

**AMERICAN DREAMS, LATINO REALITIES: INTERROGATING THE  
INTERSECTIONS OF RACE/ETHNICITY, GENDER, AND NATIVITY  
ON SELECT ACCULTURATIVE STRESSORS AND DEPRESSIVE  
SYMPTOMS AMONG MEXICAN-ORIGIN ADULTS**

by

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## **DEDICATION**

I dedicate this dissertation to the memory of my grandparents, Cruz y Ofelia Gomez. Their remarkable work ethic, achievement, enduring faith, love, and support made realizing this dream possible. This is by no means a personal triumph for me, but a testimony to God's grace and the legacy of strength and determination my grandparents have left behind. I thank God and my grandparents for inspiring me to continue, when I thought that I could no longer go on.

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ABSTRACT

**AMERICAN DREAMS, LATINO REALITIES: INTERROGATING THE  
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Co-Chairs: Harold W. Neighbors and Gilbert C. Gee

A main tenet of American Dream narratives is the desire to improve one's socio-economic status. Less central to these dream narratives however, are considerations regarding the costs and consequences not fulfilling one's goals may pose. Indeed, psycho-social and structural challenges to integrating into the U.S. labor market can serve as important sources of acculturative stress for Mexican-origin populations. Diminishing opportunities for low and semi-skilled labor and the need for dual-income households, make it difficult to maintain highly valued traditional (patriarchal) gender beliefs regarding employment and bread-winning roles. Barriers to social mobility may also negatively influence attitudes towards one's life chances of socio-economic success. This research explores these two acculturative stress concepts: 1) inability to maintain valued gender roles; and 2) increasingly negative attitudes about one's life chances of socio-economic success in a sample of Mexican-origin adults. Using data from

the Mexican American Prevalence and Services Survey (MAPSS), the relationships between traditional gender beliefs and attitudes toward life chances of success to depressive symptoms are studied in a sample of 3,012 foreign and US-born Mexican-origin adults. Employing an intersectionality research perspective, the influence of various aspects of one's social identity (i.e., gender, nativity, and employment status) on the experience of these acculturative stressors is also examined. Higher order interactions are tested for traditional gender beliefs and employment by gender and nativity. Likewise, higher order interactions for attitudes towards life chances of success and employment by gender, nativity, and discrimination are investigated. Results show that more (vs. less) traditional gender beliefs and more (vs. less) negative attitudes about one's life chances of success are significantly related to higher levels of depressive symptoms, net of demographic covariates and other acculturative stressors (i.e., discrimination, language barriers, and legal status worries). Employment status was the only significant moderator identified in the higher-order interactions. Being employed buffered against the negative effects of traditional gender beliefs and negative attitudes toward success on depressive symptoms for men, but not women. In this research, gendered vulnerabilities and buffers to acculturative stress are identified and their implications for future mental health research are discussed.

## Chapter I

### **The Streets Are Paved With Gold: Mental Health Consequences of Immigration and Acculturation Efforts To Improve Social Mobility among Mexican-Origin<sup>1</sup> Adults**

Mexican immigration to the United States has and continues to play a major role in shaping this country's economic and demographic character. Mexico is the largest source of immigration to the United States, contributing to sizable population growth among the foreign-born. From 1990 to 2000, the Mexican-born population in the United States more than doubled, growing from 4.3 million to 9.2 million (Passel, 2004). This large and expanding population, characterized by limited social resources, identifies Mexican immigrants as a relevant choice for studying the influence of race/ethnicity, gender, nativity and immigration on depressive symptoms. Studying how various social identities intersect to influence the types of stressors Mexican immigrants encounter as they adapt to the United States, will provide critical insight on new factors that may influence depressive symptoms among Mexican-origin populations.

The purpose of this dissertation is to identify sources of acculturative stress associated with integrating into the U.S. labor market and their effects on the mental health of foreign and U.S.-born Mexican-origin adults. Specifically, this research investigates how race/ethnicity, gender, and nativity along with immigration and acculturation affect depressive symptoms among Mexican-origin adults. Two specific aspects of acculturative stress, *traditional gender beliefs* and *negative attitudes about*

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<sup>1</sup> *Mexican-origin* and *Mexican-origin adults* refer to persons eighteen years and older who self-identify as having being ethnically/culturally Mexican, including foreign and US-born persons.

*one's life chances of socio-economic success*, are addressed in this research. The research questions are examined in a sample (n=3012) of Mexican-origin adults, comparing CES-D caseness<sup>2</sup> between U.S.-born and foreign-born groups.

### ***Acculturation and Social Mobility***

Given the long-standing presence and participatory role Mexican-origin people have played in defending and developing the United States (Meier and Ribera, 1993; Acuna, 2000) as well as their cultural influence on American social arenas such as communications, media, and cuisine (Casillas, 2006; Reveron, 2007; Hispanic Business, 2007), Mexican-origin adults are viewed as having made significant progress in incorporating themselves into U.S. socio-cultural systems. Additionally, assimilation to Anglo American culture is not the goal of most immigrants (Meier and Ribera, 1993; Acuna, 2000). Rather, what Mexican-origin adults want from the United States is to realize American ideals of social mobility and socio-economic success (Hochschild, 1995).

According to Menjivar (1999) and others (Comas-Diaz, 1990; Honganeu-Sotelo, 1994; Gonzalez, 2002) economic events in the United States, such as the recessions of the early 1990s and in 2001-2002, as well as the transfer of low-skilled labor jobs to workers abroad, have contributed to a highly segmented and competitive labor force for Mexican immigrants. The loss of low-wage formal jobs to day-labor forms of employment, along with growth in the service industry and demand for domestic work, has led to structural changes to the U.S. economy and differential employment opportunities for Mexican

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<sup>2</sup>The Center for Epidemiologic Studies Depression (CES-D) scale is a 20-item scale that assesses depressive symptoms over the past week. Using a cutoff score criteria of 16 or above, high symptoms levels are designated as reaching “caseness” and represent the lower bound of the upper quintile of scores from community studies in which CES-D was first validated (Radloff, 1977).

immigrant men and women. While the demand for domestic work has allowed Latina immigrants to use cooking, sewing, and other domestic skills to find work, many Mexican immigrant men struggle to find and maintain employment (Menjivar, 1999).

As a consequence of the displacement of male workers, greater pressure among Latinas to financially support their families has emerged. Indeed, the financial roles of working wives have changed dramatically over time. Not only are more women working than in previous decades, but their contributions to family incomes have also helped lower the incidence of poverty among Mexican immigrants in the United States (Cattan, 1998). These new responsibilities for Latina immigrants have signified a principal shift in gender dynamics and family organization among Mexican-origin populations.

Current trends in labor market participation among Mexican-origin adults vary considerably by nativity. While Latinos comprise 14.2 percent of U.S. workers aged 16 and older, slightly more than half (52.5%) of these workers are immigrants. Differences in employment between foreign and U.S.-born Mexicans are attributed to the younger average age and the generally higher rates of unemployment found among native workers (Gonzalez, 2002; Kochhar, 2008). Among Mexican-origin women, immigrants are less likely to work and more likely to earn lower wages than their American-born counterparts. In spite of such differences however, Mexican-origin adults overall are regulated to blue and pink collar forms of employment, such as agriculture, construction, private household services, and eating, drinking, and lodging industries, which are particularly susceptible to economic difficulties—since production and travel industries are characteristically unstable (Espiritu, 1999; Menjivar, 1999; Gonzalez, 2002).

Mexican-origin adults represent an economically vulnerable population within the United States. In addition to macro-level changes within the U.S. economy, Mexican-origin populations are generally less educated, less likely to speak English, and more likely to live in poverty than non-Latino White populations (Molina and Aguirre-Molina, 1994; Vega and Alegria, 2001; Gonzalez, 2002; Gonzales, 2008). Mexican-origin populations also experience higher fertility rates than non-Latino White and Black populations, contributing to their overall larger family sizes that can increase economic strain (Gonzales, 2008). Because of these factors, foreign and U.S.-born Mexican-origin adults are likely to encounter substantial barriers to attaining their socio-economic goals and suffer mental health problems as a consequence. In relation to these economic vulnerabilities and challenges to gender role expectations and beliefs, two factors that may increase depressive symptoms among Mexican-origin populations developed in this dissertation are: (1) traditional (patriarchal) gender beliefs regarding employment and bread-winning roles, which are believed to conflict with both the economic realities and less traditional (egalitarian) values of the United States, and (2) negative attitudes toward life chances of socio-economic success, defined as the personal and psychological attitudes one harbors about their own life chances for improving social mobility relative to others.

### ***Gender Beliefs***

Employment opportunities and social values regarding women's work vary between the United States and Mexico, making the transition from one socio-economic context to the other an especially difficult task for Mexican immigrant populations. As suggested by a number of scholars (Vega, 1986, 1988, 1990; Golding and Karno, 1988;

Hondagneu-Sotelo, 1994; Aranda et al., 2001), changes to gender roles and responsibilities following immigrant women's entry into the U.S. labor market act as an important source of stress for Mexican immigrant groups. For example, males act as the sole household provider within the majority of Mexican immigrant families (Mayo and Resnick, 1996; Gonzalez, 2002). When financial circumstances necessitate that immigrant women enter the labor force, men may experience a significant loss of self-esteem that can contribute to an increase in depressive symptoms (Amaro et al., 1987; Padilla et al., 1988; Menjivar, 1999; Aranda et al., 2001). Similarly, immigrant women who must abandon valued gender roles as mothers, and take up new or added responsibilities as household wage earners, may feel a sense of guilt for not fulfilling childrearing and household obligations (De Leon-Siantz, 1990). Indeed, cultural and interpersonal conflicts arising from assuming a financial provider role may contribute to increased depressive symptoms among Mexican immigrant women.

It is hypothesized that the challenges of socio-economic acculturation within the United States impedes Mexican immigrant women and men from maintaining their more traditional (patriarchal vs. egalitarian) gender roles and responsibilities, as greater dependence on dual-wage earning and women's employment arises. Specifically, I argue that friction within the family and a diminished sense of self can emerge, placing immigrant populations at increased risk for depressive symptoms. In comparison to their U.S.-born counterparts, Mexican immigrants and, immigrant women in particular, are thought to be at greatest risk for depressive symptoms because immigrants generally subscribe to more patriarchal gender scripts (Mayo and Resnick, 1996) and immigrant



women are more likely to experience marginalization due to race/ethnicity, gender, and social class as well as immigrant status (Davis, 1981; Hondagneu-Sotelo, 1994).

Whether or not challenges to traditional gender beliefs following immigrant women's entry into the U.S. labor market increases risk of depressive symptoms among Mexican immigrants, in comparison to their U.S.-born peers, is an empirical question. At present, the relationship of traditional gender beliefs and employment to mental health has not been studied among Mexican-origin adults. Studies regarding employment and unemployment, family organization, marital satisfaction, and mental health among Mexican-origin adults are available (Roberts and Roberts, 1982; Holtzman and Gilbert, 1987; Santos, Bohan, and Sanchez-Sosa, 1998; Catalano et al., 2000; Finch et al., 2003; Crouter et al., 2006). Building upon this literature, I investigate the relationships between traditional gender beliefs, employment, and CES-D caseness among Mexican-origin adults. Using an intersectionality<sup>3</sup> theoretical framework, I focus on the impact of traditional gender beliefs on the psychological profiles of Mexican-origin adults. In particular, this work will help to determine if challenges to traditional gender beliefs vary by gender and origin of birth and examine whether traditional gender role beliefs are significant predictors of depressive symptoms.

### *Subjective Appraisal of Success*

Efforts to seek and secure employment are universal challenges Mexican-origin adults face, irrespective of origin of birth. The barriers and psychological investments individuals make toward employment and social mobility are hypothesized to differ by

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<sup>3</sup>Intersectionality research focuses on the simultaneous influences of race/ethnicity, gender, and nation on systems of power and oppression that result in health disparities in illness, disability and disease (McCall, 2005; Schulz and Mullings, 2005; Mullings and Schulz, 2006).

nativity and length of residence within the United States. While optimistic attitudes and beliefs characteristic of immigrants and immigration events may serve to protect recently arrived immigrants from initial barriers to socio-economic mobility, confrontation with continuous constraints (i.e., racism, sexism, language barriers, and legal status worries) to achieving one's socio-economic aspirations are likely to have a cumulative toll on the mental health of Mexican-origin adults (Kessler, Michelson, and Williams, 1999; Krieger, 1999; Meyer, 2003). Thus, Mexican immigrants who have resided in the United States for longer periods of time may be especially vulnerable to mental health problems (Vega and Alegria, 2001), as time elapses and socio-economic aspirations fail to be realized. Potential differences in attitudes toward one's life chances of success between recent and longer-established immigrants may therefore help explain the occurrence of differential patterns of mental health found to vary by length of residence in the U.S. among immigrants (Vega et al., 1987b, 1998; Kaplan and Marks, 1990; Alderete et al., 2000a, 2000b). Likewise, differences in experiences of adversity that reflect individual, generational, and historical conflicts between socio-economic aspirations and achievement are hypothesized to disenchant individuals about economic opportunities and foster pessimistic beliefs attitudes about their life chances of socio-economic success (Hovey and Magana, 2002), thus leading to poorer mental health outcomes among U.S.-born than their foreign-born counterparts.

In this dissertation, how efforts to incorporate oneself into the U.S. labor market affect U.S. and foreign Mexican-origin adults is explored. Specifically, I test the hypotheses that challenges to traditional gender beliefs vary between foreign and U.S.-born Mexican-origin adults as well as among immigrants. Additionally, this work

examines whether one's subjective appraisal of socio-economic success (i.e., negative attitudes toward life chances) is a significant predictor of depressive symptoms among Mexican-origin adults overall. Testing these research questions will help contribute to advancing depressive symptoms research among Mexican-origin adults. This research aims to develop a better understanding of differential exposures, risks, and buffers of depressive symptoms among Mexican-origin adults that are likely responsible for observed differences in rates of CES-D caseness between gender and nativity groups. As illustrated in the sections to follow, many gaps within depressive symptoms research among Mexican-origin adults remain.

### *Advancing Studies of Depressive Symptoms*

Mental health research consistently demonstrates the role of nativity as a correlate of depression among Mexican-origin populations (Burnam et al., 1987; Vega, Kolody, Valle, 1987b; Moscicki et al., 1989; Vega et al., 2004). Despite its continued study, our knowledge of the mental health effects of nativity remains limited because investigators rarely define its application and meaning to the hypotheses being tested (Alegria et al., 2007). Too often it is not apparent whether nativity is used as a demographic characteristic or as a proxy for cultural behaviors and beliefs. Unclear conceptualizations of nativity have resulted in multiple interpretations about its influence, in the absence of clear-cut empirical findings (Cuellar, Bastida, and Braccio, 2004; Alegria et al., 2007). As a result, a well-understood explanation about the role of nativity in determining risk and protection from depressive symptoms among Mexican-origin adult populations is lacking. To illustrate these points, two studies (Vega et al. 1987a and Munet-Vilaro et al.

1999) are reviewed that underscore the ambiguity of the nativity-depressive symptoms relationship.

Vega et al. (1987a) conducted a study of depressive symptoms among a sample of Mexican nationals living in Tijuana, Mexico. Depressive symptoms were assessed using the CES-D, revealing caseness rates of 19.1% for males and 33.0% for females.

Consistent with other research (Frerichs, Aneshensel, and Clark, 1981; Vernon and Roberts, 1982; Warheit, Holzer, and Schwab, 1973; Warheit, Holzer, Bell, 1976), Vega et al. found comparable rates of CES-D caseness for Mexican nationals and Mexican-origin adults living in the United States. These findings helped to demonstrate that nativity did not necessarily lead to differences in depressive symptoms, as was commonly assumed (Moscicki et al., 1989).

In their study of Mexicans in Mexico City, Puerto Ricans in Puerto Rico, and Latino immigrants residing in San Francisco, Munet-Vilaro, Folkman, and Gregorich (1999) assessed depressive symptoms for 1,063 adults using the Spanish version of the CES-D. Findings from this study revealed that immigrants, who were largely Mexican (81%), reported the highest mean levels of depressive symptoms (not interpreted as CES-D caseness), whereas Mexican nationals reported the lowest. Notably, the high levels of depressive symptoms found among immigrants were thought to reflect the stressfulness of the immigrant experience. As argued by these researchers, challenges such as language barriers and gender role conflicts that emerge with immigration, could lead to increased levels of stress and distress, thus raising levels of depressive symptoms among immigrant populations. Moreover, this research contributed to the knowledge on mental health by

highlighting the diversity of immigration/acculturation experiences between Mexican nationals who settled in the U.S. and those who remained in Mexico.

Together, the findings of Vega et al. (1987a) and Munet-Vilaro et al. (1999) challenged the assumptions that a universal mental health advantage exists for foreign-born Mexicans over their U.S.-born peers. The studies failed to detect group differences in depressive symptoms between Mexican nationals and Mexican-origin adults residing in the U.S. However, within group differences emerged among Mexican nationals and immigrants residing within the United States. Subsequently, researchers have been left grappling with the question, if nativity does not explain differential patterns of depressive symptoms between foreign and U.S.-born Mexican-origin adults, what does?

Paralleling the studies of nativity, many studies of gender and mental health have been based upon uncertain assumptions and, as a consequence, are poorly understood. Indeed, while few studies articulate a focus on the relationships between gender, immigration, and depressive symptoms among Mexican-origin adults, they all too often suffer from important theoretical and methodological problems. Overwhelmingly, gender is treated as synonymous with the female sex, rather than as a socializing mechanism for defining socially appropriate boundaries of behavior for both the female and male sexes (Lorber, 1998; Mason, 1986; Krieger, 2001). Research in this area has therefore narrowly focused on women without taking into consideration the broader implications of gender that are responsible for directing observed behavioral differences between women and men, including the expression of psychological distress (Addis and Cohane, 2005; Emslie et al., 2006; Moller-Leimkuhler, Heller, and Paulus, 2007).

An area of mental health in which gender has more consistently been studied as a socializing and organizational agent is in the area of coping. This research examines how differences in social network size, relationship to the individual, and responses to support differ for Mexican-origin women and men (Vega and Kolody, 1985; Vega, Kolody, and Valle, 1987b; Vega et al., 1991; Aranda et al., 2001). For instance, Golding and Karno (1988) found that the low levels of marital support Latinas received from their spouses accounted for much of the observed gender differences in depressive symptoms found in their study. Additionally, the nurturing roles of Latinas, which reflect female gendered patterns of behavior, were considered responsible for the increased level of stress and negative mental health experienced by these women (Golding, Potts, and Aneshensel, 1991). Further, consistent with this finding, Salgado de Synder and colleagues (1990) found that female immigrants from Mexico were more reactive to family conflicts, such as family members becoming too individualistic, than their male counterparts. Given these findings, researchers have thus argued that Mexican-origin women and men's vulnerabilities to stress are gendered in such a way that sources of stress for women are largely attributed to the household context, whereas men experience their greatest stress within the occupational arena (Aranda et al., 2001).

The conflict between and transformation of women's roles and beliefs following immigration, which are also frequently accompanied by women's entry into the labor force, are viewed as the crux of these women's disproportionately greater stress exposures and poorer mental health (Comas-Diaz, 1990; Honganeu-Sotelo, 1994; Menjivar, 1999). In a similar fashion, the inability of Mexican-origin men to maintain cultural and masculine roles as financial providers, as a consequence of immigration and

acculturation events, are cited as an important source of gender-based stress for men (Comas-Diaz, 1990; Baca Zinn, 1994; Honganeu-Sotelo, 1994; Menjivar, 1999). Despite theoretical agreement among researchers however, we have yet to understand how specific gender beliefs and values regarding employment and one's subjective appraisal about their life chances for success relate to depressive symptoms among Mexican-origin adults.

### *Prelude to Chapters*

This dissertation addresses several limitations in the extant literature on immigration, acculturation, and depressive symptoms among Mexican-origin adults. Through the introduction of a feminist-informed theoretical perspective, intersectionality, I investigate how the simultaneous influences of race/ethnicity, gender, and nativity on immigration events and acculturation processes affect depressive symptoms for Mexican-origin adults. Two new sources of acculturative stress are identified in this research; traditional gender beliefs and negative attitudes towards life chances for success. I argue that these constructs will help explain differences in depressive symptoms experienced among foreign and U.S.-born Mexican-origin populations. To investigate the questions proposed here, I examine a sample<sup>4</sup> (n=3012) of Mexican-origin adults to compare CES-D caseness between U.S.-born and foreign-born groups. The CES-D scale has been widely applied in studies of depressive symptoms. The CES-D has demonstrated high internal consistency (0.81-0.90) and construct validity among Mexican-origin populations (Freedman, 1969; Evans, Acosta, Yamamoto, and Slikbeck, 1984; Golding, Aneshensel, 1989; Golding, Aneshensel, and Hough, 1991; Hovey and Magana, 2000; Hovey, 2000).

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<sup>4</sup>The dataset used in this dissertation research is the Mexican American Prevalence and Services Survey (MAPPS), described in greater detail in Chapter 2.

Chapter two concerns the feminist-derived concept of intersectionality. This approach is employed as a theoretical framework for approaching the simultaneous influences, race/ethnicity, gender, nativity have on the experience of acculturative stressors and depressive symptoms. Application of an intersectionality framework provides an integrated approach to examining how multiple social factors work together to create distinct social conditions for acculturation and their related impact on depressive symptoms among Mexican-origin adults. Chapter two also addresses important questions concerning the conceptual difference and relationship between acculturation and acculturative stressors. By returning to early theoretical discussions of the stress-health relationship, I work to reestablish this area of research to its early psychological foundations. Specifically, by identifying traditional gender beliefs and attitudes toward one's life chances of success as important stressors likely to be encountered in socio-economic acculturation processes, I examine factors that may be both related to the acculturation experience and gendered in nature.

Chapter three explores how varying social contexts shaped by race/ethnicity, gender and nativity interact to influence acculturation into the U.S. labor market, interpersonal relationships and self-concepts among Mexican-origin adults. Specifically, how changes in employment opportunities, following immigration, redefine gender relationships between men and women is explored. Employing a measure of traditional gender beliefs, the stress associated to changing gender values and expectations are evaluated. How stress emerging from an inability to fulfill valued gender roles contributes to differing levels of depressive symptoms by gender and nativity is investigated. Bivariate and multivariate statistical techniques are used to study the main



effects of traditional gender beliefs on CES-D caseness. Additionally, to determine whether the effect of traditional gender beliefs is greatest for immigrants and, immigrant women in particular, the moderating effects of gender and nativity on the associations between traditional gender beliefs on CES-D caseness among Mexican-origin adults are also examined.

Chapter four investigates negative attitudes toward one's life chances for socio-economic success, understood as a psychological and subjective appraisal of success, and employment experiences. Here I explore how attitudes about one's life chances may be moderated by employment status and reports of discrimination to influence patterns of depressive symptoms among Mexican-origin adults. I look at the main effects of negative attitudes about one's life chances on depressive symptoms among Mexican-origin men and women and nativity groups. In addition, I test the hypotheses that the effect of attitudes about one's life chances will have its greatest impact on men, the U.S.-born, and immigrants compared to women. From studying the potentially moderating effects of gender, nativity, and discrimination, this research seeks to gain an improved understanding of how one's subject appraisal of socio-economic success influences differential patterns of depressive symptoms for foreign and U.S.-born Mexican-origin adults.

Chapter five integrates the findings from the preceding chapters and provides suggestions for future research and interventions aimed at addressing depressive symptoms and developing solutions to mental health disparities experienced by Mexican-origin populations. Specifically, the multiple benefits of developing mutual aid groups for

socially marginal and high-risk mental health populations such as Mexican-origin adults, and Mexican immigrants in particular, are discussed.

## References

- Acuna, R. (2000). *Occupied America: A history of Chicanos* (Fourth Edition ed.). MenloPark, California: Longman.
- Addis, M. E., & Cohane, G. H. (2005). Social scientific paradigms of masculinity and their implications for research and practice in men's mental health. *Journal of Clinical Psychology, 61*(6), 633-647.
- Alderete, E., Vega, W. A., Kolody, B., & Aguilar-Gaxiola, S. (2000). Effects of time in the united states and Indian ethnicity on DSM-III-R psychiatric disorders among Mexican Americans in California. *Journal of Nervous and Mental Disease, 188*(2), 90-100.
- Alderete, E., Vega, W. A., Kolody, B., & Aguilar-Gaxiola, S. (2000). Lifetime prevalence of and risk factors for psychiatric disorders among Mexican migrant farm workers in California. *American Journal of Public Health, 90*(4), 608-614.
- Alegria, M., Shrout, P. E., Woo, M., Guarnaccia, P., Sribney, W., Vila, D. et al. (2007). Understanding the differences in past year psychiatric disorders for Latinos living in the US. *Social Science and Medicine, 65*, 214-230.
- Amaro, H., Russo, N. F., & Johnson, J. (1987). Family and work predictors of psychological well-being among Hispanic women professionals. *Psychology of Women Quarterly, 11*, 505-521.
- Aranda, M. P., Castaneda, I., Lee, P., & Sobel, E. (2001). Stress, social support, and coping as predictors of depressive symptoms: Gender differences among Mexican Americans. *Social Work Research, 25*(1), 37-48.
- Baca Zinn, M. (1994). Adaptation and continuity in Mexican-origin families. In R. L. Taylor (Ed.), *Minority families in the United States: A multicultural perspective* (pp. 64-81). Englewood Cliffs, NJ: Prentice Hall.
- Burnam, M. A., Hough, R. L., Karno, M., Escobar, J. I., & Telles, C. A. (1987). Acculturation and lifetime prevalence of psychiatric disorders among Mexican Americans in Los Angeles. *Journal of Health and Social Behavior, 28*, 89-102.
- Casillas, D. I. (2006). *Sounds of Belonging: A Cultural History of Spanish-Language Radio in the United States, 1922 - 2004* (PhD ed.), University of Michigan.
- Catalano, R., Aldrete, E., Vega, W. A., Kolody, B., & Aguilar-Gaxiola, S. (2000). Job loss and major depression among Mexican Americans. *Social Science Quarterly, 81*(1), 477-488.

