THE IMPACT OF TRADITIONAL GENDER ROLE BELIEFS AND

RELATIONSHIP STATUS ON DEPRESSION IN MEXICAN AMERICAN

WOMEN: A STUDY IN SELF- DISCREPANCIES

A Dissertation

by

FLOR VANESSA PEREZ

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Submitted to the Office of Graduate Studies of
Texas A&M University
in partial fulfillment of the requirements for the degree of

DOCTOR OF PHILOSOPHY

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December 2011

Major Subject: Counseling Psychology

ABSTRACT

The Impact of Traditional Gender Role Beliefs and Relationship Status on Depression in

Mexican American Women: A Study in Self- Discrepancies. (December 2011)

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Limited research has been conducted to examine traditional female Mexican American gender role beliefs and its impact on depression. In order to address the research questions, this dissertation developed two manuscripts. The first manuscript is a literature review that examines research concerning depression, Mexican American female gender role beliefs, and Self-Discrepancy theory. The second manuscript is a quantitative study that investigates the impact gender role beliefs and partner status has on depression in Mexican American women. Furthermore, the second manuscript suggests variables that contribute to depression in Mexican American women and recommendations for clinicians.

The aim of the second manuscript is to examine the literature concerning depression in Mexican American women and the ways in which traditional gender role beliefs and self-discrepancies may impact Mexican American women's mental health. This dissertation begins by examining the literature concerning depression in Mexican American women. It then explores Mexican American women's gender role socialization, including a review of the values that are taught through this process. This

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study then provides an in depth inspection of the ideal of *marianismo*, which guides traditional Mexican American women's gender role beliefs. Next it progresses to discuss Self-Discrepancy theory and possible mental health outcomes. Examples of possible self-discrepancies related to traditional Mexican American women's gender role beliefs are provided to illustrate how depression may occur when self-discrepancies are present. Finally, it provides recommendations for clinicians who work with depressed Mexican American women.

The second manuscript examines the impact of traditional gender role beliefs and partner status on depression in a sample of 325 Mexican American women. It is hypothesized that an interaction effect between partner status and gender role beliefs will be found, whereas Mexican American women who are unpartnered and have traditional gender role beliefs will experience a greater amount of depression, due to the presence of a discrepancy. Contrarily, results from the analysis of variance (ANOVA) found no interaction between partner status and gender role beliefs on depression. The manuscript provides possible explanations for such findings. In addition, results from a hierarchical regression indicate that level of education and the family pillar aspect of marianismo significantly impact depression in Mexican American women.

DEDICATION

For my *abuelitos*: Ernesto Perez Sr., Angelina Perez, Maximino Manzanares, and Modesta Manzanares that have always believed in me and whose sacrifices gave me the opportunity to accomplish my educational goals.

To my *padres* Emperatriz Manzanares and Ernesto Perez Jr. that always guided me in a positive direction and taught me that education is the key to success that would give me the tools to give back to my community and who never grew weary in supporting my educational endeavors. To my brothers Ernesto Perez III and Bernard Perez who make me proud to be their older sister. It is your undying love and support that gave me the courage and strength to achieve.

ACKNOWLEDGEMENTS

I would like to begin by thanking my dissertation chair, Dr. Linda Castillo, for the constant encouragement and dedication she demonstrates to her students. It is her mentorship and encouragements that made me challenge myself throughout the graduate program and helped me grow professionally and personally. I will forever be grateful for your guidance and friendship.

To my dissertation committee, thank you for providing me with your support and expertise and inspiring me through your own professional accomplishments. Through your work for the Latino community I have found inspiration and motivation to continue giving back to my community.

I would also like to thank the faculty and staff of the Department of Educational Psychology. Kristie Stramaski, what would I do without you! I appreciate the amazing work that you do every day to keep us moving forward. To the faculty, thank you for the wisdom and knowledge you have provided me, the countless hours of lectures, emotional supervision session, and funny conversations in the hallways. Dr. Timothy Elliott, thank you for always believing in me and your constant reminders of your faith in my abilities. Dr. Collie Conoley, even though I was unable to work under your guidance, I am grateful for the role you played in my graduate studies. I will never forget the day I heard your voice on the other side of the telephone telling me I was accepted into the program.

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1. INTRODUCTION

Traditionally, women of Mexican origin are socialized into gender role beliefs that are intended to teach them the expected roles for an ideal woman. Traditional Mexican female gender role beliefs are directed by *marianismo*, which encompasses the belief that a Mexican American woman should be devoted to her family, pure, moral, and should aspire to be like the Virgin Mary (Velasquez, Arellano, & McNeill, 2004). Current research has identified several themes that compose marianismo. Each theme specifies characteristics that comprise marianismo, and includes: Family Pillar, Spiritual Pillar, Virtuous & Chaste, Subordinate to Others, and, Silencing Self to Maintain Harmony (Castillo, Perez, Castillo, & Ghosheh, 2010). Many of the values that are a part of marianismo allude to a Mexican American woman being partnered in order to fulfill her roles as a woman. Given the influence gender role beliefs and partner status have on individuals, it can be implied that such discrepancies may impact mental health.

In 1987, Higgins introduced a theory suggesting that discrepancies in individuals' beliefs about their current attributes and ideal or expected attributes caused psychological distress. Research in this area has confirmed these findings (Higgins, 1987; Strauman & Higgins, 1987) and suggests that discrepancies may be directly related to depression. Although this relationship has been confirmed, researchers have not explored the impact gender role self-discrepancies may have on Mexican American women's mental health.

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This dissertation follows the style of *Rehabilitation Psychology.*

Research shows a higher prevalence of depression in Latino subgroups than other cultural groups (Bromberger, Harlow, Avis, Kravitz, & Cordal, 2004), with a superior prominence in females (Saez-Santiago & Bernal, 2003). Because the research on the factors contributing to the prevalence of depression in Mexican American women is inconclusive, this study attempts to investigate whether it is discrepancies in traditional gender role beliefs that influence depression. Knowledge concerning the impact traditional gender role beliefs and self-discrepancies have on depression can benefit psychotherapists in providing better-informed psychological assessment and clinical services to Mexican American women.

This dissertation addresses the research questions of: 1) Do traditional gender role beliefs or partner status independently impact depression?, 2) Do discrepancies between traditional gender role beliefs and partner status impact depression in Mexican American women?, and 3) Are there other variables that may influence depression in Mexican American women? The purpose of this research is to examine whether self-discrepancies in the area of traditional gender role beliefs and partner status increase depression in Mexican American women. This research will be presented in two phases. The first phase will be a critical literature review that will examine the current research of depression in Mexican American women, traditional Mexican American female gender role beliefs, and Self-Discrepancy theory. The second phase will be an empirical study that focuses on assessing the relationship between the discrepancies in traditional gender role beliefs and partner status and their impact on depression in a sample of Mexican American women.

2. IMPACT OF GENDER ROLE SELF-DISCREPANCIES ON DEPRESSION IN MEXICAN AMERICAN WOMEN: A CRITICAL LITERATURE REVIEW

Depression is one of the most frequently studied indicators of psychological adjustment. Mexican American women experience depression at a greater rate than women of other ethnic backgrounds (Bromberger et al., 2004). Research concerning the factors contributing to depression in Mexican American women continues to be inconclusive. Self-Discrepancy theory indicates that discrepancies between an individual's actual attributes and attributes that are ideal or expected could contribute to depressive symptoms (Higgins, 1987). For modern day Mexican American women, the discrepancy between idealized gender role beliefs ascribed by marianismo and actual attributes may place them at risk for depressive symptoms. The purpose of this paper is to explore the literature concerning Mexican American female gender role beliefs and how Self-Discrepancy theory can serve as a model to explain the possible relationship between gender role beliefs and depressive symptoms. This paper will also present implications for clinicians in the treatment of clients who present with self discrepancies along with depressive symptoms.

2.1 Mexican American Female Gender Role Socialization

Gender roles are the behaviors, attitudes, feelings, and characteristics expected by society of a particular gender (Raffaelli & Ontai, 2004). Gender role socialization occurs through interactions with family, peers, school, and the media. Expectations for women are transmitted by various means, and specific behaviors are reinforced or

discouraged.   The gender roles that women are socialized into are dependent on the specific beliefs of her culture. For Mexican American women, socialization to gender role norms comes from their ethnic group.

Through ethnic socialization, Mexican American women are taught the values, ideals, and beliefs of their culture and identifies as a member of their group (Umana-Taylor, Alfaro, Bamaca, & Guimond, 2009). Additionally, one of the focal objectives of ethnic socialization is the transmission of traditional gender roles (Gonzalez, Umana-Taylor, & Bamaca, 2006).   Ethnic socialization occurs as children learn about their culture through interactions with primary agents such as parents and grandparents and secondary agents such as peers, teachers, and role models (Padilla, 2006). A significant amount of ethnic socialization occurs through interactions with family members. Familial ethnic socialization is defined as the contribution family members have to the process of ethnic socialization (Knight, Bernal, Garza, Cota, & OCampo, 1993).

Umana-Taylor (2001) proposes that familial ethnic socialization is accomplished through covert and overt messages. Covert messages are transmitted by unintentional acts on behalf of the family that teach a child about the Mexican culture inadvertently (Umana-Taylor, 2001). Playing Spanish radio stations, watching *telenovelas* (soap operas), and cooking traditional Mexican meals, are all examples of covert ethnic socialization. Conversely, families overtly teach children about their Mexican identity by providing information about the native country and teaching a child to speak Spanish. Research indicates that Mexican American women are more likely to be socialized by overt means that are intended to explicitly socialize their daughters about their role as

women in the Mexican culture (Gonzalez et al., 2006). Mexican American women are perceived to be the transmitters of cultural tradition and hence are given more attention during the socialization process (Phinney, 1990).

Cultural values of familismo, respeto, and simpatía are particularly relevant to gender-related Mexican American woman socialization (Gil & Vazquez, 1996; Raffaelli & Ontai, 2004). *Familismo* refers to the central role and strong identification with nuclear and extended family in the Mexican culture (Castillo et al., 2010; Velasquez et al., 2004). Due to the importance of family as a source of identity, members are often consulted when an individual makes a decision (Youssef, 1973). Family consideration is taken when making decisions due to family being the main source of identity (Youssef, 1973). Loyalty to the family unit is pertinent and considered the cultural norm. Familismo promotes interdependence and individual self-sacrifice in order to meet the needs of the family unit (Castillo et al., 2010). Contrary to the American value of individuality, familismo focuses on the attachment to family and focuses on the self as related to the group (Velasquez et al., 2004). Every member has a role in the family, which is determined by gender. For Mexican American women, adherence to familismo requires her to uphold the maintenance of her home, bear and raise children, and provide emotional support to her family (Castillo et al., 2010).

The cultural value of *respeto* refers to duty, honor, obedience, and deference placed on an individual's position in a hierarchical structure (Castillo & Cano, 2008). For Mexican American women, respeto serves as a guide that dictates appropriate behaviors, especially in interpersonal relationships. Respeto is demonstrated when an

individual adheres to the directions of anyone higher in the hierarchical family structure (Castillo et al., 2010). According to Comas-Diaz and Duncan (1985), Mexican American culture maintains a level of respeto towards individuals who are in positions of authority including parents and relatives, older individuals, and especially men. To *faltar el respeto* (disrespect), especially in relation to family is considered a cultural transgression (Falicov, 1998). A means of demonstrating respeto is through the use of *formalismo*. *Formalismo* describes a more formal way of communication that demonstrates respeto and regard for a member who has higher status (Miranda, Azocar, Organista, Munoz, & Lieberman, 1996). For example, to demonstrate respeto, a woman refers to men as "*usted*" instead of "*tu,*" and older individuals by *Señor* and *Señora* (Interian & Diaz-Martinez, 2006). Respeto is based on conformity to behavioral norms that uphold self respect (*respeto propio*) as well as family honor (Castillo et al., 2010). For Mexican American women *respeto propio* (self-respect) is demonstrated through sexual purity and sexual shame (Youssef, 1973). Having respeto propio serves as a means for a Mexican American woman to show honor to her family and progress her family esteem.

