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Maternal Marianismo and Anxious Somatic Depression Among Hispanic Female College Students

by

Miriam Caceres-Dalmau

A dissertation submitted to the Graduate Faculty in Psychology in partial fulfillment of the requirements for the degree of Doctor of Philosophy, The City University of New York

2003

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Approval Page

This manuscript has been read and accepted for the Graduate Faculty in Psychology in satisfaction of the dissertation requirement for the degree of Doctor of Philosophy.

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Abstract

Maternal Marianismo and Anxious Somatic Depression
Among Hispanic Female College Students
By
Miriam Caceres-Dalmau

Adviser: Vera S. Paster, Ph.D.

This study investigated the relationship of Anxious Somatic Depression in young Latina women as a factor of their perceptions of their mothers' Marianismo ideology. Depression characterized by a high degree of anxiety and somatic complaints in a college sample of seventy-five Hispanic-American women and thirty-five U.S. born Caucasian (mainland) peers was examined. It was hypothesized that: a) Latinas, in comparison to mainland peers, would report a higher degree of anxious Somatic Depression; b) Latinas, in comparison to mainland peers, would be more likely to perceive their mothers as having traditional gender role ideology (Marianismo); and c) there would be a direct relationship between the daughters' level of Anxious Somatic Depression and the daughters' perception of the level of their mothers' Marianismo.

Measures used to test hypotheses were the Center for Epidemiologic Studies Depression Scale (CES-D), Symptom Checklist-90-R (SCL-90-R) Anxiety Subscale, Symptoms Scale (comprised of the following symptoms: headaches, difficulty falling asleep, disordered eating, and poor body image), and a 10 item Marianismo scale (Mother's Perceived Gender Role Ideology). The data obtained from the answers to the scales were analyzed with t-tests to

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compare the means on the Marianismo scale, and a chi-square analysis to determine the degree of Anxious Somatic Depression. Maternal Marianismo and reporting of Anxious Somatic Depression were found to be related. Hispanic women, in comparison to their mainland peers, were found to perceive their mothers as more traditional in their gender role ideology. Findings did not support the hypothesis that Latinas would report a higher degree of Anxious Somatic Depression. There was, however, a significantly higher degree of Anxious Somatic Depression among those Latinas who scored high on the maternal Marianismo scale as compared to mainland peers.

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Chapter 1

Overview and Statement of the Problem

The importance of conducting studies that will provide better understanding of factors influencing depression among Hispanic women is supported by strong demographics. Women of Hispanic origin are one of the fastest growing groups in the United States. In 1987 there were close to 6 million Hispanic women aged 16 years and over. By 1997, they numbered near 10 million (Bureau of the Current Population Survey, 1998). The 2000 U.S. Census revealed that in just 5 years, the number went up to over 17 million (Profiles of General Demographic Characteristic, 2001). The National Comorbidity Study reveals that Hispanic Women were the highest reporters of depression (Kessler, McGonagle, Zhao, Nelson, & Hughes 1994). Although Hispanic women, like all ethnic groups, are of many socioeconomic levels, and are of all ages, various marital states, educational and occupational attainments, they also have important similarities. Other than the ethnic heritage and the sharing of a common language, Hispanic women are powerfully impacted and linked by cultural values, attitudes, and behaviors.

---

[1] "Hispanic" as an ethnic label is the product of a decision by the Office of Management and Budget in 1978 to operationalize the label as "a person of Mexican, Puerto Rican, Cuban, Central or South Americanor other Spanish culture or origin, regardless of race" (Federal Register, 1978, p19269, in Marin & Marin, 1991, p.20). More recently, "Latina" has been used to refer to the political implications of a "third world" heritage. In this paper, Hispanic and Latina will be used interchangeably.

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Marin and Marin (1991) summarized empirical evidence that Hispanic women are characterized by historical and social expectations of high levels of interdependence, conformity, and a readiness to sacrifice for the welfare of others. There is a tendency for Latinas to avoid and/or deny interpersonal conflict. The authors pose that this avoidance of conflict possibly results from strong attachment, loyalty and reciprocity that characterize Hispanics.

The various characteristics that Hispanics share are guided and serve as support for the cultural phenomenon of *familismo* which is a core component of Hispanic identity (Inclan & Hernandez, 1992). *Familismo* encompasses the powerful relational bonds existing among Hispanics. This value system emphasizes dedication to maintaining and preserving family intactness as well as respect given to relatives, particularly the elderly. *Familismo* enables Hispanics migrating to the United States to deal with complex dynamics of acculturative stress by serving as a buffer against excessive physical and emotional stress and providing important support systems (Valle & Nieves, 1982).

Acculturative stress has been described by Rogler et al (1987) as the stress experienced when being exposed to two sets of values. The process of establishing a sense of self and grappling with the often contradictory demands of two cultures, places great strain on the individual . The impact of the

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acculturation process is a key element influencing Hispanics' psychosocial functioning (Rogler, Cortes & Malgady, 1991). Dynamics of acculturative stress impact Hispanics regardless of acculturational level and migration experiences since cultural value systems are transmitted intergenerationally (Sluzki, 1981).

Another important area for Hispanics is gender role. How men and women are supposed to think and behave is clearly defined and promoted, even enforced, via socialization practices within family dynamics.

The impact of gender role norms is crucial in that gender roles are central to Hispanic women's identity development (Comas-Diaz, 1989). Hispanic culture has been characterized as rigid in its gender role definition (Canino, Rubio-Stipec, Shrout, Bravo, Stolberg, & Bird, 1987). This rigidity is conveyed by the concept of *Marianismo,* whereby a woman is expected to be self-sacrificing, and to value her children and husband above all (Gil & Vasquez, 1996). Gender norms can pose more stress to Hispanic women who are subjected to bicultural experiences that, on the one hand, lead them to behave in these traditional ways and, on the other hand, require them to embrace aspects of North American culture which present them with the values of self-assertion, workplace achievement and self advancement.

The stress experienced by many Latinas is exacerbated by socioeconomic conditions when they have migrated to mainland United States. According to the U.S. Census Bureau, 22.9% of Hispanics with children under

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the age of 18 live below the poverty level (2000 U.S. Census of Population and Housing, May 2001). Because Hispanic women tend to be younger, less educated, and poorer (Rogler, 1996), they are more likely than are non-Hispanics to experience stress and to be in need of psychological services. One powerful source of stress for Latinas is the demand for a multiplicity of roles (Russo, 1990). Higher educational attainment and socioeconomic status has been positively correlated with the ability to deal with the demands of different roles effectively (Pietromonaco, 1986). Since Hispanic women are poorer and less educated than non-Hispanic women, they have fewer resources to help them cope with the many roles expected of them. Being subjected to multiple role demands can have negative consequences for Hispanic women. Various studies show a correlation between multiple roles and role strain, measured by depression, somatization, anxiety, discomfort, and dissatisfaction (for example, McBride, 1990; Kessler et al, 1994). Depression, in particular, has been noted to be the most commonly reported mental health problem for Hispanic women (Kessler, et al, 1994). There is also evidence of depression accompanied by somatic and anxiety symptomatology at a higher rate among Hispanic women (Liebowitz, Salman, Jusino, & Garkinfel, 1994; Delgado, 1995).

Silverstein and his colleagues (1995, 1998) have developed a theory positing gender difference in self-reported depression involving higher degrees

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of anxiety, appetite irregularity, sleep disturbance, and fatigue (*anxious somatic depression)* than "pure" depression among women. Silverstein notes that this syndrome is more prevalent among women whose mothers have felt limited in their role as women. Silverstein et al has tested this theory (1995, 1998) and have found that women who felt limited or viewed their mothers as feeling limited have indeed exhibited higher prevalence of depression accompanied by anxiety and somatic symptoms. Since the populations these researchers examined have been non-Hispanics, it will be this study's goal to examine the role the mother-daughter identification process plays in development of depressive symptomatology in Hispanic college women who perceive their mothers as espousing traditional Latina gender role ideology.

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OBJECTIVES

This study investigated the correlation between being the daughter of a mother who is perceived to be traditional in her gender role ideology and depressive symptomatology among female Hispanic college students. It was expected that daughters' perception of mothers' traditionality would be correlated with daughters' depressive symptomatology. The role of the daughters' identification with their mothers was explored. The object of this study was to explore factors that may place Latinas at relatively higher risk for Anxious Somatic Depression.

HYPOTHESES

Hypothesis #1

Women of Hispanic background, in comparison to mainland U.S. peers, will report a higher degree of Anxious Somatic Depression;

Hypothesis #2

Women of Hispanic background, in comparison to mainland U.S. peers, are more likely to perceive their mothers as having traditional Hispanic gender role ideology (Marianismo);

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Hypothesis #3

There will be a direct relationship between the daughters' level of anxious somatic depression and the daughters' perception of the level of their mothers' marianismo .

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Chapter 2

Literature Review

Research on Hispanic Women and Mental Health

The following section will provide a brief demographic profile of the U.S. Latino population that demonstrates the necessity for continuing research in this area. It is followed by a review of the empirical research addressing depression among Latinas. In order to address the role a woman's maternal identification plays in depression, the next section will be an exploration of psychoanalytic theories of the mother-daughter identification process. Finally, traditional Latina gender roles will be explored in relation to depression, with particular emphasis on anxiety and somatization symptomatology.