- Cattan, P. (1998). *The effect of working wives on the incidence of poverty*. Washington, DC: Bureau of Labor Statistics.
- Comas-Diaz, L. (1990). Hispanic Latino communities: Psychological implications. *Journal of Training and Practice in Professional Psychology, 4*, 14-35.
- Crouter, A. C., Davis, K. D., Updegraff, K., Delgado, M., & Fortner, M. (2006). Mexican American fathers' occupational conditions: Links to family members' psychological adjustment. *Journal of Marriage and Family, 68*, 843-858.
- Cuellar, I., Bastida, E., & Braccio, S. M. (2004). Residency in the United States, subjective well-being, and depression in an older Mexican-origin sample. *Journal of Aging and Health, 16*(4), 447-466.
- Davis, A. Y. (1981). *Women, race, and class*. New York: Random House.
- De Leon-Siantz, M. L. (1990). The Mexican-American migrant farm worker family. *Nursing Clinics of North America, 29*(1), 65-72.
- Emslie, C., Ridge, D., Ziebland, S., & Hunt, K. (2006). Men's accounts of depression: Reconstructing or resisting hegemonic masculinity? *Social Science Medicine, 62*, 2246-2257.
- Espiritu, Y. L. (1999). Gender and labor in Asian immigrant families. *American Behavioral Scientist, 42*, 628-647.
- Evans, L. A., Acosta, F. X., Yamamoto, J., & Skilbeck, W. M. (1984). Orienting psychotherapists to better serve low income and minority patients. *Journal of Clinical Psychology, 40*, 90-96.
- Finch, B. K., Kolody, B., & Vega, W. A. (2000). Perceived discrimination and depression among Mexican-origin adults in California. *Journal of Health and Social Behavior, 41*(3), 295-313.
- Freedman, D. (1969). A note on interviewing Mexican Americans. *Social Science Quarterly, 49*, 909.
- Frerichs, R. R., Aneshensel, C. S., & Clark, V. (1981). Prevalence of depression in Los Angeles County. *American Journal of Epidemiology, 113*(6), 691-699.
- Golding, J. M., & Aneshensel, C. S. (1989). Factor structure of the center for epidemiologic studies depression scale among Mexican Americans and non-Hispanic whites. *Psychological Assessment: A Journal of Consulting and Clinical Psychology, 1*, 163-168.

- Golding, J. M., Aneshensel, C. S., & Hough, R. L. (1991). Responses to depression scale items among Mexican Americans and non-Hispanic whites. *Journal of Clinical Psychology, 47*(1), 61-75.
- 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), 1-19.
- Golding, J. M., Potts, M. K., & Aneshensel, C. (1991). Stress exposure among Mexican Americans and non-Hispanic whites. *Journal of Community Psychology, 19*(1), 37-58.
- Gonzales, F. (2008). *Hispanic women in the united states, 2007*. Washington, DC: Pew Hispanic Center.
- Gonzalez, A. (2002). *The impact of the 2001/2002 economic recession on Hispanic workers: A cross-sectional comparison of three generations*. Washington, DC: Pew Hispanic Center.
- Hispanic Business Online. (2007, August 16). Gourmet September 2007 special issue: Latino food. *Hispanic Business*.
- Hochschild, J. L. (1995). *Facing up to the American dream: Race, class, and the soul of the nation*. Princeton, New Jersey: Princeton University Press.
- Holtzman, E. H., & Gilbert, L. A. (1987). Social support networks for parenting and psychological well-being among dual-earner Mexican American families. *Journal of Community Psychology, 15*, 176-186.
- Hondagneu-Sotelo, P. (1994). *Gendered transitions: Mexican experiences of immigration*. Berkeley, CA: University of California Press.
- Hovey, J. D. (2000). Acculturative stress, depression, and suicidal ideation in Mexican immigrants. *Cultural Diversity and Ethnic Minority Psychology, 6*(2), 134-151.
- Hovey, J. D., & Magana, C. G. (2002). Exploring the mental health of Mexican migrant farm workers in the Midwest: Psychosocial predictors of psychological distress and suggestions for prevention and treatment. *The Journal of Psychology, 136*(5), 493-513.
- Hovey, J. D., & Magana, C. G. (2000). Acculturative stress, anxiety, and depression among Mexican immigrant farm workers in the Midwest United States. *Journal of Immigrant Health, 2*(3), 119-131.

- Kaplan, M. S., & Marks, G. (1990). Adverse effects of acculturation: Psychological distress among Mexican American young adults. *Social Science and Medicine*, 31(12), 1313-1319.
- Kessler, R. C., Mickelson, K. D., & Williams, D. R. (1999). The prevalence, distribution, and mental health correlates of perceived discrimination in the United States. *Journal of Health and Social Behavior*, 40(3), 208-230.
- Kochhar, R. (2008). *Latino labor report, 2008: Construction reverses job growth for Latinos*. Washington, DC: Pew Hispanic Center.
- Krieger, N. (1999). Embodying inequality: A review of concepts, measures, and methods for studying health consequences of discrimination. *International Journal of Health Services*, 29(2), 295-352.
- Krieger, N. (2001). A glossary for social epidemiology. *Journal of Epidemiology and Community Health*, 55, 693-700.
- Lorber, J. (1998). Believing is seeing: Biology as ideology. In Weitz (Ed.), *The politics of Women's bodies* (pp. 12-24). New York: Oxford University Press.
- Mason, K. O. (1986). The status of women: Conceptual and methodological issues in demographic studies. *Sociological Forum*, 1(2), 284-300.
- Mayo, Y. Q., & Resnick, R. P. (1966). The impact of machismo on Hispanic women. *Journal of Women and Social Work*, 11(3), 257-277.
- McCall, L. (2005). The complexity of intersectionality. *Signs*, 30, 1771-1800.
- Meier, M. S., & Ribera, F. (1993). *Mexican Americans/American Mexicans: From conquistadors to Chicanos*. New York: Hill and Wang.
- Menjívar, C. (1999). The intersection of work and gender: Central American immigrant women and employment in California. *American Behavioral Scientist*, (42), 601-627.
- Meyer, I. H. (2003). Minority stress and mental health in gay men. In L. Garnets, & D. C. Kimmel (Eds.), *Psychological perspectives on lesbian, gay, and bisexual experiences* (pp. 699-732). New York: Columbia University Press.
- Molina, C. W., & Aguirre-Molina, M. (Eds.). (1994). *Latino health in the US: A growing challenge*. Washington, DC: American Public Health Association.
- Moller Leimkuhler, A. M., Heller, J., & Paulus, N. C. (2007). Subjective well-being and 'male depression' in male adolescents. *Journal of Affective Disorders*, 98, 65-72.

- Moscicki, E. K., Locke, B. Z., Rae, D. S., & Boyd, J. H. (1989). Depressive symptoms among Mexican Americans: The Hispanic Health and Nutrition Examination Survey. *American Journal of Epidemiology*, *130*(2), 348-360.
- Mullings, L., & Schulz, A. J. (2006). Intersectionality and health. In A. J. Schulz (Ed.), *Gender, race, and class and health: Intersectional approaches* (pp. 3-17). San Francisco, CA: Jossey-Bass.
- Munet-Vilaro, F., Folkman, S., & Gregorich, S. (1999). Depressive symptomatology in three Latino groups. *Western Journal of Nursing Research*, *2*(209), 224.
- Padilla, A., Cervantes, R. C., Maldonado, M., & Garcia, R. E. (1988). Coping responses to psychosocial stressors among Mexican and Central American immigrants. *Journal of Community Psychology*, *16*(418), 427.
- Passel, J. *Mexican immigration to the US: The latest estimates*. Retrieved 09/04, 2007 from <http://www.migrationinformation.org/Feature/print.cfm?ID=208>
- Radloff, L. S. (1977). The CES-D scale: A self-report depression scale for research in the general population. *Applied Psychological Measurement*, *1*, 385-401.
- Reveron, D. (2007, December). Media report: Going global. *Hispanic Business*,
- Roberts, R. E., & Roberts, C. R. (1982). Marriage, work, and depressive symptoms among Mexican Americans. *Hispanic Journal of Behavioral Sciences*, *4*(2), 199-221.
- Salgado de Snyder, N., Cervantes, R. C., & Padilla, A. M. (1990). Gender and ethnic differences in psychosocial stress and generalized distress among Hispanics. *Sex Roles*, *22*(7/8), 441-453.
- Santos, S. J., Bohan, L. M., & Sanchez-Sosa, J. J. (1998). Childhood family relationships, marital and work conflict, and mental health distress in Mexican immigrants. *Journal of Community Psychology*, *26*(4), 491-508.
- Schulz, A. J., & Mullings, L. (Eds.). (2005). *Gender, race, class, and health: Intersectional approaches*. San Francisco, CA: Jossey-Bass.
- Vega, W. A. (1990). Hispanic families in the 1980s: A decade of research. *Journal of Marriage and the Family*, *52*(4), 1015-1024.
- Vega, W. A., & Alegria, M. (2001). Latino mental health and treatment in the United States. In M. Aguirre-Molina, C. W. Molina & R. E. Zambrana (Eds.), *Health issues in the Latino community* (pp. 179-208). San Francisco: Jossey-Bass.

- Vega, W. A., Kolody, B., Aguilar-Gaxiola, S., Alderete, E., Catalano, R., & Caraveo-Anduaga, J. (1998). Lifetime prevalence of DSM-III-R psychiatric disorders among urban and rural Mexican Americans in California. *Archives of General Psychiatry*, *55*, 771-778.
- Vega, W. A., Kolody, B., Hough, R. L., & Figueroa, G. (1987). Depressive symptomatology in northern Mexico adults. *American Journal of Public Health*, *77*(9), 1215-1218.
- Vega, W. A., Kolody, B., & Valle, J. R. (1987). Migration and mental health: An empirical test of depression risk factors among immigrant Mexican women. *International Migration Review*, *21*(3), 512-530.
- Vega, W. A., Kolody, B., & Valle, R. (1988). Marital strain, coping, and depression among Mexican American women. *Journal of Marriage and the Family*, *50*(2), 391-403.
- Vega, W. A., Kolody, B., Valle, R., & Hough, R. (1986). Depressive symptoms and their correlates among immigrant Mexican women in the United States. *Social Science Medicine*, *22*(6), 645-652.
- Vega, W. A., Kolody, B., Valle, R., & Weir, J. (1991). Social networks, social support, and their relationship to depression among immigrant Mexican women. *Human Organization*, *(50)*, 154-162.
- Vega, W. A., Kolody, B., & Warheit, G. (1985). Psychoneurosis among Mexican Americans and other whites: Prevalence and caseness. *American Journal of Public Health*, *75*(5), 523-527.
- Vega, W. A., Sribney, W., Aguilar-Gaxiola, S., & Kolody, B. (2004). 12-month prevalence of DSM-III-R psychiatric disorders among Mexican Americans: Nativity, social assimilation, and age determinants. *The Journal of Nervous and Mental Disorders*, *192*(8), 532-541.
- Vernon, S. W., & Roberts, R. E. (1982). Prevalence of treated and untreated psychiatric disorders in three ethnic groups. *Social Science and Medicine*, *16*, 1575-1582.
- Warheit, G. J., Holzer, C. E., Bell, R. A., & Arey, S. A. (1976). Sex, marital status, and mental health: A reappraisal. *Social Forces*, *55*(2), 459-470.
- Warheit, G. J., Holzer, C. E., & Schwab, J. J. (1973). An analysis of social class and racial differences in depressive symptomatology: A community study. *Journal of Health and Social Behavior*, *14*(4), 291-299.



## Chapter II

### **Sources of Conflict, Sources of Stress: A Fundamental Understanding of Relationships Between Immigration, Acculturation and Depressive Symptoms among Mexican-Origin Adults**

In this chapter, I aim to advance mental health research among Mexican-origin populations by returning to theoretical explanations regarding the association between acculturation and mental health. Particularly, through the application of a stress framework and the incorporation of an *intersectionality* perspective—which examines the multiple and dynamic social locations of women and men shaped by race/ethnicity, gender, class, and nativity factors to influence health experiences and outcomes (Collins, 1990; Whittle and Inhorn, 2001; Mahalingam, Balan, and Haritatos, 2008), I critique and seek to advance studies of depressive symptoms among Mexican-origin adults.

#### ***Immigration/Acculturation and Mental Health***

Discussions regarding the impact of immigration on mental health are typically couched within of the notion of acculturation. *Acculturation* refers to the dual, multi-directional cultural learning and behavioral adaptation process that occurs when two or more groups/cultures come into regular and continuous contact with one another (Redfield, Linton, and Herskovits, 1936). While change occurs in *both* cultural groups, one group often changes more than the other (Berry, 1990). The degree to which Mexican-origin persons adopt mainstream Euro-American values, customs, and

behaviors, or *assimilate*<sup>1</sup>, is one example of the acculturation process (Berry, 1988, 1991; Marin and Marin, 1991; de la Torre and Estrada, 2001). *Acculturative stress* refers to the stress that emerges from the lifelong, pervasive, and intense demands the acculturation process places on individuals (Williams and Berry, 1991; Smart and Smart, 1995).

Acculturative stress can be a psychologically taxing experience for both immigrants and U.S.-born Mexican-origin adults. High levels of acculturative stress and poor mental health outcomes are commonly observed for these populations (Vega et al., 1984; Moscicki et al., 1989; Kaplan and Marks, 1990). However, because the acculturation process involves a broad range of phenomena and types of stress (i.e., economic, educational, and behavioral) and can be measured using a number of different instruments, the explanatory value of acculturation research has been limited (Fabrega, 1969; Phinney and Flores, 2002).

Although measures of acculturation have been widely applied to studies of mental health among Mexican-origin populations, researchers have been vocal about their theoretical and empirical limitations. As critiqued by Hunt, Schneider, and Comer (2004), while general discussions of acculturation can be found in the majority of research studies, a clear understanding of its key constructs remains absent. Critical discussions about how culture is defined, how ethnic traits are discerned from “mainstream” culture, and what cultural adaptation entails are especially lacking. As a consequence of these omissions, researchers have unknowingly perpetuated the use of inconsistent measurement variables and criteria for identifying levels of acculturation (Hunt, Schneider, and Comer, 2004; Lara et al., 2005). Moreover, the inappropriate use of socio-

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<sup>1</sup>Assimilation refers to incorporating oneself into the dominant society by fully adopting the attitudes, beliefs, and behaviors of the mainstream culture, over one’s own (Park and Burgess, 1969).

demographic characteristics as measures of acculturation, and lack of psychometric testing in the adaptation of previously validated scales, represent two additional pitfalls (Escobar and Vega, 2000; Lara et al., 2005).

Another problematic area of acculturation research concerns the dominance of English language measures in the construction and application of acculturation instruments. As reviewed by Lara et al. (2005), all acculturation scales included language as a sub-construct, be it a measure of proficiency in, use of, and/or preference for Spanish or English language. This concentration on language has garnered both support and criticism. Proponents of these measures argue that language is the easiest dimension of acculturative change to measure. When compared to other constructs such as age or generation, language is able to explain the greatest amount of variance captured in acculturation scales (Vega et al., 1993; Lara et al., 2005). Conversely, critics of language-focused acculturation measures argue that these measures do not capture the complexity of bicultural individuals and oversimplify social-cultural adaptation processes. For example, acculturation measures often dichotomize respondents as either Anglo- or Mexican-orientated, overlooking persons with bilingual abilities, context specific language preferences, and a cultural mixture of behaviors and beliefs that account for their bicultural identity and related acculturation experiences (Padilla, 1995). What's more, whether or not general language proficiency and preference measures should be employed interchangeably and whether these concepts differ as predictors of health is not well understood or explained (Gee, Walsemann, and Takeuchi, in press). Indeed, this ambiguity only becomes worse by the common exclusion of Spanish-speaking

respondents from studies of acculturation, which likely underestimate differences between Mexican immigrants and the U.S.-born (Escobar and Vega, 2000).

Growing criticism and demand for more relevant measures of acculturation in mental health has encouraged contemporary researchers to return to the theoretical underpinnings of Berry's (1988, 1997) concept of acculturation. Following such reviews, a reframing of acculturation and acculturation measures has emerged. For example, while Berry draws from the work of Lazarus and Folkman (1984) by defining acculturation as a stress-coping phenomenon, researchers of the past have broadly interpreted immigration and acculturation as sources of stress (Rogler, 1994; de la Rosa, 2002). Most recently however, more specific measures of acculturation have emerged that seek to identify the types and levels of stress individuals experience as part of the acculturation process (Gil and Vega, 1996; Tran et al., 1996; Finch and Vega, 2003). This approach to acculturation research has led to the introduction of acculturative stress concepts and the research proposed here.

### ***Conceptualizing Stress and Stressors***

According to Thoits (1995), *stress* refers to “any environmental, social, or internal demand that requires the individual to readjust his/her usual behavior patterns” (p. 54). The three major forms of stressors include: life events, chronic strains, and daily hassles. These three categories are distinguished from one another by differences in frequency, duration, and intensity of events. For example, while life events refer to acute changes that require major behavioral adjustments over a short period of time (3 or fewer months), chronic strains are defined as persistent or reoccurring problems that require significant readjustment over longer periods of time (i.e., 10 or more months). Daily

hassles, on the other hand, refer to small events that occur in the daily lives of individuals that require small and often, short-term readjustment (Thoits, 1995). In addition to a longer duration, chronic strains are also thought to impose a greater degree of change on individuals than life events. Specifically, because chronic strains imply reoccurring or continuous demands, the persistence of threat is much greater than among life events (Gottlieb, 1997). The intensity of chronic strains can also be distinguished from that of daily hassles. While both chronic strains and daily hassles are characterized by reoccurring events, daily hassles require less change and adjustment, thus resulting in a less intense experience of stress.

Other than conceptual differences in the types of stressors one may experience, there are also notable theoretical and methodological differences in the study of life events, chronic strains, and daily hassles. In consideration of relevance and space constraints, only life events and chronic strains as they are related to acculturation will be examined in the rest of this chapter.

### ***Stressful Life Events and Chronic Strains***

The study of life events has received the most attention in stress research (Perlin, 1981). The theoretical underpinnings of this research suggest that change and the additive effects of multiple life events are deleterious to health. That is, more events are presumed to create more stress. Perlin (1981) argues against this life event perspective however, by stating that an additive understanding of the stress-health relationship is too simplistic. As he claims, the major conceptual and methodological problems with this type of research are that they fail to account for the subjective interpretation of life events as harmful and do not consider the broader web of related problems (Perlin, 1981). In particular, he

argues that the life events perspective fails to acknowledge that the level of distress imposed by any one life event can vary by the resources and skills of the individual and/or group. Thus, Perlin (1981) worked to expand life event research to include chronic strains, which he believed, emerged from the context created by life events.

According to Perlin (1981), life events do not act upon individuals directly, but exert their effects through the experience of chronic strains. As he argued, life events created new and/or intensified old problems that were likely to eventuate in stress and negative health outcomes (Perlin, 1981; Avison and Turner, 1988). For instance, the distress a person may experience from a life event such as immigration to the United States may not be fully realized by studying the act of immigration alone, but may be more clearly understood through the examination of chronic strains (i.e., acculturative stressors) such as discrimination, language barriers, and legal status worries.

Subsequently, Perlin (1981) argues that in order to explore the negative health effects of stress, researchers must consider the constellation of problems created or intensified by any given life event.

Chronic strains are embedded within the social roles individuals assume. Social roles encompass the rights, obligations, and patterns of behavior that define a person's social status and position within society (Biddle, 1986; Stark, 2007). Chronic strains include conflicts within social roles and coping behavior (Perlin, 1981), the undesirability of role transitions (Wheaton, 1990), and identity-relevant experiences (Thoits, 1991). Understanding social roles as a mechanism in which chronic strains exert their effects is useful for studying the multiple and simultaneous challenges immigration and acculturation processes pose for Mexican-origin adults. For example, Mexican

immigrants may experience stress as a result of their new, but unwanted, social roles as day laborers within the United States. At the same time, these individuals may also experience strain related to role in-occupancy when unable to assume primary financial responsibility for their family and experience disadvantageous life circumstances when trying to cope with the effects of poverty. Thus, the current research focuses on the multiple and interrelated social roles that Mexican-origin adults occupy and the effects of these roles on depressive symptoms. With the application of an intersectionality perspective, this dissertation research develops new social role/chronic strain concepts that capture the simultaneity of race/ethnicity, gender, class, and nativity influences on mental health.

### ***Acculturation and Stress***

The context of immigration, such as one's preparation, timing, and role in decision-making, is an important stressor experienced by Mexican-origin populations (Fabrega, 1969; Williams and Berry, 1991; Hondagneu-Sotelo, 1999). To understand immigration as an important life event, it is necessary to account for the conditions and circumstances that surround both the decision and actions taken to migrate (Berry, 1997).

The circumstances of one's departure and arrival is integral to understanding the particular risks, challenges and adaptation experiences individuals or groups of immigrants may encounter (Fabrega, 1969; Suarez-Orozco and Suarez-Orozco, 1995). For instance, given the voluntary nature of their arrival, the geographic proximity to their home country, and their sizable and increasingly growing presence in the United States, Mexican immigrants may not share the same feelings of geographic and cultural isolation from their home country that other contemporary immigrant groups (i.e., Asians) do

(Aikman and Jackson, 1993). Similarly, the financial and social resources that immigrants bring with them to the United States can provide protection and help buffer against some of the challenges and demands of socio-economic adaptation. For Mexican immigrants this point is particularly critical to consider, since their general lack of financial and social capital places them in an especially vulnerable position for experiencing stress and distress in their attempts to incorporate themselves within the socio-economic systems of United States (Moyerman and Forman, 1992).

Continuous immigration flows, the establishment of ethnic enclaves, as well as the strong cultural influence of Mexican immigrants in the United States, may help to ease some of the stress of the immigration experience. Yet, the lower levels of educational attainment and economic status of Mexican immigrants may supersede these potentially protective factors (Moyerman and Forman, 1992; Wright, 1993). The psychological state in which immigrants depart and arrive, as well as the resources they possess to cope with the challenges of socio-economic adaptation, must be considered in assessments of mental health. Moreover, use of stress concepts such as immigration as a life event, and poverty as a chronic strain, is necessary to developing a comprehensive understanding of the stress-mental health relationship concerning immigration, acculturation, and depressive symptoms among foreign-born Mexican-origin adults.

Just as the pre-migration context is important to consider in studies of acculturation and mental health among immigrants, the political, economic, and social contexts of arrival must be examined. Pre- and post-migration factors establish a social and psychological context in which Mexican immigrants must navigate their new world. For example, changes in occupational and socio-economic status, settlement patterns, as



well as attitudes toward immigration can have profound effects on how well individuals adapt to their new socio-cultural environment (Cabassa, 2003). Additionally, loss of traditional sources of support that follow from geographical separation from family members can affect the ability to cope with the demands and challenges of the acculturation process (Rogler, 1994). Linking important life events, such as immigration to the U.S., to these unique social and psychological contexts helps set the stage for identifying the types of acculturative stressors Mexican-origin adults are likely to encounter as well as their ability to respond and cope with such challenges.

Perlin's (1981) argument that the effects of stress on health result as an outcome of both important life events and their related constellation of secondary problems provides a relevant framework with which to explore the relationship between acculturative stress and mental health among Mexican-origin adults. These ideas can be expanded to more deeply consider gender differences by incorporating intersectionality approaches.

### ***Feminist Scholarship and the Identification of Social Roles***

Prior to the 1970s, men's accounts and experiences of immigration/migration dominated the writings and empirical research on this topic. According to Pessar (1999) and others (Nash, 1986), the influence women had on economic, political, and social systems was largely ignored. Women's experiences were narrowly focused on stereotypical female roles within the domestic sphere, emphasizing the family and biological reproduction. During the 1970s and 1980s however, growth and greater visibility of feminist scholarship called attention to this male bias and encouraged the development of a new, female-focused scholarship. Yet, similar to its predecessor, this

new wave of research, which placed women at the center of its theoretical and empirical analyses, also suffered from its own biases. As highlighted by Hondagneu-Sotelo (1999), feminist scholarship within immigration and migration studies had too narrowly focused on women, ignoring issues of gender that influence the lives and experiences of both immigrant women and men.

From both early feminist immigration research and more recent transitions in feminist theory, researchers are now beginning to understand mobility as a political process where women and men are differentially affected (Silvey, 2004). As immigrants travel to and from differing economic and socio-cultural institutions, their experiences of privilege and adversity become intertwined with their racial/ethnic, gender, class, and nativity characteristics. For example, Mexican immigrant men often cannot escape existing economic problems and hardship by emigrating from Mexico to the United States. Indeed, motivated by the psychological potency of American opportunities of socio-economic success, men continue to immigrate despite diminishing opportunities for unskilled and semi-skilled labor within the United States (Espiritu, 1997; Hondagneu-Sotelo, 1999; Menjivar, 2007; Kochhar, 2008). In contrast, the demand for domestic labor has increased job opportunities for immigrant women, shaping a dramatically different immigration experience from that of their male peers. How these experiences differ among Mexican immigrant women and men to influence depressive symptoms have yet to be understood. Under-development of alternative frameworks and limited incorporation of interdisciplinary theoretical and methodological approaches have hindered studies of the complexities of immigration experiences among Mexican

immigrant women and men. In an effort to address these limitations, this study reframes immigration, acculturation, and mental health within an intersectionality perspective.