The traditional Mexican cultural value of *simpatía* promotes agreeableness, harmony, and avoidance of interpersonal conflict (Castillo & Cano, 2008; Triandis, Marin, Lisansky, & Betancourt, 1984). For a Mexican American woman to be considered *simpática* she must be perceived as likeable, attractive, easy-going, and harmonious in relationships (Triandis et al., 1984). Simpatía sets the expectation that individuals must be courteous and avoid contradiction and argument at all costs (Castillo

et al., 2010). For instance, a Mexican American woman may refrain from sharing her opinion if it differs from another individual's for the sake of avoiding conflict. Unless a Mexican American woman feels that she may disagree tactfully and without offending another, she will not disclose her own feelings or needs (Castillo et al., 2010). For Mexican American women, simpatía requires that she maintains harmony by being patient, forgiving, not critical, and avoid discussing sex and birth control (Castillo et al., 2010).

Mexican American women have a prescribed set of traditional gender role expectations or "code of behavior" in which they are socialized (Confresi, 2002). Earlier research of traditional Mexican gender role beliefs described the role of a woman as *hembrismo*, which is described as the reciprocal of the male gender role guide of *machismo*. Hembrismo described a woman's duty to serve and be passive towards men and demonstrate a higher morale (Station, 1972). In the research hembrismo and marianismo have been used interchangeably to describe traditional Mexican gender role expectations. This study will refer to the traditional Mexican gender role beliefs as marianismo.

The cultural script, referred to in the literature as *marianismo*, is used to teach Mexican American women the gender role expectations she must abide in order to be a good Mexican American woman. Marianismo originated from the Mexican folk story of the apparition of *La Virgen de Guadalupe* (The Virgin of Guadalupe) to an indigenous peasant by the name of Juan Diego. In Mexican folklore, La Virgen is viewed as a holy

woman who is all-good and self-sacrificing, the prototype of what all Mexican American women should be (Velasquez et al., 2004).

Mexican American women are taught that her duty as a woman is to be nurturing, self-sacrificing, passive, and submissive, with special emphasis on the role of wife and mother (Gil & Vazquez, 1996; Velasquez et al., 2004). Traditional Mexican gender roles call for chastity before marriage; submissiveness to fathers, brothers and husbands; and sexual passivity in the marriage (Comas-Diaz, 1987). Furthermore, a woman's domain is in the home, and hence her primary responsibilities lay there (Gil & Vazquez, 1996). An ideal woman is expected to be self-sacrificing at all times and dispenses care and pleasure, but should not expect or ask to receive anything in return (Gil &Vazquez, 1996). Additionally, Mexican American women are expected to have superior spiritual strength, which is characterized by resilience in the face of adversity and a sense of power (Castillo & Cano, 2008).

Most of the gender role expectations that accompany marianismo revolve around the necessity of marriage in order to be a good Mexican American woman. According to traditional gender role beliefs, a Mexican American woman's primary responsibility is to marry and fulfill her role as caretakers and mother (Castillo & Cano, 2008). Along with her dedication to marriage and family, it is expected that sexuality not be discussed and romantic involvement only be associated with marriage (Raffaelli & Ontai, 2001; Velasquez et al., 2004). Like the Virgen of Guadalupe, Mexican American women are to remain a virgin until marriage and must then commit her life to her children and her duties as a wife (Velasquez et al., 2004). A woman who does not prescribe to the

traditional gender roles may be viewed as a bad and unfit Mexican American woman by members of her heritage culture (Velasquez et al., 2004).

Empirical studies have supported the notion of marianismo. For instance, Raffaelli and Ontai (2004) found that Mexican American women received less freedom than their brothers and were expected to tend to household duties such as cleaning and child care. Mexican American women were also encouraged to act in traditional "feminine way" including wearing dresses, playing with dolls, and being "proper." Mexican American women were also expected to not date men, but were simultaneously expected to marry (Raffaelli & Ontai, 2001, 2004).

Recently, Castillo et al. (2010) examined the construct of marianismo. In their study, they found that marianismo is composed of five components that describe the characteristics Mexican American female participants believed they should possess. The first component named *Family Pillar* describes the belief that a Mexican American woman is the main source of strength for her family and is responsible for keeping the family happy and unified (Castillo et al., 2010). The second component, *Virtuous and Chaste*, reflected the belief that Mexican American women should be morally pure in thought and sexuality. The third component, *Subordinate to Others*, described how Mexican American women must be obedient and respect the hierarchical power structure (Castillo et al., 2010). Similarly, the fourth component, *Self-Silencing to Maintain Harmony*, illustrated the belief that Mexican American women should keep her needs and thoughts to herself in effort to maintain harmony in relationships. The last component, *Spiritual Pillar*, describes the belief that Mexican American women are

spiritual leaders and are responsible for the spiritual growth of her family. The group of beliefs revealed by this study confirmed that Mexican American women are socialized to be dependent on family, maintain family honor, and be self-sacrificing (Castillo et al., 2010). Another significant finding of this study suggests that marianismo is multidimensional (Castillo et al., 2010), meaning individuals can have different levels of traditional beliefs on each facet of marianismo. Thus, marianismo beliefs are better accounted for by observing its individual dimensions rather than looking at marianismo as a whole (Castillo et al., 2010).

2.2 Acculturation Process

As parents are the primary providers of ethnic socialization, it has been posited that ethnic socialization is influenced by generational status (Knight et al., 1993). For example, whereas a first generation Mexican American family in the United States may teach their daughters traditional gender roles, a second generation Mexican American family is likely to have more lenient gender role expectations due to the acculturation process (Vazquez-Nuttall, Romero-Garcia, & De Leon, 1987). A process that impacts changing levels of traditional gender role beliefs is acculturation.

Acculturation has been commonly viewed as the process of learning about and adopting the dominant group's cultural values, beliefs, and behaviors (Kim & Abreu, 2001). Kim and Abreu (2001) suggest that acculturation is multidimensional and can occur on a behavioral, cognitive, and affective level. The facets of acculturation are independent of one another and acculturation levels can differ between the various facets (Kim & Abreu, 2001). Each facet consists of characteristics that are impacted by the

encounter with the dominant group. The behavioral facet consists of cultural expressions (e.g. types of music, television shows, and food preferences) and language use. For example, someone who speaks only English would score higher on behavioral acculturation in comparison to someone who speaks only Spanish. The affective facet is composed of one's cultural identification determined by one's attitudes and comfort towards individuals of one's indigenous culture (e.g. Mexican) and the dominant culture (e.g. American). Finally, the cognitive facet refers to an individual's attitudes and beliefs about cultural traditions, customs, and gender role beliefs (Kim & Abreu, 2001). A Mexican American woman with high affective acculturation would be more likely to have more egalitarian gender role beliefs consistent with American values, as opposed to someone with low affective acculturation that would display more traditional Mexican gender roles.

As acculturation occurs, Mexican American women in the United States may shift from traditional gender roles and adopt U.S. cultural norms such as assertiveness and independence (Phinney & Flores, 2002; Zayas, 1987). Many times this is particularly necessary for Mexican American women in order to succeed in the U.S. educational system (Castillo et al., 2006; Gloria & Rodriguez, 2000). Research has supported the assertion that acculturation is associated with changes in gender roles beliefs. For instance, when comparing gender role attitudes between two generations of Mexican American women, Valentine and Mosley (2000) found that gender role beliefs became less traditional as time progressed. Similar findings of traditional Mexican American female gender roles being diminished over time have been revealed by related

studies (Leaper & Valin, 1996; Soto & Shaver, 1982). Zayas (1987) posits that as a Mexican American woman acculturates and develop new gender role beliefs, which are more adapted to the values of the United States, it can lead to conflict between more traditional parents and the acculturating woman. He posits that in this situation acculturation may inadvertently provoke depression in the Mexican American woman (Zayas, 1987).

2.3 Self-Discrepancy Theory

Gender role socialization instills the values, beliefs, and behaviors expected from women. This socialization process hence shapes a woman's perception of who she should be and what her culture expects from her (Higgins, 1987). For Mexican American women who undergo the acculturation process they may experience conflict between what is expected from her from the Mexican culture and the U.S. culture. For instance, Padilla (2006) found that second generation Mexican American females experienced conflict between the expectations to follow traditional gender roles and their desire to exhibit more liberal roles that accompany acculturation to the host country (Padilla, 2006). Oftentimes, this internal conflict can lead to distress or depression (Higgins, 1987).

Higgins' Self-Discrepancy Theory provides a framework for understanding how internal conflict can arise from not meeting a cultural group's expectations. According to Self-Discrepancy theory there are two standpoints on the self: one's own personal standpoint and the standpoint of a significant other (e.g. family; friends; peers) (Higgins, 1987). These two standpoints are that of the "self" and of the "other." Each standpoint

on the self is a point of view from which an individual can be judged based on a set of values and attitudes. In the Mexican culture, one example of a standpoint is the set of values of marianismo and the expectation to marry and have a family (Castillo & Cano, 2008).   From this standpoint, a Mexican American woman may personally feel that she should marry and feel pressure to be married in order to fulfill the culture's prescribed norm of what is expected of a Mexican American woman in lieu of pursuing other aspirations. For instance, a study that analyzed women's career motivation found that women who had high career involvement tended to express more nontraditional gender roles (Morinaga, Frieze, & Ferligoj, 1993).   It is possible that internal conflict is provoked by the discrepancy between traditional gender roles and reality, when a Mexican American woman places educational or career pursuits as a priority to marriage or decides not to marry.

Individuals have various representations of themselves where conflict may arise. The various representations are different for each individual dependent on socialization and life experience. Self-Discrepancy Theory proposes that there are three domains of the self: the actual self, the ideal self, and the ought self. The *actual* self is the representation of attributes and qualities that she actually possesses. The *ideal* self is the representation of attributes she should ideally possess including, hopes, aspirations, and wishes (Higgins, 1987).   The *ought* self is the representation of the attributes that she believes she should or "ought" to possess including duties, obligations, and responsibilities (Higgins, 1987). Self-Discrepancy theory also posits that there are two standpoints of the self, including one's own view and that of a significant other.   The

various combinations between the *standpoints of the self* and *domains of the self* create the various self-states representations including: actual/own, actual/other, ideal/own, ideal/other, ought/own, and ought/other (Higgins, 1987). For instance, an example of ideal/other would be a Mexican American woman mother's desire for her daughter to marry within her culture. This representation describes the ideal another person has for this individual. Another example would be a Mexican American woman feeling the need to serve her husband and children dinner before she sits down to eat. This instance can describes an ought/own representation where within herself she feels the duty to serve her family before herself. Both the ideal and ought selves serve as self-guides, a compass of sorts that guides a woman to who she should strive to be, whether as an ideal or as a duty.

For some Mexican American women, traditional Mexican gender roles (ideal or ought) will be embraced and internalized (made to be her own) during the gender socialization process and hence it will become an ideal/own, whereby she feels that one should live up to the characteristics of marianismo (ideal) that are set by her culture. However, for others the traditional gender roles instilled by the Mexican culture can simply be an expectation or duty (ought), hence becoming an ought/other (if she feels others expect this of her) or ought/own (if she feels it is her duty) representation. For a Mexican American woman who has been socialized with traditional Mexican American woman gender roles and has internalized these values, being partnered can be an ideal/own, yet for another who has not internalized the values of marianismo it will be an ought/own. It can also be argued that for some Mexican American women,

traditional gender roles can be perceived as less of a duty or obligation (ought/own) and be seen as more of an aspiration (ideal/own) of what she hopes to become, for example seeing child rearing as a hope rather than a gender role expectation.

Self-Discrepancy theory also suggests that individuals are moved to have congruence between the actual and ideal/ought self (Strauman & Higgins, 1987). According to this theory, a discrepancy between an individual's actual/own versus ought/own results in feelings of worthlessness, guilt, irritability, anhedonia, and fatigue while a discrepancy between actual/own versus ideal/own results in disappointment, emptiness, and depression (Higgins, 1987; Strauman & Higgins, 1987). Hence, a discrepancy between actual/own and ought/own results in agitation-related emotions from self-criticism and a discrepancy between actual/own and ideal/own results in dejection-related emotions from a perceived lack of self-fulfillment (Higgins, 1987; Higgins, Klein, & Strauman, 1985). Given Self-Discrepancy theory, it is likely that if a Mexican American woman experiences a discrepancy between her actual self and fulfillment of traditional gender roles (ought/ideal self), she is likely to experience depressive symptoms.