Demographics

The importance of conducting studies on mental health issues impacting Hispanics is supported by the fact that Hispanics are the most rapidly growing minority population in the United States (Gil & Vasquez, 1996). Of the 17 million Latinas, the largest subgroup are women of Mexican origin (58%), followed by those of Puerto Rican origin (10%), and Cuban origin (6%). The remaining 26% are from other Spanish speaking countries (Current Population Survey, 2000 Census). In New York City the largest Hispanic groups are Puerto Ricans followed by Dominicans. The female Dominican population, in particular, is

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rapidly growing, rising from 199,000 in 1990 to 297,000 in 1997 (Hernandez & Rivera-Batiz, 1997) and over 350,000 in 2000 (Current Population Survey, 2000 Census). Given the increasing number of Latinas in this country and the relative lack of research about this population, it is important to know more about them and about the forces with which they interact.

Since mental health is positively correlated with socioeconomic conditions such as educational attainment, income level, employment, and cultural patterns (Lang, Munoz, Bernal, & Sorenson, 1982; Soto & Shaver, 1982; Vasquez-Nuttal, Romero-Garcia, & DeLeon, 1989), it is important to present an overview of how such factors impact Hispanic women who have migrated to the United states.

Education

Data from the Dept. of Labor Force (December, 1999) provides important statistics on education and employment of Hispanic women. Of the 8.2 million Hispanic women age 25 and over in 1998, nearly half (46%) had less than a high school diploma. Even though Latinas with less than a high school education showed little attachment to the work force--38.7% in 1998-- they were more apt to be labor force participants than similarly educated White and Black women--29.4 and 31.4% respectively. Having a high school diploma dramatically increases labor force activity regardless of race/ethnicity. Six out of

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every ten Hispanic women with high school diplomas (no college) were employed. Attainment of associate's or bachelor's degrees raises employment level substantially for Hispanic women. The number of bachelor's and graduate degrees awarded to Hispanic women has more than doubled between 1977 and 1998, with 11% having a Bachelor's degree. (Dept. of Labor Force, 1999). The importance of education in facilitating mastery of the social world has been addressed as a positive factor in promoting the mental health of Hispanic women (Soto & Shaver, 1982).

Employment

Cultural norms concerning the roles of women have kept some Hispanic women out of paid employment. Younger Hispanic women who are less tied to tradition or with no children are more likely to seek employment. They may leave the labor force, however, at the birth of one or more children. According to the 2001 Current Population Survey, among Latinas 20 to 24 years of age who were not employed in 2000, more than 6 out of 10 cited family responsibilities as their main activity. This survey also reported median income of Hispanic women to be $21,026. This was 74% of what similarly employed non-Hispanic females earned. Families maintained by Hispanic women had the lowest median income ($12,255) when compared with other types of Hispanic families. Between 1990 and 2000, the number of families maintained by women

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has increased--68% for Hispanics; 38% for Blacks; and 18% for Whites (Current Population Survey,2000). Fifty one percent of these Hispanic householders had income levels below the poverty line. The high level of non-employed, low income Latinas heads of household may, in large measure reflect the cultural self-demand that mothers belong at home with their children, as well as other sociological factors. The pervasiveness of poverty represents yet another influential source of mental health problems for Hispanic women.

Overview of Demographics

Demographic characteristics clearly point to a preponderance of complex factors impacting Hispanic women. A conceptualization of the role Hispanic women play in sustaining the family at many levels is clearly emerging. This drive to provide for the family serves such powerful adaptive functions that it can lead to internalization of gender role expectations. This comes at too high a price when Latinas face the myriad of obstacles in trying to achieve in a mainstream society which requires more individualistic skills rather than the collective, *familismo* guided Hispanic orientation which emphasizes interpersonal connections. These conflicting demands can be contributing factors to depressive symptomatology.

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Acculturative Stress

Acculturation is yet another source of stress Latinas are faced with. Acculturation is a multidimensional process addressing complex psychosocial factors individuals are faced with when trying to adapt to a new culture (Marin, Sabogal, Marin, Otero-Sabogal, & Perez-Stable, 1987; Berry, 1990). While earlier models of acculturation saw it as a process requiring change of attitudes and behaviors toward the host society, more contemporary research has contributed to understanding acculturation as a continuum facilitating opportunity for mastery in both cultures (Marin et al, 1987; Williams & Berry, 1991). The combination of keeping supportive and ego-reinforcing traditional cultural elements and learning the host society's instrumental functions has been found to positively correlate with psychological adjustment (Rogler, Cortes, & Malgady, 1991). The way the individual deals with bicultural challenges and pressures will be influenced by factors such as educational level, employment, and family support system (Negy & Woods, 1992). Adopting attitudes and behaviors of the new host culture may alienate the person from her traditional supportive primary groups (Rogler, 1991). This can lead to great stress.

Stress associated with acculturation process has been examined in various studies (Roberts, 1980; Dressler & Bernal, 1982). Many studies specifically look at the role acculturation plays in mental health problems (Ortiz & Arce, 1984; Escobar, et al, 1986; Burnam, 1990; Sorenson & Golding,1988).

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Some studies especifically relate acculturative stress suffered by Hispanic women with depression (Torres-Matrullo, 1976; Warheit, Vega, Auth, & Meinhardt, 1985). One of these studies among Puerto Rican women showed that women who scored low on an inventory measure of acculturation, scored high on withdrawal and depression (Torres-Matrullo, 1976). Salgado de Snyder (1990) studied stress factors affecting Mexican American women. Ethnic loyalty was measured by Padilla (1982) on an ethnic loyalty ethnic scale. She found that women who remained highly loyal to Mexican culture had significantly lower levels of self-esteem and higher levels of acculturative stress than women who had more bicultural views. A study by Kranau, Green and Valencia (1982) addressed how acculturative stress in Hispanic women can be further exacerbated by gender role expectations. This happens when increased contact with American culture leads to questioning of Hispanic traditional values and, consequently, acquiring more egalitarian attitudes. Although adopting more egalitarian gender norms may facilitate functioning, it can also lead to conflicting dynamics within the Hispanic cultural system. Hispanic women who attend college are very likely to be grappling with issues of acculturation. Pressure to assimilate-- adopt value systems of American culture while abandoning Hispanic ones-- or to integrate--take in aspects of both cultures-- are stressful processes. Assimilating means cutting off from aspects of the self that are closely tied to identification with one's mother which can potentially lead to psychological

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distress; integration, although is often an ideal resolution, is plagued by the challenges of adopting value systems and behaviors relating to gender role ideology that may be in contrast to deeply held beliefs. Negotiating these conflicting messages has its psychological cost (Rogler, et al, 1987).

Hispanic women pursuing a college education are placed in a cultural world that may well contradict traditional Hispanic values. This has ramifications even for second generation Hispanic women who, although born in the United States, are a product of a culture with very traditional attitudes and values. This value system is transmitted intergenerationally (Sluzki, 1981). Since gender role ideology is at the core of the Hispanic value system, the relational dynamics between mothers and daughters is an important aspect of females' identification.

Depression

As addressed in the previous sections, Latinas are faced with multiple stressful factors that can contribute to depressive symptomatology. It is, therefore, useful to go over what constitutes depression. According to the Diagnostic and Statistical Manual of the American Psychiatric Association, IV ed. (APA, 1994), depression covers a spectrum of moods and behaviors that range from lack of energy, loss of self-esteem, difficulty concentrating, sleep problems, eating problems, feelings of worthlessness, loss of interest in activities and other people to severe melancholia, suicidal ideations, delusions, and hallucinations.

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It has been well documented that depression affects women at much higher rates than men (Kessler, et al, 1994; McGrath, Keita, Strictland, & Russo, 1990). In a review of sex differences in the epidemiology of depresion, Klerman and Weissman (1989) found that women were three times more likely than men to suffer from depression. They found the higher rates among women than men to be consistent in studies of hospitalized patients, those treated in outpatient clinics, and in community surveys of both treated and untreated subjects. Weissman and Klerman (1977; 1989) as well as other researchers and social scientists of various disciplines have become increasingly involved in the process of explaining why more women than men become depressed. Most point to the role that women's disadvantaged social status plays on fostering the psychosocial consequence of depression such as a sense of impotence, unimportance, and victimization.

Two main pathways whereby women's disadvantaged status contribute to depression have been outlined (Seligman, 1974; Weissman, et al, 1977). One emphasizes the low social status and the legal and economic discrimination against women; the other emphasizes women's internalization of role expectations, leading to learned helplessness.

The first pathway, called the "social-status hypothesis," focuses on how women find their situation depressing because real social discrimination makes it difficult for them to achieve mastery by direct action and self-assertion, further

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contributing to their psychological distress. Applied to depression, it is hypothesized that these inequities lead to legal and economic helplessness, dependency on others, chronic low self-esteem, low aspirations, and, ultimately, clinical depression (Weissman, et al, 1977).

The second pathway, called the "learned helplessness hypothesis," which is derived from the work of Seligman (1974), proposes that socially conditioned, stereotypical images produce in women a cognitive set against assertion, which is reinforced by social expectations. In this hypothesis, the classic "femininity" values are redefined as a variant of the learned helplessness that is characteristic of depression. Young girls learn to be helpless during their socialization and thus develop a limited response repertoire when under stress. These self-images and expectations are internalized in childhood so that the young girl comes to believe that the stereotype of femininity is expected and normal. Studies show that young girls are confident but with adolescence become unsure and resist competition with boys (in Erkut, et al, 1999).