### ***Intersectionality***

An intersectionality research perspective is derived from feminist scholarship, which places women at the center of research investigations and discussions. It is distinguished from other research approaches by a number of unique characteristics. As outlined by several researchers (Whittle and Inhorn, 2001; Krieger, 1993, 2003; Schulz and Mullings, 2005), intersectionality research:

1. Makes a political commitment to identify and end gender oppression;
2. Does not consider gender oppression as an isolated axis of domination but as part of interlocking structures that create and maintain destructive social divisions and hierarchies;
3. Acknowledges that there is no universal category or experience of women or womanhood;
4. Seeks to identify and address the specifics of women's oppressions, by defining sources of power, influence, and status;
5. Values experience as knowledge and is cognizant of the researcher's role in producing knowledge, conceptualizing agency, subjectivity, and authority;
6. Requires a personal commitment to engage in the production of knowledge and policy that unveils and puts to end relationships of domination in our own professional and private lives; and, particular to health disparities research,
7. Engages in an analysis of health disparities from a social inequity perspective that interrogates biomedical paradigms and their use of race and cultural explanations of illness and disease.

Intersectionality research places women at its center and focuses on the multiple and intersecting sources of oppression that define women's lives. In this research, a modified version of this approach is adopted where the focus is shifted from women to include both women and men. Instead of emphasizing being female as a primary source of socio-cultural and economic oppression within the United States, I place equal priority on examining the simultaneous and interrelated sources of oppression based upon race/ethnicity, gender, and nativity. This intersectionality approach also employs a social

inequity critique for examining racial/ethnic disparities in mental health. In particular, I advance the argument that mental health status not only reflects current socio-cultural and economic conditions, but results from the cumulative effect of past and present assaults on one's mental health. Indeed, following Geronimus' (1992) "weathering hypothesis," I argue that differential patterns of depressive symptoms between foreign and U.S.-born Mexican-origin populations reflect differing historical, generational, and contemporary experiences of racism, classism, sexism, among other lived experiences of oppression that affect mental health.

### ***Traditional (Patriarchal) Gender Beliefs***

The socio-cultural context of the United States as well as its labor market structure of opportunities and constraints have compelled Latinos, and Latino immigrants in particular, to modify traditional gender role patterns to economically survive in their new environment. Transformation from familiar gender roles, to those more closely aligned with U.S. value systems, is believed to be a stressful process for both Latino individuals and families (Hondagneu-Sotelo, 1999). Individual identities are not only affected by these changes, but interpersonal relationships are also re-negotiated and restructured as these change processes occur, often leading to both conflict and strain (Hondagneu-Sotelo, 1999; Menjivar, 2007).

Women's entry into wage work and shifts in economic responsibilities from men to women can contribute to interpersonal conflicts between family members. These events challenge patriarchy by placing a greater burden of work and responsibility on women, while also emasculating males (Fabrega, 1969, p. 320). As Mayo and Resnick (1996) explain, Latino cultures are patriarchal in nature. Males hold the dominant role in

their relationships with their wives and children by assuming the financial responsibility for supporting the family, which helps to maintain the ideal that they are strong and reliable. Latino culture is also strongly associated with *familismo* (familism) or a strong identification with and attachment to their families (Sobalgal et al., 1987; Ybarra, 1988; Villa et al., 1993). Family interdependence is encouraged among Latino families, as is typical in hierarchical cultures (Villa et al., 1993; Wainryb and Turiel, 1994). Coinciding with these family dynamics, working-class Latinas are found to place great value and emphasis on their maternal and domestic roles, which are further reinforced by parents and husbands (Ybarra, 1988). Among Latino cultures, these strict patterns of sex roles strongly diverge from individualistic attitudes and the generally egalitarian sex roles found within the United States (Evans, 1989; Wainryb and Turiel, 1994; Woloch, 1994).

Because Mexican-origin men are socialized by cultural traditions to assume responsibility for providing for the family, a deep sense of failure can develop when they are unable to fulfill such roles (Rivera, 1983). Similarly, when Mexican-origin mothers are no longer capable of remaining in the home to care for their children, but are required to work to support their families, they may become frustrated at their inability to fulfill strongly valued roles as mothers and overwhelmed by their new responsibilities (Menijvar, 2007). As a result of these challenges to traditional gender beliefs, stress and distress among Mexican-origin populations may increase. Thus, I hypothesize that traditional gender beliefs are a significant predictor of depressive symptoms for Mexican-origin adults. In chapter three, I test this hypothesis by examining whether more (vs. less) traditional gender beliefs are a significant predictor of depressive symptoms among foreign and U.S.-born Mexican-origin adults.

The association between traditional gender beliefs and depressive symptoms is further hypothesized to vary by gender. For working Latinas, patriarchy operates at the macro and micro levels to oppress and otherwise maintain these women's marginal status. Structural patriarchy and racism has lead to the devaluing of women workers, where they are not only marginalized within their workplace, but receive lower pay than males for the same work as well as lower financial returns from their educational investments (Espiritu, 1999). Additionally, the vulnerable status associated with language barriers and citizenship status of Latinas, and Latina immigrants in particular, has lead many women to work in unregulated jobs, such as domestic service, that are commonly associated with job instability and exploitation by employers (Espiritu, 1999; Menijar, 2007). Typically, these jobs are also characterized by insufficient wages for women to gain social mobility, which continue to confine them to poverty and dependence upon dual-income family structures (Espiritu, 1999; Menijar, 2007).

Within the home, patriarchal structures are also at play and can diminish any gains Latinas may be afforded by their employment and personal income. Since household and childrearing duties often remain "women's work," wage work simply adds to the overall workload of Latinas. Additionally, since masculine identities and cultural norms are often challenged by a dependence upon Latina employment, women may be less likely to gain more authority and power within the home. Rather, these women may become targets of abuse and violence and thus further marginalized within the family (Espiritu, 1999; Firestone, Harris, and Vega, 2003; Menijar, 2007). Due to the many negative consequences that may emerge as a result of Latina women's employment, I thus hypothesize that the relationship between traditional gender beliefs and depressive

symptoms will vary as a function of employment status, gender, and nativity status. That is, employment status will moderate the effect of traditional gender beliefs on depressive symptoms, where the likelihood of CES-D Caseness will be greatest among unemployed immigrant males, net of controls for acculturative stressors (i.e., discrimination, language barriers, and legal status worries) and demographic covariates.

### ***Social Mobility and Depressive Symptoms***

To date, only a handful of studies have empirically examined the associations between efforts to increase one's social mobility and mental health status (Parker and Kleiner, 1966; Dressler, 1988; Aneshensel, 1992; Sellers and Neighbors, 1999). In 1965, Kleiner and Parker identified three fundamental approaches for studying and understanding the relationship between social mobility and depressive symptoms. These approaches remain dominant in mental health research today and include: (1) *the context of social status*, (2) *status consistency*, and (3) *discrepancies between aspirations and achievement*. The *social status* approach argues that an inverse relationship between income and mental illness exists. That is, the conditions of poverty increase risk of mental illness through the exposure of additional stressors as well as differential health seeking behaviors and treatment (Hollingshead and Redlich, 1958; Srole et al., 1962). Research on within group differences in mental health has, however, weakened somewhat the universal mental health protective effect of socioeconomic status (Neighbors, 1986; Kessler and Neighbors, 1986; Neighbors and LaVeist, 1989).

The *social consistency approach* concerns the degree to which various dimensions of social status are consistent with one another. Early work in this area by Hughes (1944), Lenski (1953), and Jackson (1962) repeatedly found that greater status

consistency was associated with lower depressive symptoms, whereas greater discordance between occupation and income increased symptoms of depression. Dressler (1998) also found evidence to support the relationship between social status inconsistencies and increased levels of depressive symptoms, though these relationships only held true for the young men in his sample.

Dressler's (1998) research emphasizes the relationship between production and consumption. Using occupational ranking as a measure of production, and social status or lifestyle hierarchies as a measure of consumption, he argues that depressive symptoms among younger, Black males, emerges from discrepancies between lifestyle and occupational social class. According to Dressler (1998), the association between depressive symptoms and socioeconomic mobility is largely attributed to living above and beyond one's financial means. For older Black men however, discordance between income and lifestyle was not a significant predictor of depressive symptoms.

In their seminal work, Parker and Kleiner (1966) examined migration, goal-striving, and mental disorder among urban Negroes. They argued that both individual and social constraints limited opportunities for urban Blacks to improve their social status. Specifically, they argued that discrepancies between aspirations and achievement frustrated the efforts of urban Blacks, manifesting in poor mental health outcomes. To test this hypothesis, Parker and Kleiner (1966) introduced the concept of *goal-striving stress*, operationalized as conflict between socio-economic aspirations and achievement weighted by one's subjective appraisal of success, and found it to be a significant predictor of mental illness. They found that high goal-striving stress was a significant



predictor of psychological distress when both age and income are controlled (Parker and Kleiner, 1966).

Following Parker and Kleiner's (1966) study, Sellers and Neighbors (1999, 2008) used data from the National Survey of Black Americans (NSBA) to perform more contemporary tests of the goal-striving stress hypothesis. Consistent with previous research, they observed a positive association between large achievement discrepancies or goal-striving stress and mental health among high income African Americans. According to Sellers and Neighbors' (1999, 2008) findings, higher income Blacks experienced higher levels of happiness at lower levels of goal-striving stress when compared with lower income African Americans. Yet, when goal-striving stress was high, life satisfaction diminished for both poor and higher income African Americans, though higher income Blacks showed a steeper decline in happiness and life satisfaction than their lower income counterparts (Sellers and Neighbors, 1999; Sellers and Neighbors, 2008).

Goal-striving stress offers a unique perspective toward investigating and understanding the relationship between social mobility and mental health. Its efforts to account for both individual psychological and structural factors that impede upward mobility makes it a valuable method for studying mental health outcomes among African Americans as well as other structurally marginalized populations. For instance, much like African Americans, Mexican-origin populations are socially and economically marginalized within American society (Waters and Eschbach, 1995). Mexican-origin adults differ culturally from White Americans and are not well incorporated into U.S. politics or its economy. Issues related to language barriers, low levels of educational

achievement, and citizenship status, all limit the rights, privileges, and opportunities of Mexican-origin populations. As such, Mexican-origin adults not only represent a structurally marginal population in the United States, but an especially susceptible group to goal-striving stress and poor mental health outcomes. In contrast to the many disadvantages faced by Mexican-origin populations however, cultural assets such as family interdependence and extended family networks are thought to provide social support that helps mitigate the negative impact of immigration events and acculturation experiences (Escobar and Randolph, 1982; Vega and Kolody, 1985; Golding and Burnham, 1990).

### ***Subjective Appraisal of Success/Life Chances***

Overly optimistic beliefs many Mexican immigrants may have about the economic and political conditions of the United States can overshadow initial barriers and challenges to socio-economic achievement (Fabrega, 1969). Yet, over time, the potentially protective effects of optimism about expectations for the future can diminish and lower self-esteem, as the realities of structural racial/ethnic discrimination found in the United States take hold and block opportunities to realizing one's socio-economic goals (Parker and Kleiner, 1966; Fabrega, 1969). These blocked opportunities can result in discrepancies between social mobility aspirations and achievement, giving rise to personal feelings of failure that lead to symptoms of distress (Sellers and Neighbors, 1999). Studying how changes in one's subjective appraisal of success in achieving socio-economic goals influence depressive symptoms through the concept of *negative attitudes towards one's life chances of success, relative to others*, may therefore be crucial to understanding why foreign-born Mexicans initially experience better mental health than

their U.S.-born peers, but approximate those of Mexican Americans following increased years of residence in the United States.

Negative attitudes toward future expectations, is introduced to investigate how changes in *one's subjective appraisal of success* and employment status influence depressive symptoms. Chapter four tests the hypothesis that more negative attitudes about life chances of socio-economic success will increase the likelihood of CES-D caseness, net of controls for acculturative stressors (i.e., discrimination, language barriers, and legal status worries) and demographic covariates. I test this hypothesis by first examining whether negative attitudes regarding one's life chances of success is a significant predictor of CES-D caseness for Mexican-origin adults. Following this test of main effects, I also examine whether employment status will moderate the effect of life chances on CES-D caseness by determining whether a significant interaction between negative attitudes toward life chances of success and employment is found when predicting CES-D caseness. In these analyses, I expect to find that among those who are unemployed, more (vs. less) negative attitudes about life chances of success will increase the likelihood of CES-D Caseness. On the other hand, among those who are employed, more (vs. less) negative attitudes about life chances of success will not be related to CES-D caseness. The reasoning behind this interaction is that unemployment has psychological and emotional consequences that alter an individual's perception about opportunities for improving social mobility, such that unemployment is internalized as personal disadvantage.

As suggested, the relationship between employment-based goal-striving stress and depressive symptoms is also hypothesized to be moderated by gender. Because structural

changes in the U.S. economy favor Latina's domestic work and low-skilled labor over that of Latino men, Latinas may be less likely to experience unemployment than their male counterparts. Moreover, because male identities are largely tied to their financial earning roles, unemployment will be more psychologically harmful to men than women. Thus, when taking the interaction between life chances and employment into consideration, I hypothesize that among women and men who are unemployed, having more negative attitudes about one's life chances of success will increase the probability of CES-D Caseness, but have a stronger significant effect for men than women. Among the employed however, more negative attitudes about one's life chances of success will be unrelated to CES-D for men and women. That is more negative attitudes about one's life chances of success will increase the probability of CES-D caseness across gender groups, though the effect will be weaker for women than men.

Recent reports on labor force participation suggest that foreign-born Mexican-origin adults have higher employment rates than their native born counterparts (Gonzalez, 2002). Additionally, research has shown that immigrants are more likely to be concentrated in low-skilled, low wage forms of employment when compared to their Mexican American peers, and have interpreted these trends as reflecting differences in occupation selectivity by nativity (Catalano et al., 2000; Finch et al., 2001, 2003a, 2003b). In light of such trends, among the unemployed, more (vs. less) negative attitudes about one's life chances of success will increase the likelihood of CES-D Caseness for both foreign and U.S.-born Mexican-origin adults, but have a stronger significant effect for U.S.-born than immigrants. Among the employed however, the effect of life chances of success on depressive symptoms will have a weaker effect for the employed than the

unemployed foreign and native groups and have the weakest effect for employed immigrants than the employed U.S.-born.

In addition to the above, I also explore higher order interactions between attitudes toward one's life chances and employment by discrimination. A person's employment status may not only shape attitudes about personal life chances for increasing social mobility, but may also influence the impact of discriminatory events on their view about their life changes and its related affect on depressive symptom levels. In fact, it may be the case that discrimination increases the negative effect of unemployment on the relationship between life chances and depressive symptoms. Specifically, I hypothesize that the unemployed who experienced higher levels of discrimination will be more distressed about their life chances toward improving social mobility than those who are unemployed but report lower levels of discrimination. Discrimination will have a weaker effect on the relationship between negative attitudes toward life chances of success on depressive symptoms among the employed. The employed that face low levels of discrimination will be less/least likely to show an increase in depressive symptoms as a result of more (vs. less) negative attitudes regarding life chances. However, I do expect that high levels of discrimination will show some increase in the effect of negative life chances of success on depressive symptoms, despite the respondents' ability to obtain employment. To explore this complex relationship, I stratify the study sample by employment status and look at its relationship to life chances and discrimination.

### ***Application of Conceptual Relationships***

The stress concepts "life events" and "chronic strains" (i.e., acculturative stressors) are used to identify the differing sources of stress associated with immigration

events and acculturation efforts. Pre- and post-migration factors shape immigration events, which in turn, create differing social contexts that can facilitate or impede efforts toward socio-economic incorporation into U.S. systems. Issues that may have existed prior to immigration, such as the desire and need to improve one's socio-economic status remain as potential stressors. New challenges may also surface, including traditional gender beliefs, discrimination, language barriers, and legal status worries.

In this research, I focus on race/ethnicity, gender, and nativity factors in shaping immigration contexts, experiences of acculturative stressors, and their effects on depressive symptoms among Mexican-origin adults. The specific acculturative stressors included are: traditional gender beliefs, negative attitudes toward life chances of success, discrimination, language barriers, and legal status worries. Research analyses will involve cross-tabulation of nativity with the main predictor variables (i.e., traditional gender beliefs and negative attitudes towards life chances of success) to gain a basic understanding of the distribution of the experience of these acculturative stressors by origin of birth. Next, I test our main hypotheses that traditional gender beliefs and negative attitudes toward life chances are significant predictors of depressive symptoms, when controlling for demographic covariates (marital status, income, education, and emotional and instrumental support) and other acculturative stressors (i.e., discrimination, language barriers, and legal status worries). In addition to testing for main effects, I test for the moderating effects of gender and nativity on the relationship between traditional gender beliefs, employment, and depressive symptoms. Similarly, I test for the moderating effects of gender and nativity on the relationship between negative attitudes toward life chances of success, employment status, and depressive symptoms.

## *Conclusion*

In the following empirical chapters, this dissertation attempts to break new empirical ground in exploring the mental health effects of traditional gender beliefs and negative attitudes toward life chances of success on depressive symptoms. In comparing gender and nativity groups on these new concepts of acculturative stressors, this research aims to contribute to the growing bodies of research on differential patterns of depressive symptoms among Mexican-origin adults.

## References

- Aikman, D., & Jackson, D. S. (November 18, 1993). The numbers game. *Time*, (Fall) 14-15.
- Aneshensel, C. (1992). Social stress: Theory and research. *Annual Review in Sociology*, 18, 15-38.
- Avison, W. R., & Turner, R. J. (1988). Stressful life events and depressive symptoms: Disaggregating the effects of acute stressors and chronic strains. *Journal of Health and Social Behavior*, 29, 253-264.
- Berry, J. W. (1997). Immigration, acculturation, and adaptation. *Applied Psychology: An International Review*, 46(1), 5-68.
- Berry, J. W. (1990). Psychology of acculturation. In J. Berman (Ed.), *Cross-cultural perspectives: Nebraska symposium on motivation* (pp. 201-234). Lincoln: University of Nebraska Press.
- Berry, J. W., & Kim, U. (1988). Acculturation and mental health. In P. Dasen, J. W. Berry & N. Sartorius (Eds.), *Health and cross-cultural psychology: Towards application*. (pp. 207-236). London: Sage.
- Biddle, B. J. (1986). Recent developments in role theory. *Annual Review in Sociology*, (12), 67-92.
- Cabassa, L. J. (2003). Measuring acculturation: Where we are and where we need to go. *Hispanic Journal of Behavioral Sciences*, 25(2), 127-146.
- Catalano, R.C., Aldrete, E., Vega, W.A., Kolody, B., & Aguilar-Gaxiola, S. (2000). Job loss and major depression among Mexican Americans. *Social Science Quarterly*, 81(1), 477-488.
- Cobb, S. (1976). Social support as a mediator of life stress. *Psychosomatic Medicine*, 38, 300-314.
- Cohen, S. (1988). Psychosocial models of the role of social support in the etiology of physical diseases. *Health Psychology*, 7, 269-297.
- Collins, P. H. (1990). *Black feminist thought: Knowledge, consciousness, and the politics of empowerment*. New York: Routledge.
- De La Rosa, M. (2002). Acculturation and Latino adolescents; substance use: A research agenda for the future. *Substance use and Misuse*, 37(4), 429-456.



- de la Torre, A., & Estrada, A. (2001). *Mexican Americans and health: ¡Sana! ¡Sana!*. Tucson: University of Arizona Press.
- Dressler, W. (1988). Social consistency and psychological distress. *Journal of Health and Social Behavior*, 29, 79-91.
- Escobar, J., & Randolph, E. (1982). The Hispanic and social networks. In R. Becerra, M. Karno & J. Escobar (Eds.), *Mental health and Hispanic Americans: Clinical perspective*. New York: Grune and Stratton.
- Escobar, J. I., & Vega, W. A. (2000). Mental health and immigration's AAAs: Where are we and where do we go from here? *The Journal of Nervous and Mental Disorders*, 188(11), 736-740.
- Espiritu, Y. L. (1999). Gender and labor in Asian immigrant families. *American Behavioral Scientist*, 42, 628-647.
- Evans, S. M. (1989). *Born for liberty: A history of women in America*. New York: The Free Press.
- Fabrega, H. (1969). Social psychiatric aspects of acculturation and migration: A general statement. *Comprehensive Psychiatry*, 10(4), 314-326.
- Finch, B. K., Catalano, R.C., Novaco, R.W., & Vega, W. A. (2003a). Employment Frustration and Alcohol Abuse/Dependence among Labor Migrants in California. *Journal of Immigrant Health*, 5(4), 181-186.
- Finch, B. K., Hummer, R.A., Kolody, & Vega, W. A. (2001). The Role of Discrimination and Acculturative Stress in the Physical Health of Mexican-Origin Adults. *Hispanic Journal of Behavioral Sciences*, 23(4), 399-429.
- Finch, B. K., & Vega, W. A. (2003b). Acculturative stress, social support, and self-rated health among Latinos in California. *Journal of Immigrant Health*, 5(3), 109-117.
- Firestone, J. M., Harris, R. J., & Vega, W. A. (2003). The impact of gender role ideology, male expectancies, and acculturation on wife abuse. *International Journal of Law and Psychiatry*, 26, 549-564.
- Gee, G. C., Walsemann, K. M., & Takeuchi, D. T. (in press). *Preference or proficiency? how language matters for the health of Asian Americans* Unpublished manuscript.
- Geronimus, A. T. (1992). The weathering hypothesis and the health of African American women and infants: Evidence and speculations *Ethnicity and Disease*, 2(3), 207-221.

- Gil, A. G., & Vega, W. A. (1996). Two different worlds: Acculturation stress and adaptation among Cuban and Nicaraguan families. *Journal of Social and Personal Relationships, 13*(3), 435-456.
- Golding, J. M., & Burnam, M. A. (1990). Immigration, stress, and depressive symptoms in a Mexican American community. *Journal of Nervous and Mental Disease, 178*, 161-171.
- Gottlieb, B. H. Conceptual and measurement issues in the study of coping with chronic stress. In B. H. Gottlieb (Ed.), *Coping with chronic stress* (pp. 3-40). New York: Plenum Press.
- Hollingshead, A. B., & Redlich, F. C. *Social class and mental illness: A community study*. New York: John Wiley and Sons, Inc.
- Hondagneu-Sotelo, P. (1994). *Gendered transitions: Mexican experiences of immigration*. Berkeley, CA: University of California Press.
- Hughes, E. C. (1944). Dilemmas and contradictions of status. *American Journal of Sociology, 50*, 353-359.
- Hunt, L. M., Schneider, S., & Comer, B. (2004). Should "acculturation" be a variable in health research? A critical review of research on US Hispanics. *Social Science and Medicine, 59*, 973-986.
- Jackson, E. F. (1962). Status consistency and symptoms of stress. *American Sociological Review, 27*, 469-480.
- Kaplan, M. S., & Marks, G. (1990). Adverse effects of acculturation: Psychological distress among Mexican American young adults. *Social Science and Medicine, 31*(12), 1313-1319.
- Kessler, R. C., & Neighbors, H. W. (1986). A new perspective on the relationships among race, social class, and psychological distress. *Journal of Health and Social Behavior, 27*(2), 107-115.
- Kochhar, R. (2008). *Latino labor report, 2008: Construction reverses job growth for Latinos*. Washington, DC: Pew Hispanic Center.
- Krieger, N. (2001). A glossary for social epidemiology *Journal of Epidemiology and Community Health, 55*, 693-700.
- Krieger, N., Rowley, D. L., & Herman, A. A. (1993). Racism, sexism, and social class: Implications for studies of health disease, and well-being. *American Journal of Preventative Medicine, 9s*, 82-122.

- Lara, M., Gamboa, C., Kahramanian, M. I., Morales, L. S., & Hayes Bautista, D. E. (2005). Acculturation and Latino health in the united states: A review of the literature and its sociopolitical context. *Annual Review of Public Health*, (26), 367-397.
- Lazarus, R. S., & Folkman, S. (1984). *Stress, appraisal and coping*. New York: Springer.
- Lenski, G. E. (1953). Status crystallization: A non-verbal dimension of social status. *Social Forces*, , 16-22.
- Mahalingam, R., Balan, S., & Haritatos, J. (2008). Engendering immigrant psychology: An intersectionality perspective *Sex Roles*, 59, 326-336.
- Marin, G., & Marin, B. V. (1991). *Research with Hispanic populations* (Applied Social Research Methods Series, 23 ed.)Sage.
- Menjívar, C. (1999). The intersection of work and gender: Central American immigrant women and employment in California. *American Behavioral Scientist*, (42), 601-627.
- Moscicki, E. K., Locke, B. Z., Rae, D. S., & Boyd, J. H. (1989). Depressive symptoms among Mexican Americans: The Hispanic health and nutrition examination survey. *American Journal of Epidemiology*, 130(2), 348-360.
- Moyerman, D. R., & Forman, B. D. (1992). Acculturation and adjustment: A meta-analytic study. *Hispanic Journal of Behavioral Sciences*, 14, 163-200.
- Nash, J. (1996). A decade of research on women in Latin America. In J. Nash, & H. Safa (Eds.), *Women and change in Latin America* (pp. 3-21). South Hadley, MA: Bergin and Garvey.
- Neighbors, H. W. (1986). Socioeconomic status and psychological distress in adult blacks. *American Journal of Epidemiology*, 124(5), 779-793.
- Neighbors, H. W., & LaVeist, T. (1989). Socioeconomic status and psychological distress: The impact of material aid on economic problem severity. *Journal of Primary Prevention*, 10, 149-165.
- Padilla, A. M. (Ed.). (1995). *Hispanic psychology: Critical issues in theory and research*. Thousand Oaks, CA: Sage Publications.
- Park, R. E., & Burgess, E. (1969). In Janowitz M. (Ed.), *Introduction to the science of sociology, including the original index to basic sociological concepts*. . Chicago: University of Chicago Press.