Although various types of self-discrepancies can be present in a given individual, this does not necessarily mean that any given discrepancy will cause more psychological discomfort than another. Several variables impact the intensity of psychological discomfort that a given discrepancy causes. In order for a discrepancy to induce psychological discomfort, both availability and accessibility to the discrepancy must be present (Higgins, 1987).

The *availability* is determined by the amount of difference between the attributes in the two self-state representations in question. Every attribute in each self-state representation is compared to the attributes in the other self-state representations. After comparison, each attribute can be considered a match or a mismatch. For example, if a Mexican American woman has an attribute that she feels she should be married (ought/own) but she is not married (actual/own) this will be considered a mismatch. Thus, when the attributes are not equivalent in each self-state a mismatch occurs. The greater the difference between matches and mismatches in the two self-state representations in question, the greater the intensity of psychological discomfort the individual will experience (Higgins, 1987; Higgins et al., 1985).

Accessibility to a self-discrepancy is determined by the recency of activation. A self-discrepancy that has been recently brought into awareness will be more accessible than one that has been dormant for an extended time. Strauman and Higgins (1987) found that when individuals were primed for a self-discrepancy, dejection and agitation related symptoms were induced consistent with the self-discrepancy present. It is also necessary that the self-discrepancy be applicable to the given context. If the self-discrepancy is not relevant to the event, it will not be activated to interpret information; hence it will not be accessible to the individual. Additionally, the frequency of activation will impact the likelihood that an individual will utilize this information in order to interpret future situations. A self-discrepancy is likely to be most accessible if the discrepancy has been recently activated, arises in a relevant context, and is frequently activated in interpreting information (Higgins, 1987). As availability and accessibility to

a self-discrepancy increase, so will the psychological discomfort associated with this discrepancy (Higgins, 1987). It is important to note that Self-Discrepancy theory posits that if an individual has availability and accessibility to several self-discrepancies they will experience the type of discomfort (i.e.- dejection or agitation) derived from the self-discrepancy that has the greatest magnitude.

2.4 Depression in Mexican American Women

According to the Epidemiologic Catchment Area (ECA) study and the National Comorbidity Survey (NCS), Latinos have the second highest prevalence of depression and the highest prevalence of clinical major depression compared to other cultural groups in the United States (Saez-Santiago & Bernal, 2003). According to the ECA, the prevalence of depression in Latinos is estimated to be 4.3% and 17.7% by the NCS. Although the estimates include both males and females, depression has continuously been found to affect women at a higher rate than men (Kessler, McGonagle, Swartz, Blazer, & Nelson, 1994; Weissman & Klerman, 1977). This finding has also been replicated within the Mexican American population, with Mexican American women reporting more depression than Mexican American males (Alegria et al., 2007; Saez-Santiago & Bernal, 2003). Additionally, recent research suggests that Mexican American women have higher rates of depression than women of other racial backgrounds (Bromberger et al., 2004). As aforementioned, these findings have also been corroborated by the ECA study and NCS, two large scale psychiatric epidemiological studies.

The reason for high prevalence of depressive symptoms in Mexican American women in the U.S. remains unclear. Studies that attempt to uncover factors contributing to the high rates of depression in Mexican American women suggest a strong association between depression and low levels of education, non-partner status (Castillo, Archuleta, & Van Landingham, 2006; Golding & Karno, 1988; Guarnaccia, Angel, & Worobey, 1991), and unemployment (Hiott, Grzywacz, Arcury, & Quandt, 2006; Kessler et al., 1994).

Cultural factors have also been found to contribute to Mexican American women's experience of depressive symptoms. In a qualitative study by Heilemann, Coffey-Love, and Frutos (2004), 107 Mexican American women were asked to answer open-ended questions concerning their perceptions of the source and cause of their depressive symptoms. Six common reasons describing the most recent episode of depressive symptoms in Mexican American women were found including: partner issues, family issues, and feeling alone. These categories are associated to traditional Mexican American cultural values and female gender roles related to familismo and marianismo and the importance of relationships in this culture. This study revealed that it is not directly the gender role beliefs themselves that are causing distress in the subjects, but the conflict that arises in the Mexican American woman between her gender role beliefs and her life. For example, a participant in the study reported being depressed due to her inability to find a partner with whom to share her life (Heilemann et al., 2004). Based on marianismo it is understood that a primary role for Mexican American women is as a wife and mother, hence the aforementioned participant had a

discrepancy between her gender role belief and her actual life that was likely provoking depression.

It has also been suggested that partner status may be related to depressive symptoms in Mexican American women. As previously mentioned, Mexican American women are traditionally socialized to adopt family and motherhood as a central role in their lives (Gil &Vazquez, 1996; Velasquez et al., 2004). Several studies have found that Mexican American women who are unpartnered report higher level of depressive symptoms (Castillo et al., 2006; Golding & Karno, 1988; Guarnacci et al., 1991). Furthermore, married Mexican American women and single Mexican American women that have never been married endorse less depressive symptoms than Mexican American women who were previously married (Golding & Karno, 1988). The mixed results indicate that it is not partner status alone that directly influences the onset of depression but it may be related to a discrepancy between the expectations of gender role beliefs and actual life.

Depression may arise when traditional gender role beliefs are discrepant from another role required of a woman. For example, in a study of highly feminine Mexican American college students, depression ensued when a conflict between traditional gender role expectations and academic demands was present (Dominguez-Barros, 2009). A more direct link between depression and traditional gender role beliefs is thought to be related to the specific characteristics of a Mexican American women's gender socialization (Gil &Vazquez, 1996; Miranda-King, 1974). It has been posited that the nature of marianismo and the push for Mexican American women to be passive,

dependent, and non-assertive can lead to Mexican American women being more susceptible to depressive symptoms when compared to their male counterparts (Miranda-King, 1974).

2.5 Clinical Implications

Given the high rates of depression experienced by Mexican American women it is important that clinicians are aware of the various factors that contribute to depression and intervene appropriately. Evidence found in the research concerning the impact of self-discrepancies (Higgins, 1987; Higgins et al., 1985) and gender roles (Miranda-King, 1974) on mental health make it necessary that clinicians include assessment and interventions intended to address these issues during treatment. Before the clinician selects specific interventions, it is important to consider treatments that have been found in the literature to be most effective in working with depressed Latinos. Research has found that treatments that offer more directive and problem-solving approaches have the highest effectiveness rates amongst Latinos (Interian & Diaz-Martinez, 2006; Organista & Muñoz, 1996). The National Institute of Mental Health (2003) found high effectiveness rates using Cognitive Behavior Therapy (CBT) when used to treat depressive symptoms in Latinos.

CBT is an empirically supported treatment that helps clients identify maladaptive thoughts and teaches clients to challenge the present distorted thought in order to construct more healthy and helpful methods of thinking (Interian & Diaz-Martinez, 2006). Through this process, the client is able to reconstruct their basic beliefs and change maladaptive behaviors and symptoms that stem from these false beliefs. It is

posited that CBT allows clients to feel immediate symptom relief and defines the client's role which can reduce attrition rates (Interian & Diaz-Martinez, 2006; Organista & Muñoz, 1996). CBT's didactic style demystifies psychotherapy and decreases the stigma associated with psychotherapy in the Mexican culture (Interian & Diaz-Martinez, 2006; Organista & Muñoz, 1996). When a Mexican American client sees psychotherapy more like a classroom setting, they are less likely to feel as if they are breaking cultural norms or expectations. Stigma may be experienced by Mexican American female clients due to the expectation that they should be able to handle problems within the family and this may impact a Mexican American woman's decision to remain in treatment. The therapeutic setting may also trigger self-discrepancies in a Mexican American woman who feels she is doing something discrepant to her self-guides (ideal or ought selves). Psychological services are significantly underutilized in Latino populations (Shattell, Smith, Quinlan-Colwell, & Villalba, 2008) and addressing cultural stigma early in treatment can increase retention in psychological treatment.

Given the implications of self-discrepancies on Mexican American women's depressive symptoms it is essential that clinicians incorporate the assessment of gender role beliefs and gender role expectations into the initial intake process with Mexican American women. Brown (1986) suggests Gender-Role Analysis, a clinical interview focused on gender roles, as a means to gather specific information concerning a client's gender role socialization, cultural demographics, history of abuse, and gender role expectations in the home, gender role attitudes, and gender role conformity and non-compliance, prior to treatment. Obtaining this information during the intake process will

allow the clinician to gain a more accurate representation of the function that traditional gender roles have on the client and will decrease the chance of stereotyping and missing pertinent information for proper treatment (Brown, 1986). As treatment progresses it will be important for clinicians to determine the meaning the client has attributed to her gender role beliefs and identify possible self-discrepancies between her actual self and self-guides. Being privy to this information will allow clinicians to gain a more accurate conceptualization of client's needs and impact gender roles may have on client's depressive symptoms before initiating treatment.

According to Self-Discrepancy theory, the impact discrepancies will have on a client's mental health symptoms is dependent on several factors including the accessibility, the self-concept, and the actual client's circumstances (actual self) (Higgins, 1987). Clinicians are able to guide clients to make changes in order to decrease the impact that self-discrepancy will have on her mental health. Higgins (1987) identified three ways in which treatment can help reduce the emotional problems generated by self-discrepancies.

The first method is changing the client's actual self to be less discrepant from her self-guide (Higgins, 1987). Changing her *actual/own* will allow her to minimize the gap between who she is and who she feels she ought to be or should be ideally. The clinician can help the client determine the behaviors that are interfering with her ability to meet the expectations of her self-guides and use behavioral modification as a means to help her change her current behavior. Another intervention would be helping the client identify existing distortions in her self-perception and challenging the perception using

cognitive behavioral techniques such as collecting evidence for and against the distorted perception. For example, a Mexican American woman may have a discrepancy between her *ideal/own* of, "A Mexican American woman should put her children's needs before her own," and her *actual/own* of being a college student that does not see her children during class time. A clinician in this instance would begin by helping the client identify the meaning she has attributed to being a student and not seeing her children and how this is discrepant from her gender role belief of putting her children's needs first. A clinician could then identify any distortions in the client's self-perception and help her challenge her perception and replace the distorted perception with a more helpful one. In the aforementioned case, a clinician could help the client recognize that she is indeed meeting her self-guide by sacrificing time with her children to go to school to provide a better future for her children.

The second way to alleviate the impact of self-discrepancies is to change the self-guide to be less discrepant from the actual/own self-concept (Higgins, 1987). This can similarly be done by helping the client explore the possibility that the self-guide (ideal/own or ought/ own) may be unfit due to being unfair, illegitimate, unreasonable, unrealistic, or unhelpful (Higgins, 1987). Clinicians should take precaution in using this technique given the sensitive nature of gender role beliefs. It could be considered culturally insensitive for a clinician to suggest that an individual's gender role beliefs are "unfair or unreasonable" and a clinician should ensure that this suggestion is not made due to their own personal beliefs, but instead due to the client's experience of the belief. Socratic questioning may be a tool used by a clinician to help the client reach his or her

own conclusions as to whether or not the self-guide is unfit and should be reframed. An example of when to use this strategy is when a clinician observes logical fallacies in the self-guide including all-or-none thinking (thinking of situations in absolute terms with no alternatives; black and white thinking). A Mexican American woman could have the self-guide of, "I should *always* be friendly." A clinician could point out the distortion and guide client in creating exceptions to this self-guide and creating a more helpful self-guide that is less discrepant from the actual self.

According to Self-Discrepancy theory, a discrepancy must be accessible in order to provoke emotional disturbances (Higgins, 1987). The third method of minimizing the impact of self-discrepancies is to change the accessibility to the discrepancies (Higgins, 1987). Reducing the exposure to environments that are relevant to the discrepancy, thus activating it, will decrease the magnitude of the psychological distress. It is important that clinicians help the client identify the social interactions and/or environments that activate the discrepancy and find ways to reduce the frequency of the event or social interaction. Cognitive approaches can help the client prepare for the activation of the discrepancy by rehearsing positive thoughts and a more helpful attitude that inhibits accessibility (Higgins, 1987).

In conclusion, Mexican American women experience depressive symptoms above those of other cultural groups (Bromberger et al., 2004). Research has had mixed findings concerning the factors contributing to the high rate of depression in Mexican American women. Moreover, research concerning the impact of traditional gender role beliefs on depression is inconclusive. It is possible that Self-Discrepancy theory could

explain the increase in depressive symptoms in women who suffer discrepancies between their gender role beliefs and their actual lives. Future research examining gender role beliefs and Self-Discrepancy theory could provide helpful information to clinicians in the treatment of depression in Mexican American women who experience self-discrepancies.

