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CULTURAL DIFFERENCES IN CHILD GUIDANCE CLINIC PATIENTS

DAVID H. STOKER, PH.D.
California State University at San Jose
and

ARNOLD MEADOW, PH.D.
University of California at Davis

A host of anthropological, sociological, and psychological researches have pointed to major cross-cultural differences in the distribution, frequency, and types of psychopathology, as well as in basic personality structures (For example: Benedict, 1958; Cohen, 1961; Moffson, 1954; Opler, 1959 and 1967; and Tooth, 1950). There have been some explorations of the differences in psychopathology and personality between Anglo-American and subjects of Latin-American cultural backgrounds (Abel and Calabrisi, 1951; Jaco, 1959; Kaplan, 1954, 1955, 1956; Lewis, 1949, 1951, 1959, 1961, 1964; Meadow, Stoker and Zurcher, 1967).

Previous studies have shown wide and consistent differences in the psychopathology of adult Mexican-American and Anglo-American clinical groups (Stoker, 1963; Meadow and Stoker, 1965; Stoker, Zurcher and Fox, 1969).

The present study investigated Mexican-American and Anglo-American child guidance clinic files to determine the patterns of psychopathology, cultural and family dynamics which might give further insight into the previously demonstrated differences in adult patients.

METHOD

Subjects

Case files of Mexican-American and Anglo-American child patients were randomly selected from three child guidance clinics.¹ All cases were current within two years of the investigation. All cases organic pathology or mental deficiency were discarded and only cases of functional psychopathology were retained.

The Mexican-American and Anglo-American case files were matched in total gross yearly income of patients' families, a rough approximation of socio-economic class, in order to minimize the effects of socio-economic discrepancies on possible differences in psychopathology and family interaction patterns.

The final sample consisted of 152 Mexican-American and 152 Anglo-American case files, matched for income. Each cultural group consisted of 76 male and 76 female cases. For comparative purposes, the descriptive characteristics of the samples are presented in Table I. And the diagnoses of the samples in Table II.

TABLE I
Characteristic of the four samples expressed in frequencies and percentages of the samples
SECTION A: Age when first seen at clinic

Age Groups	Mexican-American				Anglo-American			
	Boys		Girls		Boys		Girls	
	N	%	N	%	N	%	N	%
4 - 6	6	8	4	5	8	11	8	11
7 - 9	11	14	11	14	22	29	12	16
10 - 12	25	33	13	17	20	26	16	21
13 - 15	26	34	28	37	21	28	29	38
16 - 18	8	11	20	27	5	6	11	14
Totals	76	100%	76	100%	76	100%	76	100%
Mean Age when first seen	11.78		12.83		11.36		11.78	

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SECTION B: Distribution of gross yearly family income

Income groupings	Mexican-American				Anglo-American			
	Boys		Girls		Boys		Girls	
	N	%	N	%	N	%	N	%
0000 - 0999	5	7	4	6	15	20	5	7
1000 - 1999	8	11	16	21	9	12	8	11
2000 - 2999	20	26	13	18	8	11	20	26
3000 - 3999	18	24	17	22	14	18	8	11
4000 - 4999	14	18	18	24	17	21	20	26
5000 - 5999	7	9	3	4	9	12	11	14
6000 - 6999	3	4	3	4	4	6	0	0
7000 - 7999	0	0	1	1	0	0	3	4
8000 - 8999	0	0	0	0	0	0	1	1
9000 - 9999	1	1	0	0	0	0	0	0
Totals	76	100%	76	100%	76	100%	76	100%
Matching groups								
0000 - 2999	33	43	33	43	33	43	33	43
3000 - 5999	39	51	39	51	39	51	39	51
6000 - and above	4	6	4	6	4	6	4	6
Totals	76	100%	76	100%	76	100%	76	100%

SECTION C: Religion

	Mexican-American				Anglo-American			
	Boys		Girls		Boys		Girls	
	N	%	N	%	N	%	N	%
Catholic	71	97	62	94	16	27	9	16
Protestant	2	3	4	6	41	68	45	77
Jewish	0	0	0	0	1	2	1	2
Other or none	0	0	0	0	2	3	3	5
Totals	73	100%	66	100%	60	100%	58	100%
Unknown or not stated	3		10		16		18	
Grand Totals	76		76		76		76	

SECTION D: Sibling Position

1. Position in entire family	Mexican-American				Anglo-American			
	Boys		Girls		Boys		Girls	
	N	%	N	%	N	%	N	%
Oldest	24	32	20	28	25	34	27	36
Nonoldest	46	61	47	66	41	55	35	47
Only	5	7	4	6	8	11	12	17
Totals	75	100%	71	100%	74	100%	74	100%
Unknown or not stated	1		5		2		2	
Grand Totals	76		76		76		76	
2. Position among same six sibs	Mexican-American				Anglo-American			
	Boys		Girls		Boys		Girls	
	N	%	N	%	N	%	N	%
Oldest	28	37	37	49	17	23	27	37
Nonoldest	32	43	26	34	29	39	25	34
Only	15	20	14	17	28	38	21	29
Totals	75	100%	76	100%	74	100%	73	100%
Unknown or not stated	1		0		2		3	
Grand Totals	76		76		76		76	

SECTION E: Current marital status of parents

	Mexican-American				Anglo-American			
	Boys		Girls		Boys		Girls	
	N	%	N	%	N	%	N	%
Same mother and father	45	63	41	60	42	58	38	53
Same father - stepmother	1	1	2	3	2	3	2	3
Same mother - stepfather	4	5	7	10	6	8	10	14
Parents divorced	7	10	5	7	14	20	10	14
Separated	4	5	2	3	3	4	5	7
Father deserted	5	7	9	13	0	0	0	0
One parent deceased	6	8	2	3	4	6	6	8
Father unknown	1	1	1	1	1	1	1	1
Totals	73	100%	69	100%	72	100%	72	100%
Unknown or not stated	3		7		4		4	
Grand Totals	76		76		76		76	