- Parker, S., & Kleiner, R. (1966). *Mental illness in the urban negro community*. New York: Free Press.
- Perlin, L. I., Menaghan, E. G., Lieberman, M. A., & Mullan, J. T. (1981). The stress process. *Journal of Health and Human Behavior*, 22, 337-356.
- Pessar, P. R. (1999). Engendering migration studies. *American Behavioral Scientist*, 42(4), 577-600.
- Phinney, J. S., & Flores, J. (2002). "Unpackaging" acculturation: Aspects of acculturation as predictors of traditional sex role attitudes. *Journal of Cross-Cultural Psychology*, 33(3), 320-331.
- Redfield, R., Linton, R., & Herskovits, M. (1936). Memorandum on the study of acculturation. *American Anthropologist*, 38, 149-152.
- Rogler, L. H. (1994). International migration: Framework for directing research. *American Psychologist*, 49(8), 701-708.
- Schulz, A. J., & Mullings, L. (Eds.). (2005). *Gender, race, class, and health: Intersectional approaches*. San Francisco, CA: Jossey-Bass.
- Sellers, S. L., & Neighbors, H. W. (2008). Effects of goal-striving stress on the mental health of black americans. *Journal of Health and Social Behavior*, 49, 92-103.
- Sellers, S. L., & Neighbors, H. W. (1999). Goal-striving stress, social economic status, and the mental health of black Americans. *Annals New York Academy of Sciences*, 896, 469-473.
- Silvey, R. (2004). Power, difference and mobility: Feminist advances in migration studies *Progress in Human Geogrpahy*, 28(4), 490-506.
- Smart, J. F., & Smart, D. W. (1995). Acculturative stress: The experience of the Hispanic immigrant. *The Counseling Psychologist*, 23(1), 25-42.
- Sobalgal, F., Marin, G., Otero-Sobalgal, R., Marin, B. V., & Perez-Stable, E. J. (1987). Hispanic familism and acculturation: What changes and what doesn't? *Hispanic Journal of Behavioral Sciences*, 9(4), 397-412.
- Srole, L., Langer, T. S., Michael, S. T., Opler, M. K., & Rennie, T. A. C. (1962). *Mental health in the metropolis: The midtown Manhattan study*. New York: McGraw-Hill Book Company, Inc.
- Stark, R. (2007). *Sociology* (Tenth Edition ed.). Ca: Baylor University.

- Suarez-Orozco, C., & Suarez-Orozco, M. (1995). *Transformations: Migration, family life, and achievement motivation among Latino adolescents*. Stanford, California: Stanford University Press.
- Thoits, P. A. (1995). Stress, coping, and social support processes: Where are we? What next? *Journal of Health and Social Behavior*, (extra issue), 53-79.
- Tran, T. V., Fitzpatrick, T., Berg, W. R., & Wright, R. (1996). Acculturation, health, stress, and psychological adjustment among elderly Hispanics. *Journal of Cross-Cultural Gerontology*, 11, 149-165.
- Vega, W. A., & Kolody, B. (1985). The meaning of social support and the mediation of stress across cultures. *Stress and Hispanic mental health: Relating research to service delivery* (pp. 48-75). Rockville, MD: U.S. Department of Health and Human Services.
- Vega, W. A., Zimmerman, R., Gil, A., Warheit, G., & Apospori, E. (1993). Acculturative Strain Theory: Its Applications in Explaining Drug Use Behavior among Cuban and non-Cuban Hispanic Youth. In M. De la Rosa, *Drug Abuse among Minority Youth: Advances in Research and Methodology*, 144-166. Rockville, MD: National Institute of Drug Abuse.
- Vega, W. A., Warheit, G., Buhl-Auth, J., & Meinhardt, K. (1984). The prevalence of depressive symptoms among Mexican Americans and Anglos. *American Journal of Epidemiology*, 120(4), 592-607.
- Villa, M., Cuellar, J., Gamel, N., & Yeo, G. (1993). Cultural traditions, beliefs, values, and ethical issues. *Aging and health: Hispanic American elders*. Stanford: SGED.
- Wainryb, C., & Turiel, E. (1994). Dominance, subordination, and concepts of personal entitlements in cultural contexts. *Child Development*, 65, 1701-1722.
- Waters, M. C., & Eschbach, K. (1995). Immigration and ethnic and racial inequality in the united states. *Annual Review in Sociology*, 21, 419-446.
- Wheaton, B. (1990). Life transitions, role histories, and mental health. *American Sociological Review*, 55, 209-223.
- Whittle, K. L., & Inhorn, M. C. (2001). Rethinking difference: A feminist reframing of Gender/Race/Class for the improvement of Women's health research. *International Journal of Health Services*, 31, 147-165.
- Williams, C. L., & Berry, J. W. (1991). Primary prevention of acculturative stress among refugees: Application of psychological theory and practice. *American Psychologist*, 46(6), 632-641.

Woloch, N. (1994). *Women and the American experience* (Second ed.). New York: MCGraw-Hill, Inc.

Wright, L. (1993, October 10, 1993). Mexicans see Utah as a land of promise. *Salt Lake Tribune*, pp. A9.

Ybarra, L. (1988). Separating myth from reality: Socio-economic and cultural influences on Chicanas and the world of work. In M. B. Melville (Ed.), *Mexicans at work in the united states*. (pp. 12-23). Houston, TX: Mexican American Studies, University of Houston.

## Chapter III

### **Immigration, Traditional Gender Beliefs, and Depressive Symptomatology among Mexican-Origin Adults**

*“...Gender and immigration are reflexively intertwined. Gender relationships shape migration patterns, and in turn, migration experiences reshape gender relations.”*

*Hondagneu-Sotelo, 1994*

Changes in social roles and conflicting gendered expectations can pose important challenges for immigrants attempting to successfully navigate their new socio-economic environment (Lara-Cantu and Navarro-Arias, 1986; Vega et al., 1986; Espin, 1997).

Empirical investigation of changes in gender role beliefs and expectations following immigration, as well as their related influence on mental health outcomes however, are lacking. To address these gaps, this paper focuses on how differing gender role beliefs and attitudes about employment impact the experience of acculturative stress and depressive symptoms in a sample of foreign and U.S.-born Mexican-origin adults.

#### ***Gender Role Theory***

Information is widely available about differences in mental health profiles among Mexican-origin men and women (Goulding and Karno, 1988; Moscicki et al., 1989; Salgado de Snyder, Cervantes, and Padilla, 1990; Heilemann, Lee, and Kury's 2002).

Yet, these studies do not necessarily provide a gendered perspective or analysis.

Researchers often inaccurately assume that adding women to a study sample constitutes a gendered analysis (see Frerich et al., 1981; Moscicki et al., 1989). Gender-based scholarship recognizes however, that “gender is not simply a variable to be measured,”

but a social construct that organizes, facilitates, and constrains immigration and adaptation patterns (Hondagneu-Sotelo, 1994, p. 3).

Socially ascribed gender roles shape relationships between men and women (Kimmel, 2005; Howard and Hollander, 2000; Krieger, 2001). Who decides a family will immigrate (see Vega, Kolody, and Valle, 1987) and who assumes the primary financial provider role both reflect how gender is defined, and thus how male and female relationships function. Nevertheless, as socially defined constructs, gender roles do not remain static, but can shift and adapt as circumstances and/or events require. How gender beliefs transferred from one social context (Mexico) to another (U.S.) influence acculturation processes, experiences of acculturative stress, and depressive symptoms may provide key insight to understanding why the mental health of Mexican immigrants erodes over time.

A first step in understanding the influence of gender roles on mental health is recognizing the separate and distinct concepts of *gender* and *sex*. According to Krieger (2001), “gender refers to a social construct regarding culture-bound conventions, roles, and behaviors for, as well as relationships between and among, women and men” (p. 694). Gender is also conceptualized as dynamic, as social norms for gender appropriate behaviors are continually challenged, negotiated, and redefined (Howard and Hollander, 2000; Kimmel, 2005). For example, gender refers to the learned cultural expressions of sex-differentiated social behaviors, such as femininity and masculinity (Lorber, 1998; Mason, 1986). In contrast, “sex” refers to “a biological construct premised upon biological characteristics” (Krieger, 2001, p. 694, 695). Or, more specifically, sex denotes the inherent biological (genetic) factors that prescribe a sex-specific phenotype and is



generally conceptualized as dichotomous (male or female), stable, and having a natural, genetic basis (Howard and Hollander, 2000; Snow, 2002). Sex is also viewed as directing socializing processes that lead individuals to adopt gendered patterns of behavior (Weston, 1996; Rheingold and Cook, 1975; Freud, 1925).

According to sociological theory, social roles (including gender roles) are a set of connected rights, obligations, and patterns of behavior that define a person's social status and position within society (Biddle, 1986; Stark, 2007). Depending upon the circumstances that surround immigration, such as the extent that home and host country share similar cultural beliefs, practices, and socio-economic organization, gender roles may be easily transferred or require substantial restructuring. Indeed, although changes in gender roles are conceptualized as natural to different life stages and social circumstances, these changes can be psychologically challenging.

### ***Traditional Gender Beliefs***

The majority of Latino cultures are described as patriarchal in nature, where males hold the dominant role in their relationships with their wives and children (Mayo and Resnick, 1996). Latino culture is also strongly associated with *familismo* (familism) or a strong identification with and attachment to their families (Sobalgal et al., 1987; Ybarra, 1988; Villa et al., 1993). In Latino cultures, family interdependence is encouraged over individualism (Villa et al., 1993; Wainryb and Turiel, 1994). Coinciding with these gender dynamics, working-class Latinas are found to place great value and emphasis on their maternal and domestic roles (Ybarra, 1988).

The strict patterns of sex roles found among Latino cultures strongly diverge from individualistic attitudes and the generally egalitarian sex roles found within the United

States (Evans, 1989; Wainryb and Turiel, 1994; Woloch, 1994). The socio-cultural context of the United States as well as its labor market structure has demanded that traditionally patriarchal cultures, including Mexican immigrants, modify valued gender role patterns to economically survive in their new environment. The recession of the early 1990s, and the transfer of low-skilled labor jobs to workers abroad, has contributed to a highly segmented and competitive labor force for Latino immigrants in the United States (Comas-Diaz, 1990; Honganeu-Sotelo, 1994; Menjivar, 1999). The loss of low-wage formal jobs to day-labor forms of employment, along with growth in the service industry and demand for domestic work, has led to differential employment opportunities for Latino men and women. While structural changes in the U.S. economy have allowed Latina immigrants to use cooking, sewing, and other domestic skills to find work (Comas-Diaz, 1990), many male immigrants struggle to find and maintain employment.

The displacement of male workers has increased pressure for Latinas to enter the U.S. labor force and assume increased financial responsibility for their families. These new or, perhaps, added responsibilities for Latina immigrants have signified a principal shift in gender dynamics and family organization among Mexican-origin populations. Most importantly however, this restructuring of gender roles and re-negotiation of interpersonal relationships can call into question one's attitudes, beliefs, cultural loyalties and obligations, thus becoming a major source of conflict and strain (Rivera, 1983). As such, this challenge to traditional gender beliefs is hypothesized to increase the levels of acculturative stress immigrants may experience in their efforts to adapt to the socio-economic conditions of the United States, which manifested in positive, main effects on levels of depressive symptoms. In particular, I expect that more traditional (vs. less

traditional/patriarchal) gender beliefs will increase the probability of CES-D caseness for Mexican-origin adults.

### ***Gender***

For working Latinas, patriarchy operates at the macro and micro levels to oppress and otherwise maintain these women's marginal status. Structural patriarchy and racism has lead to the devaluing of women of color workers, receiving both lower pay and lower financial returns from their educational investments than their male peers (Espiritu, 1999). The vulnerable status associated with language barriers and citizenship status of Latinas, and Latina immigrants in particular, has also lead many women to obtain domestic forms of employment that are difficult to regulate and thus, often coupled with job instability and exploitation by employers (Espiritu, 1999; Menijar, 2007). Typically, these jobs are characterized by insufficient wages for women to gain social mobility, which continue to confine them to poverty and dependence upon dual-income family structures (Espiritu, 1999; Menijar, 2007).

Within the home, women's wage work is also regulated by patriarchal structures that likely diminish any gains Latinas may be afforded by their employment. Since household and childrearing duties often remain "women's work," wage work simply adds to the overall workload of Latinas. Additionally, since masculine identities and cultural norms are challenged by Latina employment, women may be less likely to gain more authority and power within the home. Rather, these women may become targets of abuse and violence and thus further marginalized within the family (Espiritu, 1999; Firestone, Harris, and Vega, 2003; Menijar, 2007). In order to reestablish or maintain power within the household, immigrant men may engage in high-risk activities such as excessive

alcohol consumption and other forms of substance abuse or resort to violence to assert their masculinity (Luu, 1989; Min, 1998; Lown, and Vega, 2001; Firestone, Harris, and Vega, 2003). In light of the many consequences wage labor can have on Latinas and immigrant families, I form secondary hypothesis that the effect of traditional gender beliefs on CES-D caseness will vary by employment status. Demand for dual-income households within the United States and gender expectations regarding employment will increase the positive effect of traditional gender beliefs on CES-D caseness among the unemployed. Among the employed however, I predict that traditional gender beliefs will not be related to CES-D caseness.

In addition to the moderating effects of employment on the relationship between traditional gender beliefs and CES-D caseness, I further hypothesize that the effect of traditional gender beliefs on depressive symptoms will vary as a function of gender as well. In particular, employed women that express more (vs. less) traditional gender beliefs will experience higher levels of depressive symptoms than their employed male counterparts. Among the unemployed, men who endorse more (vs. less) traditional gender beliefs will have the highest probability of CES-D caseness compared to unemployed women and the employed overall.

The basis for these research assumptions lies in the fact that women employed outside of the home are more inclined to believe that they may be abandoning gendered expectations about childrearing and domestic duties in favor or need of employment. Likewise, because men's masculine identities are strongly linked to their wage earning abilities, their unemployment status conflicts with these strongly ingrained gender and cultural expectations for men, leading to greater levels of depressive symptoms, as

compared to unemployed females—who may be able to cope with their unemployment as an optimal or desired outcome because of socialized norms of women’s domestic responsibilities. This higher order interaction is tested in the data by exploring the interaction between traditional gender beliefs and employment on depressive symptoms by gender.

### *Nativity*

Gender role attitudes and beliefs differ by nativity among Mexican-origin adult populations (Leaper and Valin, 1996). U.S.-born Mexican Americans endorse less patriarchal gender role attitudes and beliefs than their Mexican immigrant counterparts (Leaper and Valin, 1996; Phinney and Flores, 2002). Indeed, although declining fertility rates, increasing household need, and an increasing desire to work among Mexican women have contributed to greater participation in Mexico’s labor market (Garcia and de Oliveiras, 1994), considerable differences in attitudes and participation rates remain between the U.S. and Mexico.

The traditional gender beliefs held by Mexican immigrants are likely to conflict with the economic needs and realities of living in the United States. As such, I hypothesize that the moderated effect of traditional gender beliefs on depressive symptoms by employment will also vary by nativity. In particular, I hypothesize that unemployed immigrants who endorse more traditional gender beliefs will experience higher levels of depressive symptoms than their unemployed U.S.-born peers. Among employed immigrants that endorse more traditional gender roles, I expect to find no effect on CES-D caseness as compared to their employed U.S.-born counterparts. This hypothesis is based upon the notion that immigrants not only endorse more traditional

gender beliefs than their U.S. counterparts, but largely immigrate to the U.S. for the purpose of finding employment. The psychological and cultural investment these immigrants make to increase their social mobility may make them especially vulnerable to the psychological consequences of unemployment, thereby increasing their risk of CES-D caseness when compared to U.S.-born Mexican-origin adults. Additionally, because immigrants are likely to endorse more traditional gender beliefs and expect to have only a single, financial provider, the financial realities of the U.S. may place greater stress on working immigrants since they are less likely to accept the need for dual-income families than the native born.

### ***Summary of Hypotheses***

I hypothesize that:

1. Traditional gender beliefs will have a main effect on depressive symptoms. Specifically, the higher the respondent's score on the traditional gender beliefs scale, the higher the probability of CES-D caseness.
2. The effect of having more traditional gender beliefs on CES-D caseness will vary by employment status. The effect of having more (vs. less) traditional gender beliefs on CES-D caseness will have its strongest effect on depressive symptoms among the unemployed; among the employed, traditional gender beliefs will have no effect on caseness.
3. The moderating effect of employment on the relationship between more (vs. less) traditional gender beliefs and CES-D caseness will differ by gender. Specifically, employed men will have a lower probability of CES-D caseness than unemployed men regardless of individual traditional gender beliefs. Conversely, because poor wages, exploitation from employers, and an increased overall workload are likely to diminish any personal gains wage work may offer Latina laborers, unemployed women will have a lower probability of CES-D caseness than employed women regardless of individual traditional gender role beliefs.

4. The moderating effect of employment on the relationship of traditional gender beliefs to depressive symptoms will differ as a function of nativity. Mexican culture is characterized as patriarchal in nature, whereas Anglo American values and beliefs found in the United States are commonly characterized as egalitarian. Due to these differences, as well as the differing employment opportunities and demand for dual-wage earning families that characterize the U.S. economy, unemployed immigrants will have a higher probability of CES-D caseness than the unemployed native born, regardless of traditional gender beliefs. In contrast, repeated experiences of socio-economic adversity such as unemployment will have a cumulative effect on the native born, resulting in a weakened buffering effect of employment on relationship of traditional gender beliefs to depressive symptoms among the native born.

### *Research Methods*

This research project involves secondary data analysis of the Mexican American Prevalence and Services Survey (MAPSS). This survey was conducted during 1995-96 in Fresno County, which is located in the Central California Valley and consists of both rural and urban areas. To account for the area's geographic diversity, a fully probabilistic, stratified, multistage cluster sampling design was used so that an equal number of respondents were represented by residence (i.e., urban, town, and rural) as well as gender (for greater detail see: Alderete et al., 2000). The questionnaire was available in both Spanish and English and was designed with Mexican-origin respondents in mind. Instrument administration was conducted using a computer-assisted personal interview version. On average, face-to-face administration lasted 86 minutes for respondents without extensive psychiatric histories, and 2 hours or longer for those respondents who met multiple criteria for psychiatric disorders (Alderete et al., 2000). The overall response rate for the survey was 90%, where individual sub-sample response rates were 88% urban, 91% town, and 92% rural strata (Alderete et al., 2000).

## Sample

A 1996 estimate of the population of Fresno County was 764,810 persons, of which 38.2% (286,747) were Latino, primarily of Mexican-origin. Thirty percent of Mexican-origin families were classified as living in poverty, with the highest rates of poverty found among farm workers. Respondents for MAPSS were those selected using the sampling design described previously and able to meet age and Mexican heritage criteria. Respondents included both men and women between 18 and 59 years of age who were born in Mexico or had at least one parent or grandparent born in Mexico. The resulting sample was composed of 3,012 foreign and US-born Mexican-origin adults. Human Subjects approval was obtained from the University of California and all participants gave informed consent.

## Dependent Variable

### *CES-D Caseness*

The Center for Epidemiologic Studies Depression (CES-D) scale is used to measure depressive symptoms. The CES-D assesses the level of depressive symptoms experienced in the previous week and is comprised of 20 items (to view items see Appendix A). For each of these items, responses range from 0 (rarely or none of the time) to 3 (most of the time), with total possible scores ranging between 0 and 60. Higher CES-D scores indicate higher depressive symptoms levels. And, using a cutoff score criteria of 16 or above, high symptoms levels are designated as reaching “caseness.” According to Radloff (1977), *caseness* represents the lower bound of the upper quintile of scores from community studies in which the CES-D was first validated. In general, approximately 16-20% of community samples meet or exceed this threshold and include persons who suffer



from major depressive disorder, dysthymia, and those with symptoms of clinical depression but who do not meet clinical criteria (Eaton and Kessler, 1981). Following convention, the dependent variable *CES-D score* in this dissertation research is dichotomized, such that those with score of  $\geq 16$  are categorized as cases or reaching caseness, while those with scores  $< 16$  are not. In each of our analyses, respondents are coded (0) for those with a CES-D score of  $< 16$  and (1) for those with a score of  $\geq 16$ . The reference group therefore reflects those who did not meet CES-D caseness criteria.

### Predictor Variable

#### *Traditional Gender Beliefs*

A six-item scale referred to as “family dynamics/gender beliefs” was included in the MAPSS study. The six statements that compose the instrument are as follows:

1. It is much better for everyone if the man is the principal income provider and the woman takes care of home and family.
2. It is more important for a wife to help her husband’s career than to have one herself.
3. Most of the important decisions for the family should be made by the man of the house.
4. A married woman should be able to have a job even if it is not convenient for her family.
5. Husbands and wives should share the responsibility for earning a living.
6. Husbands and wives should evenly divide household chores like cooking and cleaning.

Responses to the above statements ranged from 1 (strongly disagree) to 4 (strongly agree). Cronbach’s alpha was used to determine reliability of the scale, which was relatively low at .50. After conducting a factor analysis on the scale items however, only two dimensions were identified, which I identify as patriarchal and egalitarian gender beliefs (see results in Appendix B). Specifically, items 1-3 comprised a single (patriarchal) dimension, though the first statement accounted for the greatest amount of

variance. Similarly, items 4-6 comprised a second (egalitarian) dimension, with the final statement accounting for the greatest amount of variance. This second dimension was also uniquely different from the first. Dimensions one and two measured contrasting constructs that lead to negative eigenvalues that resulted in a Heywood Case. To eliminate this error, only the first dimension was selected for use in our analysis, since it tapped into traditional or patriarchal gender beliefs that were consistent with the research focus. Results from a second factor analysis eliminate error problems due to the Heywood Case as observed previously for the Family Dynamics/Gender Beliefs Scale (see results in Appendix B). Thus, the “Traditional Gender Beliefs Scale” employed here was constructed from these first three items. This improved reliability from .50 to a Cronbach’s alpha of .71. These three items were reverse-coded so that higher scores, which ranged from 3-12, indicate strong agreement with traditional (patriarchal) gender beliefs.

### Moderating Variables

#### *Gender*

Gender is a dichotomous variable based upon self-reported sex. Males are coded as (1) and females are coded as (0) and serve as the reference group.

#### *Employment Status*

Employment Status is measured with a single item, “*Do you currently have one or more jobs for which you are paid?*,” and includes individuals working for informal labor markets. Response categories are dichotomized such that respondents are grouped as either employed (1) or unemployed (0), with those unemployed serving as the reference group. Among these employment categories, students are excluded, though persons not

currently employed but looking for work, those discouraged from working (n=59), homemakers (n=673), those caring for family members within the home (n= 33), or recovering from their own illness or injury (n=60), the retired (n=10), and others (n =542) are all included in the unemployed category.

### *Nativity*

Nativity is coded as a dichotomous variable, where foreign-born Mexicans are coded as (1) and US-born respondents are coded (0) and serve as the reference group.

### Covariates

#### *Age*

Age reflects respondents' age at last birthday and is treated as continuous in our models.

#### *Marital Status*

Marital status is coded as categorical where single/never married respondents serve as the reference group (0) and married are coded as (1) and widowed/divorced/separated (2).

#### *Language Preference*

In addition to nativity and time in the United States as correlates of acculturation, I include language preference. Based upon the language in which the MAPSS data interview was conducted, respondents interviewed in Spanish are coded as speaking Spanish primarily (1) whereas those interviewed in English (0) are coded as speaking English primarily and serve as the reference group.

### *Time Spent in the United States*

Time spent in the United States is associated with diminishing mental health among Mexican immigrants (Escobar, 1998). To control for its effects on depressive symptoms, *Time in the U.S.* is included in the models and measured continuously, rounded to the nearest year. U.S.-born subjects are coded as having missing data to ensure that only the effects of time in the U.S. among immigrants are considered in the analyses.

### *Socio-Economic Status*

In this research, two measures of socio-economic status are utilized, namely, education and monthly income. *Education* is treated as a categorical variable, based upon self-report data to the following question: *How many years of school did you complete?* Educational levels are categorized as follows:  $\leq 6$  years (reference group), 11 years, 12 years, or  $\geq 13$  years of schooling. *Similarly, monthly income* is treated as a categorical variable, based upon self-report data to the following question: Tell me your family's total take-home pay each month, including salaries, wages, social security, welfare, and any other income. Income levels were defined as follows:  $< \$499$  (reference group), \$500-\$999, \$1000-\$1499, \$1500-\$2900, and \$3000+.

### *Acculturative Stressors*

High levels of acculturative stress, conceptualized as discrimination, language barriers, and legal status worries, are significantly related to depressive symptoms among Mexican-origin adult populations (Alderete et al., 1999; Finch et al., 2000, 2001, 2003). To examine the relationship between traditional gender role beliefs and depressive symptoms net of these more commonly measured acculturative stressors, I control for

discrimination, language barriers, and legal status worries in our models. Using a modified version of the Hispanic Stress Inventory (HSI), 13 items, forming three individual scales (i.e., discrimination, language conflicts, and legal status worries) are employed. Individual item responses were dichotomous (yes, no), where “yes” responses were coded as (1) and “No” responses coded as (0). Total possible scored range from 0-4 for discrimination (Cronbach’s  $\alpha = .57-.76$ ), 0-3 for language barriers (Cronbach’s  $\alpha = .65-.70$ ), and 0-6 for legal status worries (Cronbach’s  $\alpha = .70-.79$ ). Following previously published studies with the MAPSS dataset, response scores were further categorized as either low, medium, or high levels of acculturative stress for each of the three scales (Alderete et al., 1999, Finch and Vega, 2003). The reference groups for each of these measures are individuals who did not experience the specified acculturative stressor measured. Questions for each of the acculturative stress scales are provided below.