3. THE INFLUENCE OF TRADITIONAL GENDER ROLE SELF-DISCREPANCIES AND RELATIONSHIP STATUS ON DEPRESSION IN MEXICAN AMERICAN WOMEN

Latinos have been found to experience depressive symptoms at a higher rate than individuals of other cultural groups (Bromberger et al., 2004). With the Latino population continuing to grow at a rapid pace (Pew Hispanic Center, 2011) understanding the epidemiology of depression and mental health needs of this population is salient for mental health providers. Latinos of Mexican decent are the largest group and account for 63% of the entire U.S. Latino population (U.S. Census, 2011). It is salient that research explore the impact depression has on this specific subgroup of the Latino population. Research also suggests that within the Mexican culture, females tend to experience depression at a higher rate than Latino males (Saez-Santiago & Bernal, 2003) and are in an especially vulnerable position to develop depressive symptoms. Additionally, Latinas of various subgroups (e.g., Mexican American, Cuban American, Puerto Rican) are found to have higher rates of depression than women of other cultural backgrounds (Bromberger et al., 2004). Studies that attempt to uncover factors contributing to the high rates of depression in Mexican American women are inconclusive and the variables that contribute have not yet been identified. Some research implies a possible link between depressive symptoms and traditional gender role beliefs (Grimmell, 1998). Mexican American women who perceive discrepancies between their actual self and the self that is characterized by traditional Mexican

American female gender roles may be more at risk for depression. To better understand how this discrepancy can lead to depression, the purpose of this study is to examine the relationship between self- discrepancies in gender role beliefs and partner status to depression in Mexican American women.

In the Mexican culture, women have a specific set of gender role beliefs or "code of behavior" in which they are socialized (Confresi, 2002). Interactions with both family and peers teach the Mexican American woman her role as a female and the gender role expectations held by her culture (Padilla, 2006). Researchers have identified several cultural values that influence gender related socialization in Mexican families (Raffaelli & Ontai, 2004.) Mexican American female gender role beliefs stem from various Mexican values including marianismo, familismo, respeto, and simpatía (Internian & Diaz-Martinez, 2006; Raffaelli & Ontai, 2004). Although both men and women are expected to maintain Mexican values, the way in which they are expected to display their allegiance to the values differs (Castillo et al., 2010). For example, a male may demonstrate his loyalty and devotion to his family by providing financially, while a woman is expected to provide physical and emotional support.

Marianismo can be described as the Mexican American female code of behavior that directs traditional gender role beliefs and encompasses all the aforementioned values including components of familismo, respeto, and simpatía. Marianismo states that a Mexican American woman should be nurturing, self-sacrificing, sexually pure, passive, submissive, and place special emphasis on the role of wife and mother (Niemann, 2004; Phinney & Flores, 2002). Familismo refers to family unity and allegiance, and

emphasizes a woman's responsibility to put family before herself (Galanti, 2003; Interian & Diaz-Martinez, 2006; Sue & Sue, 2003). In order to adhere to familismo, a woman is expected to do housework, bear and raise children, and provide support to her family (Castillo et al., 2010; Galanti, 2003). Both these traditional cultural values suggest that if a Mexican American woman has adopted traditional gender role beliefs, her role is to marry and fulfill her duty or ideal as wife, caretaker, and mother (Castillo & Cano, 2008; East, 1998). In fact, East (1998) found that Latinas have the youngest desired age for marriage and first birth. Another traditional gender role value, simpatía, dictates the expectation for Mexican American women to be courteous, warm, and caring to others, while respeto emphasizes having respect towards yourself and others (Vera & Quintana, 2004). Comprehensively, traditional Mexican values prescribe the expectation for a Mexican American woman to be nurturing, submissive, selfless, respectful, and devoted to her family and partner.

A recent study generated five themes that are a part of marianismo (Castillo et al., 2010). The first theme is *Family Pillar*, which poses that Mexican American women should be the main source of strength for her family and is responsible for the happiness of her family. The second theme is *Virtuous and Chaste*, which describes the responsibility for a Mexican American woman to be pure morally and sexually. The third theme, *Subordinate to Others*, illustrates a Mexican American woman's responsibility to be obedient and respectful to the Mexican hierarchical family structure. The fourth theme, *Self-Silencing to Maintain Harmony*, reflects the Mexican American belief that in order to maintain harmony in relationships she should not share her

personal thoughts or needs. Finally, the last theme *Spiritual Pillar* describes a Mexican American woman's role as spiritual leader of her family. An interesting finding in this research study is that marianismo is multidimensional (Castillo et al., 2010). Each theme describes a distinct element of traditional gender role beliefs, thus individuals can differ on their rating on each subscale. This finding implies that each theme is better accounted for individually rather than bundled together as one large construct.

Few studies have examined the impact Mexican American woman's gender role beliefs have on depression. For instance, in a qualitative study by Heilemann et al. (2004), 107 Mexican American women were asked to answer open-ended questions concerning their perceptions of the source of their depressive symptoms and what they felt was the cause of their distress. The data analysis discovered six categories of reasons for the most recent episode of depressive symptoms (Heilemann et al., 2004). Included in this list of categories are partner issues, family issues, and feeling alone. Half of the categories were associated to traditional gender roles instilled by marianismo and emphasize the importance of relationships in the Mexican culture. For example, a participant in the study attributed depression symptoms to her inability to find a partner with whom to share her life. Similarly, a study conducted in 2002 found that Mexican American women are more likely to be depressed when they are single (Myers et al., 2002). These findings may suggests that it is not the actual gender role beliefs that are causing distress in Mexican American women, but may be induced by a discrepancy between her gender role beliefs and her own life.

An explanation that has not yet been explored is the possibility that depression ensues when Mexican American women do not meet the desired ideals of their traditional gender role beliefs; hence, creating a discrepancy between her actual life and who she desires to be, as suggested by Self-Discrepancy theory (Higgins, 1987; Strauman & Higgins, 1987). Self-Discrepancy theory describes two standpoints of the self: the first pertains to one's own view of self, "own", the second to the standpoint of another significant person, "other." Each standpoint serves as a point of view by which a person can be evaluated based on a set of attitudes or beliefs. A primary example of a set of beliefs Mexican American women are evaluated upon is marianismo. In this case, a Mexican American woman could be judged based on her "own" gender role beliefs or the beliefs of a significant other.

Another component of Self-Discrepancy theory is that of the three domains of the self: actual self, ideal self, and ought self. The *actual* self is the representation of attributes and qualities that she actually possesses. For example, a married woman's actual self would include that she has a martial partner. The *ideal* self is the representation of attributes she should ideally possess including, hopes, aspirations, and wishes (Higgins, 1987). For example, a possible aspiration for a partnered individual is the *ideal* self of being a mother. The *ought* self is the representation of the attributes that she believes she should or ought to possess including duties, obligations, and responsibilities (Higgins, 1987). For example, the duty to remain a virgin until marriage may serve as an ought self. Both the ideal self and the ought self serve as self-guides, a

compass of sorts that guides a woman to who she should strive to be, whether as an ideal or as a duty.

Marianismo is ultimately a self-guide that is instilled by the Mexican culture to teach Mexican American women their role as a female member of the culture (Grimmell, 1998; Wood, Christensen, Hebl, & Rothgerber, 1997). The domains of self will differ in every woman, dependent on her cultural and gender role socialization, which shapes her beliefs and ideals. The various combinations created between the standpoints of the self (own or other) and domains of the self (actual, ideal, or ought) create the various *self-states representations* including: actual/own, actual/other, ideal/own, ideal/other, ought/own, and ought/other (Higgins, 1987). Self-Discrepancy theory posits that specific discrepancies result in particular types of psychological distress.

According to Self-Discrepancy theory feelings of worthlessness, guilt, irritability, anhedonia, and fatigue result from a discrepancy between an individual's actual/own versus ought/own. This is a discrepancy between an individual's actual life and what she personally feels are her duties and obligations. Meanwhile, a discrepancy between actual/own and ideal/own results in disappointment, emptiness, and depression (Higgins, 1987; Strauman & Higgins, 1987) ensuing from the discrepancy between her actual life and what she would ideally want for her life. Hence, a discrepancy between actual/own and ought/own results in agitation-related emotions from self-criticism and a discrepancy between actual/own and ideal/own results in dejection-related emotions from a perceived lack of self-fulfillment (Higgins, 1987; Higgins, et al., 1985). A

discrepancy will only result in psychological distress on the condition that it is available and accessible to the individual who possesses it.

The magnitude of the psychological impact is dependent on the availability and accessibility to the discrepancy (Higgins, 1987). The discrepancy's *availability* refers to the amount of difference between the attributes in the two self-state representations in question. The greater the difference between the two self-state representations in question, the greater the intensity of psychological discomfort the individual will experience (Higgins, 1987; Higgins et al., 1985). Additionally, the *accessibility* of the discrepancy is determined by the recency of activation. A discrepancy becomes active when it is brought into awareness by interaction with relevant material. A self-discrepancy is likely to be most accessible if the discrepancy has been recently activated, arises in a relevant context, and is frequently activated in interpreting information (Higgins, 1987). The amount of differences between the two attributes can come as a result of the acculturation process as a Mexican American woman adopts beliefs that differ from those from her culture of origin.

*Acculturation i*s the phenomenon that occurs when changes are made in a person's original cultural patterns when two groups of different cultures come into continuous contact with each other (Cuellar, Arnold, & Maldonado, 1995). During the process of acculturation, Mexican individuals learn or adopt characteristics of the mainstream culture (Vera & Quintana, 2004). As such, research indicates that there are generational differences in gender role beliefs, with later generations retaining less of their ethnic culture and having less traditional gender role beliefs (Cuellar, Nyberg,

Maldonado, & Roberts, 1997; Phinney & Flores, 2002; Vazquez-Nuttall et al., 1987). It is expected that as acculturation occurs and Mexican American women are exposed to more egalitarian gender roles, her gender role beliefs will become less traditional (Vazquez-Nuttall et al., 1987) and as a result will feel less need or desire to fulfill the duty or ideals of traditional Mexican American female gender roles.

Most studies on acculturation tend to focus on behavioral components of acculturation such as primary language spoken or how many years individuals have lived in the United States. However, recent acculturation models suggest that there are three facets to acculturation. In each of these facets, Mexican American women can acculturate (adopt majority culture behaviors or beliefs) or *enculturate* (maintain the cultural behaviors and beliefs of the heritage culture). As such, for this study, marianismo is viewed as a measure of cognitive enculturation because it provides information on the extent to which a Mexican American woman accepts a belief (cognitive) that was part of her culture's socialization (enculturation). Past research has found that as acculturation occurs, gender role beliefs become less traditional, consequently decreasing the level of cognitive enculturation (Vazquez-Nuttall et al., 1987). These findings suggest that Mexican American women who have high levels of cognitive enculturation are more likely to have more traditional gender role beliefs.

3.1 Purpose of the Study

The purpose of this study is to examine the impact that gender role beliefs and partner status has on depression in Mexican American women. Self-Discrepancy theory suggests that if an individual has a discrepancy between her ideal/ought self and her

actual self, she will experience depressive symptoms (Higgins, 1987; Higgins et al., 1985). This study proposes that this type of discrepancy arises when a Mexican American woman does not meet the ideals or duties prescribed by her gender role beliefs based on the components of marianismo. It is proposed that if a Mexican American woman who follows the ideals of marianismo is not partnered she will experience depressive symptoms due to the discrepancy between her ideal/ought self and her actual/self. In addition, this study suggests that it is not exclusively partner status or gender role beliefs that provoke depression in Mexican American women, but the interaction between the two variables. Several hypotheses are posited:

1) There are no differences in mean depression scores across the levels of partner status (partnered and non-partnered).

2) There are no differences in mean depression scores across the levels of gender role beliefs (traditional and non-traditional).

3) There is an interaction effect between partner status and gender role beliefs, whereas Mexican American women who are unpartnered and have traditional gender role beliefs will experience a greater amount of depression.