SECTION F: Birthplace of Mexican-American parents

	Mexican-American		Girls	
	Boys	%	N	%
Father born in Mexico, mother in the United States	9	21	11	26
Mother born in Mexico, father in the United States	3	7	1	2
Both parents born in Mexico	4	9	4	10
Both parents born in the United States	27	63	26	62
Totals	43	100%	42	100%
Unknown or not stated	33		34	
Grand Totals	76		76	

SECTION G: Referral Source

	Mexican-American				Anglo-American			
	Boys		Girls		Boys		Girls	
	N	%	N	%	N	%	N	%
Private M.D. or Psychologist	9	14	15	19	15	20	10	16
Private clinic	0	0	0	0	2	3	0	0
Public clinic	2	3	3	4	2	3	1	2
Residential agency	0	0	0	0	5	7	3	5
Juvenile Court	7	11	2	3	4	6	5	8
School	18	28	27	35	25	34	17	28
School nurse	1	1	3	4	1	1	0	0
Public health	1	1	2	3	1	1	1	2
Welfare	5	8	4	5	2	3	0	0
Self	2	3	1	1	7	9	7	12
County hospital	1	1	4	5	0	0	0	0
Probation department	16	24	13	17	3	4	12	20
Non-clinical public agency	2	3	1	1	2	3	0	0
Neighbour, friend, or relative	0	0	1	1	4	6	3	5
Hospital (other)	0	0	1	1	0	0	1	2
Special education	2	3	1	1	0	0	0	0
Totals	66	100%	76	100%	74	100%	60	100%
Unknown or not stated	10		0		2		16	
Grand Totals	76		76		76		76	

SECTION H: Staff recommendations

	Mexican-American				Anglo-American			
	Boys		Girls		Boys		Girls	
	N	%	N	%	N	%	N	%
Institutionalisation	18	29	9	14	12	17	11	14
Foster home placement	0	0	0	0	3	4	1	1
Therapy for patient	10	16	17	26	16	24	14	19
Therapy for mother	0	0	3	4	3	4	6	8
Therapy for patient and mother	4	6	5	7	5	7	10	13
Therapy for patient, mother and father	9	13	4	6	9	13	12	16
Continue probation	0	0	3	4	1	1	1	1
Referral to other agency	8	13	5	7	3	4	7	9
Therapy for patient and father	1	2	0	0	1	1	1	1
Placement with relative	4	6	1	1	0	0	0	0
Interpretation of problem to parent close case	3	5	5	7	3	4	5	7
Special education	1	2	1	1	0	0	0	0
Therapy for mother and father but not patient	0	0	2	3	8	12	0	0
Return to home	1	2	0	0	0	0	0	0
Further evaluation	0	0	1	1	0	0	0	0
None	4	6	13	19	6	9	8	11
Totals	63	100%	69	100%	70	100%	76	100%
Not stated or not readily determinable	13		7		6		0	
Grand Totals	76		76		76		76	

SECTION I: Case Outcome

	Mexican-American		Anglo-American	
	Boys	Girls	Boys	Girls
Closed due to lack of interest	16	27	22	36
No need for treatment - closed	4	7	4	7
Probation continued	0	0	3	5
Placed in foster home	0	0	0	0
Institutionalised	13	23	10	17
Closed - improved	6	11	6	11
Closed - unimproved	1	2	2	3
Referral accepted	4	7	6	10
Referral not accepted	4	7	3	5
Placed with relatives	2	4	1	2
Returned to home	0	0	0	1
Interpretation to parent - closed	3	5	2	3
Special education	1	2	1	2
Family moved - case closed	3	5	0	0
Totals	57	100%	60	100%
Not stated or not readily determinable	19		16	
Grand Totals	76		76	

SECTION J: Parents' drinking behaviour

	Mexican-American				Anglo-American			
	Boys		Girls		Boys		Girls	
	N	%	N	%	N	%	N	%
Mother has occasional binges	0	0	1	1	0	0	2	3
Mother is chronic alcoholic	1	1	0	0	3	4	6	8
Father has occasional binges	4	5	3	4	5	7	5	7
Father is chronic alcoholic	12	16	15	20	7	9	8	11

TABLE II. Diagnoses of the four child guidance samples in terms of frequencies and percentages of the separate samples

	Mexican-American				Anglo-American			
	Boys		Girls		Boys		Girls	
	N	%	N	%	N	%	N	%
Schizophrenic Reactions	2	3	4	5	2	3	3	4
Childhood	2	3	0	0	2	3	1	1
Chronic undifferentiated	0	0	3	4	0	0	2	3
Simple	0	0	0	0	0	0	0	0
Schizo-affective	0	0	1	1	0	0	0	0
Total Schizophrenic	2	3	4	5	2	3	3	4
Neurotic Disorders	1	1	8	11	7	8	9	13
Personality Pattern Disturbances	3	5	2	3	3	4	1	1
Sociopathic personality	3	4	3	4	5	6	6	8
Schizoid personality	5	6	5	6	0	0	6	8
Emotionally unstable personality	22	27	6	8	11	13	9	12
Passive-aggressive personality passive-aggressive type	2	3	8	11	11	13	5	7
Passive-aggressive personality passive-dependent type	0	0	0	0	2	3	0	0
Passive-aggressive personality aggressive type	2	3	0	0	0	0	0	0
Passive-aggressive personality dependent type	3	4	2	3	8	11	1	1
Inadequate personality	6	7	3	4	5	6	4	4
Other	46	58%	29	39%	45	56%	32	41%
Total Personality Pattern Disturbances	46	58%	29	39%	45	56%	32	41%
Personality Trait Disturbances	12	15	5	6	10	13	11	14
Adjustment reaction of childhood	4	4	8	11	4	5	8	11
Adjustment reaction of adolescence	2	3	10	13	2	3	1	1
Special symptom reaction	18	22%	23	30%	16	21%	20	26%
No Psychiatric Diagnosis	13	16%	12	15%	6	9%	12	16%
Grand Totals	76	100%	76	100%	76	100%	76	100%

Procedure

A list of 73 symptomatic behaviours was constructed through preliminary reading of a number of case histories.² In addition, data describing family structure and family interactions were collected and are referred to on following pages.

