The roots of this repression, as I have noted, were believed to have been formed in early childhood. The concern of these clinicians was to interpret the meaning of these symptoms via individual therapy. Patients were usually kept separate from their friends and relatives during times of hospitalization. Although members of a patient's social network may have been consulted for information about the etiology of his problem, it was uncommon for them to be included in therapy sessions. Nor was there any sort of group therapy used in the clinical setting. By focusing their attention on the symptoms of their patients as the products of
psychological as opposed to social events and by isolating the patient from most social contact, the clinicians tended to reinforce their view that the problems of their patients resided in the individual. By looking for causative factors in the distant past, particularly in the developmental years of their patients, they remained at least partially ignorant of immediate crises and ongoing disfunction in these patients' social world. This situation presented difficulties in the beginning stages of the research which caused clinicians to be less aware of the potentially deleterious affects of migration.

It would not be fair to claim, however, that they chose to ignore the sociocultural variables which impinged on the lives of their patients. On the contrary, there was a growing sentiment of dissatisfaction among the younger clinicians about the strict use of individual-directed psychotherapy. These therapists were eager to learn about gestalt, group, and family therapies. They felt a need to apply new approaches to their work; but, because few formal educational opportunities existed to help them do so, they were obliged to learn new skills in their spare time or not at all. As an anthropologist I served, in a subtle way, as the catalyst for their growing interest in adopting new approaches and techniques. My lectures and conversations with clinicians demonstrated to them that I had a complimentary approach to understanding the origins of their patients' problems. In this clinical milieu I functioned to reinforce the idea that the patient is a member of a social system and that his suffering may only be the end product of disfunction throughout that system. As the clinicians began to adopt this notion, they began to broaden their scope of concerns with regard
to treatment and the explanation of their patients' suffering. As an anthropologist, I was able to introduce the concepts of crisis and adaptation. I suggested that the patient may be distressed as a response to changes which had occurred in his recent history. Certain changes may have occurred which left him or his family unable to adapt readily and his disturbance may have been brought on by those changes. In interviews with patients and family members the psychiatric residents began to ask more questions about social network dynamics and about the recent history of the family and the identified patient (particularly with regard to migration). They were also concerned about other variables such as religious preference, economic status, and the patient's integration into his community. As this process occurred, our views began to converge. That this convergence was beneficial, even necessary to the outcome of my research, is evident in the fact that, through the course of our investigation, the number of patients who were found to have a social history of migration which might have significantly influenced their distress increased by more than 100% as clinicians gained more interest and awareness of its psychosocial consequences.

Coping and health-seeking behavior

Like strategies of migration, those that are implemented to cope with stress and social deviance, are situationally structured. Social actors bring to bear the ideas and information that is available to them, acting as if they know what is important to know in evaluating and resolving their problems. How they evaluate and cope with these problems will be a function of the interaction between their individual
and group needs, their culturally-engrained methods of identifying certain needs as problems, and what accessible alternatives they see for resolving these problems. How a Mexican defines and eventually acts to remedy an emotional problem will be a result of his age and education, where he lives, where he has traveled, and a multitude of other variables.

Within this cluster of "other variables" are the influences and availability of folk and modern medical sources of care. The general pattern that now exists in Mexico is that modern medicine does not replace or significantly alter folk medical practices, but functions as an additional system, employed concurrently with traditional forms of treatment and illness definition (Douglas, 1969; Gonzales, 1966; Logan, 1973; Holland, 1962). In the course of my fieldwork, I saw that it was not uncommon for a patient to have visited a curandero before coming to Chico Sein for psychiatric treatment. In two cases patients claimed that they had been referred for psychiatric care, not by a physician or another psychiatrist, but by a folk practitioner. In the rural segments of the society I noted a growing yet still incomplete awareness of modern mental health practices. People had essentially learned or were learning two separate idioms for defining their mental health problems. This was accompanied by a sense of ambivalence towards the indigenous curer which, if it did not keep people from utilizing his services, at least made them more receptive to other alternatives, psychiatric care specifically. The curers had grown aware of this trend and in response had adopted the idiom (i.e. disease labels) and even some of the tools (i.e. syringes and pills) of modern psychiatry. Upon
meeting many of these curers, it was common for them to introduce themselves to me by listing the skills and approaches they had that proved their superiority over other practitioners trained in modern medical schools. Depending on the nature and severity of the problem and the sorts of individuals who entered into the health-seeking process, the concurrent existence of folk medicine and modern psychiatry was at times manifest in cooperative interaction, while at other times the two systems were either oblivious or in competition with one another. It seems then, that the availability of folk healing practices alongside modern psychiatric facilities, while it probably does not discourage people in San Luis Potosi from using psychiatry to cope with social deviance, may act to select those who seek psychiatric care in another way. By its sheer availability and viability, folk treatment often serves as an intermediate step towards the utilization of psychiatric services. Because it provides some very real and often effective therapy to its clients and because it oftentimes postpones the use of any other forms of treatment, it may be that many social deviants, particularly those who are most likely to use folk healers, never reach the psychiatric clinic.

Those migrants and members of families which practiced migration who came for psychiatric treatment at Chico Sein were, in fact, among those patients who were most likely to utilize the services of folk practitioners. Whereas less than 25% of those psychiatric patients who were uninvolved in migration had used folk practitioners, 50% of those patients with a history of migration had relied on these alternative forms of treatment before coming to the clinic. Many sought
psychiatric care only after several months of treatment by a curandero, and some continued to consult these folk healers while they were being psychically treated. While they were more likely to use folk healers, the migrants were generally less likely than other patients to have been referred to the clinic by another psychiatrist. Whereas less than 22% of all the migrants contacted at the clinic had been referred there by psychiatrists, 34% of the non-migrant patients had come at the suggestion of a psychiatrist. It appeared that those patients with a history of migration were generally routed towards psychiatric treatment by their families and friends or by their family physicians. More migrants (43%) than non-migrants (31%) had originally come for psychiatric treatment at the suggestion of a family member or friends. Migrants, like most other patients, were accompanied to the clinic by at least one member of their family. Other than seeking the aid of their family doctors, migrants tended to rely on fewer institutional medical facilities immediately prior to their arrival at Chico Sein. These health-seeking strategies, which seem to be typical of migrants -- (1) their tendency to use folk practitioners before or during psychiatric treatment and (2) their reliance on family, friends, and their family doctors in preference to psychiatrists and other health professionals -- will affect the number and types of patients with migration in their backgrounds who are likely to be sampled in a survey which is restricted to a psychiatric clinic.

Nor could more inclusive sapling be carried out in the communities which host migrants. Those patients with a history of migration who were contacted at Chico Sein tended to return home from migration as
soon as possible after the onset of their symptoms. Almost seventy percent of all those patients whose symptoms commenced while they were migrating returned home before seeking any form of treatment in the host community. This was true for those patients who went to the United States as well as those who migrated only within Mexico. Even in those cases where migrants sought care in the host community, it appeared that they had done so because their symptoms brought them to the attention of legal authorities who then forcibly delivered them to a local psychiatric clinic. In those cases where migrants willfully sought psychiatric care in the United States, they reported that they gained little satisfaction or relief from the services they received. Most explained this as a result of the linguistic or cultural barriers between themselves and their helpers. Even in these cases migrants eventually returned home to be near their families. Such facts demonstrate the importance of the family and other familiar social networks in determining health-seeking strategies. These strategies, like migration strategies, are group-oriented ones which operate within the extended community. In many cases where emotional distress climaxed into a need for ameliorative action, the process of expressing this distress, thus evoking a supportive response in the migrants' primary social network, may have been the event which brought the migrant back into the extended community and into his family for the first time in several years.
FOOTNOTES

1 At the time this research was being conducted the Mexican peso was "floating" and ranged in exchange value between 0.19 and 0.22 of the United States dollar per peso.

2 Pocho is a derogatory slang term for one who has assimilated American values and mannerisms and rejected those of his own country.

3 Malinchista refers to one who has sacrificed the survival or success of one's own kinsmen or countrymen for personal benefit. The most appropriate translation of this term into English might be "sell out."

4 Very similar beliefs about mental illness were discovered to exist in a larger group of individuals were from various socioeconomic and educational backgrounds in Mexico City (Bialik, 1980).

5 Bialik's study also found that most of the Mexican people in her sample believed that mentally ill people cannot be cured and that they will bring either "shame" or "economic problems" to their families.
CHAPTER III

MIGRATION IN THE PATIENT POPULATION; GENERATING HYPOTHESES

Though counting and quantifying the number of patients with any particular personal or social characteristic has little to tell us about the mental health of the population at large, it can be a starting point for determining: (1) the sorts of individuals who come for psychiatric care, the knowledge of which will allow us to predict their needs, and (2) the way in which the personal history and expressive behavior or these individuals is likely to be interpreted through the filter of psychiatric diagnosis and treatment. On the one hand we are concerned with the selective social process which channels some people for psychiatric treatment; while on the other we are interested in the selective processes of thinking and questioning which cause the helpers to see the needs and problems of their patients from a particular perspective. By combining this information with ethnographic data attained in the general population as well as the clinic, we may speculate about (1) what portion of the population, regardless of their mental health status, is likely to be overlooked by the sampling of psychiatric patients, and (2) what information is not taken into account by the helpers which may cause the specific needs and the origins of problems among their patients to remain unnoticed. In short, we are interested in determining what is considered "significant data" in explaining psychiatric problems and how might other data which have significance
from an ethnographic perspective also be brought to bear on the issue of explaining problems and arriving at solutions. We may also discover frequencies and correlations in descriptive statistics which reflect actual patterns in social life, although the figures themselves do not provide explanations of co-occurrence. They do not explain why separate events seem to be related. Our ability to explain relatedness is based on our stock of knowledge attained via direct observation. My task in this chapter then, is to combine ethnographic data on migration with statistical data on psychiatric patients (many of whom have a social history which includes migration) in order to speculate about: (1) who within the population of migrants are least or most likely to come for psychiatric care, (2) what problems bring them for treatment and how are those problems rooted in their social lives, and (3) how are their problems likely to be viewed by the helpers who contact these patients.

Determining the Significance of Migration

The Incidence and Its Interpretation

Of all the patients surveyed (N=218) in both the residential and ambulatory care facilities at Chico Sein, 46% (100) had a social history which included migration. The number of patients with a history of migration is slightly higher (51% or 82 patients) among those patients receiving ambulatory treatment and slightly lower (32% or 18 patients) among those patients in residential treatment. Because the migration of a single actor (like the manifestation of social deviance in one individual) is the product of a family process -- one which will influence or be influenced by all members of the family system -- these
figures include those patients who had themselves migrated as well as those who belonged to families or households\textsuperscript{2} which were practicing migration at the time this research was conducted. Thirteen percent (28 patients) of the total sample had themselves migrated within a year of the onset of their symptoms; while 33\% (72 patients) originated from family systems where migration was frequent and ongoing, but had not themselves migrated. Certainly it appears that migration is worthy of investigation as a social factor which may have played a role in establishing a social context where social deviance became manifest. In order to clarify the actual effects of migration it is necessary that we examine: (1) the particular subsets of the patient population, as distinguished by age, gender, residence, marital status, etc., (2) the types of migration practiced by these patients and/or their families, and (3) the nature of these individuals' involvement in the migration process. Regarding these final two points, it is necessary to better understand the relative effects of migration for different purposes, to different places, and within different social networks. Because migration is a family process, we must consider the \textit{indirect} as well as the \textit{direct} consequences of that process.

The significance we assign to these figures will vary according to what social factors we consider relevant to psychiatric illness and what data are available on the general population. We may take two basic and equally valid approaches:

(1) An \textit{epidemiological approach}, where the significance of any social factor is determined by comparing its occurrence in the patient population with that in the general population. By this
approach the number of psychiatric patients with a history of migration, no matter how great, would not be significant if it were not notably larger than the number of individuals who have managed to migrate without experiencing a need for psychiatric treatment. As explained in the introductory chapter, this approach assumes that the important data are quantifiable and that representative sampling can be achieved.

(2) A patient-specific approach, where any social factor which strongly influences the alternatives and experiences of daily life must be considered relevant to diagnosis and treatment when it occurs with a significant frequency in the patient population.

If, according to this second approach, we examine only the population of psychiatric patients, certainly any social factor which occurs in the social histories of almost half of all patients, as does migration, is significant. Psychiatrists take a similar stance with regard to their patients who use alcohol in excess. They are aware that many of their patients who use alcohol may have severe social problems at home or at work, that some are unsuccessful at making adaptive decisions or actions in their daily lives, and still others may hallucinate or act violently while under the influence of alcohol. Fully aware that not all or even most of those individuals in the general population who use alcohol will suffer such drastic symptoms, psychiatrists nevertheless find it useful to know about the causes and effects of alcohol use and to intervene to alter the patterns of use to which their patients prescribe. Divorce is also a social factor which, like migration, involves a great deal of change in the individuals' relation to his or her social world.
It is viewed by psychiatrists as being potentially traumatic and is considered "worth knowing about" as a factor which may precipitate treatable symptoms. Migration involves an equal amount of social change and occurs with greater frequency in the patient population of Chico Sein than does divorce. Yet migration is not presently considered significant in the same manner or on a consistent basis.

Migration seems also to have significance from an epidemiological perspective, although because this is primarily a low-level study, the conclusions to be drawn about whether a substantial number of individuals and families will be disrupted by migration are more tentative. Selby and Murphy's (1980) study of households in the city of San Luis Potosi which sponsor migrants reports that 52% of the 1,024 households surveyed claimed to be sending migrants to the United States or to other places in Mexico. Because only 46% of the patient population at Chico Sein had migrated or originated from migrating families, this figure suggests that fewer people will experience distress during migration than will adapt successfully to the changes and challenges it presents. Yet, my group of psychiatric patients with migration in their backgrounds differs from Selby and Murphy's sample according to the direction of their migration. Selby and Murphy found that only 17% of the households in their study sent migrants to the United States, while 83% sent migrants to various destinations within Mexico. The group of psychiatric patients, in contrast, reports migration to the United States and Mexico with almost equal frequency. Fifty-four percent of the patients in my sample had migrated to the United States or were from households which had done so, most on more than one occasion. Forty-six percent showed
a history of migration which was restricted to Mexico. Yet, because Selby and Murphy's data were gathered only in an urban area, it may not be combined so effortlessly with my own. Only 48.7% of the patients in my sample came from urban places. Still, when computing only for those patients of an urban origin, a greater percentage than in Selby and Murphy's study sent migrants to the United States. Over 28% of the patients in my sample from urban places had migrated to the United States or were from households who had sent members in that direction. These figures suggest that, while migration within Mexico presents little stress and will help more that it harms, international migration to the United States is extremely disruptive.

Purpose, Duration, Frequency and Destination

Regarding the purpose, duration, and frequency of their migration the patients do not appear to be very different from the general population of Mexican migrants. Seventy-seven percent of all the migrants (N=100) said that, whether they had themselves migrated or migration had occurred only in their families, it was done for economic reasons. About 14% of this group said that migration was for purposes of attaining an education, while the remaining 9% did not specify the goals of the mobility. Ninety-six percent of these patients claimed that migration occurred for a period greater than one month; which suggests that most of the migrants were at least successful at arriving at their chosen destination and probably at finding employment. In those four cases where the migrant returned in less than a month's time, he had been captured while attempting to enter the United States illegally. For 61% of the outpatients and 77% of the inpatients, migration had occurred
more than once. Eighty percent of those who migrated in the direction of the United States did so more than once. Regardless of the direction they chose, 86% of those patients who had themselves migrated did so on two or more occasions. In sum, these patients were fairly homogenous with regard to the motivations which accompanied their mobility and also very similar to the general population. Although the data on duration and frequency of migration specify little, they do suggest that these migrants were more than visitors or "one-timers" and that they had some degree of success, at least in the first weeks of migration.

As shown in the results of the Selby and Murphy study (1980) migrants who became psychiatric patients were dissimilar from the general population with respect to the direction of their mobility. A second point about the destination of these patients' mobility is important. The choice about the destination of these patients' mobility is important. The choice of a destination in this group tended to be an "either-or" decision. Forty-six percent of these patients had a history of migration only within Mexico; while forty-seven percent had a history of migration only to the United States. None of the patients who were surveyed had migrated to any foreign nation besides the United States. Only in 7% of these cases did they show a history of migration in both Mexico and the United States and, in this respect these psychiatric patients differ significantly from the general population. "Sender households are consistent," according to Selby and Murphy; "they send migrants to the United States, but they also send migrants to every part of Mexico. Migration to the United States is only a minor part of an overall strategy for sending family members out to work wherever work
is to be found." Patients with migration in their backgrounds deviate from the pattern of normative migration in that they tend to go one way or the other, but rarely to migrate in both Mexico and the United States. These patients and their families are practicing different migration strategies, ones which suggest a novice status as migrants. Such a status may have been particularly stressful for those individuals who migrated to the United States without the benefit of experience from previous migration within Mexico.

**Actors Involved in the Migration Process**

The manner in which social actors are able to organize their families is crucial to their success at most financial endeavors in general, and at migration in particular. Migration strategies, as we have discussed, are group-oriented strategies with group-oriented goals. The household which sponsors migration operates collectively, distributing distinct, but equally essential sorts of responsibilities to the mobile earners and those who stay behind to care for people and possessions at home. There is a strong tendency furthermore, to incorporate distant kin and the extended family into this process, so that the household may reduce the risk of economic endeavors such as migration. The incentives and deterrents of migration, impinge most directly on the family and are felt only indirectly by the individual (Selby and Murphy, 1980). Both loss and gain are absorbed into the family, and no large sum of money is likely to find its way in or out of one person's pocket for any length of time. Not only is migration facilitated by the family, it is also a strategy implemented to maintain the family. Ideally, migrants are loyal to the family and the family is loyal to
its migrant members. This coordinated interdependence works in most cases to provide those families which sponsor migrants with a better standard of living than is available to most of Mexico's poor. It is not then, simply the flight from poverty which motivates much of Mexican migration. Selby and Murphy (1980) suggest that much of Mexican migration is motivated by a desire to maintain the traditional extended family. Hence, if migration is a familial strategy, motivated by group loyalties, any individual action which runs contrary to that group endeavor would be likely to place the individual at odds with the family. Any individual choice which opposes the family's methods and goals increases the risk that migration will be unsuccessful, at a financial level, if not also at one of psychosocial adjustment.

The figures regarding who among the patients had a history of migration take on greater significance when we consider which actors within each family system were included or excluded from the migration process. The patterns of selection for participation in the migration process do not follow what I saw to be normative or adaptive in my fieldwork. Selection strategies among psychiatric patients and their families failed to enhance the coordinated and supportive functions of the family. In fact, they seemed to lead to patterns of migration which worked against these important functions. The social groupings which occurred during migration for the families of these psychiatric patients seem to be associated (either causally or effectually) with schism or fragmentation in primary social relationships. Whereas effective migration (that which leads to successful adaptation) was usually a family process, involving more than one member of the domestic household
or extended family, this was not the case in those families which contained deviant members. As evidenced by the members of each patient family who were involved in the migration process (see Table 1, p.107) typical selection strategies were divisive, tending to disperse members and working against their ongoing integration into the family. They suggest that the maladapted migrants were "looking out for themselves" or, at best, their nuclear families; and that they had chosen different goals and strategies than the rest of their families. As noted in the previous chapter, divisiveness, geographic dispersal, and the lack of coordination in family migration strategies are not necessary results of migration.

In the families which contained deviant members, migration was most often conducted in one of three ways: (1) alone -- where the patient was the only member of the family to migrate; (2) by members of the domestic household only -- where the patient and the extended family did not participate; or (3) by members of the extended family only -- where the patient and his/her domestic household were excluded from the process. The majority of all patients with a history of migration (61.4%) had either migrated alone or were excluded from the migration process in their families. Over 39% of those patients who had direct experience at migration were the only members of their nuclear and extended families to migrate. Almost 52% of all those patients with a history of migration were ones who had been left at home during the migration of others. In only 3% of these cases was there a history of migration which included the patient as well as members of his/her domestic household and extended family. In only 2% of these cases did
<table>
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<tr>
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<th>MALES</th>
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<th>FEMALES</th>
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<td>8</td>
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<td>3</td>
<td>7.0%</td>
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<td>4</td>
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<td>24</td>
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<td>48</td>
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<td>Members of household</td>
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<td>43</td>
<td>100.0%</td>
<td>100</td>
<td>100.0%</td>
<td>62</td>
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* This portion of the interview began with the question: "Ha ido usted fuera de su comunidad de origen a vivir o trabajar?" (Have you gone outside of your community to live or work?) When necessary comunidad de origen was clarified as intending place of birth and/or where most of the respondent's family resided. Respondents were then asked to specify the direction, duration, purpose, and recency of their mobility. They were then asked a question about the mobility of other family and household members: "Dentro del grupo de sus familiares y caseros (los que viven en la casa suya), hay alguno que han ido al otro lado a vivir o trabajar?" Respondents were also asked about their relationship to the mobile individual(s) as well as the specifics of that mobility.

members of the domestic household migrate in conjunction with members of the extended family. The seeming exceptions to the "rule of exclusion" in maladaptive migration strategies might be those 13 where the identified patient had migrated with other members of his/her domestic household. It was apparent however, that other factors came into play in these cases. The first of these is the notable lack of migration in the extended family which accompanied migration in the patient's domestic household. Such a pattern suggests that migration for these families may have been an adaptive strategy which ran
contrary to what was considered desirable or acceptable in the larger kin network. A second factor which seems to support the possibility that many of these families were either unprepared for migration or practicing migration without the support of their entire family is that a full 92% of the inpatients with a history of migration (N=39) had no family history of migration in previous generations! These individuals and domestic households were involved in the migration process without the benefit of information and aid via the extended family or a stock of knowledge acquired from migration in previous generations. The patterns of selection to migrate which these social systems generated seem to reflect divisiveness, a lack of preparedness, and disrupted integration of individual members into either the nuclear or extended family systems. As will become even more obvious in the following chapter, such social factors seem to have played a role in the onset of psychiatric symptoms among their members. Whether such factors were the causes or effects of migration will also be partially clarified.

Patterns of Social Affiliation and Symptom Onset

Social Affiliations during Migration

The patterns of social contact and accompaniment during migration suggest that those inpatients who migrated experienced prolonged periods of separation and/or isolation during the migration process. Of all those migrants who had direct experience at migration in general, 52% lost contact with friends and family from their home community during their sojourn. A slightly greater percentage of those who had gone in the direction of the United States (57%) lost contact with friends and family during migration. Nor were they successful at establishing social
contact with other Hispanics in the host community. Sixty-two percent of those patients who had gone to the United States lost contact with other Hispanics altogether, having had no regular social contact with them at work or during their leisure time. The data show that many of these migrants had originally strategized to assure themselves social contact with friends or family during migration. Over 55% of all those who migrated originally sought to do so with the accompaniment of a family member or acquaintance from home. This is not to say, however, that they were successful in maintaining contact with these people throughout their travel. Migrants were particularly apt to part company with individuals who were not long-term acquaintances, such as those they met during migration. Such ties seemed to be very temporary and unbinding; often they were terminated by opposing interests or choices in destination. Also, it was frequently reported that migrants had been separated when one was captured and deported by the INS. Attaining accompaniment prior to migration was more difficult (or less desirable) for those who were the only members of their families to migrate. Almost 67% of those who were the only members of their domestic household to migrate did so without accompaniment. Attaining accompaniment was easier for those who traveled within Mexico than for those who went to the United States. Forty-six percent of those who migrated to the United States did so without accompaniment, while only 33% of those who migrated internally did so alone. Maintaining contact during migration proved to be more difficult for those who traveled to the United States as well. Eighty-five percent of those patients who migrated to the United States lost contact with those who might have
assured them aid and information during the course of migration. It is interesting to note that those who had the greatest success at acquiring and maintaining social contact throughout their migration, were those who had an extensive history of frequent migration in both Mexico and the United States, albeit these individuals constitute a small percentage of the research sample. The ethnographic data reveal that in most cases migrants preferred to travel in the company of friends or family members from home, however, they were not always successful at doing so. Decisions about the direction, duration, or goals of migration were often based on limited information or naive assumptions. Such decisions often placed migrants in risky positions where they were extremely vulnerable to the many unpredictable events which accompany migration. Naive strategies, when they occurred in the presence of untimely events, increased the possibility of separation from friends and kinsmen, a situation which often resulted in the isolation of the migrant.

Location and Social Contact at Onset

The composition of the migrant's social world and his/her location seemed also to have had an influence on the onset of psychiatric symptoms. In 94.3% of all the cases the patient's symptoms had begun while migration was being conducted, by either the patient or a member of his/her family. In 60% of the cases where onset occurred during migration, it was accompanied by prolonged separation of family members. Those for whom onset occurred in conjunction with migration and separation of kinsmen were equally as likely to have migrated internally as internationally. Almost 83% of those individuals who had migrated to the
United States had symptoms which first began there. All of those who went to the United States and were the sole migrating members of their families had symptoms which first began there. Over 68% of those who migrated to the United States in conjunction with their families had symptoms which first began there. This suggests that migration to the United States alone is more stressful than migrating with other family members. Migrating with other family members, while less difficult, however, does not seem to buffer all of the stress which accompanies international migration. My data show only migration within families that took place to the same country, however, and do not reveal whether migrants chose to remain with their families once they had arrived in the United States. The ethnographic data suggest that many poorly-adapted families who had much international migration among their members had chosen separate destinations, so that, despite the fact that many had gone to the same country, their migration strategies still resulted in isolation. One final point of interest is that 67% of the internal migrants and 70% of the international migrants who experienced symptoms of emotional distress during migration chose to return home as soon as possible without seeking psychiatric care in the host community.