3.2 Methods

Data Collection

This study utilizes a secondary data set that was collected from a national online survey. The data set was collected for the purpose of validating the Marianismo Belief Scale by Dr. Linda Castillo and her research team at Texas A&M University (Castillo et al., 2010). The participants included Mexican American woman volunteers from a

variety of junior colleges, four-year colleges, technical schools, and the community at large. A Mexican American woman was defined as a woman of Mexican decent who was born in Mexico or the United States and was currently living in the United States.

Participants

The sample used for this study consists of 281 Mexican American women in the United States, both partnered and unpartnered, between the ages of 18-35. The mean age was 23 years (SD = 4.36).   A woman who is considered unpartnered was not presently married, never married in the past, or not in a current long term relationship. Long term relationships were determined by having "living with a significant other" as an option included in the marital status category. Two hundred and ten women were enrolled in college. Of the participants, 160 were partnered while 121 were unpartnered. Two hundred and thirteen women endorsed non-traditional gender role beliefs while 68 endorsed traditional gender role beliefs. The women were of various generational status: 15% were 1st generation (born in another country), 48% were 2nd generation (either parent born in another country), 11% were 3rd generation (both parents born in the U.S., and all grandparents born in another country), 15% were 4th generation (at least one grandparent born in another country), and 11% were 5th generation (all grandparents born in U.S.). In the sample, 65% were not considered at risk for depression and 35% scored in the mild to severe risk for depression. The mean household income was $42,373 (SD = $33,461) with a range of $0 to $250,000.   The mean individual income was $17,279 (SD = $17,274) with a range of $0 to $67,000.

Measures

Three instruments were used to gather information from participants: the Acculturation Rating Scale for Mexican Americans-II (ARSMA- II) to examine acculturation, the Kessler Psychological Distress Scale (K10) to assess for depression, and the Marianismo Beliefs Scale (MBS) to examine gender role beliefs. Additionally, demographic information was collected on the subjects' income, religious affiliation, generation of living in the United States, and current living situation.

Demographic Information. An 18 item, self-report questionnaire was used to acquire descriptive information from each participant. Individuals provided information pertaining to racial/ethnic identity, marital status, religious affiliation, partner status, social economic status, and academic standing.

Behavioral Acculturation and Enculturation. To measure acculturative status, the participants were given the Acculturation Rating Scale for Mexican Americans II (ARSMA- II). The ARSMA-II is a 30 item scale that asks questions assessing four factors: 1) language use and preference, 2) ethnic identity and classification, 3) ethnic behaviors and cultural heritage, and 4) ethnic interaction (Cuellar et al., 1995). Each item is scored on a 1 to 5 Likert scale ranging from "not at all" to "extremely often, or almost always." The scale is composed of two subscales: the Anglo Orientation Subscale (AOS; a measure of behavioral acculturation) and the Mexican Orientation Subscale (MOS; a measure of behavioral enculturation). The AOS has 13 items with a coefficient alpha of .83, while the MOS has 17 items with a coefficient alpha of .88. The mean AOS score is then subtracted from the mean MOS score to calculate an acculturation score.

The acculturation scores fall into 5 Levels: Very Mexican Oriented (Level 1), Mexican Oriented Bicultural (Level 2), Slightly Anglo Bicultural (Level 3), Strongly Anglo Oriented (Level 4), and Very Assimilated/Anglicized (Level 5).

The ARSMA- II was revised from the first version (ARSMA- I) in order to measure cultural orientation toward Mexican and Anglo cultures independently (Cuellar et al., 1995). The bi-dimensional test is capable of generating multidimensional acculturative types such as integrated, separated, assimilated, and marginalized types. The ARSMA-II has good internal consistency with a coefficient alpha of .87 as well as concurrent validity of .89 (Cuellar et al., 1995). It has also demonstrated good concurrent validity of .89 with the ARSMA (Cuellar et al., 1995) With this study's sample, the internal consistency of the ARSMA-II was acceptable at a coefficient alpha of .74. The subscales also demonstrated satisfactory internal consistency with the AOS subscale at coefficient alpha of .73 and the MOS subscale at coefficient alpha of .88.

Depression. The Kessler Psychological Distress Scale (K10) is a 10 item self-report instrument that ranges in score from 10 to 50 in which higher values indicate greater depressive symptoms (Kessler et al., 2002; Baggaley et al., 2007). The K10 is composed of short statements that can be more easily understood by a low literacy sample. Items inquire about symptoms during the past 4 weeks and include feelings of sadness, nervousness, hopelessness, and worthlessness. Each item is scored from 1 to 5, where a response of "none of the time" scores a one and "all of the time" scores a five. A score of 25 and greater indicates high risk for depression with or without anxiety (Kessler et al., 2003). When used to measure depression, the K10 has excellent internal

consistency and reliability with Cronbach's alpha value of .87 and satisfactory item-total

correlations of .44 to .83 (Baggaley et al., 2007). Similarly, in this study, the K10

maintained good reliability with an alpha coefficient of .89.

Gender Role Beliefs. The Marianismo Beliefs Scale (Castillo et al., 2010) is a

24-item scale that is used to measure levels of traditional Mexican American woman

gender role beliefs and is also a measure of cognitive enculturation. Each question was

measured using a Likert scale from Strongly Agree to Strongly Disagree. The questions

included items related to familismo, respeto, and simpatía, all of which are a part of

traditional Mexican American woman gender role beliefs and values (Castillo et al.,

2010). Exploratory Factor Analysis identified five factors of marianismo: Family Pillar,

Virtuous and Chaste, Subordinate to Others, Silencing Self to Maintain Harmony, and

Spiritual Pillar (Castillo et al., 2010).

In a study by Castillo et al. (2010), internal reliability was established for each

factor with coefficient alphas of .77 (Family Pillar), .79 (Virtuous and Chaste), .76

(Subordinate to Others), .78 (Silencing Self to Maintain Harmony), and .85 (Spiritual

Pillar). The significant positive correlations with the Multiphasic Assessment of

Cultural Constructs-Short form, a measure of cognitive enculturation, established

construct validity. Discriminant validity was also observed with no significant

correlations being found between MBS subscales and behavioral acculturation (Castillo

et al., 2010). The MBS also proved to have good internal consistence in this study with

Cronbach's alpha of .89 and subscale scores of .79 (Family Pillar), .79 (Virtuous and

Chaste), .75 (Subordinate to Others), .79 (Silencing Self to Maintain Harmony), and .87 (Spiritual Pillar).

3.3 Results

Analysis

A preliminary correlation analysis explored the relationships between the variables examined by this study. All of the relationships found were expected and supported by current literature. The results of the correlation analysis can be seen on Table 1. A significant negative relationship (r = -.30) was found between years of education and depression. This supports the literature suggesting that Latinas with lower levels of education are more likely to experience depressive symptoms (Castillo et al., 2006; Golding & Karno, 1988; Guarnaccia et al., 1991).

Several significant relationships were found between behavioral acculturation and other related variables. A positive relationship was observed between acculturation and generational status (r = .36) and a negative relationship between acculturation and behavioral enculturation (r = -.36). This suggests that as generational status increases individuals tend to demonstrate greater behavioral acculturation. It also implies that as behavioral acculturation occurs individuals tend to demonstrate less behavioral enculturation. Accordingly, a negative relationship was found between generational status and behavioral enculturation (r = -.53), whereas enculturation decreases as generational status increases. This is comparable to the findings of the literature suggesting that as acculturation occurs and generational status increases facets of enculturation, such as gender role beliefs, become less traditional (Knight et al., 1993;

Table 1

Pearson Correlation Matrix of Study Variables

	1	2	3	4	5	6	7	8	9	10	11	12	13
1 Depression	1.00												
2 Years of Education	-.30 **	1.00											
3 Generation	-.02	-.11 *	1.00										
4 Partner Status	.06	.03	-.08	1.00									
5 Age	-.20 **	.27 **	.11 *	-.17 **	1.00								
6 Income	-.15 **	.02	.14 **	-.18 **	.19 **	1.00							
7 Acculturation	.02	-.14 *	.36 **	.09	.04	.06	1.00						
8 Enculturation	-.03	.16 **	-.53 **	-.03	-.05	-.08	-.36 **	1.00					
9 Family Pillar	.23 **	-.08	-.03	-.09	-.01	.01	-.08	.19 **	1.00				
10 Virtuous & Chaste	.16 **	-.09	.03	.01	-.15 **	-.09	.07	-.01	.38 **	1.00			
11 Subordinate to Others	.12 *	-.06	.15 **	-.04	.07	-.10	.04	-.12 *	.14 *	.29 **	1.00		
12 Self-Silencing	.13 *	-.06	.03	-.01	-.12 *	-.06	-.08	-.07	.15 **	.29 **	.62 **	1.00	
13 Spiritual Pillar	.10 *	-.07	-.03	-.06	.10	-.02	-.02	.12 *	.53 **	.44 **	.24 **	.24 **	1.00

* Statistically significant difference at the *p*<.05 level.   ** Statistically significant difference at the *p*<.01 level.

Leaper & Valin, 1996; Phinney & Flores, 2002; Soto & Shaver, 1982; Valentine & Mosley, 2000; Vazquez-Nuttall et al., 1987; Zayas, 1987).

Additionally, the correlation analysis revealed positive significant relationships between all of the subscales of marianismo. The strongest relationships were between Spiritual Pillar and Family Pillar ($r = .53$), Family Pillar and Virtuous and Chaste ($r = .38$), Spiritual Pillar and Subordinate to Others ($r = .44$) and Self-Sacrificing and Subordinate to Others ($r = .62$). The positive correlations between the facets of marianismo are an indicator that they indeed measure the same construct. The relationship between traditional gender role beliefs and depression were explored by further analyses.

In order to address the research questions, a Univariate Analysis of Variance (ANOVA) using PASW was used to examine whether an interaction existed between gender role beliefs and partner status. The two-way ANOVA examined the impact the interaction between two independent variables had on the dependent variable. In this study, the dependent variable was defined as depression, while the two fixed factors were defined as gender role beliefs and partner status. Each factor contained two levels creating a 2x2 factorial design. Partner status consisted of two levels, partnered and unpartnered. Gender role beliefs consisted of two levels, traditional and non-traditional. The analysis hence created four groups including: partnered/traditional, partnered/non-traditional, unpartnered/traditional, and unpartnered/non-traditional. Due to using an unbalanced data set, each cell did not have an equivalent number of observations. In

Table 2

Summary of Means and Standard Deviations for Gender Role Beliefs and Partner Status

Partner Status	Traditional				Nontraditional		
	N	*M*	*SD*		*N*	*M*	*SD*
Partnered	40	23.53	7.49		120	21.71	6.96
Unpartnered	28	21.32	5.48		93	23.03	7.45
Total	68	22.62	6.78		213	22.29	7.19

order to address this concern, PASW utilized a Type III Sum of Squares as a correction. Means and standard deviations for each group are reported in Table 2.

There was no statistically significant main effect of partner status with depression. There were also no significant differences in the mean scores of depression between traditional or non-traditional individuals. The evidence supports the hypothesis that depression means were not different between traditional and non-traditional gender role beliefs.

When examining the means of depression for each group graphically, an interaction appeared to be present between partner status and gender role beliefs as presented in Figure 1. After further examination, a significant interaction between gender role beliefs and partner status on mean scores of depression was not supported. The hypothesis expecting to find a significant interaction between gender role beliefs and partner status on depression means was rejected. When considering both partner status and gender role beliefs, there was no evidence that they have an interactive influence on depression.