The investigators read each case record and noted the presence or absence of each variable. Case material consisted of psychiatric evaluations, social history reports and, in numerous cases, therapy progress notes.

In order to assess the inter-rater reliability of the procedure, the two investigators independently read and assessed, ten case records. The independent ratings were then compared to ascertain the degree of agreement between the two individual, independent assessments of identical data.

RESULTS

The raw data consisted of the frequency of occurrence of each symptomatic variable within each of the four sex-culture samples. Table III shows the frequencies for each variable within sex-culture samples and Table IV shows the distribution of variables for the total Mexican-American and Anglo-American groups.

The frequency of each variable in a group was compared separately to the frequency of each variable in each of the other three groups and (between the total Mexican-American and Anglo-American samples) by means of the Chi-square test. The symptoms and characteristics which differentiated, at or beyond the five percent level of confidence, each group from every other groups are presented in Tables V,

VI, VII and VIII. Those variables which differentiated the total Mexican-American sample from the total Anglo-American sample are presented in Table IX.

TABLE III: Frequency of occurrence of symptoms within each sex-culture group and within the total samples

	Mexican-American		Anglo-American		Total Mexican-American	Total Anglo-American
	Boys	Girls	Boys	Girls		
1 Academic problems	15	10	20	17	25	37
2 Agitation	8	14	0	0	22	0
3 Acting out	4	1	2	0	5	2
4 Attempted suicide	2	13	0	3	15	3
5 Affect hunger	0	1	7	10	1	17
6 Anxiety	10	12	32	41	22	73
7 Aggressive behaviour	20	13	16	7	33	23
8 Bites nails	5	5	14	19	10	33
9 Compulsive behaviour	0	1	6	9	1	15
10 Cruelty	2	1	2	2	3	4
11 Crying spells	3	21	3	8	24	11
12 Day dreaming	6	2	3	3	8	6
13 Dependency	17	13	10	9	30	19
14 Depressions	12	30	8	10	42	18
15 Disrupts class	3	0	5	4	3	9
16 Demands own way	4	4	1	5	8	6
17 Drinking	5	0	1	3	5	4
18 Dropped out of school	8	5	1	3	13	5
19 Destructiveness	13	6	6	5	19	11
20 Enuretic	6	8	28	21	14	49
21 Erratic school work	8	5	4	7	13	11
22 Failed grade(s)	9	6	6	10	15	16
23 Fights	26	10	11	3	36	14
24 Feels parents don't love him	2	3	4	5	5	9
25 Flat affect	4	4	6	12	8	18
26 Grimaces	0	3	2	1	3	3
27 Guilt	2	5	5	11	7	16
28 Hallucinations	3	4	0	0	7	0
29 Homosexual behaviour	6	5	3	0	11	3
30 Hurts self	3	1	0	0	4	0
31 Hyperactivity	18	7	11	3	25	14
32 Hostility	34	23	12	15	57	27
33 Impulsivity	15	6	5	2	21	7
34 Indifference	6	0	2	2	6	4
35 Immaturity	11	16	5	13	28	18
36 Inappropriate affect	0	4	0	3	4	3
37 Infantilisation	1	1	5	8	2	12
38 Irritability	7	7	0	2	13	2
39 Lack of motivation	2	0	0	2	2	2
40 Lying	6	9	6	13	15	19
41 Masturbation	1	2	11	4	3	15
42 Malicious mischief	7	2	5	2	9	7
43 Narcissism	5	4	0	0	9	0
44 Nervousness	6	9	23	19	15	42
45 Nightmares	4	3	9	15	8	24
46 No or few friends	5	7	27	22	12	49
47 Negativism	18	6	3	5	24	8
48 Obesity	1	8	4	3	9	7
49 Obstant and defiant	18	5	4	5	23	9
50 Passivity	16	10	5	5	26	10
51 Poor self-control	4	0	4	2	4	6
52 Preoccupied with sex	3	4	2	8	7	9
53 Poor social relationships	5	3	25	15	8	40
54 Phobias	9	6	12	10	15	22
55 Ran away from home	13	18	8	11	31	18
56 Stealing	27	8	10	12	35	22
57 Sucks thumb	1	2	8	9	3	16
58 Soiling	4	1	3	0	5	3
59 Sexual acting-out	4	13	7	11	17	18
60 Swearing, obscene language	3	2	0	1	5	1
61 Shyness	0	4	3	5	4	8
62 Short attention span	2	1	5	2	3	7
63 Sleep pattern disturbance	3	10	9	9	13	18
64 Somatic complaints	6	27	9	11	33	20
65 Suspicious-distrustful	2	7	1	1	9	2
66 Stuttering	3	1	1	1	4	2
67 Suicide threat	3	6	2	2	9	4
68 Truancy	13	3	5	7	16	12
69 Temper tantrums	17	13	7	16	30	23
70 Tics	1	2	4	0	3	4
71 Violent behaviours	4	22	0	2	6	2
72 Doesn't work to capacity	7	6	7	4	4	11
73 Wants attention	0	4	7	4	4	11
74 Withdrawn	4	7	9	13	11	22

TABLE IV: Frequency of symptoms within each sex-culture group and total samples expressed in terms of percentages