*Discrimination*

1. Do people treat you badly because they think you do not speak English well?
2. Do you find it difficult to find work you want because you are of Mexican decent?
3. Do you feel unaccepted by others due to your Mexican culture?
4. Have you been discriminated against?

*Language Conflict*

1. Do you find it hard interacting with others because of difficulties you have with the English language?
2. Do you feel pressured to learn English?
3. Do you find it hard to deal with daily situations because you have a problem speaking English?

*Legal Status Worries*

1. Do you feel your legal status has limited your contact with family or friends?
2. Have you been questioned about your legal status?
3. Do you think you will be deported if you go to a social or government agency?
4. Do you fear the consequences of deportation?
5. Do you avoid immigration officials?
6. Have you had difficulties finding legal services?

### *Social Support*

To control for the potential effects of social support on the relationship between traditional gender role beliefs and depressive symptoms, emotional and instrumental support are included in the regression models. *Emotional Support* refers to a respondent's perception of having a confidant to share their innermost feelings and thoughts with and is measured with a single item. Respondents were asked: *Do you have anyone with whom you can share your innermost thoughts and feelings or problems?* Respondents answered "Yes" code as (1) or "No" coded as (0) and serving as the reference. In contrast, *instrumental support* refers to tangible and material aid offered directly to assist individuals (House, 1981). Instrumental support was assessed by asking respondents:

*Most of us need various kinds of assistance from time to time. Thinking about family, relatives, and/or friends who do not live with you, how often do they (or if you needed it would they):*

1. Drive you somewhere if you needed a ride?
2. Loan you \$50?
3. Comfort you when you needed it?

Responses to each of these instrumental support items are rated on a 3-point Likert scale, where most of the time is coded as (1), occasionally or some of the time is coded (2), and rarely or little of the time is coded (3). For the purposes of this research, responses were reverse coded so that higher scores are indicative of more instrumental support. Following previously published studies with the MAPSS dataset, response scores were further categorized as either low, medium, or high levels of instrumental support (Alderete et al., 1999, Finch and Vega, 2003). Respondents reporting no instrumental support act as the reference group for statistical comparison.

### *Analytic Plan*

The first set of analyses focused on determining whether an association exists between traditional gender beliefs and depressive symptomatology. Given the dichotomous nature of the dependent variable, logistic regression techniques were used to estimate the potential effects of traditional gender beliefs on CES-D caseness. Logistic regression applies maximum likelihood estimation after transforming the dependent variable into a logit i.e., the natural log of the odds<sup>1</sup> of the dependent variable occurring or not. Logistic regression can therefore be used to estimate the probability of an event occurring, based on the logit. In all study analyses, sampling weights that adjust for age, sex, and nativity were used, along with the appropriate stratification to take into account the complex sample design of the study. I used  $\alpha=.05$ , without rounding, for interpreting the study results.

Three regression models are presented in the results section and show the main effects of traditional gender beliefs, demographics, and select covariates on CES-D caseness among Mexican-origin adults. Model 1 is a demographic model that shows the association between traditional gender beliefs along with age, gender, marital status, and socio-economic measures on CES-D caseness. Model 2 accounts for both demographic factors as well as those related to cultural orientation, by building upon the first model, and adding important nativity and acculturation variables such as time in the US and language preference as well as acculturative stressors related to discrimination, language barriers, and legal status worries. Model 2 also incorporates potential protective factors against CES-D caseness by including emotional and instrumental support measures that

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<sup>1</sup>Odds are defined as:  $p/(1-p)$  or, specifically in this research, odds refer to the probability of meeting CES-D caseness criteria/the probability of not meeting CES-D caseness criteria.

have shown to buffer the negative effects of acculturative stress on depressive symptom levels (Vega, Kolody, and Valle, 1987). Finally, Model 3 represents the full model and introduces the interaction term between traditional gender beliefs and employment. This interaction is also tested by stratifying the sample by gender and then by nativity. STATA 10 Multi- Processor Edition was used to test each of these models.

### ***Demographics***

Table 3.1 shows that the study population was composed of fairly even proportions of men (49.6%) and women (50.35%) overall as well as within nativity groups. Among the Mexican immigrant sample, 50.3 percent of respondents were male and 49.7 percent were females. For the native born, men composed 48.7 percent of sample, whereas U.S.-born females composed the remaining 51.3 percent. Additionally, the median age of all response groups was 33 years of age, suggesting a relatively young sample. Differences among the study samples did exist however. Foreign-born Mexican-origin adults made up a larger proportion of the overall study population (60.9 % vs. 39.1%), were less acculturated—over 80 percent of respondents indicated a stronger language preference for Spanish—and were more likely to be married. In contrast, U.S.-born respondents had more education and earned more income on average than their immigrant counterparts. Further, while foreign and U.S.-born Mexican men had similar rates of employment, 68.6 percent and 61.0 percent respectively, 53.7 percent of immigrant women classified themselves as “other” unpaid homemakers, whereas only 29.3 percent of U.S.-born women identified themselves as such. Overall, approximately 20.6 percent of the sample met CES-D caseness criteria, with immigrant men have the



least amount of people meeting caseness (16 percent) and U.S.-born women as having the greatest proportion meeting caseness at 29.5 percent.

A series of uni- and bi-variate analyses were also conducted to examine the distribution of traditional gender beliefs among this sample of Mexican-origin adults. Table 3.2 provides the mean scores for traditional gender beliefs by gender and nativity categories. As reflected in the Table 3.2, traditional gender beliefs closely resemble one another by nativity, where the U.S.-born have mean scores ranging from 6.5 to 7.1 and the means of immigrants range from 8.4 to 8.2. Additionally, results from a one-way ANOVA indicated that traditional gender beliefs among Mexican immigrant men did not significantly differ from immigrant women ( $P > .05$ ). There were significant differences between the gender beliefs of Mexican immigrant men and those of US-born men ( $p < .001$ ) and US-born women ( $p < .001$ ). Similarly, the mean traditional gender belief scores of Mexican immigrant women differed significantly from those of US-born men ( $p < .001$ ) and women ( $p < .001$ ). Finally, significant differences in mean traditional gender beliefs between US-born women and men ( $p < .001$ ) were found; U.S.-born women express the least traditional gender beliefs and Mexican immigrant men expressed the most patriarchal, or "traditional" gender beliefs.

Continuing with the bivariate analyses, relationships between traditional gender beliefs, age, gender, nativity and time in the U.S. are reported in Table 3.3. Age, gender, nativity, time in the U.S. and marital status are all significantly related to traditional gender beliefs. Specifically, age, male gender, foreign birth, time in the United States and CES-D caseness were associated with more traditional or patriarchal gender beliefs. In contrast, marital status was associated with less traditional gender beliefs. These variables

are controlled for in the regression analyses. Table 3.3 also reports the relationship between traditional gender beliefs and CES-D caseness. These two variables do show a significant association ( $p \leq .05$ ) such that more (vs. less) traditional gender beliefs are correlated with an increased probability of CES-D caseness.

### ***Results***

Table 3.4 tests the effects of traditional gender beliefs and select demographics on CES-D caseness. Model 1 includes age, gender, marital status, and socio-economic measures. Results from Model 1 show a positive, significant main effect ( $p \leq .05$ ) for traditional gender beliefs on CES-D caseness. Endorsement of more (vs. less) traditional gender beliefs increases the probability of CES-D caseness. Being married, employed, and completing 11 years of school were all found to be negatively associated with CES-D cases. Respondents who were married, employed, or had completed 11 years of school had a statistically lower probability of CES-D caseness than those who were single or separated/divorced/widowed, unemployed, or had less than 11 years of education.

Model 2 includes demographic covariates as well as measures of nativity, language preference, time in the U.S., discrimination, language barriers, and legal status worries and two measures of social support (emotional and instrumental). Model 2 shows a significant ( $p < .001$ ) positive association between traditional gender beliefs and CES-D caseness. Endorsement of more (vs. less) traditional gender beliefs continues to show a significant increase in the probability of CES-D caseness net of all covariates. Significant negative associations for age, male sex, foreign-birth, employment, earning \$3000 or more per month, and having moderate to high levels of instrumental support on CES-D caseness were also found. Specifically, immigrants, men, younger adults, the

employed, those who earn more and have high levels of instrumental support are at decreased risk for CES-D caseness. Emotional support is not related to CES-D caseness. Finally, positive associations between time in the United States, low to high levels of perceived discrimination and CES-D caseness are found. These results show that increased length of residence in the United States and perceived experiences of discrimination increase the probability of CES-D caseness for Mexican-origin adults.

Model 3 (Table 3.4) tests the moderating effects of employment status on the relationship between traditional gender beliefs and CES-D caseness. The results indicate no significant interaction. Model 1 in Table 3.5 displays the main effects of traditional gender beliefs and employment on CES-D caseness for men and women. This main effects model is presented to see whether the relationships between the predictor variables and CES-D caseness change in comparison to Model 2, which contains the interaction term. For both men and women, more (vs. less) patriarchal gender beliefs are associated with an increased probability of CES-D caseness. In contrast, employment is associated with a lower probability of CES-D caseness among men ( $p < .001$ ) but not among women. Table 3.5 also examines the gender beliefs-employment by CES-D caseness interaction separately for men and women (Model 2). A significant interaction ( $p < .05$ ) between traditional gender beliefs and employment is found for men but not women. Employment buffers the impact of having more (vs. less) traditional gender beliefs on CES-D caseness. Specifically, the effect of holding more (vs. less) patriarchal gender beliefs on CES-D caseness is weaker among employed men than it is for unemployed men. The moderating effect of employment status on the relationship of traditional gender beliefs to CES-D caseness is illustrated in Figure 3.1. While holding

more traditional gender beliefs increases the likelihood of CES-D caseness for both groups of men, the endorsement of more traditional gender beliefs has a stronger relationship to the CES-D for unemployed men than among employed men.

Model 1 in Table 3.6 stratifies the analysis by nativity status. Holding more (vs. less) traditional gender beliefs is associated with an increased probability of CES-D caseness for both the U.S.-born ( $p \leq .05$ ) and foreign-born ( $p \leq .001$ ) groups. Employment status is associated CES-D caseness among Mexican immigrants ( $p \leq .01$ ), but not among the U.S. born. Specifically, for Mexican immigrants, those who are employed have a lower probability of CES-D caseness than unemployed immigrants, suggesting that employment may be protective against CES-D caseness for Mexican immigrant populations. Table 3.6 also tests the hypothesis that the relationships among traditional gender beliefs, employment status and CES-D caseness vary by nativity. No evidence of a significant interaction between traditional gender beliefs and employment were found for either of the nativity groups.

In summary, the results show that traditional gender beliefs and CES-D caseness are significantly related. Increases in traditional gender beliefs increase the probability of CES-D caseness for Mexican-origin adults overall. This relationship is not moderated by employment status for the total sample. However, employment status did moderate the effect of more (vs. less) traditional gender beliefs on CES-D caseness among men. Here, being employed was protective against the effects of traditional gender beliefs on CES-D caseness for men, but not women. This is consistent with our assumptions that Latina employment may be less of an economic or personal advantage than for men. Moreover, that employment makes real differences on depressive symptoms for men (i.e.,

protective) and not for women suggests that certain social roles, particularly those aligned with gendered norms and expectations (i.e., employed men as financial providers), may be important predictors of mental health status and trends for Mexican-origin adults.

### ***Discussion***

This study explores the relationship between traditional gender beliefs and depressive symptoms among Mexican-origin adults. Relying upon a limited but growing body of empirical evidence on the role gender beliefs have in shaping immigration events, acculturation processes, and their related mental health effects, I hypothesized that holding more (vs. less) traditional gender beliefs would increase the probability of CES-D caseness. In taking social factors such as gender and nativity into account, I also hypothesized that women and immigrants would experience higher rates of depressive symptoms than their male and U.S.-born counterparts. Consistent with the primary hypothesis, this research shows that more (vs. less) traditional gender beliefs have a significant and positive association with depressive symptoms for both foreign and U.S.-born groups. Likewise, study findings support the secondary hypotheses that the effect of traditional gender beliefs is an important predictor of CES-D caseness for both women and men. Together, these findings highlight the importance of exploring gender concepts within acculturative stress and mental health research, while also calling attention to current research biases that solely focus upon the gender-based implications of immigration and acculturation experiences of women (i.e., Lara-Cantu and Navarro-Arias, 1986; Vega et al., 1986; Espin, 1997) while omitting the experiences of men.

While early migration and immigration studies focused on the experiences of men (Nash, 1986; Pessar, 1999), feminist scholarship responded with an equally biased

research agenda that focused on women and marginalized the experiences of men and men of color in particular (Hondagneu-Sotelo, 1999). Cognizant of these research pitfalls, the current study developed a broad perspective in conceptualizing gender-based vulnerabilities to acculturative stress for both men and women. Specifically, this work explored how employment status reinforced or challenged valued social identities and beliefs regarding wage work for both women and men to influence mental health outcomes i.e., levels of depressive symptoms. In exploring the differing implications of wage work for women and men, this research importantly shifted the research focus from one sex or the other, to that of the more encompassing concept of gender.

I also predicted that employment would moderate the negative effect of traditional gender beliefs to CES-D caseness for Mexican-origin adults overall. This hypothesis was not supported. Failure to detect a buffering effect of employment status on the relationship between gender beliefs and depressive symptom levels for women is consistent with theoretical arguments found in broader gender-based literature that argue that minority women experience a triple burden of oppression within the labor force (Davis, 1981; Hondagneu-Sotelo, 1994; Woloch, 1994). Minority women workers not only face differential employment opportunities and treatment because of their race/ethnicity and socio-economic vulnerability, but also endure pervasive sexism marked by lower wages and financial returns on their educational investments than men (Espiritu, 1999; Menjivar, 1999). Structural discrimination attributed to race/ethnicity, socio-economic status, and gender has thus contributed to the devaluing of women workers and the feminization of poverty (Davis, 1981). Rather than wage work serving as a means to socio-economic independence and mobility, ethnic minority women workers

are largely concentrated in menial labor positions that fail to provide the means to escape poverty (Davis, 1891; Hondagneu-Sotelo, 1994; Gonzales, 2008). For each of these reasons, ethnic minority women, such as Mexican-origin women, are not afforded the same financial benefits and payoffs of employment that may protect their health as enjoyed by their male counterparts. Moreover, the competing demands of wage work, household and childrearing responsibilities do not reinforce valued gender identities for women as employment does for men, but can place an overwhelming burden of responsibility on women that questions their familial obligations and cultural loyalties, thus leading to stress and distress and a higher probability of mental health problems.

As suggested in this work, male identities tied to wage earning as important forms of masculinity and self-esteem have broad implications for mental health between and among Mexican-origin populations. Clearly, gender is not something that only affects women. Thus, in the future it will be critical to not only question the theoretical and empirical applications of gender and sex concepts, but to also examine research biases of early feminist scholars (see p. 82) in the conceptualization and understanding of how gender shapes the cost and consequences of efforts to improve social mobility for Mexican-origin men and women.

Finally, it was hypothesized that nativity would modify the negative effect of traditional gender beliefs to depressive symptoms such that Mexican immigrants were at increased for CES-D caseness compared to their U.S.-born counterparts. This hypothesis was not supported. I suspect that the failure to find support for this hypothesis is due to more contemporary Latino mental health research that argues that once important demographic covariates such as age, gender, income, access to health care, and socio-

cultural factors such as family support and cohesion are controlled, nativity is a less important independent risk factor for mental health problems (Alegria et al, 2007). Rather, while nativity has served in the past as a proxy for demographic and socio-cultural differences, the use of more specific measures of differences in traditional gender beliefs between foreign and U.S.-born Mexican-origin adults, eliminates the use of such methodological shortcuts in favor of identifying new and more specific risk factors for acculturative stress.

There are several limitations to the current study. First, this study is both cross-sectional and regional in nature and therefore does not allow us to make any causal inferences or generalize our findings beyond the study sample. Additionally, application of an unpublished gender beliefs scale, in which no previous reports of reliability and validity exist, provides readers with some important but preliminary information in this area of mental health research. In the future, it will be imperative to replicate this study among a large and more contemporary sample to determine its greater implications in understanding differential risk profiles for depressive symptoms between and among Mexican-origin adult populations. Further, because changes in labor market structures occurring in the United States are also taking place globally, the current research has broader implications than simply understanding differential patterns of mental health among Mexican-origin adult populations. For example, economic development and the increasing availability of low-skilled manufacturing jobs introduced by multinational corporations from industrialized nations such as the U.S. have increased the proportion of women of color worldwide that engage in wage-work (International Labor Office, 2001). How these economic shifts affect family organization, individual gender identities, and



provide shelter for women and men from poverty will be important to addressing the increasingly growing persistence of threat racial/ethnic and gender-based health disparities have within the U.S. and more globally. What's more, how shifts in the global economy challenge fulfillment of valued gender norms and expectations for traditionally orientated men to affect their mental and physical health, though risk taking and other harmful forms of coping behaviors, may help to shed light on broader public health issues such as the higher rates of drug abuse, suicide, and premature mortality found among men, and men of color in particular (Quintero and Estrada, 1998; Grant and Hasin, 1999; Courtenay, 2000).

In closing, collectively these research findings are consistent with previous studies of depressive symptoms among Mexican-origin adults (Frerichs, Aneshensel, and Clark, 1981; Vega et al., 1984, 1987; Moscicki et al., 1989; Alderete et al., 1999; Hovey, 2000). These findings along with new knowledge in this area show promise of helping to inform researchers about important stressors associated with immigration, acculturation, and depressive symptoms that may be instrumental to directing potential solutions to eradicating existing mental health disparities experienced among Mexican-origin populations.

Table 3.1: Demographic Characteristics of Study Sample, Mexican American Prevalence and Services Survey 1995-1996

	<b>Foreign-born Men</b>	<b>Foreign-born Women</b>	<b>U.S.-born Men</b>	<b>U.S.-born Women</b>
<b>Total Sample n=3,012,(%)</b>	922	912	574	N=604
<b>Language Preference n, %</b>				
English	114 (12.4)	128 (14.0)	531 (92.5)	558 (92.4)
Spanish	808 (87.6)	784 (86.0)	43 (7.5)	46 (7.6)
<b>Marital Status n,%</b>				
Single	199(21.6)	112 (12.3)	198 (34.5)	119 (19.7)
Married	674 (5.3)	682 (12.8)	291 (14.8)	361 (20.5)
Divorced	49 (73.1)	117 (74.9)	85 (50.7)	124 (59.8)
<b>Mean Age</b>	33.55 years	33.64 years	33.68 years	33.67 years
<b>Education n, %</b>				
<6yrs	502 (54.5)	537 (58.9)	21 (3.7)	16 (2.7)
7-11yrs	262 (28.4)	242 (56.5)	193 (33.6)	245 (40.6)
12yrs	83 (9.0)	82 (9.0)	197 (34.3)	200 (33.2)
13+ years	75 (8.1)	51 (5.6)	163 (28.4)	142 (23.5)
<b>Employment Status n,%</b>				
Employed	632 (68.6)	205 (22.5)	350 (61.0)	239 (39.6)
Unemployed	136 (14.8)	64 (7.0)	84 (14.6)	48 (8.0)
Other	154 (16.6)	643 (70.5)	140 (24.4)	317 (52.4)
<b>Monthly Income n,%</b>				
<\$500	114 (12.7)	141(15.7)	39 (7.1)	48 (8.2)
\$500-\$999	310 (34.2)	364 (40.5)	130 (23.6)	179 (30.4)
\$1000-\$1499	277 (30.5)	276 (30.7)	140 (25.4)	140 (23.8)
\$1500-\$2999	154 (17.0)	92 (10.2)	144 (26.1)	135 (23.0)
\$3000+	52 (5.7)	25 (2.8)	99 (17.9)	86 (14.62)
<b>CES-D Score n, %</b>				
<16	770 (84.0)	684 (75.3)	457 (79.9)	424 (70.5)
≥16 (Caseness)	147 (16.0)	225 (24.7)	115 (20.1)	117 (29.5)0

**Table 3.2 Mean Score of Traditional Gender Beliefs by Sex and Nativity, Mexican American Prevalence and Services Survey 1995-1996**

	<b>Observations</b>	<b>Mean</b>	<b>Std. Deviation</b>
<b>Mexican Immigrant Men</b>	915	8.428	1.664
<b>Mexican Immigrant Women</b>	909	8.241	1.880
<b>U.S.-born Men</b>	572	7.094	1.965
<b>U.S.-born Women</b>	603	6.461	2.177

Note: Range of Gender Beliefs is 3 to 12, where higher scores indicate more traditional (patriarchal) gender attitudes, values, and beliefs.

**Table 3.3 Correlations Between Traditional Gender Beliefs and Select Variables, Mexican American Prevalence and Services Survey 1995-1996 (n= 3012)**

	<b>Gender Beliefs</b>		
	<b>Coefficient</b>	<b>Standard Error</b>	<b>P-Value</b>
<b>Age (at last birthday)</b>	.025	.006	.000
<b>Gender (male)</b>	.456	.118	.000
<b>Nativity (Foreign-born)</b>	1.481	.118	.000
<b>Time in U.S.</b>	.045	.006	.000
<b>Marital Status</b>	-.327	.081	.001
<b>CES-D Caseness</b>	.084	.042	.043

**Table 3.4 Logistic Regression of Traditional Gender Beliefs and Employment on CES-D Caseness among Mexican-origin Adults, Mexican American Prevalence and Services Survey 1995-1996 (n= 3012)**

	<b>Model</b>	<b>1</b>	<b>Model</b>	<b>2</b>	<b>Model</b>	<b>3</b>
	<b>Coef.</b>	<b>Stand. Error</b>	<b>Coef.</b>	<b>Stand. Error</b>	<b>Coef.</b>	<b>Stand. Error</b>
<b>Traditional Gender Beliefs</b>	.090*	.044	.145***	.042	.197***	.050
<b>Age (Last Birthday)</b>	-.009	.008	-.022*	.010	-.022*	.010
<b>Gender</b>						
Female	---	---	---	---	---	---
Male	-.227	.176	-.377*	.176	-.349*	.175
<b>Time in the United States</b>	---	---	.030*	.013	.030*	.013
<b>Marital Status</b>						
Single	---	---	---	---	---	---
Married	-.480*	.193	-.365	.193	-.351	.191
Separated/Divorced/Widowed	.146	.282	.152	.265	.165	.263
<b>Employment Status</b>						
Unemployed	---	---	---	---	---	---
Employed	-.532**	.179	-.474**	.168	.401	.568
<b>Education (yrs.)</b>						
≤7 Completed	---	---	---	---	---	---
11 Completed	.481*	.188	.217	.207	.220	.208
12 Completed	.075	.230	-.258	.279	-.267	.276
≥13 Completed	.033	.265	-.213	.290	-.237	.290
<b>Income (monthly)</b>						
<\$500	---	---	---	---	---	---
\$500-\$999	-.333	.211	-.301	.205	-.303	.204
\$1000-\$1499	-.417	.229	-.381	.223	-.380	.224
\$1500-\$2999	-.510	.265	-.550	.291	-.552	.290
\$3000+	-.670	.346	-.761*	.343	-.779*	.341
<b>Nativity</b>						
U.S.-born	---	---	---	---	---	---
Foreign-born	---	---	-1.231**	.396	-1.238***	.387
<b>Language Preference</b>						
English	---	---	---	---	---	---
Spanish	---	---	0.091	.250	.089	.246

*Table 3.4 Continued*

	<b>Model</b>	<b>1</b>	<b>Model</b>	<b>2</b>	<b>Model</b>	<b>3</b>
	<b>Coef.</b>	<b>Stand.</b>	<b>Coef.</b>	<b>Stand.</b>	<b>Coef.</b>	<b>Stand.</b>
		<b>Error</b>		<b>Error</b>		<b>Error</b>
<b>Acculturative Stressors</b>						
<b>Discrimination</b>						
No-Discrimination	---	---	---	---	---	---
Low-Discrimination	---	---	.426*	.172	.427*	.172
Med-Discrimination	---	---	.942***	.256	.951***	.254
High-Discrimination	---	---	1.255**	.433	1.124**	.420
<b>Language Barriers</b>						
No-Lang. Barriers	---	---	---	---	---	---
Low-Lang. Barriers	---	---	-.004	.276	-.015	.275
Med-Lang. Barriers	---	---	.071	.253	.065	.254
High-Lang. Barriers	---	---	-.212	.341	-.213	.340
<b>Legal Status Worries</b>						
No-Legal Worries	---	---	---	---	---	---
Low-Legal Worries	---	---	.103	.179	.120	.177
Med-Legal Worries	---	---	.278	.258	.294	.257
High-Legal Worries	---	---	.347	.466	.350	.471
<b>Social Support</b>						
No-Emotional	---	---	---	---	---	---
Yes-Emotional	---	---	.212	.172	.210	.171
Low-Instrumental Support	---	---	---	---	---	---
Med-Instrumental Support	---	---	-.465*	.184	-.461*	.183
High-Instrumental Support	---	---	-.658***	.182	-.664***	.180
<b>Interactions</b>						
Gender Beliefs x Employment	---	---	---	---	-.113	.072
<b>Constant</b>	<b>-.751</b>	<b>.576</b>	<b>-.171</b>	<b>.664</b>	<b>-.583</b>	<b>.691</b>