The two pathways are clearly framed within the context of societal expectations for women to behave along traditional gender roles (Radloff, 1975). Several hypotheses explain the increase of depression among women during periods of dramatic improvement in educational opportunity for women. Some researchers posit that women who mature during periods of great change in women's roles may develop aspirations toward achievement that is contradictory to

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traditional societal expectations and, as a result, become so conflicted that they develop high levels of anxiety and somatization (Landrine, Klonoff, Gibbs, Manning & Lund, 1995; Siverstein & Perlick, 1995). When compared to depressed men, depressed women tend to exhibit more anxiety and somatic symptoms (Young, Scheftner, Faucett, & Klerman, 1990; Young, Fogg, Scheftner, Keller, & Faucett, 1990; Weissman, Bruce, Leaf, & Holzer, 1991; Silverstein, Caceres, Perdue, & Cimarolli, 1995; Silverstein & Lynch, 1998).

Silverstein and his colleagues (1995, 1998) have conducted a series of studies that explore the role that anxiety and somatization play in gender difference in depression. Using the Center for Epidemiologic Studies Depression Scale, they divided participants into three categories: those reporting low levels of depression; those reporting high levels of depression associated with sleep and appetite disturbance, fatigue, and anxiety (labeled "anxious somatic depression"); and those reporting high levels of depression not associated with these physiological symptoms (labeled "pure depression"). The findings yielded no gender difference in the prevalence of pure depression, but found that female subjects had a higher prevalence than male subjects of depression associated with anxiety and somatization. This finding was consistent in their studies of high school students, college students, and adults. An analysis of research interview data on depression from the National Comorbidity Survey revealed similar findings of higher prevalence in women of depression accompanied by anxiety and somatic

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symptoms (Silverstein, 1999).

Hispanic Women and Depression

Since epidemiological studies have documented that Hispanic women are the highest reporters of depression (Kessler, et al, 1994), substantial empirical work has been conducted examining factors correlating with depression among Hispanic women (Comas-Diaz, 1982; Espin, 1985; Napholz, 1994). These studies have revealed the covariables of low socioeconomic level, low educational attainment, low employment status, acculturative stress, and rigid gender role. These forces seem to contribute to the incidence of depression among Hispanic women.

It has been evident in the literature on depression among Hispanic women that depression is also often accompanied by anxiety (simple phobia, social phobia, generalized anxiety disorder, panic disorder) and somatic symptoms (insomnia, fatigue, eating problems, gastrointestinal problems, headaches, pain, cramps, and numbness) (Torres-Matrullo, 1976; Comas-Diaz, 1982; Canino et al, 1987; Delgado, 1995). According to Abad & Boyce (1989):

> the most common complaints among Hispanics are depression, anxiety, somatic concerns, hallucinations, and actual or feared loss of control. Patients rarely report depression as such, but rather complaints of symptoms of insomnia, eating problems, fatigue, headaches, body aches,

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and feelings of weakness and exhaustion. Similarly, anxiety, in and of itself, may not be recognized by patients although manifested in reports of heart palpitations, dizziness, and fainting. Anger (coraje) may be expressed as nervousness or malaise (p. 30).

In an attempt to understand factors contributing to high reporting of anxiety, somatization, and depression among Hispanics, Comas-Diaz (1982) conducted a study comparing the attitudes and expectations about mental health services among lower socio-economic level Hispanics and African Americans. She found that Hispanic women are exposed to a multiplicity of stressful situations that contribute to feelings of powerlessness, low self-esteem, loss of identity, and depression. One particular way in which Hispanic women translate the discomfort they experience is through psychosomatic complaints, such as *ataques de nervios* (nervous attacks). *Ataque de nervios* is a culture-specific syndrome affecting Hispanics characterized by high levels of despair, preoccupation, headaches, gastrointestinal ailments such as nausea and stomach pain, insomnia, and difficulty breathing. Examining this syndrome further, Liebowitz et al (1994) investigated the particular symptomatic and syndromal overlap between, panic disorder and psychosomatic disorder among 156 Hispanic adults seeking treatment at an anxiety disorders clinic. Of the 70% of subjects reporting at least one ataque de nervios, 80% were women.

Another study conducted by Salgado de Snyder (1990) investigated gender

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and ethnic differences in psychosocial stress and generalized distress among Hispanic Central Americans and Anglo Americans and found stress rating and symptomatology to be higher among female Central Americans. Hispanic women reported more stress than Hispanic men on the Hispanic Stress Inventory and on the Center for Epidemiological Studies Depression Scale. They concluded that the difference may be due to acculturative stress and traditional gender role issues impacting women more than men. Escobar, Randolph, & Hill (1986) also found Hispanic women had more depressive symptomatology accompanied by somatization and anxiety than Anglos. Roberts (1980) found that Hispanic women reported more marital and leisure-time dissatisfaction, less positive affect, less happiness and more chronic nervous trouble than the general population.

In summary, a consistent finding is that Latinos are more likely to be depressed than are anglos, Latina women are more depressed than Latino men, and that depressed Hispanic women are more frequently anxious with somatic symptoms.

Mother-Daughter Identification Process

Building on the second pathway to depression, the centrality of mother-daughter relationship as a formative and socializing agent will be explored in this section. Theories that encompass developmental and psychoanalytic thought will be presented. Lastly, self-in-relation theory with its emphasis on the self as .0

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an organizing psychological structure that develops within the context of early mother-child interactions will be elaborated.

Early Development

Psychoanalytic theorists such as Freud (1925, 1931), Fairbairn (1952), Winnicott (1971), Guntrip (1973), Mahler & Bergman (1975), and Chodorow (1978, 1989), have emphasized the vital role mother plays in early stages of development of the self and in future mental health. Freud, in particular, recognized the importance of the early mother-daughter relationship as a major determinant in women's psychological development, but he was unable to establish its exact significance within his theoretical formulations. Freud' central view of female sexuality was a need for girls to change their sexual object from their mothers to their fathers. According to this Oedipal theory, this switch is imperative if heterosexuality is to be achieved. This centers Freud immediately on the problem of what is it about the girl's preoedipal tie to her mother that makes possible this renunciation. Initially Freud emphasizes the girl's disappointment at not being given a penis, which she sees as sufficient cause for her rejection of the earliest love relationship (1925).

In Freud's later works, although the lack of a penis being processed as a failure remains a crucial undercurrent, disappointment, hostility, and fear are traced to a broad spectrum of transactions characterizing the early mother-

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daughter relationship. They are a result of what Freud considers the boundless demands of childhood, which can never be fully gratified, and of the mother's role in the prohibition of early masturbation. Moreover, he says of the girl's fear of the mother:

> It is impossible to say how often this... is supported by an unconscious hostility on the mother's part which is sensed by the girl" (1931, p.237).

The last statement points, perhaps more decisively than anything else in the body of Freud's writings, to the importance of reality in preoedipal object relations. In his New Introductory Letters Freud reiterated his belief that Oedipal seductions are fantasies, but he takes a different view of earlier relationships. He writes that when it comes to preoedipal situations:

> the phantasy touches the ground of reality, for it is really the mother who by her activities over the child's bodily hygiene inevitably stimulated, and perhaps even roused for the first time, pleasurable sensations in her genitals (1933, p. 120).

The mother thus realistically both seduces the child and punishes her for her masturbatory transgressions; the ambivalence inherent in this position vis-a-vis the child's early impulses paves the way for the eventual object shift.

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Freud's approach to female development was typically to conceptualize the female as deviating in some way from the male or "lacking" by comparison. A patriarchal and biological bias is clear in Freud's thinking. As Schafer (1974) points out, Freud still puts the phallic oedipal fantasies, castration anxiety and the push for procreation in the center of his developmental theory.

Moving away from Freud's drive theory and biological determinism, object relation theorists, particularly Fairbairn (1952), Guntrip (1973) and Winnicott (1971) suggested the importance of the earliest mother-infant relationship in the formation of the ego. She is instrumental in helping the infant develop relationships with the surrounding environment. Object relation theorists focus on mutuality as an important element of relationships. For instance, Guntrip (1973) notes:

> Personal object relations are essentially two sided, mutual by reason of being personal, and not a matter of mutual adaptation merely, but of mutual communication, sharing, appreciation and of each being for the other (p. 111).

The delineation of the separation-individuation phase of development (Mahler, Pine & Bergman, 1975), also emphasizes the importance of the interplay of the preoedipal child and mother. Pertinent to the investigation of mother-daughter relations, the Rapprochment subphase stands out as a key developmental period. This subphase occurs when the toddler realizes that the

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mother is a separate person, one who will not always be available to help her in dealing with her newly enlarged world. The loss of the ideal sense of self in this chaotic world leads the toddler to what Mahler calls the *rapprochment crisis*, lasting from approximately 18 to 20 or 24 months of age. This is a very difficult and painful time, and the manner in which the child resolves her intense struggles determines many features of later personality development. During the rapprochment crisis the child experiences a need for help from outside but simultaneously, in the service of her consolidating separateness and individuation, needs to deny that it actually comes from another person. This leads to the child's oscillation between clinging to the mother and equally intense negativity and battling with her. Mahler describes the prevalent attitude of the child during this period as "ambivalent" because of her apparently conflicting affective reactions toward her mother, alternating between periods of intense neediness and powerful desires for separateness. The child fears loss of the mother's love following separation, on the one hand, and reengulfment in the symbiotic orbit resulting from need for mother, on the other hand. The mother's sensitivity in responding to her child's needs are crucial in aiding her child develop her autonomy. Mahler's requirements for optimal mothering bears striking similarities to Winnicott's "good-enough mother," who is able both to achieve and to leave behind her "primary maternal preoccupation." (Winnicott, 1971, P. 32). Although Mahler traces the

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path of early development quite differently from Freud, the movement is still toward establishment of the separate self.