	Mexican-American		Anglo-American		Total Mexican American	Total Anglo-American
	Boys	Girls	Boys	Girls		
1 Academic problems	20	13	26	22	17	24
2 Agitation	11	18	0	0	15	0
3 Acting out	5	1	3	0	6	3
4 Attempted suicide	3	17	0	4	10	2
5 Affect hunger	0	1	9	13	1	11
6 Anxiety	13	16	42	54	15	48
7 Aggressive behaviour	26	17	21	9	22	15
8 Bites nails	7	7	18	25	7	22
9 Compulsive behaviour	0	1	8	12	1	10
10 Cruelty	3	1	3	3	2	3
11 Crying spells	4	28	4	11	16	8
12 Day dreaming	8	3	4	4	6	4
13 Dependency	22	17	13	12	20	13
14 Depressions	16	39	11	14	28	13
15 Disrupts class	4	0	7	5	2	6
16 Demands own way	5	3	1	7	5	4
17 Drinking	7	0	1	4	4	3
18 Dropped out of school	11	7	1	4	9	3
19 Destructiveness	18	8	8	7	13	8
20 Enuretic	8	11	37	28	10	33
21 Erratic school work	11	7	5	9	9	7
22 Failed grade(s)	12	8	8	14	10	11
23 Fights	34	13	14	4	24	9
24 Feels parents don't love him	3	4	5	7	4	6
25 Flat affect	5	5	8	16	5	12
26 Grimaces	0	4	3	1	2	2
27 Guilt	3	7	7	14	5	11
28 Hallucinations	4	5	0	0	5	0
29 Homosexual behaviour	8	7	4	0	8	2
30 Hurts self	4	1	0	0	3	0
31 Hyperactivity	24	9	14	4	17	9
32 Hostility	45	30	16	20	38	18
33 Impulsivity	20	8	7	3	14	5
34 Indifference	8	0	3	3	4	3
35 Immaturity	14	21	7	17	18	12
36 Inappropriate affect	0	5	0	4	3	2
37 Infantilisation	1	1	7	9	1	8
38 Irritability	9	8	0	3	9	2
39 Lack of Motivation	3	0	0	3	2	2
40 Lying	8	12	8	17	10	13
41 Masturbation	1	3	14	5	2	10
42 Malicious mischief	9	3	7	3	6	5
43 Narcissism	7	5	0	0	6	0
44 Nervousness	8	12	30	25	10	28
45 Nightmares	5	4	12	20	5	16
46 No or few friends	7	9	36	29	8	33
47 Negativism	24	8	4	7	16	6
48 Obesity	1	11	6	4	6	5
49 Obstinate and defiant	24	7	6	7	16	7
50 Passivity	21	13	7	7	17	7
51 Poor self-control	5	0	6	3	3	5
52 Preoccupied with sex	4	5	3	9	5	7
53 Poor social relationships	7	4	33	20	7	28
54 Phobias	12	8	16	13	10	15
55 Ran away from home	17	24	9	14	21	12
56 Stealing	36	11	14	16	24	15
57 Sucks thumb	1	3	11	11	2	11
58 Soiling	5	1	4	0	3	2
59 Sexual acting-out	5	17	9	14	11	12
60 Swearing, obscene language	4	3	0	1	4	1
61 Shyness	0	5	4	7	3	6
62 Short attention span	3	1	7	3	2	5
63 Sleep pattern disturbance	4	13	12	12	9	12
64 Somatic complaints	8	36	12	14	22	13
65 Suspicious-distrustful	3	9	1	1	6	1
66 Stuttering	4	1	1	1	3	1
67 Suicide threat	4	8	3	3	6	3
68 Truancy	17	4	7	9	11	8
69 Temper tantrums	22	7	0	21	15	15
70 Tics	1	3	5	0	2	3
71 Violent behaviours	5	3	0	3	4	2
72 Doesn't work to capacity	9	8	8	7	9	8
73 Wants attention	0	5	9	5	3	7
74 Withdrawn	5	9	12	17	7	15

**TABLE V: Symptomatic behaviour found more frequently
in the Mexican-American Girl
 $P(X^2) > .05$**

Spanish-American Girls – Spanish-American Born
Attempted suicide
Crying spells
Depressions
Obesity
Sexual acting-out
Somatic complaints
Spanish-American Girls – Anglo-American Born
Agitation
Attempted suicide
Crying spells
Depressions
Hostility
Immaturity
Irritability
Ran away from home
Somatic complaints
Suspicious-distrustful
Spanish-American Girls – Anglo-American Girls
Agitation
Attempted suicide
Crying spells
Depressions

**TABLE VI: Symptomatic behaviour found more frequently
in the Mexican-American Boys
 $P(X^2) > .05$**

Spanish-American Boys – Spanish-American Girls
Fighting
Hyperactivity
Hostility
Impulsivity
Negativism
Obstinate and defiant
Stealing
Truancy
Spanish-American Boys – Anglo-American Boys
Agitation
Dropped out of school
Fighting
Hostility
Impulsivity
Irritability
Negativism
Obstinate and defiant
Passivity
Stealing
Temper tantrums
Spanish-American Boys – Anglo-American Girls
Agitation
Aggressive
Fighting
Homosexual behaviour
Hyperactivity
Hostility
Impulsivity
Negativism
Obstinate and defiant
Passivity
Stealing

**TABLE VII: Symptomatic behaviour found more frequently
in the Anglo-American Girls
 $P(X^2) > .05$**

Anglo-American Girls – Spanish-American Girls
Affect hunger
Anxiety
Bites nails
Compulsivity
Enuretic
Flat affect
Infantilisation
Nervousness
Nightmares
No or few friends
Poor social relationships

Anglo-American Girls – Spanish-American Boys

Affect hunger
 Anxiety
 Bites Nails
 Compulsivity
 Enuretic
 Flat affect
 Guilt
 Infantilisation
 Nervousness
 Nightmares
 No or few friends
 Poor social relationships
 Sucks thumb
 Withdrawn

Anglo-American Girls – Anglo-American Boys

Temper tantrums

TABLE VIII: Symptomatic behaviour found more frequently in the Anglo-American Boys

$P(X^2) > .05$

Anglo-American Boys – Spanish-American Boys

Affect hunger
 Anxiety
 Bites nails
 Compulsivity
 Enuretic
 Masturbation
 Nervousness
 No or few friends
 Poor social relationships
 Sucks thumb
 Wants attention