Note: \* p ≤ .05, \*\* p ≤ .01, \*\*\*p ≤ .001

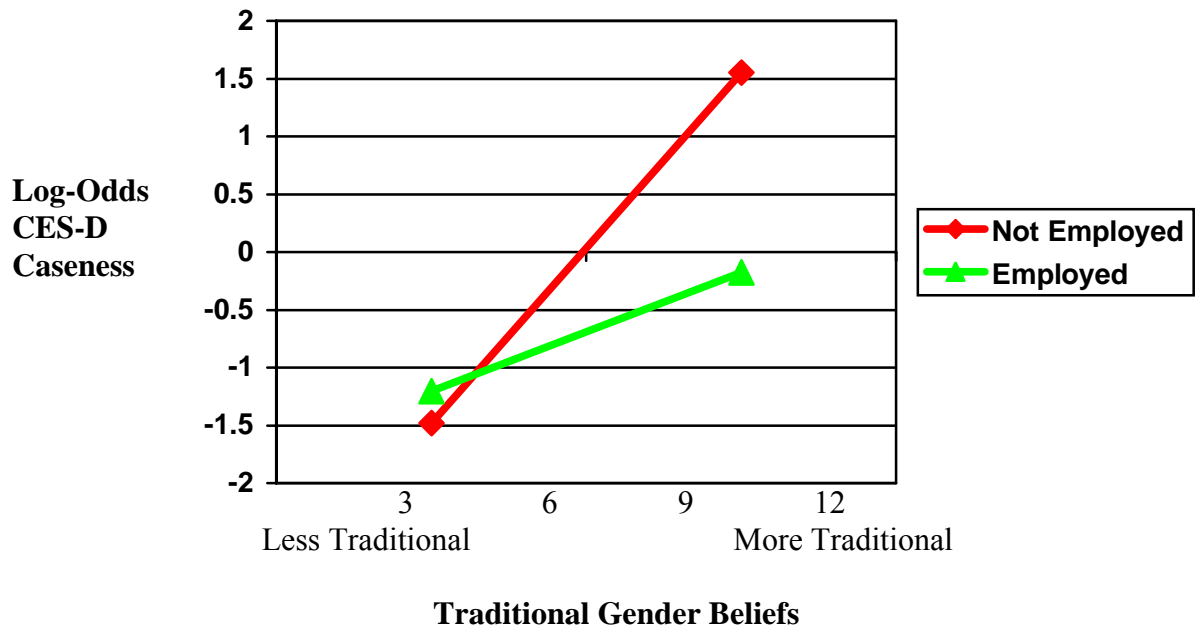
**TABLE 3.5 RELATIONSHIP BETWEEN TRADITIONAL GENDER BELIEFS AND EMPLOYMENT ON DEPRESSIVE SYMPTOMS BY GENDER, MEXICAN AMERICAN PREVALENCE AND SERVICES SURVEY (MAPSS). N=3012. 1995-1996. LOGISTIC REGRESSION**

	MEN						WOMEN					
	Model 1 – Main Effects			Model 2 - Interaction			Model 1 – Main Effects			Model 2 - Interaction		
	Beta	SE	p-value	Beta	SE	p-value	Beta	SE	p-value	Beta	SE	p-value
Traditional Gender Beliefs	.203	.061	.001	.337	.094	.000	.121	.052	.019	.137	.058	.019
Employed	-.871	.226	.000	.948	.905	.295	-.093	.214	.667	.261	.716	.716
Traditional Gender Beliefs X Employed	---	---	---	-.223	.109	.043	---	---	---	-.050	.098	.610
Constant	-1.431	.902	.113	-2.49	1.094	.023	.084	.872	.923	-.046	.922	.960

Notes:

All models control for: Age, Gender, Time in the U.S., Marital Status, Education, Income, Acculturative Stressors (i.e., discrimination, language barriers, and legal status worries), and Social Support (i.e., emotional and instrumental support). Betas are unstandardized

**Figure 3.1: CES-D Caseness by Traditional Gender Beliefs and Employment among Mexican-origin Men**



**TABLE 3.6 RELATIONSHIP BETWEEN TRADITIONAL GENDER BELIEFS AND EMPLOYMENT ON DEPRESSIVE SYMPTOMS BY NATIVITY, MEXICAN AMERICAN PREVALENCE AND SERVICES SURVEY (MAPSS). N=3012. 1995-1996. LOGISTIC REGRESSION**

	U.S. BORN						IMMIGRANT					
	Model 1 – Main Effects			Model 2 - Interaction			Model 1 – Main Effects			Model 2 - Interaction		
	Beta	SE	p-value	Beta	SE	p-value	Beta	SE	p-value	Beta	SE	p-value
Traditional Gender Beliefs	.126	.052	.016	.177	.075	.018	.221	.064	.001	.218	.073	.003
Employed Traditional Gender Beliefs X Employed	-.307	.230	.182	.445	.670	.506	-.660	.238	.006	-.739	.989	.455
Constant	---	---	---	-.107	.096	.264	---	---		.009	.113	.934
	.371	1.097	.736	-.006	1.181	.996	-1.760	.752	.019	-1.728	.803	.032

Notes:

All models control for: Age, Gender, Time in the U.S., Marital Status, Education, Income, Acculturative Stressors (i.e., discrimination, language barriers, and legal status worries), and Social Support (i.e., emotional and instrumental support).

Betas are unstandardized



## References

- Alderete, E., Vega, W. A., Kolody, B., & Aguilar-Gaxiola, S. (2000). Effects of time in the United States and Indian ethnicity on DSM-III-R psychiatric disorders among Mexican Americans in California. *Journal of Nervous and Mental Disease, 188*(2), 90-100.
- Alderete, E., Vega, W. A., Kolody, B., & Aguilar-Gaxiola, S. (2000). Lifetime prevalence of and risk factors for psychiatric disorders among Mexican migrant farmworkers in California. *American Journal of Public Health, 90*(4), 608-614.
- Alderete, E., Vega, W. A., Kolody, B., & Aguilar-Gaxiola, S. (1999). Depressive symptomatology: Prevalence and psychosocial risk factors among Mexican migrant farmworkers in California. *Journal of Community Psychology, 27*(4), 457-471.
- Alegria, M., Shrout, P. E., Woo, M., Guarnaccia, P., Sribney, W., Vila, D., Polo, A., Cao, Z., Mulvaney-Day, N., Torres, M., & Canino, G. (2007). Understanding the differences in past year psychiatric disorders for Latinos living in the US. *Social Science and Medicine, 65*, 214-230.
- Biddle, B. J. (1986). Recent developments in role theory. *Annual Review in Sociology, 12*, 67-92.
- Comas-Diaz, L. (1990). Hispanic Latino communities: Psychological implications. *Journal of Training and Practice in Professional Psychology, 4*, 14-35.
- Courtenay, W. H. (2000). Constructions of masculinity and their influence on men's well-being: A theory of gender and health. *Social Science and Medicine, 50*, 1385-1401.
- Davis, A. Y. (1981). *Women, race, and class*. New York: Random House.
- Eaton, W., & Kessler, R. C. (1981). Rates of symptoms of depression in a national sample. *American Journal of Epidemiology, 114*(4), 528-538.
- Escobar, J. I. (1998). Immigration and mental health: Why are immigrants better off? *Arch Gen Psychiatry, 55*, 781-782.
- Espin, O. M. (1997). *Latina realities: Essays on healing, migration, and sexuality*. Boulder, Colorado: Westview Press.
- Espiritu, Y. L. (1999). Gender and labor in Asian immigrant families. *American Behavioral Scientist, 42*, 628-647.
- Evans, S. M. (1989). *Born for liberty: A history of women in America*. New York: The Free Press.

- Fabrega, H. (1969). Social psychiatric aspects of acculturation and migration: A general statement. *Comprehensive Psychiatry*, *10*(4), 314-326.
- Firestone, J. M., Harris, R. J., & Vega, W. A. (2003). The impact of gender role ideology, male expectancies, and acculturation on wife abuse. *International Journal of Law and Psychiatry*, *26*, 549-564.
- Frerichs, R. R., Aneshensel, C. S., & Clark, V. (1981). Prevalence of depression in Los Angeles County. *American Journal of Epidemiology*, *113*(6), 691-699.
- Freud, S. (1925). *Some psychological consequences of the anatomical distinctions between the sexes*. (Standard ed.). London: Hogarth Press.
- Garcia, B., & de Oliveiras, O. (1994). *Trabajo femenino y vida familiar en Mexico*. Mexico, D.F.: El Colegio de Mexico.
- 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), 1-19.
- Gonzales, F. (2008). *Hispanic women in the united states, 2007*. Washington, DC: Pew Hispanic Center.
- Grant, B.F., & Hasin, D.S. (1999). Suicide ideation among the United States drinking population: results from the National Longitudinal Alcohol Epidemiologic Survey. *Journal of Studies of Alcohol*, *60*(3): 422-429.
- Heilemann, M. V., Lee, K. A., & Kury, F. S. (2002). Strengths and vulnerabilities of women of Mexican decent in relation to depressive symptoms. *Nursing Research*, *51*(3), 175-182.
- Hondagneu-Sotelo, P. (1994). *Gendered transitions: Mexican experiences of immigration*. Berkeley, CA: University of California Press.
- House, J. S. (1981). *Work stress and social support*. Reading, Massachusetts: Addison-Wesley.
- Hovey, J. D. (2000). Psychosocial predictors of acculturative stress in Mexican immigrants. *The Journal of Psychology*, *134*(5), 490-502.
- Howard, J. A., & Hollander, J. *Gendered situations, gendered selves*. Walnut Creek, CA: Altamira Press.
- Kimmel, M. *Manhood in America: A cultural history* (Second ed.). New York: Oxford University Press.

- Krieger, N. (2001). A glossary for social epidemiology *Journal of Epidemiology and Community Health*, 55, 693-700.
- Lara-Cantu, M. A., & Navarro-Arias, R. (1986). Positive and negative factors in the measurement of sex roles: Findings from a Mexican sample. *Hispanic Journal of Behavioral Sciences*, 8, 143-155.
- Leaper, C., & Valin, D. (1996). Predictors of Mexican American mothers' and fathers' attitudes towards gender equity. *Hispanic Journal of Behavioral Sciences*, 18(3), 343-355.
- Lorber, J. (1998). Believing is seeing: Biology as ideology. In Weitz (Ed.), *The politics of Women's bodies* (pp. 12-24). New York: Oxford University Press.
- Lown, E. A., & Vega, W. A. (2001). Prevalence and predictors of physical partner abuse among Mexican American women. *American Journal of Public Health*, 31(3), 441-445.
- Luu, V. (1989). The hardship of escape for Vietnamese women. In Asian Women United in California (Ed.), *Making waves: An anthology of writing by Asian American women* (pp. 60-72). Boston: Beacon.
- Mason, K. O. (1986). The status of women: Conceptual and methodological issues in demographic studies. *Sociological Forum*, 1(2), 284-300.
- Mayo, Y. Q., & Resnick, R. P. (1996). The impact of machismo on Hispanic women. *Journal of Women and Social Work*, 11(3), 257-277.
- Menjívar, C. (1999). The intersection of work and gender: Central American immigrant women and employment in California. *American Behavioral Scientist*, (42), 601-627.
- Min, P. G. (1998). *Changes and conflicts: Korean immigrant families in New York*. Needham Heights: Allyn & Bacon.
- Moscicki, E. K., Locke, B. Z., Rae, D. S., & Boyd, J. H. (1989). Depressive symptoms among Mexican Americans: The Hispanic health and nutrition examination survey. *American Journal of Epidemiology*, 130(2), 348-360.
- Nash, J. (1996). A decade of research on women in Latin America. In J. Nash, & H. Safa (Eds.), *Women and change in Latin America* (pp. 3-21). South Hadley, MA: Bergin and Garvey.
- Pessar, P. R. (1999). Engendering migration studies. *American Behavioral Scientist*, 42(4), 577-600.

- Phinney, J. S., & Flores, J. (2002). "Unpacking" acculturation: Aspects of acculturation as predictors of traditional sex role attitudes. *Journal of Cross-Cultural Psychology*, 33(3), 320-331.
- Quintero, G.A., & Estrada, A.L. (1998). Cultural models of masculinity and drug use: "machismo," heroin, and street survival on the U.S.-Mexico border. *Contemporary Drug Problems*, 25(1): 147-168.
- Radloff, L. S. (1977). The CES-D scale: A self-report depression scale for research in the general population. *Applied Psychological Measurement*, 1, 385-401.
- Rheingold, H. L., & Cook, K. V. (1975). The content of boys' and girls' rooms and as an index of parents' behavior. *Child Development*, 46, 459-463.
- Rivera, O. A. (1983). Vocational rehabilitation process and Hispanic culture. *The special rehabilitation and research needs of Hispanic persons* (pp. 39-41). Edinburg, TX: National Institute of Handicapped Research and the President's Committee on Employment of the Handicapped.
- Salgado de Snyder, N., Cervantes, R. C., & Padilla, A. M. (1990). Gender and ethnic differences in psychosocial stress and generalized distress among Hispanics. *Sex Roles*, 22(7/8), 441-453.
- Snow, R. (2002). Reorienting public health: Exploring differentials in hip fracture. In G. Sen, A. George & P. Ostlin (Eds.), *Engendering international health: The challenge of equity*. Cambridge, MA: The MIT Press.
- Sobalgal, F., Marin, G., Otero-Sobalgal, R., Marin, B. V., & Perez-Stable, E. J. (1987). Hispanic familism and acculturation: What changes and what doesn't? *Hispanic Journal of Behavioral Sciences*, 9(4), 397-412.
- Stark, R. (2007). *Sociology* (Tenth Edition ed.). Ca: Baylor University.
- Vega, W. A., Kolody, B., & Valle, J. R. (1987). Migration and mental health: An empirical test of depression risk factors among immigrant Mexican women. *International Migration Review*, 21(3), 512-530.
- Vega, W. A., Kolody, B., Valle, R., & Hough, R. (1986). Depressive symptoms and their correlates among immigrant Mexican women in the United States. *Social Science Medicine*, 22(6), 645-652.
- Vega, W. A., Warheit, G., Buhl-Auth, J., & Meinhardt, K. (1984). The prevalence of depressive symptoms among Mexican Americans and Anglos. *American Journal of Epidemiology*, 120(4), 592-607.

- Villa, M., Cuellar, J., Gamel, N., & Yeo, G. (1993). Cultural traditions, beliefs, values, and ethical issues. *Aging and health: Hispanic American elders*. Stanford: SGED.
- Wainryb, C., & Turiel, E. (1994). Dominance, subordination, and concepts of personal entitlements in cultural contexts. *Child Development*, 65, 1701-1722.
- Westen, D. (1996). *Psychology: Mind, brain, and culture*. . New York: John Wiley and Sons, Inc.
- Woloch, N. (1994). *Women and the American experience* (Second ed.). New York: MCGraw-Hill, Inc.
- Ybarra, L. (1988). Separating myth from reality: Socio-economic and cultural influences on Chicanas and the world of work. In M. B. Melville (Ed.), *Mexicans at work in the united states*. (pp. 12-23). Houston, TX: Mexican American Studies, University of Houston.

## Chapter IV

### **American Dreams, Latino Realities: Goal-Striving, Attitudes Toward Success and Depressive Symptoms among Mexican-Origin Adults**

My view as a Mexican is that my people are hard workers who possess a strong desire to succeed in life. I was only one of the many Mexicans willing to face the prospect of death and of leaving a mother bereft, by crossing the United States border illegally, in the attempt to make their dreams reality. I left my country without knowledge of the many dangers involved [...] I asked myself what I wanted for my future and I realized I desired many things. However, their realization within the context of my current lifestyle seemed impossible [...] I thought I was a failure.

Oscar Vega Romero, Author, 2007

Captured in the words of author Oscar Vega Romero (2007) is a brief but powerful account of the motivation that drives Mexican immigrants to come to the United States and the demoralized state that can emerge when one's American Dreams fail to be realized. Though Romero's (2007) experience is not unique, it remains irreplaceable as it gives voice to the silenced testimony of others.

The purpose of this research is to explore a core component of goal-striving stress. Goal-striving stress is defined as conflict between socio-economic goals and aspirations, weighted by one's subjective appraisal of success (Parker and Kleiner, 1966). Specifically, I investigate one component of goal-striving stress, appraisal of success, by examining whether negative attitudes towards life chances for socio-economic success influence levels of depressive symptoms. Given that the struggle to improve one's socioeconomic status is a universal challenge among Mexican-origin adults, it is

hypothesized that a significant relationship exists between life chances for success and high levels of depressive symptoms. Having more negative attitudes toward life chances of success is predicted to increase the likelihood of CES-D caseness among Mexican-origin adults. Additionally, it is hypothesized that the effect of more (vs. less) negative attitudes toward life chances of success will vary not only as a function of gender and nativity, but also differ by experiences of socio-economic adversity attributed to unemployment and racial discrimination.

In this research, I argue that attitudes towards life chances of success are intrinsically tied to the immigrant experience. The optimism that immigrants express and the gumption they possess toward fulfilling their socio-economic goals may be protective against initial challenges of socio-economic adversity (Fabrega, 1969). However, the cumulative toll of personal and structural obstacles to socio-economic mobility experienced over time and over successive generations among Mexican-origin adults, is hypothesized as having a demoralizing effect on one's attitudes toward life chances of success. This sense of demoralization will in turn increase depressive symptom levels (Frank, 1974, 1993; Link and Doherty, 1980). Additionally, how gender influences the types of socio-economic obstacles individuals may encounter, such as employment opportunities and assaults to valued gender roles and norms regarding employment, are also explored within the context of life chances of success, employment, and depressive symptoms. Finally, how perceived discrimination further affects the relationships among negative attitudes toward life chances of success, employment, and depressive symptoms is investigated. To test these ideas, I examine the main effects of negative attitudes toward life chances on CES-D caseness among Mexican-origin adults as well as the

moderating effects of employment status on more (vs. less) negative attitudes toward life chances and CES-D caseness. Examination of higher order interactions between employment, negative attitudes toward life chances of success and CES-D caseness by gender, nativity, and discrimination are also included in the analyses.

### ***The American Dream***

The psychological investments Mexican immigrants make about their abilities to fulfill their “American Dreams” will no doubt have bearing on their psychological well-being. Considering what happens when efforts to fulfill one’s “American Dream” are met with socio-economic adversity (i.e., unemployment) and racial discrimination is crucial to understanding mental health among Mexican-origin populations. Particularly, by investigating how negative attitudes regarding one’s life chances of success differ by employment status and discrimination, researchers can gain insight as to why foreign-born Mexicans initially experience better mental health than their U.S.-born peers, but approximate those of Mexican Americans following increased years of residence in the United States.

Although there is no single definition or agreed upon conceptualization of the “American Dream,” there is a basic understanding that a large part of this dream rests on the hope that in one’s lifetime, economic prosperity will be achieved. The acquisition of material possessions, an overall improvement in lifestyle for oneself and future generations, and high motivation for working toward these goals are all central themes comprising the “American Dream” (Hochschild, 1995; Acuna, 2000). Less central to American Dream narratives, however, are the psychological costs and consequences of not reaching these goals. Such oversight can be detrimental, as it leaves individuals,



families, and communities, such as Mexican-origin adults, increasingly vulnerable to mental health problems. For example, when Mexican-origin adults are confronted with the multiple burdens of socio-economic adversity and racial/ethnic prejudice and discrimination, attitudes about one's chances of socio-economic success can diminish, becoming increasingly negative and giving rise to personal feelings of failure. These emotional responses are important because they may limit individual productivity, increase alcohol and drug dependence, encourage violence, and increase depressive symptoms among Mexican-origin adult populations.

Oversights regarding the mental health costs and consequences associated with the struggle for upward mobility and achieving the American Dream are not only common among those pursuing such goals, but these oversights are also found among academic communities and mainstream American society alike. Perhaps reflecting a collective internalization of an American value and belief system of "equal opportunity" and "justice for all," these concerns appear to be missing from our consciousness. In fact, as Hochschild (1995) writes:

Millions of immigrants and internal migrants have moved to America, and around within it, to fulfill their version of the American dream. By objective measures and their own accounts, many have achieved success. Probably just as many [however,] have been defeated and disillusioned. [...] The emotional potency of the American dream has made people who *were* able to identify with it the norm for everyone else. [...] Those who do not fit the model [therefore] disappear from the collective self-portrait (p. 15-26).

The allure of the American dream develops from a personal and collective internalization of an idealized American socio-economic system. Driven by a dominant ideology of American socio-economic success, premised upon the experiences of select individuals who have attained their goals, our ideological system of work, rewards, and

socio-economic mobility in the United States is reinforced. The profound visibility of American success stories found across ethnic, linguistic, religious, political, educational, and economic social categories, serve not only to validate these ideals, but encourage us to discount the socio-political constraints that limit opportunities to fulfill socio-economic goals for Mexican-origin populations as well as others.

One way to explore the relationship between efforts to improve social mobility and mental health is to employ the concept of goal-striving stress (Parker & Kleiner, 1966). Parker and Kleiner argued that both individual and social constraints limited opportunities for Black Americans to improve their social and economic status. As hypothesized by Parker and Kleiner (1966), discrepancies between aspirations and achievement frustrated the efforts of Black Americans, manifesting in psychological distress and mental illness. To test this hypothesis, Parker and Kleiner introduced the concept of goal-striving stress, which they defined as a discrepancy between socio-economic aspirations and achievement and weighted by one's subjective appraisal of success. Their work demonstrated that high goal-striving stress is a significant predictor of mental illness.

Following Parker and Kleiner, Sellers and Neighbors (1999, 2008) used data from the National Survey of Black Americans (NSBA) to perform a more contemporary test of the goal-striving stress hypothesis. Sellers and Neighbors (1999) found that increasing goal-striving stress was significantly related to lower well-being, self-esteem and higher levels of psychological distress. In addition, they found that poverty status had a moderating effect on the relationship between goal-striving stress and negative mental health outcomes. Specifically, when goal-striving stress was high, higher income Black

Americans experienced lower levels of happiness and life satisfaction than lower income Black Americans.

Goal-striving stress research makes several contributions to the field of social mobility and mental health. The early work of Parker and Kleiner (1966) provided evidence that challenged assumptions that income alone could explain differential patterns in mental health among Black American populations. Their study of goal-striving stress among Philadelphia urban Negroes challenged the notion that a uniformly inverse relationship between income and mental disorder exists. In fact, the collective research of Parker and Kleiner (1966) and Sellers and Neighbors (1999, 2008), demonstrates that higher income is not always protective of mental health among Black populations. This challenge to the assumption that higher income guarantees better mental health outcomes is important to investigate in studies of depressive symptoms among Mexican-origin adults, since it may provide greater insight to understanding why higher income and more educated U.S.-born Mexican Americans experience poorer mental health than their more educationally and financially disadvantaged Mexican immigrant peers (Escobar, 1998; Vega and Alegria, 2001).

### ***Research Questions & Hypotheses***

Inherent in motivations and actions taken among Mexican immigrants to immigrate to the United States, such as those described by author Oscar Vega Romero at the opening of this chapter, are optimistic attitudes and beliefs that coming to the U.S. will make one's social and economic dreams a reality. Also reflected in Vega Romero's words however, is the disenchantment that can unfold over time, following experiences of personal and structural barriers to achieving upward social mobility.

There is empirical evidence to suggest that psycho-social investments in improving one's social mobility can increase stress and mental health problems when an individual's subjective appraisal of success is low (Parker and Kleiner, 1966, Sellers and Neighbors, 1999, 2008). In the research proposed here, negative attitudes toward life chances of socio-economic success are introduced to investigate how changes in one's subjective appraisal of success and employment status by gender, nativity and reports of discrimination, influence depressive symptoms. Specifically, I hypothesize that more (vs. less) negative attitudes about life chances of success will increase the likelihood of CES-D caseness, net of controls for acculturative stressors (i.e., language barriers and legal status worries) and demographic covariates.

### ***Employment***

Socio-economic adversity such as unemployment can have psychological and emotional consequences that alter an individual's perception about opportunities for improving social mobility. Unemployment can be internalized as personal disadvantage and impact one's mental health. To explore whether employment status moderates the effect of attitudes toward life chances on CES-D caseness, I hypothesize that among those who are unemployed, more (vs. less) negative attitudes about one's life chances of success will increase the probability of CES-D caseness. On the other hand, among those who are employed, there will be no significant relationship between attitudes toward life chances of success and CES-D caseness. Employment is thought to be protective against negative attitudes toward life chances of success on CES-D caseness.

### ***Gender and Employment***

Because structural changes in the U.S. economy favor Latina's domestic work and low-skilled labor over that of Latino men (Comas-Diaz, 1990; Honganeu-Sotelo, 1994; Menjivar, 1999), Latinas may be less likely to experience unemployment than their male counterparts. Moreover, because male identities are largely tied to their financial earning roles (Fabrega, 1969; Rivera, 1983), unemployment may be more psychologically harmful to men than women. Thus, taking gender into account with respect to the moderating effect of employment on the relationship of life chances to depressive symptoms, I hypothesize that among women and men who are unemployed, more (vs. less) negative attitudes about one's life chances of socio-economic success will increase the likelihood of CES-D caseness for both men and women, but the effect will be stronger among men than women. Among the employed however, more (vs. less) negative attitudes about life chances of success will not affect the likelihood of CES-D caseness for either men or women. To test this hypothesis, I stratify the study sample by gender and analyze the relationship of negative attitudes toward life chances and employment status to depressive symptoms separately for men and women.