Emphasis on identification rather than separation in the mother-daughter relationship has been proposed by other theorists. The identificatory processes have been described in both early (Stoller, 1976; Chodorow, 1978, 1989) and later stages of development (Surrey, 1983; Miller, 1986; Gilligan, 1982, 1990).

Addressing early development, Stoller (1976) coined the term "*primary femininity*" (P. 13) to fill in a missing gap, the empty space in female development in the early months and years before the occurrence of the oedipal conflict. It denotes an early unconflicted sense of being female, consisting of primitive female body awareness, early imitation and identification with mother, and the cognitive components of schemata of being a girl. From early on the mother-daughter relationship is characterized by an interactive process of reciprocal identification. The range of attunement responses of the mother to her infant daughter is based on mother's identifications with her own mother and with her daughter. The female infant receives the behavioral expressions of these identifications and develops responses as her part of the reciprocal identification process.

Chodorow (1978) elaborates on the importance of reciprocity in mother-daughter relationship. She criticized the masculine bias of Freud's

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theorizing. She argues that Freud's formulation of the female Oedipal complex fails to recognize the role of object-related wishes and conflicts. She feels that the relationship to each object (mother/father) was not considered. For instance, the shift to the father can be seen as based on the girl's love and her need to defend against a primary identification with her mother. The girl does not want only love from her father but also his penis in order to win her mother's love. Given an ongoing close relationship to mother, the girl is less likely to fear maternal retaliation and so does not feel as much pressure to repress her Oedipal longings. Thus, identification with mother is a central component of a girl's early sense of self.

Later Development

Many theorists have addressed the centrality of mother-daughter relationship in later developmental stages. The importance of the reciprocal dentification process in mother-daughter relationship continues throughout a woman's lifetime. Chodorow (1989) posited that renewed preoedipal and Oedipal conflicts surface later on in adolescence. Among the most painful of these is the task of finding a way to identify with, yet find psychological separation from the mother. Throughout adulthood, the mother-daughter relationship continues to have central importance to women. Chodorow's theorizing emphasized the notion that women develop a self in relation to a complex inner world.

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Erikson (1963) also notes the importance of adult stages of development. He emphasized environmental contributions in his psychosocial theory of development. Sullivan (1953) elaborated on the centrality of ongoing interpersonal relations. Kohut (1971) emphasized the importance of the interrelation of self and other. Stern (1985) has referred to the "self with the other". Gilligan (1982, 1990), Surrey (1983), and Miller (1986) have all posited theories addressing the ongoing female development of the self vis-à-vis identification with one's mother. This theory is of particular relevance to the present study.

Self-in-Relation Theory

Jordan and Surrey (1983) formulated self-in-relation theory as a relational model that addresses the centrality of mother-daughter relationship as the core structure of the self. This very early relationship serves as a model for later relationships, including the evolving mother-daughter relationship itself. Empathy becomes the centralizing motivating force in the growth of the self.

Self-in-relation theory has three components that lead to a girl's developing sense of self. The first is the girl's increasing interest and emotional involvement with her mother. This theory states that female identity formation takes place in the context of an ongoing relationship, since mothers tend to experience their young daughters as more like and continuous with themselves. This is the basis of a bond between mothers and daughters with its mutual

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empathic interactions and interdependency. Because of this intense connection, the socially constructed attributes of being, above all, a nurturer and a caregiver become deeply ingrained in a daughter's sense of self. This connection, based on identification, develops over time into a mutual reciprocal process in which mother and daughter become highly responsive to each other's feelings. In the process, both mother and daughter care for and attend to the well-being of the other. It is through this mutual sensitivity and mutual caretaking that a mother teaches her daughter to be nurturing. This attentiveness and emotional responsiveness to others becomes an intrinsic, ongoing aspect of a woman's experience. A woman's most basic sense of self, therefore, is formed in identification in this way.

Self-in-relation theorists posit that from very early on mothers reinforce qualities that reflect "good" mothering. Qualities such as gentleness, concern for others, and non-aggressiveness are positively valued. A profound sense of badness becomes associated with acting as the "bad" mother. Thus, self-enhancing, self-determining, and assertive behaviors may elicit the "bad mother" introject, causing her to feel selfish when she acts on her own needs.

The second component of self-in-relation theory of the mother-daughter relationship is the mutual empathy that exists as a result of identification and mutual connectedness. It is this emotional connectedness that leads to mutual

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empowerment, the third component of a girl's developing sense of self. According to this theory, this aspect is the driving force behind women's caring and attentive sensitivity. Since achieving mutual empowerment is a complex process, it is helpful to elaborate on the self-in-relation constructs of connection and disconnection. Miller (1988) emphasizes the importance of connection in women's lives. Since connection to others is central to a woman's sense of self, disconnection can lead to an array of psychological problems, such as anxiety and depression.

Developing connections with others becomes a principal organizing feature of women's development (Gilligan, 1987; Jordan, 1987; Surrey, 1987; Miller, 1988). Great satisfaction is achieved from the development and maintenance of relationships. A meaningful relationship is attained, according to this theory, when the woman serves as a nurturer, contributing to the growth process of the person to whom she is relating. Ideally, mutual empowerment is the goal women try to achieve in the context of relationships. Meaningful connections can empower everyone involved in the relationship. As the quality of the relationship grows, the individual grows.

According to Miller (1988) one way women achieve these growth fostering elements of engagement, empowerment, and empathy is by attending to and addressing the needs of others. When an individual experiences failure in eliciting empathic engagement in a relationship, a threat to connection ensues.

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Miller (1988) states that this is too often a familiar and threatening experience for women. When a woman's needs and feelings are not validated, she can experience a sense of low self-worth since her attempts at connection have failed. This dread of disconnection can render her powerless, confused, isolated, and depressed.

The magnitude of the isolation is more profound when the disconnection occurs with her mother. As Horney (1950) posited, in order to feel safe, to feel that she belongs, a child develops strategies to please her mother. It is these strategies that later shape her neurotic characteristics, but they are ultimately developed in response to the mother's power, in order to obtain her acceptance. Since adult connections with others become central to self-definition, a sense of rejection by one's mother may be extremely painful and devaluing to a woman. One way to deal with the rejection may be by altering her internal self-image in the hope of achieving acceptance and connection.

This moving away and redefining a large part of herself is a complex process that can bewilder, and confuse a woman. A woman who perceives her mother as having traditional gender norms may feel a need to challenge her own less gender-typed, attitudes so as to be more congruent with her mother's. This can be an anxiety-ridden process, since by trying to denounce her more instrumental traits, she will be denying aspects of herself that are necessary for

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her adaptive functioning in a competitive social world. She could also feel powerless and dejected since the important element of empowerment may not be achieved by this particular relational dynamic with her mother. Since not feeling attended to, her sense of connectedness is attenuated thus making it difficult to connect with others. This sense of disconnection is accentuated by the difficulties women face when entering traditionally male arenas, especially those that devalue and/or are insensitive to relational functioning. This can then produce more stress for women.

Hispanic Women and Gender Role Norms

Elements of connectedness and mutuality of self-in-relation are at the core of Hispanic women's psychosocial functioning. Bicultural Hispanic women who are grappling with integrating elements of both Hispanic and North American culture, experience what Gil & Vasquez (1996) call the *Maria Paradox.* This paradox centers on cultural norms of contradictory expectations that confront Hispanic women. While women are expected to ascribe to values of *marianismo*, they are also expected to function in a mainstream society where *marianista* values interfere with demands for achievement and mastery. *marianismo* has long been recognized in the literature as a construct guiding conceptualization of gender role norms among Hispanic women (Comas-Diaz, 1982; Gil & Vasquez, 1996; Cruz-Arrietta, 1998). This term encompasses

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values of spirituality and morality attributed to the virgin Mary. Marianista standards require women to be self-sacrificing and virtuous and to address maternal and household responsibilities above all else. It also dictates a a strong gender role ideology guiding how women function vis-à-vis men. This prescribes that women be coy and have "decoro" (decorum) when interacting with men. Important decisions are considered to be in the male domain. Strong cultural social norms socialize girls from very early on to internalize the principle that the needs of their future husbands and children are more important than their own needs.

A number of empirical studies address the relationship between traditional gender roles and psychosocial functioning. Comas-Diaz (1989) examines the complex decision making process Hispanic women are subjected to when presented with incompatible demands. She found that Hispanic women tend to choose the mother role above all others. Cruz-Arietta (1998) posits that having to choose the role of mother at the expense of other roles can lead to role conflict and stress. Other studies also show a correlation between traditional gender roles of Hispanic women and mental health problems (Comas-Diaz, 1987; Russo, 1987; Sorenson & Golding, 1988; Vega, et al, 1996).

Soto and Shaver (1982) looked at the correlation between gender role traditionalism and mental health among Hispanic women. They argued that ascribing to traditional gender roles leads to lower assertiveness, which has

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been correlated with higher rates of depression and somatic symptoms among Puerto Rican women. They compared first and second generation groups looking at the variables of education and assertiveness. The findings showed a positive correlation between higher education and assertiveness and a negative correlation between assertiveness and depressive symptomatology.