Anglo-American Boys – Spanish-American Girls

Academic problems
 Affect hunger
 Anxiety
 Bites nails
 Enuretic
 Masturbation
 Nervousness
 No or few friends
 Poor social relationships

Anglo-American Boys – Anglo-American Girls

Aggressive
 Fighting
 Hyperactivity

TABLE IX: Symptomatic behaviour found more frequently in the total samples as compared to each other

$P(X^2) > .05$

TOTAL MEXICAN-AMERICAN SAMPLES

Agitation
 Attempted suicide
 Crying spells
 Depressions
 Dropped out of school
 Fights
 Hallucinations
 Homosexual behaviour
 Hostility
 Impulsivity
 Irritability
 Narcissism
 Negativism
 Obstinate and defiant
 Passivity
 Ran away from home
 Somatic complaints
 Suspicious and distrustful
 Mexican-American Girls

TOTAL ANGLO-AMERICAN SAMPLES

Affect hunger
 Anxiety
 Bites nails
 Compulsivity
 Enuretic
 Flat affect
 Infantilisation
 Masturbation
 Nervousness
 Nightmares
 No or few friends
 Poor social relationships
 Sucks thumb
 Withdrawn

The two investigators agreed over 98 percent of the time in placing symptoms in their appropriate categories. In no case was there more than one disagreement per symptom category across all subjects, indicating no systematic rater bias.

There were a total of 1,009 symptoms in the Mexican-American samples and a

total of 1,014 symptoms in the Anglo-American samples, suggesting that differences between the samples can be assumed not to be due to disproportionate frequencies of symptoms in sex-culture groups.

DISCUSSION

DESCRIPTION OF SAMPLES

(TABLE I)

Section A: Age when first seen at clinic

A Chi-square comparison of the frequency of ages over and under 13 between the two total samples was significant beyond the .01 level. The mean age for the Mexican-American girls was over a year greater than the other three samples. It appears that the Mexican-American girl tends not to develop difficulty until she gets close to puberty. At this time relationships with parents become intensified, and in some cases, sexualised. There is also a great deal of pressure on Mexican girls to share household duties at this age. The data indicate a far larger percentage of Mexican-American girls of 16 to 18 years of age (27% as opposed to 11% of Anglo girls).

Section B: Distribution of gross yearly family income

Section B of Table I shows the distribution of income among the four samples. Within the \$1,000 categories there is considerable inequality between groups so that there perhaps is not really adequate matching.

The second part of the Section shows perfect matching by using larger categories. Large income categories were used to increase the size of the samples while sacrificing some accuracy of matching. Nevertheless, the group are roughly matched on the basis of gross yearly income.

Section C: Religion

The large majority of the Mexican-American cases (97% of the Mexican-American boys and 94% of the Mexican-American girls) were Roman Catholic. The most prevalent religion in both Anglo-American samples was Protestantism. It is thought that the religion figures represent fairly adequate and accurate samples of the incidence of the various religions in the normal population.

Section D: Sibling position

In a previous study by the author (1963), the sibling positions of Mexican-American and Anglo-American hospital patients were compared. When the sibling position of the patient was defined in terms of his position relative to the total number of siblings in his family, no difference between the number of oldest children and the expected frequency of oldest children was found. However, when the sibling position of the patient was defined in terms of his position relative to his same-sex siblings, it was found that, for both male and female Mexican-American schizophrenic patients, there was a significantly greater proportion of schizophrenics occupying the first sibling position in the Mexican-American sample.

A similar finding is suggested by the second portion of Section D of Table I. Forty-nine percent of the Mexican-American girls were the oldest female children in the families. The same figure for the Mexican-American boys was 37 percent. Both of these figures are considerably higher than those in the corresponding Anglo-American samples. The observed frequency of oldest and nonoldest children in each sex-culture samples was compared with the corresponding frequencies which would occur by chances. This was done on all four groups for both the patient's position in

the entire family and his position in same-sex siblings. The results of the Chi-square analysis (Table X), show that the only significant difference was found in the same-sex sibling analysis in the Mexican-American girl samples.

TABLE X: Results of Chi Square analysis of sibling position data:
Comparison of observed and expected frequencies

	N	Chi Square	p
Mexican-American Girls			
a. Position in entire family	71	1.494	N.S.
b. Position in same-sex sibs	55	5.488	.05
Mexican-American Boys			
a. Position in entire family	99	.616	N.S.
b. Position in same-sex sibs	78	.958	N.S.
Anglo-American Girls			
a. Position in entire family	75	1.406	N.S.
b. Position in same-sex sibs	59	.548	N.S.
Anglo-American Boys			
a. Position in entire family	95	.212	N.S.
b. Position in same-sex sibs	65	.538	N.S.

Three alternative explanations of the findings suggest themselves. First, Ramirez (1960) has described the sudden weaning of the child in the Mexican culture. He indicates that the child is consistently breast-fed until the arrival of the next child when the close, almost symbiotic relationship is broken. This rupture may, in part, account for the differences in the frequency of psychopathology in the oldest child as compared with children in other sibling positions, but only for families which have only two children. In larger families each child but the last would undergo the same process. This hypothesis would also fail to explain why only female first children and those which are first of sex seem to show more psychopathology.

A second hypothesis is that since the first-born or oldest child is subjected to more difficulties and stresses during enculturation, it is more probable that he should become ill rather than his younger siblings. The oldest Mexican-American child is the first one that has to attend schools in the new Anglo culture, and his experiences should make it easier for the rest of his siblings to adapt. This hypothesis again would fail to explain why the significant differences are found only in the female child when she is the oldest of her same-sex siblings.

