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Acculturation, Marianismo Gender Role, and Ambivalent Sexism in Predicting Depression in Latinas

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ACCULTURATION, *MARIANISMO* GENDER ROLE, AND

AMBIVALENT SEXISM IN PREDICTING DEPRESSION IN LATINAS

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Abstract

This study explores acculturation, the Latina gender role of *marianismo*, and

ambivalent sexism in predicting depression in a community sample of Latinas. A review

of existing literature regarding these variables reveals that all three constructs can be both

risk factors as well as protective factors. Since *marianismo* and ambivalent sexism may

share similar traits, both may be self-protective coping mechanisms by Latinas in the

context of a patriarchal environment with structured gender roles and strong gender

disparities. One hundred and thirteen adult Latina participants from various ancestries of

origin were solicited from the community using an Internet survey tool. Acculturation in

this study was measured by the Bidimensional Acculturation Scale for Hispanics (BAS);

marianismo by the Latina Values Scale-Revised (LVS-R); and ambivalent sexism by the

Ambivalent Sexism Scale (ASI). The outcome variable, depression, was measured by the

Center for Epidemiological Studies Depression Scale (CES-D). Results showed that

Latinas who endorsed higher hostile sexism tended to endorse higher benevolent sexism.

Latinas who endorsed higher *marianismo* tended to endorse higher benevolent sexism.

Further, Latinas who endorsed higher *marianismo* also tended to endorse higher overall

ambivalent sexism (the sum of hostile and benevolent sexism). Finally, Latinas who

endorsed higher *marianismo* tended to endorse higher satisfaction, or lower perception of

conflicts, with their *marianista* traits. The correlation between acculturation and

marianismo, acculturation and hostile sexism, acculturation and benevolent sexism, as well as *marianismo* and hostile sexism were all non-significant. Linear regression was conducted to examine whether acculturation, *marianismo*, hostile sexism and benevolent sexism predicted depression in Latinas. Results indicated a significant model – in particular, *marianismo* was a significant predictor of depression in Latinas. The other predictors failed to predict depression in Latinas. After controlling for demographic variables, the incremental regression model was non-significant. Despite the model's overall non-significance, the predictor of age was found to be significant, that is, as age increased, depression tended to decrease. Finally, benevolent sexism was also found to be significant in the incremental regression model, that is, as benevolent sexism increased, depression tended to increase. *Marianismo* and the other predictors were not found to be significant in the final model. The limitations of the study were discussed, including a small sample size, higher socioeconomic status, as well as the use of an online data collection method. Clinical implications of the study included adding to the knowledge of multicultural competency in the field of psychology, specifically the importance of considering the impact of bicultural acculturation, gender role, clients' perceived satisfaction with their gender role, as well as clients' sexist experiences.

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Chapter One: Introduction

Culturally competent Understanding of Depression in Latina/o Population

Despite the fact that people of color account for a large proportion of the U.S. population, empirical literature relating to depression is sparse when compared to those conducted with the majority culture (i.e., White, middle-class, English-speaking) (Miranda, Azocar, Organista, Muñoz, & Libermann, 1996). Depression is the leading cause of disability worldwide (Barrera, Torres, & Muñoz, 2007). Furthermore, for members of the Latina/o population, there appears to be evidence that they are at increased risk for depression over time due to a number of socio-economic factors (e.g., Vega, Kolody, Aguilar-Gaxiola, Alderete, Catalano, et al., 1998).

Compared to those who were born outside of the United States, González, Tarraf, Whitfield, and Vega (2010) found that the prevalence of lifetime major depression for Latinas/os in the U.S. was significantly higher for those who were born in the United States. Any culturally relevant research into the etiology of depression must take into consideration the cultural, historical, political, and socio-economic contexts in which depression occurs in the Latina/o community, such as acculturation, the impact of gender roles (Murcia, 2009), and sexism (Glick & Fiske, 1996).

Purpose of the Study

This study aims to examine acculturation, the Latina gender role of *marianismo*, and ambivalent sexism – which consists of hostile sexism and benevolent sexism – to predict depression in a Latina population.

The Gender Role of *Marianismo*

Marianismo is a traditional gender code of behavior for Latinas, with historical roots in the gender ideal embodied by the Virgin Mary (Gil & Vasquez, 1996; Rivera-Marano, 2000; Cofresi, 2002). A traditional definition of *marianismo* includes sacred duty to family, subordination to men, subservience, selflessness, self-renouncement and self-sacrifice, chastity before marriage, sexual passivity after marriage, and erotic repression (Rivera-Marano, 2000). *Marianismo* prescribes dichotomous gender roles for Latinas – the positive archetype of *marianismo* is the idealized and venerated woman/mother; and the negative archetype is the "fallen woman" (Rivera-Marano, 2000). The majority of Latinas in the U.S. fall in the middle of this dichotomy. Some Latinas still face challenges from this gender role stereotype, because defying this gender role prescription sometimes comes with societal consequences (Gil & Vasquez, 1996), and even mental health consequences. For example, Cano (2004) discovered that even after acculturation was controlled, *marianismo* was a significant positive predictor of depression. In addition, Orlandini (2000) found a significant positive correlation in the endorsement of *marianismo* by Latinas in relation to depression as an outcome.

However, researchers also noted that like acculturation, the gender role of *marianismo* might also engender resilience (Campbell, 2008). In spite of acculturation and gender role challenges after immigration, some Latinas still reported self-efficacy,

self-mastery, and personal agency (Campbell, 2008). Such resilience was also linked with less risky sexual behaviors, substance abuse, and depression (Heilemann, Frutos, Lee, & Kury, 2004).

Ambivalent Sexism

A review of relevant literature appears to indicate that the *marianismo* gender role may share similar characteristics with ambivalent sexism (e.g., Fisher, 2006). For instance, both *marianismo* and ambivalent sexism feature women's internalization of gender role prescriptions and proscriptions (Glick & Fiske, 1996), a "good woman versus fallen woman" dichotomy (Offir & Tavris, 1977), as well as predictions of attitudes towards gender subtypes (for example, homemaker subtype versus feminist subtype) (Glick, Diebold, Bailey-Werner, & Zhu, 1997). Both *marianismo* and ambivalent sexism also found empirical support as possible continuums of risk factors and protective factors for women (Fisher, 2006; Garcia, 2004). Both *marianismo* and ambivalent sexism may be self-protective coping mechanisms by Latinas in response to a patriarchal environment marked by structured gender roles and a strong gender disparity (Glick & Fiske, 1996).

Ambivalent sexism theory proposes that in a typical patriarchal society, prejudicial beliefs towards both genders may take the form of dichotomous but complementary forces of hostile sexism and benevolent sexism (Glick & Fiske, 1996). The theory asserts that in addition to the traditional model of hostile prejudice, there is a more subtle force of benevolent sexism that plays a role in shaping women's behaviors that has so far been under-represented in the literature (Glick & Fiske, 1996). Authors such as Glick and Fiske (2003) state that benevolent sexism – an overtly positive but covertly prejudicial ideology – may be directed towards women who embrace traditional

and conventional gender roles. However, for women who defy traditional gender roles, the theory asserts that the dominant patriarchal group may utilize hostile sexism – the negative extreme of the dichotomy – in order to enforce a correction of undesired behaviors (Glick & Fiske, 2003). Therefore ambivalent sexism theory poses a hypothesis that addresses the question of how women are historically disadvantaged, yet almost universally loved (Ridgeway, 1992).

The theory found substantial empirical support in international populations, as well as mostly White European American populations in the U.S. (e.g., Bohner, Ahlborn, & Steiner, 2010; Lee, Fiske, Glick, & Chen, 2010). Some research has been conducted with populations in Spain (for example, Expósito, Herrera, Moya, & Glick, 2010); however, only four studies have included the Latino population in the U.S. in exploring ambivalent sexism (Glick & Fiske, 1999; Pearson, 2010; Russell & Trigg, 2004; Yamawaki, Darby, & Quieroz, 2007).

There is substantial empirical support examining the relationship between ambivalent sexism and a wide variety of variables including religiosity (Glick, Lameiras, & Castro, 2002), gender role attitudes (Pearson, 2010), attribution of blame to the victim in stranger versus acquaintance rape scenarios (Abrams, Viki, Masser, & Bohner, 2003), rape proclivity (Masser, Viki, & Power, 2006), attitudes toward spousal abuse (Sakalli, 2001), prejudicial attitudes toward women who have premarital sex (Liang, 2007), and tolerance of sexual harassment (Russell & Trigg, 2004).

In particular, Moya, Glick, Expósito, de Lemus, and Hart (2007) found a continued influence of hostile and benevolent sexism, despite the recent prevalence of nondiscrimination laws. They found that women who endorsed benevolent sexism

accepted hypothetical "I'm worried about your safety" (Moya et al., 2007, p. 1432) scenario where a romantic partner offered "protective justifications" (Moya et al., 2007, p. 1422). Interestingly, they also found that the higher women endorsed benevolent sexism, the more likely they accepted these scenarios even when no justification was given (Moya et al., 2007).

Further, empirical support shows that ambivalent sexism likely affects women's self-efficacy. Dumont, Sarlet, and Dardenne (2010) found evidence that women's perception of their own incompetency was actually activated by benevolent sexism, and further, they found that such beliefs were actually more intrusive and more self-injunctive only when women were confronted by benevolent sexism (Dumont, et al., 2010). In addition, Barreto, Ellemers, Piebinga, and Moya (2009) discovered that when exposed to benevolent sexism, women were more likely to de-emphasize their task-related characteristics, and emphasize their relational qualities. Such findings are consistent with other authors' work over the years – Rudman and Heppen (2003) called it the "glass slipper effect"; Dowling (1981) named it the "Cinderella Complex"; and Maass (2009) labeled it the "Cinderella Test."

Acculturation

Research shows that acculturation continues to be both a protective factor as well as a risk factor for Latinas/os' mental health (Masten, Best, & Garmezy, 1990; Rogler, Cortes, & Malgady, 1991). Researchers note that the process of acculturation may place additional stress due to navigating between and adapting to different cultures (e.g., Torres, 2010). They suggest that exposure to United States culture may be associated with negative psychological effects, when comparing the rates of acculturated Latinas/os

reporting psychological disorders against immigrant Latinas/os (e.g., Alegria, et al., 2007). However, researchers also note a connection between the process of acculturation and the increase of resilience in Latina/o communities (e.g., Plunkett & Bamaca-Gomez, 2003). A possible connection between cultural orientation and bidimensional acculturation may offer protective buffering against negative consequences of acculturative stress, as well as depression and substance abuse (Gonzalez et al., 2009). Torres (2010) found that acculturative stress was related to depression, that active coping skills provided a buffer against depression, and even differentiated the level of depression.

Purpose of Research

In examining acculturation, *marianismo*, and ambivalent sexism to ascertain if they predict depression Latinas, this researcher hopes to add to the body of literature to assist psychologists in acquiring cultural competency in working with this population. The researcher also hopes that this study underscores the importance of considering the impact of ethnicity and gender in the clinical formulation of depression in Latinas.

Rationale for Study and Research Question

Several factors contribute to the significance and the need for this study. First, the prevalence and potential severity of depression in the Latina/o population (e.g., González, Tarraf, Whitfield, & Vega, 2010) make this a salient topic for research. In addition, research on the gender differences in the epidemiology of major depressive disorder indicates that women are more likely to be at risk for depression than men, when compared to men in Latino and non-Latino groups (Mendelson, Rehkopf, & Kubzansky, 2008). Even more compelling is the finding that gender socialization, such as that of

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marianismo, may moderate gender differences in depression (Mendelson et al., 2008). Further, studies examining potential factors contributing to depression also note the contribution of acculturation and gender role conflict (Cuellar & Roberts, 1997; Hovey & King, 1997; Masten et al., 1994). Finally, research into gender differences in depression identifies ambivalent sexism and sexist experiences as contributing factors for women (Yoder & Lawrence, 2011).

The present study therefore investigates if acculturation, *marianismo* gender role, and ambivalent sexism (hostile and benevolent sexism) predict depression in Latinas.

The research question is, "Are acculturation level, *marianismo* level, ambivalent sexism (hostile sexism and benevolent sexism) significant predictors of depression in Latinas?"

Chapter Two: Review of the Literature

Purpose of Study

This study explores if acculturation, *marianismo* gender role (Gil & Vasquez, 1996), and ambivalent sexism (hostile sexism and benevolent sexism) (Glick & Fiske, 1996) predict depression in a Latina population.

This chapter will explore the relevant literature concerning these variables of interest in this study. Specifically, the chapter is divided into five sections.

The first section presents the demographics of the Latino population in the U.S., including limitations of early research into Latino issues, and contextual cultural factors pertaining to this study.

The second section presents relevant research concerning acculturation – particularly research supporting bidimensional acculturation. In addition, this section presents literature supporting acculturation as a risk factor for depression, as well as those supporting the variable as a protective factor.

The third section presents relevant research regarding the *marianismo* gender role. Included in this section is the historical basis of *marianismo,* as well as this gender role conceptualized from the theoretical framework of Social Role Theory (Eagly, 1987, p.

31). The section also presents research supporting this gender role as a risk factor as well as protective factor in relation to mental health.

The fourth section presents relevant research regarding ambivalent sexism. The section explores the social basis of hostile and benevolent sexism's mutual and complementary nature. It then explores the research supporting women's endorsement of ambivalent sexism in relation to gender roles. In addition, it presents ambivalent sexism as a risk factor and a self-protective coping mechanism in women. Finally, this section presents the findings of four research studies that included Latina/o populations in their sample of participants.

The fifth section highlights all relevant findings pertaining to the variables of acculturation, *marianismo*, and ambivalent sexism in relation to depression in Latinas/os. It also presents the rationale for this research, the research question, and the hypotheses.

The fifth section highlights all relevant findings pertaining to the variables of acculturation, *marianismo*, and ambivalent sexism in relation to depression in Latinas/os. It also presents the rationale for this research, the research question, and the hypotheses.

Demographics of the Latino Population

To date, Latinos amount to approximately 48.4 million in the United States, thereby making this population the nation's largest ethnic minority (Census Bureau, 2011).

The term "Hispanic" is a label of convenience originating in the 1970s from the Federal Office of Management and Budget (OMB), and the United States Census Bureau (Office of Management and Budget, 1977). It was first used officially by the U.S. government to refer to "a person of Mexican, Puerto Rican, Cuban, South or Central

American, or other Spanish culture or origin, regardless of race." (Office of Management and Budget, 1977). Origin can be considered as the heritage, nationality group, lineage, or country of the person or the person's parents or ancestors before their arrival in the United States (Census Bureau, 2011).

In 2008, the Office of Management and Budget amended the term "Hispanic" as one commonly used in the Eastern portion of the United States, and "Latino" as a term commonly used in the Western portion of the United States (Office of Management and Budget, 1997). However, the term "Hispanic" has been rejected by some as a "designation imposed from the outside" (Albert, 1996).

The term "Latino" which means "Latin" in Spanish is probably a shortening of the word *Latino Americano* (Suárez-Orozco & Páez, 2002). Latino is a generic term referring to people of Spanish-speaking and Latin American heritage, excluding those who are natives of Spain (Suárez-Orozco, Todorova, & Louie, 2002). The term "Latino" is one that is only used in the United States (Census Bureau, 2011). People who are considered Latino in the United States include those whose ancestries are: Mexican, Puerto Rican, Cuban, Dominican Republic, and Central and South American, which include Costa Rican, Guatemalan, Honduran, Nicaraguan, Panamanian, Salvadoran, Argentinian, Bolivian, Chilean, Colombian, Ecaudorian, Paraguayan, Peruvian, Uruguayan, and Venezuelan (Census Bureau, 2011).

It is important to note that neither the terms "Hispanic" nor "Latino" refer to race, as a person of Hispanic/Latino ethnicity can be of any race, including White, African-American, Asian, Native American, Native Hawaiian or any other combination (Greico

& Cassidy, 2001). For the purposes of this study, the more appropriate term of "Latino" will be used.

Limitations of Early Research

In addition to experiencing socioeconomic disadvantages, authors noted that Latinos were at higher risk for a number of mental health issues, specifically, they noted the prevalence of Latinos struggling with depression, suicidal ideation, anxiety, alcoholism and binge-drinking, substance use, somatization disorders, and posttraumatic stress disorders (Fortuna, Perez, Canino, Sribney, & Alegria, 2007; Fortuna, Porche, & Alegria, 2008; Interian, Ang, Gara, Rodriguez, & Vega, 2011; Kono-Wells, 2007; Vazquez, 2009). Authors noted from data from multiple national surveys showing a higher intimate partner violence prevalence among Latino couples compared to White couples (Próspero & Kim, 2009; Morse, 2008). In addition, authors noted that Latinos were also more likely to have poorer access to mental health care, poorer quality of mental health care, and greater unmet need for mental health care compared to Whites (Wells, Koike, & Sherbourne, 2001).

Since much of the early literature into the mental health issues of the Latina/o population has been viewed through an individualistic and decontextualized lens, authors such as Matt and Navarro (1997) encouraged researchers to portray the culture of this sociocentric population more realistically. The intention behind the inclusion of these collectivistic cultural values in this section is to illuminate that these can also provide powerful sources of emotional resilience in the face of disparities and psychosocial stress. For example, recent research (e.g., Plant & Sachs-Ericsson, 2004; Blanco-Vega, Castro-Oliva, & Merrell et al., 2008) found that the acculturation process in an environment

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marked by collectivism and *familismo,* might promote bicultural competence, which might increase resilience and protect against depression (Plant & Sachs-Ericsson, 2004). Collectivism is the valuing of collectivistic structures, defined as an emphasis on needs and objectives of those within the group as opposed to individualistic needs and values (Marin & Marin, 1991). *Familismo* is the familial interdependence, as opposed to hyper-independence, marked by the sharing of resources and social support by extended family members (Falicov, 1996).

Contextual Issues Relevant to the Latina/o Population

Any study in Latina/o issues must include a balanced perspective of the historical, social, and cultural contexts consistent with the experiences of this population in the U.S. in order to advance culturally competent practice. Hence, the issues of acculturation, *marianismo,* and ambivalent sexism must be viewed through these issues to be relevant for the Latina/o population. Organista (2009) recommended that researchers consider the contexts of immigration, oppression and privilege, education and employment disparities, social stratification, demographic diversity, as well as acculturation and ethnic identity in their work with this population. As acculturation and the similar construct of ethnic identity are relevant to the present study, they are presented in the following section.

Acculturation and ethnic identity. Consideration of a Latina/o individual's acculturation and ethnic identity status is helpful when exploring the impact of socioeconomic status in relation to historical conditions of contact (e.g., immigration, refugee status) and conflict (e.g., war, discrimination) with U.S. society (Organista, 2009). For instance, this may contribute to the socioeconomic disparities between Cuban Americans and Puerto Ricans, which may be rooted in distinctly different acculturation

histories in the U.S. (Organista, 2009). Consideration of ethnic identity in this population may offer insight into an individual's level of identity development in the context of stigmatized racial/ethnic minority groups and privileged majority groups (Organista, 2009). For instance, a Latina/o individual's ethnic identity can be either a source of shame or pride (Organista, 2009).

Prevalence of Depression in the Latino/a Population in the U.S.

According to Murray and Lopez (1996), the prevalence of depression is estimated to be the second leading cause of disability worldwide and the leading cause of disability in high-income nations, such as the United States. These authors also estimated that within the U.S., depression is a leading cause of disability among major ethnic and racial groups and a common problem in medical comorbidity (Murray & Lopez, 1996).

Lower socioeconomic scale mediated by stress. Figures from the U.S. Department of Health and Human Services (2001) show that a large number of Latinos face daunting economic and social barriers in the U.S., including being overrepresented in depression prevalence among low-income and underserved groups (Mendelson et al., 2008). Lorant, Croux, Weich, Deliège, et al. (2007) discovered that stress mediated the relationship between socioeconomic status and depression. They observed that those facing psychosocial stress were at risk of developing depression since both material depravity and perceptions of relative inequality were often stressful (Lorant et al., 2007). Stress was also related to acculturation, as the process of acculturating to a new host culture might come with certain financial, occupational, and social hardships, which increase the risks for depression (Mendelson et al., 2008).

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Epidemiology of major depression. González, Tarraf, Whitfield, and Vega (2010) conducted the first major U.S. study of the epidemiology of major depression among major ethnic groups in adults in the U.S. based on data from the Collaborative Psychiatric Epidemiology Surveys. This study was also the first to provide ethnic comparisons of epidemiology of major depression, chronicity, severity, associated disability and treatment use (González, et al.). Out of all the ethnic groups surveyed, they reported that Puerto Ricans had the highest prevalence (11.9%) of meeting the criteria for major depression in the past 12 months, followed by Mexican Americans (8%) and Cuban Americans (8%) (González, et al.). With regard to lifetime depression, González, et al. (2010) reported that Puerto Ricans, again, reported the highest prevalence (22.2%), followed by Cubans (17.4%), and Mexican Americans (14.5%). Overall, the prevalence of lifetime major depression was significantly higher for those who were born in the U.S. (23.8%) than those who were foreign-born (12.4%) (González, et al., 2010).

Gender differences. In their meta-analysis of the prevalence of major depressive disorder (combined studies $N = 76,270$) and depressive symptoms (combined studies $N = 38,997$) in comparison to Latinos versus non-Latinos, Mendelson et al. (2008) found that in both Latino and non-Latino groups, women were more likely to experience depression than men. However, they pointed out this difference might be moderated by gender socialization as a result of traditional gender values, of which *marianismo* was an example (Mendelson et al.). They stated that the gender role might contribute to an internalizing pathway as a way to express distress, which might in turn contribute to the development of depressive symptoms (Mendelson et al.). Their findings from the meta-

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analysis indicated the importance of exploring gender role socialization as a potential moderator of ethnic differences in depression (Mendelson et al., 2008).

Protective factors. It is crucial to balance these figures with Latinos' resilience to a range of negative health outcomes (e.g., infant mortality and low birth weight) in contrast with non-Latino populations (Palloni & Morenoff, 2001). Plant and Sachs-Ericsson (2004) found that interpersonal functioning in conjunction with cultural values such as collectivism and *familismo* are protective factors against depression for Latinos, when compared non-Latinos.

Acculturation

This section addresses the theoretical foundations and relevant research regarding acculturation compared to ethnic identity in this study. A review of the literature concerning acculturation and ethnic identity in the Latina/o culture and its relationship with gender roles follows this section, together with research justifying the decision to utilize acculturation rather than ethnic identity in this study.

The construct of acculturation has been an important focus of research with U.S. ethnic minorities. When an individual is impacted by contact with another culture, change typically occurs. Researchers of the acculturation process generally describe the use of English language, adoption of English media, and the tendency to acquire American friends as associated with high levels of Latina/o acculturation (Marin & Marin, 1991). Successful acculturation is typically defined in terms of mental and physical health, psychological satisfaction, high self-esteem, work performance, and academic performance (Phinney, Horenczyk, Liekind, & Vedder, 2001).

Theories of acculturation. Acculturation is classically defined as "phenomena which result when groups of individuals having different cultures come into continuous first-hand contact, with subsequent changes in the original culture patterns of either or both groups" (Redfield, Linton, & Herskovits, 1936). In general, there are two types of conceptual models of acculturation – linear and unidimensional (e.g., Cuellar, Harris, & Jasso, 1980), and reciprocal and bi-dimensional (e.g., Marin & Gamba, 1996). Unidimensional measures usually presume acculturation to move in one direction only – forcing individuals to make a choice between two cultures (Latina/o versus White European American) (Cuellar et al., 1995).

Bidimensional models usually conceptualize an individual's development along two distinct independent dimensions, adherence to the dominant culture, as well as maintenance of the culture of origin (e.g., Marin & Gamba, 1996). An individual who is bicultural is posited as retaining Latino cultural traits and values while also incorporating the White European American culture (Szapocznik et al, 1978; Padilla, 1980). The bidimensional model features a more realistic perspective of the acculturation process (Cortes, Rogler, Malgady, et al., 1994; Marin & Gamba, 1996).

Researchers are currently calling for acculturation frameworks beyond linear models, particularly those that involve multidimensional contexts, featuring reciprocal interactions between the individual and the environment, and other acculturative contexts including immigration (Hovey & King, 1997) among various Latina/o subgroups (Torres, 2010).

Review of Acculturation, *Marianismo*, Ambivalent Sexism and Depression Literature in the Latina/o Population

Acculturation as a risk factor. Empirical research studies that investigate the relationship between acculturation and mental health in the Latino population have arrived at inconsistent conclusions (e.g., Lara, Gamboa, Kahramanian, Morales, & Bautista, 2005; Rogler et al., 1991). Falcón and Tucker (2000) and Torres (2010) noted a possible link between acculturation and the risk of depression.

Acculturation as protective factor. Acculturation, in particular bidimensional acculturation, is linked to *resilience* in Latina/o communities and that it may be a protective factor as well. Resilience is defined as successful outcomes despite serious threats to adaptation and development (Masten, Best, & Garmezy, 1990). An individual is usually considered resilient if she/he meets the cultural or societal expectations for adaptation and if this status was achieved in the presence of adversity (Masten, Obradovic, & Burt, 2006). A Latina/o who is bicultural is likely to acquire the ability to maneuver competently within the dominant culture while maintaining a strong connection to the social, cultural, and linguistic culture of origin (Hull, Kilbourne, Reece, & Husaini, 2008).

Studies show the connection between cultural orientation, bidimensional acculturation and the protective buffering of negative consequences of acculturative stress, discrimination and racism, as well as depression and substance abuse (Blanco-Vega et al., 2008; Castro et al., 2007; Hull et al., 2008; Plunkett & Bamaca-Gomez, 2003; Umaña-Taylor & Updegraff, 2007).

Studies also show that the concept of bidimensional acculturation, rather than unidimensional acculturation is more likely linked to a sense of ethnic pride, and this, in turn, is associated with positive psychological/cognitive development, academic motivation, and successful family and community relationships (Cabrera & Padilla, 2004; Espinoza-Herold, 2007; Gonzalez & Padilla, 1997; Park-Taylor, Walsh, & Ventura, 2007).

Review of acculturation literature. Coping is defined as a multidimensional process used to manage experiences perceived to be problematic (Folkman & Moskowitz, 2004). Examples of active coping include beliefs such as, "I figure my life will be what I make of it, so I generally go out to meet life and get the most of it" or "In most situations, I seek out information that will help me grow as a person" (Zea, Reisen & Tyler, 1996). Using a community sample of 148 adults, Torres (2010) investigated if acculturation, acculturative stress and coping, together with demographic factors such as annual income, generation level, age and years lived in the U.S., would significantly differentiate those reporting low depressive level from medium and high depression (Torres). The author also hypothesized that if previous evidence showed that acculturation to the U.S. culture had negative psychological consequences, then it might follow that a Latino orientation would serve as a protective buffer (Torres). Lastly, the author hypothesized that active coping would serve as a protective factor in Latinos and be associated with healthier outcomes (Torres). To measure acculturation, the author used the Acculturation Rating Scale for Mexican-Americans-II (ARSMA-II) – an instrument that measured the acculturation process using an orthogonal, multidimensional approach (Cuellar et al., 1995).

Results showed that acculturation was not significantly correlated to depression but acculturative stress was. In addition, those who endorsed high from low depression were differentiated by an orientation towards the dominant White European American culture, pressure to obtain English competency, and active coping skills (Torres). Further, a Latino orientation and pressure to acculturate differentiated those who endorsed moderate depression from low depression (Torres). Second, the risk of acculturating to the U.S. culture and the benefit of maintaining heritage ties to the Latino culture were confirmed (Torres). Active coping, especially skills pertaining to the culture-of-origin and adaptive management of environmental pressures, was found to serve as a buffer against depression (Torres). This study underscores the importance of strong orientation to the Latino culture as a protective buffer against depression. In addition, as active coping is found to be a protective buffer against depression, this present study will thus investigate if *marianismo* and ambivalent sexism, viewed as coping mechanisms for Latinas, will predict depression.

Rivera (2007) investigated if acculturation had a significant relationship with depression, and if it was mediated by family social support. The author used the Short Acculturation Scale for Hispanics (SASH; Marin, Sabogal, Marin, Otero-Sabogal, & Perez-Stable, 1987) – a unidimensional acculturation instrument. Results showed support for higher levels of acculturation being associated with higher levels of depression – in particular, gender, education level and family financial situation were stronger predictors of depression than acculturation alone (Rivera). Higher acculturation levels were found to relate to lower levels of family support (Rivera). However, the relationship between acculturation and depression was found to be mediated by family support (Rivera, 2007).