### ***Nativity and Employment***

As suggested at the beginning of this chapter, the overly optimistic beliefs Mexican immigrants may have about the economic and political conditions of the United States can overshadow initial barriers and challenges to socio-economic achievement (Fabrega, 1969). Yet, over time, the potentially protective effects of optimism about expectations for the future can, for some, diminish and lower self-esteem as the realities of socio-economic and racial/ethnic adversity block opportunities to realizing one's

socio-economic goals (Parker and Kleiner, 1966; Fabrega, 1969). In this research, I argue that confrontation with continuous constraints (i.e., citizenship status, language barriers, racism, and sexism) to achieving one's socio-economic aspirations are likely to have a cumulative toll on the mental health of Mexican-origin adults. Thus, differences in experiences of adversity that reflect individual, generational, and historical conflicts between socio-economic aspirations and achievement are hypothesized to disillusion individuals about their life chances of success (Hovey and Magana, 2002), leading to poorer mental health outcomes among the U.S.-born when compared to their foreign-born counterparts. To test this hypothesis, I stratify the study sample by nativity, analyzing the relationship of negative attitudes toward life chances to depressive symptoms by employment status separately for U.S.-born and foreign-born respondents.

### ***Discrimination and Employment***

Similar to socioeconomic adversity (i.e., unemployment), experiences of racial/ethnic adversity attributed to discrimination can shape attitudes about personal life chances for increasing social mobility and its related effects on depressive symptom levels. Indeed, perceptions of discrimination may increase the effect of employment status on the relationship between negative attitudes toward life chances and depressive symptoms. To test this assumption, I investigate whether the unemployed who report higher levels of perceived discrimination will be more distressed about their life chances toward improving social mobility, thus increasing the likelihood of CES-D caseness, than those who are unemployed but report lower levels of discrimination. I predict that discrimination will not enhance the relationship of attitudes towards life chances on CES-D caseness among the employed; but will do so among the unemployed. To explore this

complex relationship, I stratify the study sample by discrimination and analyze the relationship of negative attitudes toward one's life chances of success to depressive symptoms by employment status.

### ***Summary of Hypotheses***

Due to the complex nature of the proposed analysis, there are many interesting questions about the relationship between attitudes toward life chances of socio-economic success and depressive symptoms among Mexican-origin adults that can be addressed. To summarize the specific research questions that are the focus of this study, I list the following hypotheses:

1. More (vs. less) negative attitudes about life chances for success, (relative to others), increases the probability of CES-D caseness among Mexican-origin adults overall.
2. The effect of negative attitudes toward life chances for success on CES-D caseness will vary as a function of employment status. Among those who are employed, more (vs. less) attitudes about life chances for success will not affect the probability of CES-D caseness. But, the effect of negative attitudes toward life chances on CES-D caseness is hypothesized as increasing the likelihood of CES-D caseness among the unemployed.
3. The moderating effect of employment on the relationship between negative attitudes towards one's life chances of socio-economic success and CES-D caseness will vary as a function of gender. Because being employed is consistent with male but not female gender roles, employment is hypothesized to buffer against the negative effects of pessimistic attitudes towards one's life chances of socio-economic success on CES-D caseness for men but not women. Thus, employed men will have a lower probability of CES-D caseness than employed women regardless of individual attitudes towards one's life chances of socio-economic success. However, because poor wages, exploitation from employers, and an increased overall workload are likely to diminish any personal gains wage work may offer Latina laborers, unemployed women will have a lower probability of CES-D caseness than employed women regardless of individual attitudes towards one's life chances of socio-economic success.

4. The moderating effect of employment on the relationship between more (vs. less) negative attitudes about life chances for success and CES-D caseness will vary as a function of nativity. Mexican culture is characterized as patriarchal in nature, whereas Anglo American values and beliefs found in the United States are commonly characterized as egalitarian. Due to these differences, as well as the differing employment opportunities and demand for dual-wage earning families that characterize the U.S. economy, the effect of employment on the relationship of attitudes about life chances for success to depressive symptoms will be stronger for Mexican immigrants than the U.S.-born. Thus, unemployed immigrants will have a higher probability of CES-D caseness than the unemployed native born, regardless of individual attitudes about life chances for success. In contrast, repeated experiences of socio-economic adversity such as unemployment will have a cumulative effect on the native born, resulting in a weakened buffering effect of employment on relationship of attitudes about life chances for success to depressive symptoms. Subsequently, the employed U.S.-born will have a higher probability of CES-D caseness than employed immigrants, regardless of individual attitudes about life chances for success.

5. The moderating effect of employment on the relationship between more (vs. less) negative attitudes towards one's life chances of success and CES-D caseness will vary as a function of discrimination. Individual and intergenerational experiences of discriminatory events will have a cumulative effect on the native born, resulting in a weakened buffering effect of employment on relationship of attitudes about life chances for success to depressive symptoms. Thus, the employed native-born will have a higher probability of CES-D caseness than employed immigrants. What's more, because optimism is fundamental to immigration motivations, the negative effects of discrimination on attitudes about life chances for success to depressive symptoms may be buffered. Thus, employed immigrants will have a lower probability of CES-D caseness than unemployed immigrants, irrespective of individual attitudes about life chances for success.

### ***Research Methods***

This research project involves secondary data analysis of the Mexican American Prevalence and Services Survey (MAPSS). This survey was conducted during 1995-96 in Fresno County, which is located in the Central California Valley and consists of both rural and urban areas. To account for the area's geographic diversity, a fully probabilistic, stratified, multistage cluster sampling design was used so that an equal number of respondents were represented by residence (i.e., urban, town, and rural) as



well as gender (for greater detail see: Alderete et al., 2000). The overall response rate for the survey was 90%, where individual sub-sample response rates were 88% urban, 91% town, and 92% rural strata (Alderete et al., 2000). For information on MAPSS survey content, data collection methods and consent, readers are referred to the methods section of chapter three.

### Sample

A 1996 estimate of the population of Fresno County was 764,810 persons, of which 38.2% (286,747) were Latino, primarily of Mexican-origin. Thirty percent of Mexican-origin families were classified as living in poverty, with the highest rates of poverty found among farm workers. Respondents included both men and women between 18 and 59 years of age, who were born in Mexico, or had at least one parent or grandparent born in Mexico. The resulting sample was composed of 3,012 foreign and US-born Mexican-origin adults.

### Dependent Variable

#### *CES-D Caseness*

The Center for Epidemiologic Studies Depression (CES-D) scale is used to measure depressive symptoms. Following convention, the dependent variable *CES-D score* is dichotomized, such that those with score of  $\geq 16$  are categorized as reaching caseness, while those with scores  $< 16$  are not. According to Radloff (1977), *caseness* represents the lower bound of the upper quintile of scores from community studies in which CES-D was first validated. In general, approximately 16-20% of community samples meet or exceed this threshold and include persons who suffer from major depressive disorder, dysthymia, and those with symptoms of clinical depression but who

do not meet clinical criteria (Eaton and Kessler, 1981). In each of our analyses, CES-D caseness is coded as dichotomous, where respondents with a score of  $<16$  are coded (0) and (1) for those with a score of  $\geq 16$ . The reference group therefore reflects those who did not meet CES-D caseness criteria. For a more detailed discussion of the CES-D measure, readers are directed to the discussion offered in chapter 3 and in Appendix A.

### Predictor Variable

#### *Subjective Appraisal Of Success*

Subjective appraisal of success is measured as negative attitude towards opportunities to succeed in life and is measured by asking respondents how much they are in agreement or disagreement with the following statement: “*I have the same chance of doing well in life as everyone else.*” Responses ranged from 1 (strongly disagree) to 4 (strongly agree). Higher scores are therefore indicative of more negative attitudes toward one’s life chances of socio-economic success.

### Moderating Variables

#### *Gender*

Gender is a dichotomous variable based upon self-reported sex. Males are coded as (1) and females are coded as (0) and serve as the reference group

#### *Employment Status*

Employment Status is measured with a single item, “*Do you currently have one or more jobs for which you are paid?*,” and includes individuals working for informal labor markets. Response categories are dichotomized such that respondents are grouped as either employed (1) or unemployed (0), with those unemployed serving as the reference

group. Among these employment categories, students are excluded, though persons not currently employed but looking for work, those discouraged from working (n=59), homemakers (n=673), those caring for family members within the home (n= 33), or recovering from their own illness or injury (n=60), the retired (n=10), and others (n =542) are all included in the unemployed category.

### *Nativity*

Nativity is coded as a dichotomous variable, where foreign-born Mexicans are coded as (1) and US-born respondents are coded (0) and serve as the reference group.

### *Discrimination*

Using a modified version of the Hispanic Stress Inventory (HSI), 4 items composing a perceived discrimination scale (Cronbach's  $\alpha = .57-.76$ ) is employed (Alderete et al., 1999, Finch and Vega, 2003). Responses were dichotomous (yes, no), where "yes" responses were coded as (1) and "No" responses coded as (0). Total possible scored range from 0-4 where higher scores reflect higher perception of discriminatory experiences. Respondents are categorized as having either low, medium, or high levels of acculturative stress attributable to discrimination, where the reference group represents those individuals who did not perceive to experience discrimination. Discrimination items are provided below.

1. Do people treat you badly because they think you do not speak English well?
2. Do you find it difficult to find work you want because you are of Mexican decent?
3. Do you feel unaccepted by others due to your Mexican culture?
4. Have you been discriminated against?

## Covariates

### *Age*

Age is included in our models and reflects respondents' age at last birthday, treated as a continuous variable.

### *Marital Status*

Marital status is coded as categorical and single/never married respondents serve as the reference group.

### *Language Preference*

In addition to nativity and time in the United States as correlates of acculturation, language preference is used here as a proxy for cultural orientation. Based upon the respondent's language preference in which the MAPSS data interview was conducted, respondents interviewed in Spanish are coded as speaking Spanish primarily (1) whereas those interviewed in English (0) are coded as speaking English primarily and serve as the reference group.

### *Time Spent in the United States*

Time in the U.S. is measured continuously, rounded to the nearest year. U.S.-born subjects are coded as having missing data to ensure that only the effects of time in the U.S. among immigrants are considered in the study analyses.

### *Socio-Economic Status*

In this research, two measures of socio-economic status are utilized, namely, education and monthly income. *Education* is treated as a categorical variable, based upon self-report data to the following question: *How many years of school did you complete?* Educational levels are categorized as follows:  $\leq 6$  years (reference group), 11 years, 12

years, or  $\geq 13$  years of schooling. Similarly, *income* is treated as a categorical variable, based upon self-report data to the following question: Tell me your family's total take home pay each month, including salaries, wages, social security, welfare, and any other income. Income levels were defined as follows:  $< \$499$  (reference group),  $\$500-\$999$ ,  $\$1000-\$1499$ ,  $\$1500-\$2900$ , and  $\$3000+$ .

### *Acculturative Stressors*

To examine the relationship between negative attitudes towards life chances of success and depressive symptoms, net of more commonly measured acculturative stressors, I control for language barriers and legal status worries. Using a modified version of the Hispanic Stress Inventory (HSI), I employ two individual scales, one for language conflicts (Cronbach's  $\alpha = .65-.70$ ) and the other for legal status worries (Cronbach's  $\alpha = .70-.79$ ) (Alderete et al., 1999, Finch and Vega, 2003). Individual item responses reflect self-reported assessments of how stressful each event experienced was, based upon a 5-point Likert scale ranging from (1) "not worried/tense" to (5) "extremely worried/tense." Scores are summarized and categorized as either low, medium, or high levels of acculturative stress for each of the three scales. The reference groups for each of these measures are individuals who did not experience the specified acculturative stressor measured. Questions for each of the acculturative stress scales are provided below.

#### *Language Conflict*

1. Do you find it hard interacting with others because of difficulties you have with the English language?
2. Do you feel pressured to learn English?
3. Do you find it hard to deal with daily situations because you have a problem speaking English?

### *Legal Status Worries*

1. Do you feel your legal status has limited your contact with family or friends?
2. Have you been questioned about your legal status?
3. Do you think you will be deported if you go to a social or government agency?
4. Do you fear the consequences of deportation?
5. Do you avoid immigration officials?
6. Have you had difficulties finding legal services?

### *Social Support*

To control for the potential effects of social support on the relationship between gender role conflict and depressive symptoms, emotional and instrumental support are included in the regression models. *Emotional Support* refers to a respondent's perception of having a confidant to share their innermost feelings and thoughts with and is measured with a single item. Respondents were asked: *Thinking about family, relatives, and/or friends who do not live with you, how often do they (or if you needed it would they) comfort you when you need it?* Respondents answered "Yes" or "No," which was coded dichotomously, with those without a source of emotional support serving as the reference. In contrast, *instrumental support* refers to tangible and material aid offered directly to assist individuals (House, 1981). Instrumental support was assessed by asking respondents:

Most of us need various kinds of assistance from time to time. Thinking about family, relatives, and/or friends who do not live with you, how often do they (or if you needed it would they):

1. Drive you somewhere if you needed a ride?
2. Loan you \$50?
3. Comfort you when you needed it?

Responses to each of these instrumental support items are rated on a 3-point Likert scale, summarized, and categorized into one of three groups (low, medium, or high

levels of instrumental support). Respondents reporting no instrumental support act as the reference group for statistical comparison.

### ***Analytic Plan***

The first set of analyses focused on determining whether an association exists between attitudes towards one's life chances of socio-economic success and depressive symptoms. Given the dichotomous nature of the dependent variable, logitistic regression techniques were used to estimate the potential effects of attitudes towards one's life chances on depressive symptoms. Logistic regression applies maximum likelihood estimation after transforming the dependent variable into a logit i.e., the natural log of the odds<sup>1</sup> of the dependent variable occurring or not. Logistic regression can therefore be used to estimate the probability of an event occurring, based on the logit. In all study analyses, sampling weights that adjust for age, sex, and nativity were used, along with the appropriate stratification to take into account the complex sample design of the study. I used  $\alpha=.05$ , without rounding, for interpreting the study results. All analyses were carried out using the statistical software STATA 10 Multi- Processor Edition.

### ***Demographics***

A table representing the demographic profile of the MAPSS study sample is provided in chapter three (Table 3.1). To briefly summarize the major characteristics of the study population, men comprised 49.6% of respondents and women the remaining 50.35%. Among the Mexican immigrants, 50.3 percent of respondents were male and 49.7 percent were females. For the U.S.- born, men composed 48.7 percent of sample, whereas U.S.-born females composed the remaining 51.3 percent. The median age of all

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<sup>1</sup>Odds are defined as:  $p/(1-p)$  or, specifically in this research, odds refer to the probability of meeting CES-D caseness criteria/the probability of not meeting CES-D caseness criteria.

response groups was 33 years of age, suggesting a relatively young sample. Overall, foreign-born Mexican-origin adults made up a larger proportion of the overall study population (60.9 % vs. 39.1%), were less acculturated—with over 80 percent of respondents indicating a stronger language preference for Spanish, and were more likely to be married. In contrast, U.S.-born respondents had more educational schooling and earned more income on average than their immigrant counterparts. Further, while foreign and U.S.-born Mexican men had similar rates of employment, 68.6 percent and 61.0 percent respectively, 53.7 percent of immigrant women classified themselves as “other” unpaid homemakers, whereas only 29.3 percent of U.S.-born women identified themselves as such. Overall, approximately 20.6 percent of the sample met CES-D caseness criteria, with immigrant men have the least amount of people meeting caseness (16 percent) and U.S.-born women as having the greatest proportion meeting caseness at 29.5 percent.

A series of uni- and bi-variate analyses were also conducted to examine the distribution of attitudes towards one’s life chances of success among this sample of Mexican-origin adults. Table 4.1 provides the mean scores for attitudes towards one’s life chances of success by sex and nativity categories. As reflected in the table, all groups have a positive mean score between (1.3-1.5), indicating fairly positive attitudes towards one’s life chances of success. Additionally, we can observe that that attitudes towards one’s life chances of success are found to more closely resemble one another by nativity, where U.S.-born have a mean score in the range of 1.4 to 1.5 and the means of immigrants range between 1.32 to 1.38. Relationships observed between negative attitudes towards one’s life chances of success and age, gender, nativity, time in the U.S.,



and marital status covariates are found in Table 4.2. As results from the correlation analyses show, none of these covariates appear to be confounded with attitudes towards one's life chances of success. Nonetheless, because of their known association to depressive symptoms among Mexican-origin adult populations (Frerichs, Aneshensel, and Clark, 1981; Vega et al., 1984; Salgado de Snyder 1987; Moscicki et al., 1989; Hovey, 2000; Heilemann, Lee, and Kury, 2002), I control for these variables within the regression analyses.

### ***Results***

Table 4.3 tests the main effects of negative attitudes towards one's life chances of success and select demographics on CES-D caseness. Results from Model 1 show a significant ( $p \leq .001$ ) main effect for attitudes towards one's life chances of success on CES-D caseness. More (vs. less) negative attitudes toward one's life chances of success increase the probability of CES-D caseness among Mexican-origin adults overall. The results show a significant association between education and depressive symptoms; those with 11 years of education are at increased risk of CES-D caseness in comparison to those with 12 or more years of completed schooling. Additionally, married, employed, and higher income respondents had a lower probability of CES-D caseness.

Model 2 includes the same demographic correlates in Model 1 plus measures of nativity, language preference, time in the U.S., discrimination, language barriers, and legal status worries and two measure of social support (emotional and instrumental). Model 2 shows a significant ( $p < .01$ ) association between negative attitudes towards life chances of success and CES-D caseness. As demonstrated in Model 1, more (vs. less) negative attitudes toward life chances of success increase the probability of CES-D

caseness. Significant associations for foreign birth, employed, high income and having moderate to high levels of instrumental support on CES-D caseness were also found. Respondents that are immigrant, male, employed, earn greater income and have high levels of instrumental support are at decreased risk for CES-D caseness. In contrast, the probability of CES-D caseness is greater for those who experience discriminatory events compared to those who do not report discrimination.

Model 3 in Table 4.3 differs from Model 2 in that it tests for the moderating effects of employment status on the relationship between negative attitudes toward life chances of success and CES-D caseness. There is no support for this interaction. To examine the higher order relationships among negative attitudes towards one's life chances of success, employment status and CES-D caseness, the additional effects of gender were examined in Table 4.4. A main effects model (Model 1) is presented to explore whether the relationships between the predictor variables and CES-D caseness change when the interaction term is added to Model 2.

Model 1 in Table 4.4 reveals a significant association ( $p < .05$ ) between negative attitudes towards life chances of success and CES-D caseness for men, but not women. More (vs. less) negative attitudes toward life chances of success increase the likelihood of CES-D caseness for men. Similarly, a significant difference in CES-D caseness is found between employed and unemployed men; being employed decreases risk of caseness for men. Model 2 in Table 4.4 reveals a significant life chances-by-employment status interaction, again for men but not women. Employment buffers the negative effect of decreasing attitudes toward life chances on CES-D caseness for men. No significant effects for women were found in either of the models tested in Table 4.4. The

moderating effect of employment status on the relationship of negative attitudes towards life chances of success to CES-D caseness is illustrated in Figure 4.1. The endorsement of more negative attitudes towards life chances of success increases the likelihood of CES-D caseness for both groups of men. However, the relationship is much stronger among unemployed men than employed men.

To examine the higher order relationships among negative attitudes towards one's life chances of success, employment status and CES-D caseness, the additional effects of nativity were examined in Table 4.5. Model 1 shows that negative attitudes towards one's life chances of success are associated ( $p \leq .05$ ) with CES-D caseness for both foreign and U.S.-born Mexican-origin adults. Endorsing more (vs. less) negative attitudes towards one's life chances of success increase the probability of CES-D caseness, irrespective of a respondents' origin of birth. A significant association between employment status and CES-D caseness exists for Mexican immigrants but not among the U.S.-born. Employment acts as a buffer against CES-D caseness for Mexican immigrants, but not for the native born. Table 4.5 fails to find statistical support for a nativity-by-employment interaction for depressive symptoms (Model 2).

Table 4.6 shows no statistical support for a discrimination-by-employment status interaction for depressive symptoms. Model 1 in Table 4.6 shows that the previously identified relationship between negative attitudes towards one's life chances of success and CES-D caseness is significant among those reporting low levels of discrimination but not significant among those reporting medium-to-high discrimination. Model 1 also shows a significant difference between the employed and unemployed on CES-D caseness, net of covariates, for both low and medium-high levels of discrimination. As

reported previously, employed respondents have a lower probability of CES-D caseness than unemployed respondents.

### *Discussion*

From the findings revealed in this study, I was able to confirm my primary research hypotheses, though several of my secondary hypotheses were not supported. In particular, identification of a positive association between negative attitudes toward life chances of success and CES-D caseness among Mexican-origin adults supports my primary hypothesis that one's subjective appraisal of socio-economic success is a significant predictor of depressive symptoms. This relationship remains true, even when controls for a variety of demographic characteristics and cultural orientation measures are included. Further, this finding is consistent with other mental health research that links "hopefulness for the future" (Hovey, 2000b) and "expectations for the future" (Hovey, 2000a, 2002) to mental health outcomes. Perhaps most important however, these results parallel earlier goal-striving stress research, which links one's subjective appraisal of success with mental health status (Parker and Kleiner, 1966).

The ability to draw connections between the struggles for social mobility to mental health underscores the importance of exploring acculturation processes beyond cultural dimensions to include other areas of adaptation such as socio-economic incorporation into the U.S. labor market and economy. By broadening concepts of acculturation in this way, researchers can identify new sources of acculturative stress that place Mexican-origin adults at disproportionately higher risk for mental health problems. Indeed, as demonstrated in this research, individual psycho-social and structural challenges to incorporating oneself into the U.S. labor market and economy are relevant

and important sources of strain and distress for Mexican-origin adults. Thus, by developing a greater understanding the relationships between socio-economic integration efforts and adversity such as unemployment on depressive symptoms, researchers may gain greater insight to understanding how social inequities such as educational and economic disadvantage and racial discrimination contribute to differential patterns of mental health between as well as within racial/ethnic categories. What's more, by furthering mental health research toward a focus on psycho-social risk factors from more biologic or genetic paradigms, researchers may become more knowledgeable about the various pathways social inequities influence mental health risks that have lead to racial/ethnic disparities in health and the disproportionately higher mortality and mobility found among Mexican-origin populations, as well as other communities of color that are socially, culturally, economically, educationally and politically marginalized.

Given the introductory, but promising nature of the current research, it will be useful to more fully examine goal-striving stress concepts and apply previously validated measures of goal-striving to studies of acculturative stress among Mexican-origin populations (Parker and Kleiner, 1966; Sellers and Neighbors, 1999, 2008). While the original MAPSS study did not focus on goal-striving stress, analysis of these data demonstrate that a significant and positive association between one's subjective appraisal of success (i.e., attitudes towards life chances of socio-economic success) and mental health exists. In the future, more accurate measurement of goal-striving stress concepts that include current social standing to future socio-economic goals, weighted by one's subjective probability of achieving these goals, will provide more comparable results to

existing goal-striving stress research that may strengthen the validity of these and future study findings.

Despite my primary research hypothesis being supported, several of my secondary research hypotheses were rejected. For example, counter to my assumptions, employment status did not moderate the effect of negative attitudes toward life chances of success on CES-D caseness. Similarly, neither discrimination nor nativity moderated the relationship between negative attitudes toward life chances of socio-economic success and depressive symptoms as I had previously predicted. Rather, it was only when gender was taken into account that a significant interaction was found; employment modifies the relationship between negative attitudes toward life chances of success on CES-D caseness for men, but not for women.

The ability to identify a buffering effect for employment on attitudes towards life chances to depressive symptoms among male but not female respondents helps to highlight some of the more complicated nuances of how the effects of employment and unemployment operate differently between gender categories. For instance, these findings are consistent with the results observed in chapter 3—which concern employment, traditional gender beliefs, and CES-D caseness, as well as broader theoretical arguments and gender-based scholarship that contend that ethnic minority women, such as Mexican-origin women, are not afforded the same financial benefits and payoffs of employment that are their male counterparts enjoy. Rather, as several researchers argue, the pervasive racism and sexism ethnic minority women workers encounter, along with language barriers and legal status concerns, have contributed to the exploitation of women workers who are paid menial wages, experience lower returns on

their educational investments and are allocated a disproportionate amount work within the public and private spheres compared to men (Davis, 1981; Hondagneu-Sotelo, 1994; Woloch, 1994; Gonzales, 2008). Consequently, employment for ethnic minority women often fails to provide the means to financial independence, security, or reinforced positive self-images that working men benefit from to protest against physical and mental threats (Espiritu, 1999; Menjivar, 1999). Thus, the study current research findings may be interpreted as reflecting as well as providing evidence to support theoretical arguments that wage labor may be more psychologically beneficial for men or male identities than for women.

Alternatively however, failure to identify a buffering effect for employment on attitudes towards life chances to depressive symptoms among women may suggest that Mexican-origin women interpret success differently than males, such that employment plays a more minor role in determining achievement than it does for men. In other words, women may be more inclined to define success more consistently with valued social norms and gender scripts for women such as their roles as mothers and wives, rather than as wage earners. This alternative understanding of the study results is also consistent with gendered patterns of socialization that define a woman's value and contributions primarily within the private (home) sphere and not the public (Davis, 1981; Amaro, Russo, and Johnson, 1987; Woloch, 1994).

If we are to understand the buffering effect of employment on attitudes towards life chances of socio-economic success to depressive symptoms observed among men as reflecting the psychological benefits of maintaining valued gender roles, we may also interpret our inability to identify a buffering effect for employment among women as

reflecting the negative effects that not maintaining valued gender roles and expectations may pose. For example, working men may psychologically benefit from their employment because engaging in wage labor reinforces valued gendered roles of men as providers. In contrast, working women may suffer psychologically as a result of their employment, because they are not fulfilling socially defined and valued gendered roles as mothers and caregivers. In line with this interpretation, it may therefore be more psychologically beneficial for women to maintain traditional gender roles within the home and forgo wage work. The problem with such recommendations however, is that they conflict with the financial demands and realities of living in the United States for the vast majority of Mexican-origin women and men, while also conflicting with gendered notions of self-fulfillment among women.