A third hypothesis is that of the excessive responsibility of the oldest female child in the Mexican-American family. Since excessive responsibility is not necessarily a disruptive force during personality formation, the following factors must also be considered. First, the Mexican-American mother is often overburdened with household work and with the care of numerous children. The oldest girl is very often unprepared to take over much of the care and responsibility for household affairs, because of her age and relative immaturity. Secondly, conflict between husband and wife may lead the husband to sexualise his relationship with the oldest girl. Although there is, as yet, no direct evidence of a greater number of incestuous relationships in the Mexican-American culture, it is the authors' general impression from therapeutic experience with the Mexican-American patient and from reading many case histories, that there is a differential amount of covert father-daughter incest-like behaviour in the culture. A third factor that must be taken into account is that marital conflict within the Mexican-American family may place the oldest daughter in a particularly vulnerable position due to the fact that she, since she has many of the duties and responsibilities of her mother, may represent to the father much that is like her mother. The anger of the father may be easily transferred to his oldest daughter. In general, it appears that there is differential stress on the oldest female child in the Mexican-American family which may play an important etiological role.

Section E: Current marital status of parents

There are no particularly wide differences in current marital status of the

parents of the patients. However, the incidence of the desertion of the father in both the Mexican-American samples stands out distinctly ($X^2 > .001$). It is possible that these children were exposed to even more desertions than the data indicate since no data were obtained on the desertion or abandonment of stepparents or foster parents. The physical or psychological desertion of the father in the Mexican-American culture may be an important etiological factor in the psychopathology of children in this group, and may indicate more overt marital conflict between Mexican-American parents.

Section F: Birthplace of Mexican-American parents

Section F of Table I indicates the birthplace of the parents of the Mexican-American children. In both the Mexican-American samples, there were many more cases in which the father was born in Mexico and the mother in the United States than cases in which the birth places were reversed. This suggests a pattern of a more acculturated woman marrying a less acculturated male. Although the direction of the differences is not clear in all cases, the obtained ratios vary significantly from the normal population according to the 1960 census on persons of Spanish surname.

Section G: Referral source

Mexican-American patients tend to be referred by welfare and charitable organisations; Anglo-American children, by contrast, tend to be referred by their parents (self) and by private practitioners or private clinics. Thus Mexican-American families are more likely to come into contact with a non-clinical social agency. It is possible that marital conflict and low income bring the Mexican-American family to the attention of agencies which deal with marital counseling and allied problems. From there the child himself may be referred to a child guidance clinic. Anglo parents tend to take the child to a private practitioner who will then refer the child to the clinic; they more often make direct contact with the clinic. Perhaps the Anglo-American family is less likely to tolerate the psychopathology of the child himself and to perhaps disregard the existence of psychopathology within the entire family structure. Twice as many Mexican-American children were referred by the probation department.

Section H: Staff recommendations

The rate of recommended institutionalization for Mexican-American boys was 29 percent, higher than the other three groups. This suggests a particular response of aggression and hostility in the Mexican-American boy, an acknowledgment by staff that strict controls are needed. And reflects their more frequent contact with the law. Summing the number of recommendations for therapy for parents *without* collateral therapy for the child, one finds a rate of 21 percent in the total Mexican-American sample and 38 percent in the total Anglo-American sample. This suggests that staff members may recognise that the role of intrafamilial psychopathology is more important in Anglo children. Staff recommendations which terminate services to the patient without recommendations for further treatment or for referral to another agency amount to 27 percent in the total Mexican-American sample as opposed to 19 percent in the total Anglo-American sample. This finding suggests that the psychopathology of the Mexican-American child is situational in nature and may therefore be dealt with by means other than psychotherapeutic treatment. Correspondingly, there is a higher rate of recommendations for direct discharge from the clinic and for termination of clinic services. Finally, when one sums the staff recommendations which involve the patient in therapy, including those which specify

collateral therapy with the parents, the rate is 42 percent in the total Mexican-American sample. This may indicate that psychotherapeutic treatment of the child is deemed more necessary in a higher percentage of Anglo cases.

Section I: Case outcome

There is a higher rate of dropping out of therapy in the Mexican-American sample although the differences are not statistically significant. More Anglo cases were closed with the statement that the patient had improved. These data suggest that psychotherapy, conceived and practiced by Anglos, may not be suited to the therapeutic needs of Mexican-American patients or that their need is not for traditional psychotherapy.

A comparison of case outcome classified generally as "positive" and as "negative" was significant at the .01 level. Thus it appears that there is a high probability for a Mexican-American child not to profit from the general services of a child guidance clinic.

Section J: Drinking patterns

The data shows less drinking in the mothers of the Mexican-American patients as compared with the mothers of the Anglo-American patients. Drinking, as many authors have suggested, in Mexican males is a particularly disruptive factor in family life. It is possible that the Mexican-American wife consciously avoids drinking because she sees it as an extremely undesirable and even dangerous form of social conduct. The brutality of the drunken Mexican-American husband toward his wife and children has been well-documented in therapeutic practice. (Eighteen percent of the Mexican-American fathers were chronic alcoholics as opposed to ten percent of the Anglo-American fathers.)³

It is possible that the behaviour of the drunken father is etiologically related to psychopathology through the mechanism of fear and anxiety in mother and child.

THE DISTRIBUTION OF DIAGNOSES

Table II indicates a higher rate of neurotic disorders in the Anglo-American sample, suggesting a basic difference in psychopathology between the two groups although the difference is not statistically significant. In the three remaining groups of diagnoses there are no significant differences between the samples.

Within the subtypes of disorders, the most notable difference is found in the incidence of the passive-aggressive personality disturbance, 27 percent in the Mexican-American male sample, and a much higher frequency of this disorder in the total Mexican-American sample. Major differences are more clearly revealed in the discussion of symptomatology to follow.

THE SYMPTOMATOLOGY OF THE MEXICAN-AMERICAN GIRL

Inspection of Table V shows considerable difference in the psychopathology of the Mexican-American girl as compared to the three other sex-culture groups, a consistent pattern of symptomatology consisting of primary symptoms of *attempted suicide*, *crying spells*, *depressions*, and *agitation*. This finding is identical to the results of a study of Mexican-American female adult hospital patients (Meadow and Stoker, 1965), indicating an agitated depressive condition in which there is considerable disturbance of affect.