In a similar study, Cuellar and Roberts (1997) investigated the relationship between depression, acculturation and socioeconomic status in a college student sample. To measure acculturation, the author also used the Acculturation Rating Scale for Mexican-Americans-II (ARSMA-II) – an instrument that measured the acculturation process using an orthogonal, multidimensional approach (Cuellar et al., 1995). Results from the sample showed that females, especially those with lower socioeconomic scales, tended to score higher than males on symptoms of depression (Cuellar & Roberts). In addition, gender, rather than acculturation, was a more significant predictor of depression (Cuellar & Roberts, 1997).

These findings suggest that it is important to include gender, education, and socioeconomic status in exploring the relationship to depression. A limitation of these two studies is its inclusion of gender but not gender roles or the effect of sexism in exploring the relationship to depression.

Acculturation and *Marianismo* Literature. This section will detail the relevant literature exploring gender roles and acculturation with Latinas/os.

Cano (2004) investigated the relationship between acculturation and *marianismo,* as well as the relationship between acculturation and the level of satisfaction with *marianismo*. Further, she investigated if these variables predicted depression (Cano). Her sample included 122 undergraduate women of Mexican descent (Cano). Measurements included the ARSMA-II (Cuellar et al., 1995) – an instrument that measured the acculturation process using an orthogonal, multidimensional approach; *marianismo* was measured with the Latina Values Scale (LVS; Rivera-Marano, 2000), and depression was measured with the Beck Depression Inventory-II (BDI-II; Beck et al., 1996). Results

showed that acculturation did not significantly affect the level of *marianismo*, nor did acculturation significantly affect the level of satisfaction with *marianismo* (Cano). Further, results showed that after acculturation was controlled, *marianismo* was a positive significant predictor of depression, but acculturation did not interact with *marianismo* in predicting depression (Cano). Finally, results showed that after controlling for the other predictors, the level of satisfaction with *marianismo* was a significant negative predictor of depression (Cano). A limitation of this study was that it was conducted at a large, urban, commuter university whose student population was mostly White, and the author herself acknowledged that the limited generalizability of results to other populations, such as community samples. The author thus suggested future research to include community samples of a larger age range (Cano, 2004).

Orlandini (2000) investigated acculturation level, *marianismo*, and depression in a community sample of 155 adult Latinas living in the Miami, Florida area. The study utilized the unidimensional Short Acculturation Scale for Hispanics (SASH; Marin et al., 1987) and the Beck Depression Inventory-II (BDI-II; Beck et al., 1996). Results showed that there was a significant positive correlation in the endorsement of *marianismo* by Latinas and depression (Orlandini). Results also showed that education level, income level, religious beliefs and social support also predicted the endorsement of *marianismo*, and hence, the level of depression. Finally, Orlandini found that acculturation level had no significant relationship with *marianismo* endorsement. Although the author acknowledged that her sample consisting of mainly educated Latinas was one limitation of the study (Orlandini), education in this population could be construed as a strength (Plunkett & Bamaca-Gomez, 2003). One of the limitations of this study was that the

sample was more representative of Latinas of Cuban ancestry, rather than those of Mexican, Puerto Rican, and other subgroups (Orlandini, 2000).

Other authors explored acculturation in relation to other variables such as gender roles, substance use and dating violence. Kulis, Marsiglia, and Hurdle (2003) found that in a sample of Mexican American youths in the Southwestern part of the U.S., acculturation could be a protective factor. To ascertain acculturation level, these authors used a unidimensional language proxy measure – participants who completed the study in Spanish or stated they spoke Spanish with their friends "all" or "most" of the time were listed by the authors as "less acculturated" (Kulis et al.) Results showed that acculturation mediated gender identity; and that both acculturation and gender identity predicted protection against drug use (Kulis, et al., 2003). Ulloa, Jaycox, Skinner, and Orsburn (2008) examined the relationship between acculturation, gender role stereotypes, recent aversive dating experiences, and attitudes about dating violence in urban Latina/o youth. The authors only utilized the language use and electronic media subscale of the Bidimensional Acculturation Scale for Hispanics (BAS; Marin & Gamba, 1996) – thereby limiting the scale's full utility as a bidimensional instrument. Results indicated that lower levels of acculturation were significantly related to traditional gender roles like *marianismo* and *machismo,* and that gender was an important predictor of dating violence attitudes (Ulloa et al., 2008).

Marianismo

This section addresses the theoretical foundations and relevant research regarding *marianismo* in this study. A review of the literature concerning *marianismo* in the Latino culture and its relationship with depression follows.

Definition of *marianismo*. Stevens (1973) is generally credited with coining the term *marianismo* and its scholarly discussion of the construct and its mandates for Latinas (Falicov, 1998; Gil & Vazquez, 1996). Stevens (1973), a political scientist, defined *marianismo* as "the cult of feminine spiritual superiority, which teaches that women are semi-divine, morally superior to and spiritually stronger than men" (p. 123). Due to this superiority, Stevens (1973) wrote that women were to "rise above and endure any of the male's indiscretions or failures" (p. 130). Further, she wrote, "No self-denial is too great for the Latin-American woman…no limit can be divined to her vast store of patience for the men in her life" (Stevens, 1973, p. 130). Subsequently, other authors defined *marianismo* as the "self-sacrificing woman syndrome" (e.g., Lara-Cantu, 1989). Others called it the "martyr complex" (Comas-Diaz, 1987).

A traditional gender code of behavior for Latinas, *marianismo's* roots can be traced in part to Catholicism and the gender ideal embodied by the Virgin Mary (Rivera-Marano, 2000; Cofresi, 2002). The concept of *marianismo* prescribes a code of behavior that prevails across all dimensions of a Latina's life (Rivera-Marano, 2000). Authors noted that for some Latinas, this gender role phenomenon might encompass such traits as sacred duty to family, subordination to men, subservience, selflessness, self renouncement and self sacrifice, chastity before marriage, sexual passivity after marriage, and erotic repression (Zayas, 1987; Rivera-Marano, 2000; Cofresi, 2002).

The ten "commandments" of *marianismo*. Gil and Vazquez (1996), in their private psychotherapy practice in New York City, saw a large number of Latina clients. They compiled these clients' narratives into a book, *The Maria Paradox: How Latinas Can Merge Old World Traditions with New World Self-Esteem*. They disagreed with

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other authors' belief that the term "independent-minded Latina" was a paradox. They condensed their Latina clients' case histories into ten themes, which they named the Ten Commandments of *Marianismo.* These are: do not forget a woman's place; do not forsake tradition; do not be single, self-supporting, or independent-minded; do not put your own needs first; do not wish for more in life than being a housewife; do not forget sex is for making babies, not for pleasure; do not be unhappy with your man, or criticize him for infidelity, gambling, verbal and physical abuse, alcohol or drug abuse; do not ask for help; do not discuss your personal problems outside the home; and finally, do not change those things, which make you unhappy that you can realistically change (Gil & Vazquez).

Gil and Vazquez discussed each theme with a prototypical clinical case study that was representative of some of the women the authors saw in their private practice. They believed that they worked with many Latinas who faced daily conflicts between their own desires to have an independent and professional life, and their family's and culture's gender role expectations (Gil & Vasquez). They believed that these conflicts were due the historical heritage of *marianismo*; yet they argued against a pathological view of *marianismo* (Gil & Vasquez). Instead, they posited a perspective of resilience – stating that if Latinas were able to face such adversities daily, they could harness this into resilience in resolving these cultural conflicts with compromise, empowerment and biculturalism (Gil & Vasquez).

Their goal was to help guide other Latinas to empowerment, encouraging Latinas to utilize their unique position in the family as bicultural individuals where they could use

their resilience and interpersonal skills to honor their family and cultural values as well as their own (Gil & Vasquez, 1996).

Although the ten themes are helpful in description of a complex *marianismo* phenomenon, an apparent limitation to this work is that it is qualitative and anecdotal, and that it has yet to be supported empirically. Another limitation may be that readers can easily make the assumption that these ten *marianismo* themes can be generalized to all Latinas of all ancestries.

Castillo, Perez, Castillo, and Ghosheh (2010) believed that this construct provided Latinas with both positive and negative behavioral expectations – but both were within the confines of the specific norms ascribed to womanhood and motherhood (Lavrin, 2004). *La mujer buena* (the good woman) could be viewed as a strong and capable woman who takes a proactive role in her life (Castillo et al., 2010). However, the extent of her power might be limited to the vicinity of her home, and her primary focus might be limited to caretaking of her family (Rocha-Sanchez & Diaz-Loving, 2005). Authors suggested that the Latino cultural value of *familismo* might be an integral part of the *marianismo* gender role (Raffaelli & Ontai, 2004). This cultural value was honored by both men and women, but its manifestation was determined by gender norms (Castillo et al., 2010). Thus, cultural adherence to *familismo* for the Latina might mean that she must provide physical and emotional support to the family, take care of the home, bear and raise children (Castillo et al., 2010).

Gender role socialization of Latinas. As a social construct, gender refers to "all the duties, rights, and behaviors a culture considers appropriate for males and females" (Tarvis & Wade, 1999, p. 16). Identification of a person as a male or female is a

fundamental social categorization that may be regarded by perceivers as having greater

information value than other social cues (Stangor, Lynch, Duan, & Glas, 1992). Through

gender role socialization, Latino children learn their society's values, beliefs, attitudes,

sex role expectations, myths, religion and language (Tarvis & Wade, 1999).

Social role theory. The origins of traditional gender roles such as *marianismo* can

be theorized through the lenses of social psychologist Alice Eagly's (1987) Social Role

Theory. This theory (Eagly, 1987) proposes that the structural factors of traditional

societies demand gendered division of labor and consequently, gender-based hierarchy

(Rudman & Glick, 2008). According to Eagly's theory, in traditional societies such as

that of Latino society, males and females are historically expected to possess

characteristics that enable them to perform sex-typical productive work (Eagly). The

differential treatment of girls in child rearing typically results in females being socialized

towards communal behavior (Eagly). Males' and females' occupancy of different niches

in society initiates processes by which women and men become differentially socialized

to fulfill these niches (Eagly).

Social Role Theory proposes that roles not only foster stereotypes about each

gender but also help to create a corresponding reality (Eagly). She believes that this

occurs in several ways: when one is socialized to enact the traits demanded of roles the

culture typically occupies; when one adopts traits associated with their cultural groups;

and finally, performing gender-linked roles increases the degree to which one exhibits the

traits and behavior these roles require (Eagly).

Social Role Theory (Eagly) also helps explain why *marianismo* is prescriptive as

well as proscriptive – specifying the way Latinas ought to act (e.g., don't put your needs

first) (Gil & Vasquez, 1996). Further, this theory has some support in explaining the existence of gender gaps. Diekman & Schneider (2010) found that men and women's attitudes differ partly due to gender roles (such as broad expectations based on gender), and different specific roles (such as family roles and occupational roles).

The self-sustaining prophecy of such gender roles is often the result of the cultural group using this as a compass pointing them in gender-conforming directions, which further perpetuates these gender beliefs (Rudman & Glick, 2008). Further, expectancy effects and behavioral confirmation processes lead perceivers to falsely detect that such gender beliefs are accurate and convince others into confirming these beliefs (Rudman & Glick, 2008).

The *marianismo* dichotomy.

Positive extreme of the dichotomy. Gil and Vasquez (1996) acknowledged that the gender role might likely serve Latinas of previous generations a level of protection in society as a wife and a mother in their respective countries of origin. As such, *marianismo,* at the positive end of the dichotomy, might include features of maternal love, loyalty, compassion and generosity (Gil & Vasquez, 1996).

Negative extreme of the dichotomy. On the other end of the dichotomy is the negative side of *marianismo,* which may cause Latinas conflicts. Because of this dichotomy inherent in *marianismo*, Latinas are often warned against the negative extreme of this gender role – the role of "the prostitute" – the opposite of the more desirable "mother" role (Gil & Vasquez, 1996; Rivera-Marano, 2000). Within this extreme negative side of *marianismo,* women who are perceived to belong in this category include

not just the prostitute, but also the gender subtypes of the mistress, single mother, divorcee, seductress or a flirt (Gil & Vasquez, 1996; Rivera-Marano, 2000).

The reality of *marianismo*. It is crucial to note that *marianismo* exists on a continuum, with an extreme negative and an extreme positive dichotomy. In reality, most Latinas fall in the middle of this dichotomy, and they do not fit in either of these extreme stereotypical ends (Olowude, 2001; Perez-Strumolo, 2001). The reality of Latinas living in the U.S. is such that at some level, they may be challenged by this stereotypical gender role dichotomy.

For Latinas, the choice towards free expression and non-traditional gender subtypes (such as the career woman, the feminist) over the traditional gender role of *marianismo* sometimes come with consequences (Gil & Vasquez, 1996; Rivera-Marano, 2000; Cofresi, 2002). For instance, in the area of work, Latinas may feel this to be a mixed blessing – success in her career may mean failure in her personal life, and may possibly be construed as being less than a perfect wife and mother (Gowan & Trevio, 1998).

Researchers found that when there was social change, such as those of immigration and acculturation, gender role stereotypes often became reinforced (Eagly, 1987). Immigration and the process of acculturation and acculturative stress are realities that Latinas in the U.S. may typically face. Because of this process, studies suggested gender role conflicts and greater socialization expectations for daughters to embody traditional ideals of behavior might be higher than compared to those for sons (Das Gupta, 1997).

***Marianismo* and resilience.** Yet, it is noteworthy that in spite of such challenges, some Latinas harness the positive aspects of *marianismo* in cultivating resilience.

In her qualitative study, Garcia (2004) found that most second-generation daughters reported themes of this gender role in their narratives. These Latinas reported that their mothers managed challenges such as discrimination, prejudice, oppression, sexism, on top of *marianismo* gender role challenges, particularly with their husbands (Garcia). These Latinas spoke about their mothers harnessing the positive aspects of *marianismo* (maternal love, loyalty, compassion and generosity) to cultivate resilience while acculturating to a new culture and maintaining their culture of origin – ultimately redefining themselves as women, wives, and mothers (Garcia). As such, these mothers were instrumental in the identity development of their second-generation daughters (Garcia, 2004).

In another study with recent Mexican immigrant Latinas in South Carolina, Campbell (2008) found that in spite of acculturation and gender role challenges, these women reported self-efficacy, self-mastery, and personal agency, which led to strong desires for employment, education and autonomy. Campbell also found that these Latinas were able to protect these intrinsic assets despite social and cultural isolation following immigration. Further, research suggested that with such intrinsic assets, Latinas were less likely to report risky sexual behaviors (Lindenberg et al., 2002), depression (Heilemann, Frutos, Lee, & Kury, 2004; Heilemann, Lee, & Kury, 2002), and substance abuse (Lindenberg et al., 1994). Finally, with such intrinsic assets, they also demonstrated greater psychological resilience following trauma from abuse (Boscarino & Adams, 2009; Jenkins & Cofresi, 1998).

Marianismo **literature.** The reality of the many Latinas living in the U.S. is that

not all of them fit into the restrictive gender role stereotypes prescribed *by marianismo*.

(Olowude, 2001; Perez-Strumolo, 2001; Torres et al., 2002). Research has shown that

strict and rigid adherence to this gender role is associated with negative mental health

consequences (Cano, 2003; Fragoso & Kashubeck, 2000). The following section will

detail studies on the *marianismo* construct.

Perez-Strumolo (2000) examined the relationship of *marianismo* to gender,

ethnicity, acculturation attitudes towards assimilation, self-esteem and life satisfaction

while controlling for socioeconomic status and social desirability. She utilized two

samples of White and Latino college undergraduates ($n = 20$) with 26 White men, 40

White women, 12 Latino men and 24 Latino women ($n = 102$) (Perez-Strumolo). The

instruments she used were the Bem Sex Role Inventory – Short Version (BSRIS; Bem &

Lenney, 1976); Rosenberg Self-Esteem Scale (RSES; Rosenberg, 1965); Satisfaction

with Life Scale (Diener, Emmons, Larsen, & Griffin, 1985); the unidimensional Marin

Acculturation Scale (Marin et al., 1987); and the Marlowe-Crowne Scale for Social

Desirability (Crowne & Marlowe, 1960).

Results show that in the Latino sample, acculturation was not related to

masculinity or femininity (Perez-Strumolo). While White men were found to endorse

more masculine traits than White women, interestingly, Latinas in the sample endorsed

more masculine traits than Latino men (Perez-Strumolo). Further, results showed that

regardless of gender, ethnicity, and acculturation, self-esteem was positively related to

masculinity and femininity, and life satisfaction was positively related to masculinity and

femininity (Perez-Strumolo). Socioeconomic status was not related to self-esteem or life

satisfaction (Perez-Strumolo). The desire for social acceptance (social desirability) was found to be positively related to life satisfaction (Perez-Strumolo).

An applicability of these results to the present study is that Latino gender roles might not be wholly or simplistically characterized by male dominance and female submissiveness (Perez-Strumolo, 2000). They might be characterized by other influences – which this present study explored. There were several limitations to this study: (a) the Latino sample size was small, and might affect its generalizability to other Latino subgroups (b) the author chose to use instruments that were relatively dated; and (c) choosing to use college undergraduates in the sample might mean that the acculturation level might be relatively high.

Vazquez (1998) examined the association between self-silencing/self-sacrificing, adherence to the *marianismo* gender role, and relationship satisfaction in their relationship to depression in Latinas. In this study, the author postulated that silencing the self theory might be one of the factors in addition to *marianismo* that contributed to Latinas' report of depression (Vazquez). Silencing the self theory (Jack, 1991) posited that women's relational orientation might lead them to construe care as being unselfish, giving, and self-sacrificing. Jack also posited that women who seek attachment in self-sacrificing ways were likely to develop gender-specific schemas about their intimate relationships -- involving devaluation of personal experience, censorship of experience, repression of anger and emotional deprivation. Jack (1991) believed that these self-silencing schemas contributed to a loss of self-esteem and heightened vulnerability for depression.

The study utilized two samples of Latinas – one clinical sample ($n = 45$) solicited from clients seeking group psychotherapy at a community mental health clinic, and another non-clinical sample obtained from an adult educational program in the community ($n = 41$) (Vazquez, 1998). The instruments used included the Silencing-the-Self Scale (STSS; Jack & Dill, 1992); Beck Depression Inventory (BDI; Beck et al., 1961); The Inventory of Attitudes towards Men and Women (Coles, 1974); and the Relationship Assessment Scale (Hendrick, Dicke, & Hendrick, 1988).

Vazquez (1988) found that regardless of age and marital status, women who endorsed higher scores on the BDI (Beck et al., 1961) were more likely to endorse lower scores on the Relationship Assessment Scale (Hendrick et al., 1988). They were ultimately more likely to endorse higher scores on the Silencing-the-Self Scale (Jack & Dill, 1992). She also found that there was significant relationship between traditional gender roles and depression in this sample (Vazquez). In addition, the author found a negative relationship between relationship satisfaction and depression. Her conclusion at the time was that Latinas' social construction of gender beliefs might share similarities with cultural *marianismo* beliefs, and that "strict adherence to the *marianista* code involves…a loss of authentic connection with the self" (Vazquez, 1998). One of the strengths of this study is the utilization of a community group that may be more representative of the subgroups represented in the Latina population in the U.S. Another is the utilization of primarily Spanish speakers.

In another study using *marianismo* in relation to depression, Caceres-Dalmau (2003) explored a specific type of depression – anxious somatic depression – with young Latinas and its relationship with their mothers' *marianismo* level. Anxious somatic

depression was defined by the author as depression with a high degree of anxiety and somatic (physical) complaints (Caceres-Dalmau). The author used a sample of Latino (*n* = 75) and White (*n* = 35) college undergraduates in New York City (Caceres-Dalmau). Instruments used were the Center for Epidemiologic Studies Depression Scale (CES-D; Radloff, 1991); Symptom Checklist-90-R Anxiety Subscale (SCL-90-R; Derogatis, 1983); and a 10-item *Marianismo* Subscale of the author's own scale called Mother's Perceived Gender Role Ideology (Caceres-Dalmau).

The author found that there was a significant relationship between maternal *marianismo* and anxious somatic depression in this sample (Caceres-Dalmau). Latinas were found to perceive their mothers as endorsing more *marianista* traits, compared to the White women (Caceres-Dalmau). Findings, however, did not support the author's hypothesis that the Latina daughters' level of anxious somatic depression would be significantly related to that of their mothers' *marianismo* level (Caceres-Dalmau). Strengths of this study included the exploration of a specific subtype of depression, as well as the mother-daughter relationship (Caceres-Dalmau). However, a limitation of this study was the author's self-developed Mother's Perceived Gender Role Ideology instrument (Caceres-Dalmau, 2003), which had not undergone empirical testing. In addition, this study depended on the daughters' perception of their mothers' *marianista* level, which might or might not be as accurate as the mothers' self-report.

A common limitation among all three studies (Caceres-Dalmau, 2003; Perez-Strumolo, 2000; Vazquez, 1998) was their small sample sizes, leading to caution in generalizing the findings to the Latina population.

Other authors explored *marianismo* in terms of other mental health/physical health correlates such as a trauma, abuse and HIV. Palomino de Velasco (2002) hypothesized that Latinas who endorsed a higher level of *marianismo* would report a higher prevalence of intimate partner violence than those who did not endorse *marianismo.* Results did not support this hypothesis, perhaps due to a skewed population or a non-clinical sample of participants (Palomino de Velasco, 2002).

Marianismo as a coping mechanism. A review of existing literature relevant to the gender role phenomenon appears to indicate that *marianismo* may possibly share similar characteristics with other constructs such as ambivalent sexism (e.g., Eagly, 1987; Mayo & Resnick, 1996; Rudman & Glick, 2008), which is explored in the next section.

Ambivalent Sexism Theory

This section will define ambivalent sexism theory, explore theories behind the phenomenon, as well as relevant empirical literature supporting this phenomenon.

Definition of ambivalent sexism theory. Ambivalent sexism theory is defined as a phenomenon consisting of complementary, dichotomous forces of hostile sexism (HS) and benevolent sexism (BS) that mutually interact to maintain gender inequality in a patriarchal system (Glick & Fiske, 1996; Fields, Swan, & Kloos, 2010). Sexism, then, is theorized to extend beyond the traditional definition of hostile prejudice (Glick & Fiske, 1996; Fields, Swan, & Kloos, 2010).

Patriarchy is defined by Brown (1994) as a system in which the value of women and their voices were obscured and diminished; where gender inequalities and the devaluation of women were the norm. Brown (1994) argued that while women's rights

made some improvements in the U.S. society, in some cultures, patriarchy might be more evident than others.

The traditional model of prejudice is similar to the construct of hostile sexism (HS); while benevolent sexism (BS) is based on overtly "positive" stereotypes of women (Allport, 1959; Fiske, Xu, Cuddy, & Glick, 1999). Benevolent sexism is defined as an ideology featuring subjectively favorable protection and affection to women who embrace traditional and conventional roles that is often under the guise of chivalry (Fields, Swan, & Kloos, 2010; Fisher, 2006; Glick and Fiske, 2003; Jackman, 1994; Moya, Exposito, & Casado, 1999; Rudman and Heppen, 2003).

The basis of ambivalent sexism. As cautioned in the previous section, it is crucial to note that as with most social phenomena, ambivalent sexism exists on a continuum, with an extreme negative and an extreme positive dichotomy. In reality, most individuals fall in the middle of this dichotomy.

Allport (1954) proposed his classic definition of hostile sexism as "an antipathy based upon a faulty and inflexible generalization" (p. 9), which directed discriminatory acts towards targets of prejudice. However, in recent years, researchers who previously believed that sexism was mainly hostile in nature, found that both men and women attributed favorable traits towards women (Eagly & Mladinic, 1993). Glick and Fiske (1999) proposed ambivalent sexism theory, which might provide some explanation to the phenomenon of how women could be so loved, yet almost universally disadvantaged.

Ambivalent sexism is complementary and mutually interacting (Glick and Fiske, 1996). Glick and Fiske (1996) proposed that a patriarchal system might likely engender similar paternalistic attitudes towards women. They further argued that ambivalent

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sexism might be an effective way of shaping women's behavior in patriarchal society –

benevolent sexism might shape women's behavior by punishing nonconformity, and

rewarding conformity to traditional gender roles (such as housewife and mother) (Glick

et al, 2000; Lee, Fiske, Glick, & Chen, 2010).

Ambivalent sexism literature. Since Glick and Fiske (1996) first proposed the

ambivalent nature of sexism, the theory has found much empirical support in some U.S.

populations and even international populations.

International empirical support. Glick et al. (2000) investigated ambivalent

sexism in 19 countries, including Cuba, Colombia, Chile, Portugal, Brazil, and Spain

with more than 15,000 participants, and discovered that the means for hostile and

benevolent sexism are correlated (.89) for both men and women. Furthermore, the

countries in which hostile sexism was more strongly endorsed were also the ones where

benevolent sexism was strongly embraced (Glick & Fiske). The researchers therefore

proposed that these results indicated mutually supportive justifications of patriarchy and

conventional gender relations (Glick & Fiske, 2003).

Ambivalent sexism and relationship to traditional gender roles. It may be likely

that the ambivalent sexism continuum share similar characteristics with traditional gender

roles, such as the *marianismo* continuum. In referring to ambivalent sexism, Tavris and

Wade (1984) called it the "pedestal-gutter syndrome" or the "Madonna-whore" (p. 24)

dichotomy. Glick and Fiske (2003) found support for hostile sexism predicting

unfavorable stereotypes of women, and benevolent sexism predicting the favorable. In

explaining how hostile and benevolent sexism existed dichotomously in the minds of

ambivalent sexists without cognitive dissonance, Glick, Diebold, Bailey-Werner, and Zhu

(1997) found that ambivalent sexists might subtype women stereotypically (Glick et al, 1997), such as "housewives," "career women," "babes," or "tarts" (Six & Eckes, 1991). To this end, Glick et al. suggested that individuals might likely endorse hostile sexism when they perceived women as challenging of men's power (e.g., feminists, career women). Such individuals might also direct benevolent sexism towards women who were perceived as congruent with traditional gender roles (e.g., housewives, maternal type) (Glick et al., 1997).

In research conducted in other countries, Sibley and Wilson (2004) found that benevolent sexism predicted classification of whether New Zealand women fit the traditional, sexually chaste, virtuous female subtype. In a sample of Turkish adults, benevolent sexism beliefs also predicted negative evaluations in women who had premarital sex (Sakalli-Ugurlu & Glick, 2003).

Ambivalent sexism as a risk factor. This idealization of women has several implications. At the extreme negative end of the continuum, women may be viewed as "weak" and best suited for stereotypical roles; but simultaneously and paradoxically, at the extreme positive end of the continuum, men may attribute many positive traits to them (e.g., "many women have a quality of purity that few men possess" p. 135), which men and women are likely to interpret this as cherishing (Fields et al., 2010; Glick & Fiske, 2003). Barreto and Ellemers (2005) supported this by discovering that women expressed more favorable attitudes towards men who endorsed benevolent sexism, rather than men who were hostile sexists.

Women's endorsement of ambivalent sexism. Just as women may endorse the gender role construct of *marianismo*, authors suggest that women may likely endorse

ambivalent sexism as well. Moya, Glick, Expósito, de Lemus, and Hart (2007) found that only women who accepted "protectively justified" scenarios where a husband or a romantic partner prohibited women from driving on a long road trip, or from counseling dangerous men. (e.g., I'm concerned for your safety") were the ones who endorsed benevolent sexism. Moreover, the women who accepted these scenarios even when no justification (e.g., "because I say so") was given were the ones who endorsed higher benevolent sexism (Moya et al., 2007). The implications of Moya et al. (2007)'s findings are crucial to this study for several reasons: the unique combination of dominative with protective sexism may lead women who endorsed benevolent sexism beliefs to accept gender restrictions. One such restriction may be the gender role of *marianismo*.

Similarly, Moya, Exposito, and Casado (1999) found in a community sample of women in Spain that acts that were perceived as "protective justification" ones were perceived as less serious when the perpetrators expressed a benevolent, protective justification rather than a hostile one. Further, the more the women endorsed benevolent sexism, the more likely the women accepted this protective justification from non-intimate men (e.g., co-worker, rather than a romantic partner) (Moya et al., 1999). This is an important study in that the sample utilized a non-White, non-U.S. population. More research is needed to replicate this study to determine if findings will be supported in a U.S. Latino population.