The Legal Status of Migration to the United States

Whether migration to the United States was legal or illegal also seems to have played a role in increasing the stress experienced by migrants. Seventy percent of the patients with a history of migration to the United States had gone there as undocumented aliens. Those migrants who tended to migrate illegally were those who were either the sole migrating member of their families or those who were migrating in conjunction with
other members of their domestic household, but who had no migration in their extended family. In contrast, those who migrated legally to the United States where those for whom migration was extensive throughout the extended as well as the nuclear family. Those members of families who entered the United States with legal status also seemed to have slightly more experience at migration and to have more familiar and dependable sets of social networks in the United States. The social contacts for undocumented migrants to the United States seemed to be either less extensive or unfamiliar to the migrants who later became psychiatric patients. My impression is that illegal migration to the United States for individuals who later became psychiatric patients represented a novice status as migrants. In those cases where they were the only migrating member of their families, they seemed to have less first-hand experience at migration, less information and aid, and fewer dependable networks in the United States. Ethnographic research also revealed that there is a certain anxiety which accompanies illegal migration to the United States which is augmented by separation from kinsmen and friends. One "healthy" man who had migrated to the United States, but returned immediately after his friends had been deported by the INS, described this anxiety thus:

A person can get sick (by migrating illegally); it's like an illness, always walking around worrying if you're going to get caught and put in jail, where you don't know if you're going to eat. A Mexican who goes over there without papers, feels like a robber inside . . . because he's in that country and he's accepting wages illegally.
Direct and Indirect Effects of Migration

The patients with a history of migration may be distinguished from the total patient population and from one another by age and gender. In the combined group of residential and ambulatory patients (N=218), males were more likely than females to have a social history of migration (see Table II, page 114). In fact, males with a history of migration compose a majority (54%) of all the male patients. Females with such a history, on the other hand, constitute only 40% of all the female patients. Looking only at the group of patients with migration in their backgrounds, we see that males are again the majority (57%). The inpatient sample (the only group surveyed for age) reveals that almost all of those patients with a history of migration (97.4%) were between the ages of 10 and 49 years. This age span certainly includes the most active years for migration in the general population. While similar in age to the general population of active migrants, these patients are somewhat different from the remainder of the patient population. As a group, the migrants tended to be younger than other patients and their first psychiatric symptoms commenced earlier in their lives. Fewer than 8% of the inpatients with a history of migration had symptoms which commenced after age 34, yet almost one quarter of the non-migrants in this sample first sought psychiatric care after this age. In sum, those patients with a history of migration tended to be male and were generally younger than other patients. These patients may be distinguished further by their involvement in migration. Some seemed prone to the direct affects of migration, while others were negatively affected by the absence and mobility of other family members.
### TABLE II

**GENDER AND INVOLVEMENT IN MIGRATION**

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<tr>
<th></th>
<th>Patients in Residential Treatment (N=56)</th>
<th>Patients in Ambulatory Treatment (N=162)</th>
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<tr>
<td></td>
<td>Number</td>
<td>Percent</td>
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<tr>
<td>Non-migrant Males (A)</td>
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<td>28</td>
</tr>
<tr>
<td>Self-migrating Males (B)</td>
<td>10</td>
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<td>11</td>
</tr>
<tr>
<td>Non-migrant Males from Migrating Households (C)</td>
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<td>11.1</td>
<td>34</td>
</tr>
<tr>
<td>All Migrant Males (B+C)</td>
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<td>45</td>
</tr>
<tr>
<td>Non-migrant Females (X)</td>
<td>17</td>
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<td>Self-migrating Females (Y)</td>
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<td>Non-migrant Females from Migrating Households (Z)</td>
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<td>32</td>
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<tr>
<td>All Migrant Females (Y+Z)</td>
<td>6</td>
<td>33.3</td>
<td>37</td>
</tr>
</tbody>
</table>

*The categories of self-migrant, non-migrant, and non-migrant from migrating household were derived from the interview on actors involved in migration (see footnote Table I).*
Male patients and those inpatients between the ages of 20 and 39 are most likely to suffer emotional distress from the direct experience of migration. As might be expected, males compose most of the group of patients who had themselves migrated, outnumbering females in the total sample of migrants by three to one. Self-migrating males also received residential treatment more often than did self-migrating females; suggesting that, at the point in the process of their disturbance when they sought psychiatric care, their symptoms were more bizarre or less manageable. Eighty-seven percent of those inpatients who had direct experience at migration were between the ages of 20 and 39 years, and almost three quarters of this group were between 20 and 29 years of age. As I have already mentioned, most of these patients had symptoms which first commenced before age 34. The high risk period for self-migrants is therefore between the ages of twenty and thirty-four years, 71% of those patients who had themselves migrated falling into this age group. That more men than women fall into our sample of self-migrant psychiatric patients may be explained by the fact that more men than women migrate. It is perhaps more appropriate, however, to explain the high occurrence of deviance in these sex and age groups by the degree of risk in their migration. Mexican men are the risk-takers in migration, those who travel alone or in less certain social networks and are often bid to explore new territory. When women migrate, they simply do not take as many social and economic risks. Nor are they burdened by the same irrevocable role of provider that men often carry. That a high incidence of emotional problems occurs in self-migrants between the ages of 20 and 39 is significant in light of the fact that these are
the years in which one is likely to marry and produce offspring and, at the same time, seek some degree of economic independence from the parental family. Such factors are likely to increase the necessity of the migrant's success. He may take greater risks at migration in hopes of assuring himself greater financial gain. As a function of his relative youth, the migrant in this age group may simply be less knowledgeable about migration and, therefore, more prone to make unwise decisions. Although his youth will ideally give him the flexibility where he has much to gain, ironically, his increasing responsibilities at home, coupled with the fact that he may still not have learned all the tricks of migration, may give him the feeling that he has much too much to lose. It seems then that the emotional distress of these psychiatric patients who had themselves migrated was augmented by their being of an age and gender which required that they take certain risks--actions taken at a high price and with limited knowledge. Because most of the patients who had themselves migrated (63% of all migrants and 72% of all inpatient migrants) chose the United States as their destination, these risk may have been substantial. Because they were likely to head for the Untied States without previous migration experience in Mexico, their knowledgeability may have been minimal.

As for the indirect stress of migration -- that of being left behind or that which disrupts entire family systems -- males and females seem at first glance to have been equally affected. Of all those inpatients who had not migrated, but who belonged to families in which some member(s) practiced migration, 50% were males and 50% were females. It seems feasible that males in this group were distressed in part by
being left behind because it meant that they could not actively participate in the productive endeavors of the family. Both males and females may have experienced difficulty in adjusting to the changes in family dynamics which resulted from the comings and goings of migrant members. It is also worth mention that in the total patient sample, Mexico and the United States were chosen as destinations with equal frequency by the families of these patients. Of possibly greater importance than the gender of those who suffered the indirect affects of migration is the age variable. In the inpatient sample it was shown that most of these patients (87%) were either younger (age 15 to 20 years) or somewhat older (more than 40 years old) than other inpatients. Almost 88% of those non-migrant patients from migrating families had problems which began before age 25, whereas only 58% of all the inpatients (migrant and non-migrant) had problems before this age. All of the patients within these two age groups shared the common trait of being in transitional phases of their lives. Those individuals younger than 20 or 25 years were approaching adulthood, a time when they are expected by Mexican cultural standards to show greater independence as well as to produce and contribute more to the family. While their capacity to produce is likely to increase along with their ability to function as contributing family members, their desire to establish a life and identity separate from the family will also grow. The physical dispersal of the family at this time of transition may give these adolescents and young adults a sense of psychological distance and increase the likelihood of conflict with other family members. At a time when their independence and adaptability are being tested by their experience outside the family,
the unity of the family and its accompanying support are interrupted by
the fact that individual members are involved in separate and potentially
conflictual pursuits. Those who are left behind by the migration of
others are likely to experience failure because the decisions they are
obliged to make have lacked the input of other family members. They
may be less flexible in response to life changes because they are with-
out familial support at a time of intense challenge and change. Some-
what of the reverse is true for those individuals over 40, all of whom
were parents and/or household heads. People in this age group are at
an age where their productivity and capacity for prolonged migration is
beginning to level off. Men who previously migrated with much fre-
quency, if they do not cease regular migration, are at least likely to
diminish the number of trips they take. One of the reasons given for
this decrease is that they prefer to be near their children as they
mature. In fact, individuals at this age are likely to have families
in which all the children have been born. Fertility is complete and
the family has reached its maximum size; but because the children are
still young, it contains its maximum number of dependents. The parents
of individuals in this age group, due to their own aging, may become
dependents as well. So, while the individual's productivity no longer
increases, the demands on his or her skill as provider do. The develop-
mental transitions that both of these age groups experience may alter
the interactional as well as the financial patterns of the family.
These transitions may make the added changes due to the absence of
important family members during migration very difficult to negotiate.
In short, being unable or unwilling to participate in the migration
process of the family may be emotionally distressing when it occurs at an age where the expectations of oneself, the constraints and demands imposed by others, and the capacities of the individual are changing rapidly.

**Personal and Social Characteristics**

**Marital Status and Family Size**

With regard to marital status and the size of the nuclear family, migrants in the inpatient sample were more likely than non-migrants in that group to be married and had much larger families. The majority of all the inpatients (63%), however, were unmarried. Because the migrants in this group were predominately young, there is no reason to assume that their status as unmarried individuals is a sign of social deviance. Most of these patients were below or just approaching a marriageable age. This is not the case for those psychiatric patients who had no history of migration, most of whom were over 30 and, thus well within or beyond the age range where Mexican people are likely to marry. Compared to non-migrants, inpatients who had themselves migrated were slightly more likely to be married. Although divorce was rare throughout the inpatient population, migrants were slightly more apt to be divorced or separated. Although the number of married individuals on which to figure family size is small, inpatients with a history of migration were clearly more fertile than non-migrants. Whereas 86% of those married patients with a history of migration had at least one child, only 14% of the married non-migrants had children. Fifty percent of all those married patients with migration in their backgrounds and
57% of the married self-migrants had between two and four children. Twenty-six percent of all the married migrants had five or more children. Data on urban families in San Luis Potosí (Selby and Murphy, 1980) places the mean household size at 5.6 members and the average family size (including both parents) at 8.3 individuals. Unfortunately, my research did not survey for household and family size; so no direct comparisons can be drawn. By including parents in the figures just mentioned, however, we can extrapolate that the households of most of those patients with a history of migration are well within normal limits. With regard to family size then, inpatients with a history of migration are quite different from non-migrants, individuals who tended to have abnormally few offspring. If marital status and family size are considered to be partial indicators of normality, certainly the patients with migration in their backgrounds do not deviate markedly from the norm. Most marry if they have reached an appropriate age and most establish average size families. They are distinct from non-migrant patients with regard to these characteristics.

Religious Beliefs

Almost all the inpatients (92%) both migrants and non-migrants, were of Roman Catholic upbringing, although they differed slightly in the degree to which they adhered to their faith. More migrants (71.4%) than non-migrants (53.9%) had "simple faith," which meant that, while they believed in God and Catholicism, they attended church irregularly. Fewer migrants (7%) than non-migrants (15.4%) were strong believers and fewer migrants (7%) than non-migrants (15.4%) were considered by clinicians to be fanatical about their religion. Finally, whereas none of
the inpatients who had no history of migration were non-believers, 14.3% of the migrants claimed not to attend church or to believe in a supreme being. If it is true that religious faith is an import component in determining a Mexican person's ability to endure the changes and traumas of life, perhaps these migrants were not reinforced by their faith so as to acquiesce in response to the stress of migration.

Educational Background

Due to the heterogeneity of the group of migrant inpatients with respect to education, it is difficult to distinguish them from the non-migrants. One half of all the inpatients had more than five years of schooling, as did 52.4% of the male inpatients and 37.5% of the inpatients between the ages of 10 and 49 years. Almost 63% of the migrant inpatients, on the other hand, had more than five years of education. Such comparisons are illusory, however, because the migrant group tended to contain individuals with either an average level of education or an extra-ordinary one -- many having migrated for the express purpose of attaining a better education than that which was available to them in their home village or town. More migrants (17%) than non-migrants (6%) were students when they came for psychiatric treatment. Twenty-four percent of the migrants had more than 12 years of schooling, whereas only 12% of the non-migrants had attended school for more than 12 years. This is simply one example of how standard sociological categories do not lead us to the sort of distinctions between groups that are necessary if we are to determine what social factors relate to the experience of emotional distress among migrants. Education, in other words, is not independent of migrant status.
Social Class and Work/Skill Level

Social class and work/skill level are similar sorts of categories which were included in our survey, but which yielded unreliable data due to (1) the fact that work/skill level and social class are not independent of migrant status, and (2) the differences in the way these variables are defined by the respondents (patients) and the questioners (psychiatric residents). Eighty-three percent of all the migrants surveyed were evaluated as being of the lower or lower-middle classes, whereas 75% of the non-migrants were seen to be of these classes. More non-migrants than migrants were rated as middle class. Thirty-nine percent of the inpatients who had migrated were typed as "unemployed" or "irregularly employed" by psychiatric residents. Over 64% of the migrants were depicted as "disinterested" in their work. Ethnographic research revealed, first of all, that Mexican people in general, particularly those with minimal education or of a rural origin, did not rely on these class distinctions nor seem to understand the differences between lower, middle, and upper class when asked to define these categories in individual interviews. The categories of class difference were indigenous only to the educated people, a group to which all of the psychiatrists but very few of the migrants belonged. Other ethnographic details explain how social class and work/skill level are likely to be erroneously evaluated in the psychiatric interview. Residents used the attire and present employment of their patients as data when evaluating social class and work/skill level. The migrants showed patterns of dress which did not always reflect their earned income or the type of work they performed. Many tended often to wear
clothing which they had purchased in the United States, thus giving the impression that their income was higher than it was in actuality. In other cases, migrants from rural places who may have been quite successful at migration and among the most wealthy members of their community tended to dress as peasants. Their attire, coupled with the fact that, because they were migrants they could not often claim to possess a skill or regular employment, led to a muddling of the process of information exchange and interpretation between migrants and psychiatrists. The impression of migrants as it was received by the psychiatrists could only be seen as bits of conflicting signals. Migrants may have been poor in reality, but dressed "rich." They may have been skilled or well-educated, but because they may have recently left a job in the United States to return home, these facts may have been hidden by asking them a simple question such as "What do you do for a living?"

Because migration is not a career in any formal or regular sense, and because migrants tended to have cognitions about their work and social status which differed markedly from those of the psychiatrists, the assumptions which psychiatrists made in order to rate their patients along the parameters of social class and work/skill level have led to misleading results. Nor can the subsequent inferences which are made about the segment of society which the migrant occupies or his/her adaptation to the environment be considered valid.

Residence

One variable which was more easily quantifiable and ultimately more revealing about what sorts of people come for psychiatric treatment was that of residence, or community of origin. Knowledge about
residence, when combined with ethnographic data, proved to be more meaningful than such categories as "social class." It also provided data on which to speculate about the educational and work/skill levels of the patients and how these variables may have related to the motivations and problems which accompanied migration. Residence determined the type of education and employment that was available and shaped attitudes about migration. More importantly, perhaps, where a person lived was shown to have a direct influence on his/her knowledge about, preference for, and access to the various sorts of available treatments for emotional distress. Residence, therefore, must be an important consideration in any conclusions we draw about the nature and magnitude of the problems which migrants "seem" to have (see Table III, p. 126).

Of all the inpatients being treated during the two week survey period, 84% were from large urban centers (60.7% residents of nearby San Luis Potosi and the remaining 23.9% having come from Mexico City, Monterrey, or Queretaro). The large majority of the male inpatients (75.8%) and of the inpatients between the ages of 10 and 49 years (87.5%) were, likewise, urban dwellers. In striking contrast to these patients was the group of patients with a history of migration. Less than forty-nine percent of these patients were from urban places and many of these had arrived there only recently, via rural to urban migration. Whereas only 7.1% of the inpatient sample was of rural origin, 20.5% of the migrants came from small rural villages, most of them more than 15 kilometers away from the city of San Luis Potosi. While only 27.3% of those patients of an urban origin had a social history which included
migration, 50.0% of all the inpatients who came from rural villages had a history of migration. Given the patterns of utilization of mental health services by those from rural areas, these figures do not show that rural peasants have fewer mental health problems. They do suggest (1) that people living in rural areas were less likely to be included in the social networks which referred people for psychiatric care of the kind delivered at Chico Sein, or (2) that they are less likely to define their problems as requiring psychiatric treatment. The large number of migrants from rural areas gives reason to believe either that migrants have more pressing mental health problems or that they are more likely than other rural people to have the sorts of education, cognitions, and social contacts which channel them for psychiatric care. Perhaps migrants of a rural origin were less tolerant of social deviance or more likely to seek psychiatric treatment, because, as a product of their mobility, they had been exposed to or educated about such alternatives.

Thus far excluded from our discussion on residence has been a full 9% of the inpatient population -- those who could not be typed as originating from strictly urban or rural places. My fieldwork suggests that many of the migrants in the region came from communities which lacked most of the formal attributes of cities, but which were more complex and larger in population size than rural villages. These communities were organized primarily around their function of accumulating and distributing goods between rural villages and urban centers. Each had an organized market which operated on a daily basis and a greater variety of local businesses than was found in the villages.
### TABLE III
**Residence of Inpatients**

<table>
<thead>
<tr>
<th></th>
<th>Inpatients with a History of Migration (N=39)</th>
<th>Inpatients with No History of Migration (N=36)</th>
<th>All Inpatients (N=56)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>number</td>
<td>percent</td>
<td>number</td>
</tr>
<tr>
<td>San Luis Potosí, S.L.P.</td>
<td>16</td>
<td>41.0</td>
<td>24</td>
</tr>
<tr>
<td>Other Urban Center</td>
<td>3</td>
<td>7.7</td>
<td>9</td>
</tr>
<tr>
<td>Total from Urban Places</td>
<td>(19)</td>
<td>(48.7)</td>
<td>(33)</td>
</tr>
<tr>
<td>Non-Industrial Market Centers</td>
<td>12</td>
<td>30.8</td>
<td>1</td>
</tr>
<tr>
<td>Rural Village Near San Luis Potosí</td>
<td>2</td>
<td>5.1</td>
<td>0</td>
</tr>
<tr>
<td>Rural Village More Than 15 Kms. Away from San Luis Potosí</td>
<td>6</td>
<td>15.4</td>
<td>2</td>
</tr>
<tr>
<td>Total from Rural Places</td>
<td>(8)</td>
<td>(20.5)</td>
<td>(2)</td>
</tr>
<tr>
<td>Total Inpatients Sampled</td>
<td>39</td>
<td>100.0</td>
<td>36</td>
</tr>
</tbody>
</table>
Economic and political affiliations seemed to compete with kinship ties in determining how the community was organized. Most had at least one local doctor and a secondary school. In a very subjective sense, the inhabitants of these non-industrial market centers seemed to be simultaneously oriented towards the city and the rural villages which surrounded them. Many maintained kinship ties and even landholdings in the villages, but they looked to the city for news, education, specialized medical care, and sometimes entertainment. Often they were in a process of step-migration to nearby cities. In order to see if there was any difference in the types of people who came to the psychiatric clinic from these communities, I included a category on the survey for those patients from "a community with a population greater than 4,000 and less than 9,000 inhabitants." The results seem to suggest that psychiatric patients with a history of migration tended to come from communities which are slightly larger and more complex than rural villages. Almost 31% of the inpatients with a history of migration came from these non-industrial market centers. In contrast, only 2.8% of the non-migrants came from such communities. There were also a significantly greater number of migrants from this type of community when compared with male inpatients. Finally, while 32.4% of the migrants between the ages of 10 and 49 years come from these communities, only 4.2% of the non-migrants in this age group are from such communities. It is conceivable that non-industrial market centers, because they are socially, economically, and politically distinct from both urban and rural places, may have an effect on the goals and strategies of residents who migrate and also on the incidence and management of social deviance.
Again as in rural communities, either more migrants from such places are likely to suffer emotional distress or they are more likely to view psychiatric care as a viable alternative in alleviating their distress.

**Illness Characteristics**

**Physical health**

The migrants in the patient population tended to be in good physical health when they arrived at Chico Sein and most were treated only for non-organic psychiatric illnesses (see Table IV, p.136 ). Whereas 33.3% of the inpatients who had no history of migration arrived in good health, 59% of those inpatients with migration in their backgrounds had no major or minor health problems. Patients with a history of migration, furthermore, tended to be in better physical health when compared to all male inpatients and to all those inpatients between the ages of 10 and 49 years. Within the group of migrants those who had themselves migrated were by far the healthiest, 79.3% arriving at the clinic with no major or minor health problems. Less than 17% of the inpatients with a history of migration either among themselves or in their families were treated for minor illnesses. Most of those patients treated for minor illnesses had not migrated, but came from families whose members were practicing migration. In most cases these illnesses were intestinal infections or lacerations sustained in recent accidents. (Often automobile accidents were reported as the cause of susto (magical fright) which resulted in the onset of the deviant behavior for which these individuals sought treatment). Inpatients with migration in their backgrounds were also markedly different from non-migrants with respect
to the presence of organic disorders of the central nervous system. Almost 56% of the non-migrants in the inpatient sample, 43.3% of the males in this sample, and 46% of the inpatients between the ages of 10 and 49 years had some sort of organic complication of the central nervous system. In contrast, only 20.5% of the inpatients with a history of migration had any such disorders. In the sample of inpatient migrants, we see that most of these disorders occurred in those patients who belonged to migrating families. Only 7% of the self-migrants had any central nervous system disorders. The conclusion to be drawn is that inpatients with a history of migration, especially self-migrants, were among the healthiest of all inpatients. Their diagnoses were based only on the interpretation of their social behavior and rarely on information about their organic health status.

**Typical Diagnoses**

Migrants are to be distinguished from non-migrants in both the residential and ambulatory care populations by the high percentage who received a diagnosis of psychosis. Among the outpatients in general approximately 75% were diagnosed as neurotic, while 25% had symptoms of psychosis. In contrast, almost 49% of the migrants were labeled as psychotic and only 28% as neurotic. Within the group of inpatients, migrants tended to be diagnosed as psychotic with even greater frequency. Seventy-nine percent of the migrants receiving residential treatment were labeled psychotic and none were seen to be neurotic. The percentage of all inpatients who were diagnosed as psychotic totals 52.6% of the group. Slightly less than 16% of the non-migrant inpatients were
given labels of neurosis. Migrants in both groups then, were seen to have symptoms of greater severity, with more paranoid and delusional content. They were also seen to be less able to communicate effectively and to show more withdrawal and/or aggressive behavior. Migrant inpatients were depicted by clinicians as having problems related to "socialization," "inappropriate thought," and "moodiness or radical personality shifts" with much greater frequency than were the non-migrants. The most common label assigned by clinicians to these symptoms was paranoid schizophrenia. In judging the merit of these figures, we should remain cognizant of the particular features of psychiatric evaluation which were discussed in the previous chapter. Clinicians did not take a concern for social systems to the evaluation process, but instead saw the symptoms and causes of emotional distress as essentially the products of individual and intrapsychic processes. They also possessed a social and educational background which was quite different from that of the migrants and which certainly impinged on the communication between them and their migrant patients. Not only were the social backgrounds of migrants very different from those of the psychiatrists, they were also different from those of most other patients in this particular clinic. As has been explained in this chapter, those psychiatric patients with a history of migration came from different sorts of communities, were of different social classes and possessed different educational and employment backgrounds than other patients who visited the clinic. They also dressed differently than other patients. It was my impression that they spoke in idiomatic ways (particularly when referring to their emotional problems) which tended
to increase the distance between them and the psychiatrists and set them apart from other patients. All of these factors, coupled with the particularly disorienting effect which prolonged isolation, separation from kinsmen, and culture contact which migration may produce, have caused me to question whether patients with a history of migration are labeled as psychotic for the same reasons as other patients.

**Duration of Symptoms (this episode)**

Even after eliminating those inpatients with the most visible signs of chronicity (see Methods section of introduction), the migrant inpatients proved to have symptoms of a much briefer duration. More than 48% of all the inpatients had symptoms which demanded continuous treatment for more than one year. Almost 42% of the entire inpatient group, 44.4% of the male inpatients, 41% of the inpatients between the ages of 10 and 49 years, and 53.5% of the non-migrant inpatients had symptoms which persisted for more than two years. Less than 21% of all the migrant inpatients had symptoms which persisted for more than one year, and less than one half of this group consisted of self-migrants. The vast majority of the inpatient migrants (74.5%) were treated for a period of less than one month up to six months. The quick remission of psychiatric symptoms was characteristic of both self-migrants and those who belonged to migrating families. The migrants as a group represent most of those inpatients who were believed by clinicians to merit relatively brief treatment.

**Previous Psychiatric Hospitalization**

There is reason to believe, furthermore, that patients with a history of migration had briefer careers as psychiatric patients. Whereas 35.7%
of all the inpatients and 33.3% of the non-migrants in that group had never before been hospitalized for psychiatric treatment, this was the case for almost 60% of those patients with migration in their backgrounds. Almost 41% of all the inpatients, 42.3% of the patients between the ages of 10 and 49 years, and 53.3% of the male inpatients had been hospitalized one or fewer times. In contrast, 74.4% of all the migrant patients, both those from migrating family systems and those who had themselves migrated, had been hospitalized on one or fewer occasions. The majority of the inpatients (59%) and the majority of the non-migrants (66.7%) as well as those inpatients between the ages of 10 and 49 years (57.7%) had been admitted for residential treatment on two or more previous occasions. Far fewer migrants showed such a history, 25.6% of the inpatients with a history of migration having received psychiatric care on two or more previous occasions. The migrants had a history of fewer psychiatric hospitalizations, and this fact proves not to be simply a function of their age or gender.

**Family History of Psychiatric Illness**

Migrants tended to have a notable lack of psychiatric illnesses in their families. Fifty percent of the entire inpatient sample had some living relative who had also sought psychiatric care. More than 71% of the non-migrants in this sample had a living relative who had used psychiatric care. In contrast, only 29% of all the migrants surveyed had a history of mental illness in their families among their living or deceased relatives.
### TABLE IV
**ILLNESS CHARACTERISTICS**

<table>
<thead>
<tr>
<th>Physical Health</th>
<th>Inpatients with a History of Migration (N=39)</th>
<th>Inpatients with no History of Migration (N=56)</th>
<th>All Inpatients (N=56)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>number</td>
<td>percent</td>
<td>number</td>
</tr>
<tr>
<td>Good, psychiatric treatment only</td>
<td>23</td>
<td>59.0</td>
<td>12</td>
</tr>
<tr>
<td>Non-psychiatric organic illness</td>
<td>8</td>
<td>20.5</td>
<td>4</td>
</tr>
<tr>
<td>Central nervous system disorder</td>
<td>8</td>
<td>20.5</td>
<td>20</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Duration of Symptoms (this episode)</th>
<th>Inpatients with a History of Migration (N=39)</th>
<th>Inpatients with no History of Migration (N=56)</th>
<th>All Inpatients (N=56)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>number</td>
<td>percent</td>
<td>number</td>
</tr>
<tr>
<td>Less than one month</td>
<td>2</td>
<td>5.1</td>
<td>1</td>
</tr>
<tr>
<td>One to six months</td>
<td>27</td>
<td>69.4</td>
<td>6</td>
</tr>
<tr>
<td>Six to twelve months</td>
<td>2</td>
<td>5.1</td>
<td>6</td>
</tr>
<tr>
<td>More than one year</td>
<td>8</td>
<td>20.5</td>
<td>23</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Previous Psychiatric Hospitalization</th>
<th>Inpatients with a History of Migration (N=39)</th>
<th>Inpatients with no History of Migration (N=56)</th>
<th>All Inpatients (N=56)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>number</td>
<td>percent</td>
<td>number</td>
</tr>
<tr>
<td>No previous admissions</td>
<td>21</td>
<td>53.9</td>
<td>12</td>
</tr>
<tr>
<td>One previous admission</td>
<td>3</td>
<td>20.5</td>
<td>0</td>
</tr>
<tr>
<td>None or one previous admission</td>
<td>(29)</td>
<td>(74.4)</td>
<td>(12)</td>
</tr>
<tr>
<td>Two or more previous admissions</td>
<td>10</td>
<td>25.6</td>
<td>24</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Consanguines with History of Psychiatric Treatment</th>
<th>Inpatients with a History of Migration (N=39)</th>
<th>Inpatients with no History of Migration (N=56)</th>
<th>All Inpatients (N=56)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>number</td>
<td>percent</td>
<td>number</td>
</tr>
<tr>
<td></td>
<td>11</td>
<td>29.0</td>
<td>26</td>
</tr>
</tbody>
</table>

133
Precipitant Social Factors

Various social problems were judged by the psychiatrists as contributing to the onset of symptoms in the migrant group. Those social events which clinicians believed had contributed to or precipitated the symptoms presented by their patients with a history of migration were: (1) the death of a spouse or a parental figure, which occurred in 20% of these cases; (2) recent conflicts in primary social relationships, which occurred in 40% of these cases; and (3) work or school related problems, which occurred in 20% of these cases. Troubled social relationships and the loss of a loved one were reported to be precipitant factors in the onset of symptoms with much greater frequency for migrant than for non-migrant patients. Those problems contributing to onset which were attributed to the domestic household were: (1) the death of an older sibling, which occurred for 13% of the patients with a history of migration; (2) the absence of an older sibling, which occurred in 20% of these cases; (3) the prolonged or repeated separation of spouses, which occurred in 40% of these cases; (4) economic instability, which occurred in 53.3% of these cases; and (5) the absence of the paternal figure, which occurred in 60% of these cases. All of these household problems occurred with greater frequency for the migrants than for the non-migrants. Migrants were seen to have severe discord in their households in many cases (46.7%). With respect to this variable they parallel the non-migrants. Migrants were judged as having fewer problems related to drug and alcohol abuse than were the non-migrants. Only a few of the migrants had used illicit drugs, such as marajuana or barbituates. The majority of those patients with a history of
migration (53.3%) abstained totally from alcohol, while 26.7% were moderate drinkers. Within the group of inpatients between the ages of 10 and 49 years, equal percentages of migrants (20%) and non-migrants (20.5%) were hospitalized for problems which were either caused or accompanied by alcohol abuse. Many of the precipitant or accompanying social factors in the onset of symptoms among the migrants may be explained as the products of migration; others, while not so directly a part of the migration process, may be seen as doubly stressful or unmanageable when they occur in conjunction with migration.

Is This a Syndrome?