Correspondingly there are also significantly frequent symptoms that tend to associate with such a condition; for example, *somatic complaints*, and *obesity*.

Depression in the Mexican-American Girl

Gibson (1964) reported that many Mexican-children around the ages of six to eight undergo a serious depression. The present data show that depression in the Mexican-American girl sample exceeds depression in the Anglo-American girl sample by a ratio of three to one, and that depressions in the total Mexican-American sample outnumbered depression in the total Anglo-American sample by a ratio of more than two to one. Gibson related the depression in the Mexican-American child to feelings of deprivation and anger in early life. Three alternative explanations for such anger and depression suggest themselves. First, the typical pattern of child rearing in the Mexican-American culture is characterised by abrupt weaning of the child at the birth of the next child. Secondly, there also is a general rejection of most of the children in the family due to various economic, social, and interfamilial patterns of disruption. It is probable that during this period extreme hostility arises toward the parents. Clinical experience with Mexican-American patients and the current research suggests that depression in these cases differs from depression in Anglo-American patients. Adult Mexican-American patients experience a depressive mood, agitation, and feelings of anger, differing quite sharply from the Anglo-American patient who typically feels heavy guilt, self-depreciation, and accompanying depression. A third possible hypothesis is that there is a greater tendency in Mexican society and in the Mexican-American subculture to react to external shame rather than to internal guilt. That is to say, controls are externalised (Lewis, 1964), as contrasted with the typical Anglo-American child rearing pattern which places emphasis on personal conscience and on repressive defenses.

Comparative lack of hostility expression

The Mexican-American boy shows more aggressive, acting-out types of behaviour than the Mexican-American girl. There is a very discrete role expectation for the female child in the Mexican and Mexican-American family. She is expected to be a "little mother", to serve the needs of the male members of the family, to follow her mother about the house and learn the household duties, and to almost completely repress the expression of many personal needs. Parents voice a feeling that all female children are inherently bad and wicked and the Mexican-American father often fears that his daughter will embarrass him socially.

Anglos tend to view the Mexican-American mother as an all-giving figure. There is perhaps some truth in this stereotype, since the expected role of the Mexican mother is to be warm, giving, a good housewife, and to be completely subservient to the male members of the family. She is to take charge of the female children and to rear them in her own image. The Mexican-American wife thus finds herself expected to restrict the expression of her own dependency needs and to give to her children and husband, increasing the likelihood that she will either consciously or unconsciously reject her children.

This pattern often results in an attempt to impress upon the daughter the same denial of gratification which has been imposed by her own mother. The anger of the child toward the inconsistent and sometimes rejecting behaviour of the mother is a predictable reaction.

The Mexican-American father may be a physical threat to the female child. He is sometimes drunken, cruel, and abusive. The hostility which the female child feels cannot be expressed directly because of the fear of direct retaliation by the father and by cultural prohibitions against hostility expression in females.

THE SYMPTOMATOLOGY OF MEXICAN-AMERICAN BOYS

Table VI shows a symptom pattern distinguished by *fighting, hyperactivity, impulsivity, negativism, obstinate and defiant attitude, stealing, truancy, dropping out of school and temper tantrums*. This pattern indicates a more direct expression of hostility and symptoms indicating severe intrapsychic conflict or serious disturbance of personality functioning rarely in evidence. Hostility and tension tends to be discharged quickly and effectively. This particular point was also validated in the study of hospitalised Mexican-American psychiatric patients (Meadow and Stoker, 1965).

Hostility, acting out and the problem of authority

Clark (1959) and Burma (1954) state that the young boy in Mexico appears to have no expected role to play. He is given little structure by the family and left to the street and to whatever activities please him. However, his hostility is directed outside of the family because of the male-female sex difference between him and his mother and because of his inability to express hostility toward his father.

The relative ease of the relief of tension in this group is consistent with the double standard of behaviour that exists more noticeably between male and females in the Mexican-American culture. The externalised super-ego allows rebellion, coupled with hostility with little anxiety and guilt. The Mexican-American boy tends not to directly act out his hostility suggested by the frequency of *dropped out of school*. This is consistent with the incidence of a passive-aggressive character structure which is frequently found in clinical experience with Mexican-American male out-patients and in the present data.

Another possible source of Mexican-American difficulty in dealing with authority figures may be that the Mexican peasant has always lived in a position of servitude and subordination to his "betters" in society. The relationship between authority figures and those beneath them in Mexico has been largely of an exploitative type. The well-known *patron* system is another example of this general pattern and certainly this pattern has been continued by elements of Anglo society.

The authoritarian relationship is repeated again in the entire family organisation. Children are expected to obey without question. The reason for one's having authority in the Mexican family is based almost exclusively on the variables of age and sex. In the traditional Mexican family, the father is the supreme ruler, the highest authority. Next in line is the mother and, after her, the oldest male child, resulting in a rather clear-cut division of male power over female.

The school drop-out pattern

The present data indicate that there are significantly more cases in the Mexican-American group of boys dropping out of school. This particular datum is made somewhat more impressive by the fact that the majority of children in this sample were not old enough to be able to legally drop out of school.

The drop-out pattern is an important one not only for the welfare of the child himself but for the entire geographic area in which he lives. In the Mexican-American culture in particular, even more so than in the Anglo-American culture, a constant threat to economic security is posed by the lack of jobs for unskilled workmen. If then such a particular segment of citizens continues to produce an abnormally large percentage of poorly educated children, the economic problems of not only the subcultural group but of the entire area become intensified. Industry will not move to areas where it will be unable to secure a complement of trained or potentially trainable workers, completing the cycle of poverty.

PSYCHOPATHOLOGY OF THE TOTAL MEXICAN -AMERICAN SAMPLE

Essentially the same patterns of symptoms as were found in the analyses of the symptomatology of the four sex-culture samples are also found in the analysis of the total Mexican-American sample (Table IX). One finds the agitated, depressive symptomatic component and the aggressive and affect-discharging component.