A hierarchical multiple regression analysis using PASW was performed to further examined the variables' possible contribution to depression in this sample of Mexican American women. The results of the hierarchical regression are reported in Table 3. In the first regression block, household income, years of education, generational status, partner status, and age were entered into the regression model as they are expected to predict depression in Mexican American women (Castillo et al., 2006; Guarnaccia et al., 1991; Myers et al., 2002; Saenz, Goudy, & Lorenz, 1989;
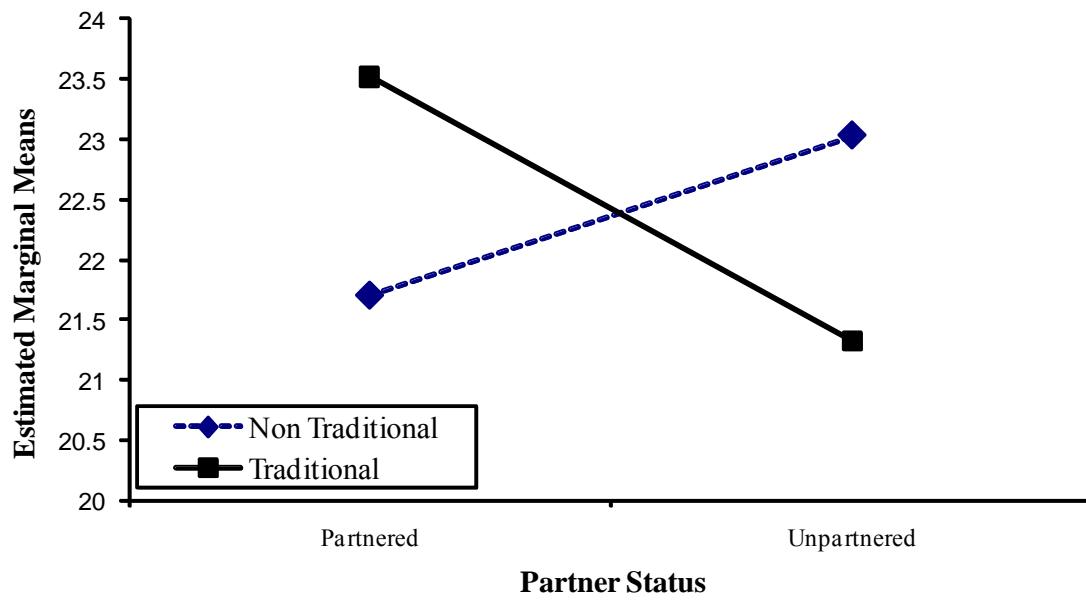
Figure 1. Estimated Marginal Means of Depression for Partner Status and Gender Roles.

Table 3

Hierarchical Multiple Regression Analysis Predicting Depression

	Model 1				Model 2				Model 3			
Predictor	B	SE B	β	Sig.	B	SE B	β	Sig.	B	SE B	β	Sig.
Years of Education	-.37	.08	-.28	.00 *	-.37	.08	-.28	.00 *	-.33	.08	-.25	.00 *
Generational Status	-.10	.34	-.02	.77	-.12	.41	-.02	.77	-.29	.41	-.05	.48
Partner Status	.35	.86	.03	.68	.36	.87	.03	.68	.61	.86	.04	.48
Age	-.15	.10	-.09	.14	-.15	.10	-.09	.15	-.14	.11	-.08	.20
Income	.00	.00	-.12	.05 *	.00	.00	-.12	.05 *	.00	.00	-.11	.07
Acculturation					-.18	1.03	-.01	.86	.03	1.02	.00	.97
Enculturation					-.13	.72	-.01	.86	-.56	.73	-.06	.45
Family Pillar									.72	.22	.23	.00 *
Virtuous and Chaste									.07	.19	.02	.72
Subordinate to Others									.17	.25	.05	.50
Self-Silencing to Maintain Harmony									.09	.21	.03	.67
Spiritual Pillar									-.19	.25	-.05	.46

* Statistically significant value at the $p < .05$ level.

Shattell et al., 2008). Model 1 produced an $R^2 = .12$, $F(5, 261) = 7.21$, $p < .001$. The regression analysis found years of education to be a significant predictor of depression $t(261) = -4.57$, $p < .05$, with Mexican American women with more education experiencing less depression. Additionally it found household income to be a significant predictor of depression $t(261) = -1.98$, $p < .05$ whereas participants who have lower household incomes experience more depression.

In the second regression block, behavioral acculturation and enculturation were entered as exploratory predictor variables producing $R^2 = .12$, $\Delta R^2 = .00$, $F(7,259) = 5.12$, $p < .001$. Neither acculturation $t(259) = -0.17$, $p > .05$ nor enculturation $t(259) = -0.18$, $p > .05$ was found to be significant predictors of depression in the second regression model. Years of education continued to be a significant predictor of depression $t(259) = -4.49$, $p < .05$.

In the third regression block, the various subscales of marianismo were entered as predictor variables: Self-Silencing to Maintain Harmony, Family Pillar, Virtuous and Chaste, Spiritual Pillar, and Subordinate to Other. This analysis allows one to examine the various components of traditional gender role beliefs and to observe marianismo multi-dimensionally (Castillo et al., 2010). The last regression model resulted in a significant contribution of years of education $t(254) = -4.14$, $p < .05$ and Family Pillar $t(254) = 3.27$, $p < .05$ to depression. The regression model 3, including all of the aforementioned predictors, generated $R^2 = .18$, $\Delta R^2 = .05$, $F(12, 254) = 4.51$, $p < .001$. From Model 1 to Model 3 there was an R^2 increase from 12% to 18%, suggests a greater

percentage of the variance in depression being accounted for by the predictors in the third model.

3.4 Discussion

The purpose of this study is to examine the impact gender role beliefs and partner status has on depression in Mexican American women. Self-Discrepancy theory suggests that psychological distress can ensue from discrepancies that occur in a Mexican American woman's actual life and her perception of her duties or ideals. A part of a Mexican American woman's ideals and/or duties is traditional gender role beliefs that implicate the need for partnership. This research expected to find that Mexican American women who have traditional gender role beliefs and are unpartnered would experience psychological distress due to the discrepancy between her duties/ideals and her actual life. Contrary to the hypothesized, this study did not find a higher level of depression in Mexican American women who have traditional gender role beliefs and are unpartnered due to an expected discrepancy. No interaction effects were found between a Mexican American woman's gender role beliefs and her relationship status meaning that the impact of gender role beliefs on depression was not dependent on whether a Mexican American woman was partnered or unpartnered.

Considering the majority of the sample had higher education it is possible that present discrepancies between her gender role beliefs and partner status were not accessible due to other discrepancies taking greater precedence, thus not provoking psychological distress. In the example of educated Mexican American women who endorse traditional gender role beliefs, it is more likely that the gender role discrepancy

between her decision to pursue an education, in opposition of traditional gender role beliefs, is more accessible than that of being unpartnered.

Alternatively, Mexican American women are likely to endorse less traditional gender role beliefs as she begin to become more educated and acclimated with her educational environment (Lara-Cantu, 1989; Phinney & Flores, 2002). Once the unpartnered Mexican American woman shifts away from her traditional Mexican gender role beliefs, she will no longer possess a discrepancy, even if she is unpartnered. Although some Mexican American women may continue to endorse traditional gender role beliefs, when in a predominately White America educational system she may no longer be in an environment that is likely to facilitate accessibility to the discrepancy.

As expected, this study found no differences in depressive symptoms between Mexican American women who were partnered/ unpartnered or had traditional/non-traditional gender role beliefs. This finding supports the proposal that partnership and gender role beliefs alone do not provoke depressive symptoms in Mexican American women. On the other hand, after further analysis, a couple of variables significantly contribute to depression in this sample of Mexican American women.

This study revealed that depressive symptoms decreased as years of education increased. It appears that as a Mexican American woman becomes more educated, she is less likely to experience depressive symptoms. These findings support past research concerning the positive impact education has on Mexican American women' mental health (Castillo et al., 2006; Myers et al., 2002; Saenz et al., 1989). Given the stipulations of Self-Discrepancy theory, it is possible that discrepancies in traditional

gender role beliefs lose relevance as education increases due to shifts in the Mexican American woman's beliefs of what her ought or ideal self should look like. If the Mexican American female gender role beliefs are not relevant to the individual they will no longer be accessible, consequently no longer provoking depressive symptoms.

Additionally, past researchers who have explored gender role beliefs in educated women have found that Mexican American women are more likely to be egalitarian and have less traditional gender role beliefs when compared to women who did not pursue a college education (Lara-Cantu, 1989; Phinney & Flores, 2002). As Mexican American students are introduced into the U.S. educational system that emphasizes White American values and beliefs, minority students face "cultural incongruence" between their own values and those of the educational system and typically acculturate into the educational environment in order to succeed (Castillo et al, 2006; Gloria & Rodriguez, 2000). If a Mexican American woman's views about her gender role beliefs change as she becomes more educated, it is possible that discrepancies will no longer exist to produce psychological distress. Along with years of education, a specific element of marianismo seems to also contribute to depression.

Findings indicate that depression increases as a Mexican American woman's sense of family pillar increases. The Family Pillar theme of marianismo measures a Mexican American woman's belief that she is the main source of strength for her family and is responsible for her family's happiness (Castillo et al., 2010). It appears that Mexican American women who have a greater belief in their central role in their family have a greater propensity to develop depressive symptoms. It is interesting that the other

themes of marianismo did not significantly impact depression. This supports the findings of Castillo et al. (2010) that marianismo is in fact multidimensional. Additionally, our research results support past research that found that a Mexican American woman's greatest triggers for depression are related to family and relationships (Heilemann et al., 2004).

Furthermore, Organista, Dwyer, and Azocar (1993) found that many depressed Mexican American women are commonly overloaded with family responsibilities. More specifically, this study found a relationship between a Mexican American woman's beliefs in her responsibility towards her family and her susceptibility to experience depression. Vasquez (1994) suggests that Mexican American women may internalize the responsibility to maintain and nurture their family and ignore her own needs in order to meet that role. According to Self-Discrepancy theory a Mexican American woman who has an ideal or ought self of being responsible for her family, and who does not feel she is meeting the responsibility would experience depressive symptoms. It is possible that Mexican American women who possess this belief feel unable to fulfill the responsibility and thus are depressed. The manner in which discrepancies in Mexican American female gender role beliefs, especially in the area of Family Pillar, impact depression, is an area which requires greater study. Although expected results were not found, the findings in this study provide insight for clinicians who work with Mexican American women.

Implications

Awareness of factors that may impact a Mexican American woman's mental health is vital to providing effective treatment. Given this study's finding that strong beliefs as a family pillar impact Mexican American women's depressive symptoms, it is important that clinicians incorporate the assessment of gender role beliefs and family pillar beliefs within the initial intake. Assessing for this during the intake process will decrease the chance of stereotyping and missing pertinent information for proper treatment (Brown, 1986). The most effective method of treatment for Mexican American women is taking a directive approach to counseling (Interian & Diaz-Martinez, 2006; Organista & Muñoz, 1996); therefore it is beneficial to the clinician to assess for gender role beliefs in a directive fashion. One method of assessing gender role beliefs in a directive manner is by using Gender-Role Analysis.

Gender-Role Analysis is an assessment tool that guides a clinician in gathering information concerning a client's gender role socialization, cultural demographics, history of abuse and gender role expectations in the home, gender role attitudes, and gender role conformity and non-compliance prior to treatment (Brown, 1986). Gathering this information in a directive way will allow the clinician to gain a more accurate representation of the importance and relevance that traditional gender roles and beliefs about family have on the client's mental health. Given the implications of past research (Castillo et al., 2010) and this study, it is also important for clinicians to pay special attention to each individual component of a Mexican American woman's gender

role beliefs. Being privy to this information will allow clinicians to gain a more accurate conceptualization of client's needs and can help inform treatment.

Just as clinicians bear in mind individual characteristics that may contribute to a Mexican American woman's mental health, the findings in this study suggest that clinicians consider that a Mexican American woman's years of education may be related to depression. Mexican American women with less education may be more likely to develop depressive symptoms than those with more years of education (Castillo et al., 2006; Myers et al., 2002; Saenz et al., 1989). Exploring the meaning attributed to education for the client may expose information relevant for treatment. Also, possible shifts in gender role beliefs as she obtains higher levels of education should be explored in session (Lara-Cantu, 1989). Uncovering the meaning of each Mexican American woman's gender role beliefs is essential to providing effective treatment. After the initial assessment is complete, the clinician will then be better equipped to search for themes, maladaptive thoughts, and areas of growth that may be approached in treatment in accordance to the clinician's theoretical approach.

Limitations

There are several limitations that should be considered when interpreting the results of this study. It is important to note that the research was accomplished using a secondary data set, which included instruments that were not initially intended to measure self-discrepancies. The original study of Self-Discrepancy theory, as well as more current studies, used the Selves Questionnaire as a means to measure self-discrepancies (Boggiano & Barrett, 1991, Higgins, et al., 1985; Phillips & Silvia, 2005).