With respect to several social factors, those psychiatric patients with a history of migration are not like other Mexican migrants. They or members of their families chose to migrate at an age and at stages in the development of their families when mobility and the separation of kinsmen were particularly stressful. More often than among the general population of migrants in San Luis Potosi, they chose the United States as their destination, a choice which may entail high risks of isolation, separation from kinsmen, and culture contact. Those who migrated to the United States did so without the benefit of experience from previous migration in Mexico. Regardless of whether they migrated internally or internationally, these individuals migrated without the advantage of aid and information from others because few members of previous familial generations had chosen to migrate before them. Nor did these patients and the migrating members of their families utilize family networks in an adaptive manner, one which assured their ongoing integration into the household and extended family. It appears also
that they could not rely on accompaniment and aid during migration from their home community or from the extended community of other migrants. In sum, when compared to what we know about other Mexican migrants, those patients who had migrated or who came from families whose members practiced migration seem to have been involved in migration with less experience and aid. They seem also to have taken more or greater risks.

Nor are the psychiatric patients with a history of migration like other patients at Chico Sein. They tended to be in better physical health and to have far fewer disorders of the central nervous system than other patients. Their symptoms tended to be in remission more quickly and those individuals with migration in their backgrounds had briefer careers as psychiatric patients. Very few had a history of psychiatric illness in their families. Along certain parameters, the migrants seemed to be more socially adapted. More migrants than other patients were married and a far greater number had average size families when compared with the general population of that region. Fewer migrants than non-migrants had problems related to alcohol abuse. While they were not without problems related to social adaptation -- many had marital strife and others were migrating during family crises -- many of these problems may be explained as the consequences of their mobility and prolonged separation from important family members. Factors such as these suggest that migration for some Mexican people results in a syndrome. This syndrome is a distinguishable response which is the manifestation of the direct or indirect effects of culture contact, isolation, separation from familiar people and places, repeated disruption of the homeostasis in primary social networks, and the resultant confusion in one's transactions with the social world.
NOTES

For the sake of readability, the results of the research on different patient groups have been combined in this chapter. (See Chapter One, the sections on methods and units of study, for an explanation of how these groups are delineated.) While this combination does not entail a distortion of the results or lead one to erroneous interpretations, it is important to designate which group is being considered at any particular point in the discussion, so that the reader may evaluate the conclusions being drawn. Each group of patients has been assigned an unambiguous label. The following list specifies the referents of those labels.

Patients and all patients refers to all those subjects in both the residential and ambulatory treatment programs who were included in our sample, whether or not they had a social history of migration (N=218). All of those patients surveyed who were receiving ambulatory treatment during the research period are referred to as ambulatory care patients or as outpatients (N=162). Likewise, the group of all those patients in residential treatment during the research period is referred to as residential care patients or simply as inpatients (N=56). Those patients in our survey who showed no recent history of migration in their backgrounds are called non-migrants (For all patients N=118, for ambulatory patients N=80, and for residential patients N=38; although two were excluded in some analyses due to inadequate data, so that N=36). Migrants or all migrants will mean all those patients in both ambulatory and residential treatment in our survey who had a history of migration either among themselves or members of their families (N=100). Outpatient migrants refers to those patients in ambulatory treatment who were migrants (N=82). Inpatient migrants refers to the combined groups of those 18 inpatients with a history of migration who were included in our survey and those 21 individuals with a history of migration who had received recent residential treatment and were selected at random from clinic files (N=39).

Certain data were gathered only on inpatients, while some were collected for all patients:

Variables sampled for all patients: gender, type of involvement in migration (non-migrant, self-migrant, family migrants), purpose of migration, duration of migration, frequency of migration, destination of migration, legal status of migration, diagnosis.
Variables sampled for inpatients only: age, marital status, family size, religious beliefs, educational background, social class, work/skill level, type of social contact during migration, health-seeking behavior at onset, physical health, symptom duration, previous hospitalizations, family history of mental illness, precipitant social factors, drug and alcohol use.

For the purposes of this study the term family will refer to groups of related kin, both affines and consanguines. It is to be distinguished from household which is a term referring to residence. A household is a group of people living in close proximity who are economically interdependent. Although it may be composed primarily of family members, this need not always be the case.

Selby and Murphy's study describes households which sponsor migration in five Mexican cities, San Luis Potosi being one of them. It is based on data from an ongoing investigation of 73 Mexican cities begun in 1977 by INDECO (Instituto Nacional para el Desarrollo de la Comunidad y de la Vivienda Popular), Mexico's national community development agency. In this study typical and distinguishable neighborhoods (predominantly poor or middle class) were mapped off in each city and a representative ten percent of the households in each neighborhood were interviewed. According to Selby and Murphy, this method "closely approximates a random sample of each city." Because this study focused on urban poor in particular they may share some similarity with rural people, and perhaps the difference is not so great between my sample and theirs. For this reason I have included both my total sample and the urban portion of my sample for comparison.
CHAPTER IV

LINKING SOCIAL FACTORS TO SOCIAL PROCESS:
CASE STUDIES OF 14 FAMILIES

Once we have derived generalizations about any group of individuals, perhaps one of the most difficult endeavors in scientific explanation is to determine how the patterns we detect are established and sustained in real life. Having isolated certain social factors which appear to effect other social events, our analysis is more complete if we can demonstrate how this effect takes place. After speculating about what variables seem to be interrelated, we may turn to focus on how they are interrelated. Instead of observing simply that many migrants who have sought psychiatric care are from rural or semi-rural communities, for example, we will deepen our understanding if we are able to determine the particular characteristics of such communities and how they influenced those migrants who suffered emotional distress. After noting that many of the psychiatric patients who had migrated did not come from families where other members had also migrated, we may ask such questions as: "What were the other family members doing?" or "Why were they uninvolved and how did they feel about the migration of others in their family?" Until we ask such questions and then proceed to answer them through direct observation, a huge gap may exist between our generalizations and actual behavior, and we may continue to ignore other important variables which combined with those we have already noted to
produce a particular effect. In this chapter I have tried to fill that
gap between the social factors which appear, from a hypothetical and
abstract vantage point, to be interrelated. Using case study material,
I have tried to demonstrate how and when various social factors came
into play in determining whether or not migration was stressful. This
seems necessary because many of the factors which cause migration to be
stressful are present in all migration. Yet, only in certain cases do
they lead to family schism and social deviance. Like viruses, these
factors are endemic to the social groups which practice migration. And
like viruses, they affect only a portion of those who are exposed to
their influences in a negative way. One cannot explain why some people
suffer emotional distress without talking about many social factors
which occurred in certain combinations, at specific times, and in a
particular sequence, all interacting to determine the receptivity of
the host. The sum, the sequence, and the significance of many social
factors occurring during migration must be known if we are to link
them to emotional distress.

In all of the fourteen families investigated for this study, migra-
tion was an important family issue. It played a major role in determin-
ing the financial stability of the family. It strongly influenced
familial interactions, determining which family members interacted with
one another and how often. The sort of involvement had by family
members in the migration process in addition to their individual
experiences while migrating often shaped the content and outcome of
familial conflicts. The nature of each individual's experience at
migration determined the degree of complimentarity in the goals and
values of the family as a whole. Whether we consider the family systems or the individual members, the ways in which migration was practiced were extremely varied. The events and outcome of migration, likewise, varied from family to family and from person to person.

As shown in the previous chapter, one variable which appeared to shape the experiences of migrants and their families was that of residence, or their community of origin. Residence determined the accessibility of education, employment, and medical care. It shaped these families' goals in migration and influenced their preferences for managing emotional distress. Of the fourteen families studied, four were clearly urban-dwellers with a long history of residence in the city of San Luis Potosi. Five other families originated in small rural villages or ranchos. Two families resided in equally small communities on the outskirts of San Luis Potosi (urban satellite communities), and the remaining three families originated in non-industrial market centers. Regarding the families containing patient members, long-term residential changes which had taken place in the present generation often made it difficult to type them as urban, semi-urban, or rural families. One family had moved permanently from a rancho to an urban barrio, (poor neighborhood), and another two families from their native ranchos to semi-urban market centers. In four cases, the nuclear families were equally distributed between Mexico and the United States and had been so for much of the present familial generation. In contrast, members of the domestic households in the successfully-adapted families had lived in geographic proximity to one location for most of the present and past generations, or remained linked to that locality through social or
economic ties. "Step" migration, which occurred simultaneously with other sorts of mobility in some families, will be discussed later as having had direct effect on the mental health of those individuals who were involved. To aid the reader in drawing comparisons, the family case studies which follow have been grouped according to the similarity of their communities of origin. These case studies are arranged in the following order (each family containing a member who received psychiatric treatment is marked by an asterisk):

Families of urban origin; residents of San Luis Potosi:

Case study # 1: Gomez Navarro family
Case study # 2: Piña Ramón family*
Case study # 3: Jasso Herrera family*
Case study # 4: Ortega Moreno family*

Families of an urban satellite community; residents of Emiliano Estrella:

Case study # 5: Mateo Ramirez family
Case study # 6: Santoyo Tamez family*

Families originating in non-industrial market centers:

Case study # 7: Perez Gonzalez family*
Case study # 8: Leál Mendosa family*
Case study # 9: Rodriguez Madera family*

Families originating in rural villages:

Case study #10: Fajardo Camarillo family
Case study #11: Reyna Ruíz family*
Case study #12: Sabia Ramirez family*
Case study #13: Tamayo Tamez family*
Case study #14: Compean Ramos family*
Families of an urban origin; residents of San Luis Potosi

San Luis Potosi is poorer than most Mexican cities, yet it is not an altogether unimportant economic and political center. It dominates an extensive, yet undeveloped hinterland and attracts both commerce and immigration from most regions of the state. An attractive, administratively well-organized, and culturally traditional city, it provides more than adequate housing, education, and public services to most of its residents. It has a liberal arts college, a small law school, and a medical school which is reported to be better than most outside the Federal District. The city's old colonial facade is interlaced with the artifacts of modern urban life. Its metropolitan center is surrounded by subdivisions of tract housing, each with its own modern shopping mall, and one of which is adorned by a popular twin cinema. On the outskirts of the city there are several barrios of unkempt houses separated by unpaved streets. Slightly further outside of San Luis proper, developers have bought much of the land in hopes of creating more suburban communities. It appears, however, that the city's slow rate of growth has not permitted them to complete this effort. San Luis Potosi, in fact, has one of the lowest growth rates in Mexico and is ranked as the 22nd of Mexico's 32 largest cities in socioeconomic development (Unikel, 1976). This is due primarily to the lingering effects of the fact that the city was side-stepped by the World War II industrial boom. Today, while Potosinos are extremely proud of their city, they realize that it has lost ground in the race for economic prosperity. The median income of the principal wage earner of Potosino families is lower than in most cities (set at $4,969 by Selby and
Murphy, 1980) and San Luis does not exceed many other Mexican cities in production from any of its three major industries (food processing, textile and primary metal production). In this decade, increased development emphasizing water-welling to allow more irrigation of surrounding farms and the revitalization of the city to attract more tourism may have begun to change the trend of decline in San Luis Potosi. Yet, this process is still incomplete.

Due to this situation many Potosinos look elsewhere to meet certain needs and desires. The most valued clothing and household, as well as industrial appliances are assumed to come from the United States, as are many of the most advanced ideas in education and technology. Those who can afford it, expect to go to the United States for good medical care and residents of all classes go elsewhere for work and schooling. In fact, "because of the pressing economic conditions, the low rates of development and economic attractiveness combined with large families (8.3 members, as compared to the national average of 4.9 members), San Luis Potosi shows high emigration rates" (Selby and Murphy, 1980). Potosinos of all social strata self-consciously lean to the larger cities of Mexico and the United States for the benefits of modern urban society, while at the same time treasuring the fact that they have been successful in maintaining the order and serenity of traditional colonial life in their own city. There is a saying among young adults seeking to advance their careers or educations that "everyone must do time in Mexico City;" however, they anticipate this with a simultaneous fascination for the new and unique experiences available there and a dread of the place which they consider to be
chaotic, crowded, and corrupt.

As a result its lack of development and the opposing forces of modernism and traditionalism, San Luis Potosi is a city of contradictions -- a confusing mixture of Mexican colonialism and modern urbanism. On the one hand the city's ethos is characterized by a strong capitalist work ethic which emphasizes individualism, professionalism, and affluence. Due to its underdevelopment, few residents of the city are able to actualize these ideals and there are far more "have-nots" than "haves;" and only a small middle class buffers these two groups. On the other hand, San Luis Potosi is a strongly conservative city. Its traditional mores are evident in the fact that few youths are given parental consent to be alone together until they have pledged noviasgo (a commitment equal to engagement in the United States). Its Mexican nationalism is obvious in the large turnouts for national holiday celebrations and parades. The fact that a few elite families still control much of the wealth San Luis, suggests that the influence of modern urban society has not affected Potosinos' loyalties to their families. The conservative political and social character of San Luis Potosi was exemplified in a recent newspaper story which claimed that the city had no prostitution, a falsehood which amused most Potosinos, but which they did not publicly disclaim.

Case study # 1: Gomez Navarro family

Humberto Gomez Navarro is a short, round-bellied fellow with a light complexion and a balding head. He is a friendly, optimistic, and assertive man who strives in a pragmatic and resourceful manner to
execute his capitalistic ideals. This approach to life has brought him a reasonable amount of success. Humberto met his wife, Manuela (age 56), shortly after he was transferred by his employer from Mexico City to San Luis Potosi. In the early years of his marriage he worked as a traveling salesmen of processed foods; but later, when he discovered that his boss was cheating him of the profits he deserved, Humberto decided to establish his own business. He organized a small factory and began producing the same food products he had sold previously. Since he made the decision to work independently his life has been an uphill, but profitable climb. At age 58, he is proud to say that in his lifetime he has managed to establish his own business, to accumulate enough wealth to bring his family to live in a middle class suburb, and to send his sons for professional schooling. His sons, Adolfo (age 19) and Lucino (age 22) are now studying veterinary medicine, while Fabian (age 20) is a law student. Humberto is also proud that his sons are following the trend of upward mobility that he began. Today, although Humberto works an average of ten hours each day, he rarely allows fatigue to keep him from interacting with his family. He is a talkative and energetic man, boastful of his Spanish (as opposed to Indian) heritage, who considers himself to be an amateur scholar of Mexican and European history. He enjoys practicing the few phrases he knows in various romance languages and discussing world politics or sports. Humberto enjoys married life and seeks to maintain a strong unity and cooperativeness in his family. And in actuality the Gomez Navarro family is a unified and cooperative system. The family spends many evenings together, talking during meals or watching their color
television. Adolfo and Lucino share an interest in popular music with their father and often will take time to listen to old jazz recordings with him. Fabian, the middle son, still lives at home while attending law school and helps his father in the family business each afternoon. All members of the family rely on each other for aid of one sort or another and they insist that the support which their family provides is essential in enabling them to accomplish daily tasks as well as their long range goals.

The unity of the Gomez Navarro family is not, however, one which excludes outsiders or prohibits its members from having extra-familial contacts. I became acquainted with the family quite naturally when they told their neighbor, a close friend of mine, that they would collect my mail during his absence. Our friendship developed rapidly due to their frequent invitations to drink coffee or dine with them when I came to retrieve my mail. Though the Gomez Navarro family insists on maintaining its economic independence, its members are closely linked through emotional ties to their extended family and various, though not numerous members of their community. Manuela's sister, who is married to a Hungarian immigrant and lives in Montreal, Canada, vacations in San Luis Potosi each year and writes to her sister frequently. During the research period, Humberto's niece and nephew, who were studying in San Luis Potosi, came to visit their aunt and uncle at least twice each month. After each of these visits Manuela or Humberto usually wrote a letter to their relatives in Queretaro reporting on the well-being of their children. The Gomez Navarro family has other relatives living in San Luis Potosi whom they visit regularly and, although the remainder
of their extended family is scattered throughout urban Mexico, communication and mutual aid is commonly exchanged among all of them. The family is also acquainted with their suburban neighbors, and Manuela participates enthusiastically in the local gossip. Outside their extended family and neighborhood acquaintances the social affiliations maintained by the family are restricted to the church. The entire family attends church regularly and invites the padre, whom they consider to be an extremely prestigious and busy man, to supper whenever they feel it is appropriate. Although he votes with dedication, Humberto is not very involved in other social or political organizations. Work and family take up most of his time and he is rather cynical about politics. He believes that if a man is going to make a future for himself, his task is essentially an individual endeavor.

The internal structure of the Gomez Navarro family is a well-balanced one by Mexican cultural standards, where those roles delegated by age and sex are clearly defined and no member allies with another at the expense of overall family solidarity. Humberto and Manuela are both deeply involved with their children. Manuela plays a more nurturing and supportive role than does Humberto, often worrying "too much" about the health and safety of her sons. Humberto takes a more instructional role and enjoys giving aid and advice to his sons to help them develop strategies for their dealings with the material world. Although he demands their respect, he rarely insists that they adhere to his wishes as an exercise of his authority alone. Instead he makes an effort to impress upon his sons the reality of life situations and the logical choices for managing them. Usually they listen to his advice,
and occasionally they come to him for his opinion on matters of importance. Manuela usually agrees with her husband and is supportive of his authority, although she has her own personal opinions and religious preferences. Humberto and Manuela, as mother and father, share the common goals of working within the limits of their prescribed sex roles to improve their family's standard of living and provide for their children's future. Their orientation towards their children has freed their sons to be somewhat self-directed and to have various interests outside of school; yet, the sons are not self-concerned to the extent that they neglect to spend considerable time with their family or to help their parents with chores and the family business. Adolfo and Lucino spend much time together, and because they share the common experience of attending veterinary school, have much to talk about. If any divisiveness or rivalry exists between siblings in the Gomez Navarro family, it is probably directed at Fabian, the most handsome and mujeriego (girl-crazy) member of the family. Adolfo and Lucino may be jealous of Fabian's good looks and the fact that he has a girlfriend; yet, they never express this sentiment in any form more hostile than joking. Although their primary interest is their children, Humberto and Manuela are involved with one another as well. They appreciate that they now have more time together (since two of their sons began attending school in another city) and still manage to go out together two or three nights each week, if only to visit relatives or do shopping. During the research period, when Humberto became ill with a gall bladder infection, Manuela worried frantically over his health, fearing that he might die if he did not slow his pace a bit. When she shared these
fears with me one afternoon, she began to cry and explained that even though the doctor had insisted that Humberto stop work to rest, she did not feel that she should nag or coerce him. Instead, she tried to give him as much time to rest as possible without interfering by taking on extra chores at home, seeing that meals were served promptly when Humberto returned at the end of the day, and insisting that Fabian begin working extra hours at his father's business. Manuela acts as the mediator between family members in this way often, but not so as to divide any members against others. Relationships, in general are complementary and satisfying for members of the Gomez Navarro family.

Religion plays an important part in the dynamics of the Gomez Navarro family and, although each family member has slightly different beliefs or practices those beliefs in a distinct manner, religion basically serves to fortify individuals and familial bonds. Manuela is a strong Catholic and a member of a Catholic revitalization movement named Espiritu Santo. She believes that this is the era when the world will be spiritually cleansed and its faith restored. Her sons often tease her in a gentle way about her strong faith, but at the same time they have their own beliefs in such parapsychological phenomena as faith healing. Humberto is more pragmatic about religion, attending church because he comes away with a good feeling about himself and is aware that the church helps to unify his family. While all the family members maintain their own personal outlook on religion they usually express their religious beliefs as a unifying force in the family -- one which consoles them in times of solitude and protects each family member. They are tolerant of one another's differences and express them openly. The
use of religion for personal support and familial integrity, especially in times of crisis, is best expressed by Manuela, who told me this as she showed me a pamphlet on curing with prayer:

When Alberto, the youngest son left home I was miserable. I was so worried that something would happen to him, that he'd have an accident or fall in with the wrong people. I cried every day from worry. It was at this time that I started going to the prayer meetings of Espiritu Santo. It was marvelous, the faith I learned to place in God. I prayed and cried asking for his help in caring for my son. Then I realized that the more faith I placed in God the safer my son would be. I placed Alberto in God's hands. From then on, every time I felt like crying I stopped and thought. I knew that if I cried, it was a sign that I didn't believe in God's ability to protect my son.

For a tightly integrated unit such as the Gomez Navarro family, times of leaving and separation are stressful for all members and are usually marked by explicit displays of loyalty and concern. I went with Adolfo and Lucino one Sunday when they returned to school in the city of Zacatecas. Before we left, Manuela served us an elaborate meal, during which they asked about my driving ability out of concern for their sons' safety. Before we left, Humberto checked to make sure that my headlights were in working order, while Manuela repeated her instructions to her sons to "be careful." Adolfo and Lucino hugged their parents and kissed their father on the hand as a show of respect before getting into the car. As we drove away, Humberto and Manuela stood waving until we were out of their sight. On another occasion Humberto and Manuela told me about how difficult it had been when their son Adolfo, the first to leave the nest, left home for the first time. When he arrived in Zacatecas to begin school, he took an apartment with three classmates. Shortly after this a friend of the family returned to San
Luis Potosi, having visited Adolfo. This friend informed Humberto and Manuela that his three roommates did not give Adolfo very much time to study or sleep. Humberto and Manuela pressed him for more information, and by the end of their interrogation they were convinced that Adolfo had fallen in with the "wrong people." According to Manuela "one was an alcoholic, one a drug addict, and the other boy played all the time." Humberto encouraged his wife to go to Zacatecas and the next day she was on a bus, racing to rescue her son and bring him home to San Luis Potosi. As it turned out Adolfo's situation was not nearly so drastic as his parents had imagined. He insisted that he would not leave school, but compromised by moving to live with a family near the veterinary school. It seems that any event which threatens the well-being of a family member is seen as a crisis deserving immediate action in the Gomez Navarro family.

It is worth mention that at about this same time Manuela went on a strict diet and lost a substantial amount of weight. Accompanying her weight loss was the experience of drastic mood changes, fluctuating between anxiety and depression. Her symptoms, as she described them to me, seemed to be what some people would consider psychiatrally treatable. At one point, Manuela had lost so much weight that she was "crying everyday for no reason." She did not go to a psychiatrist, however. Instead, Humberto took her to a general hospital where, after a week of rest and adequate nourishment, her emotions stabilized and she returned home without any further problems.

Now both Adolfo and Lucino are attending school in Zacatecas, and while there the social ties they maintain are limited. They share an
apartment in a small community near their school with a young doctor. School gives them little time for relaxation or entertainment; nor do they choose to interact with the residents of the rural community where they live. In their eyes the campesinos (country folk) are crude and unintelligent people who simply have "no culture" (no tienen cultura). Adolfo and Lucino assume that they have nothing in common with rural people and that all forms of enjoyment they practice result in drunkenness and violence. Hence, the two young men return home to San Luis Potosi every weekend to be with their family. Manuela says "they come home every weekend because they are lonely, and when they get here they just like to sit inside resting, because they are relieved to be home again." In spite of their distance from home while away at school, Adolfo and Lucino continue to be oriented to their home community and integrated into their nuclear family.

Case study # 2: Pina Ramon family

Miguel Piña Ramón, age 26 and unmarried, was brought by his brother for psychiatric care when he returned from the United States where he had been studying to earn his master's degree in chemical engineering. The interviewing psychiatrist described him as showing symptoms of psychosis which "impeded his adaptation and involvement in the world around him." At this time Miguel was hallucinating and afraid that people in the United States wanted to harm him. He claimed that he was being investigated by the CIA and that he had been chosen by beings from another planet as their medium of communication with Earth. He was writing notes of their communications in perfect English and Spanish
and in conversation was code-switching between the two languages in
what seemed to be a nonsensical manner. Miguel's first symptoms had
begun two years earlier, at which time he returned from the United
States after completing his first year of graduate study. He sought
psychiatric care at that time on an outpatient basis for what were
described as "strong feelings of anxiety" by his psychiatrist. He
later returned to the United States to continue his schooling and
ceased going to psychiatric consultation. Miguel described his symp-
toms as a series of canonazos (blasts or shocks), all of which occurred
while he was in the United States over a period of two and one half
years. His response to each "shock" was to increase his dedication to
his studies and to make ever more diligent attempts to organize himself.
His struggle for organization and scholastic excellence led him to be-
come involved with an ancient hermetic religion with preaches self-
denial and discipline. Even though his mother is a religious Catholic,
he considered himself an atheist before this time. Eventually Miguel
began to isolate himself so that he could "become the best" at his
studies -- a goal which he never achieved, despite the fact that he was
rated as one of the most capable students in his home town of San Luis
Potosi.

When Miguel arrived in the United States in September of 1975,
several events occurred in his social world which made his adaptation to
life in the unfamiliar culture difficult. The only relatives Miguel
knew in the city where he was to attend school were his paternal aunt
and uncle, both engineers who had migrated to the United States twenty
years earlier. Miguel was judged harshly by his relatives as coarse and
too "mexicano." He, in turn, felt that his aunt and uncle were "too middle class" and that they had become completely assimilated into American society. A conflict arose because Miguel's relatives felt embarrassed to have him in their home and he was asked to leave. Shortly after school began, therefore, Miguel was confronted with the task of finding an alternative place to live, in an unfamiliar culture where he had only slight competence in the language. Over a six month period he established living arrangements with two different Anglo Americans, both of which ended in Miguel's departure. He explained that he did not feel accepted by these people and that their daily routines conflicted with his own. The third place where Miguel lived he shared with another immigrant Hispanic student, a man from Nicaragua. This living arrangement proved to be more suitable, but by this time Miguel had fallen behind in his studies and felt constant pressure to improve. It was at this time that Miguel experiences his first "shock" and returned to Mexico. Miguel returned to school at the start of the next semester in 1976 and began living once again with an Anglo American student. Shortly thereafter he received word that his novia (girlfriend) wished to end their relationship of several years. Daily routines and living habits no longer presented a problem for Miguel with his new roommate, but shortly after the breakup with his girlfriend Miguel and his roommate had a disagreement over a woman they were both pursuing. Neither of the men won the interest of the young woman, but their disagreement led them to part company. Miguel had his second "shock" at this time. He sought psychiatric care in the United States for a brief period at this time, but found it to be unsatisfactory. He reported that
he "could not communicate well" with his therapist. Soon Miguel moved into the campus dormitory at the university where he lived alone until he "received the final shock" and returned to Mexico. About life in the United States, Miguel said that he appreciated his professional contact with the Americans there, but he felt that they were "affected" and that they had very little internal life or emotional depth. Like many immigrant students, he said that he had difficulty establishing meaningful friendships with American people.

Miguel is the first born of three children, all of whom are the products of his parents' relatively brief union which ended in separation when Miguel was five years old. His brother (age 24) now lives in San Luis Potosi while attending college as a student of psychology and working as a delivery man. Miguel's sister (age 22) is married to a successful accountant and is living near her mother in San Luis Potosi, as well. Miguel's mother, born and raised in San Luis Potosi, met her husband while working as a secretary in a luxury hotel in Ciudad Valles. Impressed by the fact that he was a wealthy rancher, she broke off her engagement to her novio (boyfriend) of two years and married her new lover after only two months of courtship. She moved with her new husband to his ranch where they lived together until she discovered that he was having a sexual relationship with a servant. At that time she separated from her husband and went to live with her maternal aunt in San Luis Potosi.

Miguel's mother claims that the separation did not upset her much because she has always had "a lot of resistance" but she worries that it had a damaging effect on her son Miguel. She was described by the
psychiatrist who handles Miguel's case as "over protective of Miguel, her favorite son." Her maternal aunt described Miguel's mother as the one who was the authority figure and had determination over all family decisions after she left her husband. For 21 years Miguel's parents had remained married but separated. His father comes to visit the family about once each month and gives money to the family in times of crisis, but has no desire either to reunite with his wife or to attain a legal divorce.