Ambivalent sexism and its effects on women's self-efficacy. Research also suggests that benevolent sexism may likely affect women's own self-efficacy. Self-efficacy is defined as a cognitive perception of competence (Hughes, Galbraith, & White, 2011). Feather (2004) found that in her research sample that benevolent sexism was

negatively correlated to self-direction, such as independent thought and action, freedom, choosing one's goals. Barreto, Ellemers, Piebinga, and Moya (2009) discovered that when exposed to benevolent sexism (as opposed to hostile sexism), women were more likely to emphasize their relational qualities, rather than task-related abilities. Dumont, Sarlet, and Dardenne (2010) found evidence that benevolent sexism actually increased women's idea of being incompetent. Moreover, they found that such thoughts of incompetence were more intrusive and more self-injunctive only when women were confronted by benevolent sexism (Dumont, et al., 2010). In a sample of participants in Spain, Expósito, Herrera, Moya, & Glick (2010) found that these women might restrict their ambitions to avoid conflicts with male partners – for reasons such as to appease them, to maintain a status quo in the relationship, or perhaps to solicit men's protection – even at the cost of their own power. These three studies (Barreto et al., 2009; Dumont et al., 2010; Expósito et al., 2010) highlighted the relationship between ambivalent sexism and a lowered self-efficacy. This was of particular relevance to this study since research had found an inverse relationship between self-efficacy and depression (Pamp, 2009; Wei, Russell, & Zakalik, 2005).

Ambivalent sexism and depression. There were two studies to date that examined the relationship between these two variables. Using only the Benevolent Sexism subscale of the Ambivalent Sexism Inventory (Glick & Fiske, 1996), Yoder, and Lawrence (2011) found in a study with 94 women and 74 men that women did report higher ruminative thought related to depression than men; however, this level of ruminative thought was moderated by the endorsement of benevolent sexism beliefs related to women. Further, the authors found that benevolent sexism was positively related to ruminative thought,

suggesting that women who tended to report rumination also tended to believe that it was a gender-appropriate response to depression (Yoder & Lawrence, 2011).

Fischer and Holtz (2010) examined the impact of sexism on women's mental health concerns, including depression, anxiety, and reduced well-being. Instead of the ASI (Glick & Fiske, 1996), they used the Schedule of Sexist Events (Klonoff & Landrine, 1995). They found that sexist events had direct (non-mediated) effects on women's mental health, which included depression (Fischer & Holtz, 2010).

Ambivalent sexism as a protective factor. As with the other constructs – acculturation and *marianismo* – explored earlier in this study, research has found that ambivalent sexism may also be a protective coping mechanism for women. Fisher (2006) found that when women were informed in a study that men held more hostile attitudes towards them, they in turn, endorsed more benevolent sexist attitudes, rather than hostile sexist attitudes (Fisher, 2006). The findings of Glick et al. (2000) supported this – in a study spanning 19 countries, they found that women's level benevolent sexism were as high or, in some cases, higher than men's, particularly in countries where hostile sexism was the highest. This meta-study suggested that women's endorsement of positive benevolent sexism might possibly be a self-protective coping mechanism to men's hostile sexism, especially if gender disparity was high (Glick et al., 2000).

Ambivalent sexism studies with Latina/o populations. Glick and Fiske (1999) in their development of the Ambivalence Towards Men Inventory included Latinos in their participant sample. The Ambivalence Towards Men Inventory is a measure that differentiates between women's hostile and benevolent prejudices about men (Glick & Fiske, 1999).

Russell and Trigg (2004) explored the variables of gender, gender roles (masculinity and femininity), ambivalent sexism and social dominance orientation in relation to tolerance of sexual harassment. The study found that ambivalent beliefs about women and hostility towards women are better predictors of tolerance of sexual harassment than gender alone (Russell & Trigg, 2004).

Yamawaki et al. (2007) conducted a study investigating the moderating role of ambivalent sexism on others' perceptions of alleged-rape incidents. The authors found that those who were likely to minimize rape incidents, as well as attribute less responsibility to the alleged rapist were more likely to be those who endorsed higher hostile sexism (Yamawaki et al., 2007).

In these three studies (Glick & Fiske, 1999; Russell & Trigg, 2004; Yamawaki et al., 2007), the percentages of participants who identified as Latino were small, and not representative of the actual U.S. population.

Pearson (2010) explored ambivalent sexism in relation to religiosity, acculturation and education among a sample of 130 Mexican American women and men. The author used the Ambivalent Sexism Inventory (ASI; Glick & Fiske, 1996), the Ambivalence Toward Men Inventory (Glick & Fiske, 1999), and the Bidimensional Acculturation Scale for Hispanics (Marin & Gamba, 1999). Religiosity was not assessed with any formal measure but through questions included in the demographic form (Pearson, 2010).

The study found that those who were more highly educated were less likely to endorse ambivalent sexism (Pearson, 2010). Moreover, acculturation and the endorsement of ambivalent sexism towards men, but not towards women were moderated by education level (Pearson, 2010). However, religiosity was not found to moderate

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either the relationship between education and ambivalent sexism, or acculturation and ambivalent sexism (Pearson, 2010). A major strength of this study was that the sample included Mexican American participants, who were not college undergraduates (community sample), and who resided in a geographic area with a high population of Latinos (Pearson, 2010).

Integration of Relevant Research

Acculturative stress was significantly correlated to depression; however, a strong Latino orientation served as a buffer against moderate depression (Torres, 2010). In another study, higher levels of acculturation were correlated to higher levels of depression – gender, education level, and socioeconomic status were higher predictors of depression than acculturation alone (Rivera, 2007). Again, family support (e.g., *familismo)* mediated the relationship between acculturation and depression (Rivera, 2007). Literature also showed that *marianismo* positively predicted depression, (Orlandini, 2000) – even after acculturation was controlled, (Cano, 2004). In addition, education, and socioeconomic status were found to predict depression (Orlandini, 2000).

Social Role Theory (Eagly, 1987) was offered as a theoretical framework for the construct of *marianismo* – proposing that gender roles not only fostered stereotypes about each gender but also helped create a corresponding reality. Social Role Theory also helped explain why *marianismo* was prescriptive as well as proscriptive. (Eagly, 1987). The theory was found to provide partial explanation for the existing gender gaps as well (Diekman & Schneider, 2010). Literature found that the *marianismo* gender role might extend beyond simple female submissiveness, and that *marianismo* might be characterized by other influences. (Perez-Sturmolo, 2000). *Marianismo* was found to

relate to self-silencing in Latinas; also with less satisfactory relationships; and ultimately, with higher levels of depression (Vazquez, 1998). Maternal *marianismo* was found to positively relate to anxious somatic depression (Caceres-Dalmau, 2003). Research was inconsistent regarding acculturation and gender role conflicts as contributing factors to depression (e.g., Cuellar & Roberts, 1997; Masten et al., 1994). As such, this calls for additional research on the value of acculturation and gender roles in predicting depression.

Finally, relevant studies showed that the constructs of ambivalent sexism – hostile sexism and benevolent sexism – act in dichotomous tandem to produce and reinforce gender inequality (Glick et al., 1999). Glick et al. (1997) found support for the simultaneous existence of hostile and benevolent sexism dichotomy through the subtyping of the women (e.g., housewives and mothers). In particular, ambivalent sexism was found to shape women's behavior through combining punishment with rewards from conformity (Glick & Fiske, 2003).

Glick et al (2000) found that in 19 countries, populations where hostile sexism was strongly endorsed, were also countries that strongly endorsed benevolent sexism as well for both genders – thus supporting the theory that women themselves endorsed ambivalent sexism (Exposito, 2010). Lee et al. (2000), in ascertaining the dynamics behind ambivalent sexism, found that ambivalent sexism prescribed and proscribed beliefs and behaviors – which was a similar process to *marianismo.* Ambivalent sexism was also found to affect women's self-efficacy – such as independent thought and action, freedom, choosing goals (Feather, 2006), as well as de-emphasizing task-related

characteristics (Barreto et al., 2009). Further, Dumont et al. (2010) found that benevolent sexism actually activated women's idea of being incompetent.

Finally, women's endorsement of ambivalent sexism – benevolent sexism in particular – was found, in part, to be a self-protective coping mechanism in response to environments where there was strong gender disparity (Fisher, 2006). There was generally limited research of ambivalent sexism using Latina/o population, and the majority of this literature including minimal numbers of Latinas/os (Glick & Fiske, 1999; Russell & Trigg, 2004; Yamawaki et al., 2007). To date, there was one research study utilizing a sample of Mexican Americans. An inverse relationship was found between education level and ambivalent sexism (Pearson, 2010). In addition, education level moderated acculturation and the endorsement of ambivalent sexism towards men but not towards women (Pearson, 2010).

Based on a review of existing literature, this study therefore intends to investigate if acculturation, *marianismo,* and ambivalent sexism (hostile sexism and benevolent sexism) predict depression in a community sample of Latinas. Therefore, this study will utilize acculturation, *marianismo,* and ambivalent sexism (hostile and benevolent sexism) as the second tier of analysis.

Research Question

The research question is, "Are acculturation level, *marianismo* level, ambivalent sexism (hostile sexism and benevolent sexism) significant predictors of depression in Latinas?"

Hypotheses

The following theoretical hypotheses are proposed:

Hypothesis 1a: Latinas who score higher in hostile sexism will also endorse higher scores in benevolent sexism. Hence, there is a statistically significant positive correlation between hostile sexism and benevolent sexism.

Hypothesis 1b: Latinas who score higher in acculturation (Hispanic domain and non-Hispanic domain), will endorse lower scores in *marianismo,* and also lower scores in ambivalent sexism (hostile sexism and benevolent sexism) – and ultimately predict lower levels of depression. Hence, there is a statistically significant negative correlation between acculturation (Hispanic domain and non-Hispanic domain) and *marianismo* and between acculturation and ambivalent sexism (hostile and benevolent).

The following operational hypotheses are also proposed (H2):

H_2 Null: Acculturation (Hispanic domain and non-Hispanic domain), *marianismo*, hostile sexism, and benevolent sexism are not significant predictors of depression in Latinas.

H_2 Research: Acculturation (Hispanic domain and non-Hispanic domain), *marianismo*, hostile sexism, and benevolent sexism are significant predictors of depression in Latinas.

Chapter Three: Method

This chapter describes the methodology used to address the research questions in the present study. Descriptions of the participants, measures, and data analyses will be included. The purpose of this research is to explore acculturation, the gender role of *marianismo*, and ambivalent sexism to predict the level of depression in Latinas.

Participants

The criteria for participation was limited to adults 18 to 80 years old, those who self-identify as Latina of any ancestry – including Mexican, Cuban, Puerto Rican, Central or South American. Participants were solicited from any socioeconomic status, as well as those with the following levels of education: middle school, high school, college, graduate school and beyond.

Inclusionary criteria

The inclusionary criteria for participants to be accepted in the present study were: female adults from ages 18 to 80, who self-identified ethnically as Latina; participants included those whose ancestries are: Mexican, Cuban, Puerto Rican, Dominican Republic, and Central and South American, which include Costa Rican, Guatemalan, Honduran, Nicaraguan, Panamanian, Salvadoran, Argentinian, Bolivian, Chilean, Colombian, Ecaudorian, Paraguayan, Peruvian, Uruguayan, and Venezuelan; who resided

in all geographic regions of the U.S.; participants with at least middle school reading

level to complete all assessment measures; and participants were willing to complete a

one-time anonymous demographic questionnaire, and four additional measures.

Procedure

Prior to recruiting participants, the study was approved by the University of

Denver Institutional Review Board (#2012-2260) for the duration of 10/4/2012 to

10/3/2013 (Appendix A).

Recruitment

In order to collect data from Latinas from a wide variety of geographic regions

across the U.S., data was collected online through a secured Internet survey tool using

enhanced SSL/HTTPS security. This data collection method was chosen, as this was an

effective way to minimize missing data (Schlomer et al., 2010). Participants were

required to input their response to every survey item on the web page before the website

allowed them to move forward. Items missing responses were highlighted, and the

participants were asked to go back to the item and select their response.

From data reported by the U.S. Census Bureau (2012), the researcher generated a

list of states where a high proportion of Latino population resided – these states included

California, Florida, Texas, Arizona, New Mexico, Colorado, Georgia, Nevada, New

Jersey, New York, North Carolina, and Virginia. From Internet and social media

searches, the researcher generated a list of Latino community organizations comprising of

religious, political, and community associations from these states. Emails about the study

were then forwarded to the representatives of these organizations. No emails were sent

directly from the researcher to any potential participants in the interest of participants'

anonymity. An option was included in the email for members to be removed from the email list. In addition, the study's Internet survey link was posted at monthly intervals on the social media pages of these organizations to continue generating interest for potential participants.

Data Collection

Participants who clicked on the Internet survey link were taken to the survey website, where they answered two pre-screen questions to ensure they met the study's criteria. The first question inquired about the participants' gender, and the second inquired about their ethnicity. Participants who successfully met the study's criteria were taken to an the online informed consent (Appendix B) online, briefly detailing the study, the benefits and risks to participating in this study, as well as the contact information of this researcher. As the study was anonymous, participants who consented to participate in the study were asked to check a box at the bottom of the online consent form to indicate their consent. Participants who consented to participate in the study indicated their consent to participate. Participation was anonymous, and only this researcher had access to the account where the survey responses were stored.

Participants were then directed to the online version of the survey instruments – demographic form; Bidimensional Acculturation Scale for Hispanics (Marin & Gamba, 1996); Latina Values Scale-Revised (Rivera-Marano, 2000); Ambivalent Sexism Inventory (Glick & Fiske, 1996); and the Center for Epidemiological Studies Depression Scale (CES-D; Radloff, 1977). All participants were informed that their participation was voluntary and that they were enrolled in a random drawing to win a $100 electronic gift card from Walmart at the end of the study – if they consented to participate in the

drawing. Walmart is a large discount retail chain with stores located in most cities and towns in the U.S. (Walmart Stores, 2012). Participants who consented to be included in the random drawing had the option to include their email address to be notified if they won the drawing. The winner was selected using an Internet random number generator at the end of the duration of the study based on their participant number assigned on the consent form web page. The winner was contacted via the email address provided, and the electronic gift card information was sent via the same email. Data collection was terminated after six months.

Measures

Independent variables.

Demographics.

The 34-item questionnaire was adapted from Rivera-Marano's (2000) demographic questionnaire. The information obtained from this questionnaire included socio-demographic variables such as age, sexual orientation, marital status, number of children, education level, income, ancestry of origin, generational status, as well as religious identification (Appendix C).

Bidimensional Acculturation Scale for Hispanics *(BAS; Marin & Gamba, 1996).* To date, there was a number of acculturation instruments developed specifically for the Latino population (e.g., Cuellar, Arnold & Maldonado, 1995). However, most of these scales had the limitation of viewing acculturation as a unidimensional process (Rogler et al., 1991). Other scales were developed for one specific Latino ancestry group (e.g., Mexican Americans or Puerto Ricans), and their utility with other ancestry groups was unknown (Marin & Gamba, 1996). Some scales were developed using college student

samples, thereby limiting their generalizability in community populations (Marin & Gamba, 1996), such as the Acculturation Rating Scale for Mexican-Americans (ARSMA; Cuellar et al., 1995). Considering these limitations, this study therefore utilized the Bidimensional Acculturation Scale for Hispanics (BAS; Marin & Gamba, 1996) – an instrument with high reliability and validity (validated with community sample) that can be utilized by a number of Latino subgroups.

The BAS was developed by Marín and Gamba (1996) to measure bidirectional changes during the process of acculturation, and was specifically designed to examine changes occurring along two cultural domains (Latino and non-Latino). The scale used a Likert-type response from 1 *(almost never)* to 4 *(very well)* for proficiency items (Marín & Gamba). For example, one item measured the individual's ability to speak Spanish (from very poorly to very well), and a second item measures the ability to speak English (from very poorly to very well) (Marin & Gamba).

The initial version of the BAS consisted of 60 items, with 30 items for each cultural domain (Marin & Gamba). For the initial version of the scale, 254 participants were recruited from San Francisco, California, with the average age of participants being 37.3 years, and an average of 10.4 years of education (Marin & Gamba). The sample included individuals of both genders (53.9 % were female), with participants being born in Central America (52.8%) or Mexico (24.0%), and the average length of time living in the United States was 15.3 years for females and 16.6 years for males (Marin & Gamba). The majority of the participants for the initial sample were born outside the United States (79.5%), with a large proportion having arrived five years prior to the survey (19.7%) (Marin & Gamba). The majority of the participants were born in Central American

(52.8%) or in Mexico (24.0%), with an average length of residence in the United Stated of 15.9 years (Marin & Gamba). Further, the majority of the participants were first-generation Latinos (79.9%), second-generation participants constituted 17.3% of the participants, and third generation or higher participants constituted 2.8% (Marin & Gamba).

Four subscales were yielded from the factor analyses of the initial version: (a) Language Use, (b) Language Proficiency, (c) Electronic Media, and (d) Celebrations (Marin & Gamba). All possessed very high internal consistency – ranging from alpha = .97 for Linguistic Proficiency for Non-Hispanic Domain to alpha = .60 for the Celebrations subscale (Marin & Gamba). The authors discarded the celebration subscale because it had the lowest validity coefficients (Marin & Gamba).

The BAS has been shown to have high reliability and validity indexes among Mexican Americans and Central Americans (Marin & Gamba). The combined score of the three language-related subscales showed the highest internal consistency for Mexican Americans (alpha = .93 for Hispanic domain and alpha = .97 for non-Hispanic domain) and for Central Americans (alpha = .87 for Hispanic domain and alpha =.95 for non-Hispanic domain) (Marin & Gamba). The authors, Marin and Gamba, reported that validation was conducted by analyzing the correlation between the participants' scores in the various scales with seven criteria: (a) generation status; (b) length of residence in the United States; (c) amount of formal education; (d) age of arrival in the United States; e) proportion of participants' life lived in the United States; (f) ethnic self-identification; and (g) correlation with the acculturation score obtained through a similar acculturation instrument (Short Acculturation Scale for Hispanics; Marin et al., 1987). The authors

reported that the validity coefficients for the BAS were as high or higher than those reported in the literature for unidirectional or bidirectional scales (Marin & Gamba).

The BAS is included in Appendix D.

Latina Values Scale-Revised (LVS-R; Rivera-Marano, 2000). The Latina Values Scale-Revised was developed as a cultural-specific instrument to measure the phenomenon of *marianismo.* The scale was created by incorporating the "How *Marianista* Are You?" table in the book *The Maria Paradox: How Latinas Can Merge Old World Traditions with New World Self-Esteem* (Gil & Vasquez, 1996) and other key areas identified in *marianismo* literature (Rivera-Marano). The LVS-R was developed with three goals: to assess the degree to which a Latina adheres to *marianismo* values, whether the Latina perceived conflict with these values, and to identify the *marianismo* values that were a source of strength and satisfaction (Rivera-Marano). Participants rated their endorsement of *marianismo* using a six-point rating scale ranging from 1 (strongly disagree) to 6 (strongly agree) (Rivera-Marano).

The author reported the LVS-R to have an inter-item reliability of .87, based on the 37 items extracted from the 40-item scale (Rivera-Marano). The LVS-R included a satisfaction scale, which directly measured the respondents' satisfaction with their responses to the *marianismo* scale. This subscale was not meant to be a measure of overall satisfaction but a measure of satisfaction directly related to the issues measured by the *marianismo* scale (Rivera-Marano). The author stated that the intention of the satisfaction scale was to provide a subjective response regarding the *marianista* values, to identify issues and conflicts to aid the clinician in developing treatment, as well as to decrease the potential for biasing and pathologizing based on how *"marianista"* a client

was (Rivera-Marano). Participants indicated their satisfaction with the preceding

marianista value on a four-point rating scale ranging from 1 *(Very Unsatisfied)* to 4 *(Very*

Satisfied) (Rivera-Marano). The satisfaction scale was reported to have an inter-item

reliability of .86 (Rivera-Marano). The relationship between *marianismo* and satisfaction

with *marianismo* responses was reported as a significant negative correlations (r = -.441,

p < .01) (Rivera-Mariano) – hence, the higher the number of *marianismo* items endorsed,

the lower the level of satisfaction.

One item in the LVS-R is reverse-coded – item 35: "I can express my needs to my

partner" (Rivera-Marano). The total score for the LVS-R is obtained by summing the

responses endorsing either "4 – agree," "5 – mostly agree," or "6 – strongly agree"

(Rivera-Marano). The author stated that any of these responses would constitute an

endorsement of the *marianismo* item (Rivera-Marano).

The initial sample for the development of this scale included a group of Latina

college students (N = 63) that was intended to represent the proportion of Latina/o

subgroups in the United States (Rivera-Marano). The initial sample of participants did

not include Mexican-American participants. However, Melendez (2004) investigated the

LVS further to determine its construct validity in a sample of Spanish-speaking

community participants (N = 101), which included those of Mexican American ancestry.

Rivera-Marano found significant inverse relationships between the LVS and

the Assertiveness Self-Report Inventory (ASRI; Herzberger, Chan, & Katz, 1984)

(r = -.651, r^2 = .424, p = .01). The author also found significant relationships between

the LVS and the Self-Esteem Rating Scale (SERS; Nugent, 1994) (r = -.514, r^2 = .264,

p = .01) (Rivera-Marano).

In addition, Melendez (2004) found that the LVS-R (Spanish version) was significantly correlated to the Silencing-The-Self Scale (STSS; Jack & Dill, 1992) (r = .635, p = .01). Further, Melendez (2004) found that 40% of the variation in the LVSR is explained by the STSS, and therefore the construct of self-sacrifice as an excellent predictor of *marianismo*.

The LVS-R is included in Appendix E.

Ambivalent Sexism Inventory (ASI; Glick & Fiske, 1996; Glick et al., 2000). A 22-item self-report measure of sexist attitudes, the ASI featured separate 11-item Hostile and Benevolent Sexism scales. Participants responded to all items using a 6-point rating scale ranging from 0 (*disagree strongly*) to 5 (*agree strongly*) (Glick & Fiske; Glick, et al.). A sample item for the Hostile Sexism subscale was "Once a woman gets a man to commit to her, she usually tries to put him on a tight leash" (Glick & Fiske, 1996; Glick et al., 2000). For the Benevolent Sexism subscale, a sample item was "A good woman should be set on a pedestal by her man" (Glick & Fiske, 1996; Glick et al., 2000). Six of the items were reverse-scored.

From their theoretical framework, the authors operationalized the ASI to include the following sub-factors: Dominative Paternalism ("men ought to have more power than women and the corresponding fear that women might manage to usurp men's power"); Competitive Gender Differentiation ("women are ultimately inferior to men on competence-related dimensions"); and Heterosexual Hostility ("fuses sex with power, and expresses the belief in women's sexuality is dangerous to men") (Glick & Fiske, 2001). Conversely, within the benevolent sexism domain, the following sub-factors were identified: Protective Paternalism ("women ought to be rescued first in emergencies);

Complementary Gender Differentiation ("women are purer than men and ought to be protected"); and Heterosexual Intimacy ("every man ought to have a woman whom he adores") (Glick & Fiske, 2001). Factor analysis of the ASI confirmed that the BS subscale items separated into three factors (the 3 domains); however, the HS subscale items loaded on one factor (Glick and Fiske 1996; Glick et al., 2001).

In terms of reliability, internal consistency estimates ranged from around .80 to the low .90s for the Hostile subscale and .70 to the upper .80s for the Benevolent subscale (e.g., Glick & Fiske, 1996; Greenwood & Isbell, 2002; Viki & Abrams, 2003). Cronbach's alphas were .80 for Benevolent Sexism and .81 for Hostile Sexism. Factorial validity was supported by expected results in confirmatory factor analyses across a number of cultures (Glick & Fiske, 1996; Glick et al., 2000). Evidence of convergent and discriminant validity was demonstrated through subscale correlations of the expected direction and magnitude with other gender-related measures (Masser & Abrams, 1999).

The Ambivalent Sexism Inventory is included in Appendix F.

Outcome variable.

Center for Epidemiological Studies Depression Scale (CES-D) (CES-D; Radloff, 1977). The CES-D was developed as a 20-item scale that assessed the frequency of a respondent's depression-related feelings, behaviors, and mood during the past week, with an index of cognitive, affective, and behavioral depressive features (Radloff, 1977). Respondents rated the frequency with which these symptoms have occurred (ranging from 0 – *rarely or none of the time* to 4 – *almost all the time*). Higher scores indicated higher levels of depressive symptoms. Four items (good, hopeful, happy and enjoy) were inversely recoded (Radloff, 1977).

A measure of the client's level of depressive symptoms was provided by the total score (Radloff, 1977). A score of 16 or greater suggested depressive symptomatology and was about one standard deviation above the national mean (Sayetta & Johnson, 1980). Clarke et al. (1995) showed that individuals with a score of 24 or greater, but who did not meet a current diagnosis of major depression, were at high risk for major depression or dysthymia within one year. The scale showed a good reliability for the general population of Cronbach's alpha = .87 (Radloff, 1977).

The CES-D was extensively used in previous research with the Latina/o population (Roberts, 1987), including in the Hispanic Health and Nutrition Examination Survey (Moscicki, Rae, Regier, & Locke, 1987). The CES-D was also tested and shown to be reliable for Mexican Americans (Moscicki et al. 1987). Cronbach's alpha for the Latino sample was .90 (Moscicki et al. 1987).

Posner, Stewart, Marin, and Perez-Stable (2001) examined if the four-factor structure of the CES-D as described by Radloff (1977) – (1) depressive affect, (2) well-being, (3) somatic (4) interpersonal – adequately reflected the data from a sample of urban Latino men and women. Using a structural equation modeling approach, Posner et al. (2001) also included age and acculturation as covariates to explore their impact on the fit of the model to the data. Results of the study showed that for Latinas, but not for Latinos, CES-D scores suited the four-factor model as described by Radloff (1977) with age and acculturation being statistically controlled (Posner et al., 2001). The authors also suggested that their results reflected cultural and gender differences in depression symptomology in Latinas and Latinos (Posner et al., 2001).

The CES-D is included in Appendix G.

Data Analysis

Two stages of data analyses were performed in this study. During the first stage, preliminary analyses were conducted. Bivariate correlations between all measures were computed and presented. The data was examined for normality, linearity, and homoscedasticity. Any potential outliers were identified using Boxplots and Mahalanobis' distance for the covariates – education and Latina subgroups – as well as for acculturation, *marianismo*, hostile sexism and benevolent sexism. Any potential skewness and/or kurtosis in the data were identified. These included demographic information and descriptive statistics of participants. Finally, analyses were conducted to determine if there are any significant differences on demographic variables between the Latina subgroups.

The primary statistical analysis of the research question was as follows:

Are acculturation, *marianismo* level, and ambivalent sexism (hostile sexism and benevolent sexism) statistically significant ($\propto = .05$) predictors of depression in Latinas?

In order to determine the predictive relationship between depression as the dependent variable, with acculturation (Hispanic domain and non-Hispanic domain), *marianismo*, and ambivalent sexism (hostile sexism and benevolent sexism) as the predictive independent variables, hierarchical OLS regression was used. Hierarchical regression is an appropriate strategy to investigate the separate and collective contributions of several independent variables on the criterion variable (Tabachnick & Fidell, 2001). This methodology of analysis was chosen over stepwise regression because in stepwise regression, the entry of variables was based solely on statistical criteria, while in hierarchical regression, the order in which the predictor variables were entered were

based solely on pre-determined theoretical framework (Tabachnick & Fidell, 2001). The covariates of age, education, income, ancestry, generational status, and religion formed the first model of the hierarchical regression model. Acculturation (Hispanic domain and non-Hispanic domain), *marianismo*, hostile sexism, and benevolent sexism were added to the final model to determine statistical significance of overall and incremental prediction and significance of individual predictors.

Estimated sample size

The sample size in this study required in order to achieve statistical significance was computed using G*Power (Erdfelder et al., 1996). An *a priori* power analysis was conducted using a moderate effect size of 0.2, $\propto$ error probability of 0.05, power (1-β error probability) of 0.80, and 12 predictors (age, education, household income, ancestry, religious identification, generational status, 3 subscales for the BAS, LVS-Revised, 2 subscales for the ASI). The estimated sample size recommended was 98 cases.

Chapter Four: Results

This chapter is divided into three sections. The first section describes the demographic characteristics of the sample of participants. The second section describes the preliminary data analysis. The third section describes the results of the statistical analysis addressing the research hypotheses.