The Selves Questionnaire asks participants to list attributes that they believe describe each of their self-domains (actual, ideal, and ought) from their own and the standpoint of a significant other (Higgins et al., 1985). Each participant is then asked to rate the importance of the particular standpoint within each domain to investigate which is accessible to the individual. Self-Discrepancy theory postulates that only discrepancies that are accessible (determined by frequency, relevancy, and recency) to the individual will result in psychological distress (Higgins, 1987; Wood et al., 1997). Without information concerning the participants' accessibility to a discrepancy, it is more difficult to determine the psychological outcome.

It is recommended that future studies of self-discrepancy and Mexican American female gender role beliefs create a Selves Questionnaire concerning Mexican American female gender role beliefs and inquire about the importance of each standpoint. Although using a secondary data set is beneficial in research, the specificity of self-discrepancy theory may require a more direct and specific instrument of measurement. Given the Castillo et al.(2010) findings that marianismo is multidimensional, future studies should consider the different themes in marianismo including Family Pillar, Spiritual Pillar, Virtuous and Chaste, Subordinate to Others, and Self-Silencing to Maintain Harmony when measuring self-discrepancies in traditional gender role beliefs. Because this study measured marianismo as one general construct, it is possible that valuable information concerning the impact discrepancies in the various facets of marianismo may have been missed.

The participant information obtained in this study may not have been sensitive enough to measure self-discrepancies due to the lack of information concerning the accessibility of the discrepancy to each participant. This study was only privy to information concerning each woman's level of traditional gender role beliefs, current partner status, and current depressive symptoms. It is important that future Mexican American female mental health studies take into consideration different alternatives to measuring self-discrepancies in relation to gender role beliefs. Although this study's results may have been influenced by the way in which self-discrepancy was measured, past research using the Selves Questionnaire supports the idea that self-discrepancies in the area of intimate relationships provokes depression in females.

In a study of self-discrepancies in college students, Boggiano and Barrett (1991) found that the females in the study demonstrated a greater desire than males for positive intimate relationships. The women in the study revealed a need for positive intimate relationships as an attribute of the ideal self. The increased discrepancy between the actual and ideal self in relation for the desire to have more intimate relationships confirms the pressure women place on themselves to be caretakers, especially in Mexican American women, who feel the need to care for their family. This type of discrepancy results in depressive symptoms directly related to the desire to be an emotional caretaker and have positive relationships (Boggiano & Barrett, 1991). The findings of this study indicate that self-discrepancies in the area of relationships are indeed a factor in contributing to depression and should be further examined.

Also, it is possible that the method of measuring gender role beliefs may have compromised the expected results. In this study traditional gender role beliefs was measured using the Marianismo Beliefs Scale. This instrument has five subscales that together describe a Mexican American woman's level of traditional gender role beliefs. In order to measure gender role beliefs, this study used the overall marianismo score, which incorporates all five subscales. It is likely that due to the inclusion of all five subscales, some of which are unrelated to a Mexican American woman's ideal/duty to partnership, the total MBS score may not have reflected the specific gender role belief of interest in this study. Due to the multidimensional nature of marianismo found in the study by Castillo et al. (2010), future studies of Mexican American female gender role beliefs may consider using separate subscales to measure the specific area of Mexican American woman gender role beliefs of interest. It is critical to note that Mexican American women may have varying levels of traditional gender role beliefs depending on the particular theme. For example, it is possible that a Mexican American woman may have a traditional view of family and marriage and a less traditional view of her role as a spiritual pillar. The MBS subscale of Family Pillar, which measures a Mexican American woman's belief concerning her responsibility towards her family, may have been a better measure of traditional gender role beliefs in this study rather than the overall MBS score. It is possible that this study did not find a significance interaction between gender role beliefs and relationship status due to the fact that gender role beliefs were measured using all five subscales of the MBS and did not isolate the subscale that

explicitly examined a Mexican American woman's duties/ideals towards partnership and family.

Another limitation is the disproportion of community versus college sample of Mexican American women used in this study. The majority of the Mexican American women in this sample were college enrolled. Because gender role beliefs are shaped by socialization and experience (Padilla, 2006), it can be assumed that the discrepancies in gender role beliefs may be different in a sample of college Mexican American women compared to Mexican American women who are not enrolled in an institution of higher education. The acquisition of a college education is not typically congruent with traditional Mexican American women gender role beliefs, since it deviates from a Mexican American woman's focus towards family and partnership. It is possible that Mexican American women who are enrolled in college may experience distress due to the deviation from their traditional gender role beliefs/expectations. Contrarily, due to the Mexican American woman's focus on obtaining an education the gender role discrepancy may not be as relevant, therefore not eliciting depressive symptoms. Further research in this area is needed in order to explore possible differences in gender role discrepancies between a community sample and a college sample of Mexican American women.

Finally, the unbalanced number of Mexican American women who were traditional versus non-traditional created concerns in the statistical analysis. Ideally, an ANOVA would be conducted with a balanced data set, meaning each cell would have the same amount of observations. Although PASW has a correction that allows for an

accurate analysis using an unbalanced data set, there is still possibility of error impacting the analysis. Using a Type III Sum of Squares correction with data sets that have cells with low frequencies is associated with lowered statistical power of the analysis (Littell, Stroup, & Freund, 2002). Lowered power makes it more likely that a statistically significant effect will be overlooked and found to be non-significant. It is possible that due to the lowered statistical power the analysis was not been strong enough to identify any possible interaction effects. The impact the correction may have had on the findings of this study should be kept in mind when interpreting the results. It is recommended that future studies use a balanced data set in order to analyze gender role discrepancies in order to avoid the error associated with the correction.

Conclusion

This research study explored the ways in which traditional gender role beliefs and partner status contributed to depression in Mexican American women. Contrary to what was expected, this study did not find support the hypothesis that self-discrepancies between a Mexican American woman's gender role beliefs and her actual life contributed to depression. The results of this study are likely to have been influenced by the limitations in the study and should be explored further. Although gender role beliefs and partner status did not impact depression in this study, findings implicate the possible contribution of family pillar beliefs and years of education to depression. Based on our results, Mexican American women who have a stronger belief as a family pillar are more likely to develop depressive symptoms along with women who have less years of education. Clinicians are encouraged to consider gender role beliefs in treatment and

explore ways in which family pillar beliefs and years of education may impact Mexican American women's mental health. Furthermore, there is a need for future research to explore the way in which traditional gender role beliefs may impact Mexican American women's mental health.

4. SUMMARY AND CONCLUSIONS

4.1 Summary

Depression is a growing concern in Mexican American women's mental health, given the prevalence in this subset of the population. Mexican American women experience depression at a high rate, and understanding the factors contributing to depression in this group can guide clinicians in offering more effective treatments. Current research is unclear on the factors that contribute to depression in this sample, and has not met a consensus on variables that make the Mexican American female population vulnerable to depression. Past studies imply that discrepancies between desired and actual self-attributes elicit depressive symptoms, although this theory has not yet been examined with a Mexican American female population. This research investigates whether self-discrepancies in traditional gender role beliefs contribute to depressive symptoms in Mexican American women.

The first section of this dissertation offers a critical literature review covering past and current research relating to Mexican American female traditional gender role beliefs, depression in Mexican American women, and Self-Discrepancy theory. This section also offers clinical implications for individuals in treatment with Mexican American women suffering from depression. The aim of this section was to review the literature concerning traditional gender role beliefs in Mexican American women and the ways in which Self-Discrepancy theory may apply to depression in Mexican American women.

Given the implications of Self-Discrepancy theory, it is important to explore the impact traditional gender role discrepancies may have on Mexican American women's mental health. Section two of this dissertation is a quantitative study investigating the relationship between discrepancies in traditional gender role beliefs/ partner status and depression in Mexican American women. An analysis of variance and hierarchical regression were used and found no significance between discrepancies in gender role beliefs and partner status on depression. Although, further analysis found a significant positive contribution between the family pillar factor of marianismo and depression, along with a significant negative contribution between years of education and depression. These findings indicate that a Mexican American woman's belief of having the primary responsibility towards her family and low levels of education may negatively impact mental health. These findings demonstrate the need for further research on the impact traditional gender role beliefs have on Mexican American women's mental health as well as the importance of mental health providers to assess the influence traditional gender role beliefs have on Mexican American women.

4.2 Conclusions

The aim of this study was to investigate whether self-discrepancies between actual and desired (ideal or ought) traditional gender role beliefs and partner status influenced depression in Mexican American women. Contrary to the expected, findings suggested that gender role self-discrepancies did not influence depression. On the other hand, high levels of family pillar belief and low years of education increased depression. These findings reveal that although this study did not find a connection between gender

role self-discrepancies and depression, there is a need to investigate the relationship that particular aspects of marianismo/traditional gender role beliefs have on Mexican American women's mental health. Understanding the relationship between depression in Mexican American women and feelings of responsibility towards her family could lead researchers to find methods of decreasing depressive symptoms in this population. The application of such knowledge can guide clinicians in the conceptualization and treatment of depression in the Mexican American female population.

This study was composed of two sections, each exploring the relationship between traditional gender role beliefs, self-discrepancies, and depression in Mexican American women. To begin the investigation, a critical literature review presented research investigating traditional gender role beliefs, self-discrepancy theory, and depression in Mexican American women. Recommendations were made to clinicians on the application of the literature in providing effective treatment to Mexican American women experiencing depression. The second section delved further into the investigation and applied a quantitative approach that examined the impact gender role discrepancies between the actual self and desired (ideal or ought) self has on depression in Mexican American women.

Before interpreting the findings of this study, several limitations must be considered. The sample used by this study was mainly composed of college enrolled Mexican American women versus those from a community setting. This may impact the ability to generalize the findings to Mexican American women in a community setting; given the majority of the sample used in this study were college students. Also, this

study utilized a pre-existing data set that may not have been sensitive enough to measure the importance or relevancy of the gender role discrepancy to each individual; hence leaving it unclear whether the self-discrepancy would ensue in depression. It is recommended that future research continue to investigate the impact traditional gender role beliefs and self-discrepancies have on depression in Mexican American women.

This dissertation has begun to examine the influence gender role self-discrepancies may have on depression in Mexican American women and contributes to the literature on Mexican American female mental health. This study found that although self-discrepancies in the area of traditional gender role beliefs did not increase depression, high levels of family pillar beliefs and low years of education increased the likelihood for a Mexican American woman to experience depression. The findings of this study inform clinical practice in order to increase positive results in the treatment of depression in Mexican American women. It also collaborates past findings that marianismo is multi-dimensional and should be examined as such, in future research. It is important that future studies continue to investigate the ways in which self-discrepancies in traditional gender role beliefs impact Mexican American woman's mental health and how it can inform mental health treatment with Mexican American women.

REFERENCES

Alegria, M., Mulvaney-Day, N., Torres, M., Polo, A., Cao, Z., & Canino, G. (2007). Prevalence of psychiatric disorders across Latino subgroups. *American Journal of Public Health, 97,* 68-75.

Baggaley, R. F., Ganaba, R., Filippi, V., Kere, M., Marshall, T., et al. (2007). Detecting depression after pregnancy: The validity of the K10 and K6 in Burkina Faso. *Tropical Medicine and International Health, 12*, 1225-1229.

Boggiano, A. K., & Barrett, M. (1991). Gender differences in depression in college students. *Sex Roles, 25*, 595-605.

Bromberger, J. T., Harlow, S., Avis, N., Kravitz, H. M., & Cordal, A. (2004). Racial/ethnic differences in the prevalence of depressive symptoms among middle-aged women: The study of women's health across the nation (swan). *American Journal of Public Health, 94,* 1378-1385.

Brown, L. S. (1986). Gender-role analysis: A neglected component of psychological assessment. *Psychotherapy, 23,* 243-248.

Castillo, L. G., Archuleta, D. J., & Van Landingham, A. (2006). The influence of employment status on depressive symptomatology in U.S.-born Mexican American women. *Journal of Rural Community Psychology, 9,* 1-17.

Castillo, L. G., & Cano, M. (2008). Mexican American psychology: Theory and clinical application. In C. Negy (Ed.), *Cross-cultural psychotherapy* (pp. 85-98). Reno, NV: Bent Tree Press.

Castillo, L. G., Perez, F. V., Castillo, R., & Ghosheh, M. R. (2010). Construction and initial validation of the Marianismo Beliefs Scale. *Counselling Psychology Quarterly, 23,* 163-175.

Comas-Diaz, L. (1987). Feminist therapy with Hispanic/Mexican American woman women: Myth or reality? *Women and Therapy, 6*, 39-61.