As a result of these circumstances Miguel's mother is somewhat over-involved in her work, her children, and the problems of life. There is a noticeable lack of unity and complementarity of roles in the family. Miguel's mother says that the hardest times in her life have been: "(1) when my mother died, (2) when my husband deserted me, (3) when my daughter married, and (4) when Miguel was hospitalized for his mental problems." She disapproved of her daughter's marriage because she thought her fiancee was arrogant and selfish. "Everyone in his family has everything they need;" she says, "They're rich, but they don't help us. They are too proud . . . . It's because we are of a lower class." Her concern about wealth and status is evident in her frequent referral to relatives who are wealthy and her description of family members according to their earnings. When asked about the residence of her son's compadres she responded: "They live in Monterrey. They are almost millionaires." Miguel's mother has few social contacts outside the family and claims that when she goes out for entertainment she prefers to associated with Miguel's friends. There is also a noticeable lack of unity among the siblings in the Piña Ramón family. Both of Miguel's
younger siblings appear to be jealous of their mother's favoritism towards him. Miguel, in turn expresses feeling jealous of his brother's flexibility and success at migration to the United States. Miguel's sister was described by the psychiatrist as "somewhat motherly and over-protective of her brothers." Upon interacting with the Piña Ramón family, one is struck by the different concerns and personal traits that each member exhibits. The mother is often tired and overburdened with concern for her children and the lack of money in the family. Miguel is involved in an intense personal struggle for discipline and metaphysical as well as scientific knowledge. His brother, in contrast, is a lackadaisical, often lazy character, who seems unconcerned with the future and yet is adaptable to almost any situation. His sister seems bent on establishing a financially secure life for herself and has done so at the expense of her relationship with her mother. No two family members share similar financial or career goals or practice their religious beliefs in a complimentary fashion. As a result of the distinctness of each member the family fails to function as a cohesive unit and provides little support for its members.

Case study # 3: Jasso Herrera family

Rubén Jasso Herrera, age 27, is a youthful and athletic man with the light hair and skin color which earns him the title of güero (a term for people with light skin pigmentation and hair color). He first migrated to the United States in 1968, at age 18. His mother encouraged him to go and gave him the money to purchase a legal visa, certain that once her son found a job he would send money home to her. Rubén flew
to Chicago with a friend from the suburb in San Luis Potosi where they lived. He became an illegal alien when he failed to return to Mexico at the time his tourist visa expired. Going to the United States was the realization of a long-held fantasy for Rubeň; "Since I've been young I wanted to see the U.S. I wanted to marry a guera." He enjoyed and adapted to life there quite readily: "The life over there was good. I could buy pants, shirts, or shoes every week. I went to the beach at least once a year." Although Rubeň arrived in Chicago speaking no English and with no social contacts other than the friend who accompanied him, he soon became integrated into the host community. He met three young men from San Luis Potosi with whom he shared an apartment and living expenses. He entertained himself at the cinema and neighborhood dances. He took a job in a machine shop as the "clean up boy" and soon met a Czechoslovakian man who trained him in the operation of the lathes. Within a year Rubeň had mastered the basic skills which made gaining employment an easy task. He worked at four companies during his stay, leaving one job each time he located a better paying position elsewhere. His social contact with Anglo Americans was minimal; yet, he fraternized with people of various other nationalities. "I was treated well by everyone there," he says, "I felt no discrimination." Rubeň's mother was pleased with the money he sent home during the first years of his stay in Chicago.

Two years after he arrived in Chicago, Rubeň married a young Mexican American woman whose parents had migrated from San Luis Potosi 24 years earlier. Rubeň's mother described his wife as "a rich girl." Because his novia was a United States citizen, Rubeň gained legal residence
status when they married. His wife's parents openly disapproved of their union, saying that Rubeñ was not well assimilated into American culture and that his tastes were crude. Rubeñ's mother explained that one of the reasons for his eventual return from the United States without his wife was the constant fighting that occurred between Rubeñ and his in-laws. In an effort to prove to his in-laws that he could provide for his new wife and that he had "appropriate" values, Rubeñ took his wife to Europe on their honeymoon. His mother bought a house at this time and wrote Rubeñ asking him to send more money, but he was burdened with the necessity of providing for his wife and the two children which followed their marriage. Instead of sending more money home, Rubeñ all but ceased sharing his salary with his mother.

For a number of reasons Rubeñ returned to Mexico in 1972 to visit his mother. A skin allergy which had bothered him since childhood began to cause him discomfort and, because he still spoke little English, the doctors to whom his in-laws referred him, he felt, could not treat him effectively. Rubeñ's relationship with his wife had grown difficult, due to the constant interference by his mother-in-law. He also mentioned being afraid that he would be drafted into the United States Army. Shortly before he left Chicago, he called his mother to ask about the family. At that time his mother recalls that he asked several times, "Why can't the family be all together and united?" When Rubeñ arrived in San Luis Potosí his goal was to earn enough money to bring his wife to live with him in Mexico.

Reestablishing himself in San Luis Potosí and earning the money he needed proved to be a difficult task for Rubeñ, despite the fact that
he was now a skilled machinist. "I tried to have an American life by working hard when I got back," he says; "But the money they pay here doesn't compare. I was earning $4.38 per hour in the United States. Here for the same work I earn 35 pesos per day (about $4.38 per day at that time) . . . and with that you can't even buy the clothes you need to look good." There was a sparsity of work for Rubén's skills in San Luis Potosí. He was forced to take several short trips to Mexico City over the next few years, but unable to find permanent employment and tired of living in unfamiliar places, each time he returned home. Long periods of unemployment occurred over the next two years.

In 1974, the relationship with his wife still unsettled, Rubén made several attempts to return to the United States to be with her. Because there was bureaucratic confusion over his migration status which would have cost much time and mordida (bribes) to remedy, Rubén felt it was necessary to migrate illegally. He was captured and deported each of the three times he entered the United States. After his third attempt to get to Chicago in 1975, Rubén experienced his first symptoms of psychosis and was brought to Chico Sein for hospitalization. Shortly before that he had tried to return to school, hoping that a college education would make life easier. He discovered that he would have to begin at a pre-high school level and would receive no financial aid from the Mexican government. When he arrived at the clinic, he was hallucinating and aggressive towards his mother. He believed that various people were persecuting him. At that time he said, "The city police are after me. They are out to get me and they restrain me in my work and at school." Two years later, when Rubén was first
contacted as a participant in this study, his life situation had not improved and he had been admitted for psychiatric care for a third time.

The Jasso Herrera family originates from the clase humilde (lower class) in the city of Tampico. Rubén's grandmother (now living in their domestic household) was never married, but was the mistress of a wealthy doctor for whom she worked as a servant. By this man she bore her only child, Lydia, Rubén's mother. Lydia (age 58) was born in Tampico and reared by her mother and her maternal grandparents. She studied four years in primary school before starting to work to support her family. Lydia was married after one year of noviasgo (courtship) to a man whom she met in the factory where she worked. Rubén was the only child produced by this union. After seven years her husband "turned bad" and failed to provide for her, so Lydia left her husband and took her son to Nuevo Laredo on the Mexico-U.S. border. Since her separation, she has never sought a legal divorce for fear that the church would disapprove and she now admits that her experience with her former husband left her "very mistrustful of men." While in Nuevo Laredo she began buying clothes and other assorted items on the American side of the border and carrying them into Mexico to sell. This began her career as a vendor of fayuca (miscellaneous products made in the United States which are either scarce or heavily taxed in Mexico). For most of the last 20 years Lydia has been traveling back and forth between the border and San Luis Potosi where she sells her merchandise. She also has supported her family by selling the merchandise of local retailers in private homes. She now spends about seven
hours each day carrying merchandise from house to house in the suburbs. During the previous twenty years, Lydia has not been without male companionship and has succeeded in creating a home life for her children. She has had two long term relationships which have brought her four more children -- three boys, ages 21, 16, and 14; and a girl, age 10. She has been with her present lover for twelve and one half years. They live apart because he too is afraid that the Catholic Church will oppose a divorce from his wife; yet, their two households are closely linked. Lydia refers to her lover's mother as her suegra (mother-in-law) and frequently takes her children to visit on weekends. Her lover, likewise, comes to visit several times weekly and contributes substantially to Lydia's income. Presently, the Jasso Herrera family lives in a small house in a class-conscious suburb -- a living arrangement which differs markedly from Lydia's lower class background and one which she openly admits the family cannot afford.

Themes which run through the Jasso Herrera household originate in and around Lydia's constant concern for her children and the lack of financial security which seems chronic in the family. Lydia put herself in debt 25,000 pesos in order to buy the house where she now lives. Her income, even though it is supplemented by contributions from her lover, is not sufficient to pay this debt, finance the cost of Ruben's psychiatric treatment, and provide medical care for her ailing mother. She recently wrote to her second oldest son, who migrated illegally to the United States, saying that if he is unable to send money, she will have to sell their house. Even if she is able to resolve her debts now, she is considering selling the house next year so that her third-born
son may attend a technical school to learn computer programming. This is just one example of her deep concern for her children. At one point in our interview she said:

I enter some rich houses in the course of my work. I try to watch and see how the people discipline and treat their children so that I can do the same with mine. I watch what they eat. I try to talk and act like them. I want my children to be able to associate with people from a better life.

Lydia aspires for more than financial security; she wants upward mobility for her family. She has taken unskillful financial risks and depends on her lover and her two eldest sons to see her through. Rubeñ shares her value for material wealth and social status, as is apparent in his doubtful descriptions of his social relations. "Most of my friends are doctors and lawyers," he said at one point in our interviews. Out of concern for her children and the financial insecurity she feels, Lydia has carved a very narrow social life for herself. She describes her relationships in the neighborhood as solely business related; "When people come to visit it is only to buy the things that I sell."

The compadres which Lydia chose for her children are distant acquaintances of the upper class. They are not involved with her family and donate no money to its welfare. When asked if she had time for church and friendships, Lydia responded: "I don't have time. I'm always thinking of my children." She still describes herself as a religious woman, but says that she is not very involved with the church because she knows that her sexual involvement outside of wedlock is judged to be a sin. In contrast to his mother's feelings of obligation and financial urgency, Rubeñ is relatively carefree about money and confident
of his ability to get by in the future. When asked what were the most difficult times in his life he responded: "I don't know really, because for a person my age everything is possible. I have completed all my desires since I was small." Having educated her children to seek and expect the best out of life, while sheltering them from financial worry, it seems that Lydia has given them an unrealistic outlook on life.

Case #4: Ortega Moreno family

Eduardo Ortega Moreno, age 26, is a single, unemployed male with no work skills. He was shown to have a learning disability early in his elementary school career. Eduardo is primarily dependent on his parents due to a long history of emotional disturbance and was admitted for psychiatric care for the first time in 1969 under the diagnoses of paranoid schizophrenia and mental retardation. His family originated in a small city in the state of San Luis Potosi, but throughout this generation has been preparing to make a permanent move to the United States. There is no history of migration in previous familial generations and Eduardo's father is the only one of his siblings to migrate to the United States, having been a recurrent migrant to the United States for all of Eduardo's childhood and adolescence. Eduardo's male siblings also began regular migration to the United States as they reached adulthood. Ten years ago the Ortega Moreno family moved permanently to the United States. Eduardo's mother and father reside in a large urban center of southern California and his brothers now live in Nebraska, Chicago, and California. Eduardo's father is retired and receives welfare payments from the United States government. The family still owns their original home in Mexico which is maintained by their
companes. Eduardo's parents return to Mexico each year to check on the upkeep of their home and to visit their relatives. At the time Eduardo's symptoms commenced -- this being the third occasion when his symptoms necessitated psychiatric treatment -- he was living with his parents in an entirely Anglo suburb and had no contact with Latinos outside the nuclear family. During this time he began to voluntarily isolate himself and to act aggressively towards his parents. Convinced through previous encounters with American psychiatric care that it would not help their son, they brought him immediately to Mexico for treatment at Chico Sein. The psychiatrists who examined Eduardo believed that the real basis of his problem was genetic. As for his frequent paranoid behavior, the original stressors which caused this problem were considered too far in the past to isolate and clarify, but they felt that the cultural change and isolation from Spanish-speaking people of Mexican origin which he experienced had contributed to the recurrence of his symptoms.

Families of an urban satellite community: residents of Emiliano Estrella, a community of emigrants

Emiliano Estrella is a small community about fifteen kilometers outside of the city of San Luis Potosi. It consists of approximately 1,200 inhabitants in about 90 families with overlapping kinship ties. Kinship ties also extend outside the community to include people living in the barrios of San Luis Potosi, in the nearby municipality of Salario Diego Gaytan, and in a rancho located in the vicinity. Two rows of single story brick houses running along either side of the main highway
from San Luis Potosi form the basic structure of the village. Most of these houses stand behind tall, continuous brick walls which serve to block out dust and noise from the highway, but which also give one the immediate impression of isolation and guardedness. Children in Emiliano Estrella are encouraged to play inside their homes, behind these walls. Behind the highway walls each family has its own rectangular plot of land, measuring about fifty by eighty meters and surrounded by a shorter abode wall. A few homes have been built behind those which border the highway, but bad roads make them virtually inaccessible by car and in rainy weather poor drainage leaves so much water standing in pools that even moving about by foot becomes a discomfort. Emiliano Estrella has a tiny chapel where a priest from San Luis Potosi comes to give mass each Sunday. These Sunday meetings are the largest gatherings in the village. On other religious holidays most residents go to Silario Diego Gaytan to celebrate. Each Sunday, most of the older men, women, and children gather in their own village to pray and hear the padre. There is a notable lack of young and middle-aged men at these gatherings, which is a result of their absence to work outside the settlement.

Within Emiliano Estrella I saw a low-level, undiversified economy, where the family is the basic unit of organization and almost no opportunity exists for steady employment. Inside their walled plots, each family has built a home, taking care to allow space for livestock and sometimes a small garden. Raising livestock is preferred over gardening, due to the lack of water and cultivable land. Emiliano Estrella is surrounded on all sides by either desert or large corporate farms which
produce soybeans and alfalfa. Whereas one family cannot realistically attempt to clear and irrigate land without the aid of machinery, alfalfa can be bought cheaply and transported by wagon or bicycle for the short distance home to be used as feed for livestock. Livestock is raised primarily for private consumption and secondarily for sale to meet unanticipated expenses. There is no artisanry in Emiliano Estrella; and with the exception of livestock, few items are produced for market. On occasion, however, a few households will butcher a hog to be prepared for sale to passers-by along the highway. One family has furnished a room of its home with tables and chairs where it serves barbacoa (smoked meats) on weekends. There are two stores in the village selling dry goods and alcoholic beverages which serve as the meeting places for men when they happen to be at home. There are no elites in the village, and the ejido is essentially nonexistent. Any men who have control of land beyond the individual household plots live elsewhere. From time to time, one of these landowners will hire a few residents of Emiliano Estrella to clear land or aid in the local harvests. Two members of the community work at a nearby hotel. The majority of the men rely on irregular employment or intermittent sources of income for their livelihood. It is common to see a group of three to five men heading into the monte (countryside) at sunset with rifles and slingshots to hunt rabbits. After a rabbit is gutted and the pelt is cleaned, a man may sell it for between three and five dollars; and on a lucky night, one may bring home fifteen rabbits. Hence, hunting is a viable, if somewhat uncertain, source of income. Other men, if they can afford to buy the necessary tools, ride by bicycle into the city to do home
maintenance in the suburbs. This pattern of seeking income outside Emiliano Estrella is the rule rather than the exception, at least as far as the male members of the community are concerned.

Whether it is the cause or effect of economic circumstances in Emiliano Estrella is difficult to determine, but underdevelopment in this community is accompanied by a high degree of outward migration. One informant told me that "almost every man here will go" to the United States at some time in his life and another man claimed that at any one time there are between "between 75 and 100 men" working at one specific business in Houston, Texas. The preferred style of migration is temporary migration to the United States in periods lasting between six and twenty four months. I was told by several residents there that a man must be gone at least six months to earn enough money to make his trip worthwhile, and that if he stayed for any shorter period of time, "he probably didn't try very hard." Most men migrate to urban areas and, while there, perform unskilled labor. Married men are equally as likely to migrate as unmarried men and, unlike some migrants, those of Emiliano Estrella seemed so totally committed to migration that they were usually willing to remain in the United States throughout the religious holidays in winter. It appears that very few men migrating from this community make an attempt to bring their families to settle in the United States. These migration patterns have been established just recently. The men whom I interviewed about their migration strategies of a decade ago headed more often towards rural areas and in general had greater difficulty influencing others to accompany them, as well as in finding work once they arrived, yet traveling to work in the
United States has for many been a way of life for at least two generations.

In Houston, Texas, the ultimate destination for many migrants from Emiliano Estrella, I was told that the men occupy six low-rent houses with between 6 and 17 men per house. Between these houses there is mutual visitation on a daily basis, and in fact these migrants seem to interact almost exclusively with one another. Commonly a resident of one house may decide to move to another and, although residence is usually determined by proximity to work, work schedule, and the availability of transportation, men often change residence to avoid personal conflicts with other household members. Upon visiting one of these houses to deliver some packages for my Mexican friends, I was invited to stay and drink. It was a small two-bedroom house in an ethnically-mixed neighborhood of the city. The house was furnished with a kitchen table, three metal chairs, two beds, and several cots. All eight men who slept there shared one of the bedrooms and spent the majority of their free time at home in this room. Ostensibly this was because only this room had air-conditioning and at the time of my visit it was mid-summer, but it was also clear that the men enjoyed the closeness and the resulting camaraderie that this situation afforded. All of the men at this particular house were from Emiliano Estrella and had known each other since youth. It did not take long for me to learn that each of the men was informed about the others' life histories and what went on in their daily lives -- what diseases ailed them and how they had sought to treat them, what women they were pursuing, and so on. During my visit we sat and discussed the relationship of my Mexican friend's
youngest brother, Juan, with a young Chicana. Each of the men took his turn gently chiding Juan about his hoped-to-be girlfriend. When I asked Juan if it were a serious relationship ("Es tu novia?") the room grew quiet with anticipation. When Juan did not answer, but instead became mildly embarrassed in response to my question, the topic was quickly abandoned. Migration to Houston in this manner provides the men of Emiliano Estrella with social contacts which can assure them of finding work. In such a close-knit group the men provide each other with knowledge and emotional support which will facilitate their adaptation to an unfamiliar environment. The group also serves to insulate its members almost completely from interaction with the host culture, with all the threats and potential opportunities that it presents. A group which has established such a secure, yet limited style of migration is likely to perpetuate this pattern. Judging by the poverty and lack of consumption in the home community, this pattern of migration may not be very lucrative. Yet, individuals of Emiliano Estrella who deviate from this pattern by seeking to travel in a different direction or to learn special skills are likely to find themselves alone and without the knowledge to adapt in unanticipated situations. They may later be excluded from group membership.

After interviewing several migrants who traveled from Emiliano Estrella to the United States, the life histories of two men seem particularly representative of the opportunities for success or failure and for the pleasure or misery which migration presents. Esteban Mateo Ramirez is a continual migrant to the United States who aids others in the community wishing to make their first migration. Luis Santoyo Tamez
is a man who ceased to migrate after being captured and deported from the United States three consecutive times.

Case study #5: Mateo Ramirez family

Esteban Mateo Ramirez, age 36, is a tall wiry man, a perpetual smoker, jolly and excitable, his arms always flying out to aid him in the descriptions which season his long narratives. Usually dressed in pointed boots, bell-bottom jeans, and a T-shirt, he appears slightly out of place in conservative Emiliano Estrella, where we met immediately after his deportation from the United States. With his shoulder-length hair, his dazed grin, and his pachuco pride he presents himself more like an adolescent from the streets of a San Antonio barrio than a rural ranchero. Unlike other natives of this region of Mexico who prefer the formal Usted form of address, Esteban insisted on speaking to me in the familiar tu. I was introduced to him by Gonzalo, who referred to him as one of the men in the community who knew the most about migration. At our first meeting he was extremely mistrustful of me, but when he learned that I had visited Gonzalo's brothers in Houston and that I had not reported them to la migra (slang for La Migacion, the U.S. immigration authorities), his wariness diminished and spoke more openly.

Esteban is a successful migrant and a culture broker in his home community, one whom less-experienced migrants wish to befriend so that they may travel with him to the United States. He did not begin migration till age 31, after he had been married for five years and his family was partially secure economically. Esteban's domestic household
is relatively small, consisting of his wife, two children (a boy, age seven years and a baby girl, age three months), and his father who is 80 years old, still healthy and active. His mother died of old age eight years ago, and he has lost two children to nutritional disease over the last five years. Esteban met his wife in a nearby rancho and married her when he was 27, after three years of noviasgo (courtship). Esteban's sister, his only sibling, is married and lives nearby with her family. He visits and gives or receives aid from all of his consanguineal and affinal relatives. While I conducted my investigation, we were often unable to meet because Esteban was visiting his relatives in the rancho or clearing land and hunting rabbits to earn money for his family. During his absence while migrating, his relatives consistently protect his family and care for his livestock. When asked what are the most important things in a person's life, Esteban responded: "The household is important over everything else and the next most important thing is my life is my people, the people of Mexico."

Esteban shows his loyalty to his family and his people by returning regularly and by his spending habits while away. He says that in the United States the money he earns goes first of all to buy his food and shelter. His next priority is to send money home. Then, if he feels there is enough, he keeps some money for entertainment, to go to movies or dances. "Some people" he said, "come back from the United States wanting more, but I won't let it (life in the U.S.) change my life here." Because he has few dependents and can rely on his extended family while he is away, migration for him is not a crucial risk.
Since 1972, Esteban has migrated illegally to the United States seven times. His first two trips were rather haphazard learning experiences. Unable to afford the $300 fee to hire a coyote (one who illegally transports Mexican immigrants into the United States), he went by foot, crossing the Rio Grande into Texas with three newly acquired friends. During this first crossing, one man was almost drowned in the deep water of the Rio Grande. Because the men had no friends on the other side of the river, they were forced to walk across the desert brushland for 18 nights to avoid capture. They carried bottles of water and while hiking hunted rabbits and lizards with a slingshot to sustain themselves. As they neared Uvalde, Texas, at the end of their 18 day journey, they were spotted by immigration authorities and all the men, with the exception of Esteban (who ducked into a gully at exactly the right time), were captured and sent back to Mexico. After avoiding capture, Esteban traveled alone to a ranch near San Antonio where he worked as a field hand. Exhausted by the long journey and discouraged by the low pay and the isolation, he remained there only three months before returning to Emiliano Estrella. Six months later, he went a second time to another ranch near San Antonio, but again he was discouraged by the hard work and low pay; so he returned after just two weeks. On his third and fourth trips to the United States, Esteban worked at ranches near Austin where the pay was better and the work less taxing. Because he was finally able to send money home and felt more adjusted to his migrant lifestyle, he stayed approximately eight months on each of these trips. During these first four trips Esteban adjusted to American culture gradually and was able to
make social contacts with Mexican Americans who gave him aid in subsequent migrations. He became a friend to families on either side of the Rio Grande who gave him food, lodging, and protection as he attempted to enter and travel into the interior of the United States. On his fifth trip in 1975, Esteban traveled to Waco, Texas, the first urban center where he had lived. There he worked in a milk factory for 14 months. In 1976, he spent 12 months in Houston washing cars while he lived with other men from Emiliano Estrella. The first and only time Esteban was ever captured and deported from the United States was during his seventh trip in 1978, when he was caught in Houston at the car wash where he worked.

Esteban was introduced to migration gradually by others with more experience than himself. The length of time he stayed in the United States increased as he learned more about life there and as his earning ability improved. He has been generally successful. We met three weeks after his deportation and he had already begun trying to earn money to finance his return to Houston. Now Esteban's feelings about migration to the United States are completely optimistic: "Work is easier there;" he says, "Sometimes there is no reason to come back." When I asked him if life in the United States is ever difficult or if migrants become sad while there, he replied:

Yes, sometimes a person misses his home or may get bored. . . . But most people want to go and stay there. They don't want to come back early. . . . Sometimes a person will get a headache if he is really sad there. He may write a letter to home, drink a beer and then he'll feel better. They endure (aguantan), and if they continue to feel bad, they come home.
Case study # 6: Santoyo Tamez family

Luis Santoyo Tamez, age 30, is a slender, energetic man of average height with a strong build and a dark complexion. He fits the classic stereotype of moreno (brown one) which so many Mexicans use to describe one another. He keeps his coal-black hair trimmed high above his ears and greased into place; and at the psychiatric clinic where he works as gate keeper, he always attempts to wear a cleaned and pressed shirt. We became friends when he learned that I was returning to Houston for a brief visit, and he asked me to deliver some small packages to his brothers who had migrated there several months earlier. After that he frequently invited me to his home, where we met for meals or for casual talk as we sat eating tunas (the fruit of the prickly pear cactus which is so plentiful in that region). Luis is healthy and takes an active interest in sports. Often we took long runs together along the highway; and when these runs developed into races, as they inevitably did, he usually won by at least an arms length. I did not learn until several months after our acquaintance that Luis had been treated at the psychiatric clinic under the diagnosis of "paranoid schizophrenic," nor did I suspect any deviancy in his personality. As we grew closer, I asked Luis to address me with the informal tu in place of the formal Usted he was accustomed to using. He declined and, taking care not to insult me, he explained that he preferred to address me with Usted. At first I interpreted this to mean that we were not the friends that I had assumed us to be; but I soon discovered that Luis and most of the people in his community used the Usted form of address almost exclusively.
He informed me that he only had two friends whom he had known since his youth whom he addressed as tu.

Luis was born in 1948 in Emiliano Estrella, the municipality where he has lived all his life with his family. He was the fourth born of seven children, five boys and two girls. In 1968, when Luis was 20 years old, he married Paula, his novia of three years who was born and raised in the same village. This woman, whom he describes as his "gift from God," has borne him three children. That same year, his eldest brother, Gonzalo, married a woman whom he met in a local village and who has borne him two children. Both Luis and Gonzalo have little formal education and, although they possess various skills, from masonry to small-scale farming, both have always worked in an unskilled capacity. Due to the constant absence of their father and an elder brother, they have always found it necessary to work. Luis' father began migrating to the United States as a bracero (legal seasonal migrant laborer) shortly after Gonzalo's birth. During this time the family went through many hardships and Luis' father began to drink. The father's continual absence and drinking problem eventually led to extreme conflict that Luis's parents separated. According to Gonzalo, their father has not offered support to the household for over 29 years, but their mother had her last child by him 18 years ago. So while their father does not contribute money and shows little interest in the family, he is still considered a partial member. Luis's second oldest male sibling migrated to a Mexican border town 15 years ago and shortly thereafter disappeared. The family does not know whether he is alive and still mourns his absence. Due to these circumstances,
Luis and Gonzalo, as the senior adult males in the family, are chiefly responsible for providing for their mother, Gonzalo's father-in-law, and their own nuclear families. Their income is supplemented by money sent home by their two younger brothers and a brother-in-law; but during these men's absences, Luis and Gonzalo also function as protectors of their wives and children. The domestic unit now includes twenty members -- nine adults and eleven children.

The way in which Luis and his brother view the world is a response to this social context. Neither man smokes or drinks; nor do they socialize with other men at the local stores where men meet to drink and share conversation. "Vices cost too much and they create conflict in the home," as Gonzalo puts it. When asked about the hardest times in a person's life he responded: "When a man reaches adulthood, and when one can't meet the responsibility he has to take care of his family." Now because both Gonzalo and Luis work regularly as gate keepers at the psychiatric clinic (about a 30-minute bicycle ride from their home), and because they receive money from their brothers, they are able to provide for their families on a regular basis. Both men work at extra jobs in their free time to supplement their income. Luis rides into San Luis Potosi on his days off, with a push mower strapped to his bicycle, to cut lawns in the suburbs; and Gonzalo manages the care and sale of an occasional hog or cow. During one of my visits, a man was at their home bidding on a mature sow. Gonzalo hesitated at the man's offer of 1,500 pesos, hoping that the man would offer more. Afterwards he told me that he could afford to wait for a higher price, but preferred to sell the sow to someone in the community to avoid having
to transport the animal into San Luis Potosi, which would have meant that almost a quarter of his profit would have been lost to transportation costs. In order to maintain financial stability, both brothers must invest their efforts in an intensely cooperative effort -- with little hope that their labors will significantly change their life circumstances. The ethics of hard work and providing for and protecting their extended family dominate their worldview.