These studies converge on the preponderance of stressors confronting Hispanic women. Expectations to carry many roles, especially contradictory ones, contribute to the stress these women face. Separate studies conducted by McBride (1990) and by Pietromonaco (1986) correlate multiplicity of roles Hispanic women are expected to fulfill with a series of problems including somatization, depression, anxiety, discomfort, hostility and dissatisfaction. The ability to be competent in managing different roles, however, has been related to high educational attainment and job satisfaction (Valdez & Gutek, 1990).

A recent study investigated correlates of depressive symptoms among urban Hispanic women. These researchers found that holding traditional gender role norms was strongly correlated with depression (Allen, Denner, Yoshikawa, & Seidman, 1996). Another study with Dominican women found that perceived social support correlated negatively with depressive symptoms (La Roche, 1994). This finding validates the importance of having social support systems in reducing vulnerability to depression. Since social support is most likely obtained among Hispanic women when they engage in gender-typed behaviors, the value of

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behaving as expected is central. It seems logical to conclude that given pressure to conform to cultural norms, it is to a Hispanic women's advantage to behave in ways congruent with gender norm expectations. The perils of not doing can result in alienation and dysphoria. Since Hispanic women in college engage in nontraditional behaviors, they may be more attuned to this dilemma and, thus, be more conflicted.

A study conducted by Napholz (1994) seems to validate this conclusion. One hundred and twenty-six urban working Hispanic women were given affective and personality measures. Depressive symptomatology, as well as somatic symptoms, were positively related to role conflict and negatively related to masculinity, which was assessed by possession of instrumentality. Instrumental traits, such as self-assertion and achievement orientation, are normally associated with masculinity and bred by different socialization practices based on gender. The three studied variables of masculinity, life satisfaction, and self-esteem were positively correlated.

As evident by descriptions of studies in the preceding section, it is clear that the *marianista* ideology poses problems when women need to function in a mainstream American society that places great value on assertiveness, work-related achievement and social competence. Internalizing traditional values can lead to women "not having a voice" and failing to stand up for their rights in

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the social world of work and in general interpersonal relationships. It also poses a problem for women who want to reject traditional gender norms since the internalization process is so powerful that it can be very conflicting to address it. This conflict becomes more salient when daughters who are pursuing a college education perceive their mother to possess marianista values, which negates such achievement. The next section will outline the empirical work that has been conducted addressing the role that traditional gender norms play on higher prevalence of anxious somatic depression among women.

Gender Role Ideology and Anxious Somatic Depression

Traditional gender norms that emphasize instrumentality for men and expressiveness for women have been related to psychosocial functioning (Unger & Crawford, 1992). Based on quantitative and epidemiologic studies and historical analyses of prominent women in the Sciences, Art and Politics, Silverstein et al (1995, 1998) have proposed a theory addressing the role a mother's traditional gender norm functioning has on her daughter's potential for developing anxious somatic depression. "Anxious somatic depression" connotes a syndrome characterized by depression, anxiety, sexual indifference, body image dissatisfaction, and such somatic symptoms as headaches, breathing difficulties, insomnia, menstrual dysfunctions, and disordered eating. Silverstein observes that throughout history, women who have engaged in activities and

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interests that are traditionally in the male domain--those encouraging academic and professional competence and achievement--have had more evidence of anxious somatic depression. These "successful" women had in common a mother who engaged in more traditional gender role functioning. This theory addresses the role that changing gender norms play on higher levels of somatization disorder, anxiety, and depressive symptomatology among women. The empirical data of contemporary studies point to the prevalence of the syndrome among "achieving" women whose mothers have engaged in more traditional roles. The conflict women face is explained by Silverstein and Perlick (1995) as:

> Most daughters, socialized to value similar pursuits, have modeled themselves to a large extent on their mothers with relatively few problems. But daughters who, because of their talent or their time, aspired to achievement outside the house have had more difficulties. Daughters who noted the relative powerlessness and lack of respect accompanying the roles of wife and homemaker often devalued their mothers who were content to be traditional. Such daughters experienced difficulty identifying with the roles of adult women enacted by these mothers. At the same time, daughters of mothers not content with the roles alloted to them by gender-biased society often observed, and in many cases, shared the suffering of their

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> mothers. These daughters may have strongly identified with their mothers but not with the roles adult women ascribed to them. While the two types of mothers may have been different, the non-traditional daughters of both types viewed their mothers as being limited by their gender and experienced conflicts between their aspirations and the social and psychological pressures placed on them to identify with their mothers (p. 110).

Since, as presented earlier, Hispanic women have higher rates of anxious somatic depression, the role the mother-daughter relationship plays on this high prevalence will be addressed in the next section.

Mother-Daughter Relationship and Anxious Somatic Depression

As discussed earlier, it is within the reciprocal identification process in mother-daughter relationship that female identity development unfolds. Despite the daughter's separate identity, she experiences intense feelings of guilt, separation anxiety, and fears of retaliation as she undergoes the process of individuation, thus moving away from her mother (Miller, 1986). Career success as a significant life event has been positively correlated with anxiety and regressive trends in women which can interfere with their further development (in Firestone, 1993).

Because of socialization processes women tend to have less

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differentiation between self and other as well as more permeable mother-daughter boundaries (Chodorow, 1989). Closer identifications between mothers and their daughters might also affect the expression of emotions having to do with maintaining and restoring attachment, especially shame and guilt. These two emotions have been found to be more intensely expressed by females than by males in several studies (for example in Tangney, 1990, Vega, et al., 1996).

Since restoring attachment with mothers who are perceived to have more traditional gender norms may potentially be more complex for daughters who are engaging in non traditional gender roles, the present study posits that since Hispanic women are subjected to traditional *marianista* gender norms, they feel guilt and shame when they engage in non traditional gender roles. This guilt and shame will be expressed in anxiety, somatization, and depressive symptomatology. Furthermore, achievement oriented (non traditional) Hispanic women who are raised by mothers who hold traditional Latina gender norms are potentially more susceptible to rejection of aspects of themselves that they consider to be a threat to their identification with their mother. This can result in ambivalence about succeeding because in doing so, further separation from traditional mother is implied. As self-in-relation theory proposes, a sense of disconnection from one's mother, in essence, negates the self. Internalizing mother's disapproval and/or the daughter's sense of disapproval for not being like her mother may lead to a feeling of isolation (Jordan & Surrey, 1983).

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It is her fear of not being able to connect with her mother that, paradoxically, makes her want to be like her mother. But realizing she functions in a non traditional context that is very different from her mother's brings about more conflict and feelings of isolation. The images she elaborates about herself and her mother as being "opposing," limit her in that the only connection available presents impossibilities. The sense of alienation may pave the way for anxious, somatic, and depressive symptomatology (Canino, et al., 1987; Vazquez-Nuttal & Romero-Garcia, 1987; Amaro & Felipe-Russo, 1992).

In summary, a review of the literature illustrates the complexity of the causative factors of depressive symptomatology among Hispanic women. Risk factors such as poverty, low educational attainment, acculturative stress, and traditional gender role ideology have been positively correlated with depression. Since Hispanic women who are pursuing college degrees are more likely to be grappling with the challenges of integrating American gender norms with conflicting traditional Hispanic gender norms, they are more susceptible to the distress and discomfort that can manifest itself in anxiety, somatization, and depressive symptomatology. This can be further exacerbated by difficulty these women experience when negotiating relational dynamics with mothers who ascribe to more traditional gender role ideology. Engaging in non traditional gender roles can pose a threat to a sense of identity which has been shaped by a mother-daughter bond. In summary, daughters' fear of dissolution of the

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mother-daughter bond can lead to the daughter's sense of powerlessness, shame and guilt, which, in turn, may be manifested in somatization, anxiety and depression.

Definition of Terms

Traditional Gender Role Ideology

In this study, gender role ideology is defined as the belief system influencing expectations of how women and men should function. Traditional Latino ideology emphasizes child and home care functions for women and outside competence and achievement for men in academia and workplace. Non traditional ideology endorses women's aspiration to succeed and be competent in the public arena.

Marianismo/Marianista

Marianismo is the traditional gender norm ideology characterizing Hispanic cultural expectations that emphasize women's superior morality and spirituality framed in the context of self-sacrificing devotion to family. Marianista will be used as the adjective form.

Anxious Somatic Depression

In this investigation, Anxious Somatic Depression is defined as a

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syndrome characterized by anxiety, nervous attacks, distress, headaches, insomnia, eating problems, body image dissatisfaction, stomach cramps, and dysphoria.

Hispanic women / Latinas

In this study, Hispanic women are college students who were

1) born in the United States, and self-identified as Hispanics since either or both parents were born in a Hispanic country or

2) born in a Hispanic country and migrated to the United States

Mainland U.S. women

In this study, mainland U.S. women are Caucasian college students who were born in the United States.

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Chapter 3

Methodology

In this study, female Hispanic college students were compared to U.S. Mainland college women according to their perceptions of their mothers' gender role ideology. It was expected that Hispanic women would be more likely to perceive their mothers as having traditional Hispanic gender role ideology. It was also expected that Hispanic women would report more anxious, somatic, and depressive symptomatology than their Mainland counterparts since the Latina idealized gender role is so specific.

Procedures

The participants in the study were recruited from two senior colleges in New York City. Volunteers filled out a questionnaire for an Introductory Psychology course which offered extra credit for their participation.* The questionnaire contained demographic questions such as age, country of origin, age of migration if not born in the United States, parents' country of origin, and length of stay in the United States. Other items included were gender role

*Students were told that their grades in the course would not be affected by their participation or lack of participation in this research.

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ideology, their perception when they were growing up of their mother's gender role ideology (marianismo), as well as their experience of depression, anxiety, and somatization.