Comas-Diaz, L., & Duncan, J. W. (1985). The cultural context: A factor in assertiveness training with mainland Puerto Rican women. *Psychology of Women Quarterly, 9,* 463-476.

Confresi, N. (2002). The influence of marianismo on psychoanalytic work with Mexican American women: Transference and countertransference implications. *The Psychoanalytic Study of the Child, 57*, 435-451.

Cuellar, I., Arnold, B., & Maldonado, R. (1995). Acculturation rating scale for Mexican Americans- II: A revision of the original ARSMA scale. *Hispanic Journal of Behavioral Sciences, 17*, 275-304.

Cuellar, I., Nyberg, B., Maldonado, R. E., & Roberts, R. E. (1997). Ethnic identity and acculturation in a young adult Mexican origin population. *Journal of Community Psychology, 25*, 535-549.

Dominguez-Barros, I. (2009). Conflicting worldviews and gender-role expectations among Mexican American college women: Their relationship to depressive symptoms. *Dissertation Abstracts International: Section B: The Sciences and Engineering, 69(8-B),* 5020.

East, P. L. (1998). Racial and ethnic differences in girls' sexual, marital, and birth expectations. *Journal of Marriage and the Family, 60*, 150-162.

Falicov, C. J. (1998). *Latino families in therapy: A guide to multicultural practice.* New York: Guilford Press.

Galanti, G. (2003). The Hispanic family and male-female relationships: An overview. *Journal of Trans- cultural Nursing, 14*, 180-185.

Gil, R. M., & Vazquez, C. I. (1996). *The Maria paradox: How Mexican American women can merge old world traditions with new world self-esteem.* New York: The Berkley Publishing Group.

Gloria, A. M., & Rodriguez, E. R. (2000). Counseling Latino university students: Psychosociocultural issues for consideration. *Journal of Counseling and Development, 78*, 145–155.

Golding, J. M., & Karno, M. (1988). Gender differences in depressive symptoms among Mexican Americans and non-Hispanic Whites. *Hispanic Journal of Behavioral Sciences, 10,* 1-19.

Gonzalez, A. G., Umana-Taylor, A. J., & Bamaca, M. Y. (2006). Familial ethnic socialization among adolescents of Latino and European descent: Do Mexican American woman mothers exert the most influence? *Journal of Family Issues, 27,* 184-207.

Guarnaccia, P. J., Angel, R., Worobey, J. L. (1991). The impact of marital status and employment status on depressive affect for Hispanic Americans. *Journal of Community Psychology, 19,* 136-149.

Heilemann, M. V., Coffey-Love, M., & Frutos, L. (2004). Perceived reasons for

    depression among low income women of Mexican descent. *Archives of*

    Psychiatric Nursing, 18, 185-192.

Higgins, E. T. (1987). Self-discrepancy: A theory relating self and affect. *Psychological*

    Review, 94, 319-340.

Higgins, E. T., Klein, R., & Strauman, T. (1985). Self-concept discrepancy theory: A

    psychological model for distinguishing among different aspects of depression

    and anxiety. *Social Cognition, 3,* 51-76.

Hiott, A., Grzywacz, J., Arcury, T., & Quandt, S. (2006). Gender differences in anxiety

    and depression among immigrant Latinos. *Families, Systems & Health: The*

    Journal of Collaborative Family Health Care, 24, 137-146.

Interian, A., & Diaz-Martinez, A. M. (2006). Considerations for culturally competent

    cognitive-behavioral therapy for depression with Hispanic patients. *Cognitive*

    and Behavioral Practice, *14,* 84-97.

Kessler, R. C., Andrews, G., Colpe, L. J., Hiripi, E., Mroczek, D. K., et al. (2002). Short

    screening scales to monitor population prevalences and trends in non-specific

    psychological distress. *Psychological Medicine, 32,* 959-976.

Kessler, R. C., Barker, P. R., Colpe, L. J., Epstein, J. F., Gfroerer, J. C., et al. (2003).

    Screening for serious mental illness in the general population. *Archives of*

    General Psychiatry, 60, 184-189.

Kessler, R., McGonagle, K. A., Swartz, M., Blazer, D. G., & Nelson, C. B. (1994). Sex and depression in the National Comorbidity Survey I: Lifetime prevalence, chronicity and recurrence. *Journal of Affective Disorders, 29*, 85-96.

Kim, B. S. K., & Abreu, J. M. (2001). Acculturation measurement: Theory, current instruments, and future directions. In J. G. Ponterotto, J. M. Casas, L. A. Suzuki, & C. M. Alexander (Eds.), *Handbook of multicultural counseling* (pp. 394-424). Thousand Oaks, CA: Sage.

Knight, G. P., Bernal, M. E., Garza, C. A., Cota, M. K., & Ocampo, K. A. (1993). Family socialization and the ethnic identity of Mexican-American children. *Journal of Cross-Cultural Psychology, 24,* 99-114.

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

Leaper, C., & Valin, D. (1996). Predictors of Mexican American mothers' and fathers' attitudes toward gender equality. *Hispanic Journal of Behavioral Sciences, 18,* 343-355.

Littell, R. C., Stroup, W. W., & Freund, R. J. (2002). *SAS for linear models (4th ed.).* Cary, NC: SAS Institute Inc.

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

Miranda-King, L. (1974). Puertorriquenas in the United States: The impact of double discrimination. *Civil Rights Digest, 6,* 20-27.

Morinaga, Y., Frieze, I. H., & Ferligoj, A. (1993). Career plans and gender-role attitudes of college students in the United States, Japan, and Slovenia. *Sex Roles, 29,* 317-334.

Myers, H.F., Lesser, I., Rodriguez, N., Bingham Mira, C., Hwang, W., et al. (2002). Ethnic differences in clinical presentation of depression in adult women. *Cultural Diversity and Ethnic Minority Psychology, 8,* 138-156.

Niemann, Y. F. (2004). Stereotypes of Chicanas and Chicanos: Impact on family functioning, individual expectations, goals, and behavior. In R. J. Velasquez, L. M. Arellando, and B. W. McNeill, (Eds.), *The handbook of Chicana/o psychology and mental health* (pp. 61-82). Mahwah, NJ: Lawrence Erlbaum Associates, Inc.

Organista, K. C., Dwyer, E. V., & Azocar, F. (1993). Cognitive behavioral therapy with Latino outpatients. *The Behavior Therapist, 16*, 229-233.

Organista, K. C., & Munoz, R. F. (1996). Cognitive behavioral therapy with Latinos. *Cognitive and Behavioral Practice, 3,* 255-270.

Padilla, A. M. (2006). Bicultural social development. *Hispanic Journal of Behavioral Sciences, 28,* 467-497.

Pew Hispanic Center. (2011). *Census 2010: 50 million Latinos, Hispanics account for more than half of nation's growth in past decade*. Retrieved from http://pewhispanic.org/reports/ report.php?Report ID=140

Phillips, A. G., & Silvia, P. J. (2005). Self-awareness and the emotional consequences of self discrepancies. *Personality and Social Psychology Bulletin, 31*, 703-713.

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

Phinney, J. S., & Flores, J. (2002). "Unpacking"acculturation aspects of acculturation as predictors of traditional sex role attitudes. *Journal of Cross-Cultural Psychology, 33,* 320-331.

Raffaelli, M., & Ontai, L. L. (2001). 'She's 16 years old and there's boys calling over to the house': An exploratory study of sexual socialization in Latino families. *Culture, Health & Sexuality, 3,* 295-310.

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

Saenz, R., Goudy, W. J., & Lorenz, F.O. (1989). The effects of employment and marital relations on depression among Mexican American women. *Journal of Marriage and the Family, 51,* 239-251.

Sáez-Santiago, E., & Bernal, G. (2003). Depression in ethnic minorities: Latinos and Mexican American women, African Americans, Asian Americans, and Native Americans. In G. Bernal, J. Trimble, A. Berlew, & F. Leong (Eds.), *Handbook of racial and ethnic minority psychology* (pp. 401-428). Thousand Oaks, CA: Sage Publications.

Shattell, M. M., Smith, K. M., Quinlan-Colwell, A., & Villalba, J. A. (2008). Factors contributing to depression in Mexican American women of Mexican origin residing in the United States: Implications for nurses. *Journal of the American Psychiatric Nurses Association, 14,* 193-204.

Soto, E., & Shaver, P. R. (1982). Sex-role traditionalism, assertiveness, and symptoms in Puerto Rican women living in the United States. *Hispanic Journal of Behavioral Sciences, 4,* 1-19.

Station, R. D. (1972). A comparison of Mexican and Mexican-American families. *The Family Coordinator, 21,* 325-330.

Strauman, T. J., & Higgins, E. T. (1987). Automatic activation of self-discrepancies and emotional syndromes: When cognitive structures influence affect. *Journal of Personality and Social Psychology, 53,* 1004-1014.

Sue, D. W. & Sue, D. (2003). *Counseling the culturally diverse: Theory and practice (4th ed.).* New York: John Wiley & Sons.

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

Umana-Taylor, A. J. (2001). *Ethnic identity development among Mexican-origin Latino adolescents living in the U.S.* (Unpublished doctoral dissertation). University of Missouri, Columbia.

Umana-Taylor, A. J., Alfaro, E. C., Bamaca, M. Y., & Guimond, A. B. (2009). The central role of familial ethnic socialization in Latino adolescents' cultural orientation. *Journal of Marriage and Family, 71,* 46-60.

U.S. Census Bureau. (2011). *2010 census shows nation's Hispanic population grew four times faster than total U.S. population* (Report No. CB11-CN.146). Retrieved from http://2010.census.gov/news/releases/operations/cb11-cn146.html

Valentine, S., & Mosley, G. (2000). Acculturation and sex-role attitudes among Mexican Americans: A longitudinal analysis. *Hispanic Journal of Behavioral Sciences, 22,* 104-113.

Vasquez, M. J. T. (1994). Mexican American women. In L. Comas-Diaz, & B. Greene (Eds.), *Women of color: Integrating ethnic and gender identities in psychotherapy* (pp. 114-138). New York: Guilford Press.

Vazquez-Nuttall, E., Romero-Garcia, I., & De Leon, B. (1987). Sex roles and perceptions of femininity and masculinity of Hispanic women. *Psychology of Women Quarterly, 11*, 409-425.

Velasquez, R. J., Arellano, L. M., & McNeill, B. W. (2004). *The handbook of Chicana/o psychology and mental health*. Mahwah, NJ: Lawrence Erlbaum Associates.

Vera, E. M., & Quintana, S. M., (2004). Ethnic identity development in Chicana/o youth. In R. J. Velasquez, L. M. Arellando, & McNeill, B. W. (Eds.), *The handbook of Chicana/o psychology and mental health* (pp. 43-59). Mahwah, NJ: Lawrence Erlbaum Associates, Inc.

Weissman, M. M., & Klerman, G. L. (1977). Sex differences and the epidemiology of depression. *Archives of General Psychiatry, 34,* 98-111.

Wood, W., Christensen, P. N., Hebl, M. R., & Rothgerber, H. (1997). Conformity to sex-typed norms, affect, and the self-concept. *Journal of Personality and Social Psychology*, 73, 523-535.

Youssef, N. (1973). Cultural ideals, feminine behavior, and family control. *Comparative studies in society and history, 15,* 326-347.

Zayas, L. H. (1987). Toward an understanding of suicide risks in young Hispanic

females. *Journal of Adolescent Research, 2,* 1-11.

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Perez, F. V., Castillo, L., Ghosheh, M., & Castillo, R. (February, 2009). *Gender Role Beliefs & Partner Status on Depression in Mexican American women*. Presented at Southwest Educational Research Association 32nd Annual Conference. San Antonio, TX.

Cano, M.A. & Perez, F.V. (2008) Hispanic Americans and Latinos/as: A Brief Overview. In C. Negy, (Ed.), *Cross-cultural psychotherapy: Toward a critical understanding of diverse client populations* (2nd ed.) Reno, NV: Bent Tree Press, Inc.

Duffy, M., Boulos, S., Pezent, G., Reichert, A., Haedge, K., & Perez, F.V. (November, 2006). *Religious and developmental issues in psychotherapy with GLBT clients*. Presented at Texas Psychological Association 2005 Annual Convention, Dallas, TX.