Description of the Sample

Individual Characteristics

A total of 258 respondents participated in the study online. Of these, only 140 participants met the inclusionary criteria for the study. The rest of the participants were excluded because they were either male, identified as non-Latino, or did not consent to participate in the study. Because this was a forced choice Internet survey, participants had to complete the preceding questions before moving on to the survey. Of the 140 participants, 10 participants dropped out of the study after completing the questions in the demographics section. Of the participants who proceeded with the first measure of the study, an additional 15 participants dropped out by the end of the measure. There was an additional two participants who were dropped from the analyses because they had stopped completing the measures and missed a percentage of the items for that measure. The decision was made to drop these two participants because they missed more than

17% of the measure. A total of 113 participants completed the study. The information that follows is based on this sample size. The percentage of cases by demographic variable is detailed in Table 1.

The ages of the participants ranged from 18 to 69 years old, with the majority of participants in the 18 to 29 years old category (46%). The majority of the participants reported their relationship status as being married (38.1%), and had no children (53.1%). A majority (92%) also identified themselves as heterosexual.

The majority of the participants reported being of Mexican ancestry ($n = 72$, 63.7%). Most of the participants (78.8%) reported they were born in the United States, while the majority of those born outside the United States were born in Mexico. Further, the majority of the participants ($n = 56$, 49.6%) reported they were second-generation Latinas, that is, they were born in the United States, but either parent was born in another country.

The majority of the participants (77%) reported they were bilingual, and attained an educational level of Bachelor's degree (33.6%). The majority of participants also identified as Catholic ($n = 52$, 46%). Finally, for income level before taxes, the majority ($n = 22$, 19.5%) of respondents reported their annual household income as $26,000 to $40,000.

Table 1

Percentage of Cases by Demographic Variables (N = 113).

Demographic Variable	Frequency	Percent
Age		
18-29 years old	52	46%
30-39 years old	26	23%
40-49 years old	18	15.9%
50-59 years old	11	9.7%
60-69 years old	6	5.3%
Relationship Status		
Married	43	38.1%
Single	42	37.2%
Cohabiting	16	14.2%
Divorced	12	10.6%
Sexual Orientation		
Heterosexual	104	92%
Bisexual	4	3.5%
Lesbian	3	2.7%
Questioning	2	1.8%
Children		
Yes	53	46.9%
Number of Children (N=64)		
One child	19	29.7%
Two children	19	29.7%
Three children	8	12.5%
Four children and above	3	4.7%

Table 1 (continued)

Frequency Distribution and Percentage of Demographic Variables (N = 113).

Demographic Variable	Frequency	Percent
Ancestry		
Mexican	72	63.7%
Mixed	23	20.4%
Puerto Rican	10	8.8%
South American	8	7.1%
Central American	4	3.5%
Spain	1	0.9%
Place of Birth		
United States	89	78.8%
Outside of the United States	6	5.3%
Generational Status		
Second Generation	56	49.6%
First Generation	24	21.2%
Third Generation	13	11.5%
Fourth Generation	12	10.6%
Fifth Generation	8	7.1%
Languages		
Spanish and English	87	77%
English Only	25	22.1%
Spanish Only	1	0.9%
Education		
Bachelor's Degree	38	33.6%
Associate's Degree	23	20.4%
Master's Degree	23	20.4%
High School/G.E.D.	17	15%
Advanced Degree	12	10.6%

Table 1 (continued)

Percentage of Cases by Demographic Variables (N = 113).

Demographic Variable	Frequency	Percent
Religious Identification		
Catholic	52	46%
Other	28	24.8%
Non-Denominational Christian	15	13.3%
Atheist	8	7.1%
Evangelical	6	5.3%
Other Protestant	2	1.8%
Fundamentalist Christian	2	1.8%
Income		
$0–$15,000	17	15%
$16,0000–$25,000	20	17.7%
$26,0000–$40,000	22	19.5%
$41,0000–$55,000	14	12.4%
$56,0000–$75,000	11	9.7%
$76,0000–$80,000	17	6.2%
$81,0000–$105,000	12	10.6%
$106,000 and higher	10	8.8%

Bicultural Acculturation Scale (BAS; Marin & Gamba, 1996)

A description of the distributions of BAS subscales is provided in Table 2. Using the cutoff score of 2.5 in both Hispanic and non-Hispanic domains as criteria for biculturalism, 49.6% of the participants were classified as bicultural. An examination of the skewness of BAS subscales indicated that all but one was approximately normally distributed, with skewness between -1 and +1. The skewness of the Non-Hispanic Domain (-2.30) subscale did not meet the criteria for an approximately normal distribution. Cronbach's alpha for the items in the BAS for this sample was .81, suggesting that the items on the BAS had good internal consistency (George & Mallery, 2003).

Latina Values Scale-Revised (LVS-R; Rivera-Marano, 2000)

The *marianismo* subscale and satisfaction subscale distribution indices are provided in Table 2. The skewness of the distributions for both the *marianismo* (-.06) and satisfaction (-.43) subscales indicated that they were approximately normally distributed. Cronbach's alpha for the LVS-R for this sample was .95, suggesting that the items on the LVS-R had excellent internal consistency (George & Mallery, 2003).

The items for the LVS-R are detailed in Appendix H, together with their respective means and standard deviations.

The responses, together with the frequency of the responses, of the participants who answered the question at the end of the LVS-R, "I have allowed my partners to take sexual liberties with me even when I did not want to because…" are detailed in Appendix I. Some participants also included responses to the question, "Have you heard of the term *marianismo?* If yes, describe the term in your own words." Their responses

are detailed in Appendix J. Finally, some participants chose to include their comments to the final item on the LVS-R, "Please feel free to expand on any of the above answers or to include any reactions/feelings/thoughts that you may have after completing the above responses." Their responses are detailed in Appendix K.

Ambivalent Sexism Scale (ASI; Glick & Fiske, 1996)

A description of the distributions of the ASI as well as the Hostile Sexism and Benevolent Sexism subscale is also detailed in Table 2. An examination of the skewness of the subscales indicated that the distributions of the ASI total (.10), Hostile Sexism (.33), and Benevolent Sexism (-.10) subscales were approximately normally distributed. Cronbach's alpha for this sample was .92 suggesting that the items on the ASI had good internal consistency (George & Mallery, 2003).

The items for the ASI, together with their respective means and standard deviations are further detailed in Appendix L.

Center for Epidemiological Studies-Depression (CES-D; Radloff, 1977)

Details of the distribution of the outcome variable, CES-D, are listed in Table 2. The depression level of the participants in this sample appears to be in the moderate range ($M = 37.69$), as cutoff scores of 16 and above indicated mild depressive symptomology (Radloff, 1977). From the skewness of this distribution (.71), it appeared to be approximately normally distributed. Cronbach's alpha for this sample was .74, suggesting that the items on the CES-D had acceptable internal consistency (George & Mallery, 2003). Tavakol and Dennick (2011) suggested that one reason why the alpha coefficient for this measure was lower might be due to the lower number of items in the CES-D (20 items), compared to the other scales.

Table 2

Descriptive Statistics for All Predictor Variables and Outcome Variable (N = 113).

Predictor Variables	Min.	Max.	Mean	*S.D.*	Skewness	Kurtosis
BAS						
Language	12.00	24.00	17.77	2.25	.43	.59
Linguistic	30.00	48.00	40.87	5.48	-.37	-1.07
Electronic Media	8.00	24.00	16.46	2.45	-.16	1.64
Hispanic Domain	1.00	3.92	2.52	0.81	-.20	-1.14
Non-Hispanic Domain	1.67	4.00	3.73	.38	-2.30	7.67
LVS-R						
Marianismo	46.00	121.00	86.88	16.17	-.06	-.57
Satisfaction	27.00	126.00	78.09	21.73	-.43	-.06
ASI						
Total	1.00	4.32	2.50	.78	.10	-.74
Hostile Sexism	1.00	4.64	2.33	.92	.33	-.85
Benevolent Sexism	1.00	4.36	2.67	.85	-.10	-.78

Outcome Variable	Min.	Max.	Mean	*S.D.*	Skewness	Kurtosis
CES-D						
Total	20.00	65.00	37.69	6.83	.71	2.57

Preliminary Data Analysis

Preliminary data analysis was performed using SPSS Statistics 20.0. Using boxplots and Mahalanobis' distance, outliers were found for the following demographic variables: age, education, income, ancestry, religion, and generational status. In addition, outliers were also found for acculturation, and depression total.

With outliers, one of the decisions may be to delete the outlying cases; however, this action affects the total number (*N)* of participants in the analyses, which will consequently affect the power. The decision to delete or include outliers is contingent on normality of residuals as detailed in the regression assumptions. Since regression assumptions for both Hypotheses 2 and 3 were met (as detailed in the next section), the decision was made to analyze the data despite the skewness of some of the variables and to include outliers. The impact of these variables on the results is noted and included in the discussion section.

Since age, education, income, and generational status were rank ordered categorical variables, hence, ancestry and religion were dummy coded before the analysis as they were categorical variables.

Data Analysis

Assumptions.

The following assumptions were examined before correlations were analyzed for Hypotheses 1a and 1b – linear relationship (determined from scatterplots), independence of observations, all variables are either interval or ratio scale, and linearity. All assumptions were met.

Hypothesis 1a. Latinas who score higher on hostile sexism also endorse higher scores on benevolent sexism. Hence, there is a statistically significant positive correlation between hostile sexism and benevolent sexism.

There was a statistically significant positive relationship between the two forms of sexism. Those who scored higher on the hostile sexism construct were more likely to score higher on benevolent sexism ($r = .56$, $p < .001$; $N = 113$). Thus, this hypothesis was supported.

Hypothesis 1b. Latinas who score higher on acculturation (non-Hispanic domain), endorse lower scores on *marianismo,* and also lower scores on ambivalent sexism (hostile sexism and benevolent sexism).

The relationship between acculturation (non-Hispanic domain) and *marianismo* was non-significant ($r = .07$, $p = .48$; $N = 113$). The relationship between acculturation (non-Hispanic domain) and hostile sexism was also non-significant ($r = .04$, $p = .70$; $N = 113$). Further, the relationship between acculturation (non-Hispanic domain) and benevolent sexism was non-significant ($r = .07$, $p = .50$; $N = 113$).

Other Significant Correlations: There was evidently a statistically significant relationship between acculturation (Hispanic domain) and acculturation (non-Hispanic domain) ($r = .48$, $p < .001$, $N = 113$). Those who scored higher on the Hispanic domain of acculturation also scored higher on the non-Hispanic domain. This indicated that in this sample of participants, they were likely to be bicultural.

There was a statistically significant relationship between participants' scores on *marianismo* and Satisfaction Total Score ($r = .61$, $p < .01$, $N = 113$). This indicated that

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those who scored higher in *marianismo* also reported greater perceived satisfaction with their *marianista* traits.

There was a significant relationship between *marianismo* and benevolent sexism. Those who scored higher on *marianismo* were more likely to score higher on benevolent sexism ($r = .31$, $p < .001$; $N = 113$). Lastly, when the two subscales of sexism were collapsed (ASI total score), a statistically significant relationship was found between overall sexism and *marianismo* ($r = .25$, $p < .001$; $N = 113$). Those who scored higher on *marianismo* were more likely to score higher on overall sexism.

There was a statistically significant inverse relationship between acculturation (Hispanic domain) and depression ($r = -.20$, $p < .05$, $N = 113$). Those who scored higher in the Hispanic domain of the acculturation scale also reported lower depression levels.

There was a statistically significant relationship between *marianismo* and depression ($r = .37$, $p < .001$, $N = 113$). Those who scored higher in *marianismo* also scored higher in depression.

There was a statistically significant relationship between benevolent sexism and depression ($r = .21$, $p < .05$, $N = 113$). Those who scored higher in benevolent sexism also scored higher in depression.

These correlations are presented in Table 3.

Table 3

Pearson Correlations between the Predictor Variables (N =113).

	1	2	3	4	5	6	7
1. BAS-Hispanic	--	-.48**	-.12	-.10	-.08	.11	-.20*
2. BAS-Non-Hispanic		--	.07	.04	.07	.06	.17
3. LVS-R			--	.15	.31**	.25**	.37**
4. ASI-Hostile Sexism				--	.56**	.89**	.02
5. ASI-Benevolent Sexism					--	.87**	.21*
6. ASI-Total						--	.13
7. CES-D							--

$^{*}p < .05$, $^{**}p < .001$.

Hypothesis 2 (Model 1)

H_2 Research: Acculturation (Hispanic domain and non-Hispanic domain),

marianismo, hostile sexism, and benevolent sexism are significant predictors of

depression in Latinas.

Regression Assumptions for Model 1. To check if the data set met the

assumptions necessary for OLS regression, regression assumptions and error term

assumptions were examined.

Homoscedasticity. This is tested by plotting the standardized residuals on the

y-axis against the standardized predicted y-values on the x-axis. A scatterplot was

reviewed. As shown in Figure 1, the assumption for homoscedasticity was met as

residuals were scattered randomly around 0.0.

Normality. To test for normality, the histogram (Figure 2) of standardized

residuals was visually examined, and was approximately distributed. Also, results of

descriptive statistics of the unstandardized residual indicate the skewness was .88, and

kurtosis was 2.38, both of which meet a conservative cutoff of +/-3. Therefore, the error

term assumptions of independence, homoscedasticity, and normality were all met in this

data set.

Multicollinearity. There were no problems with multicollinearity based on

correlations of less than .90 among independent variables. Tolerance $(1-R^2)$ for the

predictor variables (.64 < tolerance < .90) and variance inflation (1/tolerance)

(1.11 < variance inflation < 1.57) were both well within the cutoff points for the model.

Figure 1

Model 1: Standardized Residuals on the Y-axis against the Standardized Predicted Y-values on the X-axis to Test for Homoscedasticity with Depression (CES-D Total) as Dependent Variable.
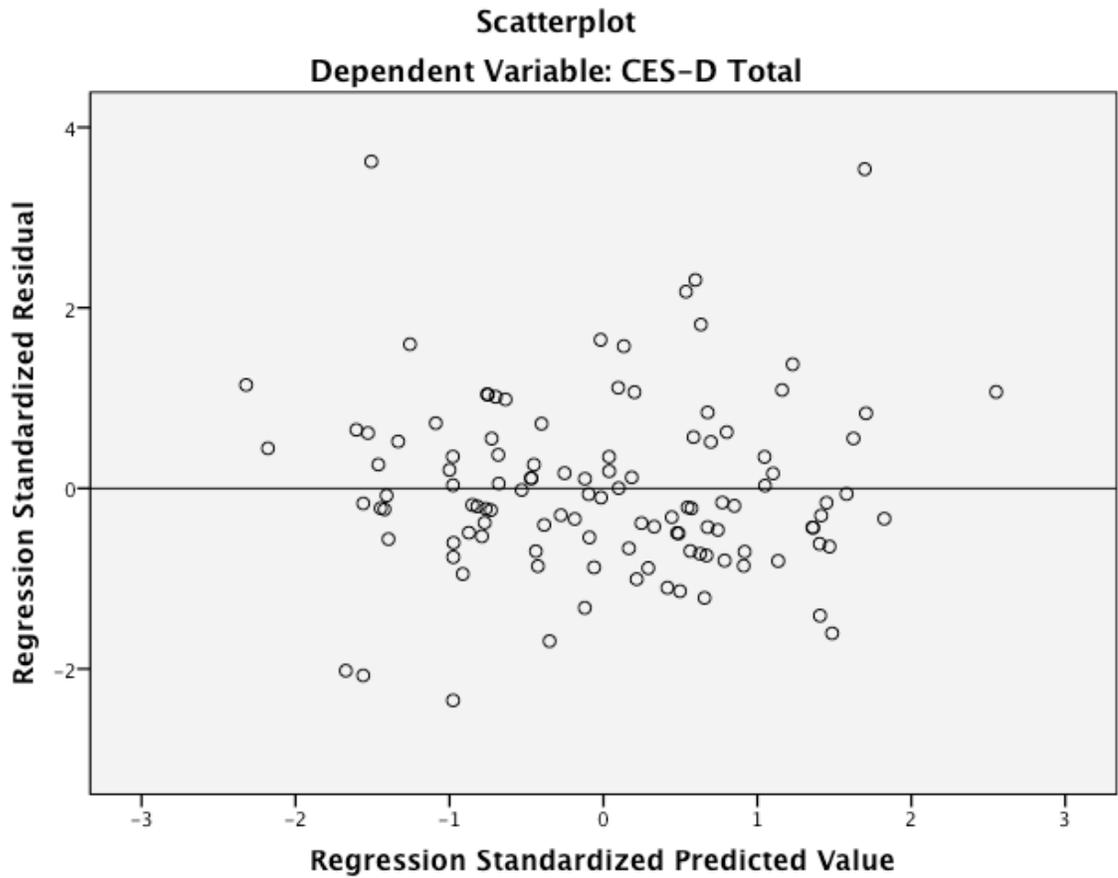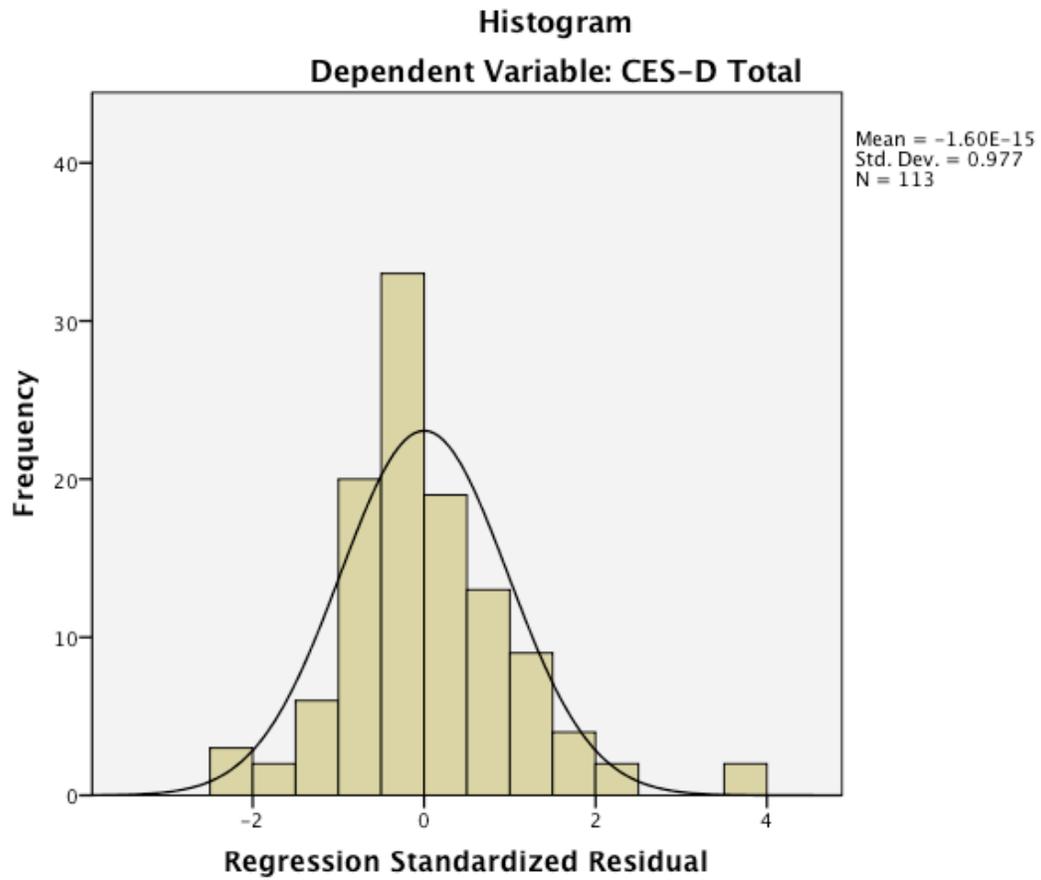
Figure 2

Model 1: Histogram of Standardized Residuals with Depression as a Dependent Variable to Test for Normality with Depression (CES-D Total) as Dependent Variable

Hypothesis Testing for Model 1

To examine whether acculturation (Hispanic domain), acculturation (non-Hispanic domain), *marianismo*, hostile sexism, and benevolent sexism predicted depression in Latinas, a multiple linear regression was conducted. Results indicated a significant regression model that explained 18.9% (adjusted $R^2 = .15$) of the variance, $F(5, 107) = 5.00$, $p < .001$. *Marianismo* was a statistically significant predictor of depression in Latinas, $\beta = .32$, $p < .001$. With an increase in *marianismo*, depression tended to increase. The other predictors – that is, acculturation (Hispanic domain and non-Hispanic domain), hostile sexism, and benevolent sexism, failed to predict depression in the sample (Table 4).

Hypothesis 3 (Model 2)

Regression Assumptions for Model 2.

Homoscedasticity. A scatterplot of standardized residuals on the y-axis against the standardized predicted y-values on the x-axis was reviewed. The assumption for homoscedasticity was met (Figure 3).

Normality. To test for normality, the histogram (Figure 4) of standardized residuals was visually examined with the distribution approximately normal. Also, results of descriptive statistics of the unstandardized residual indicated the skewness was .77, and kurtosis was 1.69, both of which meet the conservative cutoff of +/-3. Therefore, the error term assumptions of independence, homoscedasticity, and normality were all met in this data set.

Multicollinearity. There were no problems with multicollinearity. Computations show that tolerance $(1-R^2)$ for the predictor variables $(.23 < tolerance < .91)$ and

variance inflation (1/tolerance) (1.11 < variance inflation < 4.36) were both well

within the cutoff points for the model.

Figure 3

Model 2: Standardized Residuals on the Y-axis against the Standardized Predicted Y-values on the X-axis to Test for Homoscedasticity with Depression (CES-D Total) as Dependent Variable.
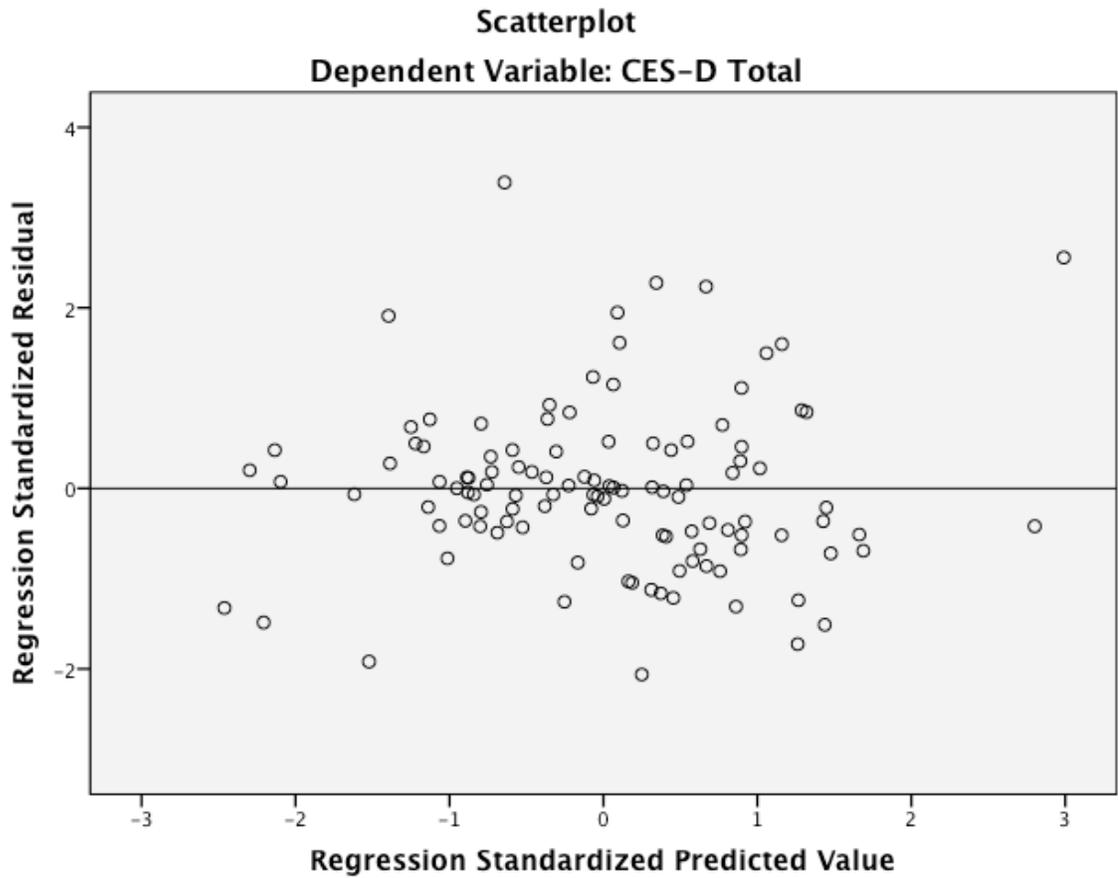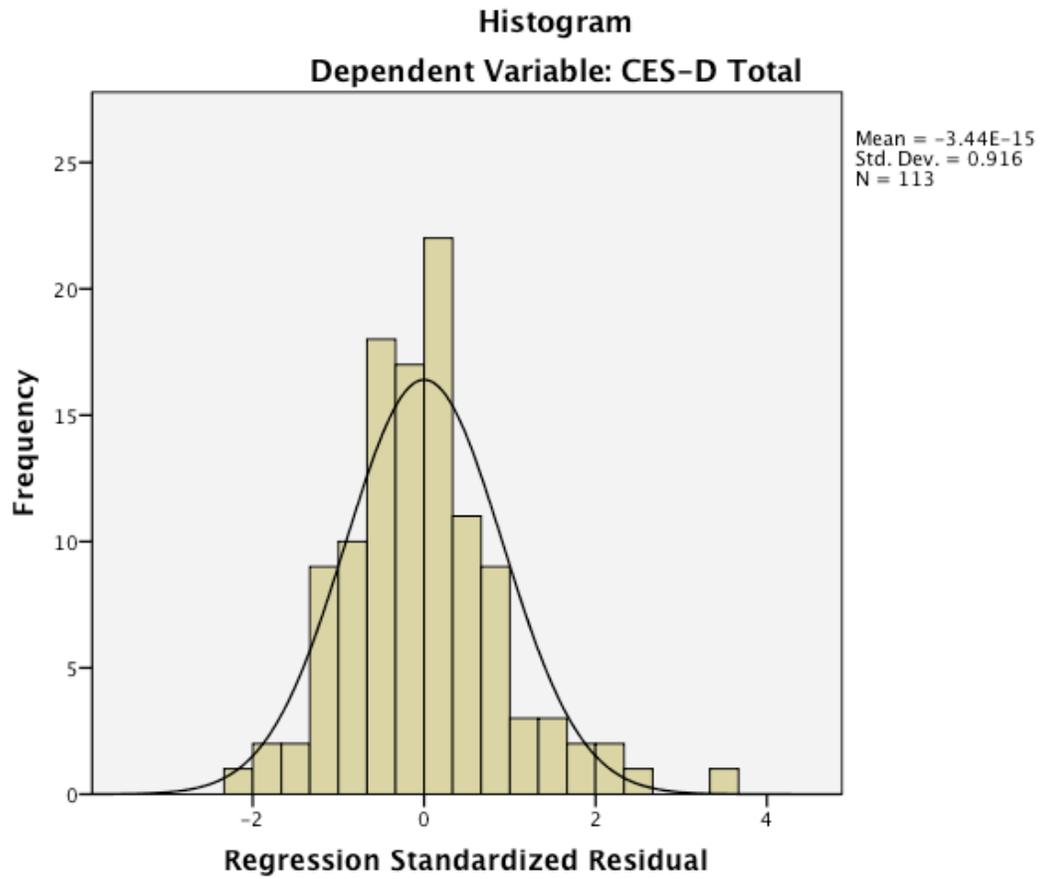
Figure 4

Model 2: Histogram of Standardized Residuals with Depression as a Dependent Variable to Test for Normality with Depression (CES-D Total) as Dependent Variable.

Hypothesis Testing for Model 2

Controlling for age, education, income, generational status, ancestry of origin, and religion, acculturation (Hispanic domain), acculturation (non-Hispanic domain), *marianismo* gender role, hostile sexism and benevolent sexism are significant predictors of depression in Latinas.