The total Mexican-American sample showed *aggressiveness, destructiveness, fighting, hostility, impulsivity, obstinate and defiant attitude, stealing and swearing*. This pattern of symptoms is most clearly indicative of a far-reaching problem in the Mexican-American child with hostility and its expression. The important difference is in the direction of the expression of the hostility. The Mexican-American children tended to handle hostility by "acting out". It has been noted that Mexican-American children are extremely well-behaved toward individuals in authority, that they are usually quiet and unobtrusive, and that they appear well controlled by their parents. Hostility is not directly expressed within the family but through antisocial acts.

A pattern of irresponsibility in the Mexican-American child suggested by the significantly high frequency of *impulsivity, indifferent attitude, passivity and truancy*. In Mexican-American adult males the pattern of irresponsibility is seen in the more florid form of the "macho" pattern with its drinking, gambling, promiscuous behaviour, and non-support of family. The pattern may result from the lack of goal direction and role expectation for the younger male child. Controls within the family are exceedingly strict but, because of the lack of direction over the behaviour of the child outside family life, he is relatively free to express hostility. The Anglo-American child differs because controls are more internalised and are therefore carried over into behaviour outside of the home.

The higher frequency of *running away from home* is perhaps symptomatic of the inflexibility of the Mexican-American family pattern and of the overall tendency of Mexican-American children to withdraw from conflict. Clinical experience has shown this to be a major method of reducing anxiety in Mexican-American patients and may also represent a method of expressing hostility toward parents.

Although *dependency* did not statistically differentiate the Mexican-American samples from the Anglo-American samples, its greater frequency in the Mexican-American samples and its relationship to *passivity* is of central importance. The studies of Mexican and Mexican-American child rearing patterns have agreed in that the culture supports a family structure which does little to meet the dependency needs of children. The one major specific agreement in all of the studies reviewed is that there is a sudden weaning of the child from the mother upon the birth of the next child. Certainly in such a "Culture of Poverty" as Lewis (1961) describes the Mexican culture, and in a population which tends to give birth to many children, the sudden and rather traumatic weaning of the child from the mother is undoubtedly more frequent.

Behaviourally one finds in the present samples an underlying dynamic of passivity and dependency which, especially in the Mexican-American male child, is punctuated by rather severe outbursts of hostility, manifested by *stealing, lying, truancy, drinking, violent behaviour, fighting* and so forth.

School teachers in Tucson frequently describe the good manners and compliant disposition of their Mexican-American students and express surprise at their quick outbursts of temper and their rather serious episodes of antisocial, acting-out behaviour.

THE SYMPTOMATOLOGY OF THE TOTAL ANGLO-AMERICAN SAMPLE

Because it is not the purpose of this paper to discuss in detail psychopathological reactions in the Anglo-American groups but rather to describe the psychopathology of the Mexican-American as compared to the Anglo-American, it will suffice to indicate that the psychopathology of the total Anglo-American sample consists of a neurotic pattern of adjustment, showing the symptomatic correlates of *anxiety, nail biting, enuresis, nervousness* and so forth. (See Tables VII, VIII and IX).

Secondly, the comparison also shows the symptoms of *poor social relationships* and *no or few friends*. These two symptoms are characteristic of a pattern of disturbance in interpersonal relationships, suggesting a more serious disruption in personality functioning in the Anglo-American children as compared to the Mexican-American children. These major and important differences are not artifacts of the sex comparisons since they are shown in the comparison of the total samples.

There is six times as much *infantalization* in the Anglo-American sample. The most direct explanation of this phenomenon, in a descriptive sense, is that there is strong regressive component to the psychopathological reaction of the Anglo-American child. This finding is consistent with the hypothesis of the extratensive nature of the Mexican-American personality structure as contrasted with the intratensive and intropunitive nature of the Anglo-American personality structure. Psychological dynamics in the Anglo-American child are, by contrast, organised not around giving overt expression to inner needs and impulses, but directed toward the repression of impulsivity. The psychopathological result may often be regression to earlier forms of satisfying activity and to more active fantasy life.

SUMMARY

The present study concerns itself with a comparison of the psychopathology, psychological and familial processes and therapeutic treatment of Mexican-American and Anglo-American children seen in three child guidance clinics.

Case files of Mexican-American and Anglo-American children were randomly selected from the files of three child guidance clinics in the Southwestern part of the country. Cases of organic pathology or mental deficiency were discarded, yielding a final sample of 152 Mexican-American and 152 Anglo-American cases, divided evenly between male and female cases. Each case was matched roughly for gross yearly family income.

A list of 74 symptomatic behaviours was constructed through reading a number of case histories. The investigators closely examined each matched case record for the presence or absence of each variable. The two investigators independently assessed the content of 10 case records, showing high agreement between raters.

The frequency of each variable in each group was compared to the frequency in every other group by means of the Chi-square test. A similar comparison was also made between the total Mexican-American and total Anglo-American samples. The results of the analysis thus indicated which symptoms were found significantly more frequently in each group as compared separately with each other group.

In general, the data indicated significant and consistent differences in psychopathology between the four different sex-culture samples. The findings were related to culturally determined aspects of family structure, family interaction, role conflicts and personality structure.

REFERENCES

- 1 The authors are indebted to the staffs of the Jane Wayland Child Centre of Phoenix, Arizona, the Community Guidance Centre of San Antonio, and the Child Guidance Clinic of Tucson, Arizona for making their files available.
- 2 The preliminary cases, which also served as practice cases for the investigators, were not included in the sample of cases studied. Psychological test data were also collected and will be reported in a future paper.
- 3 It must be pointed out that there may be more alcoholism in fathers of patients who are not seen at child guidance clinics in the Mexican-American population as compared to the Anglo-American population. Such a difference in the frequency of heavy drinking in the normal population may explain the obtained difference.

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