Instruments

The following measures were used to examine the constructs of interest in this study:

1. Center for Epidemiologic Studies Depression Scale (CES-D)

Depression was assessed with the Center for Epidemiologic Studies Depression Scale (CES-D) (Radloff, 1991) which is one of the most frequently used self-report depression inventories. The items of the scale are symptoms associated with depression that were chosen from previously validated scales. The scale has been tested in household interview surveys and in psychiatric settings, and has been found to be an efficient instrument in its acceptability and ease of use. It has adequate internal consistency and exhibits adequate test-retest reliability. The test-retest reliability coefficient for college students is .87 (Radloff, 1991). Validity has been established by patterns of correlations with other self-report measures of depression, by correlation with clinical ratings of depression, by discrimination of clinical and non-clinical groups and by relationship with other variables that support its construct validity. Reliability, validity, and factor structure have been found to be similar across a wide variety

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of demographic groups (Radloff & Wales, 1977; Radloff & Locke, 1986). The CES-D has been found to be useful as a first-stage screening instrument (Radloff, 1991).

The CES-D consists of 20 questions regarding symptomatology experienced during the previous week. The subjects respond using a four-point scale ranging from "Rarely or none of the time (less than one day)," "Some or a little of the time, (1-2 days)," Occasionally or a moderate amount of time (3-4 days)," to "Most or all of the time" (3-7 days)." Possible scores range from 0 through 60. A higher score indicates greater frequency and number of symptoms of depression. In this study a cutoff (percent at and above a score) of 28 placed respondents in the depressive range. This cutoff has been suggested by the test researchers because it results in prevalence estimates similar to the prevalence of major depression found in studies that have used research interviews (Radloff, 1991).

2. ***Symptom Checklist-90-R (SCL-90-R) Anxiety Subscale***

Anxiety was measured by the anxiety subscale of the SCL-90-R (Derogatis, 1983). The SCL-90-R is a 90-item self-report symptom inventory developed by Clinical Psychometric Research. The 9 primary symptom dimensions (subscales) are:

1. Somatization,

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2. Obsessive-Compulsive
3. Interpersonal Sensitivity
4. Depression
5. Anxiety
6. Hostility
7. Phobic Anxiety
8. Paranoid ideation
9. Psychoticism

The anxiety dimension is composed of a set of symptoms and signs that are associated clinically with high levels of manifest anxiety. General signs such as nervousness, tension, and trembling are included in the definition, as are panic attacks and feelings of terror. Cognitive components involving feelings of apprehension and dread, and some of the somatic correlates of anxiety are also included as dimensional components. This subscale exhibits a reliability coefficient of .85 and a test-retest coefficient of .80 (Derogatis, 1983), indicating an acceptable range of reliability for this kind of instrument.

Respondents are asked to respond using a five-point scale ranging from "Not at all" to "Extremely" to 10 items regarding anxiety experienced during the previous week. A high level of anxiety will be defined as scoring at least one standard deviation above the adult norm (Derogatis, 1983).

Subjects were considered to exhibit anxious somatic depression when

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they scored above cutoff on both depression and anxiety and reported having symptoms in at least three of the following five categories: 1. Frequent severe headaches; 2. Frequent trouble breathing for no reason; 3. Frequent trouble falling asleep at night or staying asleep without waking up (these two symptoms of sleep disorder are included in one item); 4. Disordered eating (Respondents were considered to exhibit symptoms of disordered eating if they reported frequently avoiding eating for a day or frequently eating uncontrollably to the point of stuffing themselves or ever intentionally purging food by means of laxatives, diuretics, or self-induced vomiting); 5. Poor body image/preference for thinness (Respondents were considered to exhibit symptoms of poor body image/preference for thinness if they reported frequently being preoccupied with the desire to be thinner or frequently feeling unhappy or dissatisfied with their overall body shape). These criteria have been used in previous studies that cite the prevalence of anxious somatic depression to be higher in women than men (Silverstein, Caceres et al, 1995; Silverstein, Clauson et al, 1998).

3. **Mother's Perceived Gender Role Ideology**

In order to develop a scale to measure respondents' perceptions of their mothers' gender role ideology (*marianismo*), 21 items were included in the

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questionnaire that was administered to a college sample of 165 women. * Since this scale was developed with the intended use in this present research, the participants were an earlier sample and, hence, not the same as the participants discussed in this study. Of the 165 women who completed the questionnaire, ninety four women were of Latino background, and seventy one were Caucasian. The items in the scale were selected based on a review of the literature. All items had high face validity as measures of mothers' traditional gender role ideology. Some of the items were as follows:

When you were growing up how much did your mother feel that a "good" woman has to sacrifice and devote her life to her husband?

How much did your mother feel that a "good" woman has to sacrifice and devote her life to her children?

How much did your mother feel that her main responsibility was as a mother and wife?

How much did your mother feel that a woman should be responsible for household chores?

* These students were enrolled in an Introductory Psychology class. Although they received extra credit, they were told that their grades in the course would not be affected by their participation or lack of participation.

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How much did your mother feel that a woman was supposed to tolerate whatever her husband's behavior was?

How much did your mother feel that a woman should resign herself to problems and suffering?

How much did your mother feel that her husband's authority should be respected over her authority?

How much did your mother feel that a man should make the most important decisions?

The participants responded using 5-point Likert scales ranging from 0="Not at all," 1= "Slightly," 2= "Moderately," 3= "Very" to 4="Extremely." The items that loaded highly on the first factor of a principal component analysis were selected, after eliminating some redundant items. After ascertaining that these items exhibited adequate inter-item reliability, the items were summed to obtain a total score. This scale was then administered two times, separated by a period of two weeks, to a sample of 25 college students in order to measure test-retest reliability. The reliability coefficient for this sample was .85.

Subjects scoring in the top quartile of the sample on total scale score were categorized as perceiving their mothers as espousing traditional, *marianista* gender role ideology. Since previous studies (Soto & Shaver, 1982; Comas-Diaz, 1987; Vega, et al., 1996) have established a strong link between depression and traditional gender roles, this scale was constructed with the

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expectation that these two variables would, indeed, be correlated.

Analysis

To test the hypothesis that Hispanic women are more likely to exhibit anxious somatic depression than are non-Hispanic U.S. mainland women, a chi-square analysis was conducted. To test the second hypothesis of Hispanic women being more likely to report mothers to be high on *Marianismo*, a t-test was computed comparing the means to assess if Hispanic women were more likely to fall in the top quartile of the scale. The last hypothesis that there will be a direct relationship between the level of *Anxious Somatic Depression* and the perception of the level of mother's *Marianismo* was tested by a chi-square analysis.

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Chapter 4

Results

Characteristics of the Participants

A total of 632 respondents filled out the questionnaire. Of the 325 women between the ages 18-26, ninety-five self-identified as Black non Hispanic, sixty-four as Asian, seventy-five as Hispanic, and ninety-one as White non Hispanic. The seventy five Latinas and thirty-five of the White non Hispanic met the criteria established for this study. While thirty-nine of the Latinas were U.S. born, thirty-six were born in Hispanic countries. The specific countries as well as age of migration to the United States are summarized in tables 1-2.

Table 1.

Description of Sample Distribution by Percentage

Latina Group

Country of Origin	Percentage
United States	60.0
Hispanic countries	40.0
Dominican Republic	35.2
Ecuador	15.7
Mexico	13.7

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Country of Origin	Percentage
Venezuela	9.2
Cuba	8.3
Puerto Rico	7.4
Peru	6.2
Honduras	4.3

Table 2.

Description of Age of Migration to the U.S. by Percentage

Latina Group

U.S. Born	60.0
Foreign Born	40.0
Age of Migration	**Percentage**
1-5	8.6
6-10	14.1
11-13	27.2
14-19	38.1
20 or older	12.0

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Testing of hypotheses

> **Hypothesis 1.** Women of Latino background in comparison to Mainland U.S. peers will report a higher degree of anxious somatic depression.

To test this hypothesis a chi-square analysis was computed where the Center for Epidemiologic Studies Depression Scale (CES-D) was utilized as the depression measure along with the Symptom Checklist 90-R (SCL-90-R) anxiety subscale and the reporting of symptoms in three of five categories (headaches, trouble breathing, difficulty falling asleep, disordered eating, and poor body image).

When looking at Depression without the anxiety and somatic components, eight (23%) of the Mainland U.S. respondents scored high on the CES-D compared to twenty-nine (39%) of the Hispanic respondents (χ^2=2.67, df=1, p=.20). This reveals that using the CES-D as a measure of depression in this sample did not yield a significant difference in the levels of Depression between Mainland U.S. and Latinas subjects. Table 3 summarizes these results.

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Table 3.

Latinas and Mainland U.S. Female Respondents

Scoring Below and Above Cutoff on the CES-D[a]

Ethnicity	Below Cutoff	Above Cutoff	χ^2	df	p=
Latinas	46 (61%)	29 (39%)**	2.67	1	.20
Mainland U.S.	27 (77%)	8 (23%)			

[a] Center for Epidemiologic Studies Depression Scale

**Number in parentheses indicate the percentage of respondents in each row scoring above or below CES-D cutoff

On further analysis, of the eight mainland U.S. respondents scoring high on the CES-D, three (9%) were categorized as exhibiting anxious somatic depression since they scored above cutoff on both Depression (CES-D) and anxiety (SCL-90-R) and reported having symptoms in three of the five categories previously described. Of the twenty-nine Latinas scoring high on the CES-D, four (5%) met the established criteria for anxious somatic depression (χ^2=3.80, df=2, p=.15). These results are summarized in Table 4. This finding does not support the hypothesis that women of Hispanic background in comparison to Mainland U.S. peers will report a higher degree of anxious somatic depression.