To test this hypothesis, a hierarchical linear regression was conducted to determine if these variables explained a significant amount of variance above and beyond age, education, income, generation, ancestry, and religion. Results indicated a non-significant incremental regression model at $\alpha = .05$ ($\Delta R^2 = .08$, $p = .053$; Table 4). Nevertheless, age was found to be a significant, $\beta = -.23$, $p < .05$. As age increased, depression tended to decrease. Benevolent sexism was also found to be a significant, $\beta = .24$, $p < .05$, in Model 2 though not in Model 1. As benevolent sexism increased, depression tended to increase. *Marianismo* was not found to be significant in Model 2 ($p > .05$), though it was significant in Model 1. The other predictors also failed to predict depression in the sample (Table 4).

Table 4

Summary of Hierarchical Multiple Regression Analysis of Acculturation (Hispanic Domain), Acculturation (Non-Hispanic Domain), Marianismo, Hostile Sexism, Benevolent Sexism (Model 2) as Predictors of Depression in Latinas while Controlling for Age, Education, Income, Generational Status, Ancestry and Religion (Model 1).

Predictor Variable	β	SE β	B	t
Model 1:				
Acculturation (Hispanic)	-.13	.85	-1.08	-1.27
Acculturation (Non-Hispanic)	.08	1.80	1.39	.77
Marianismo Total	.32	.04	.13	3.43[***]
Hostile Sexism	-.14	.78	-1.02	-1.30
Benevolent Sexism	.18	.88	1.44	1.63
Model 2:				
Acculturation (Hispanic)	-.58	1.09	-.50	-.45
Acculturation (Non-Hispanic)	.76	1.86	1.38	.74
Marianismo Total	.21	.05	.09	1.93
Hostile Sexism	-.12	.81	-.85	-1.05
Benevolent Sexism	.24	.90	1.91	2.13[**]
Age	-.23	.59	-1.27	-2.16[**]
Education	.13	.61	.76	1.24
Income	-.15	.32	-.46	-1.43
Generational Status	.07	.74	.42	.56
Ancestry				
Mexican	-.18	2.51	-2.55	-1.02
Puerto Rican	.09	3.09	2.23	.72
Mixed	-.07	2.74	-1.46	-.53
Religion				
Protestant	-.04	4.93	-2.22	-.45
Non-Denomination	-.07	1.92	-1.29	-.67
Fundamental	-.003	4.60	-.13	-.03
Evangelical	-.09	2.77	-2.70	-.98
Atheist	.17	2.60	4.47	1.72

Note: R^2 = .19 for Model 1, $p < .001$, adjusted R^2 = *.15*; R^2 *Change* = .19; Model 2 R^2 = .32, $p > .05$, adjusted R^2 = *.19*.
**$p < .05$, ***$p < .001$.

Note: Ancestry was presented as three dummy variables with South American ancestry serving as the reference group. Religion was also presented as six dummy variables with Catholic serving as the reference group.

Post-hoc Analysis for Model 2.

Marianismo was found to be a significant predictor in Model 1, and not Model 2, and benevolent sexism was found to be significant in Model 2 and not Model 1. A post-hoc analysis was conducted in order to ascertain the variance explained by benevolent sexism versus *marianismo* in Model 2. The regression assumptions for this analysis – homoscedasticity, normality, and multicollinearity – were all met. An incremental regression was conducted with the same predictors without benevolent sexism. Results again indicated a non-significant incremental regression model at $\alpha = .05$ ($\Delta R^2 = .05$, $p > .05$; Table 4). However, with the removal of benevolent sexism as a predictor, *marianismo* was once again significant, $\beta = .26$, $p < .05$. Although there did not appear to be an issue with collinearity, the variance of *marianismo* as a predictor seems to be sufficiently explained by benevolent sexism and it renders *marianismo* non-significant when benevolent sexism is in the equation. Concurrently benevolent sexism might be significant initially as a predictor since it explains some of the variability of *marianismo.*

Since age was found to be significant in Model 2, which was a finding contrary to research, a scatterplot was generated in order to determine the relationship between age and depression (Figure 5). The line of fit appeared to be linear.

Figure 5

Model 2: Scatterplot of Age Against Depression as a Dependent Variable.
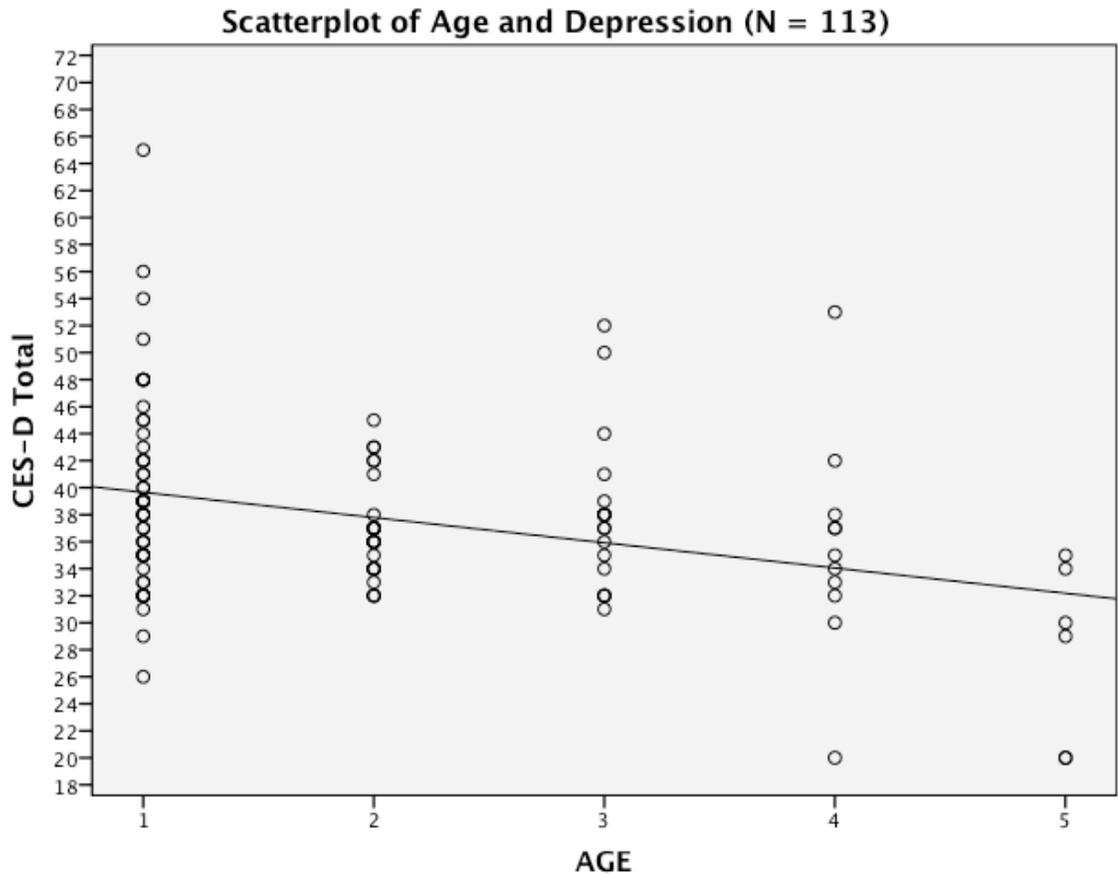
Note: 1 = 18-29 years old; 2 = 30-39 years old; 3 = 40-49 years old; 4 = 50-59 years old; 5 = 60-69 years old.

Chapter Five: Discussion

This research study investigates if bicultural acculturation, the Latina gender role of *marianismo*, and ambivalent sexism – comprising of hostile sexism and benevolent sexism – are significant predictors of depression in Latinas. A community sample of Latinas consented to participate in this study. To test the study's hypotheses, data from the sample ($N = 113$) of women from various ancestries and socioeconomic level who resided in the United States were obtained and analyzed.

This chapter is presented in the following order: (a) summarization of main findings of analyses, (b) interpretations of results, (c) limitations of the study, (d) future research, (e) implications for counseling psychology, and finally (f) conclusion.

Summarization of Results

First, in this sample of participants, Latinas who endorsed higher scores in hostile sexism also endorsed higher scores in benevolent sexism *(Hypothesis 1a)*. Those who reported higher hostile sexism were also more likely to report higher benevolent sexism.

Second, the results of the analyses showed that there was a significant correlation between the Hispanic domain of acculturation and the non-Hispanic domain. This indicated that participants in this sample were likely to endorse items on both domains – meaning they were likely to be bicultural.

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Third, there was a non-significant correlation between acculturation (Hispanic and non-Hispanic domains) and *marianismo,* acculturation (Hispanic and non-Hispanic domains) and hostile and benevolent sexism, as well as *marianismo* and hostile sexism *(Hypothesis 1b).* There was significant correlation between *marianismo* and benevolent sexism, *marianismo* and ambivalent sexism (sum of hostile and benevolent sexism). Hence, Latinas who endorsed higher scores in *marianismo* also endorsed higher scores in benevolent sexism. In addition, Latinas who endorsed higher scores in *marianismo* also endorsed higher scores overall in ambivalent sexism.

Another significant finding was that of the significant relationship between *marianismo* and Latinas' satisfaction with their *marianista* traits. Hence, those who endorsed higher *marianismo* also reported greater satisfaction, or lower perception of conflicts, with their *marianista* traits.

Finally, with regard to correlations with the outcome variable – depression – there was a significant inverse correlation found between the Hispanic domain of acculturation and depression. This meant that those endorsed stronger adherence to the Hispanic domain of acculturation tended to report lower depression levels. In addition, there was a significant correlation between *marianismo* and depression – signifying that those who endorsed more *marianista* traits also tended to endorse higher depression levels. Further, there was a significant correlation between benevolent sexism and depression. Therefore those who endorsed higher benevolent sexism also tended to report higher depression levels.

In the first regression model, the *marianismo* gender role was a significant predictor of depression in Latinas. Hence, as *marianismo* increased, depression also

tended to increase. However, acculturation (Hispanic and non-Hispanic domains), hostile sexism and benevolent sexism were not significant predictors of depression in Latinas (*Hypothesis 2*).

After controlling for age, education, income, generational status, ancestry of origin, and religion; the incremental regression model of acculturation (Hispanic and non-Hispanic domains), *marianismo* gender role, and hostile sexism and benevolent sexism were not significant predictors of depression in Latinas *(Hypothesis 2)*. However, age was found to be a significant predictor – as age increased, depression tended to decrease in this sample. Further, as benevolent sexism increased, depression also tended to increase in this sample of Latinas. Contrary to the findings of the first regression model, *marianismo* was not found to predict depression in this incremental model.

To determine the influence of benevolent sexism versus *marianismo* in Model 2, benevolent sexism was removed as predictor. *Marianismo* was once again significant.

Interpretation of the Results

Hypothesis 1a

Hostile sexism and benevolent sexism. Results of the analysis were significant between hostile and benevolent sexism for this sample of Latinas *(Hypothesis 1a)*. This was consistent with the body of literature regarding the relationship between the two forms of sexism. Because the Latino population in the United States primarily adhered to a patriarchal orientation, the participants who endorsed a more paternalistic attitude towards women would similarly endorse conformity to traditional gender roles. Participants would then simultaneously endorse unfavorable stereotypes of women, as well as the favorable (Glick & Fiske, 2003). The finding from this study was thus

consistent with Glick at al. (2000) finding of hostile and benevolent sexism being complementary and mutually interacting. The present study extends this research by utilizing an all-Latina, U.S.-acculturated population.

Hypothesis 1b

Acculturation and marianismo. The relationship between acculturation on both Hispanic and non-Hispanic domains, and *marianismo* was non-significant. Thus, this was contrary to the expectation that Latinas who were more acculturated would endorse lower *marianista* scores *(Hypothesis 1b)*. This was interesting as acculturation entailed the process of change as one came into contact with another culture (Marin & Gamba, 1996), thus it followed that strict adherence to traditional gender role prescriptions and proscriptions might experience fluid changes as well. Researchers such as Cano (2004) and Orlandini (2000) similarly did not find significance between acculturation – which was unidimensional in this study– and *marianismo*. Nevertheless, this finding extended the work of these researchers by including larger, community (non-college) samples of more diverse ancestries of origin, as well as those from various regions of the United States.

Acculturation and ambivalent sexism. Contrary to expectation, results showed that Latinas who were more acculturated did not endorse lower scores in ambivalent sexism *(Hypothesis 1b)*. This finding was not consistent with the literature. It was expected that participants who identified as less oriented towards the European American cultural values and traits would be expected to align with traditional and patriarchal perspectives of women, and consequently, endorse a more dichotomous but complementary ideology (Fiske et al., 1999). One reason for this inconsistency might be

due to the bicultural acculturation level of this sample of participants, as evidenced by the correlation between the Hispanic and non-Hispanic acculturation domains.

Marianismo and ambivalent sexism. The relationship between *marianismo* and ambivalent sexism was significant as expected. This was consistent with the body of literature. Also as expected, the relationship between *marianismo* and benevolent sexism was significant. Again, this is consistent with the body of literature. It is likely that benevolent sexism shared similar characteristics with traditional gender roles such as *marianismo*. Both endeavor to shape women's behaviors through negative consequences for nonconformity to traditional gender roles and by positive reinforcement for conformity (Glick et al., 2000; Lee et al., 2010). Since benevolent sexism predicts favorable stereotypes of women (Glick & Fiske, 2003), it likely follows that those who endorsed *marianismo* would also favor the original archetype of the Madonna or Virgin Mary.

Interestingly, the relationship between *marianismo* and hostile sexism was non-significant. This was surprising since hostile and benevolent sexism were interdependent and mutually interacting (Glick & Fiske, 1996). A possible reason for this finding might be that benevolent sexism was more appealing to women, and they would endorse more items on the scale. After all, subjective favorable protection and affection under the guise of chivalry might be more appealing than hostile antipathy. This might be part of the reason why benevolent sexism was more likely internalized by women due to its alternately positive and negative shaping behavior (Glick et al., 2000). Subjectively favorable protection and affection under the guise of chivalry might be appealing to women, particularly those who already struggled with self-efficacy issues

(Glick et al., 2000). As Feather (2004) discovered, benevolent sexism was negatively correlated with women's perception of their self-efficacy.

  Marianismo and Satisfaction. It was found that those who endorsed *marianismo* tended to be satisfied with, or report lower levels of conflicts with these *marianista* traits. According to the author of the LVS, the Satisfaction Scale was included expressly to "provide additional information about whether the respondent is experiencing any psychological distress with any particular *marianista* item" (Marano-Rivera, 2000, p. 85). Hence, from the subjective perspective of Latinas in the sample, their perceived psychological distress was congruent with the *marianista* item they endorsed, that is, it was congruent with their values and beliefs. As the LVS was an instrument that purported to measure cultural values, these findings might indicate that for this sample of Latinas, their endorsement of *marianista* traits was congruent with cultural values – values which were likely to be internalized, and hence, might less likely cause perceived psychological distress. Not experiencing subjective conflicts could influence the significance of the findings in the incremental regression, as discussed in the next section.

  In the original Rivera-Marano (2000) study, the relationship between *marianismo* items and satisfaction with *marianismo* responses was a negative correlation – that is, the higher the number of *marianismo* items endorsed, the lower the level of satisfaction. It was noteworthy that her sample consisted only of college undergraduate students residing only in New Jersey, who reported being of middle and high-income categories. However, in Melendez's (2004) study on the Latina Value Scale-Revised (LVS-R), she utilized a community sample comprising of participants of varied ancestries of origin similar to this present study from a major metropolitan city. The Melendez (2004) study found a

statistically significant positive correlation between the *marianismo* items and the

satisfaction scale ($r = 0.646$, $p = .01$). This meant that the participants reported a high

level of satisfaction with their endorsement of *marianista* traits. In this present study,

there was also a positive correlation between the *marianismo* items and the satisfaction

level ($r = .61$, $p < .01$). A possible explanation could be that with the college sample in

the original Rivera-Marano (2000) study, the participants reported experiencing more

conflicts with their endorsement of *marianista* traits, perhaps due to the younger age

range of participants. Another factor could be the undergraduate students being in a

developmental period of transition, which might be a stressful time for them during

which conflicts were likely more apparent.

One possible reason for this low degree of subjective dissonance between the

marianismo items and the satisfaction scale could be the high degree of internalization of

this gender role into the schemas of the participants. The majority of the participants

reported identifying as first and second generation. Thus, another reason for the low

degree of subjective dissonance could be consistent with the findings of Campbell's

(2008) study – that despite their endorsement of *marianista* traits, the challenges with this

gender role might have led to stronger intrinsic assets as suggested by the study, such as

self-efficacy, self-mastery and personal agency. Thus, there could be some support for

the *marianismo* gender role as a protective factor on the continuum.

Other Significant Correlations. One unexpected finding was that those who

reported stronger adherence to the Hispanic acculturation domain were more likely to

report lower depression levels. A possible interpretation of this might be the adherence to

Hispanic culture by this sample of participants – the majority of whom reported their

generational level to be first and second generation – might be likely to maintain the heritage ties to the Latino culture, and thus, experiencing the benefit of those ties in terms of lower depression levels. This was similar to Torres' (2010) finding that coping skills arising from a strong level of cultural orientation in the Latino domain was found to be a protective buffer against depression. Perhaps a stronger orientation to the Latino culture meant a stronger *familismo* level – higher levels of family support – and this was consistent with Rivera's (2007) finding that acculturation and depression was mediated by family support.

Hypothesis 2

Marianismo was found to be both correlated to depression, as well as a predictor of depression in Latinas in Model 1. Both domains of acculturation and ambivalent sexism were not significant predictors. However, when demographic variables were controlled, all the predictors were not significant. Even though the incremental model that controlled for demographic variables was not significant, this was, nevertheless, a finding worthy of discussion, as there were a number of predictors that were significant.

First, *marianismo* being a significant predictor in the first model was consistent with the body of literature, such as Gil and Vazquez's (1996) contention that Latinas' struggled in balancing the acculturation process with the cultural edicts of *marianismo* might likely increase her risk for depression. Researchers also found that rigid adherence to the gender role was a risk factor for Latinas with regards to negative mental health concerns (Caceres-Dalmau, 2003; Cano, 2004; Fragoso & Kashubeck, 2000; Perez-Strumolo, 2000; Vazquez, 1998).

Even though the incremental regression model that controlled for demographic variables was non-significant, two variables – age and benevolent sexism – were significant. In the earlier review of the literature, there did not appear to be any research indicating that age predicted depression in Latinas – specifically as age increased, depression tended to decrease. In fact, past research tended to indicate that the risk for depression tended to increase as age increases (e.g., Djernes, 2006; Kemp, Staples, Lopez-Aqueres, 1987), particularly for women (Rabbitt, Donlan, Watson, McInnes, & Bent, 1995). A possible explanation for this might lie in the fact that the majority of the participants in this sample were younger; there were only 11 in the age range of 50 to 59 years old, and only six in the age range of 60-69. An examination of the scatterplot (Figure 5) revealed that the respondents who were in both categories did endorse a slightly lower level of depression as evidenced by the fit line. One possible explanation for this unexpected finding might lie in considering age as a protective factor for Latinas.

An examination of supporting literature yielded a study that examined the protective factor of resilience in aging in relation to depression (Leppert & Straub, 2011). The study found that in a sample of White European American adults aged 30 to 80 years old, a significant negative correlation between resilience and depression was found as age increased (Leppert & Strub, 2011). The authors postulated that resilience acquired as age increases might serve as a protective buffer against depression over an individual's lifespan (Leppert & Strub, 2011).

Another study examined the concept of resilience further in terms of protective and risk factors affecting depression and suicidal ideation (McLaren & Challis, 2009). The study found that high levels of belonging compensated for high levels of depression;

further, social support and a sense of belonging weakened the relationship between depression and suicidal ideation (McLaren & Challis, 2009). The drawbacks for this study included using a White European American male population and a small sample size. A sense of belonging and social support addressed in the McLaren and Challis (2009) study might share commonalities with the constructs of collectivism and *familismo* as detailed in the study by Plant and Sachs-Ericsson (2004) discussed in the earlier literature review. Specifically, the authors found that when acculturation occurred in an environment characterized by collectivism and *familismo,* this was likely to promote bicultural competence, which might increase resilience, and protect against depression (Plant & Sachs-Ericsson, 2004). Despite the limitations of both studies (Leppert & Straub, 2011; McLaren & Challis, 2009) not specifically including Latinas in their samples, they raised the possibility for future research in investigating the impact of age, or rather age-acquired resilience, as a protective factor against depression in Latinas.

Benevolent sexism was also significant in its correlation to depression in Latinas, as well as a significant predictor of depression in Latinas. This finding was consistent with literature on benevolent sexism. Feather (2004) found a negative correlation between benevolent sexism and women's self-efficacy; while Dumont et al. (2010) found that benevolent sexism activates women's idea of being incompetent. Given the inverse relationship found in previous research between self-efficacy and depression, it was a significant finding that benevolent sexism was a significant predictor of depression in Latinas in this sample.

Post-hoc analysis to discern why benevolent sexism, rather than *marianismo* was significant in the second model indicated that with the removal of benevolent sexism,

marianismo was once again significant. Hence, *marianismo* and benevolent sexism might share some concurrent characteristics. To date, there were studies examining these two constructs independently, but no studies examining both constructs together. Lee et al. (2000) found that ambivalent sexism was both prescriptive and proscriptive – which was a similar process to *marianismo.*

Limitations of the Study

There are five aspects to consider in examining the non-significant finding of the incremental regression model in this study. These are also the limitations of the study.

The first and important factor for non-significance was that the sample size was relatively small. A bigger sample might affect statistical significance of the findings. Using G*Power (Erdfelder et al., 1996), an *a priori* power analysis was conducted using an $\propto$ error probability of 0.05, power (1-β error probability) of 0.80, and 12 predictors (age, education, household income, ancestry, religious identification, generational status, 3 subscales for the BAS, LVS, 2 subscales for the ASI). The estimated sample size recommended to achieve statistical significance was 149 cases.

Second, the data was collected online through an Internet survey instrument. Although that had the advantage of soliciting participants from a wide variety of geographical regions of the country, those with access to the Internet were less likely to be of lower socioeconomic status. It also followed that they were likely to be relatively more acculturated with a higher level of education. In fact, most of the participants in the sample appeared to possess an associate's degree and beyond. The education level indicated that participants were likely to be bicultural – that is, they were likely to have

acquired the ability to maneuver competently within the dominant culture in order to achieve some college education.

Third, only the English versions of the instruments were utilized for this study. This was likely also a reason why most of the participants were either bicultural or acculturated in the non-Hispanic domain. If the study utilized both English and Spanish versions of the instruments, the Spanish-speaking only population could be targeted in addition to the bicultural. The sample might likely include more participants who were of first generation status – that is, those who were born in another country and immigrated to the United States, and hence those who were primarily Spanish-speaking. With more first generation participants in the sample, it might be likely that they would then be less acculturated. The possibility that they might endorse more *marianista* traits and ambivalent sexism, may consequently affect the level of significance of these variables as predictors of depression in Latinas.

All of the abovementioned limitations affected the generalizability of the results. Even though the participants came from various locations in the United States, and spanned several generations, the majority of them was less than 40 years old, identified as being of Mexican ancestry, and was second generation. A significantly large majority (83.7%) also held an associate's degree or higher in education. Almost half reported over $40,000 a year in income. Comparatively, the U.S. Census Bureau (2006) listed the majority of the Latino population as being of Mexican ancestry, the median age as 27.6, and 60% of Latinos as being born in the United States (i.e., second-generation and beyond) (U.S. Census Bureau, 2006). However, the majority of Latinas had high school or less educational level (U.S. Census Bureau, 2006). Additionally, the median income

for Latinas nationally was $24,738 (U.S. Census Bureau, 2006). Hence, it is difficult to generalize the findings in this study to the Latina population in the U.S.

Clinical Implications

With the Latino population increasing every year in the United States, it may be inevitable that psychologists will interact with members of this population in their clinical practice, research, training or teaching. The APA Ethics Code (APA, 1992) and the APA Guidelines for Providers of Psychological Services to Ethnic, Linguistic, and Culturally Diverse Populations (APA, 1993) strongly advised against utilizing a Eurocentric perspective with working with people of diverse, cultural, ethnic, and racial backgrounds. Hence, it is imperative that psychologists acquire cultural competence in order to serve these populations effectively. This not only means acquiring a sensitivity to diversity issues but also going beyond to acquire specialized contextual knowledge of clients' cultural worldview. Not doing so means that psychologists risk possible disconnections to their clients. For example, Aviera (2002) found that Latino clients who perceive their clinicians as cold or distant are likely to terminate therapy prematurely.

This study serves to add to the body of literature to assist psychologists in acquiring cultural competency in working with this population.

A Biopsychosocial Conceptualization of Depression

There are several salient clinical implications from the findings of this study. First, the factors that contribute to depression include those that are psychological, social and biological (Schotte, Van Den Bossche, De Doncker, Claes, & Cosyns, 2006). This biopsychosocial model as proposed by Schotte et al. (2006) conceptualizes depression in terms of psychobiological vulnerability, which was determined by risk factors, as well as

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protective factors. The authors listed risk factors in four domains – biogenetic, psychological, somatic, and societal in nature (Schotte et al.). Only one factor was named by the authors as the consistent factor among all four domains as a depression risk – and that was gender (Schotte et al.). The protective factors named by the authors that were relevant to the scope of this study included those of socioeconomic status, supportive social network, and social solidarity (Schotte et al., 2006).

This study hopes to illustrate to psychologists the importance of looking beyond the strict clinical definitions of depression or dysthymia in terms of DSM IV-TR (American Psychiatric Association, 2000) pre-determined criterion. Making a diagnosis is only the first step of evaluating and treatment planning. Incorporating relevant socioeconomic, developmental, and contextual factors are paramount in culturally appropriate practice.

Although the variables within the scope of this study address only a few of the possible risk factors for depression, it is the hope that this study elucidates the crucial impact of considering psychological, social and cultural factors, such as gender socialization, sexism and acculturation in the clinical formulation of depression.

The Impact of Gender, Gender Socialization and Sexism

As Kaschak (1992) describes it, women's experiences permeate "macrocosmic societal to microcosmic texture of the personal, individual experience" (p. 37). Weinberger, McKee, and Mazure (2010) called for depression research that included not just women but specific outcome examination by gender to account for gender differences. It is also important to consider the implications of gender on the bicultural acculturation process. With regard to the acculturation process, it is recommended that

psychologists reframe the more traditional perspective of linear, unidimensional, stage-based change (Cuellar et al., 1980) to a more reciprocal and fluid one (Marin & Gamba, 1996) where the client's ability to develop competence in the dominant culture while retaining her native culture is regarded as an asset and a strength.

As illustrated by the unexpected finding between the *marianismo* items and the satisfaction scale, one important clinical consideration for psychologists is the level of satisfaction or conflict reported by the client due to the gender role. It is important for psychologists to identify the *marianismo* items that impact the client's life negatively. Alternatively, if the client does not appear to endorse much perceived conflict with *marianismo* items, this may not be an area of conflict for her in general, and this can be construed as a source of strength of fluidly negotiating her cultural and gender identities. Thus, looking at the satisfaction scale will help psychologists in their treatment planning, without projecting the values and beliefs of the majority culture onto the client (Rivera-Marano, 2000).

The findings of this study regarding the impact of sexism, in particular, benevolent sexism was significant. Evidently, the degree to which women endorsed traditional roles, such as relationship passivity, self-silencing, superior morality, and dependence on men's protection had an impact on depression risk (Glick & Fiske, 2006). In their clinical formulation of depression, it is recommended that psychologists consider the non-global similarity in depression sequalae between men and women (Hyde, 2005); and conceptualize the impact of gender in multiple ways – as sex differences between women and men, as within-sex variability, as gender roles and interactions, and as a marker for social power (Stewart and McDermott, 2004).

The Impact of Acculturation

One of the contributions made by this study to the field of Latina/o psychology is the utilization of a predominantly bicultural sample of participants. The majority of studies conducted to date typically focused on utilizing Latina/o participants who were first-generation immigrants (e.g., Martinez, McClure, Eddy, Ruth, & Hyers, 2012; Baumann, Rodriguez, & Parra-Cardona, 2011). There are fewer studies that utilize participants that are bicultural. A look at U.S. Census Bureau (2006) figures revealed that the majority of the U.S. Latino population (60%) was born in the United States – this meant that they were second-generation and beyond. Studies that utilize bicultural participants will then reflect the reality of U.S. Latino population and the applicability of findings will be more generalizable.