This large extended family is a cooperative unit in terms of the distribution of wealth and the care of relatives, but beyond these forms of mutual aid, each nuclear family functions quite separately. Gonzalo, Luis, and their mother have their own private dwellings within the family plot. Each one-room house is approximately the same distance from the next, and each has its own kitchen where the wives prepare meals for their own families. Children may be cared for and fed by all the women in the extended family; but men generally eat and interact within their nuclear family units. The women in the extended family maintain a respectful distance from adult males, and in the event that a decision must be made, they defer to male authority. During my visits, wives would prepare and serve elaborate meals, but at no time would they sit to eat with us or join in our conversation without permission from their husbands. To do so would be a challenge to their husbands' authority and a potential threat to their masculinity. A seeming exception to the rule of female deference is obvious in Luis's and Gonzalo's regard for their mother, who takes an active part in many household economic decisions and determines such issues as where they work and whether or not they choose to migrate.
Divisiveness in this family is evident in the conflicts which I witnessed during my study. At one time shortly after I began interviewing the family, one of Luis's sisters began to argue with her sister-in-law. The conflict was supposedly resolved when the sister-in-law left to live with other relatives. Another conflict arose during my investigation over differing religious beliefs in the family. Shortly after his release from psychiatric care Luis and his nuclear family joined a fundamentalist religious sect known as Los Testigos de Jehova (Jehovah's Witnesses). They became members of a worldwide revitalization movement and began attending weekly bible readings with other members of the community. At first Gonzalo and other members of the family were involved to various degrees in this movement, but as time passed only Luis and his family continued as active participants. One day, a group of 15 Testigos de Jehova from the United States appeared at Luis's door asking for lodging and food "in the name of God." Luis felt obliged to give his hermanos espíritus (spiritual brothers) what they requested and invited them to stay. When his mother learned that these people traveled and slept in groups of men and women together, she became outraged and forbade them to enter her house. In response Luis crowded them all into his one-room house and slept outside on the ground, which only succeeded in further angering his mother and the rest of his extended family. As he described the situation: "There I was all alone with all of them in one room and my whole family against me." At this same time, Luis began to experience insomnia and a loss of appetite. He returned to the psychiatric clinic for brief out-patient care for the first time since his original admission four years earlier. The
close-knit character of Luis's family is, therefore, questionable on some levels of interaction.

Luis first migrated to the United States in 1973 at age 24, having learned that his third child was about to be born and hoping to earn money to support his mother and family. Since his brother's departure and disappearance twelve years earlier, he was the first member of the family to migrate to the United States. As the second eldest male in the family, he was the most logical selection, for the eldest male in a fatherless family often fulfills many paternal roles in the domestic unit. Luis was also the only male in the family who was old enough to migrate alone for extended periods of time. He had the approval of his brother Gonzalo, who remarked that, "The family migrates out of a continual necessity for money. You can earn much money over there." Luis's mother did not, however, approve of his migration, having witnessed the effects that migration had on her husband and having experienced the loss of a son to migration. In spite of these circumstances, Luis traveled to the United States three times over the next two years. Each time he traveled with other novices and headed for rural parts of central Texas. He did not have the same luck as had Esteban. Each of the three times he entered the United States, he was captured and deported. Twice he was caught as he entered the country, and the third time he was arrested at the circus where he worked cleaning cages and feeding the animals. His failure at migration cost him and his family a substantial amount of money and damaged his reputation in his household and home community. Immediately after returning from his third unsuccessful migration, Luis took a job caring
for patients at the psychiatric clinic where his brother was working. Two months later he received a blow on the head in a struggle with an agitated patient. This blow, he said, "hurt his mind" and caused the symptoms that lead to his admission at the psychiatric clinic. A psychiatrist at the clinic described him as delusional, irritable, insecure, and insomniac. These symptoms were in remission within one month, and Luis soon as back at work; still employed in the clinic but in a different capacity, as gate keeper. Luis's symptoms did not return for four years until the family conflict arose concerning his religious beliefs. Today Luis feels that his migration to the United States was wrong, and he disapproves of his brothers who are now migrating. Entering the United States without papers to take from other people what they own is dishonest, and it is wrong to leave one's family behind -- as Luis sees it. For these reasons, he says he will not migrate to the United States again.

Families originating in non-industrial market centers

These case studies describe families from three separate communities, all of which had a population of between four and nine thousand residents, a size which distinguishes them from smaller ranchos. Natives refer to them as municipios (townships), and two of the three were the equivalent of county seats. These communities are organized primarily around their function of providing goods and services to surrounding ranchos. They function as the intermediary for the accumulation and distribution of goods between these ranchos and the city of San Luis Potosi. They serve to link the ranchos to San Luis Potosi at
most economic and political levels, and are in turn, dominated by that city economically and politically, as well as socially. Many inhabitants originate from the rural villages and may still have a rural orientation, in that they are attempting to maintain their holdings in their village while participating actively in the capitalistic economy of the community. Some families have found a satisfactory compromise to this trend by raising crops and livestock on the outskirts of town while operating a retail business in the town. Many members of the community bring goods in for sale to the local residents and those of the outlying ranchos, while others accumulate goods at the market for transportation and sale in San Luis Potosi.

These municipios are to be distinguished from rural villages in that:

1. There is an organized market, more types of private business and a community government and law enforcement.

2. Economic and political affiliations begin to influence facets of life formerly determined by kinship ties, although such affiliations may still be quite informal. Their potential influence is mostly a matter of personal status and friendship (personalismo).

3. There is greater availability of medical services, education, and information about the urbanized world.

4. More opportunities exist for seeking advanced education and economic-opportunity outside the community.

These communities are, of course, less complex than San Luis Potosi along all of these parameters. Their markets and local enterprises operate on
a smaller scale. Market centers rarely provide schooling beyond the secondary level and have no specialized medical services. Also, there is little training or employment for skilled workers. Residents of these communities must go elsewhere -- usually to San Luis Potosi -- to attain all of these goods and services.

The economy of these non-industrial market centers is subject to the whims of consumption and productivity in both the city and the nearby rural villages. What will be bought or sold in these communities is ultimately determined by what is available or saleable in San Luis Potosi and the ranchos. Hence, local residents of these communities are often in an economically precarious position. They are essentially disjointed from both the production economy of the ranchos and the capitalist economy of San Luis Potosi. They pursue their businesses in the market center at a substantial risk. Some are able to maintain kinship ties in the rural villages so that, at least, they are assured of subsistence. It is extremely difficult, however, for families to profit from their involvements in the rural villages while actively pursuing their own businesses in the market centers, unless they cleverly coordinate the productive energies of their nuclear and extended families. If a man has many brothers or children who have reached a productive age, for example, he may rely on their income when his own business is not so profitable. Living in market centers seems to entail that families will be involved in several economic endeavors simultaneously. It also means that family members are very likely to leave the market center in search of new economic opportunities, the rewards of which ideally will supplement the income of the
entire family. Hence, migration is encouraged by economic circum-
stances in these non-industrial market centers. Family members are
likely to become dispersed of a vast section of rural and urban space.
Yet, the success of the family left behind is dependent on the remit-
tances of those who go away.

The residents of non-industrial market centers stand betwixt and
between rural and urban places. At a social as well as an economic
level they are neither rural peasants nor city-dwellers, though they
are likely to interact regularly in both these social spheres. Living
in these market centers affords many advantages not available to rural-
dwellers (e.g., better education, medical care, employment, and hous-
ing). Yet, due to economic conditions, it is difficult to live as an
intact, geographically-close family in such communities. Residents of
these communities experience a strong attraction to urban places.
After they have completed their secondary education in the market
center, for example, youths are often eager to pursue their education
further, which requires a move to the city. Once there, the education
and experience they receive does not prepare or encourage them to
return to live in their home towns. Having returned from San Luis
Potosí, those who had attained higher education or work experience in
my sample, seemed displeased with life at home. Some spoke disparag-
ingly about their municipio and few, if any, were willing to return to
the rural lives that many of their parents had left behind. Their
parents, whom often had close kin and holdings in the nearby ranchos
and were attempting to juggle their social and economic ties there
along with their enterprises in the market centers, often found their
childrens' lust for other places difficult to accept. In many cases, they feared that if their children migrated permanently to distant cities, they would cease to participate affectually or economically in their families. In short, residents of non-industrial market centers had different experiences than people of rural villages and as a result many had different strategies for dealing with money, greater aspirations for upward mobility, and they experienced strong pulls towards outward migration. There existed strong cultural sanctions and binding relationships which inhibited residents from breaking their ties with the market center and its rural hinterlands, for it was their cleverness at establishing social ties in these communities which insured their security in the local economy in the first place. These extra-familial economic and political ties were more fragile, less enduring, and demanded more frequent displays of reciprocity. Such circumstances tend to create a situation in which many residents of rural market centers feel ambivalence about emigration and are reluctant to leave, if doing so will threaten their status in the community. Certain types of migration will become potential issues for family conflict and community rejection.

Case study # 7: Perez Gonzalez family

José Perez Gonzalez is a tall, dark-skinned man 29 years of age. Dressed in his usual hat, boots, and denim jeans he fits the stereotype of a Mexican ranchero. He has worked primarily as an unskilled laborer, but has some experience in small scale agriculture. He is married with one child, but is presently separated from his wife and child due to
their inability to leave their residence in the United States. José was first brought to the psychiatric clinic in 1975 with a fractured foot, an injury which he had sustained two days earlier in an automobile accident. According to the brothers who accompanied José, the accident had frightened him and brought on the same bizarre behavior he had exhibited two years before, in 1973. These signs of deviancy were said to have occurred for the first time in 1973 when José returned from working in the United States. At this time he showed a noticeable lack of control, "alterations in his feeling, thinking, and way of relating to the external world," and he claimed that he was "God." José comes from a large, somewhat wealthy family which, one psychiatrist explains, has been disrupted by alcoholism and frequent migration. His problems are believed to be related to an inadequate familial environment and his own distressing experiences during migration to the United States.

José began migration with his older brother in 1968. They attained a tourist visa and flew to Miami, Florida, where they found work planting trees and shrubs. After a few months, José returned to Mexico, saying that he felt "mistreated" while in the United States. In 1970 the growing season in José's home community was poor and the following year a drought caused a financial crisis in his family which encouraged many of his siblings to migrate to the United States. At the same time, José returned once again to Florida where he remained until 1973. He quickly found employment installing roofs. José was the only Spanish-speaking individual on the job, and he later reported that he had difficulty understanding the directions he was given and often
felt that people were ridiculing him. José began to learn English and eventually he was able to "pass as a Chicano," although he now says that he felt a certain disdain for his role as an assimilated Mexican. After three months as a roofer, José took another position working for a landscaping company. At this job he was the only Latino among many Anglo Americans. During his first year in the United States, José lived with two Mexican American friends, but later had conflicts with each, and they parted company. One of these friends he described as a man "who could speak good English . . . who had lots of women."
Throughout this year, José had frequent contact with other members of his family who had also migrated to Florida, but he had no contact with other Mexicans or Latinos.

Late in 1970, José became romantically involved with an American woman who worked at the same landscape business where he was employed. He described her as a "beautiful girl, an American blond, and a virgin." All of these qualities, he said made her desirable to him. José was very aware throughout their relationship that it was difficult to communicate with his lover using the little English he had acquired and that she was accustomed to a higher standard of living than he had. After three months of involvement with her, José ended the relationship because he felt that he could not earn enough money to "support her as she deserved." He said that he felt sadness (tristeza) at having lost his lover, but when asked what he did to relieve his sadness, he said that he only "bore it" (me aguante). After their breakup, José did not see this woman for several months, but when he finally did see her "she was pregnant with another man's child;" and again he felt sad.
A second romance began for José in 1972. Again the woman he chose was an Anglo American. They saw each other for several months before their relationship came to an angry halt. José experienced his first sexual relationship with this woman. He reported that he was bothered by the fact that she was not a virgin and he felt nervous because of her sexual aggressiveness. It was she who first suggested that they have sexual intercourse. When they first attempted to have intercourse, José was unable to attain an erection. He sought the aid of a physician; but because the physician spoke no Spanish, José was unsuccessful in communicating his problem. Eventually his sexual problem subsided with the aid of folk remedies, and José continued his relationship with the woman. After a few months, José’s lover told him that she wanted to see other men in addition to him. This confounded José and led to a long period of conflict in their relationship. During this time, José learned that his lover was pregnant, but there was confusion as to who the father might be. Although he wanted to marry his lover and raise the child, she convinced José to help her pay for an abortion. Their relationship worsened after this. José began to visit his lover without invitation, and several violent arguments ensured. She responded by calling the immigration service four times in an attempt to have José deported.

José’s psychosis first began at this time. When his distress became unmanageable, he felt that he could not get the help he needed at the local medical facilities, so he flew home to Mexico. He spent the night at Houston while waiting for a connecting flight. That night he began "crying a lot ... feeling both good and bad ... and smoking
one cigarette after another." He began to have religious visions and heard people talking about him. While at the airport he threw off his clothes and spread his body with ashes. He was apprehended by the police, taken to a psychiatric hospital, and shortly thereafter deported to Mexico. When his plane landed in Monterrey, he went directly to his uncle's home in hopes of finding some relief. His uncle took him to several curanderos and later to a psychiatrist. The psychiatrist treated José at brief intervals over the next two years, from 1973 until 1975, when he came to Chico Sein. During these two years, José had two relapses, both of which were preceded by his attempts to return to Florida to work and be near his lover. Since 1975, he has been coming to Chico Sein periodically for consultation while living in his mother's home. He no longer wishes to return to the United States and says that he begins "to tremble whenever he sees an American white person." His lover has come to visit once since his return to Mexico, but displeased with the life of his home town, she returned to the United States after a brief period. José would like to send for her again if he could earn enough money to provide for her in the style to which she is accustomed.

The Perez Gonzalez family is a large, loosely-linked social unit for which migration and assimilation into society outside their community has become increasingly important over the last nine years. The original nuclear family consisted of José's mother and father, as well as his eight siblings (ages 34 to 12 years). José's father, who died in 1976, established two bars in his town and was successful at accumulating land and expanding the family's capacity for agricultural production.
In the early years of the nuclear family, he and his first three sons concentrated their efforts on developing the family beverage business and involving themselves in local politics. They are now described by the younger members of the family as "alcoholics who disgraced their family." It is obvious, however, that their willingness to drink gained them status in the community, eventually leading to their economic success. At present, alcoholism is seen as a problem which plagued the older males in the family -- one which younger members are striving to avoid. In 1971, the region where the Perez Gonzalez family lives was struck by drought. Having migrated occasionally before that time, many members of the family began to migrate more frequently and for greater lengths of time. Initially they headed to Florida, where Jose's sister was then living with her Mexican American husband. Once they gained familiarity with the environment, they traveled to work in other parts of the United States. Two of Jose's brothers, those closest to him in age, have now married Mexican American women and live in the United States. Both men have severed their ties with the family almost completely, never sending money home or returning to visit. When asked why they chose to stay in the United States, Jose's younger brother, Lito responded: "They wanted to find something better, I guess." Having suffered the effects of the drought and alcoholism on their family, most of the younger members of the Perez Gonzalez family have chosen life strategies which emphasize individual survival while eschewing the bonds of familialism. Two of Jose's sisters are now living as undocumented aliens in Florida, where they work as housekeepers. Although they rarely come home to visit, they send modest amounts of
money to their family periodically. Those who are still in the home community are pursuing educations which will enable them to move away from the home to an urban environment. Even José's mother, once she is free of the responsibility of caring for her youngest child, plans to move to the United States. Finally, those who are now in the United States have not chosen to remain proximally located.

Although the family operates under the assumption that money is scarce and hard to come by, it is difficult to determine the extent to which their poverty is real or whether it is a "perceived poverty." As José's brother says; "I don't know if money is really a problem in my family, or if we just think it is." The family owns three houses, one bar, and several hectares of land (one hectare equals 2.471 acres), although they have found reason to stop raising livestock in recent years, due to the drought, the father's death, and their increased emphasis on migration. Since the death of José's father their bar business has diminished. Whether it is the cause or the result of their perpetual migration is difficult to discern, but the family has all but lost its economic foothold in their home community. Yet, even though the sources of income which sustain the family are multiple and irregular, most of José's younger siblings are able to attend school for advanced education. Few of them contribute substantially to the family income. Rather than saying that this family is poor, it is perhaps more accurate to conclude that they have a lower standard of living than before the drought and the migration of several family members. This certainly implies that part of their perceived poverty is based in reality. At the same time, it appears that the family has
higher expectations about wealth than most rural people. The family members talk disparagingly about their pueblo, saying "it is not like the United States" and are seeking to have members marry outside the community, either in urban Mexico or in the United States. Whether or not their poverty is real, it has affected José's way of functioning in the world. Feeling ashamed of his standard of living and unable to provide for a prospective mate, he broke off two relationships with women that he might otherwise have married. It seems clear that this family's aspirations about wealth have been shaped by its extensive contact with American society and that the decisions it has collectively made based on these aspirations, have been distressing to some of its members.

While many family members have moved permanently to the United States, few spoke favorably about their lives there. José's sister said that she did not like living in the United States, that it was "only a place to earn money." When she stated this in the presence of her family, her brother encouraged her to "be more truthful." She then admitted to having encountered discrimination in the United States which distressed her. She said that life in the United States was hard because she had no papers which gave her legal status, language differences blocked her communication with U.S. residents, and she could not find friends among Americans -- even among other mestizos. An attractive young woman, she found it particularly distressing to date Anglo American men. "They think the whole world follows in their direction," she said. Neither José or Lito felt accepted by the American people and each related specific stories of how they had been mistreated while in the
United States. The bad taste which migration left on their palate is due in part to the fact that members of the Perez Gonzalez family chose migration strategies which limited their contact with other Mexican mestizos and put them in immediate contact with English-speaking Anglos or Latinos who were more assimilated to American culture. They did not migrate within the extended community of Mexican migrants or successfully maintain contact with other family members.

Case study # 8: Leáł Mendosa family

Mario Leáł Mendosa, age 25, is a neatly groomed and plump man who prefers to dress in American-made slacks and shirts -- a style which contradicts his semi-rural upbringing and poverty. He was brought to the psychiatric clinic in 1977 by his mother, immediately after being deported from the United States, where he had been working for all of the previous five years. He arrived at the clinic acting verbally hostile toward his mother and showing behavioral symptoms which were diagnosed as psychotic. His mother reported that, since returning from the United States he had behaved "like a child." "He makes mischief," she said, "and he is so helpless that he has to ask my permission just to go to the corner (of the street)." At the time Mario's symptoms commenced, he reports that he began to hear voices and to believe that he was Hitler. One day he stripped off his clothes and went wandering in the countryside near the Oklahoma town where he had been living. He was arrested by the highway patrol, who discovered that he was an illegal alien, and then deported. The psychiatrist who interviewed Mario found no antecedent causes of his suffering other than prolonged isolation. His symptoms were in complete remission within three weeks.
After eleven months, at which time I met Mario and began this research, his symptoms had not returned.

Mario is the only male child with five sisters in a family originating from a small market town in northern San Luis Potosi. His father, a recurrent migrant and a heavy drinker, died of liver problems in 1969. Mario migrated to the United States two and one half years after his father's death in hopes of alleviating his mother's financial problems. All of Mario's sisters have migrated to urban areas, either in the United States or in Mexico. Most have gone to live elsewhere to accompany their husbands. Because, according to their mother, "they have their own families to worry about," they send little money home to her. Mario's eldest sister was living in their home community until her divorce in 1969, at which time she left her only child in the custody of Mario's mother and migrated to Monterrey. She sends small amounts of money to her mother fairly regularly to aid in the care of her child. Immediately before his migration Mario's household consisted of himself, his mother, and his sister's child. Most of Mario's extended family has left their home community in this generation to migrate to the United States. Because of his family's financial needs, Mario felt he should stay in the United States to earn money for as long as possible.

When he arrived in the United States, Mario did not rely consistently on his relatives for social contact and aid. He reports that conflicts arose because he "was not their kind." For this reason and because his work as a carpenter required that he change residence frequently, he did not have prolonged contact with his extended family.
At the time his symptoms commenced, he was living in a converted garage belonging to an Anglo American family in a non-Hispanic neighborhood. It seems that Mario attempted to have extensive contact with Anglo American culture while in the United States. He claims that he had several girlfriends there and that those he preferred were the American güeras (blond or light-haired and light-skinned women).

Case study # 9: Rodriguez Madera family

Javier Ignacio Rodriguez Madera, age 24, is a single mestizo male with a slight physique. He has an elementary school education, and at the time he was admitted for psychiatric care, he was unemployed. One and a half months after he returned from the United States, Javier was brought by his parents for psychiatric care because he "had changed" noticeably (estaba cambiado). He was diagnosed by a psychiatrist as paranoid schizophrenic due to "alterations in his conduct and thought" and also as being addicted to alcohol. Javier's parents reported that he had been drinking moderately since he was 15 years old, but that in recent months his consumption of alcohol had become frequent and habitual. The psychiatrist who handled Javier's case found alcohol and drug abuse (smoking marajuana), as well as migration, to be the causal antecedents of his trouble. His symptoms were in complete remission within 41 days and he was released from the clinic. After five weeks, he had stopped taking his medication and his symptoms had not returned.

Javier was the first and only member of his family to migrate to the United States. He began migration four months after he lost his job as a policeman in his home community. He entered the United States by foot and then traveled to Houston, Texas, in search of work. Two
months later, he returned from Houston, where he had been working as a gardener, after having been deported by the immigration service. Javier reported that the police who initially arrested him had abused him physically. When he returned to his parents' home, Javier's parents noticed that he seemed apathetic and unwilling to talk. A few weeks later, Javier returned to Houston, where he again found work as a gardener. After six weeks he returned home once more, showing the signs of emotional upset which brought him for psychiatric care.

Javier went to the United States against the wishes of his parents. Both times he traveled alone and entered the United States illegally. When asked about the most difficult times in his life, he reported that adapting to life in Houston was among the most trying. Upon arriving in Houston, Javier had difficulty finding work. After several weeks he found a job and gained four Mexican American friends. He worked with these men and began sharing an apartment with them. Javier said that his symptoms commenced when he accepted an invitation to smoke marijuana for the first time with his new-found friends. As he became intoxicated he started to "tremble and feel really bad." His friends bathed him in cold water and tried to calm him, with little success. The following day Javier returned home to Mexico, and because of the changes that his parents noticed in his behavior, they later took him for psychiatric care.

**Families originating in rural villages**

Residents of these communities rely on agricultural exploitation of the land, using a low-level technology in the production of primary goods. Extended families operate as cooperative units with the
fundamental goal of meeting their subsistence needs. Family members go to market irregularly to sell surplus produce or to procure those items necessary to daily life that the family cannot manufacture for itself. In most such villages residents have organized the ejido to tap local resources; yet, in none of the communities included in this study has the ejido taken agricultural production out of the hands of the family. Kinship ties form the primary units of social organization. These ties are extensive, sometimes linking families of two or three adjacent villages and including as many as 60 members in units which are, to at least some degree, economically interdependent. Kinship ties also yield the most power in local affairs, determining the outcome of ejido decisions and lessening the need for community law enforcement. If a person misbehaves or has a problem, it is regarded as a family matter and other residents of the community rarely intervene. Governmental representatives have helped residents in these communities organize the ejido, exposed them to modern medical services, and have attempted to instill a value for formal education. Still, the desire for upward mobility and material wealth influences these people's decisions about migration much less than do seasonal changes in productivity and the growing awareness that wealth and information acquired elsewhere can improve the standard of living at home. Individual entrepreneurship is minimal in these villages, and those who take such ventures are likely to have their own land and a sufficient number of close kin who will either tend it or assure them that their basic needs will be met.
Because of the closed and interdependent structure of these villages, permanent emigration seems to be a less acceptable and at the same time a less desirable choice. With the exception of a few years over the past decade, agricultural production in these communities has been good. Families have been able to meet their nutritional needs and produce a small surplus to buy necessary household items. That which residents have taken as profits from their participation in the ejido has also been consistent and, although not substantial, at least enough to merit their involvement. My informants in these communities report that, although many men have emigrated during a poor growing season, far fewer go during times of high productivity. One of the important reasons for this, besides the obvious fact that it is worth their while to farm their land while the farming is good, is that one who migrates too frequently is likely to lose his membership in the ejido. If he does not lose his membership, he may at least lose his status and influence as a concerned member. So the members of these communities are discouraged from anything other than temporary and infrequent emigration if they wish to reap the maximum benefits from the regional economy. Individuals who are less dependent on the agricultural production there are, of course, freer to leave and stay away for longer periods of time. Two brothers in one of these villages, who ran a successful woodworking business, were able to leave every year for the United States. In their case, because there was not enough business locally to occupy them throughout the year and because they had friends in the United States who assured them of employment there, it was to their benefit to emigrate. Members of large and productively
secure families are also free to emigrate. Unless they begin a career elsewhere, they are very apt to come home after completing their chosen goal, be it to get an education or to earn money. Those who have chosen a career which is unmarketable at home and are obliged to work elsewhere, do so without retribution, so long as their absence do not threaten the security of their families and they make regular visits to home. People in these communities are informed about one another's lives to the extent that most residents know when a person has neglected his family or is uninvolved in the community. For those people who cannot justify their emigration as beneficial to their families and maintain their involvement in community affairs, it is difficult to return with the same degree of status and acceptance they may have had before leaving. In fact, it is generally true that those who appear to community members to be benefiting more from their time away than from their activities in the village (regardless of how conscientiously involved they may actually be in community affairs) have difficulty maintaining a foothold in village economics and spheres of influence.

Case study #10: Fajardo Camarillo family

The Fajardo Camarillo family is a large, close-knit unit which is interlaced into an extensive set of social networks. These networks include residents of the community and nearby villages, as well as relatives who live in distant urban centers. The parents of the Fajardo Camarillo family and two of their nine children now reside in their native community, La Madrina. The father, Victor Fajardo Camarillo (age 77) has lived and farmed here for his entire life.
La Madrina, itself, contains no more than 350 residents; yet, the boundaries of the community as a set of related and interdependent individuals extend into three nearby ranchos as well. Victor has relatives and friends throughout the region with whom he exchanges goods and favors. Because many members of his nuclear and extended family now reside in urban areas, he has social contacts there as well.

La Madrina is an agricultural village in La Huasteca, a mountainous region of eastern San Luis Potosi, with a large Indian population. The land in this region is fertile and most families in La Madrina own as much land as they are able to farm. The cultivation of grains and legumes is equally as popular as raising livestock. Little technology is used in farming; nor does La Madrina have an organized market. Many residents of the community are active members in the ejido, which functions efficiently in organizing the cultivation of the rich timber surrounding La Madrina. The ejido also manages the local sawmill, and ships approximately three-quarters of the wood it produces to Mexico City. Ten years ago a highway was built which passes through La Madrina and serves to link it to outside markets and urban centers. Residents of more isolated rural villages now pass through La Madrina more frequently. Consequently, the general store there has become a booming business. Thanks to Victor's initiative, La Madrina now has its own teacher and a small medical clinic. Recently some local residents have begun traveling to Xilitla (a local market town) to have their babies, but the use of parteras (folk midwives) and other folk medical practices are still prevalent. Emigration is popular in La Madrina as well. That which occurs to the United States is most often temporary and
irregular, depending on seasonal fluctuations in local productivity. Some residents of La Madrina said that recently the destination of migrants to the United States has shifted from rural to urban areas. The need for technical skills has made such migration less desirable to some and recent increases in productivity and employment at La Madrina's sawmill have given residents less incentive to emigrate for purely monetary reasons.

Victor Fajardo Camarillo is a calm and extremely active mestizo man. The dedication he has shown for his family and his constant participation in community affairs have won him the title of don and prestige in the eyes of local residents. Don Fajardo is related to at least 50 individuals in the immediate region. He married at age 26, having been once widowed. His marriage was planned for him by the senior members of his and his wife's families. It was a political and economic gesture which served to unite the families of two separate communities and Victor did not know his wife prior to their marriage, except through occasional meetings in the presence of their parents. He says that he has "learned to love his wife" over the years and that married life has brought him great happiness. During the Mexican revolution the interim government appointed Victor to be hefe de las armas (chief of arms) which gave him responsibility for organizing a volunteer militia to maintain order in La Madrina. Since that time Victor has continued to expand his agricultural holdings and participate in the development of his community. He is now the senior and most respected member of the ejido and his opinions affect many of the community's decisions. Victor's wife operates a small store in their
home, selling refreshments, cigarettes, and food staples. Because most residents of the community and the outlying region pass by this store on a regular basis, it serves to keep the Fajardo Camarillo family aware of local news and integrated into the local community. Victor's status in the community had made it easy for his sons to find a secure and profitable role there. His eldest son, Amado (age 40) subcontracts all tree-cutting and delivery in the ejido and employs two cousins of the Fajardo Camarillo family. Victor's youngest son, Arturo (age 28) is a veterinary assistant and pest control agent in La Madrina. The extent to which the Fajardo Camarillo family is integrated into the community was evident at the recent wedding of Arturo to a woman from a nearby rancho which was attended by well over 300 people. Although Victor's primary goal in life has always been to develop his community and his personal holdings there, he has also sought to give his children the opportunity to seek education and advancement outside La Madrina, so that they may "choose for themselves" what kind of lives they want to live.