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Table 4.

Latinas and Mainland U.S. Female Respondents

Exhibiting and Not Exhibiting Anxious Somatic Depression(ASD)

Ethnicity	ASD	No ASD	χ^2	df	p=
Latinas	4 (5%)	25 (95%)	3.80	2	.15
Mainland U.S.	5 (9%)	5 (81%)			

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Hypothesis 2. Women of Latino background in comparison to Mainland U.S. peers are more likely to perceive their mothers as having traditional gender role ideology (Marianismo).

A t-test for the difference in means in the Marianismo scale was computed. While the mean score for Latina respondents was 6.49, the mean score for mainland U.S. women was 4.32. The mean difference between the two groups of 2.17 is significant ($t=2.78$, $p=.006$). This difference, thus, supports the hypothesis that women of Hispanic background are more likely to perceive their mothers as being more traditional in their gender role ideology (Marianismo) than their Mainland U.S. peers.

Hypothesis 3. There will be a direct relationship between the level of anxious somatic depression and the perception of the level of mother's Marianismo.

To test this hypothesis, a t-test was computed comparing the means on the Marianismo scale of the respondents who exhibited Anxious Somatic Depression (ASD) with the means of those who did not exhibit ASD. This

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computation revealed that the 7 women who scored high on ASD had a mean score of 7.12 on the Marianismo scale. In contrast, the mean of the 30 respondents who scored low on ASD was 6.44. The mean difference of 0.68 was found to be statistically significant (t=1.96, p=.0001). Thus, the hypothesis that there is a direct relationship between ASD and Marianismo was supported by these results.

Furthermore, since this significant finding between the level of ASD and Marianismo applies to the entire sample of women, further investigation of this relationship among Latinas was conducted. To test the hypothesis that Marianismo and ASD would be correlated among the Hispanic respondents, a chi-square analysis was computed. This computation revealed that of the fifty-six Latinas who scored low on Marianismo (bottom three quartiles), only one subject (2%) exhibited anxious somatic depression. In contrast, three (18%) of the seventeen Latinas who scored on top quartile of Marianismo scale exhibited anxious somatic depression scale. A Fisher's exact test yielded a p value of .037. This finding shows that among the Hispanic respondents, those scoring high on the Marianismo scale were nine times more likely to report anxious somatic depression than those with low scores. It can, therefore, be concluded that as it applies to Latinas, there is support for the hypothesis that there is a direct relationship between the level of Marianismo and anxious somatic depression. Table 5 presents this finding.

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Table 5.

Relationship Between Scores on the Marianismo Scale and Scores on the Scale of Anxious Somatic Depression (ASD) by Latinas

Marianismo	ASD	No ASD	Fisher's Exact p=
low	1(2%)	55 (98%)	.037
high	3 (18%)	14 (82%)	

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Chapter 5

Discussion

This study explored the relationship between perception of maternal marianismo and reporting of depressive symptomatology with levels of anxiety and somatization among Hispanic college female students. The main finding of this study is that there is a strong association between high scores on the Marianismo scale and higher likelihood of reporting Anxious Somatic Depression. To review, the findings of the study are: (i) women of Hispanic background in comparison to Mainland U.S. peers were more likely to perceive their mothers as having traditional gender role ideology (marianismo); (ii) There is a direct relationship between the level of anxious somatic depression and the perception of maternal marianismo.

The hypothesis that Hispanic female respondents would score higher on a measure of depression (CES-D) than Mainland U.S. peers was not supported. This finding may be explained best by the fact that depression, in general, is highly prevalent among women (Weissman & Klerman, 1989; 1994). The frequency of depression in women suggests that depression may be an exaggerated expression of the normative state of being female in western society at a time when women are grappling with the complexities of obtaining academic and economic power and workplace success (Jordan, et al, 1991; Silverstein & Perlick, 1995). There may be many pathways to depression within each cultural

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group. For Latinas, having a Marianista mother may be a risk factor; for non-Latina women, other risk factors may be presented by other cultural patterns.

Despite not finding a higher prevalence of depression among Hispanic respondents, it is interesting that Latinas scoring higher on Marianismo reported more Anxious Somatic Depression. Although previous studies have established a strong relationship between belief in traditional gender role and depression (Vasquez, 1998; Soto & Shaver, 1981; Torres-Matrullo, 1976), no study had looked specifically at a Hispanic daughter's perception of her mother as being traditional in her gender role ideology and depression. The finding of the present study supports the central hypothesis that perception of maternal marianismo is correlated with the reporting of Anxious Somatic Depression among Latina respondents.

Perceiving their mothers as espousing traditional gender role ideology may be very difficult for Latinas who are engaging in non- traditional behaviors including striving to succeed in an academic setting. Such women are often caught in the conflict between upholding traditional roles and pushing for leadership. The result is often guilt, anxiety, and depression. Since Hispanic culture tends to emphasize traditional gender role ideology in the form of marianismo (Vasquez, 1991), it is not surprising to find that Latinas in the present study were more likely to score higher in maternal marianismo than their Mainland U.S. peers. Furthermore, Hispanic respondents whose mothers were

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perceived as more marianista reported more Anxious Somatic Depression than Latina respondents who did not report their mothers as marianista. The identification process of respondents who did not perceive their others as marianista seems to have been more conflict-free than that of those who did perceive their mothers as such. The latter group may have experienced more difficulty in identifying with a mother whose traditional gender role ideology contradicted optimal functioning in mainstream culture.

Within the traditional Hispanic culture, gender roles have been rigidly defined and demarcated (Comas-Diaz, 1989). Gender roles are encouraged early in the socialization process, when boys and girls are taught two very different codes of conduct. Boys are encouraged to be independent, assertive, and non-expressive; girls, on the other hand, are expected to be passive, obedient, and homebound (Espin, 1982; Comas-Diaz, 1987).

On the surface, these traditional sexual codes seem to condone the oppression of one group (female) by another (male) coinciding with the feminine precept that sex-role stereotyping is destructive and oppressive to women. However, the dynamics involved in the male-female relationships are intricate and complex, and power relationships between the sexes are not straightforward. Stevens (1973) asserted that the marianista code rewards women who adhere to it. Due to the sacredness of motherhood, women who bear children enjoy a certain degree of power despite the outward submissiveness of their behavior.

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She further posited that as women grow older, they attain a semi-divine status, in which adult offspring revere them. Hence power is achieved through passivity and conforming to the marianista role. When these forces are more pronounced in a particular cultural system, a daughter may experience her mother's traditional gender role ideology as problematic and opposing to characteristics needed to succeed in a college and career environment. This may lead to women engaging in great struggles to defend against identification with their mothers. Despite this struggle, however, women typically continue to experience powerful connections with their mothers. As Miller posits (1988), when children and adults feel the threat of isolation, they try to make connections with those closest to them. If unable to change detrimental aspects of the person she is relating to, the only solution often seems to be to change herself. This is particularly relevant to a Latina who is trying to connect with a mother who rigidly adheres to the marianista code; in order to be acceptable to her mother, she will move away from and redefine a large part of her experiences. The expression of anger, for instance, may be greatly repressed since this emotion goes against her idealized marianista image of herself as someone who must only have good and positive feelings. This experience of wanting to disconnect from the internalization of a mother's traditional gender role ideology may be very difficult for a young woman to understand and to cope with. The dilemma may result in heightened anxiety which, when not having appropriate outlet, may also lead to

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somatization.

Hispanic women who aspire to succeed in mainstream American culture need to develop and employ traits that contradict the marianista code (Comas-Diaz, 1987). Achieving such instrumental traits as assertiveness and independence are necessary for successful competition in the academic and corporate worlds. The development of these traits, however, can bring about conflicting feelings to the Hispanic woman who has been brought up under values that espouse marianismo. The conflict may center on the fact that she is expected to be soft, yielding, and submissive, and not allowed to display "masculine" behaviors such as aggressiveness, assertiveness, and independence. This contradiction can create confusion, frustration, and anger.

Smith-Rosemburg (1973) observed that historically there have been strong proscriptions against female expression of anger. Ramos-McKay and her associates(Ramos-McKay, Comas-Diaz, & Rivera, 1999) posited that the experience of frustration and anger among Hispanics is analogous to the symptoms observed in 19th century American and European women who experience hysterical "fits." Smith-Rosemburg (1973) described the role of women of that period as one that lent itself to inconsistency and ambiguity. Hysteria, the malady of the time, provided a passive, more acceptable way to discharge their aggression and anger. Similar symptomatology related to anxiety, such as "ataque de nervios" and somatization, has been linked to

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Hispanic women as a means of expressing the psychological conflict endured when faced with conflicting gender role ideologies (Espin, 1985; Comas-Diaz, 1987). Since these expressions of emotions are also culturally embraced and reinforced as feminine traits (Espin, 1984), it also becomes a way for the disconnected woman to connect to her mother.

Many scholars have linked the repression of anger to low self-esteem, feelings of helplessness, and depression (Torres-Matrullo, 1975; Hernandez, 1988; Comas-Diaz, 1989). Furthermore, from the present study it can be assessed that the conflicting gender role ideologies experienced by Latinas who perceived their mothers to be marianista seem to be at the core of the experience of depressive symptomatology along with anxiety and somatization. The implication for treating Hispanic women who experience anxious somatic depression is to address the role marianismo plays in her identification with her mother.