In considering the impact of Latina/o clients' ancestry of origin, it is helpful to consider if there are any relevant historical and political contexts (Comas-Diaz, 2006). Although historical and political contexts are beyond the scope of this current study, these contexts bear some relevance to clients' level of acculturative stress. One brief example was Alarcón's (1999) assertion that the pressures of borderland immigration legalities might affect some Mexican Americans (as cited in Comas-Diaz, 2006). It is also important for psychologists to consider the impact of being uprooted in the process of immigration, as well as a possible exposure to oppression (Comas-Diaz, 2006).

The Heterogeneity of Latina/o Population

It is vitally important that psychologists not over-generalize all ancestries into one category of "Latino" or "Hispanic" (which includes those of Spanish ancestry). In the

demographics form in this study, this researcher endeavored to elicit as much heterogeneous, detailed and complex data as possible to avoid this over-generalization. By asking for participants' specific demographic details such as ancestry of origin, generational status, and religious identification, this study extended previous research in this area, such as Olowude (2001) as described in Chapter 2. This study sought to examine if the variables reinforcing non-traditional gender images (family cohesion, education level) will interact with those that challenge traditional gender images (high family conflict, strict family rules) (Olowude, 2001). While this study focused on Latinos and Latinas, no specific demographic information was elicited or utilized in the analysis other than age and relationship status (Olowude, 2001). The finding of the study was ultimately non-significant (Olowude, 2001). Other studies only focused exclusively on a single sub-group, such as Mexican Americans, to the exclusion to the other ancestries, which ultimately limited its generalizability only to those of that particular sub-group. An example is Pearson's (2009) study as described in Chapter 2, examining predictors of sexist attitudes in Mexican Americans using ambivalent sexism theory. The author elicited general demographic information such as place of residence, education level, employment experience, and household income (Pearson, 2009). With regards to cultural identity, participants were given the choices of "Mexican American, Mexican, Hispanic, American or Other – Chicana/o, Indigenous Chicana/o, American-Mexican or Hispanic-Latino" (Pearson, 2009). Generational status was elicited, as well as religious identification (Pearson, 2009). Three of hypotheses in the study were found to be non-significant, while partial support was found for two hypotheses, and one hypothesis was significant (Pearson, 2009).

Other factors to consider that impact clients' worldview include education level, generation level, and religious identification. The higher the client's level of acculturation, the less likely she is to adhere rigidly to traditional gender roles and sexist beliefs. Regardless of the clients' acculturation level, most are likely, in some way, shape or form, navigate the cultural *puente* (bridge) between the United States and their ancestries of origin (Comas-Diaz, 2006).

Ultimately, it is recommended that psychologists view bicultural acculturation, gender roles and ambivalent sexism as evaluation and treatment considerations not as dichotomies, but on a continuum ranging from protective factors to risk factors.

Future Research

In examining the literature regarding bicultural acculturation, some researchers suggested a closer look at resilience as related variable to bicultural acculturation and *marianismo*. Masten et al. (2006) suggested that resilience might be worth examining as the process of acculturation entailed meeting cultural or societal expectations for adaptation despite the presence of adversity. It then followed that there might be an inverse relationship between resilience and depression. In her qualitative study, Garcia (2004) found themes of resilience associated with the positive aspects of *marianismo*. Hence, future research may benefit from adding a resilience measure. Since there is no measure of cultural resilience specific to Latinas, a measure such as the Connor-Davidson Resilience Scale-10 (CD-RISC-10) (Connor & Davidson, 2003) may be considered.

Instead of examining acculturation, future researchers may consider including acculturative stress instead. A review of the literature indicated that some researchers found acculturation to be a non-significant predictor to depression. This may indicate that

acculturation itself is a complex, dynamic process that needs more research, as it may not be simply operationalized as language use, linguistic proficiency, and electronic media use that are included in the Bicultural Acculturation Scale for Hispanics, (BAS; Marin & Gamba, 1996). Perhaps acculturative stress may be considered instead, with the expectation that there is a positive relationship between acculturative stress and depression. Torres (2010) similarly found that acculturative stress, rather than acculturation, was correlated to depression.

Adding the variable of self-silencing may improve the significance of the final model. Jack (1991) believes that self-silencing schemas in women contribute to a loss of self-esteem, and in turn, an increase in vulnerability for depression. Vazquez (1998) also found significant results for depression when she examined *marianismo*, self-silencing, and relationship satisfaction for Latinas. Future research may benefit from adding a measure as such Silencing The Self Scale (Jack & Dill, 1992).

As research has shown that ambivalent sexism is shown to have an inverse relationship to women's perceived level of self-efficacy (Barreto et al., 2009), future researchers may also consider including self-efficacy as well.

The finding that with the removal of benevolent sexism in the post-hoc analysis revealed *marianismo* to be once again significant warrants further research. It might be useful for future studies to examine the conceptual and empirical overlap between these two constructs in Latinas, as they are both prescriptive and proscriptive (Lee et al., 2000).

With regard to the unexpected finding of age predicting depression in Latinas, this researcher recommends exploring how age, or age-related resilience, is related to

depression in Latinas. Further research with a larger sample size is needed to determine if age or resilience or both are indeed protective factors for Latinas against depression.

The methodology of data collection may benefit from a paper and pencil administration. This will allow researchers to collect data in person from community sites such as churches, clinics, and other venues of cultural significance. In addition, researchers can also collect data from clinical sites in order to obtain a sample more representative of the prevalence of depression rates in the United States. Geographic regions that have a large Latino population, such as New Mexico, California, Florida and Texas are possibilities for data collection.

A qualitative examination of the constructs of acculturation, *marianismo* and ambivalent sexism will benefit the study. Although there are some questions at the end of the Latina Value Scale-Revised designed to elicit some qualitative data, these are brief. Although it is beyond the scope of this study, it may be beneficial to add a semi-structured interview in addition to the quantitative instruments to elicit added depth and complexity to Latinas' experience of acculturation, *marianismo*, and ambivalent sexism. As this study is interested in exploring these variables as risk factors as well as protective factors for Latinas, the addition of a qualitative methodology, such as a phenomenological enquiry may be helpful (Ashworth, 2003). A phenomenological enquiry is recommended because the intent is to seek to understand how Latinas negotiate these factors in their worldview (Ashworth, 2003). Phenomenology is also appropriate because it honors Latinas' first-person perspective to seek a "caring attunement" in order to understand "what it means to live a life" (Van Manen, 1990, p. 12). This researcher believes that adding a qualitative examination of the variables

may allow participants to adequately express the rich inter-subjective meanings that constitute these Latinas' experiences.

Finally, there is a possibility that *marianismo* may not be an ethnic construct, that is, one that is specific to Latinas. Rather, *marianismo* may be more of a gender construct, where women in patriarchal societies may endorse the traits in general. Melendez (2004) also made the same recommendation. She suggested renaming the Latina Value Scale-Revised into a more generic Women's Scale so that the scale can be administered to women of other ethnicities. To examine self-silencing and depression as predictors of *marianismo* as a gender-related construct, Valdez, Jezzini, Avila, Prabhakar, and Ashley (2012) administered the renamed Women's Scale (Marano-Rivera, 2000), Silencing the Self Scale (Jack & Dill, 1992), and the Muñoz Mood Screener (Muñoz, 1998) to 87 White European American college students. Findings showed that the endorsement of self-silencing and depression were statistically significant predictors for *marianista* traits in white European American women, suggesting that *marianista* traits may play an integral role in the psychosocial adjustment of women in the United States (Valdez et al., 2012). Further research is recommended with a larger sample size, utilizing a community population, as well as participants of other ethnicities, such as Asian American and African Americans (Valdez et al., 2012).

Conclusion

The present study examines if bicultural acculturation, *marianismo* gender role, and ambivalent sexism (hostile sexism and benevolent sexism) predict depression in Latinas. Although the final results that controlled for demographics are not significant predictors of depression in Latinas, the study has findings that contribute to the body of

literature. First, this is the first study that incorporates these variables with an all-Latina, community (non-college) sample, comprising of participants of different ancestries of origin, various regions of the United States, and a range of socioeconomic levels.

Second, from the results of the first model, the *marianismo* gender role appears to be an important consideration in the clinical treatment of Latinas who present with mood issues. From the results of the incremental model, age and internalized benevolent sexist beliefs appear to be additional considerations in depression treatment.

Third, acculturation, when viewed on a bicultural continuum, can be a source of resilience and strength for this population.

Fourth, sexism goes beyond the traditional overt and antagonistic definition for women to a more insidious covert guise of chivalry that interact mutually in order to shape women's self-efficacy, and this may have an effect on women's mood issues. Ultimately, this study shows that depression, particularly for ethnic minority clients, is more than the medical model's perspective of checklists of criterion in the DSM IV-TR (American Psychiatric Association, 2000). For ethnic minority clients, mood issues may be a complex and dynamic interplay of biological, psychogenic, gender, societal, developmental, cultural, historical and political factors – factors which psychologists can explore and utilize in their evaluation, conceptualization of presenting issues, and treatment planning.

References

Abrams, D., Viki, G., Masser, B., & Bohner, G. (2003). Perceptions of stranger and acquaintance rape: The role of benevolent and hostile sexism in victim blame and rape proclivity. *Journal of Personality and Social Psychology, 84*(1), 111-125.

Albert, R. D. (1996). A framework and model for understanding Latin American and Latino/Hispanic cultural patterns. In D. Landis & R. S. Bhagat (Eds.), *Handbook of intercultural training* (2nd ed., pp. 327-348). Thousand Oaks, CA: Sage.

Alderete, E., Vega, W., Kolody, B., & Aguilar-Gaxiola, S. (2000). Lifetime prevalence of the risk factors for psychiatric disorders among Mexican migrant farmworkers in California. *American Journal of Public Health, 90*(4), 608-614.

Alegría, M., Canino, G., Shrout, P. E., Woo, M., Duan, N., Vila, D., et al. (2008). Prevalence of mental illness in immigrant and non-immigrant U.S. Latino groups. *The American Journal of Psychiatry, 165*(3), 359-369.

Alegría, M., Chatterji, P., Wells, K., Cao, Z., Chen, C., Takeuchi, D., et al. (2008). Disparity in depression treatment among racial and ethnic minority populations in the United States. *Psychiatric Services, 59*(11), 1264-1272.

Alegría, M., Sribney, W., Woo, M., Torres, M., & Guarnaccia, P. (2007). Looking beyond nativity: The relation of age of immigration, length of residence, and birth cohorts to the risk of onset of psychiatric disorders for Latinos. *Research in Human Development, 4*(1-2), 19-47.

Allport, G. W. (1954). *The nature of prejudice.* Reading, MA: Addison-Wesley.

Amaro, H., & Russo, N. F. (1987). Hispanic women and mental health: An overview of contemporary issues in research and practice. *Psychology of Women Quarterly, 11*(4), 393-407.

American Anthropological Association. (1998, May 17). *American Anthropological Association Statement on "Race".* Retrieved August 26, 2011, from American Anthropological Association: http://www.aaanet.org/stmts/racepp.htm

American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders: DSM-IV-TR.* Washington, DC: American Psychiatric Association.

American Psychological Association. (1992). Ethical principles of psychologists and code of conduct. *American Psychologist, 47*(2), 1597-1611.

American Psychological Association. (1993). *Guidelines for providers of psychological services to ethnic, linguistic, and culturally diverse populations.*

Arfániarromo, A. (2001). Toward a psychosocial and sociocultural understanding of achievement motivation among Latino gang members in U.S. schools. *Journal of Instructional Psychology, 28*(3), 123-136.

Arredondo, P. (1998). Integrating multicultural counseling competencies and universal helping conditions in culture-specific contexts. *The Counseling Psychologist, 26*(4), 592-601.

Ashworth, P., 2003. An approach to phenomenological psychology: The contingencies of the lifeworld. *Journal of phenomenological psychology, 34*(2), 145-156.

Aviera, A. (2002). Culturally sensitive and creative therapy with Latino clients. *California Psychologist, 35*(4), 18-25.

Barrera, A. Z., Torres, L. D., & Muñoz, R. F. (2007). Prevention of depression: The state of the science at the beginning of the 21st century. *International Review of Psychiatry, 19*(6), 655-670.

Barreto, M., & Ellemers, N. (2005). The burden of benevolent sexism: How it contributes to the maintenance of gender inequalities. *European Journal of Social Psychology, 35*(5), 633-642.

Barreto, M., Ellemers, N., Piebinga, L., & Moya, M. (2010). How nice of us and how dumb of me: The effect of exposure to benevolent sexism on women's task and relational self-descriptions. *Sex Roles, 62*(7-8), 532-544.

Baumann, A., Rodríguez, M., & Parra‑Cardona, J. (2011). Community‑based applied research with Latino immigrant families: Informing practice and research according to ethical and social justice principles. *Family Process*, *50*(2), 132-148.

Beck, A. T., Steer, R. A., & Brown, G. K. (1996). *Manual for the Beck Depression Inventory-II.* San Antonio, TX: Psychological Corporation.

Beck, A. T., Ward, C. H., Mendelson, M. M., Mock, J. J., & Erbaugh, J. J. (1961). An inventory for measuring depression. *Archives of General Psychiatry*, 4561-571.

Becker, J. C. (2010). Why do women endorse hostile and benevolent sexism? The role of salient female subtypes and internalization of sexist contents. *Sex Roles, 62*(7-8), 453-467.

Belo, R., Gouveia, V. V., da Silva Raymundo, J., & Marques, C. (2005). Correlatos Valorativos do Sexismo Ambivalente. *Psicologia: Reflexão e Crítica, 18*(1), 7-15.

Bem, S. L., & Lenney, E. (1976). Sex typing and the avoidance of cross-sex behavior. *Journal of Personality and Social Psychology, 33*(1), 48-54.

Benson, J. (2006). Exploring the racial identities of black immigrants in the United States. *Sociological Forum, 21*(2), 219-247.

Berry, J. W. (1997). Immigration, acculturation, and adaptation. *Applied Psychology: An International Review, 46*(1), 5-34.

Berry, J. W. (2006). Acculturative stress. In P. P. Wong, L. J. Wong, P. P. Wong, L. J. Wong (Eds.), *Handbook of multicultural perspectives on stress and coping* (pp. 287-298). Dallas, TX US: Spring Publications.

Blanco-Vega, C. O., Castro-Olivo, S. M., & Merrell, K. W. (2008). Social-emotional needs of Latino immigrant adolescents: A sociocultural model for development and implementation of culturally specific interventions. *Journal of Latinos and Education, 7*(1), 43-61.

Bohner, G., Ahlborn, K., & Steiner, R. (2010). How sexy are sexist men? Women's perception of male response profiles in the Ambivalent Sexism Inventory. *Sex Roles*, *62*(7-8), 568-582.

Boscarino, J., & Adams, R. (2009). PTSD onset and course following the World Trade Center disaster: Findings and implications for future research. *Social Psychiatry and Psychiatric Epidemiology, 44*(10), 887–898.

Bosson, J. K., Pinel, E. C., & Vandello, J. A. (2010). The emotional impact of ambivalent sexism: Forecasts versus real experiences. *Sex Roles, 62*(7-8), 520-531.

Bracero, W. (1998). Intimidades: Confianza, gender, and hierarchy in the construction of Latino–Latina therapeutic relationships. *Cultural Diversity and Mental Health, 4*(4), 264-277.

Breslau, J., Aguilar-Gaxiola, S., Borges, G., Castilla-Puentes, R., Kendler, K. S., Medina-Mora, M., & ... Kessler, R. C. (2007). Mental disorders among English-speaking Mexican immigrants to the US compared to a national sample of Mexicans. *Psychiatry Research, 151*(1-2), 115-122.

Burgess, D., & Borgida, E. (1999). Who women are, who women should be: Descriptive and prescriptive gender stereotyping in sex discrimination. *Psychology, Public Policy, and the Law, 5*(3), 665–692.

Burn, S., & Busso, J. (2005). Ambivalent sexism, scriptural literalism, and religiosity. *Psychology of Women Quarterly, 29*(4), 412-418.

Cabassa, L. J. (2003). Measuring acculturation: Where we are and where we need to go. *Hispanic Journal of Behavioral Sciences, 25*(2), 127-146.

Cabrera, N. L., & Padilla, A. M. (2004). Entering and succeeding in the 'culture of College': The story of two Mexican heritage students. *Hispanic Journal of Behavioral Sciences, 26*(2), 152-170.

Caceres-Dalmau, M. (2004). Maternal *Marianismo* and anxious somatic depression among Hispanic female college students. *Dissertation Abstracts International*, 64.

Campbell, W. (2008). Lessons in resilience: Undocumented Mexican women in South Carolina. *Affilia: Journal of Women & Social Work, 23*(3), 231-241.

Cano, S. (2004). Acculturation, *marianismo*, and satisfaction with *marianismo*: An analysis of depression in Mexican American college women. *Dissertation Abstracts International, 64*.

Castillo, L. G., Perez, F. V., Castillo, R., & Ghosheh, M. R. (2010). Construction and initial validation of the *marianismo* beliefs scale. *Counseling Psychology Quarterly, 23*(2), 163-175.

Castro, F., Garfinkle, J., Naranjo, D., Rollins, M., Brook, J. S., & Brook, D. W. (2007). Cultural traditions as 'protective factors' among Latino children of illicit drug users. *Substance Use & Misuse, 42*(4), 621-642.

Cauce, A.M. & Domenench-Rodriguez (2002). Latino families: Myths and realities. In J. M. Conteras, K. A. Kerns, & A.M. Neal-Barnett (Eds.). *Latino children and families in the United States.* Westport, CT: Praeger.

Census Bureau. (2011, August 22). *The 2011 statistical abstract for Hispanics.* Retrieved August 22, 2011, from U.S. Census Bureau: http://www.census.gov/compendia/statab/overview.html

Chapa, O. (2010). A qualitative study of the Hispanic gender role and social-cultural factors influencing the attraction process: The recruitment of the Latina to meet 21st century labor shortage challenges in America. *Dissertation Abstracts International, 70*.

Chapman, M. V., & Perreira, K. M. (2005). The Well-Being of Immigrant Latino Youth: A Framework to Inform Practice. *Families in Society, 86*(1), 104-111.

Chavez, A. (2006). *Virgin of Guadalupe tattoos: Embodied symbols and the construction of racial and gendered identity among Mexican American men.* Unpublished

doctoral dissertation, The Iliff School of Theology and University of Denver, Denver, CO.

Christopher, A. N., & Mull, M. S. (2006). Conservative ideology and ambivalent sexism. *Psychology of Women Quarterly, 30*(2), 223-230.

Cianelli, R., Ferrer, L., & Mcelmurry, B. J. (2008). HIV prevention and low-income Chilean women: Machismo, *marianismo* and HIV misconceptions. *Culture, Health & Sexuality, 10*(3), 297-306.

Cofresí, N. I. (2002). The influence of *Marianismo* on psychoanalytic work with Latinas: Transference and countertransference implications. *The Psychoanalytic Study of the Child, 57*, 435-451.

Coles, A. (1974). The inventory of attitudes of men and women. In Cordova-Duprey, S. *Sex role orientation and its relationship to self-concept among Puerto-Rican women.* Doctoral Dissertation, City University of New York, 1990.

Comas-Diaz, L. (1987). Feminist therapy with mainland Puerto Rican women. *Psychology of Women Quarterly, 11*(4), 461-474.

Comas-Diaz, L. (2006). Latino healing: The integration of ethnic psychology into psychotherapy. *Psychotherapy: Theory, Research, Practice, Training, 43*(4), 436-453.

Comas-Diaz, L. (1988). Mainland Puerto Rican women a sociocultural approach, *Journal of Community Psychology, 16*(1), 21-31.

Connor, K. M., & Davidson, J. T. (2003). Development of a new resilience scale: The Connor-Davidson Resilience Scale (CD-RISC). *Depression And Anxiety*, *18*(2), 76-82.

Cortés, D. E., Rogler, L. H., & Malgady, R. G. (1994). Biculturality among Puerto Rican adults in the United States. *American Journal of Community Psychology, 22*(5), 707-721.

Crowne, D. P., & Marlowe, D. (1960). A new scale of social desirability independent of psychopathology. *Journal of Consulting Psychology, 24*(4), 349-354.

Cuéllar, I., & Roberts, R. E. (1997). Relations of depression, acculturation, and socioeconomic status in a Latino sample. *Hispanic Journal of Behavioral Sciences, 19*(2), 230-238.

Cuéllar, I., Arnold, B., & González, G. (1995). Cognitive referents of acculturation: Assessment of cultural constructs in Mexican Americans. *Journal of Community*

Psychology, 23(4), 339-356.

Cuellar, I., Harris, L. C., & Jasso, R. (1980). An acculturation scale for Mexican American normal and clinical populations. *Hispanic Journal of Behavioral Sciences, 2*(3), 199-217.

Das Gupta, M. (1997). 'What is Indian about you'': A gendered, transnational approach to ethnicity. *Gender & Society, 11*(5), 572-596.

De Genova, N. (2002). Migrant "illegality" and deportability in everyday life. *Annual Review of Anthropology, 31*, 419-447.

Derogatis, L. R. (1983). *SCL-90-R: Administration, scoring and procedures.* Manual for the Revised version. Towson, MD: Clinical Psychometric Research.

Diekman, A. B., & Schneider, M. C. (2010). A social role theory perspective on gender gaps in political attitudes. *Psychology of Women Quarterly, 34*(4), 486-497.

Diener, E., Emmons, R. A., Larsen, R. J., & Griffin, S. (1985). The Satisfaction With Life Scale. *Journal of Personality Assessment, 49*(1), 71-75.

Djernes, J. K. (2006). Prevalence and predictors of depression in populations of elderly: A review. *Acta Psychiatrica Scandinavica, 113*(5), 372-387.

Dowling, C. (1981). *The Cinderella complex: Women's hidden fear of independence*. New York: Summit Books.

Dumont, M., Sarlet, M., & Dardenne, B. (2010). Be too kind to a woman, she'll feel incompetent: Benevolent sexism shifts self-construal and autobiographical memories toward incompetence. *Sex Roles, 62*(7-8), 545-553.

Eagly, A. H., & Mladinic, A. (1993). Are people prejudiced against women? Some answers from research on attitudes, gender stereotypes and judgments of competence. *European review of social psychology, 5*, 1-35.

Eagly, A. W., & Wood, W. (1999). The origins of sex differences in human behavior: Evolved dispositions versus social roles. *American Psychologist, 54*(6), 408-423.

Erdfelder, E., Faul, F., & Buchner, A. (1996). GPOWER: A general power analysis program. *Behavior Research Methods, Instruments & Computers, 28*, 1-11.

Espinoza-Herold, M., & Gonzalez, V. (2007). The voices of senior scholars on mentoring graduate students and junior scholars. *Hispanic Journal of Behavioral Sciences, 29*(3), 313-335.

Expósito, F., Herrera, M., Moya, M., & Glick, P. (2010). Don't rock the boat: Women's benevolent sexism predicts fears of marital violence. *Psychology of Women Quarterly, 34*(1), 36-42.

Falcón, L. M., & Tucker, K. L. (2000). Prevalence and correlates of depressive symptoms among Hispanic elders in Massachusetts. *The Journals of Gerontology: Series B: Psychological Sciences and Social Sciences, 55B*(2), S108-S116.

Falicov, C. (1996). Mexican families. In M. McGoldrick, J. Giordano, J. K. Pearce, M. McGoldrick, J. Giordano, J. K. Pearce (Eds.), *Ethnicity and family therapy* (2nd ed.) (pp. 169-182). New York, NY: Guilford Press.

Faludi, S. (1992). *Backlash: The undeclared war against American women.* New York: Doubleday.

Feather, N. T. (2004). Value correlates of ambivalent attitudes toward gender relations. *Personality and Social Psychology Bulletin, 30*(1), 3-12.

Fields, A. M., Swan, S., & Kloos, B. (2010). "What it means to be a woman:" Ambivalent sexism in female college students' experiences and attitudes. *Sex Roles, 62*(7-8), 554-567.

Fischer, A. R. (2006). Women's benevolent sexism as reaction to hostility. *Psychology of Women Quarterly, 30*(4), 410-416.

Fischer, A. R., & Bolton Holz, K. (2010). Testing a model of women's personal sense of justice, control, well-being, and distress in the context of sexist discrimination. *Psychology Of Women Quarterly, 34*(3), 297-310.

Flaskerud, J. H., & Hu, L. (1992). Racial/ethnic identity and amount and type of psychiatric treatment. *The American Journal of Psychiatry, 149*(3), 379-384.

Folkman, S., & Moskowitz, J. (2004). Coping: Pitfalls and promise. *Annual Review of Psychology, 557*, 45-774.

Fortuna, L. R., Perez, D., Canino, G., Sribney, W., & Alegria, M. (2007). Prevalence and correlates of lifetime suicidal ideation and suicide attempts among Latino subgroups in the United States. *Journal of Clinical Psychiatry, 68*(4), 572-581.

Fortuna, L. R., Porche, M. V., & Alegria, M. (2008). Political violence, psychosocial trauma, and the context of mental health services use among immigrant Latinos in the United States. *Ethnicity & Health, 13*(5), 435-463.

Foster, M. D., Jackson, L. C., Hartmann, R., & Woulfe, S. (2004). Minimizing the pervasiveness of women's personal experiences of gender discrimination.

Psychology of Women Quarterly, 28(3), 224-232.

Fragoso, J. M., & Kashubeck, S. (2000). Machismo, gender role conflict, and mental health in Mexican American men. *Psychology of Men & Masculinity, 1*(2), 87-97.

Garcia, A. M. (2004). *Narratives of Mexican American women. Emergent identities of the second generation.* Walnut Creek, CA: Altamira Press.

Garcia, M., & Marks, G. (1989). Depressive symptomatology among Mexican-American adults: An examination with the CES-D scale. *Psychiatry Research, 27*(2)*, 137–148.

George, D., & Mallery, P. (2003). *SPSS for Windows step by step: A simple guide and reference, 11.0 update.* Boston: Allyn and Bacon.

Gil, R. M., & Vazquez, C. I. (1996). *The Maria paradox: How Latinas can merge old world traditions with new world self esteem.* New York: Putnam's Sons.

Glick, P., & Fiske, S. T. (1996). The Ambivalent Sexism Inventory: Differentiating hostile and benevolent sexism. *Journal of Personality and Social Psychology, 70*(3), 491-512.

Glick, P., & Fiske, S. T. (1999). The Ambivalence toward Men Inventory: Differentiating hostile and benevolent beliefs about men. *Psychology of Women Quarterly, 23*(3), 519-536.

Glick, P., & Fiske, S. T. (2003). An ambivalent alliance: Hostile and benevolent sexism as complementary justifications for gender inequality. In S. P. S. Plous (Ed.), *Understanding prejudice and discrimination* (pp. 225-236). New York, NY US: McGraw-Hill.

Glick, P., Diebold, J., Bailey-Werner, B., & Zhu, L. (1997). The two faces of Adam: Ambivalent sexism and polarized attitudes toward women. *Personality and Social Psychology Bulletin, 23*(12), 1323-1334.

Glick, P., Fiske, S. T., Mladinic, A., Saiz, J., Abrams, D., Masser, B., et al. (2000). Beyond prejudice as simple antipathy: Hostile and benevolent sexism across cultures. *Journal of Personality and Social Psychology, 79(5*), 763-775.

Glick, P., Lameiras, M., & Castro, Y. (2002). Education and Catholic religiosity as predictors of hostile and benevolent sexism toward women and men. *Sex Roles, 47*(9-10), 433-441.

Goldfried, M. R. (2012). On entering and remaining in psychotherapy. *Clinical Psychology: Science And Practice*, *19*(2), 125-128.

González, H. M., Tarraf, W., Whitfield, K. E., & Vega, W. A. (2010). The epidemiology of major depression and ethnicity in the United States. *Journal of Psychiatric Research, 44*(15), 1043-1051.

Gowan, M., & Trevio, M. (1998). An examination of gender differences in Mexican-American attitudes toward family and career roles. *Sex Roles, 38*(11-12), 1079-1093.

Grant, B. F., Stinson, F. S., Hasin, D. S., Dawson, D. A., Chou, S., & Anderson, K. (2004). Immigration and Lifetime Prevalence of DSM-IV Psychiatric Disorders Among Mexican Americans and Non-Hispanic Whites in the United States: Results From the National Epidemiologic Survey on Alcohol and Related Conditions. *Archives of General Psychiatry, 61*(12), 1226-1233.