Amado, Victor's oldest living son, has a wife and three children and now resides in his own home, which is within walking distance of his father's home. He now earns his living by farming his own land, raising livestock, managing tree-cutting for the ejido, and renting juke boxes in several local towns. Amado's migration to the United States has been infrequent and brief. He began migration in 1964 when he traveled with approximately 200 men from La Huasteca to pick vegetables in the United States. He went again the following year to pick tomatoes in California. His motivation each time was to remedy temporary
economic problems resulting from the poor growing seasons in his village. Each time he entered the United States legally and remained there only about four months before coming home. Amado began migration to the United States again in 1973 -- this time for adventure. He flew directly to Washington, D.C. where he stayed with his sister-in-law until he found work and housing. He took a job in an Italian restaurant and found an apartment with some Latino friends. When his visa expired he decided he would stay, so he became an illegal alien at that time. Amado earned enough money to travel in the United States as a tourist and to continue supporting his family in La Madrina. He said that he acquired many friends while there, whom he visited frequently and felt comfortable borrowing money from. After eight months Amado grew lonely for his family and decided that he should be near his children as they developed, so he returned home. His three children have matured now and both of his older sons have gone away to study. They chose to study in Queretaro because Amado has two sisters living there who will care for them. Amado's sons come home to visit at least one each month and he in turn travels to Queretaro whenever possible. He still believes that he could benefit financially from migration and would like to have more adventure, but he has opted to be near his family.

Enrique Fajardo Camarillo (age 30) is the fifth child and the second born male in the family. He is now a medical student in San Luis Potosi and has been away from his family for most of his adolescence and adulthood in order to attain an education. He first left home at age nine to attend school in a nearby village. There he lived
with his paternal uncle and came home to visit his family each month. At age ten Enrique went to study at a charity school for orphans and Indian children and at 14 he went to Queretaro to complete his high school education. He later went to medical school in San Luis Potosi where he met the woman he married and is now living in that city completing his residency to become a physician. Enrique says that although he has been away from his family for much of his life, he did not feel homesick until recently. There were always relatives nearby and he communicated with his family frequently. Now and for many years prior to this time, he has not gone for more than three months without seeing at least one member of his family. Enrique recognizes the unity and supportiveness of his family and says that he sometimes feels "proud in kind of a crazy way" about his family. He keeps a shoe box stuffed with photos of his family and the friends he acquired in the various places where he has studied and knows recent news about each one of those individuals.

Although many members of the Fajardo Camarillo family have migrated out of La Madrina, leaving is not without its undesirable aspects; and the family has made special efforts to maintain its integrity despite the dispersal and prolonged separation of its members. Victor sent all of his children away from La Madrina for schooling, but has chosen to send them to towns and cities where he had relatives or friends who would care for them. During their time away, Victor and his wife made frequent trips to visit their children and corresponded with them on a regular basis. Even today, although most of his children are grown, they come home frequently to visit. Conflicts and worry
have arisen around the issues of leaving and separation. When the eldest daughter of the family chose to marry a divorcee and to move to Nuevo Laredo, Victor became irate. He worried that, because her husband was divorced, he would not provide for her and that he would lose contact with his daughter over the great distance. It took almost eight years for the conflict between father and daughter to be resolved; but during this time other members of the family continued to write and visit, so as not to let her feel rejected by the family. As the anger cooled and Victor began to trust his daughter's husband, she moved back to a community near La Madrina and now visits her family nearly every week. Members of the Fajardo Camarillo family who have migrated to the United States say that it can be more stressful than other sorts of traveling. Two years ago Arturo migrated illegally to the United States, but returned home after just six weeks. Although he entered the country with an experienced friend from La Madrina, he chose to go home shortly after that friend was captured and deported. After one experience in the United States, Arturo has little desire to migrate again and because he has found a good job in La Madrina he has less need to migrate than before. The mother and father of the family are not without their worries about how migration effects their children. Victor says he misses his children and grandchildren when they are away, but he believes it is important that they have the opportunity to "form their own lives." When her sons have returned from the United States, Victor's wife says that she "hardly knew them . . . because they acted depressed, angry, and very aggressive." She said that she worried about them, but after a while they "got better" and began to
act more "patient and happy." It seems that all members of the Pajardo Camarillo family who have gone away have also chosen to return -- if not permanently, at least for frequent visits -- and that in times of separation, members have aided each other in maintaining a sense of unity in the family. The circumstances which have drawn them away from home have not been drastic crises; rather they have been outside opportunities, such as the chance to have adventure in the United States or the opportunity to attain education as a nurse or physician. In most cases they have been successful at exploiting these opportunities, and in cases where they were not so successful or they experienced stress (as in Arturo's case) they returned home.

Case study #11: Reyna Ruiz family

Miguel Reyna Ruiz, single and age 30, is a sturdy man of average height with a light complexion and brown, almost black hair. Although he is a skilled airplane mechanic, he has not worked regularly for several months. When he was brought by a policeman, his mother, and his maternal grandfather to the psychiatric clinic where we first met, he was diagnosed as paranoid schizophrenic and alcoholic. His symptoms had commenced in the community jail four months after he was arrested for "fighting in public." The officer who brought him to the clinic commented that Miguel "generally caused no problems (in his home town) and was a decent worker." This officer had noticed Miguel's reclusiveness while in jail and when he found the man talking to himself, the officer contacted Miguels' maternal grandparents. They in turn sent a wire to Miguel's parents in the United States, saying that their son
needed psychiatric care. When the family arrived at the clinic, the mother was notably disgusted with the inconvenience of being called home from the United States to care for her son. Miguel acted angry and physically aggressive towards his mother. His symptoms were in remission after a brief period of hospitalization which made our interviews easy to conduct. In my presence Miguel was always quiet and formal, bordering on shy, but also very willing to answer my questions. His calmness and self-contained personal style often led me to believe that he had more to say than he actually did -- particularly in the presence of his parents. The neat dress and educated manner of all the family members convinced both the psychiatrist and myself that Miguel was not of a rural background, when in actuality he was.

Miguel is the oldest of four children in a family of rural origin. He has two sisters, respectively one and three years younger than himself, and his only male sibling is almost seven years his junior. In the rancho where he grew up, his family raised livestock and grains until about two years ago, when they decided to migrate permanently to the United States. Until that time, the family was closely tied through the market and its extended family to the nearby community of Cerro de Los Pino (population about 20,000). Throughout his childhood and adolescence Miguel was chiefly responsible for helping his mother manage the household economy and care for his younger siblings, due to his father's frequent absences while working in the United States. Miguel recalled that his adolescence was difficult because he was required to tend the family livestock while attempting to maintain the high marks in school which his parents expected of him.
Miguel first left home in 1964 at the age of 16, after he had completed his secondary schooling. One of his father's reasons for migrating was to earn money to send his sons to college. He hoped that Miguel would get a good education, one which would enable him to become a professional, a lawyer or an accountant. But when Miguel entered preparatory school in Guadalajara at the young age of 16, he did not find it easy to meet his father's expectations. He reported being constantly fatigued, unmotivated and homesick. He had no friends or family in Guadalajara; now did his family come to visit him. During these years, he was essentially cut off from familiar social contacts; except for at vacation time, when he would return home to visit and work on the family land. During his second year in Guadalajara Miguel's novia ended their engagement, a loss which deeply affected him, according to his parents. About this same time, Miguel's grades became so poor that he was asked to leave school; so he returned home to discuss the new career he had chosen with his parents. He had decided to enlist in the Mexican armed services for training as an airplane mechanic, hoping one day to become a pilot. This decision sorely disappointed Miguel's parents who had hoped that he would chose a career which would assure him greater upward mobility. In spite of their objections, Miguel returned to Guadalajara and registered with the military, where he trained from 1966 until 1969. His parents now claim that after he returned from his stint in the army, Miguel's "personality had changed completely." Like many military men, he acquired a gusto for carousing while in the service, but when he returned home, this behavior only served to win him more parental disapproval. Miguel's parents said
that when he returned from his military training he was "drinking and associating with people of a poor quality," not the sort of people who would be welcome in their home. After his release from the service, Miguel worked as an airplane mechanic for the next four years -- two years in Mexico City, followed by another two in Guadalajara. He said that it was somewhat difficult adjusting to nonmilitary life because he missed the friends he had found in the service and was unaccustomed to a life without routine and discipline. Having never become a pilot as he wished, Miguel grew disenchanted with his work as a mechanic and returned home in 1973 after almost nine years away.

When he arrived at his father's home he found that his family had begun full-scale migration to the United States. He decided to try his skill at it as well. At first, he migrated with a friend to a rural area in Texas, where he worked as an undocumented alien on a ranch for approximately one year. In 1975, after a short trip home to visit his mother, he traveled to Houston, Texas, where he lived with his sister and her family. He worked there for about six months. He migrated again in 1976 to live and work with his brother and sister near Los Angeles, California. Each of these migrations proved to be difficult for Miguel, who spoke very little English and was not very aggressive about finding work and friends. So in 1976, Miguel returned home to his community in Mexico to live, having decided that he could not successfully adapt to life in the United States. At this same time Miguel's father, who had been migrating to the United States for the greater part of his adult life, decided to relocate the family (permanently, if possible) in the United States. Miguel began living alone in
Cerro de los Pinos. He commented later that it was difficult to find work there because the family had never been very close to their relatives. Miguel's drinking became a problem during this period of isolation. Therefore, it was not until after Miguel had returned home, in hopes of reuniting with his family (only to find them departing) that his deviancy developed and became judged as a problem needing psychiatric care.

In 1978, when Miguel's parents returned from the United States to take him from jail to the psychiatric clinic, it had been two years since he had shared any contact or communication with them. He arrived at the clinic showing strong hostility towards his mother and saying "my parents rob me . . . . Because of this I live in abandoned houses. They don't want to even think anything about me." When asked about the most difficult periods or events in his life, Miguel responded:

1. school, because it was hard to tend the livestock and study at the same time;
2. when I left the secundaria and had to go away to school;
3. when I have had to deal with women;
4. trying to be happy; and
5. when I was in jail.

Since they began migration to the United States, his father says Miguel has become the lowest wage earner in the family. He admitted that life in the United States must have been hard on Miguel: "There were no girls to meet there and because he spoke no English, he could hardly get around in the neighborhood." At the same time that Miguel's parents said they understood the difficulties their son has had to endure and
that they want the best for him, they seemed disgusted and inconvenienced by his illness. During his stay at the clinic, the psychiatrist noted that "because his parents would not come to visit him, he was suffering extreme anxiety." Miguel's father explained impatiently that because he was forced to return from the United States to care for his son, the family was losing money. He insisted on returning with Miguel to the United States just two days after his release from the hospital, against the recommendations of the psychiatrist. When his father tried to convince his son to go the United States, Miguel responded defiantly; "I don't want to go; I'm prepared to stay here." His father ignored this statement and after more coaxing, Miguel conceded, saying: "but there's really no alternative; I must go."

Migration is extensive in the Reyna Ruiz family and has become even more so in recent years. Miguel's father (age 53) first migrated to Bay City, Texas, in 1945 immediately after he married. From then until 1976, he has been a recurrent migrant, spending approximately seven months of each year in the United States. His purpose was to obtain wage-labor to augment his income from agricultural activity at home, so that his family could have a better quality of life and he could insure his offspring an education. In 1963, all of Miguel's maternal relatives began to relocate in Mexico City. Although Miguel's paternal grandfather and uncle migrated to the United States, they did so infrequently. Miguel's father is the only member of his family to rely on migration as a major source of income and the first member of his family to attempt to settle permanently in the United States. Miguel's only brother (age 24) was the first of the siblings to migrate
to the United States. In 1972 he went to Santa Anna, California, where he found regular employment in a textile mill. He now earns approximately $220.00 weekly, and is living with his sister as he awaits his marriage to a woman who has lived all of her adult life in the United States. In 1973, Miguel's oldest sister (age 29) went to live in the United States, having just married a native of Cerro de los Pinos who was already established and working legally in Santa Anna. Together she and her husband earn about $400.00 weekly doing restaurant work. Miguel's other sister (age 28) also went to live in the United States in 1973, after marrying a Mexican American school teacher, whom she met while he was visiting Cerro de los Pinos on his vacation. They now live in Houston, Texas, where, until the birth of her second child, she worked as a kindergarten teacher.

Between 1972 and 1973, certain social opportunities arose which allowed the Reyna Ruíz family to extend its social ties across the border into the United States and assure themselves greater economic security through migration. At this same time Miguel was in the process of discovering that migration was unbearably difficult for him. Late in 1975, Miguel's parents determined that the best way to exploit the economic opportunities which were now available to them and to watch their grandchildren develop was to relocate permanently in the United States. By this time all members of the family had access to legal entry papers. Today Miguel's father is pleased that his children are settled in the United States, because "now the whole family can work." Since 1976, Miguel's mother and father have migrated periodically between the homes of their two daughters in Houston and Santa
Anna and have had no difficulty finding work in either location. At the time Miguel took sick, both his parents were working at a textile factory in Santa Anna earning sizable salaries. They now appreciate life in the United States because, as Miguel's father expresses it: "Everyone helps everyone else over there." Yet surprisingly, at the same time that he praises the family's new life in the United States, he claims that the move has created certain economic hardships. Since disconnecting himself from the agricultural economy in Cerro do los Pinos, he feels burdened by the loss of some 7,000 pesos which he earned annually from his livestock. He insists that the family must work harder to compensate for their loss.

Migration has put the Reyna Ruiz family in a process of transition, the speed of which has been increased in the last two years. Miguel's father has assimilated many American values and attitudes which have caused him to make various decisions contrary to his cultural heritage. During his 33 years of migration to the United States he has become a pragmatic, future-oriented planner, one who values material wealth and security over closeness to kin and those of his own culture. He says that since he began migrating to the United States, there has been progressively less time for religion in his life. He has disassociated himself with the ejido in his village, because "things happen too slowly there; the ejido cannot organize to get enough money to take advantage of the land." When Miguel protested against being taken back to the United States his father began to lecture him, saying "There is a need to work. You have to work to be happy." And implicitly, he equated work in the United States with
happiness. Miguel's father lists the most difficult obstacles he has had to overcome in his life as:

1. to get a home and to get established in life;
2. to attain money;
3. to adjust to married life;
4. to adjust to migration, when I'm in the United States and when I return.

I noticed another sign of his assimilation of American values when he tried to pay me for my visits to their home. Migration has meant that Miguel's mother has become a strong, independent woman, whom also values what life in the United States has to offer. After she was interviewed by the psychiatrist treating Miguel, she was described as a strong, cold and domineering woman, one who angrily rejected her son Miguel. In the presence of her husband, in contrast, her behavior is extremely conciliatory and submissive. Among the aspects of life she values in the United States is that her daughters can have their children delivered by a physician, instead of the local midwife (partera) who followed her through her pregnancies. The recent attempt to relocate in the United States has resulted in a diminishing of social ties in their community of origin, ties which have not yet been replaced in the United States. Since moving to the United States, they have lost all social contacts outside the family in Cerro de los Pinos. When visiting there, they interact almost exclusively with Miguel's maternal grandparents, even though Miguel's father has 35 consanguines living there. In the United States, the Reyna Ruiz family can name no people they consider friends outside their family. Their interactions
-- including visitation, lending money, and providing aid -- are restricted to their in-laws and their children's families. They say that there is no one in the United States whom they could ask for help outside the family if, for example, one of the children were sick, even though they have _compadres_ living in Houston, Texas. As Miguel's father put it: "The people there are very transient." In just one generation, the Reyna Ruiz family has gone from being a rural family organized around the low-level agricultural economy of a relatively closed community, to become a family of migrants to urban areas with their only important social ties lying outside those urban communities. Miguel, due to his absence to study in Guadalajara and certain familial patterns which developed during this period, has been excluded from this process of transition. His attitude towards his family is expressed in his statement: "I am different (from the rest of my family). I have my own ideas."

Case study #12: Sabia Ramirez family

Hector Sabia Ramirez, widowed and age 40, is a tall and tired looking man, who dresses like a typical Mexican _ranchero_ in boots, a wide-brimmed straw cowboy hat, and blue denim jeans. He is a former agriculturist from a rural community, but since his family's migration to the city of San Luis Potosi, he has earned his living as a cheese vendor. Hector has seven children, ranging between the ages of 4 and 18. The oldest of his children migrated for the first time to the United States six weeks before Hector came for psychiatric care. The remaining six of his children are his dependents.
Hector came alone to the psychiatric clinic for consultation, complaining of frequent headaches, blurred vision, and an extreme lack of motivation to work. He explained that the first emotional problems he experienced began in 1969, while he was working as an illegal alien in the United States. These same problems returned when his wife died in 1973, and had reoccurred periodically since that time. He reported that, since his family had been forced from their rural community by drought eight years earlier, his life had been difficult and that he had never been able to free himself from financial worry. He said that his problem is due to: "(1) the blows that life has dealt me; (2) the fact that I am a sensitive and sort of weak person; (3) I imagine too much; and (4) I have children and much responsibility that I cannot meet, because I am not working as well as I usually do." Hector's explanation of his suffering was confusing. Most of his complaints were described as somatic sensations, but he also explained that he suspected his girlfriend had hypnotized him or made him embrujado (bewitched). When asked by the interviewing psychiatrist if he ever heard voices, Hector reported that sometimes he heard others talking about him but did not give it much thought. Frequently over the previous eight years, he had sought the aid of curanderos. Hector was referred for psychiatric care by a curandero, a specialist in treating "those who hear voices." The two psychiatrists who interviewed Hector when he arrived at the clinic disagreed about an appropriate diagnosis. One insisted that he was a paranoid schizophrenic, while the other regarded him as expressing signs of depressive anxiety. This confusion in diagnosis may be accounted for in part by
the facts that Hector was an easily influenced individual and that he preferred to place the responsibility for naming and alleviating his suffering in the hands of the professional helpers.

Migration, both internal and international, is frequent in the Sabia Ramirez family. Hector's father (age 65) began periodic migration in 1945, to supplement his income from agricultural work in the rancho where he was born. He went to the United States for the first time in 1950. In 1957, he gave up migration to concentrate his efforts on improving his land and livestock at home. He also wanted to be near his children as they matured. The following year Hector, then 20 years old, began occasional migration to the United States with two of his brothers. All of these men, the older offspring in the family, had previously migrated for short periods to other parts of Mexico. All of their migration during this period was temporary and infrequent and was conducted with the purpose of gaining wage labor to supplement their income in the home community. Migration was not necessary to survive, but was seen as an opportunity for the family to buy things it could not otherwise afford.

The family followed this pattern until 1967, when a three year drought forced them into a financial crisis. It was at this time that Hector, the eldest son, began long term migration to the United States, in order to remedy his family's financial problems. According to his father, "If there's a crisis or a shortage of money, the eldest son has to search for a solution." So Hector migrated to the United States to earn money to send home, while his parents and all of his siblings moved to San Luis Potosi. They settled in a poor section of
the city. Hector's father began selling cheese in the central market, and his brothers established two stores in their vecindad (neighborhood). The family remained fairly intact upon migrating to the city.

Today, approximately 45 individuals live in four houses in the same vecindad. All are economically dependent on the money brought in from the two stores and the family cheese business. At the time this research was being conducted, Hector's father earned approximately four dollars each day in the market and received another six dollars in aid from his sons each month. He claims that "It is painful to live on this amount." The family has little social contact with other members of the community. The mother and father commented that there is no one in the community whom they visit, exchange money with, or who helps with the care of their children. Emotionally, the family seems to have remained tied to its rural home community, and still, they return there to visit whenever possible. Although the extended family has remained geographically close, they interact on a casual basis very infrequently. Affect and enthusiasm among family members is extremely low. One is struck by the quietness of the household, even when it is full of people. Because he works so constantly, Hector's father says he has no time for relaxation or worship. Life is complicated further by the fact that Hector's mother is sick and will soon die. There is a general theme in the family that, no matter how hard its members work, they will not have enough -- a theme which, according to Hector, did not exist before they left their rural village.
In 1968, Hector migrated to the United States and remained there working for almost three years. He had gone to work in the United States six times over the previous ten years, but for much shorter periods of time. When he went in 1968, he considered himself to be primarily responsible for relieving his family's economic burden. He entered the United States illegally, walking for 12 days with his brother to a ranch in Texas, where he found employment. After one week, his brother was caught and deported to Mexico, and Hector moved on to a small Texas town. After seven months, he traveled with a newly-acquired Mexican friend to Findale, Ohio, where he worked in an auto parts factory. Hector spent approximately 24 months in Findale. For two months he lived with his friend from Texas, but after an argument, the two parted company. Hector then began living alone, and for the next eleven months he had little contact with other Hispanic people. He met an Anglo American woman and fell in love. They began living together and at the same time, Hector wrote and sent money home to his wife and children. After they lived together for about six months Hector's lover found a letter from his wife. She discovered, for the first time, that he was married and had children in Mexico. Immediately she ended their relationship. When she moved out, Hector said he began to realize how much he loved his American girlfriend (Un gran amor hacia ella.) He lost his desire to work, became depressed (muy deprimido), and for four days he searched for his former lover. On the fourth day after their separation, he went drinking with a friend from the factory where he worked. Hector claimed that he did not remember his exact behavior; but during their drinking bout, his friend concluded
that Hector was asustado (magically frightened). The friend took Hector to a charity hospital, where he was admitted for psychiatric care. He was hospitalized for eight days. During this time, Hector's lover came to visit him, but he began trembling and he cowered when she approached him. Hector said that he felt guilty for having had sexual relations with a woman other than his wife and for having deceived his American lover. He still believes that his lover bewitched him. When Hector's symptoms subsided, he left Findale immediately. He worked for one month in Wisconsin and then returned home to Mexico. He reported to me that by the time he arrived in San Luis Potosi, his symptoms were unnoticeable and that his relationship with his wife was very satisfying. This was the last time Hector migrated to the United States.

Case study #13: Tamayo Tamez family

Juan Tamayo Tamez (age 25) is a soft spoken mestizo male of average height with a light complexion. The symptoms which brought him for psychiatric care were said to have begun when he was involved in an automobile accident in Dallas, Texas. Juan had been driving with some Mexican American friends, when he began to feel "stoned" (enondo), even though he had not been taking drugs. He lost control of the car and crashed into a telephone pole. After the accident he began to experience severe anxiety which was accompanied by chest and abdominal pain. Juan believed that he was going to die and both he and his parents were convinced that he had been embrujado (bewitched). Juan's parents had taken him to several curanderos before consulting the physician who immediately referred Juan for psychiatric treatment. In the initial interview, Juan acted very hostile towards his father. He
claimed that his parents had sold him to a stranger when he was thirteen who took him against his will to the United States. Juan's physical complaints and his notion that he had been taken unwillingly to the United States earned him a diagnosis of paranoid schizophrenic. Because he exhibited a "familiarity" with various sorts of barbiturates and inhalants, Juan was also diagnosed as "drug dependent."

Juan is the fourth born of six children in a rural family which is heavily dependent on migration. He has two sisters (ages 36 and 34), both of whom are married and living near their parents' home in Mexico. All of Juan's brothers have migrated to the United States, and only one has decided to return to Mexico to settle in his home community. Two of Juan's brothers have married in the United States and now live permanently in Dallas, Texas. Juan and his younger brother have been recurrent migrants to the United States since their early adolescence. At the time Juan's symptoms commenced in Dallas, his domestic household in Mexico consisted of his mother and father, his eldest brother and his wife and children. Juan's father had recently retired and returned from Dallas to live at home. Because only the male members of the Tamayo Tamez family have migrated, the women have created a close-knit network, visiting and helping one another frequently. The men in the family have remained less unified and are less than perfectly linked to their home community. Juan's father reports that he had difficulty finding work when he returned and Juan's eldest brother has chosen to seek employment as a truck driver outside of the community.

Juan's father was the first and only member of his nuclear family to migrate. In 1946 he went as a bracero to the United States. He
worked as a migrant laborer each year until 1960, when he was offered a federal job as a gardener in Dallas, Texas. Since he first migrated as a bracero, he has been absent from the domestic household for approximately ten months of each year. In 1956, he brought his family to live in a local market center near the rancho from which they originated. He encouraged all of his sons to migrate to the United States as soon as they reached adolescence. For most of the previous 17 years he and all of his sons had lived in close proximity in Dallas, Texas. Due to the actions taken by Juan's father, migration has become a dominant theme in the Tamayo Tamez family, and the most preferred way of earning a living. Eighteen months prior to the time when Juan began to experience distress, his father was retired by the United States government and returned to Mexico to live while collecting his pension. Since that time, he has been attempting to expand his livestock business which his wife had maintained at a low level during his absence. The fact that he is also building a large house for his eldest son is evidence that Juan's father's migration has brought him a reasonable amount of wealth. Yet, he still considers himself to be quite poor, and compares his standard of living in a degrading fashion to that in the United States. When asked about married life, he saw fit to respond thus: "Married life is necessary for us poor people. I don't know what it is like for the rich American, but for me it is good." Since he began migration to the United States, Juan's father has acquired a value for hard work as the best means of success and upward mobility. He has impressed these values on his sons and wants them to have everything they can get from life in the United States.
Juan first went to the United States with his father in 1967. During this time he has returned to Mexico to visit his mother after every seven to eleven months. At the time his symptoms became a problem, he had not seen either of his parents for almost two years. In Dallas, Juan said that he did not see his brothers regularly because he "did not get along well with their friends." While in the United States, Juan became more assimilated into poor minority-group culture than into the dominant Anglo culture. This fact distressed and angered his father to a large degree. Although he has lived in the United States for most of the last 12 years, Juan has learned little English. When his father encouraged him to enlist in the American army so that he could gain United States citizenship, he was unable to pass the literacy test. Nor did Juan finish high school in Dallas, as his father had hoped he would. Juan's parents describe him as "lazy" and the least successful wage earner of the family. Our interviews suggest that Juan was never a willing migrant, but that he went to the United States to fulfill familial expectations. Such circumstances have drawn Juan away from his father emotionally. As his father described their relationship, "With me he's more reserved but with his mother he's more friendly." Most family members recognize the distance between Juan and his father. They reported that several conflicts had arisen between the two, because Juan did not perform well at work or in school, and because he chose to make friends of whom his father disapproved.

Juan reports that he does not feel happy either at home or in the United States. He says that "migration is difficult because the United States is more advanced . . . and they have more sex there."
Juan's description of his relationships while in the United States reveals that he felt confusion and pressure from his father. He was committed to a relationship with a Mexican woman who came to live in the United States shortly before his breakdown. He had a child by this woman and Juan's father, even though he did not know that Juan fathered the child, insisted that his son marry her. Juan, however, was attracted to the sexual liberation of American women, and was involved with a divorced woman at the time his symptoms commenced. The accident which accompanied this onset occurred the day after Juan had told his Mexican girlfriend that he did not want to marry her. Juan's sister believes that this woman has bewitched her brother as revenge for breaking their engagement.

Case study #14: Compean Ramos family

Carlos Compean Ramos, age 32, is a tall muscular mestizo male with dark features who dresses as a ranchero. He was brought to the psychiatric clinic by his brother as soon as the two stepped off the bus from the United States. Carlos, his brother, and some of their friends had been working at the harvests in Fort Worth, Texas, for approximately two months, when Carlos began to experience a loss of appetite and the inability to sleep. Carlos explained that he had been feeling discontent for many months. He believed that his wife was saying bad things about him. He felt mistrustful of many people around him, and said that he did not feel at home anywhere he went, even in his own home. A few weeks prior to his departure to the United States, Carlos learned that he is not the father of his wife's children. His cousin fathered the children illegitimately, during Carlos' absences to migrate.
Carlos is the second born male in a rural family where temporary migration to the United States is frequent. Of his five siblings, only he and his older brother are considered old enough to migrate. Since the death of their father two years ago, Carlos and his brother have been the sole individuals responsible for supporting their mother and younger siblings in addition to their own families. The Compean Ramos family is primarily dependent on migration as a mode of subsistence. When asked if the family has enough money to provide for itself, Carlos' brother responded, "Only when we are in the United States."