It is important to address the dynamics of isolation and powerlessness a Hispanic woman may experience when attempting to disconnect from a mother she perceives as being guided by marianista principles. As Miller notes (1988), these inner constructions of what she can and cannot do in order to satisfy other people in her life, can set pathways toward anxious, depressive immobilization. As it is central to this study, this immobilizing path underlies many women's problems, including depression.

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It is important for a Hispanic woman to process the complexities negotiating the competing demands of mainstream society with marianista cultural values. If she continues a path of disconnecting from her mother and, in essence, herself, she will suffer from the consequences of distorted attempts to connect by exaggerating expected feminine traits of self-sacrificing, repression of anger and somatization. It is with the understanding of the dynamics of the various forces shaping identification that a Hispanic woman can learn to transform a potentially disconnected relationship with her mother into a mutually enhancing relationship. Self-growth can be achieved through the power of this positive mother-daughter relational bond.

Elaborating on the need for support systems is very important for the well-being of Hispanic women who are grappling with connection and disconnection from marianista mothers. There is ample research pointing to the importance of social support systems in assisting a woman's psychological development (Pietromonaco, 1986; McBride, 1990; Márin & Marin, 1991). Having the right support, in the form of meaningful relationships/connections, becomes even more important to a Hispanic woman who is succeeding in mainstream culture. It is also important for a woman who may be conflicted with identification with her mother to learn to transform a potentially disconnected relationship with her mother and others into a mutually enhancing relationship. As Gil and Vaszquez (1996) posit in their conceptualization of the new marianista, it is functional for a

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bicultural Hispanic woman to integrate both traditional and non-traditional aspects of gender roles. This integration will enable a Hispanic woman to pursue achievement-oriented endeavors while maintaining a positive identification with her mother.

Limitations of the study

These findings should be interpreted with consideration of the following limitations. First, we did not have direct access to the mothers to measure their degree of marianismo. It would have been helpful to compare the mothers' adherence to traditional Latina gender roles with their daughters' perceptions of such adherence.

Second, the fact that the sample consisted of seventy-five Latinas and thirty-five Mainland U.S. peers provided a disproportionate comparison. Having more Mainland U.S. women in the study may have yielded sharper differences in the direction of the hypotheses.

Third, forty percent of the Latinas had migrated from Hispanic countries, with different lengths of residence in the United States. Different acculturational levels may have truncated anticipated differences.

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Suggestions for further research

An important factor that might have been measured in this study is acculturation. As empirical evidence shows, a successfully acculturated woman reports fewer symptoms of depression (Lang, et al, 1982; Salgado-Snyder, 1990). It would be fruitful to examine the effect of acculturation into the American mainstream on marianismo and depression in migrant young Latinas.

Since there is ample empirical evidence that support systems enhance psychological well-being (Pietromonaco, 1990, for example), it will be interesting to explore the degree of peer group concurrence concerning sex role ideals within Latina and mainstream cohorts.

Summary and Conclusions

This study explored the relationship between perception between Hispanic college student daughters' perception of maternal marianismo and their own incidence of depression, characterized by anxiety and somatization. The comparison was with mainstream American peers. Based on the findings of the study and with consideration of its limitations, the following conclusions are tenable:

(1) Maternal marianismo and reporting of Anxious Somatic Depression were found to be related.

(2) Hispanic women, in comparison to their mainland peers, were found to

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perceive their mothers as more traditional in their gender role ideology.

(3) Hispanic women did not report a higher degree of Anxious Somatic Depression than did their U.S. mainland peers. There was, however, a significantly higher degree of Anxious Somatic Depression among those Latinas who scored high on the maternal marianismo scale.

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Appendix A

Consent Form

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Appendix A

INFORMED CONSENT TO PARTICIPATE IN RESEARCH

To participants in this study:

The following questionnaire includes questions of your attitudes and those of your family members and on physical and psychological symptoms you may have experienced recently. The questionnaire is completely voluntary. If you decide not to complete it, there is no reason for you to do so. You will be provided with alternative means of fulfilling subject pool requirements or obtaining extra credit. The questionnaire is also completely anonymous. Please do not write your name anywhere on the questionnaire.

If you have any questions regarding the questionnaire or wish to talk about any aspect of it, please contact: *

Dr. Brett Silverstein, Chair, Department of Psychology

City College of New York New York 10031

* Participants were Introductory Psychology students of Dr. Brett Silverstein/ The measures used in this study were included in a questionnaire that examined several variables for other studies conducted by Dr. Brett Silverstein.

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APPENDIX B

MOTHER'S PERCEIVED GENDER ROLE IDEOLOGY

MARIANISMO SCALE

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Appendix B

Mother's Perceived Gender Role Ideology

Below are a number of general statements about men and women. By circling the number on the scale, indicate how much you agree or disagree with each statement.

---

1. How much did your mother feel that a "good" woman has to sacrifice and devote her life to her husband?

0=Not at all 1=Slightly 2=Moderately 3=Very 4=Extremely

2. How much did your mother feel that a "good" woman has to sacrifice and devote her life to children?

0=Not at all 1=Slightly 2=Moderately 3=Very 4=Extremely

3. How much did your mother feel that a man should make the most important decisions?

0=Not at all 1=Slightly 2=Moderately 3=Very 4=Extremely

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4. How much did your mother feel that a woman has to accept the fact that she had less authority than her husband?

0=Not at all 1=Slightly 2=Moderately 3=Very 4=Extremely

5. How much did your mother feel that it was okay to have her needs come second to her husband's needs?

0=Not at all 1=Slightly 2=Moderately 3=Very 4=Extremely

6. How much did you mother feel that she had no choice but to go along with what was expected of he as a woman?

0=Not at all 1=Slightly 2=Moderately 3=Very 4=Extremely

7. How much did your mother feel that it was okay for a woman to feel resentful at having less opportunities than her husband?

0=Not at all 1=Slightly 2=Moderately 3=Very 4=Extremely

8. How much did your mother feel that it was okay for a boy to have more rights than a girl?

0=Not at all 1=Slightly 2=Moderately 3=Very 4=Extremely

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9. How much did your mother feel that a boy's opinion was more valuable than a girl's opinion?

0=Not at all   1=Slightly   2=Moderately   3=Very   4=Extremely

10. How much did your mother feel that it was better to be a boy than a girl?

0=Not at all   1=Slightly   2=Moderately   3=Very   4=Extremely

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Appendix C

Center for Epidemiologic Studies Depression Scale (CES-D)

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Appendix C

(CES-D)

Below is a list of the ways you might have felt or behaved. Please tell us how often you have felt this way during the past week.

Rarely or none of the time (less than one 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)

During the past week	Rarely (<1)	A little (1-2)	Moderate (3-4)	Most (5-7)
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

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3. I felt that I could not shake off the blues even with help from family and friends	0	1	2	3
4. I felt that I was just as good as other people	0	1	2	3
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	0	1	2	3
9. I though my life had been a failure	0	1	2	3
10. I felt fearful	0	1	2	3

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11. My sleep was restless	0	1	2	3
12. I was happy	0	1	2	3
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	0	1	2	3
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

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Appendix D

Symptom Checklist-90-R (SCL-90-R) Anxiety Subscale

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Appendix D

Symptom Checklist-90-R (SCL-90-R) Anxiety Subscale

Circle the number that best describes how much discomfort each of the problems listed below has caused you during the last 7 days INCLUDING TODAY.

	Not at All	A little bit	Moderately	Quite a bit	Extremely
1. Nervousness or shakiness inside	0	1	2	3	4
2. Trembling	0	1	2	3	4
3. Suddenly scared for no reason	0	1	2	3	4
4. Feeling fearful	0	1	2	3	4

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5. Heart pounding or racing	0	1	2	3	4
6. Feeling tense and keyed up	0	1	2	3	4
7. Spells of terror and panic	0	1	2	3	4
8. Feeling so restless you couldn't sit still	0	1	2	3	4
9. The feeling that something bad is going to happen to you	0	1	2	3	4
10. Thoughts and images of a frightening nature	0	1	2	3	4

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Appendix E

Symptoms Scale

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Appendix E

Symptoms Scale

Indicate how often you have experienced the following feelings or symptoms during the past year.

---

1. I got a severe headache.

   0=Never 1=Rarely 2=Sometimes 3=Often 4=Almost always

2. I had trouble breathing for no reason.

   0=Never 1=Rarely 2=Sometimes 3=Often 4=Almost always

3. I had trouble falling asleep at night or staying asleep without waking up.

   0=Never 1=Rarely 2=Sometimes 3=Often 4=Almost always

4. I felt very tired for mo reason.

   0=Never 1=Rarely 2=Sometimes 3=Often 4=Almost always

5. I ate uncontrollably to the point of stuffing myself.

   0=Never 1=Rarely 2=Sometimes 3=Often 4=Almost always

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6. I intentionally purged myself of food using laxatives, diuretics, or self-induced vomiting.

0=Never 1=Rarely 2=Sometimes 3=Often 4=Almost always

7. I avoided eating for a day.

0=Never 1=Rarely 2=Sometimes 3=Often 4=Almost always

8. I was preoccupied with the desire to be thinner.

0=Never 1=Rarely 2=Sometimes 3=Often 4=Almost always

9. I was unhappy or dissatisfied with my overall body shape.

0=Never 1=Rarely 2=Sometimes 3=Often 4=Almost always

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