Greico, E. M., & Cassidy, R. C. (2001, March). *Overview of Race and Hispanic Origin*. Retrieved August 26, 2011, from Census Bureau: http://www.census.gov/prod/2001pubs/c2kbr01-1.pdf

Hanna, F. J., Talley, W. B., & Guindon, M. H. (2000). The power of perception: Toward a model of cultural oppression and liberation. *Journal of Counseling & Development, 78*(4), 430-441.

Harris, M. (1991). *Cultural Anthropology*. New York, NY: Harper Collins.

Heilemann, M. V., Frutos, L., Lee, K. A., & Kury, F. (2004). Protective strength factors, resources, and risks in relation to depressive symptoms among childbearing women of Mexican descent. *Health Care for Women International, 25*(1), 88-106.

Heilemann, M. V., Lee, K. A., & Kury, F. S. (2002). Strengths and vulnerabilities of women of Mexican descent in relation to depressive symptoms. *Nursing Research, 51*(3), 175–182.

Hendrick, S. S., Dicke, A., & Hendrick, C. (1998). The Relationship Assessment Scale. *Journal of Social and Personal Relationships, 15*(1), 137-142.

Herzberger, S. D., Chan, E., & Katz, J. (1984). The development of an assertiveness self-report inventory. *Journal of Personality Assessment, 48*(3), 317-323.

Hirsch, J. (2007). "En el norte la mujer manda": Gender, generation, and geography in a Mexican transnational community. In D. Segura, & P. Zavella (Eds.), *Women and migration in the U.S.-Mexico borderlands: A reader.* Duham, NC: Duke University Press.

Hondagneu-Sotelo, P. (1994). *Gendered transitions: Mexican experiences of*

immigration. Berkeley, CA: University of California Press.

Hovey, J. D., & King, C. A. (1997). Suicidality among acculturating Mexican Americans: Current knowledge and directions for research. *Suicide and Life-Threatening Behavior, 27*(1), 92-103.

Hull, P., Kilbourne, B., Reece, M., & Husaini, B. (2008). Community involvement and adolescent mental health: Moderating effects of race/ethnicity and neighborhood disadvantage. *Journal of Community Psychology, 36*(4), 534-551.

Hughes, A., Galbraith, D., & White, D. (2011). Perceived competence: A common core for self-efficacy and self-concept? *Journal of Personality Assessment, 93*(3), 278-289.

Hyde, J. S. (2005). The gender similarities hypothesis. *The American Psychologist, 60,* 581–592.

Interian, A., Ang, A., Gara, M. A., Rodriguez, M. A., & Vega, W. A. (2011). The long-term trajectory of depression among Latinos in primary care and its relationship to depression care disparities. *General Hospital Psychiatry, 33*(2), 94-101.

Jack, D. (1991). *Silencing the self: Women and depression.* Cambridge, MA US: Harvard University Press.

Jack, D. C., & Dill, D. (1992). The Silencing the Self Scale: Schemas of intimacy associated with depression in women. *Psychology of Women Quarterly, 16*(1), 97-106.

Jackson, M. R. (1994). *The velvet glove: Paternalism and conflict in gender, class, and race relations.* Berkeley: University of California Press.

Jenkins, J. H., & Cofresi, N. (1998). The sociosomatic course of depression and trauma: A cultural analysis of suffering and resilience in the life of a Puerto Rican woman. *Psychosomatic Medicine, 60*(4), 439–447.

Jost, J. T., & Banaji, M. R. (1994). The role of stereotyping in system-justification and the production of false consciousness. *British Journal of Social Psychology, 33*(1), 1-27.

Jost, J. T., & Kay, A. C. (2005). Exposure to benevolent sexism and complementary gender stereotypes: consequences for specific and diffuse forms of system justification. *Journal of Personality and Social Psychology, 88*(3), 498-509.

Kamo, Y. (2000). Racial and ethnic differences in extended family households. *Sociological Perspectives, 43*(2), 211-229.

Kaschak, E. (1992). *Engendered lives: A new psychology of women's experience*. New York, NY: Basic Books. (p. 37).

Kemp, B. J., Staples, F., & Lopez-Aqueres, W. (1987). Epidemiology of depression and dysphoria in an elderly Hispanic population: Prevalence and correlates. *Journal Of The American Geriatrics Society*, *35*(10), 920-926.

Klonoff, E. A., & Landrine, H. (1995). The Schedule of Sexist Events: A measure of lifetime and recent sexist discrimination in women's lives. *Psychology Of Women Quarterly, 19*(4), 439-472.

Kono-Wells, M. (2007). Somatization and culture: A compendium of theory, research, and treatment. *Dissertation Abstracts International*, 67.

Kopera-Frye, K. (2009). Needs and issues of Latino and Native American nonparental relative caregivers: Strengths and challenges within a cultural context. *Family and Consumer Sciences Research Journal, 37*(4), 394-410.

Koss-Chioino, J. D. (1999). Depression among Puerto Rican women: Culture, etiology and diagnosis. *Hispanic Journal of Behavioral Sciences, 21*(3), 330-350.

Kulis, S., Marsiglia, F., & Hurdle, D. (2003). Gender identity, ethnicity, acculturation, and drug use: Exploring differences among adolescents in the Southwest. *Journal of Community Psychology, 31*(2), 167-188.

LaFramboise, T., Coleman, H. L., & Gerton, J. (1993). Psychological impact of biculturalism: Evidence and theory. *Psychological Bulletin, 114*(3), 395-412.

Lara-Cantú, M. A. (1989). A sex role inventory with scales for 'machismo' and 'self-sacrificing woman.' *Journal of Cross-Cultural Psychology, 20*(4), 386-398.

Lara, M., Gamboa, C., Kahramanian, M., Morales, L. S., & Bautista, D. (2005). Acculturation and Latino health in the United States: A review of the literature and its sociopolitical context. *Annual Review of Public Health*, 26, 367-397.

Lavrin, A. (2004). Latin American women's history: The national project. In B.G. Smith (Ed.), *Women's history in global perspective: Volume 1* (pp. 180–221). Champaign, IL: University of Illinois Press.

Lee, T. L., Fiske, S. T., Glick, P., & Chen, Z. (2010). Ambivalent sexism in close relationships: (Hostile) power and (benevolent) romance shape relationship ideals. *Sex Roles, 62*(7-8), 583-601.

Leppert, K. K., & Straub, B. B. (2011). Die rolle von resilienz für die bewältigung von belastungen im kontext von altersübergängen. *Zeitschrift Für Gerontologie Und Geriatrie, 44*(5), 313-317.

Liang, K. A. (2007). Acculturation, ambivalent sexism, and attitudes toward women who engage in premarital sex among Chinese American young adults. *Dissertation Abstracts International, 67.*

Lindenberg, C. S., Solorzano, R. M., Bear, D., Strickland, O., Galvis, C., & Pittman, K. (2002). Reducing substance use and risky sexual behavior among young, low-income, Mexican-American women: Comparison of two interventions. *Applied Nursing Research, 15*(3), 137–148.

Lorant, V., Croux, C., Weich, S., Deliège, D., Mackenbach, J., & Ansseau, M. (2007). Depression and socio-economic risk factors: 7-year longitudinal population study. *British Journal of Psychiatry, 190*(4), 293-298.

Luthar, S. S., Cicchetti, D., & Becker, B. (2000). The construct of resilience: A critical evaluation and guidelines for future work. *Child Development, 71*(3), 543-562.

Maass, V. S. (2009). *The Cinderella test: Would you really want the shoe to fit?: Subtle ways women are seduced and socialized into servitude and stereotypes.* Santa Barbara, Calif: Praeger.

Marín, G., & Gamba, R. J. (1996). A new measurement of acculturation for Hispanics: The Bidimensional Acculturation Scale for Hispanics (BAS). *Hispanic Journal of Behavioral Sciences, 18*(6), 297-316.

Marín, G., & Marín, B. (1991). *Research with Hispanic populations.* Thousand Oaks, CA US: Sage Publications, Inc.

Marin, G., Sabogal, F., Marin, B. V., & Otero-Sabogal, R. (1987). Development of a short acculturation scale for Hispanics. *Hispanic Journal of Behavioral Sciences, 9*(2), 183-205.

Martinez, C. R., McClure, H. H., Eddy, J., Ruth, B., & Hyers, M. J. (2012). Recruitment and retention of Latino immigrant families in prevention research. *Prevention Science*, *13*(1), 15-26

Masser, B. M., & Abrams, D. (1999). Contemporary sexism: The relationships among hostility, benevolence, and neosexism. *Psychology of Women Quarterly, 23*(3), 503–517.

Masser, B., Viki, G., & Power, C. (2006). Hostile sexism and rape proclivity amongst men. *Sex Roles, 54*(7-8), 565-574.

Masten, A. S., Best, K. M., & Garmezy, N. (1990). Resilience and development: Contributions from the study of children who overcome adversity. *Development and Psychopathology, 2*(4), 425-444.

Masten, A. S., Obradović, J., & Burt, K. B. (2006). Resilience in emerging adulthood: Developmental perspectives on continuity and transformation. In J. Arnett, J. Tanner, J. Arnett, J. Tanner (Eds.), *Emerging adults in America: Coming of age in the 21st century* (pp. 173-190). Washington, DC US: American Psychological Association.

Matt, G. E., & Navarro, A. M. (1997). What meta-analyses have and have not taught us about psychotherapy effects: A review and future directions. *Clinical Psychology Review, 17*(1), 1-32.

McKenna, M., Michaud, C., Murray, C., & Marks, J. (2005). Assessing the burden of disease in the United States using disability-adjusted life years. *American Journal of Preventive Medicine, 28*(5), 415-423.

McLaren, S., & Challis, C. (2009). Resilience among men farmers: The protective roles of social support and sense of belonging in the depression-suicidal ideation relation. *Death Studies, 33*(3), 262-276.

McNeill, B. W., Prieto, L. R., Niemann, Y., Pizarro, M., Vera, E. M., & Gómez, S. P. (2001). Current directions in Chicana/o psychology. *The Counseling Psychologist, 29*(1), 5-17.

Mendelson, T., Rehkopf, D. H., & Kubzansky, L. D. (2008). Depression among Latinos in the United States: A meta-analytic review. *Journal of Consulting and Clinical Psychology, 76*(3), 355-366.

Melendez, F. (2005). The Latina Value Scale revised: A cross-sectional analysis of *marianismo* in Latino women. *Dissertation Abstracts International, 65*.

Miranda, J., Azocar, F., Organista, K. C., Muñoz, R. F., & Lieberman, A. (1996). Recruiting and retaining low-income Latinos in psychotherapy research. *Journal of Consulting and Clinical Psychology, 64*(5), 868-874.

Moreno, C. L. (2007). The relationship between culture, gender, structural factors, abuse, trauma, and HIV/AIDS for Latinas. *Qualitative Health Research, 17*(3), 340-352.

Morse, J. (2008). A review of the literature concerning intimate partner violence among Latino families living in the United States. *Dissertation Abstracts International, 69*.

Moscicki, E. K., Rae, D. S., Regier, D. A., & Locke, B. Z. (1987). The Hispanic health and nutrition examination survey: Depression among Mexican-Americans, Cuban-Americans, and Puerto Ricans. In M. Gaviria & J. D. Arana (Eds.), *Health and behavior: Research agenda for Hispanics* (pp. 145–159). Chicago: University of Illinois.

Moya, M., Exposito, F., & Casado, P. (1999, July). *Women's reactions to hostile and benevolent sexist situations.* 22nd General Meeting of the European Association of Experimental Social Psychology, Oxford, England.

Moya, M., Glick, P., Expósito, F., de Lemus, S., & Hart, J. (2007). It's for your own good: Benevolent sexism and women's reactions to protectively justified restrictions. *Personality and Social Psychology Bulletin, 33*(10), 1421-1434.

Muñoz, R.F. (1998). Preventing major depression by promoting emotion regulation: A conceptual framework and some practical tools. *International Journal of Mental Health Promotion, 1,* 23–40.

Murcia, S. Y. (2009). 'La cultura cura': Exploring the suitability of narrative exposure therapy as a trauma treatment for Latina survivors of domestic violence. *Dissertation Abstracts International, 70.*

Murray, C. J. L., & Lopez, A. D. (1996). *The global burden of disease.* Boston: Harvard University Press.

Niemann, Y. (2001). Stereotypes about Chicanas and Chicanos: Implications for counseling. *The Counseling Psychologist, 29*(1), 55-90.

Nugent, W. R. (1994). A differential validity study of the Self-Esteem Rating Scale. *Journal of Social Service Research, 19*(3-4), 71-86.

Office of Management and Budget. (1997, October 30). *Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity.* Retrieved August 26, 2010, from The White House: http://www.whitehouse.gov/omb/fedreg_1997standards

Offir, C., & Tavris, C. (1977). The longest war: Sex differences in perspective, by Carol Tavris and Carole Offir. New York: Harcourt Brace Jovanovich.

Olowude, B. (2002, August). The contribution of acculturation and family variables on the expression of gender roles in a Latina/o population. *Dissertation Abstracts International, 63.*

Ong, A. D., Fuller-Rowell, T. E., & Phinney, J. S. (2010). Measurement of Ethnic Identity: Recurrent and Emergent Issues. *Identity: An International Journal of*

Theory and Research, 10(1), 39-49.

Organista, K. C. (2009). New practice model for Latinos in need of social work services. *Social Work, 54*(4), 297-305.

Orlandini, E. (2000). Measuring the impact of the loss of the *marianista* gender role in Hispanic females as they acculturate. *Dissertation Abstracts International, 61*.

Pabon, M. (2011). Ethnic identity development in Latino youth: A meta analysis of the research. *Dissertation Abstracts International Section A , 71*.

Padilla, A. M. (1978). Psychological research and the Mexican American. In C. A. Hernandez, M.J. Haug, & N. N. Wagner (Eds.), *Chicanas: Social and psydiohgical perspectifs* (pp. 152-159), St. Louis: CV. Mosby.

Padilla, A. M. (1980). Notes on the history of Hispanic psychology. *Hispanic Journal of Behavioral Sciences, 2*(2), 109-128.

Palloni, A., & Morenoff, J. D. (2001). Interpreting the paradoxical in the Hispanic paradox: Demographic and epidemiologic approaches. *Annals of the New York Academy of Sciences, 954*, 140–174.

Palomino De Velasco, B. (2003). Measuring the levels of *marianismo* in Hispanic females and the prevalence of domestic violence. *Dissertation Abstracts International, 64*.

Pamp, B. (2009). Gender, gender role, self-efficacy, rumination, and depression: An extension of response styles theory. *Dissertation Abstracts International, 70.*

Park-Taylor, J., Walsh, M. E., & Ventura, A. B. (2007). Creating healthy acculturation pathways: Integrating theory and research to inform counselors' work with immigrant children. *Professional School Counseling, 11*(1), 25-34.

Parks, C. A., Hughes, T. L., & Matthews, A. K. (2004). Race/ethnicity and sexual orientation: Intersecting identities. *Cultural Diversity and Ethnic Minority Psychology, 10*(3), 241-254.

Patron. D. L. (1982). An overview of minority' group mental health needs and issues as presented to the President's Commission on Mental Health. In F. V. Munoz & R. Endo (Eds.), *Perspectives on minority group mental health* (pp. 3-22). Washington, DC: University Press of America.

Pearson, C. (2010). Predictors of sexist attitudes in a Mexican American adult sample: A test of Glick and Fiske's ambivalent sexism theory. *Dissertation Abstracts International, 70.*

Perez, R. (1982). Provision of mental health services during a disaster: The Cuban immigration of 1980. *Journal Of Community Psychology, 10*(1), 40-47.

Perez-Strumolo, L. (2001, July). Latino gender roles and their relationship to acculturation, self-esteem, and life satisfaction. *Dissertation Abstracts International, 62.*

Perreira, K. M., Chapman, M. V., & Stein, G. L. (2006). Becoming an American parent: Overcoming challenges and finding strength in a new immigrant Latino community. *Journal of Family Issues, 27*(10), 1383-1414.

Phinney, J. S. (1990). Ethnic identity in adolescents and adults: Review of research. *Psychological Bulletin, 108*(1), 499-514.

Phinney, J. S. (1992). The multigroup ethnic identity measure: A new scale for use with diverse groups. *Journal of Adolescent Research, 7*(2), 156-176.

Phinney, J. S., Horenczyk, G., Liebkind, K., & Vedder, P. (2001). Ethnic identity, immigration, and well-being: An interactional perspective. *Journal of Social Issues, 57*(3), 493-510.

Plant, E., & Sachs-Ericsson, N. (2004). Racial and ethnic differences in depression: The roles of social support and meeting basic needs. *Journal of Consulting and Clinical Psychology, 72*(1), 41-52.

Plunkett, S. W., & Bámaca-Gómez, M. Y. (2003). The relationship between parenting, acculturation, and adolescent academics in Mexican-origin immigrant families in Los Angeles. *Hispanic Journal of Behavioral Sciences, 25*(2), 222-239.

Pomeroy, W. (1975). The diagnosis and treatment of transvestites and transsexuals. *Journal of Sex & Marital Therapy, 1*(3), 215-224.

Próspero, M., & Kim, M. (2009). Mutual partner violence: Mental health symptoms among female and male victims in four racial/ethnic groups. *Journal of Interpersonal Violence, 24*(12), 2039-2056.

Pyke, K. D. (2010). What is internalized racial oppression and why don't we study it? Acknowledging racism's hidden injuries. *Sociological Perspectives, 53*(4), 551-572.

Quinoñes, M. (2000). Beyond stereotypes: Exploring the complexities of Latino identity. *Family Therapy Networker, 24*(1), 63-66.

Rabbitt, P., Donlan, C., Watson, P., McInnes, L., & Bent, N. (1995). Unique and interactive effects of depression, age, socioeconomic advantage, and gender on

cognitive performance of normal healthy older people. *Psychology And Aging, 10*(3), 307-313.

Radloff, L. S. (1977). The CES-D Scale: A self-report depression scale for research in the general population. *Applied Psychological Measurement, 1*(3)*,* 385-401.

Raffaelli, M., & Ontai, L.L. (2004). Gender socialization in Latino/a families: Results from two retrospective studies. *Sex Roles, 50*(5-6), 287–299.

Rebeiz, M. J., & Harb, C. (2010). Perceptions of rape and attitudes toward women in a sample of Lebanese students. *Journal of Interpersonal Violence, 25*(4), 735-752.

Redfield, R., Linton, R., & Herskovits, M. J. (1936). Memorandum for the study of acculturation. *American Anthropologist, 38*, 149-152.

Ridgeway, C. (1992). *Gender, interaction, and inequality.* New York: Springer-Verlag.

Rivera-Marano, M. (2000). The creation of the Latina Values Scale: An analysis of *Marianismo*'s effects on Latina women attending college. *Dissertation Abstracts International, 61* (5-B), 1741.

Rivera, F. I. (2007). Contextualizing the experience of young Latino adults: Acculturation, social support and depression. *Journal of Immigrant and Minority Health, 9*(3), 237-244.

Roberts, R. E., Chen, Y., & Solovitz, B. L. (1995). Symptoms of DSM-III—R major depression among Anglo, African and Mexican American adolescents. *Journal of Affective Disorders, 36*(1-2), 1-9.

Rocha-Sanchez, T., & Diaz-Loving, R. (2005). Cultura de genero: La brecha ideología entre hombres y mujeres. *Anales de Psicología, 21*(1), 42–49.

Rogler, L. H., Cortes, D. E., & Malgady, R. G. (1991). Acculturation and mental health status among Hispanics: Convergence and new directions for research. *American Psychologist, 44*(6), 585-597.

Rosenberg, M. (1965). *Society and the adolescent self-image.* Princeton, NJ: Princeton University Press.

Rudman, L. A., & Heppen, J. B. (2003). Implicit romantic fantasies and women's interest in personal power: a glass slipper effect? *Personality and Social Psychology Bulletin, 29*(11), 1357-1370.

Rudman, L., & Glick, P. (2008). *The social psychology of gender: How power and intimacy shape gender relations.* New York, NY US: Guilford Press.

Russell, B. L., & Trigg, K. Y. (2004). Tolerance of sexual harassment: An examination of gender differences, ambivalent sexism, social dominance, and gender roles. *Sex Roles, 50*(7-8), 565-573.

Sakalli, N. (2001). Beliefs about wife beating among Turkish college students: The effects of patriarchy, sexism, and sex differences. *Sex Roles, 44*(9-10), 599-610.

Schlomer, G. L., Bauman, S., & Card, N. A. (2010). Best practices for missing data management in counseling psychology. *Journal of Counseling Psychology, 57*(1), 1-10.

Schotte, C. W., Van Den Bossche, B., De Doncker, D., Claes, S., & Cosyns, P. (2006). A biopsychosocial model as a guide for psychoeducation and treatment of depression. *Depression And Anxiety*, *23*(5), 312-324.

Shattell, M. M., Hamilton, D., Starr, S. S., Jenkins, C. J., & Hinderliter, N. (2008). Mental health service needs of a Latino population: A community-based participatory research project. *Issues in Mental Health Nursing, 29*(4), 351-370.

Sibley, C. G., Overall, N. C., & Duckitt, J. (2007). When women become more hostilely sexist toward their gender: The system justifying effect of benevolent sexism. *Sex Roles, 57*, 743–754.

Sidanius, J., Pratto, F., & Bobo, L. (1994). Social dominance orientation and the political psychology of gender: A case of invariance? *Journal of Personality and Social Psychology, 67*(6), 998-1011.

Six, B., & Eckes, T. (1991). A closer look at the complex structure of gender stereotypes. *Sex Roles, 24*(1-2), 57-71.

Spence, J. T., & Buckner, C. E. (2000). Instrumental and expressive traits, trait stereotypes, and sexist attitudes. *Psychology of Women Quarterly, 24*(1), 44-62.

Spencer, M., Cole, S. P., DuPree, D., & Glymph, A. (1993). Self-efficacy among urban African American early adolescents: Exploring issues of risk, vulnerability, and resilience. *Development and Psychopathology, 5*(4), 719-739.

Stafford, L., & Canary, D. J. (1991). Maintenance strategies and romantic relationship type, gender and relational characteristics. *Journal of Social and Personal Relationships, 8*(2), 217-242.

Stangor, C., Lynch, L., Duan, C., & Glas, B. (1992). Categorization of individuals on the

basis of multiple social features. *Journal of Personality and Social Psychology, 62*(2), 207-218.

Stevens, E. D. (1973). *Marianismo*: The other face of machismo in Latin America, in A. Decastello (Ed.). *Female and male in Latin America.* Pittsburg: University of Pittsburg Press.

Stewart, A. J., & McDermott, C. (2004). Gender in psychology. *Annual Review of Psychology, 55,* 519–544.

Suărez-Orozco, C., Todorova, I. G., & Louie, J. (2002). Making up for lost time: The experience of separation and reunification among immigrant families. *Family Process, 41*(4), 625-643.

Suárez-Orozco, M. M., & Páez, M. (2002). *Latinos: Remaking America.* Berkeley, CA: University of California Press.

Szapocznik, J., Scopetta, M. A., Kurtines, W., & Aranalde, M. D. (1978). Theory and measurement of acculturation. *Revista Interamericana de Psicología, 12*(2), 113-130.

Tabachnick, B. G., & Fidell, L. S. (2000). *Using multivariate statistics*. Boston, MA: Allyn and Bacon.

Tavakol, M., & Dennick, R. (2011). Making sense of Cronbach's alpha. *International Journal of Medical Education, 2,* 53-55.

Torres, L. (2010). Predicting levels of Latino depression: Acculturation, acculturative stress, and coping. *Cultural Diversity and Ethnic Minority Psychology, 16*(2), 256-263.

Triandis, H. C., Marín, G., Lisansky, J., & Betancourt, H. (1984). Simpatía as a cultural script of Hispanics. *Journal of Personality and Social Psychology, 47*(6), 1363-1375.

Turner, R., & Marino, F. (1994). Social support and social structure: A descriptive epidemiology. *Journal of Health and Social Behavior, 35*(3), 193-212.

Ulloa, E. C., Jaycox, L. H., Skinner, S. K., & Orsburn, M. M. (2008). Attitudes about violence and dating among Latino/a boys and girls. *Journal of Ethnic & Cultural Diversity in Social Work: Innovation in Theory, Research & Practice, 17*(2), 157-176.

Umaña-Taylor, A. J., & Updegraff, K. A. (2007). Latino adolescents' mental health: Exploring the interrelations among discrimination, ethnic identity, cultural

orientation, self-esteem, and depressive symptoms. *Journal of Adolescence, 30*(4), 549-567.

Valdez, J. N., Jezzini, A. T., Avila, F. M., Prabhakar, B., & Ashley, J. M. (2012, May). *Self-silencing and depression as predictors of marianismo as a gender-related construct.* Poster session presented at the 2nd Division 45: Society for the Psychological Study of Ethnic Minority Issues Conference, Ann Arbor, MI.

Valencia-Garcia, D., Starks, H., Strick, L., & Simoni, J. M. (2007). After the fall from grace: Negotiation of new identities among HIV-positive women in Peru. *Culture, Health & Sexuality, 10*(7), 739-752.

Van Manen, M. (1990). *Researching lived experience.* London, Ontario: The State University of New York.

Vasquez, M. T. (2001). Advancing the study of Chicana/o psychology. *The Counseling Psychologist, 29*(1), 118-127.

Vasquez, M. T. (2009). Latino/a culture and substance abuse. *Journal of Ethnicity in Substance Abuse, 8*(3), 301-313.

Vazquez, M. D. (1998). Silencing the self, relationship satisfaction and *marianismo*: An analysis of depression of Latinas. *Dissertation Abstracts International, 59*.

Vega, W. A., Kolody, B., Aguilar-Gaxiola, S., Alderete, E., Catalano, R., & Caraveo-Anduaga, J. (1998). Lifetime prevalence of DSM–III–R psychiatric disorders among urban and rural Mexican Americans in California. *Archives of General Psychiatry, 55*, 771–778.

Vega, W. A., Sribney, W. M., Aguilar-Gaxiola, S., & Kolody, B. (2004). 12-month prevalence of DSM-III-R psychiatric disorders among Mexican Americans: Nativity, social assimilation, and age determinants. *Journal of Nervous and Mental Disease, 192*(8), 532-541.

Villereal, G. (2005). Shifting identity: process and change in identity of aging Mexican-American males. *Journal of Sociology and Social Welfare, 32*(1), 33-41.

Wal-Mart Stores, Inc. (2012). *Wal-Mart: our story.* Retrieved June 22, 2013, from Wal-Mart: http://corporate.walmart.com/our-story/

Watt, S. K. (1999). The story between the lines: A thematic discussion of the experience of racism. *Journal of Counseling & Development, 77*(1), 54-61.

Wei, M., Russell, D. W., & Zakalik, R. A. (2005). Adult attachment, social self-efficacy, self-disclosure, loneliness, and subsequent depression for freshman college

students: A longitudinal study. *Journal of Counseling Psychology, 52*(4), 602-614.

Weinberger, A. H., McKee, S. A., & Mazure, C. M. (2010). Inclusion of women and gender-specific analyses in randomized clinical trials of treatments for depression. *Journal Of Women's Health*, *19*(9), 1727-1732.

Wells, K. K., Koike, A., & Sherbourne, C. (2001). Ethnic disparities in unmet need for alcoholism, drug abuse, and mental health care. *The American Journal of Psychiatry, 158*(12), 2027-2032.

Williams, D. R., & Williams-Morris, R. (2000). Racism and mental health: The African American experience. *Ethnicity & Health, 5*(3-4), 243-268.

Williams, J. E., & Best, D. L. (1982). *Measuring sex stereotypes.* Beverly Hills, CA: Sage.

Yamawaki, N. (2007). Rape perception and the function of ambivalent sexism and gender-role traditionality. *Journal of Interpersonal Violence, 22*(4), 406-423.

Yoder, J. D., & Lawrence, C. L. (2011). Are gender differences in self-reported rumination explained by women's stereotyping?. *Sex Roles*, *65*(1-2), 94-101.

Zavella, P. (2003). 'Playing with Fire': The gendered construction of Chicana/Mexicana sexuality. In M. Gutmann, F. Matos, L. Stephen, & P. Zavella (Eds.), *Perspectives on Las Américas: A reader in culture, history, and representation.* Boston, MA: Blackwell.

Zayas, L. H. (1987). Toward an understanding of suicide risks in young Hispanic females. *Journal of Adolescent Research, 2*(1), 1-11.