**Summary**

These case studies should make it clear that whether adaptation to migration is successful or unsuccessful will be determined by the interaction of social factors at various levels. At an individual level, all those involved in the migration process had their own needs and aspirations. Their degree of success at migration and adaptation was affected by how well these needs and aspirations corresponded with those of other family members and friends. Their success or failure was also a product of how well their needs and aspirations correspond with the opportunities and events in the social world through which they move. At an interactional level, the lack of mutual needs and aspirations among members of primary social networks was sufficient to make migration difficult. When social groups of interdependent individuals held discrepant goals and expectations or when they chose to manage the changes accompanying migration in uncomplimentary ways, conflicts resulted and migration became a divisive force in these groups. Yet, the wisdom of these individuals' needs and aspirations cannot be
evaluated without giving consideration to the broader social influences which determined the effectiveness of their strategies and the realism in their goals. Many of the migrants described in these case studies had seemingly realistic (nondeviant) aspirations. Most had devised well-planned strategies for actualizing these goals and were capable of coping with temporary obstacles to their success. Other members of their social networks were often supportive and tolerant, even when the migrants did not achieve immediate success. In many cases, however, the way in which the broader social influences (i.e. the limited alternatives and information, the changing opportunities) affected their success at migration must be considered as significant causes of individual confusion or inconsistency as well as familial fragmentation and lack of mutual support between family members.
CHAPTER V

ADAPTIVE AND MALADAPTIVE RESPONSES TO CHANGE:
ANALYSIS OF THE CASE MATERIAL

All of the migrants and members of their families just described saw migration to be problematic to one degree or another. Yet, not only did the degree of difficulty which migration entailed differ from family to family; but also the degree to which they were successful in coping with the problems of separation, isolation, and unpredictable events differed as well. The individuals within these families showed different degrees of change in their adjustment to migration and they varied in the amount of change they were willing to tolerate or endure. They showed certain patterns with regard to what sorts of changes they expected and preferred to result from migration. Certain themes developed within these families as they attempted to clarify their goals in migration, devise strategies for actualizing these goals, and accommodate the consequences of change. These processes tended to operate within certain culturally proscribed limits and were more than a product of familial interaction. In this chapter I will describe some of the cultural constraints which, as they are filtered through the family system, shape migrants' strategies and expectations. By showing how migration presents sets of methods and goals which may often oppose one another, I will demonstrate how pathological themes may arise within families that practice migration.
Closed and Open Strategies of Migration and Adaptation

The act of migration implies that individuals who formerly moved about in social networks where membership and behavior was somewhat predictable will begin to involve themselves in social systems where the flow of members and information is significantly increased. During migration, the migrant is more likely to meet people of different backgrounds and beliefs. His family is likely to shift its structure and open itself to different sorts of relationships with the community and its extended kin. In short, migration results in the transformation of relatively closed social groups to potentially more open ones. About many of the previous case studies, it seems fair to generalize that tension arose in social groups because members failed to adjust to this shift from closedness to openness. Some family members continued to maintain expectations and make decisions as if they were a part of a closed and static system, while other members of the same family were operating under the assumption that they were involved in an open and changing system. Some family members failed to anticipate or accept changes in group membership, values, and behavior, while other members invited these changes. Families fell into disharmony because they were unable to acknowledge or adjust to the ramifications of change in their expanding social world. Many of these families could not find a balance between openness and closedness; one which allowed their members to move out and away, changing to meet the demands of the host environment, while maintaining a sense of cohesiveness and solidarity in the family.
When the issue is posed in this way, migration appears to be inherently opposed or threatening to the Mexican ideal of familialism. If Mexican people are actually as family-oriented as they are said to be, it seems paradoxical that migration is a popular life choice in their culture. What is apparent in the case studies of well-adapted families, however, is that:

1. Members strategized migration through an extended community of friends, family, and referrals in order to insure themselves such things as accompaniment during their travels and aid or information once they arrived in the host community.
2. Members often took special steps to insure that a sense of family cohesiveness was maintained during times of separation, e.g., through visitation, correspondence, and sending money.
3. Migrants and their families often sought changes which were complimentary, rather than threatening to the bonds of familialism.
4. Various sorts of migration demanded change at different rates and in different ways, so that well-adapted families experienced change in a way to which they were able to accommodate.

In those families with members who became psychiatric patients, in contrast, migration had resulted in more sudden or extensive changes to which the family could not immediately adjust. This seems to have been the case in the Sabia Ramirez and Perez Gonzalez families, where members were practicing several sorts of migration simultaneously. In other poorly adapted families, members did not make many gestures towards maintaining a sense of solidarity among themselves or within the community. In the Reyna Ruiz family, for example, the parents had all but
severed their ties with the home community in an effort to migrate to the United States and, while their son Miguel was studying in Guadalajara, they neglected to visit or correspond with him. Some of the migration strategies which these families chose created circumstances where certain members were pulled away from the family either at a social or psychological level. When he arrived in the United States to attend graduate school, Miguel Piña Ramón was abruptly rejected by his aunt and uncle, due to the fact that their attempts to assimilate American cultural values had caused them to view with disdain many aspects of their Mexican heritage which Miguel exhibited. Although migration does not always result in the fragmentation of the family and the alienation of the migrant from his community, it is a strong and potentially divisive social force which taxes the adaptive capacity of the family. When migration occurred in the midst of family crises or when the act of migrating created its own crises (as was often the case in the poorly adapted families), the management of this divisive force became doubly difficult.

Family and community can be seen as placing constraints on the individual which are opposed to the demands for change and adaptation presented by migration. These social units insist that their members show loyalty and participation, while migration moves the individual through various social networks, each of which demand participation as well as accommodating change on the part of the migrant. The migrant is best depicted as a decision-making individual who seeks a halfway point which allows him to simultaneously maintain his membership in the closed system from which he originates (his family and community) and to
actively explore the possibilities for participation in the open system into which he moves (the extended community of migrants and members of the host community). The migrant is striving to maintain a balance between such opposites as belongingness and independence, traditionalism and assimilation, equilibrium and change, etc. The following chart (page 236) lists some of the ways in which these opposites are manifest in sociocultural constraints which influence the migrant's behavior and thinking. If the migrant adheres too rigidly to a closed pattern of migration by avoiding risk and exploration, he may decrease his adaptability and potential for success during migration. If he chooses an exclusively open set of strategies, he runs the risk of creating conflict in his family or losing his status in his community. The consequences of each may be psychologically distressing and the migrant needs education, experience, and social support if he is to avoid these consequences.

**Disruption in Social Networks during Migration**

The desire of families to maintain themselves as closed systems in spite of separation over time and space was evident in almost all the families to one degree or another, both those with and without patient members. Migration is normally practiced by "mature families" with one of the primary goals being "to keep the family intact" (Selby and Murphy, 1980). Although their success at achieving this goal varied, family members hoped that they would still maintain contact with one another during migration and that they would still be considered participating members of their community when they returned. Those who adapted successfully seem to have maintained a family and/or a community orientation throughout the migration process. In the Gomez Navarro family,
SOCIOCULTURAL CONSTRAINTS ON MIGRANT DECISION-MAKING

CLOSED STRATEGY

1. The best opportunity or the preferred lifestyle is seen to exist within the home community. Migration is practised as a method of augmenting life at home.

2. Migration is most likely to be motivated by a lack of work or productivity at home, a family crisis or impending debt, a desire to help one’s parents financially, or a perceived opportunity at home which necessitates a large cash investment.

3. Economic decisions are made in the presence of or with consideration for the family.

4. The selection of who migrates as well as their direction, duration, and goals during migration are family matters. The migrant takes into consideration his role within the family and his family’s role within the home community.

5. The migrant’s primary loyalties are to his family, his community, and to his cultural heritage. Husbands are loyal to their wives and children, both economically and sexually. Offspring are loyal to their parents and are subject to parental authority. The migrant hopes to maintain his role and status as a member of the home community.

6. Symbolic gestures of family cohesiveness must be frequently exchanged. Money, letters, and phone calls are expected by all those who are separated. Mutual visitation is expected whenever time, distance, and financial resources allow.

7. Preferred social interactions are with members of the extended family, secondly with members of the home community, and last of all with members of the host community.

8. Those left behind are likely to rely more heavily on the extended family and the community for aid during the migration of a family member. I.e. the responsibility for managing the family business and caring for offspring is shared among members of the extended family.

9. Migrants feel that their ultimate success will be determined by their ability to manifest the qualities of adherence to traditional roles and values, dependence on and loyalty to the family, and passive endurance without personal change in response to the demands and influences of the host culture.

OPEN STRATEGY

1. The best opportunity or the preferred lifestyle is seen to exist outside the home community. One is prepared to migrate out and remain away from home to whatever extent gainful opportunity is available elsewhere.

2. Migration is most likely to be motivated by a desire to improve one’s standard of living in the future, e.g. through gaining education or social contacts which will facilitate upward mobility. There is less immediate financial need. The migrant may allow himself the luxury of leaving for adventure or to “expand his horizons.”

3. Economic decisions are a matter of individual choice.

4. The selection of who migrates as well as their direction, duration, and goals during migration are individual decisions. The migrant is primarily concerned with himself and the well being of his nuclear family. He is less concerned with his role in the extended family or the community.

5. The migrant’s primary loyalty is to himself and his nuclear family. He makes decisions based on what he believes will insure his success at migration. Husbands are loyal to their wives and children only to the extent that they can be comfortable and gain the maximum amount during migration. Offspring make their own decisions with less regard for parental authority.

6. Symbolic gestures of family cohesiveness are exchanged infrequently. Separated family members do not anticipate receiving money, letters, phone calls, or visits on a regular basis. All are opted against if they will result in the loss of individual resources or opportunities in the host culture.

7. Preferred social interactions are just as frequently with members of the host community as with friends and family from home. Migrants do not necessarily opt for destinations where they have previously established social ties; rather they travel to locations which offer the maximum opportunity.

8. Those left behind do not increase their dependence on local kin during the migrant’s absence.

9. Migrants feel that their ultimate success will be determined by their ability to manifest the qualities of independence and self-assuredness. They plan for the future and look forward to the opportunities they can create for themselves in the host community. They are willing to change in response to the influences of the host culture if it means a greater opportunity for success.
for example, the sons chose to return home every weekend to relax in
their parents' home. They found no motivation to seek entertainment or
friendship in the community where they attended school. Victor Fajardo
Camarillo had exploited many of his extended family ties so that his
children could be surrounded by familiar and trusted faces while study-
ing in distant cities. Few of the parents of the well-adapted families
wanted their children to associate with people who were unknown to the
family, and they often visited their children to assure themselves that
their children were "in safe hands." When these families sent a member
away, they expected to receive frequent letters from that person or the
relative to whom he was entrusted to report on his well-being. Letters,
phone calls, and visitation seemed to be practiced frequently in these
families and served to maintain a sense of unity between members. Even
where adults migrated internationally, they sought to move in a closed
or predictable social network. Migrants to the United States from
Emiliano Estrella preferred traveling with male siblings and acquaint-
ances from that community. When they arrived in the host community,
they tended to live, work, and entertain themselves among other migrants
of Emiliano Estrella. Even though a more independent strategy might
have meant that they could have achieved greater financial success, they
neglected to explore such possibilities. Families of migrants also
sought to maintain a closedness and an intra-dependence. During his
absence, Esteban Mateo Ramirez relied on no one outside of his extended
family for aid in protecting his family and caring for his livestock.
These migrants' efforts to move within closed systems were essential in
avoiding familial conflict and the envy (envidia) of the community.
Such efforts also provided them with emotional support when it was needed. Keefe, Padilla, and Carlos (1978:65) have depicted the extended family as the Mexican migrant's primary source of social support and here have described the consequences of separation from kin networks:

Before concluding, we must mention two consequences of the reliance by Mexican Americans on the extended family as virtually the only informal emotional resource. First, this means that Mexican Americans who do not have a local kin network are not very likely to have substitute sources of help at hand in times of stress. This is particularly troublesome for Mexican immigrants who are least likely to have a locally integrated kin group. Secondly, those Mexican Americans who lack a well-integrated family may undergo additional stress because theirs does not correspond to the normative or the ideal family system.

... If the Mexican American extended family constitutes the primary source of support, its absence or malfunction must be that much more distressing. Thus, with respect to the relationship of the family and mental health, rather than accentuating the strength of the Mexican American family and its superiority in the alleviation of emotional problems as opposed to the Anglo family, we might better emphasize the intensified isolation and stress experienced by those Mexican Americans who lack supportive families.

In several of the families containing patients, either events occurred or decisions were made which threatened the closedness and integration of the social networks to which migrants belonged. Both Luis Santoyo Tamez and Javier Rodriguez Madera migrated to the United States against the wishes of their parents. These men, as well as Mario Leál Mendosa, chose migration strategies which caused them to be separated from both extended kin and friends from their community. In the case of Hector Sabia Ramirez -- even though he migrated with a friend from his home community -- when this man was captured and deported by the immigration service, he was left essentially isolated from familiar companionship. When Miguel Pina Ramon was banished from his uncle's
home, he too, was thrown in direct contact with the host culture with no familiar source of aid or support. Members of other families chose migration strategies which emphasized independence over familialism to the extent that the nuclear family became dispersed over a large area during a single generation (e.g., the Perez Gonzalez family and the Leal Mendosa family). The geographical and temporal separation which divided these people made the maintenance of family cohesiveness and closedness difficult. Unlike the well-adapted families, furthermore, those with emotionally distressed members seemed to make fewer visible gestures which could have maintained a sense of familial closedness in spite of the influences entailed by migration.

In many cases where families contained psychiatric patients, it seemed that familial integration and a sense of cohesiveness were impossible to maintain due to the various sorts of transition taking place in the family concurrently. Such transition left almost no stable household for individuals to migrate to and from. In both the Perez Gonzalez and the Leal Mendosa families, not only were the identified patients seeking to remedy family crises by migrating to the United States, but several other family members were migrating simultaneously. The different directions taken by family members and the extended length of their absences had reduced the domestic household to only a few members. In other families as well, several migration strategies were being practiced at the same time. While the Sabia Ramirez family was moving from a rural to an urban environment, its novice offspring were migrating to the United States in an effort to remedy a family financial crisis. Hector's symptoms commenced at this time. The Reyna Ruiz
family, having experienced little out-migration in previous generations, was practicing "step" migration from their rancho to a nearby market center. During this same time, the father of the family was a recurrent migrant to the United States and his wife's family was leaving the village to move permanently to Mexico City. As Miguel Reyna Ruiz matured, his father sent him to study in Guadalajara, hoping that his son would attain an education which would allow him upward mobility in Mexican society. During Miguel's absence, his family shifted its migration strategy and began an all-out push to settle in the United States. This rapid transition through migration was also apparent in the Tamayo Tamez family. This family had already moved from a rural village to a nearby market center and was now attempting to migrate permanently to the United States in a single generation. In the case of Luis Santoyo Tamez, his family remained more stable during his migration. But migration patterns were shifting in his small community during this time, a shift which excluded Luis. The abrupt dispersal of family and community members due to simultaneous migrations fragmented the social groups to which those who became psychiatric patients had belonged. Such dispersal left these social groups disfunctional and increased the isolation and need for the successful achievement of autonomy among their members over a very brief period. Those who became psychiatric patients may be described as individuals who were simply unsuccessful at enduring these rapid changes and the resulting isolation. That the fragmentation of the family is not normative, is best explained by Selby and Murphy (1980):

Our analysis of the demographic differences between (migrant) sender and nonsender households prompts the conclusion that
coming to the United States is best viewed as a risky opportunity that can be indulged in by families that have demographic security, that is, enough children at home to provide a fully dimensioned family life as well as economic, psychological, and social security for the parents. With enough demographic security the household can decide to adopt the risky strategy of sending a migrant son or daughter to the United States. . . .

Culture Contact and Maladaptive Strategies of Assimilation

As previously stated, migration brings about change in individuals and family systems through culture contact. Sociocultural differences which necessitate adaptive change prevail, not just between Mexico and the United States, but between rural and urban environments as well. It cannot be denied that migrants are influenced by their experiences in the foreign environment. Socialization, when defined as basic behavioral changes and alterations in one's cognitive orientation to the world, may occur in adult migrants as they experience and adjust to the host culture (Mortimer and Simmons, 1978). The migrant may respond to culture contact in one of three ways:

1. He may keep his previous cultural view of the world intact, structuring his life so that his social interactions and daily routines demand the least amount of change on his behalf. This pattern may be equated with a closed strategy of migration and, while it diminishes psychological and familial dissonance, may be difficult to maintain if migration leads to extensive immersion in the host culture.

2. He may alter his behaviors and expectations so as to willfully assimilate cultural values and become cognitively and socially integrated into the host culture. This is an open
strategy of migration and implies that the migrant establishes contact with the host community whenever possible. He does so at the risk of disrupting his ties with his family and his community.

3. He may adopt a varying strategy, where at times he operates according to his former behavioral patterns and seeks to maintain his link to the social world he left behind. At other times he presents himself as more malleable and receptive to the influence of the host culture. This is a combination of an open and closed strategy, where the migrant attempts to learn to be bi-cultural. Because this strategy implies that he learn social behavior which is appropriate in numerous social contacts, it feasibly would be the most difficult to master. It may also be the source of a great deal of psychological dissonance and familial conflict.

Those families who adapted successfully to migration tended to prefer the first strategy of limited interaction with the host community and changed as little as possible in response to its behavioral demands. The troubled families, on the other hand, tended to seek more contact with the host community or change more noticeably during culture contact, as in the second and third strategies. A second trait of these families was that their individual members seemed to be practicing different strategies simultaneously. Some members sought to limit their contact with the host community and went there only "to earn money." Other members of the same family were strategizing to migrate permanently to the United States by developing social contacts there
and adjusting their behaviors in a way which made such a move possible. This incongruity of adaptive strategies to culture contact within families led to disruption and psychological stress.

Those migrants who chose an open and assimilative strategy in the context of the host culture often proved to be maladapted to the social context from which they originated. Many of these migrants chose reference group affiliations in the host culture which were extremely different from those they left behind. While this pattern seemed adaptive and often necessary for their success in the host community, it often led to their isolation from other migrants of their home community or from other Latinos altogether. The behaviors that they adopted during their stay in the host culture tended to place them in conflict with their families or reduce their adaptive potential at home. The Rubén Jasso Herrera case illustrates this point most effectively. When Rubén arrived in Chicago, his cleverness and luck allowed him to find friends and acquire gainful employment almost immediately. The friends he made at work and the Mexican American woman he eventually married were well-assimilated into American society. After three years in the United States he grew accustomed to drawing good wages. He acquired a taste for fine clothes, a desire for adventure, and aspirations for upward mobility. After having been rejected by his in-laws because he was not assimilated to the extent that they expected, he returned to Mexico. He arrived to find that he no longer had the same earning potential as in the United States. His skill as a machinist, so prized in the United States, was underpaid in San Luis Potosí and work was hard to find. Hence, he could not live up to his expectations
of himself -- expectations which were reinforced by his mother and his in-laws.

Other attitudes and behaviors which migrants assimilated while in the host culture which placed them in conflict with their home environment were:

1. differing religious beliefs;
2. the desire for sexually promiscuous relationships with Mexican women;
3. the desire for ostensible signs of material wealth;
4. higher expectations for achievement, either for one's self or one's offspring;
5. the desire for personal autonomy or the independence of self and nuclear family from the extended family.

Still other migrants attempted "bi-culturalism" seeking to maintain Mexican traditions and display loyalty to family and community, while at the same time making every effort to exploit opportunity and be accepted in the host community. This pattern is most evident in the strategies chosen by the senior males of the Péyna Ruíz and the Tamayo Tamez families. These men were recurrent migrants for most of their adult lives. Having established secure job opportunities in the United States, they spent the greater part of each year working in the host community. Economically, their families were more closely linked to the United States than to their home community. Most other aspects of the daily lives of these families followed the routine of rural life. Both families were imperfectly integrated into the home and host communities. The effect of this bi-local and bi-cultural life style on the
families was to make the management of everyday life confusing. In the Reyna Ruíz family, conflict arose over Miguel's career choice. Having chosen a life style which gave him opportunity in Mexico, he felt at a disadvantage when he went to the United States. When his family chose to move there, he was put in a "no-win" situation, where he had to either sacrifice his career or contact with his family. In the Tamayo Tamez family, the father brought all his sons to the United States--"the land of opportunity," in his words--with the intention of improving his family's standard of living. He encouraged his son, Juan, to seek American citizenship, but to limit his social contact to the few Americans whom he deemed "respectable." He also insisted that his son marry a Mexican woman from their home town. Juan, however, assimilated more than his father's desire for monetary advancement and conflict arose in the family when Juan began to associate with Mexican American gangs and to pursue American women. The strategy of "bi-culturalism" in response to culture contact threw families into double-bind situations, where the decisions they made to interact with the host community seemed to contradict the values they expressed about loyalty to family and their Mexican heritage. Family conflicts arose from these binds, which affected the family by causing it either:

1. to become divisive, where family members -- unable to resolve the contradictions -- began increasing the strength of some family ties while relaxing or terminating others, or;

2. to become rigidly closed, where families insisted that they were to maintain themselves as a unit, despite the contradictory actions on the part of their members.
For many males, the choice of an open strategy of migration brought them into direct contact with Anglo or acculturated Mexican American society. The most obvious point at which this led to cross-cultural confusion was in romantic encounters with American or americanized Hispanic women. Four of the psychiatric patients included in this case study had prolonged contact and sexual involvement with such women while in the United States: Rubén Jasso Herrera, José Perez Gonzalez, Hector Sabia Ramirez, and Juan Tamayo Tamez. The symptoms of three of these men commenced immediately after these relationships ended. Some of these patients reported being confused by their romantic involvement with these women. José Perez Gonzalez was intimidated by his Anglo lover's sexual aggressiveness. Rubén Jasso Herrera was burdened by his Mexican American wife's insistence that he provide her with material wealth. These case studies suggest that love is not the "universal language" it is often said to be; for these cross-cultural romances were disrupted by differences in the cultural backgrounds and expectations of those involved.

Pathological Themes Accompanying Migration

It has been argued that migration, rather than being a cause of individual or familial disfunction, is merely an event which brings already existing personality flaws and pathological family themes to the surface. Such may be the case in the Reyna Ruíz family, which already tended towards divisiveness and exclusion of the identified patient prior to its relocation in the United States. If one takes a closer look at this family's history, however, it is reasonable to
hypothesize that the family patterns which eventually led to Miguel's emotional disturbance were established early on, during his father's repeated migration to the United States. Paternal absence has been shown to be a precursor to mental illness in various studies (Biller, 1974) and will be discussed in subsequent pages. The Reyna Ruíz's final move to the United States, which immediately preceded Miguel's breakdown, may be seen as the last scene in a drama enacting the lack of cohesiveness in their family. This lack of cohesiveness and prolonged separation led to role confusion and constant fluctuations in the family's dynamics. Such circumstances may have encouraged Miguel's drinking and his struggle to assert his separateness from his family. In the last scene of this drama, when Miguel returned to Cerro de los Pinos hoping to reunite with his family, the curtain was closing and the other actors were leaving for the United States. Migration is, therefore, not a simple theme. As we discussed earlier, it may have indirect affects on those who stay behind, just as it may directly affect those who actually migrate. Just as migration may be conducted irregularly over a long period of time, its impact on the family may be prolonged and visible only at unpredictable moments. The following is a description of some of the pathological family themes which may be associated either directly or indirectly with migration. They will be described under these headings:

The effects of paternal absence
The effects of closed strategies of migration
The effects of migration during development
Real and perceived poverty

Isolation, stress, and drinking as an adaptive strategy

The Effects of Paternal Absence

The effects of paternal absence seem to have influenced families with patient members in various but pervasive ways. While none of the families that had adapted successfully to migration was without its original father, most of the families with members who became psychiatric patients had been fatherless for varying lengths of time during the families history. In three of these cases, the father had died relatively recently, after the patient had reached adulthood. The result of the father's death was to cause migration for the first time in two of these families; and in the other family, loss of the father meant that the family was more dependent on its income from migration. The sons left behind were either the eldest males or those who were chiefly responsible for familial support. Hence, at the father's death, the roles of authority figure and chief provider were immediately shifted to those males who later became psychiatric patients. The rigid sense of urgency with which they then approached migration may have contributed to their inability to adapt psychologically to the complexity of the challenge that this involved. In five other families, the father had been absent for the majority of the life of the identified patient. In two of these cases, the father had deserted the family while his offspring were very young. The possible affect which the fathers' absence had on the family structure and the socialization of their children should not be underestimated. It may be argued that the lack of a
male role model left the children unprepared for any move out into the world which demanded independence, the ability to exhibit assertiveness and solitude. Migration is one such experience which may play havoc on the immature or grief-stricken psyche.

What appears to have been equally as distressing and even more directly related to migration as a deleterious influence on families is seen in those case studies where the father was absent periodically to migrate (e.g., the Reyna Ruíz family, the Sabia Ramirez family, and the Tamayo Tamez family). In these cases the family had attempted to function as an independent unit while the father migrated recurrently to the United States. These men were absent from the family for seven to eleven months over periods of approximately 25 years. This situation set the stage for familial role boundaries to become confused. The mother in the Reyna Ruíz family, for example, had learned to behave as the authority figure of the family during her husband's repeated absences to migrate. As the temporary household head, she adopted traits of assertiveness, dominance, and independence. She learned economic skills which allowed her to maintain the family economy. Not only did this woman learn to perform many role functions which are typically male behaviors in Mexico; she also learned that these behaviors were not appropriate in the presence of her husband. Each time he returned from the United States, she reverted to her culturally-prescribed female role -- one which demanded quietness, obedience, and the show of respect for his authority. In two of the families where the father was a recurrent migrant, I judged the father to be overly assertive, dominating, and authoritarian. Their degree of authoritarianism exceeded that
which is typical of Mexican males. This excessive dominance may have been the result of their frequent need to re-assert their authority and status in the family upon returning from migration, during which time the family had managed to survive without their "strong guiding hand." It is clear that this over-dominance had an effect on the psychiatric patients belonging to these families, Miguel and Juan. Both were seen as rebellious by their fathers, but appeared from a more objective viewpoint to be justifiably struggling to assert their independence. Not only did paternal absence lead to role confusion, but it also led to imbalanced affiliations and overinvolvement among family members who were left at home. All such circumstances led to inconsistency and the lack of congruity in the actions and communications of family members. This result of repeated paternal absence established a social context in which mixed-messages were frequently exchanged and double-binds were regularly imposed. Such a context certainly increased the vulnerability of family members to psychopathology. That such a context may have been present in the families of many of those patients who came to Chico Sein for treatment is suggested by the fact that, among those inpatients who reported migration in their backgrounds, 42% had fathers who had begun recurrent migration before the sixteenth birthday of that patient.

The Effects of Closed Strategies of Migration

For those Mexican migrants who had kin networks in the host community, it is important to evaluate their integration and functioning in relation to that environment. As has been mentioned, all families displayed a preference for closed patterns of affiliation, restricting
those with whom they visited and exchanged aid to members of their extended families or their home communities. Job information, trans-
portation arrangements, referrals and advise about medical problems were all handled within the group. Those families presented as case material who migrated to the United States tended to follow the pattern depict-
ed by Keefe, Padilla, and Carlos (1978):

... first generation Mexican immigrants generally have established small, well-integrated extended family networks in their adopted country ... . Regarding familial sup-
port for emotional problems as superior to all other ... (they show a) low reliance on other informal sources such as fictive kin, friends, neighbors, and coworkers.

It is implied in the analysis by Keefe, et al. (1978) that this close-
knit pattern of social interaction is allowed to function and even serves in an adaptive way because:

Mexican Americans are much more likely than Anglos to have large numbers of their relatives living in the community. The Mexican American kin groups are well integrated and encompass three or more generations (1978:79).