Zea, M., Reisen, C. A., & Tyler, F. B. (1996). Reliability, ethnic comparability, and validity evidence for a condensed measure of proactive coping: The BAPC-C. Educational and *Psychological Measurement, 56*(2), 330-343.

Appendix A

UNIVERSITY OF DENVER PROTOCOL APPROVAL (#2012-2260)

Emily Caldes, MA   Tel: 303-871-4052

Manager, Regulatory Research Compliance

<u>**Certification of Human Subjects Approval**</u>

October 12, 2012

To Andreana Jezzini, MA

Subject: **Human Subject Review**

TITLE: ACCULTURATION, *MARIANISMO* GENDER ROLE, AND AMBIVALENT

SEXISM IN PREDICTING DEPRESSION IN LATINAS

IRB#: 2012-2260

Dear Andreana Jezzini,

The Institutional Review Board for the Protection of Human Subjects has

reviewed the above named project. The project has been approved for the procedures and

subjects described in the protocol at the 10/04/2012 meeting (or through expedited

review). This approval is effective for twelve months. We will send you a courtesy

continuation reminder for this project. However, it is the responsibility of the Principal

Investigator to keep track of the expiration date of each protocol. This form must be

submitted to the Office of Research and Sponsored Programs if the project continues.

This information must be updated on a yearly basis, upon continuation of your IRB

approval for as long as the research continues. No human subjects-related work can

take place during an expiration period.

NOTE: Please add the following information to any consent forms, surveys, questionnaires, invitation letters, etc you will use in your research as follows: This survey (consent, study, etc.) was approved by the University of Denver's Institutional Review Board for the Protection of Human Subjects in Research on 10/04/2012. This information must be updated on a yearly basis, upon continuation of your IRB approval for as long as the research continues. This information will be added by the Research Compliance Office if it does not already appear in the form(s) upon continuation approval.

The Institutional Review Board appreciates your cooperation in protecting subjects and ensuring that each subject gives a meaningful consent to participate in research projects. If you have any questions regarding your obligations under the Assurance, please do not hesitate to contact us.

Sincerely yours,

Paul Olk, PhD

Chair, Institutional Review Board for the Protection of Human Subjects

University of Denver

_____

Approval Period: 10/04/2012 through 10/03/2013

Review Type: EXPEDITED - NEW

Funding: SPO:

Investigational New Drug: Investigational Device:

Assurance Number: 00004520, 00004520a

Appendix B

INFORMED CONSENT FORM

Acculturation, Gender Roles, Sexism and Mental Health Study

You are invited to participate in a study that looks at acculturation, gender roles, sexism, and how it relates to mental health. Results will be used to educate and help mental health practitioners better understand gender roles, attitudes towards women, and provide gender-competent services. This research is being conducted by Andreana Jezzini, MA, and is under the supervision of Jesse Valdez, Ph.D. This research is part of Andreana Jezzini's dissertation. Andreana Jezzini, can be reached at ajezzini@du.edu. Dr. Jesse Valdez can be reached at: Counseling Psychology Department, University of Denver, Denver, CO 80208, (303) 871-2482, jevaldez@du.edu.

You must be at least 18 years or older to participate in this study. Participation in this study should take about 20-30 minutes of your time. Participation will involve responding to five questionnaires about acculturation, gender roles, sexism and mental health issues. Participation in this project is strictly voluntary. The risks associated with this project are minimal. If, however, you experience discomfort, you may discontinue your participation in the study at any time. Simply do so by closing the web page. We respect your right to choose not to answer any questions that may make you feel uncomfortable. Refusal to participate or withdrawal from participation will involve no penalty or loss of benefits to which you are otherwise entitled.

Your responses will be identified by code number only that will be assigned automatically by the website. PLEASE DO NOT INCLUDE YOUR NAME OR ANY

IDENTIFYING INFORMATION. This is done to protect the anonymity of your responses. Only the researcher has access to your data and any reports generated as a result of this study will use only group averages. Your responses in this study will be stored on the website database using a secure and enhanced security feature (SSL/HTTPS), and can only be accessed by the researcher through a secure password. The results of this research will be published in my dissertation and possibly published in subsequent academic journals and/or books.

However, should any information contained in this study be the subject of a court order or lawful subpoena, the University of Denver might not be able to avoid compliance with the order or subpoena. Although no questions in this interview address it, we are required by law to tell you that if information is revealed concerning suicide, homicide, or child abuse and neglect, it is required by law that this be reported to the proper authorities.

If you complete the questionnaires, you will be eligible to enter into a random drawing of a $100 gift card good at all Wal-Mart stores. The winner of the $100 Wal-Mart gift card will be notified by email. Your email address will be used ONLY to notify you if you win the drawing.

Please check this box if you choose to participate in this drawing ☐

Enter your email address _____@_____

I will not be able to provide you with specific feedback regarding your responses because I will not be able to identify your name with the questionnaires you have completed. However, you may request a copy of the summary of the final results of this study via email.

If you would like to receive a copy of this summary, please check this box ☐. Your email address will ONLY be used to send the results of the study you requested. Enter your email address _____@_____

If you have any questions relating to the study, please contact the researcher, Andreana Jezzini, MA at ajezzini@du.edu, or the Dissertation Chair, Jesse Valdez, PhD, at (303) 871-2482, jevaldez@du.edu.

If you have any concerns or complaints about how you were treated during the study, please contact Paul Olk, Chair, Institutional Review Board for the Protection of Human Subjects, at 303-871-4531, or Sylk Sotto-Santiago, Office of Research and Sponsored Programs at 303-871-4052 or write to either at the University of Denver, Office of Research and Sponsored Programs, 2199 S. University Blvd., Denver, CO 80208-4820.

If you require mental health support or if you are experiencing an emergency, please contact the **National Hope Network at 1-800-SUICIDE (1-800-784-2433),** or the **National Suicide Prevention Lifeline at 1-800-273-TALK (1-800-273-8255).** The phone numbers are toll-free. Alternately, you may choose online mental health support by visiting www.crisischat.org. Trained mental health professionals are available to speak to you free of charge at both numbers and website 24 hours a day, 7 days a week. If you are in an immediate emergency, please call 9-1-1 immediately.

You may print this page for your records. Please check the box below if you understand and agree to the above. If you do not understand any part of the above statement, please direct any questions to the researcher at ajezzini@du.edu.

I have read and understood the foregoing descriptions of the study called "Acculturation,

Gender Role, Sexism, and Mental Health Study." I agree to participate in this study, and

I understand that I may withdraw my consent at any time. I can print a copy of this

consent form.

Please check this box if you consent to participate in this research. ☐

Appendix C

Demographics Form

Please complete the following questions by checking the box by your answer. ALL YOUR RESPONSES WILL BE ANONYMOUS. If you feel any discomfort while completing this, you have the right not to answer the questions on this form, and you can discontinue this questionnaire at any time by closing this website's window. Thank you!

1. Age: _____

2. Relationship status: (Please circle one)

      Married

      Cohabitating

      Divorced

      Widow

      Single

3. Sexual Orientation (Please circle one):

      Heterosexual

      Lesbian

      Transgender

      Questioning

4. Do you have any children? (Please circle one) Yes   No

      If yes, how many children do you have?_____

5. How would you describe your ancestry? (Please mark one)

      _____ Mexican

_____ Puerto Rican

_____ Cuban

_____ Caribbean

_____ Central American

_____ South American

Other: (please describe) _____

6. Were you born in the United States? (Please circle one) Yes   No

   If you were not born in the U.S., where were you born? _____

   How long have you been in the U.S.? _____

7. Put a mark next to the generation description below that describes you the best.

   _____ 1st generation: You were born in another country.

   _____ 2nd generation: You were born in USA; either parent born in another

         country.

   _____ 3rd generation: You were born in USA, both parents born in USA and

         all grandparents born in another country.

   _____ 4th generation: You and your parents born in USA and at least one

         grandparent born in another country with remainder born in the USA.

   _____ 5th generation: You and your parents born in the USA and all

         grandparents born in the USA.

9. What languages do you speak? (Please circle all that apply)

   English

   Spanish

   Other(s):_____

13. How many years of formal education have you completed? _____

   Did you graduate and/or receive a diploma? Yes   No

   If yes, please specify which level(s) of education you have achieved.

   _____ Completed middle school

   _____ High school graduate or GED

   _____ AA degree, Technical or other certificate program

   _____ Bachelor's Degree

   _____ Master's Degree

   _____ Advanced Degree (PhD., MD, JD)

14. Religious Identification (Please indicate one):

   Catholic

   Protestant

   Other: _____

16. What is your household income (before taxes)? (Please indicate one)

   (1) $0 - $15,000

   (2) $16,000 – $25,000

   (3) $26,000 - $40,000

   (4) $41,000 - $55,000

   (5) $56,000 - $75,000

   (6) $76,000 - $80,000

   (7) $91,000 - $105,000

   (8) $106,000 - higher

Bidimensional Acculturation Scale for Hispanics (BAS) (Marin & Gamba, 1996)

Please indicate the response to the statement that fits best for you.

1 *(almost never)*	2 *(sometimes)*	3 *(frequently)*	4 *(very well)*

Language Use Subscale

1. How often do you speak English?

2. How often do you speak in English with your friends?

3. How often do you think in English?

4. How often do you speak in Spanish?

5. How often do you speak in Spanish with your friends?

6. How often do you think in Spanish?

Linguistic Proficiency Subscale

7. How well do you speak English?

8. How well do you read in English?

9. How well do you understand television programs in English?

10. How well do you understand radio programs in English?

11. How well do you write in English?

12. How well do you understand Music in English?

13. How well do you speak Spanish?

14. How well do you read in Spanish?

15. How well do you understand television programs in Spanish?

16. How well do you understand radio programs in Spanish?

| 1 *(almost never)* | 2 *(sometimes)* | 3 *(frequently)* | 4 *(very well)* |

17. How well do you write in Spanish?

18. How well do you understand music in Spanish?

Electronic Media Subscale

19. How often do you watch television programs in English?

20. How often do you listen to radio programs in English?

21. How often do you listen to music in English?

22. How often do you watch television programs in Spanish?

23. How often do you listen to radio programs in Spanish?

24. How often do you listen to music in Spanish?

Scoring

The answers to the 12 items that measure each cultural domain (Hispanic and non-Hispanic) should be average across items for each respondent. Each respondent should be assigned two scores: (1) one of the average of the 12 items making the Hispanic domain (items 4 through 6, 13 through 18, and 22 through 24) and (b) another score for the 12 items forming the non-Hispanic domain (items 1 through 3, 7 through 12, and 19 through 21). This possible total score range is from 1 to 4 for each cultural domain. The two scores should be used to define the level of acculturation of the respondent. A score of 2.5 can be used as a cutoff score to indicate low or high level of adherence to each cultural domain. Scores above 2.5 in both cultural domains can be interpreted as indicating biculturalism, on the part of the respondent.

Appendix E

Latina Value Scale-Revised (Rivera-Marano, 2000)

Please circle the number the best describes how you feel. Please note, that each sentence has two parts.

Strongly disagree	Somewhat disagree	Do not agree or disagree	Somewhat Agree	Strongly Agree
1	2	3	4	5

1. I find myself doing things for others I prefer not to do.

    1   2   3   4   5

1b. Has the response to this question caused problems or conflicts in your life?

    1   2   3   4   5

2. I feel guilty when I ask others to do things for me.

    1   2   3   4   5

2b. Has the response to this question caused problems or conflicts in your life?

    1   2   3   4   5

3. I feel proud when others praise me for the sacrifices I have made.

    1   2   3   4   5

3b. Has the response to this question caused problems or conflicts in your life?

    1   2   3   4   5

Strongly disagree	Somewhat disagree	Do not agree or disagree	Somewhat Agree	Strongly Agree
1	2	3	4	5

4. I often take on responsibilities having to do with my family.

     1   2   3   4   5

4b. Has the response to this question caused problems or conflicts in your life?

     1   2   3   4   5

5. I often find myself doing things that will make my family happy even when I knew it's not what I want to do.

     1   2   3   4   5

5b. Has the response to this question caused problems or conflicts in your life?

     1   2   3   4   5

6. I have difficulty expressing my anger.

     1   2   3   4   5

6b. Has the response to this question caused problems or conflicts in your life?

     1   2   3   4   5

Strongly disagree	Somewhat disagree	Do not agree or disagree	Somewhat Agree	Strongly Agree
1	2	3	4	5

7. I often take on responsibilities with my family, that I'd rather not take, because it makes me feel like a better person.

   1   2   3   4   5

7b. Has the response to this question caused problems or conflicts in your life?

   1   2   3   4   5

8. I often feel inferior in comparison to men.

   1   2   3   4   5

8b. Has the response to this question caused problems or conflicts in your life?

   1   2   3   4   5

9. I consider my family a great source of support.

   1   2   3   4   5

9b. Has the response to this question caused problems or conflicts in your life?

   1   2   3   4   5

Strongly disagree	Somewhat disagree	Do not agree or disagree	Somewhat Agree	Strongly Agree
1	2	3	4	5

10. I find it difficult to say "no" to people even when it is clear that "no" is what I should be saying.

      1   2   3   4   5

10b. Has the response to this question caused problems or conflicts in your life?

      1   2   3   4   5

11. Family is very important to me.

      1   2   3   4   5

11b. Has the response to this question caused problems or conflicts in your life?

      1   2   3   4   5

12. I feel guilty when I go against my parent's wishes.

      1   2   3   4   5

12b. Has the response to this question caused problems or conflicts in your life?

      1   2   3   4   5

13. I have difficulty asserting myself to figures of authority.

      1   2   3   4   5

13b. Has the response to this question caused problems or conflicts in your life?

      1   2   3   4   5

Strongly disagree	Somewhat disagree	Do not agree or disagree	Somewhat Agree	Strongly Agree
1	2	3	4	5

14. I often put myself down in relation to figures of authority.

       1   2   3   4   5

14b. Has the response to this question caused problems or conflicts in your life?

       1   2   3   4   5

15. I try to make others happy at all costs.

       1   2   3   4   5

15b. Has the response to this question caused problems or conflicts in your life?

       1   2   3   4   5

16. I try to make my family happy at all costs.

       1   2   3   4   5

16b. Has the response to this question caused problems or conflicts in your life?

       1   2   3   4   5

17. I believe sacrificing yourself for others makes you a better person.

       1   2   3   4   5

17b. Has the response to this question caused problems or conflicts in your life?

       1   2   3   4   5

Strongly disagree	Somewhat disagree	Do not agree or disagree	Somewhat Agree	Strongly Agree
1	2	3	4	5

18. I find myself putting others' needs in front of my own.

    1   2   3   4   5

18b. Has the response to this question caused problems or conflicts in your life?

    1   2   3   4   5

19. Being seen as a "good" person by others is very important to me.

    1   2   3   4   5

19b. Has the response to this question caused problems or conflicts in your life?

    1   2   3   4   5

20. I find myself putting my family's needs in front of my own.

    1   2   3   4   5

20b. Has the response to this question caused problems or conflicts in your life?

    1   2   3   4   5

21. I find myself believing that any criticism or conflict is caused by own faults.

    1   2   3   4   5

21b. Has the response to this question caused problems or conflicts in your life?

    1   2   3   4   5

Strongly disagree	Somewhat disagree	Do not agree or disagree	Somewhat Agree	Strongly Agree
1	2	3	4	5

22. I believe that sacrificing for others will eventually be rewarded.

      1   2   3   4   5

22b. Has the response to this question caused problems or conflicts in your life?

      1   2   3   4   5

23. Making my partner happy makes me feel good about myself.

      1   2   3   4   5

23b. Has the response to this question caused problems or conflicts in your life?

      1   2   3   4   5

24. I feel like a terrible person when I know someone is upset or disappointed with me.

      1   2   3   4   5

24b. Has the response to this question caused problems or conflicts in your life?

      1   2   3   4   5

25. I find myself accepting maltreatment from a partner (i.e., cheating, physical abuse, emotional abuse, etc).

      1   2   3   4   5

25b. Has the response to this question caused problems or conflicts in your life?

      1   2   3   4   5

Strongly disagree	Somewhat disagree	Do not agree or disagree	Somewhat Agree	Strongly Agree
1	2	3	4	5

26. I can express my needs to my partner.

    1   2   3   4   5

26b. Has the response to this question caused problems or conflicts in your life?

    1   2   3   4   5

27. I have allowed partners to take sexual liberties with me even when I did not want to.

    1   2   3   4   5

27b. Has the response to this question caused problems or conflicts in your life?

    1   2   3   4   5

28. I have allowed partners to take sexual liberties with me because: (check all that

apply):

    a. They will leave me?

    b. I will hurt their feelings?

    c. I will be seen in a negative light?

    d. I will be hurt physically?

    e. They will cheat on me?

    f. Other: _____

Have you ever heard the term *Marianismo?* If yes, describe below in your own words.

ADDITIONAL COMMENTS: Please feel free to expand on any of the above answers or to include any reactions/feelings/thoughts that you may have after completing the above responses.

Appendix F
Ambivalent Sexism Inventory (Glick & Fiske, 1996)
Relationships Between Men and Women

Below is a series of statements concerning men and women and their relationships in contemporary society. Please indicate the degree to which you agree or disagree with each statement using the scale below:

1	2	3	4	5
disagree strongly	disagree somewhat	disagree slightly	agree somewhat	agree strongly

_____1. No matter how accomplished he is, a man is not truly complete as a person unless he has the love of a woman.

_____2. Many women are actually seeking special favors, such as hiring policies that favor them over men, under the guise of asking for "equality."

_____3. In a disaster, women ought to be rescued before men.

_____4. Most women interpret innocent remarks or acts as being sexist.

_____5. Women are too easily offended. (H)

_____6. People are not truly happy in life without being romantically involved with a member of the other sex.

_____7. Feminists are seeking for women to have more power than men.

_____8. Many women have a quality of purity that few men possess.

_____9. Women should be cherished and protected by men.

_____10. Most women fail to appreciate fully all that men do for them.

1	2	3	4	5
disagree strongly	disagree somewhat	disagree slightly	agree somewhat	agree strongly

_____11. Women seek to gain power by getting control over men. (H)

_____12. Every man ought to have a woman whom he adores.

_____13. Men are incomplete without women.

_____14. Women exaggerate problems they have at work.

_____15. Once a woman gets a man to commit to her, she usually tries to put him on a tight leash. (H)

_____16. When women lose to men in a fair competition, they typically complain about being discriminated against. (H)

_____17. A good woman should be set on a pedestal by her man.

_____18. Many women get a kick out of teasing men by seeming sexually available and then refusing male advances.

_____19. Women, compared to men, tend to have a superior moral sensibility.

_____20. Men should be willing to sacrifice their own well-being in order to provide financially for the women in their lives.

_____21. Feminists are making unreasonable demands of men.

_____22. Women, as compared to men, tend to have a more refined sense of culture and good taste. B(G)

Scoring:

Total ASI score = average of all items.

Hostile Sexism = average of Items 2, 4, 5, 7, 10, 11, 14, 15, 16, 18, 21.

Benevolent Sexism = average of Items 1, 3, 6, 8, 9, 12, 13, 17, 19, 20, 22.

Note. B = benevolent sexism; I = heterosexual intimacy; H = hostile sexism;

P = protective paternalism; G = gender differentiation.

Center for Epidemiological Studies Depression Scale (CES-D) (Radloff, 1977)

Instructions: Below is a list of ways you may have felt. Please indicate how often you have felt this way during the past week: rarely or none of the time; some or a little of the time; occasionally or a moderate amount of time; or most or all of the time.

During the past week, that would be from _____through today: _____(date)	Rarely or none of the time (less than 1 day)	Some or a little of the time (1-2 days)	Occasionally or a Moderate Amount of Time (3-4) days	Most or All of the Time (5-7 days)
1. I was bothered by things that usually don't bother me.	0	1	2	3
2. I did not feel like eating; my appetite was poor.	0	1	2	3
3. I felt that I could not shake off the blues even with help from my family or friends.	0	1	2	3
4. I felt that I was just as good as other people.	3	2	1	0
5. I had trouble keeping my mind on what I was doing.	0	1	2	3
6. I felt depressed.	0	1	2	3
7. I felt that everything I did was an effort.	0	1	2	3
8. I felt hopeful about the future.	3	2	1	0
9. I thought my life had been a failure.	0	1	2	3
10. I felt fearful.	0	1	2	3
11. My sleep was restless.	0	1	2	3
12. I was happy.	3	2	1	0
13. I talked less than usual.	0	1	2	3
14. I felt lonely.	0	1	2	3
15. People were unfriendly.	0	1	2	3
16. I enjoyed life.	3	2	1	0
17. I had crying spells.	0	1	2	3
18. I felt sad.	0	1	2	3
19. I felt that people disliked me.	0	1	2	3
20. I could not get "going."	0	1	2	3

Appendix H

Marianismo Items with Means and Standard Deviations (N = 113)

Marianismo Statement	Mean	*S.D.*
(1) Family is very important to me.	4.71	.68
(2) I often take on responsibilities having to do with my family.	4.43	.86
(3) I consider my family a great source of support.	4.26	1.15
(4) Making my partner happy make me feel good about myself.	4.19	0.97
(5) Being seen as a "good" person by others is very important to me.	3.83	1.14
(6) I feel proud when others praise me for the sacrifices I have made.	3.81	1.14
(7) I find myself doing things that will make my family happy, even when I knew it's not what I want to do.	3.79	1.17
(8) I feel like a terrible person when I know someone is upset or disappointed in me.	3.72	1.33
(9) I find myself putting my family's needs in front of my own.	3.66	1.10
(10) I feel guilty when I ask others to do things for me.	3.55	1.22
(11) I try to make my family happy at all costs.	3.42	1.33
(12) I feel guilty when I go against my parents' wishes	3.30	1.33
(13) I believe sacrificing yourself for others makes you a better person.	3.23	1.28

(14) I find it difficult to say "no" to people even when it is clear that "no" is what I should be saying.	3.11	1.42
(15) I often take on responsibilities with my family, that I'd rather not take, because it makes me feel like a better person.	3.07	1.31
(16) I find myself doing things for others I prefer not to do.	3.06	1.26
(17) I try to make others happy at all costs.	2.99	1.35
(18) I have difficulty asserting myself to figures of authority.	2.70	1.46
(19) I have difficulty expressing my anger.	2.60	1.32
(20) I find myself believing that any criticism or conflict is caused by own faults.	2.54	1.32
(21) I often put myself down in relation to figures of authority.	2.33	1.32
(22) I often feel inferior in comparison to men.	1.95	1.27
(23) I have allowed partners to take sexual liberties with me even when I did not want to.	1.89	1.31
(24) I can express my needs to my partner.	1.86	1.04

Latina Values Scale-Revised: Participants' Responses to the Question "I have allowed partners to take sexual liberties with me because…?"

Responses	Frequency
I do not allow them to.	26
Does not apply, or not applicable.	24
I will hurt their feelings.	21
They will leave me.	18
They will cheat on me.	10
I will be seen in a negative light.	8
I will be hurt physically.	5
Never had a relationship.	3

Other responses (Frequency = 1)
I didn't say no.
I want to be seen as open-minded.
It is expected.
I do not allow them, so as a result the relationship ends.
Obligation.
He would tell me that he loved me.
They wouldn't take no for an answer.
Marriage bond.
I want to please and make them happy.
They got angry.
They love me.
I've felt this is my duty as their partner.
Feel that it is almost a woman's obligation and a man's need because culturally, that is what I have been taught.

Appendix J

Latina Values Scale-Revised: Participants' Responses to the Question "Have you heard of the term *Marianismo*? If yes, please describe in your own words."

Responses	Frequency
No.	50

Other responses (Frequency = 1)

Never heard this before. I'm not very involved in my family-of-origin.

No, but it sounds a lot like *machismo*. It is Hispanic men with the mentality where the woman does everything for them, and if not, there's something wrong with that relationship. Women must cater to the men.

The role of the female in specific cultural belief systems.

I remember the term from feminist texts that examined life along the U.S.-Mexico border, but I do not remember what it means.

To be considered special, honored and respected for being a woman.

I do not remember what it means, I am more familiar with *machismo*.

Women are considered caretakers of the family, often subservient to males.

It is the opposite of *machismo*. Women who see themselves like saintly, pure and all sacrificing.

It is the idea that females are to maintain certain social roles within one's family, culture, ethnic group, etc.

It is the role Latina women practice by being submissive and catering to the needs of others, and setting their own needs aside…based on the Virgin Mary.

The self-sacrificing behaviors of Latinas to please everyone else.

Imitating the Virgin Mary and her qualities…the counterpart of *machismo*.

Women should be pure and innocent.

It has major components such as *familismo, respeto,* being submissive, self-sacrificing and being similar to *La Virgin de Guadalupe.*

Women are highly more spiritual and mentally stronger than men. The virtuous woman that is pure.

The concept of female gender role in Latin American cultures. Women are expected to pure and moral, and the spiritual leaders of the family, like the Virgin of Guadalupe.

Female gender role in Latin American cultures, and how culture influences views and expectations on Hispanic females.

The worship of the Virgin Mary.

The veneration of traits identified with the perfect female such as purity, loyalty, virginity, and sacrifice…based on the Virgin Mary.

Women are spiritually superior to men and often suffer in this world.

Appendix K

Latina Values Scale-Revised: Participants' Responses to the Question "Please feel free to expand on any of the above answers or to include any reactions/feelings/ thoughts that you may have after completing the above responses."

Responses

I am very acculturated and do not hold the same ideas of male and female roles that are held within the Latino culture, although I am aware of them because I have witnessed them in friends and other family members.

Seems outdated and Catholic.

The concept is antiquated and warrants reconsideration.

I am happy to see new perspectives of this previously romanticized construct and the field is looking at Latinas as long suffering and without empowerment.

I feel that many scholars attempt to disregard *marianismo* when it exists particularly with women who are educated or more "acculturated" to U.S. culture. Regardless of education and culture, I believe Latinas perform and behave according to the *marianismo* construct. To some degree, I think that all Latinas hold *marianismo* characteristics.

I was raised in a single parent household. I learned these values from my mother. As an adult, I went to therapy to learn to be assertive, and I learned to acquire my own values.

I worked really hard to change this way of thinking in my adult years. I now understand how to be happy without painful self-sacrifice.

I don't feel any strong identification with the Latino side of my family.

It is terrible that I have to be this way because I am female because I was born into a traditional Mexican family.

Very interesting. I learned some new things about myself.

I looked up the term on the Internet, and realized it is ingrained in my upbringing. I never heard it coined as a term.

Supporters of *marianismo* want their women barefooted and pregnant.

Appendix L
Ambivalent Sexism Items with Means and Standard Deviations (N = 113)

Ambivalent Sexism Statement	Mean	*S.D.*
(1) Women should be cherished and protected by men.	3.41	1.36
(2) In a disaster, women ought to be rescued before men.	3.07	1.21
(3) Every man ought to have a woman he adores.	3.05	1.50
(4) A good woman ought to be set on the pedestal by her man.	2.90	1.38
(5) Women are too easily offended.	2.80	1.36
(6) No matter how accomplished he is, a man is not truly complete as a person unless he has the love of a woman.	2.76	1.48
(7) Women, compared to men, tend to have a superior moral sensibility.	2.74	1.21
(8) Most women interpret innocent remarks or acts as being sexist.	2.59	1.19
(9) Many women get a kick out of teasing men by seemingly being sexually available and then refusing male advances.	2.47	1.31
(10) Men are incomplete without women.	2.37	1.38
(11) Most women fail to appreciate fully all that men do for them.	2.36	1.33
(12) Women exaggerate the problems they have at work.	2.36	1.32
(13) Feminists are making unreasonable demands of men.	2.35	1.27
(14) Many women have a quality of purity that few men possess.	2.35	1.23
(15) Women, as compared to men, tend to have a more refined sense of culture and good taste.	2.33	1.13

(16) When women lost to men in a fair competition, they typically complain about being discriminated against.   2.27   1.20

(17) Feminists are seeking for women to have more power than men.   2.25   1.40

(18) Men should be willing to sacrifice their own well-being in order to provide financially for the women in their lives.   2.23   1.19

(19) People are not truly happy in life without being romantically involved with a member of the other sex.   2.13   1.32

(20) Women seek to gain power by getting control over men.   2.13   1.29

(21) Once a woman gets a man to commit to her, she usually tries to put him on a tight leash.   2.13   1.30

(22) Many women are actually seeking special favors such as hiring policies that favor them over men, under the guise of "equality."   1.95   1.25