What distinguishes the families which generated pathology is the limited number of households in the host community with which they shared affiliation. Although these families were following the predict-
ed pattern of limited contact with individuals outside the extended family, because their migration was recent, they had no family members in the host region other than a few members of their nuclear families. Their daily interaction patterns occurred usually within one or, at most, between two households. Their insistence on maintaining their integrity as closed units implied that members who sought contact out-
side the family were betraying family needs and expectations. Family
members were attempting unsuccessfully to adhere to a rigid rule, best described by Gilbert (1978:26):

... if individuals remain in harmony with familial expectations, role conflict is reduced, but if they should deviate, particularly in respect to accepting extrafamilial persons as a reference group, heavy sanctions follow.

In this way families became like a few marbles locked inside a small box. The changes presented by migration rattled the box frequently. Family members, finding no acceptable alternative, turned exclusively to the family for support and the release of negative emotions. Locked within the closed family system, they became acutely aware of each other's needs, changes, and faults. Parents tended to be overprotective, intervening frequently to determine their children's social relationships and growing angry when their expectations were not met. Children, in response, acted either submissively or rebelliously to an extreme degree. In the Reyna Ruiz family, for example, Miguel was continually made aware that his parents were disappointed in his low earnings. Juan Tamayo Tamez was similarly subjected to his father's overinvolvement in his life and chose to rebel by associating with americanized youths who ran in street gangs and by refusing to marry the Mexican woman his father had chosen for him. Eduardo Ortega Moreno may have chosen his frequently recurring sick role because he was trapped in a similar system. In conclusion, the culturally-engrained pattern of familial closedness, when accompanied by recent migration, may cause tension and lead to schism in the family resulting in the emotional distress of some members.
The Effects of Migration during Development

It can also be deduced from these case studies that role conflicts and behavioral uncertainty resulted when migration occurred during stages of young adult development.

Identity crisis, . . . with its subsequent strain, resulting from role conflict, stimulated by the adolescent's desire to identify with family, peer and greater adult worlds, concomitantly influenced by the dominant culture's lack of acceptance of Mexican American cultural diversity and the role conflict it engenders, suggest that adolescence for Mexican American migrants in an urban setting is vulnerable to deviant behavior (Derbyshire, 1968/74:275).

The case of Juan Tamayo Tamez best illustrates such a situation. Juan was brought to the United States against his will at age 13 by his father. As he matured, his father impressed upon him the importance of hard work. He encouraged him to get a high school education and to join the United States Army so that he could attain U.S. citizenship. Juan was less determined and future-oriented than his father. His father disapproved of his friends and especially objected to his interaction with American women. To me, Juan discussed his romantic adventures in the United States with a degree of ambivalence. He had a long-term sexual relationship with a gringa at the same time that his father insisted he marry his novia from their home community. At one point he decided he could not marry his American girlfriend. The following day Juan was involved in an automobile accident at which time he began to believe he was embrujado (bewitched). These symptoms caused his return to Mexico and eventually brought him for psychiatric care. Leighton, et al. (1963) found a positive correlation between migration prior to age 20 and the high risk of mental illness. It may be concluded that a
change of cultural environment at a time when one is just beginning to learn how to manage himself in the adult world present a mental health risk. Such a risk could be heightened if migration at an early age is accompanied by (1) isolation of the individual through separation from kinsmen or (2) by isolation of the nuclear family in the host culture due to its rigidly-closed migration strategy.

Real and Perceived Poverty

Of the fourteen families included in this study, only three can be considered poor: the Samia Ramirez family, the Mateo Ramirez family, and the Santoyo Tamez family. They can be judged as poor based on, (1) their limited sources of nutrition, (2) their low reported weekly income, and (3) the outward appearance of their dwellings and the minimal number of nonessential items found in their homes as compared with other households in their community. One trait which characterizes many more of the maladapted families, however, is their self-perception of poverty. These families saw themselves in a period of economic crisis, compared their earnings as much lower than those of other families in the community, and made decisions based on their assumption that money was scarce and must be struggled for. José Perez Gonzalez refused to marry twice, and later felt embarrassed to bring his common-law wife to live in Mexico because he believed he had too little money and could not provide for these women "in a style which they deserved." More than three families complained about the expense of treating their members' psychiatric problems, even though they showed signs of substantial wealth. One of these families was building an extra home for its eldest
son. Two others complained about the cost of psychiatric care --
while sending all members of their families with any earning potential
to school. This poverty theme was underplayed in well-adapted families,
even where real poverty existed -- as in the Mateo Ramirez family.
Those families, although they occasionally spoke of a shortage of money,
usually accompanied these statements with references to relatives that
could give them financial aid. Some simply said, "We will get by."
The lack of pessimism and helplessness regarding wealth characterized
families that: (1) functioned successfully as cooperative units;
(2) had attained real wealth or felt confident in their capacity to
attain it; and (3) were well integrated into extended kin and community
networks. For other families, poverty was a central theme, a burden
which they felt they had not immediate recourse to remedy. It functioned
by causing each family to set up barriers of jealousy towards the outside
world. These families also seemed to narrow their expectations of
desirable wealth and saw few appropriate strategies for working their
way out of the poverty they experienced. As a result, some began to
resort exclusively to migration and neglected to develop social con-
tacts in their community which may have given them financial security
at home. These migrants, Hector Samia Ramirez, Luis Santoyo Tamez,
Carlos Compean Ramos, Mario Leal Mendosa, and Juan Tamayo Tamez --
whether the poverty in their family was relative or absolute -- felt
they had no other choice but to migrate.

Before one may label this theme of self-perceived poverty as a
product of the disturbed family which has no basis in reality, it
should be noted that wealth from migration is in many ways intangible
and unreliable. For those migrating illegally, there is always the possibility that they might be captured and that their attempt to migrate to the United States could result in loss instead of gain. For those migrating recurrently, there is little certainty that the return migrant will find employment again when he arrives or that his wages will be satisfactory. The recurrent migrant essentially must start over each time he re-enters the United States or returns home. Also contributing to the seemingly unrealistic perception of poverty is the very real difference in standards of living between the United States and the migrants' home community. Having returned from work in an urban metropolis, the migrant cannot help but regard his rural village life as a poorer one. Migration augments tension-producing sentiments of poverty by providing families with irregular sources of wealth and an experience which is likely to alter their aspirations and expectations about their standard of living.

Isolation, Stress, and Drinking as a Adaptive Strategy

These case studies suggest that the overconsumption of alcohol played a role in disrupting family function and straining personal relationships. When we examine the cultural context of Mexican life, it is difficult to determine whether heavy drinking is the cause or effect of increased stress and lack of success in social life. In Mexican village politics and in peer group interactions, drinking plays an important function (Madsen and Madsen, 1969). Drinking bouts are times when important community decisions are made and present an opportunity for acquaintances to test each other's true nature. It is probably the case in the Perez Gonzalez family, for example, that the father
and his older sons would have been less successful at establishing themselves in local politics and promoting their liquor sales had they not been willing to participate in these drinking bouts frequently and with gusto. Nor can it be ignored that the behavior patterns which these men developed to insure their family's prosperity also put strains on intrafamilial relationships and negatively affected the socialization of the younger offspring, one of whom was José, the identified patient. Drinking bouts in Mexico are also a time for the expression of social identification and solidarity (Madsen and Madsen, 1969). It follows that one who is separated from familiar companionship due to migration and is seeking new affiliations in the host community may resort to drink as a way of gaining friends and relieving the stress of life in an unfamiliar environment. The drinking patterns which Miguel Reyna Ruiz learned while in the military and which grieved his parents so thoroughly were probably instrumental in his establishment of social relations in the military and his avoidance of isolation there. Finally, drinking for Mexican men is cathartic (Dennis, 1975). It is a time when they are given license to **abre el corazón** (open the heart). They may express sadness, anger, and joy with little risk of incurring negative judgment. It makes sense, then, that a Mexican man who is experiencing feelings of isolation, alienation, or stress due to rapid social change will rely on drinking to soothe these feelings and give himself the opportunity for release. It is apparent that alcohol played this role in at least two of the families with psychiatric patient members. Javier Ignacio Rodriguez Madera and the father of Santoyo Tamez family. For these men, drinking was used as a temporarily
adaptive response to stress experienced during migration which ironically created more tension in their family systems and increased their personal stress as well. Increased alcohol consumption may be better understood, not as the direct result of migration, but rather as a generalized and culturally congruent response to several sorts of life stressors, one of which is migration.

On the Origin and Consequences of Maladaptive Family Themes

These themes must be seen as more than the product of psychological needs and drives. They were given form and substance by the sociocultural environment and the migration experience. Depending on the sorts of information available to potential migrants in their home community, they chose one migration strategy over another. Depending on the degree to which they were integrated into their home community, their financial security prior to migration, and the availability of other alternatives for self-betterment, they migrated with different attitudes about the risks involved in migration. Also, various factors determined whether adherence to a closed or an open strategy of migration was or was not adaptive. Those migrants coming from urban places were rewarded for more open strategies. Their families were more supportive of their "exploring new territory" and of the consequences of that endeavor. They were less tolerant of those who refused to take risks for self-improvement. Rural families on the other hand, seemed less tolerant of strategies which entailed prolonged absences from home. Migrants from these communities who wished to relocate permanently in the host community seemed to have particular difficulty in maintaining the support and gaining the approval of family members left behind.
The degree to which these themes will prove to be pathological is also determined to a large extent by the sociocultural environment and the occurrences which accompany migration. Families may have been successful for a long period of time at practicing closed migration. This way of strategizing may not have been proven difficult until one family member chose to deviate from the standard, and perhaps implicit rule of restricting migration to within known networks and proscribing against assimilation within the host community. In short, only time could tell whether one strategy was adaptive or not. With each change of circumstances in the sociocultural environment, those attempting to adapt to migration needed to reevaluate and readjust. If they were slow to respond or unprepared to make such adjustments, migration may have become increasingly stressful.
CHAPTER VI

SUMMARY AND CONCLUSIONS

I have attempted in this dissertation to show how the emotional pathology of a few Mexican migrants and members of their families was the product of their interactions within a system, that system being the set of social networks which facilitated (or failed to facilitate) migration. About a systems approach to disease Fabrega says:

In this perspective, disease is not viewed as a discrete and discontinuous state that attaches to an organism in space and time. What we observe, instead, are systems in articulation . . . . All levels of this complex, hierarchically organized system are described as being implicated in the processual stream of life . . . not only are the manifestations or expressions of what we term disease seen as interconnected and hierarchically organized (that is, as segments of a whole), but in addition, the determinants of disease are also conceptualized holistically. Disease is seen as a natural consequence of man's open relationship with his physical and social environment.

In this vein, I have shown that various social factors will influence whether or not migration is stressful. All of these factors must be linked to a social process if they are to be understood. The combinations and sequences of these factors, as well as the meanings and significance they are assigned by social actors are all important in determining their impacts. For example, it rarely seemed to be the case among these migrants that failure to earn a large sum of money during migration was a sufficient cause of anything more than temporary distress. Repeated failure, however, when accompanied by familial crises and prolonged separation from those who normally offered social

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support, was adequately stressful to disrupt families and precipitate the symptoms of social deviance. All of these factors are inseparable from one another and all occur frequently in the process of migration. Yet, they occur with a different frequency and intensity from one migrant or household to the next. Nor are the social factors which determine whether migration is stressful to be removed from their social context. The values and attitudes of all those involved in the migration process affected their daily interactions and thereby led to increased or decreased stress. The kind and quantity of opportunities and information available to these migrants determined their degree of success or failure. Several events occurring prior to and during migration determined the degree to which individuals were dependent on migration as a mode of survival and the degree of tolerance for change among family members. In short, it was the clusters of events which migration brought about, the sequence of their occurrence, and the meanings they were given by the social actors involved that were the determinants of familial disruption and emotional pathology.

Certain social and cultural phenomena keep us from being able to directly observe or accurately measure the amount of stress that migration entails and who will feel its impact most strongly. There is the tendency for those people involved in migration to generate a stock of knowledge which emphasizes its benefits and rewards over its hardships. Accompanying this pattern is the belief that only the "weak" are unable to maintain their family's unit and endure (aguantar) in the face of the hardships which migration may present. There are the biases of those who are uninvolved in migration which cause them to view the migrant as
one who is responsible for his own doing (or undoing as the case may be), while ignoring the social forces which compel him and the fluctuating constraints on his behavior. Certain ways of explaining and managing emotional distress which are evident among laymen as well as the practitioners of folk and modern medicine cause them to overlook the role of various sociocultural factors (migration included) in disrupting family systems and placing individuals in contexts where they receive incongruent information. Finally, there are the typical ways of managing emotional distress and social deviance which make it questionable whether many or even most of those people who are troubled by migration will ever seek institutional treatment for their problems.

Another aspect of migration which makes its full impact very difficult to ascertain is the variety of the ways in which it influences social actors. Migration has been shown here to have both immediate and long-range impacts. Not only were migrants likely to find themselves in distressing situations of isolation and cross-cultural confusion, but they and their families were vulnerable to the accumulative effects of these stressors. The effects of migration were shown to have both direct and indirect impacts as well. Some of the values which were assimilated by the migrant members of families, while they may have been adaptive for that mobile individual, were potentially disrupting to families once the migrant returned home. The return migrant brought home new sets of values and beliefs which sometimes caused an incongruity and inconsistency between his expectations and those of other family members. The behavioral changes made by migrating family members, when not accompanied by complimentary changes in other family members were sufficient causes of disruption throughout the family system.
The homeostasis and patterned interactions of families were likely to be indirectly disrupted by migration strategies which entailed repeated absences and/or the geographical dispersion of the majority of the domestic household.

In this treatise, the direct or indirect stress of migration was shown to have had an affect on the problems of 46% of all the patients in a psychiatric clinic. Their problems may be seen as interrelated with the stage of self or familial development at which migration was being practiced, in addition to the particular ways they approached the migration endeavor. As might be expected, most of those who had direct experience at migration were males between the ages of 20 and 34. They tended to have average or large families and a significant number of dependents to make their success at migration somewhat crucial. Many had migrated illegally to the United States. It was often the case that they were the only members of their families to migrate. They often traveled alone or had difficulty maintaining contact with friends and family or with other Hispanics during their travels. Their symptoms tended to commence during the most active years of migration. Often the onset of these symptoms occurred while they were away from other family members in the host community. Their migration seems to have occurred at the same time other crises were going on in their domestic household. Such factors may have reduced the flexibility with which they approached migration and thus diminished their adaptibility. Those who suffered the indirect consequences of migration seemed to have come from families which were not coordinated around the migration endeavor. Like the families of those psychiatric patients who had themselves migrated, these patients' families followed migration strategies which
excluded much of the domestic household and/or the extended family. I suggest that such migration strategies may have had a divisive impact on these families. Those who seemed to be most susceptible to the indirect effects of migration were those patients of either sex, who were between the ages of 15 and 19 or older than 40. Onset at these ages suggests that exclusion from the migration process at certain transitional periods in a person's life (e.g., moving from adolescence to adulthood or from the most productive years of adulthood to those of less mobility and productivity) may make psychosocial adjustment to being left behind extremely distressing. In general, the migrating families which generated deviant members tended to be immature families containing members who were experiencing developmental transitions. Their migration seemed to be accompanied by familial crises and they seemed to be uncoordinated around the migration endeavor in a way which would allow them to support and aid one another. All in all, they seemed unprepared for migration and to be practicing migration as inexperienced novices. These possibilities are supported by the fact that almost none of these families had a history of migration in previous generations of their families.

I have depicted the successful psychosocial adaptation of migrants as dependent on their ability to maintain active membership in their families and the extended community of migrants. This community is seen as an adaptive response to the outlying social influences which provide limited or fluctuating alternatives and tend to keep the migrant in a marginal position to the various segments of the society through which he moves. This response may be depicted by what Devereux (1979:228) has called "antagonistic acculturation," with its tendency toward chosen isolation from the host culture and the adopting of the various means toward gain, while
choosing to reject the goals, values, norms, and expectations of the host culture. That these attitudes are evident in everyday behavior among Mexican migrants, was best explained by a rural priest, who said:

Many (of the migrants) want to change their lives after they’ve been to Mexico City and especially after they go to the United States. But they only want to change in order to have more money and possessions . . . . One hundred percent say they don’t want to have a family there. The environment just isn’t right.

This tendency towards antagonistic acculturation exists to one degree or another in all of the groups described in this dissertation. Families simply did not want to yield to all of the changes presented by migration and conflict arose when individual members overstepped the limits of the closed community of migrants or sought to take advantage of opportunities in ways that threatened the security of the family or group. Individual risk-takers, even those who explore new territory in a conscientious and productive manner, may be cutting themselves off from the aid and information which the extended community provides. By responding inconsistently to the sets of constraints and alternatives provided throughout the migration process, they may create disruption in their families. They may persuade other family members and those in the community upon whom they depend that they are motivated by self-interest rather than a concern for the well-being of the group. In such cases, they isolate themselves from the social support which buffers the stress of migration. Adaptive migration entails then, maintaining one’s membership in the extended community of friends and family until a situation arises where one is assured of some degree of secure membership in the host community. Even when this is present it may be seen as undesirable by the actors involved and may be
distressing to those left behind. Adaptive migration requires a successful mediation between the forces which demand that the migrant maintain his membership in the extended community which makes his mobility possible and those forces which pull him away from that system to take advantage of opportunity in the host community.

Within the community of all migrants, those who are likely to incur emotional distress are the risk-takers, those who step outside the boundaries of the extended community to innovate and explore new territory. Those who are dependent on the risk-takers are also likely to suffer distress. Yet risk-taking must be viewed as the social actors see it: as a necessary activity in gainful migration. Risk-takers are those who are willing to postpone personal needs (i.e. the need to be near family or in familiar places) so as to exploit all possible opportunities for achieving their goals at migration. Illegal migration to the United States is such a case, where migrants are likely to place themselves in a position where their social contacts and freedom of movement in the host community are severely limited and their length of time away from home is increased. Illegal migration also increases the possibility that the migrant will become separated from familiar social contacts during his travel and be thrown into direct contact with the host community. In seeking to exploit all possible alternatives, risk-takers also place themselves in positions where they may appear inconsistent or uncommitted to those left behind. Their sources of income and their patterns of visitation, correspondence, and remittances sent to home may be highly irregular. As a result they may lose status and membership in their families and their home communities. Those at home may
suffer in attempting to accommodate these circumstances. Although many of the families whom I investigated in San Luis Potosí practiced risk-taking to one degree or another, some were more successful at it than others. Those who were successful attempted to minimize the degree to which they were dependent of the risk-taking member. They assured themselves alternate sources of income during his absence. They also regulated the number of family members who were practicing strategies of migration which may have entailed a risk of financial loss and prolonged absence from home. Those families who were less successful at taking risks in migration were those who placed all their hope and security in the hands of the risk-taking individual. Often too, many members of a single family were simultaneously practicing strategies which entailed a risk of much financial loss and prolonged absence from home at the same time. Thus the family became dispersed over a wide region and, because each member felt himself to be so thoroughly responsible for the family's security, he allowed himself few or no visits to home. These families became fragmented and uncoordinated in their attempts to establish mutual goals and provide one another with emotional support. In this way, the strategies which lead to possible emotional distress among migrants and members of their families -- here summarized as risk-taking strategies -- are a product of the interaction between the perceived and real opportunities available to the migrant and the needs generated by his dependents.

Those families which seemed to be successfully adapted to migration in a psychosocial sense displayed many or all of several traits:
1. They were integrated into their home community. Migrating members of these families were able to come and go with a minimum of threat to their status and membership in their home community. Those left behind were able to solicit the aid of other community members (often their extended family was nearby) and usually were able to find ways of supplementing the family income during those times when the principal provider for the family was absent to migrate. Those who chose to migrate also were able to attain information and accompaniment during their migration and, through their membership in the home community, were incorporated into the social networks which constitute the extended community.

2. As members of the extended community migration entailed fewer "unknowns" and thereby fewer risks. The migrating members seemed to know more about their destination before departure or to be able to rely more consistently on the aid and information supplied by those who accompanied them or whom they met upon their arrival. As a result their migration entailed less financial risk and usually yielded a higher gain.

3. These families were able to act in a coordinated fashion towards the goals of migration and to assure their members a sense of membership during times of separation. They were able to allocate responsibility at home so that those who stayed behind were able to co-exist and provide for themselves adequately. Members were consistent about communicating via letters and phone calls and because migration was more of a "sure thing" remittances to home arrived with greater regularity. Members of these families were also more tolerant of behavioral changes in their migrating members and were less threatened by
temporary lulls in the flow of income to home. This was due partially to the fact that migration for these families was not perceived as a "do or die" situation. At the same time, these families seemed to have fewer conflicts of interests or values.

4. Most of these families had some history of migration in other segments of their extended families or in previous generations. This meant that they had some basic knowledge about the changes which accompany migration and were able to accommodate them. It also meant that they often had kin in the host community who could aid them in their successful adaptation. Those families who were successfully adapted to migration but who had little previous experience and few sources of information tended to migrate in a cautious fashion. Migrating members often limited the distance traveled or the length of absence from home. All family members attempted to maintain contact throughout the migration process.

Migration for those families containing deviant members was not nearly so well-planned, predictable, or consistently rewarding. Those migrants who became psychiatric patients reported having experienced distressing isolation from kinsmen and others who shared a common cultural background. They also were involved in confusing or distressing encounters with members of the host culture. Close to the times at which their psychiatric symptoms commenced these individuals were in conflict with their families or with other facets of their social world. Many of these conflicts were the result of changes that had occurred, either in the migrants themselves or in their social networks, during migration. Families containing psychiatric patients had undergone
disruptive changes during migration. Rapid transition had caused these families to function imperfectly as integrated social units, to show less tolerance towards individual members and less flexibility to change. Many were practicing several types of migration simultaneously or had little history of migration in previous generations. Other families were practicing migration in such a fashion that their members were changing in conflicting ways or were simply dispersed over such a wide area that they could not provide each other with social support. Such migration, because it resulted in prolonged separation, altered the role relations of family members and the degree to which the family was integrated into the home community. Culture contact resulted in value conflicts between family members and led migrants to make decisions which pulled them away from the family and their community or origin. In contrast to those families who produced psychiatric patients, the case presentations of healthy families reveal that some families maintain their integration and continue to participate in their home community during migration. Members of the healthy families shared more common goals and interacted with one another more frequently and in a more supportive manner. They had chosen migration strategies and had assimilated host culture values in a fashion which was complimentary to the continued functioning of the family. Also, they had experienced less disruption from outside forces during migration. With these facts in mind, we may conclude, not that migration is stressful, but that it presents potentially stressful changes. If these changes are too numerous, too rapidly occurring, or if they are extremely incongruous with the expectations and experiences of migrants and their families, they
may overload the adaptive capacity of these social units. Such changes should be considered sufficient causes of emotional distress and contributing factors in mental illness.
BIBLIOGRAPHY

Adams, Richard N.

Adams, Richard N. and A. Rubel

Alvirez, David
1970 The Consequences of Migration to the United States on Return Migrants to Mexico. Unpublished manuscript.

Atencio, Tomas

Bagley, Christopher

Barth, Fredrik

Bateson, Gregory

Bialik, P. Raquel

Biller, Henry B.

Bott, E.

Brody, E. D., ed.
Bustamante, Jorge


Butterworth, D. S.


Camara, F. and R. V. Kemper, eds.

Cohen, Raquel E.

Cornelius, Wayne A.


Cumberland, C. C.

Currier, Richard L.

Dennis, Philip A.
Derbyshire, Robert L.  

Devereux, George  

Díaz, Miguel and J. X. Icaza  

Díaz-Guerrero, Rogelio  

Dohrenwend, Bruce P. and E. Ching-shong  

Dinerman, Ina R.  

Douglas W.  

Downing, T. E. and T. Weaver  

Fabrega, Horacio, Jr.  


Fabrega, Horacio, Jr., A. F. Rubel and C. A. Wallace

Feindt, W., and H. Browning

Forman, Sylvia Helen

Foster, George M.

Foulks, Edward F., R. M. Wintrob, J. Westermeyer, and A. R. Favazza, eds.

Frank, Gelya

Gamio, Manuel

1971 Mexican Immigration to the U.S. New York: Dover.

Gilbert, M. Jean

Gillin, J. P.

Gonzales, Nancie S.
Graves, Nancy B. and T. D. Graves  

Grotta, E., R. Nelson, and E. Smith  
1979  Crime in the City. The Houston Post, 7 October.

Guillet, D. and J. Douglas Uzzell, eds.  

Guss, Edward Jon  

Haley, Jay  

Hawley, Amos H.  

Hiatt, C. C., and R. E. Spurlock  

Holland, William R.  

Holmes, T. H. and R. H. Rahe  

Hull, Diana  

Kedward, H. D. and Pedro Ruiz  
Keefe, S. E.

Keefe, S. W., A. M. Padilla, and M. L. Carlos


Kemper, Robert V.

Kemper, R. V., and L. W. Shannon

Kendrie, H. C., and K. C. Thompson

Kleiner, R. J. and S. Parker

Lewis, Oscar
Lin, N., R. S. Simeone, W. M. Ensel, and W. Kuo

Locke, B. Z., M. Kramer, and B. Pasamanick

Logan, Michael H.

Madsen, W. and L. Madsen

Malzberg, B.
1940 Social and Biological Aspects of Mental Disease. Utica, New York: State Hospital Press.

Malzberg, B., and E. S. Lee
1956 Migration and Mental Disease. New York: Social Science Council.

Mangin, William

Maxwell, Evan

Mayer, A. C.

Mayer, P.

Meissner, W. W.

Miner, Horace
Mitchell, J. C.


Moore, Joan W.

Morrison, S. D.

Mortimer, J. T., and R. G. Simmons

Murphy, Arthur

Murphy, H. B. M.

Odegaard, O.

O'Neill, C. W., and Henry A. Selby

Padilla, Amando M., and R. A. Rutz
Palerm, Juan Vincente
1978 Mexican Migrant Workers in the Southwest. Unpublished manuscript.

Paredes, America

Pattison, E. M.

Plotnicov, Leonard

Press, Irwin

Price, Jorjanna
1980 Professor Predicting Illegal Alien 'Unrest'. The Houston Post, 21 February.

Provencher, R. and J. D. Uzzell, eds.

Ramirez, Manuel, III

Redfield, Robert

Reichert, J., and D. S. Massey

Rogers, S. C.
1975 Female Forms of Power and the Myth of Male Dominance:
A Model of Female/Male Interaction in Peasant Society. American Ethnologist, Special Issue, Sex Roles in Cross-Cultural Perspective 2(1).

Rogler, Lloyd H., and A. B. Hollingshead

Ross, E. Lamar

Ross, Stanley R., ed.

Rubel, Arthur


Rubington, E., and M. S. Weinberg

Rumbaut, R. D.

Salcido, Ramon M.

Samora, Julian

Sanua, Victor D.
Saunders, Lyle, and Olin E. Leonard
1951 The Wetback in the Lower Rio Grande Valley of Texas.
Inter-American Education Occasional Papers 3. Austin:
University of Texas Press.

Schuetz, Alfred

Selby, Henry A.
1980 A Model of the Socioeconomic Constraints on Households
Mobility Strategies for San Luis Potosi. Unpublished
manuscript.

Sotomayor, Marta
1971 Mexican-American Interaction with Social Systems. Social
Casework 52:5:316-322.

Southall, A.
1961 Introductory Summary. In Social Change in Modern Africa.
A. Southall, ed. London: Oxford University Press.

Tobias, Peter M.
1976 Explanation of Emigration from Granada, West Indies. In
New Approaches to the Study of Migration. D. Guillet
and D. Uzzell, eds. Houston: Rice University Studies.

Trautman, Edgar C.
1961 The Suicidal Fit: A Psychobiologic Study on Puerto Rican
Immigrants. Archives of General Psychiatry 5:1:76-83.

Unikel, Luis
de Mexico.

Unknown
1973 Estudio de la Relación Emigración y Desarrollo de
Esquizofrenia Paranoide. Unpublished manuscript.

Uzzell, Douglas
1974a A Strategic Analysis of Social Structure in Lima, Peru,
using the Concept of Plays. Urban Anthropology 3(1).

1974b Cholos and Bureaus in Lima: Case History and Analysis.
International Journal of Comparative Sociology 15:3-4.

1974c Susto Revisited: Illness as Strategic Role. American
Ethnologist 1:369-378.

Weakland, John H.

Weaver, Thomas

Whiteford, Linda


Whiteford, Michael D.

Wittkower, E. D. and Dubreuil

Wrenn, R. L. and R. A. Ruiz, eds.