The demand for dual-income households in the United States conflicts with strictly defined, traditional gender roles for men and women regarding wage work. Recognition of and addressing these conflicts within social and cultural arenas as well as within interpersonal relationships may help promote the adoption of more compatible gender roles and expectations to the financial and economic circumstances in which individuals and families operate within. Challenging these deeply embedded social values and norms on however, is not likely to be easily accomplished—as socially defined gender roles and expectations have been used to allocate power and privilege and oppress (Davis, 1981; Hondagneu-Sotelo, 1994; Woloch, 1994). Change will not only require women workers to be provided the same status and benefits as working men, but for men to renegotiate their roles within the home. Childrearing and domestic responsibilities can not longer remain “women’s work,” if wage and domestic labor is to be shared. Certainly



changes to social roles are possible and natural, but such change requires doing and consistency.

Limitations of the current study include its cross-sectional and regional focus. Mexican-origin populations residing in areas other than northern California as well as the longitudinal course of risk of CES-D caseness may differ in important ways from the results observed in this study sample. Older, more educated or economically privileged Mexican immigrants, as well as immigrants residing along the Mexico-US border, or in states with smaller concentrations of Mexican immigrant populations, may not share the same degree of acculturative stressors, such as the challenges of poverty and racial/ethnic discrimination that was observed among the MAPSS study sample.

In addition to concerns regarding the generalizability of these research findings beyond the study sample, the some of the measures employed as well as variables omitted from the analyses conducted, could have effect on the outcomes observed in this research. For example, the subjective appraisal of success measure employed in this research may have been inaccurately interpreted. Respondents who strongly disagreed with the statement *I have the same chance of doing well in life as everyone else* were assigned a score that indicated that they felt that they had a poorer or lower chance of socio-economic success than others. Since the set of responses did not specify the direction (i.e, better or worst) of disagreement however, it possible that respondents who strongly disagreed with the statement believed that they had a better chance of doing well than others. If this indeed is the case however, the potential effects on our findings would have lead to an underestimation of the effect of life chances to CES-D caseness since

those with the most positive outlook toward their future were categorized with those with the most negative attitudes about the life chances of socio-economic success.

Similar to the subjective appraisal of success variable, application of the employment status variable in the current research could have lead to an underestimation of the effect of life chances to CES-D caseness. Specifically, those included within the unemployed category include individuals actively seeking work as well as those who are not. Respondents recovering from injury, caring for an ill family member, or who are retired may not be actively seeking employment and thus maybe less likely to view their unemployment negatively. The inclusion of these individuals within the unemployed status category may have lead to an underestimation of the effect of life chances of CES-D caseness, since those who are unable or not actively seeking employment are categorized with active job seekers, diminish the negative effect employment frustration has on attitudes towards life chances of success and CES-D caseness. Thus, in light of these limitations, it is important to remain mindful of extrapolating the current study findings beyond the scope of the sample since differences in the risks and buffers to adapting to the socio-economic institutions of the United States may vary by region, personal resources, as well as other psycho-social factors.

The findings reported here make several important contributions to furthering disparities in mental health research agendas, theories, and methodology. This study is one of the first to focus on the complex relationships between individual and structural psycho-social factors that influence perceptions of life chances of success and CES-D caseness among foreign and U.S.-born Mexican-origin adults. As shown, socio-economic adversity such as unemployment as well as racial discrimination can be internalized in

such a way that negatively affects individual outlooks on life, leading to increased levels of depressive symptoms and psychological distress. Developing a more in-depth understanding how both individual and structural factors contribute to negative attitudes toward life chances of success, or manifest to foster a sense of hopelessness, may enable mental health researchers to better understand not only why marginal populations such as Mexican-origin adults, suffer disproportionately more from mental and physical health problems. Moreover, how a sense of hopelessness or negative attitudes about one's life chances of success translate into health behaviors such as poor diet, substance abuse, and risk-taking, make help to further contextualize the sources and pathways in which racial disparities in mental and physical health develop and function.

**Table 4.1 Mean Score of Negative Attitudes Toward Life Chances of Success by Sex and Nativity, Mexican American Prevalence and Services Survey 1995-1996**

	Observations	Mean	Std. Deviation
<b>Mexican Immigrant Men</b>	921	1.380	.729
<b>Mexican Immigrant Women</b>	909	1.325	.739
<b>U.S.-born Men</b>	573	1.504	.934
<b>U.S.-born Women</b>	600	1.406	.853

Note: Range of Gender Beliefs is -6 to +6, with positive numbers indicating more traditional (patriarchal) gender attitudes, values, and beliefs.

**Table 4.2 Correlations Between Negative Attitudes Toward Life Chances of Success and Select Variables, Mexican American Prevalence and Services Survey 1995-1996 (n= 3012)**

	Gender Beliefs		
	Coefficient	Standard Error	P-Value
<b>Age</b>	.000	.002	.905
<b>Gender (male)</b>	.002	.047	.960
<b>Nativity (Foreign-born)</b>	-.077	.051	.135
<b>Time in U.S.</b>	-.001	.002	.539
<b>Marital Status</b>	.037	.029	.231
<b>CES-D Caseness</b>	.304	.077	.001

Note: \*\*\*  $p \leq .001$ \*,  $p \leq 0.05$ ; \*\*  $p < 0.01$

**Table 4.3 Logistic Regression for Main Effects of Negative Attitudes Toward Life Chances of Success on CES-D Caseness among Mexican-origin Adults, Mexican American Prevalence and Services Survey 1995-1996 (n= 3012)**

	Model 1		Model 2		Model 3	
	Coef.	Stand. Error	Coef.	Stand. Error	Coef.	Stand. Error
<b>Chances in Life</b>	.328***	.078	.241**	.081	.347***	.109
<b>Age</b>	-.008	.009	-.019	.011	-.018	.011
<b>Gender</b>						
Female	---	---	---	---	---	---
Male	-.163	.179	-.253	.174	-.268	.172
<b>Time in US</b>	---	---	.028	.014	.028	.015
<b>Marital Status</b>						
Single	---	---	---	---	---	---
Married	-.423*	.193	-.312	.191	-.314	.191
Separated/Divorced/Widowed	.100	.284	.109	.268	.102	.269
<b>Employment Status</b>						
Unemployed	---	---	---	---	---	---
Employed	-.603***	.182	-.568***	-.172	-.210	.298
<b>Education</b>						
<7 years	---	---	---	---	---	---
11 years	.423*	.190	.194	.213	.201	.213
12 years	-.101	.215	-.370	.276	-.353	.275
≥13 years	-.132	.242	-.353	.287	-.342	.287
<b>Income (monthly)</b>						
<\$500	---	---	---	---	---	---
\$500-\$999	-.342	0.210	-.296	.205	-.287	.205
\$1000-\$1499	-.448	0.230	-.403	.228	-.397	.228
\$1500-\$2999	-.589*	0.267	-.614*	.294	-.614*	.295
\$3000+	-.715*	0.347	-.769*	.345	-.773*	.342
<b>Nativity</b>						
U.S.-born	---	---	---	---	---	---
Foreign-born	---	---	-1.124**	.408	-1.130**	.406
<b>Language Preference</b>						
English	---	---	---	---	---	---
Spanish	---	---	-.022	.244	-.018	.242

Note: \*p <= 0.05; \*\* p<=0.01, \*\*\* p ≤ .001

*Table 4.3 Continued*

	Model	1	Model	2	Model	3
	Coef.	Stand. Error	Coef.	Stand. Error	Coef.	Stand. Error
<b>Acculturative Stressors</b>						
<b>Discrimination</b>						
No-Discrimination	---	---	---	---	---	---
Low-Discrimination	---	---	.354*	.175	.361*	.175
Med-Discrimination	---	---	.835***	.252	.826***	.252
High-Discrimination	---	---	1.107*	.443	1.094*	.439
<b>Language Barriers</b>						
No-Lang. Barriers	---	---	---	---	---	---
Low-Lang. Barriers	---	---	.059	.280	.059	.279
Med-Lang. Barriers	---	---	.138	.256	.142	.256
High-Lang. Barriers	---	---	-.111	.348	-.095	.347
<b>Legal Status Worries</b>						
No-Legal Worries	---	---	---	---	---	---
Low-Legal Worries	---	---	.076	.180	.084	.179
Med-Legal Worries	---	---	.220	.258	.225	.261
High-Legal Worries	---	---	.260	.461	.256	.463
<b>Social Support</b>						
No-Emotional	---	---	---	---	---	---
Yes-Emotional	---	---	.231	.171	.227	.171
Low-Instrumental Support	---	---	---	---	---	---
Med-Instrumental Support	---	---	-.428*	.185	-.426*	.185
High-Instrumental Support	---	---	-.601***	.180	-.605***	.180
<b>Interactions</b>						
Chances in Life*						
Employment	---	---	---	---	-.230	.165
<b>Constant</b>	-.512	.383	.522	.544	.343	.558

Note: \*p <= 0.05; \*\* p<=0.01, \*\*\* p ≤ .001

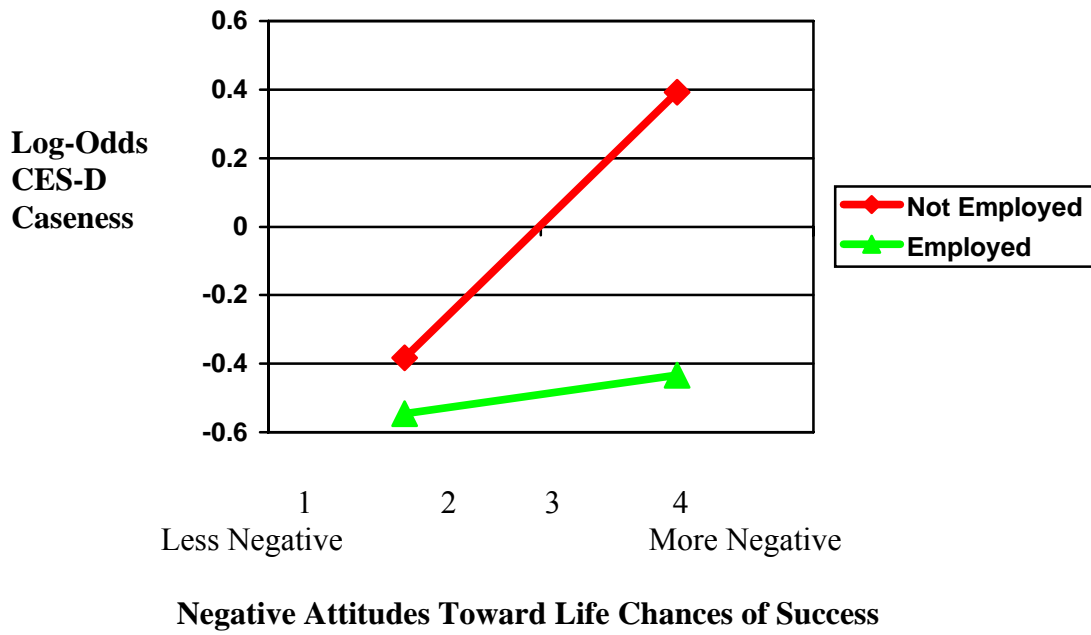
**TABLE 4.4 Relationship Between Negative Attitudes Toward Life Chances of Success and Employment on CES-D Caseness by Gender, MEXICAN AMERICAN PREVALENCE AND SERVICES SURVEY (MAPSS). N=3012. 1995-1996. LOGISTIC REGRESSION**

	Men						Women					
	Model 1 – Main Effects			Model 2 - Interaction			Model 1 – Main Effects			Model 2 - Interaction		
	Beta	SE	p-value	Beta	SE	p-value	Beta	SE	p-value	Beta	SE	p-value
Chances in Life	.290	.107	.007	.545	.170	.001	.195	.111	.081	.226	.121	.062
Employed Chances in Life X Employed	-.895	.236	.000	-.162	.420	.069	-.228	.217	.295	-.101	.429	.813
Constant	-.039	.780	.960	-.383	.826	.643	.546	.736	.459	.484	.745	.517

Notes:

All models control for: Age, Gender, Time in the U.S., Marital Status, Education, Income, Acculturative Stressors (i.e., discrimination, language barriers, and legal status worries), and Social Support (i.e., emotional and instrumental support). Betas are unstandardized

**Figure 4.1: CES-D Caseness by Attitudes Toward Life Chances of Socio-Economic Success and Employment among Mexican-origin Men**





**TABLE 4.5 Relationship Between Negative Attitudes Toward Life Chances of Success and Employment on CES-D Caseness by Nativity, MEXICAN AMERICAN PREVALENCE AND SERVICES SURVEY (MAPSS). N=3012. 1995-1996. LOGISTIC REGRESSION**

	Foreign-born						U.S.-born					
	Model 1 – Main Effects			Model 2 - Interaction			Model 1 – Main Effects			Model 2 - Interaction		
	Beta	SE	p-value	Beta	SE	p-value	Beta	SE	p-value	Beta	SE	p-value
Chances in Life	.228	.111	.040	.327	.140	.020	.261	.105	.014	.343	.143	.017
Employed	-.806	.244	.001	-.450	.425	.291	-.398	.227	.080	-.128	.378	.725
Chances in Life X Employed	---	---	---	-.237	.237	.319	---	---	---	-.167	.208	.424
Constant	-.233	.550	.672	-.373	.555	.501	.777	.979	.427	.610	.966	.528

Notes:

All models control for: Age, Gender, Time in the U.S., Marital Status, Education, Income, Acculturative Stressors (i.e., discrimination, language barriers, and legal status worries), and Social Support (i.e., emotional and instrumental support).

Betas are unstandardized

The reference category for “employed” is “unemployed.”

**TABLE 4.6 Relationship Between Negative Attitudes Toward Life Chances of Success and Employment on CES-D Caseness by Discrimination, MEXICAN AMERICAN PREVALENCE AND SERVICES SURVEY (MAPSS). N=3012. 1995-1996. LOGISTIC REGRESSION**

	No-Low Discrimination						Moderate-High Discrimination					
	Model 1 – Main Effects			Model 2 - Interaction			Model 1 – Main Effects			Model 2 - Interaction		
	Beta	SE	p-value	Beta	SE	p-value	Beta	SE	p-value	Beta	SE	p-value
Chances in Life	.250	.090	.006	.332	.122	.007	.247	.172	.152	.397	.237	.095
Employed Chances in Life X Employed	-.520	.184	.005	-.259	.317	.415	-.749	.368	.042	-.152	.749	.839
	---	---	---	-.171	.180	.343	---	---	---	-.352	.388	.365
Constant	.125	.587	.831	-.029	.611	.962	3.279	1.486	0.028	3.092	1.471	.036

Notes:

All models control for: Age, Gender, Time in the U.S., Marital Status, Education, Income, Acculturative Stressors (i.e., language barriers, and legal status worries), and Social Support (i.e., emotional and instrumental support).

Betas are unstandardized

The reference category for “employed” is “unemployed.”

## References

- Acuna, R. (2000). *Occupied America: A history of Chicanos* (Fourth Edition ed.). Menlo Park, California: Longman.
- Aikman, D., & Jackson, D. S. (November 18, 1993, The numbers game. *Time*, (Fall) 14-15.
- Alderete, E., Vega, W. A., Kolody, B., & Aguilar-Gaxiola, S. (1999). Depressive symptomatology: Prevalence and psychosocial risk factors among Mexican migrant farmworkers in California. *Journal of Community Psychology*, 27(4), 457-471.
- Amaro, H., Russo, N. F., & Johnson, J. (1987). Family and work predictors of psychological well-being among Hispanic women professionals. *Psychology of Women Quarterly*, 11, 505-521.
- Aneshensel, C. (1992). Social stress: Theory and research. *Annual Review in Sociology*, 18, 15-38.
- Aranda, M. P., Castaneda, I., Lee, P., & Sobel, E. (2001). Stress, social support, and coping as predictors of depressive symptoms: Gender differences among Mexican Americans. *Social Work Research*, 25(1), 37-48.
- Berry, J. W. (1980). Acculturation as varieties of adaptation. In A. M. Padilla (Ed.), *Acculturation: Theory, models, and some new findings* (pp. 9-25). Boulder, CO: Westview.
- Casillas, D. I. (2006). *Sounds of Belonging: A Cultural History of Spanish-Language Radio in the United States, 1922 - 2004* (PhD ed.)University of Michigan.
- Cervantes, R. C., Padilla, A. M., & Salgado de Snyder, N. (1991). The Hispanic stress inventory: A culturally relevant approach to psychological assessment. *Psychological Assessment: A Journal of Consulting and Clinical Psychology*, 3(3), 438-447.
- Cervantes, R. C., Padilla, A. M., & Salgado de Snyder, N. (1990). Reliability and validity of the hispanic stress inventory. *Hispanic Journal of Behavioral Sciences*, 12, 76-82.
- Comas-Diaz, L. (1990). Hispanic Latino communities: Psychological implications. *Journal of Training and Practice in Professional Psychology*, 4, 14-35.
- Davis, A. Y. (1981). *Women, race, and class*. new York: Random House.
- de la Torre, A., & Estrada, A. (2001). *Mexican Americans and health: ¡Sana! ¡Sana!*. Tucson: University of Arizona Press.

- Dressler, W. (1988). Social consistency and psychological distress. *Journal of Health and Social Behavior*, 29, 79-91.
- Espin, O. M. (1997). *Latina realities: Essays on healing, migration, and sexuality*. Boulder, Colorado: Westview Press.
- Fabrega, H. (1969). Social psychiatric aspects of acculturation and migration: A general statement. *Comprehensive Psychiatry*, 10(4), 314-326.
- Finch, B. K., & Vega, W. A. (2003). Acculturative stress, social support, and self-rated health among Latinos in California. *Journal of Immigrant Health*, 5(3), 109-117.
- Frank, J. D. (1974). Psychotherapy, the restoration of morale. *American Journal of Psychiatry*, (131), 271-274.
- Frank, J. D., & Frank, J. B. (1993). *Persuasion and healing: A comparative study of psychotherapy*. (3rd ed.). Baltimore: Johns Hopkins University Press.
- Frerichs, R. R., Aneshensel, C. S., & Clark, V. (1981). Prevalence of depression in Los Angeles County. *American Journal of Epidemiology*, 113(6), 691-699.
- Furnham, A., & Bochner, S. (1986). *Culture shock: Psychological reactions to unfamiliar environments*. London: Methuen.
- Gil, A. G., & Vega, W. A. (2001). Latino drug use: Scope, risk factors, and Reduction Strategies. In M. Aguirre-Molina, C. W. Molina & E. R. Zambrana (Eds.), *Health issues in the Latino community* (pp. 435-458). San Francisco: Jossey-Bass.
- Gil, A. G., Vega, W. A., & Dimas, J. (1994). Acculturative stress and personal adjustment among Hispanic adolescent boys. *Journal of Community Psychology*, 22, 43-53.
- Guendelman, S. (1998). Health and disease among Hispanics. *Handbook of immigrant health* (Loue, S. ed.) (pp. 277-301). New York: Plenum Press.
- Heilemann, M. V., Lee, K. A., & Kury, F. S. (2002). Strengths and vulnerabilities of women of Mexican decent in relation to depressive symptoms. *Nursing Research*, 51(3), 175-182.
- Hispanic Business Online. (2007, August 16). Gourmet September 2007 special issue: Latino food -on newsstands august 21, 2007. *Hispanic Business*,
- Hochschild, J. L. (1995). *Facing up to the American dream: Race, class, and the soul of the nation*. Princeton, New Jersey: Princeton University Press.

- Hondagneu-Sotelo, P. (1994). *Gendered transitions: Mexican experiences of immigration*. Berkeley, CA: University of California Press.
- House, J. S. (1981). *Work stress and social support*. Reading, Massachusetts: Addison-Wesley.
- Hovey, J. D. (2000a). Acculturative Stress, Depression, and Suicidal Ideation in Mexican Immigrants. *Cultural Diversity and Ethnic Minority Psychology*, 6(2), 134-151.
- Hovey, J. D. (2000b). Psychosocial predictors of acculturative stress in Mexican immigrants. *The Journal of Psychology*, 134(5), 490-502.
- Hovey, J. D., & Magana, C. G. (2002). Exploring the mental health of Mexican migrant farm workers in the Midwest: Psychosocial predictors of psychological distress and suggestions for prevention and treatment. *The Journal of Psychology*, 136(5), 493-513.
- Kaplan, M. S., & Marks, G. (1990). Adverse effects of acculturation: Psychological distress among Mexican American young adults. *Social Science and Medicine*, 31(12), 1313-1319.
- Link, B., & Dohrenwend, B. P. (1980). Formulation of hypotheses about the true prevalence of demoralization in the United States. In B. P. Dohrenwend, B. S. Dohrenwend, M. S. Gould, B. Link, R. Neugebauer & R. Wunsch-Hitzig (Eds.), *Mental illness in the united states: Epidemiological estimates* (pp. 114-132). New York: Praeger.
- Meier, M. S., & Ribera, F. (1993). *Mexican Americans/American Mexicans: From conquistadors to Chicanos*. New York: Hill and Wang.
- Melville, M. B. (1978). Mexican women adapt to migration. *International Migration Review*, 12, 225-235.
- Menjivar, C. (1999). The intersection of work and gender: Central American immigrant women and employment in California. *American Behavioral Scientist*, (42), 601-627.
- Parker, S., & Kleiner, R. (1966). *Mental illness in the urban Negro community*. New York: Free Press.
- Radloff, L. S. (1977). The CES-D scale: A self-report depression scale for research in the general population. *Applied Psychological Measurement*, 1, 385-401.

- Rivera, O. A. (1983). Vocational rehabilitation process and Hispanic culture. *The special rehabilitation and research needs of Hispanic persons* (pp. 39-41). Edinburg, TX: National Institute of Handicapped Research and the President's Committee on Employment of the Handicapped.
- Romero, O. V. (2007). *Soul twins: A Latino journey from the edge to self-redemption*. Mountain View, CA: Floricanto Press.
- Rotter, J. B. (1954). *Social learning and clinical psychology*. New York: Prentice-Hall.
- Sellers, S. L., & Neighbors, H. W. (1999). Goal-striving stress, social economic status, and the mental health of black Americans. *Annals New York Academy of Sciences*, 896, 469-473.
- Smart, J. F., & Smart, D. W. (1995). Acculturative stress: The experience of the Hispanic immigrant. *The Counseling Psychologist*, 23(1), 25-42.
- Suro, R. *Remittance senders and receivers: Tracking the transnational channels*. <http://pewhispanic.org/reports/report.php?ReportID=23>
- Woloch, N. (1994). *Women and the American experience* (Second ed.). New York: McGraw-Hill, Inc.

## Chapter V

### **Conclusion**

This dissertation focuses on the mental health effects of acculturative stress associated with efforts to integrate into the U.S. labor market in a sample of foreign and U.S.-born Mexican-origin adults. The decision to focus on the socio-economic dimensions of mobility and adaptation reflects the dearth of knowledge in this area of mental health research among Latino populations. To date, only a handful of studies have empirically examined the associations between stressors related to striving for upward social mobility and mental health (Parker and Kleiner, 1966; Dressler, 1988; Aneshensel, 1992; Sellers and Neighbors, 1999, 2008). What's more, research in this area has focused largely on African Americans. As such, the mental health effects associated with the socio-economic challenges of upward mobility among Mexican-origin adults have remained unclear.

In addition to current gaps within Latino mental health research, the decision to focus on acculturative stress and social mobility reflects an underlying ideological perspective that drives this work. As shared by other scholars (Meier and Ribera, 1993; Hochschild, 1995; Acuna, 2000), our understanding of acculturation processes does not regard assimilation to Anglo American culture as the only goal. Assimilation is defined as incorporating oneself into the dominant society by fully adopting the attitudes, beliefs, and behaviors of the mainstream culture over one's own (Park and Burgess, 1969). By contrast, this dissertation was based on the premise that acculturation processes also

include the viewpoint that non-dominant groups, such as Mexican-origin adults, can maintain their cultural heritage while also adopting the values of the larger society through integration, rather than assimilation (Berry, 1997; Rudmin, 2003).<sup>1</sup> In short, there are multiple ways that immigrant groups attempt to weave themselves into the social, economical, and political fabric of the United States in order to gain access to the rights and economic opportunities of this country. Thus, while this dissertation examines such individual level constructs as attitudes and beliefs, it also considers more structural challenges to adaptation, such as racial/ethnic discrimination and segmented employment opportunities.

In addition to examining both macro and micro levels of social mobility and adaptation efforts, this dissertation also compliments existing acculturative stress research by focusing on both socio-cultural and economic dimensions of adaptation. Building from Berry's (1988, 1997) theories of acculturation, the central point of conflict between a dominant and one or more non-dominant groups has largely been attributed to difficulties arising from differences in cultural beliefs, values, and practices. As such, acculturation measures have focused on cultural markers of integration—primarily language proficiency, use, and/or preference measures—to understanding the ease or difficulty of an individual or group navigating their new world (Lara et al., 2005). Here, cultural dimensions of difference are explored through the concept of gender beliefs and expectations regarding wage-earning roles, as well as macro and micro factors of socio-economic adaptation, such as goal-striving and differences in labor market structures and

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<sup>1</sup>In Berry's conceptual model, *integration*, as an acculturation process, occurs when there is interest in both maintaining one's original culture and in interaction with others; with integration, some degree of cultural integrity is maintained while moving to participate as an integral part of the larger society. In Berry's words, an integration strategy attempts to "make the best of both worlds" (Berry, Poortinga, Segall & Dasen, 1992, pp. 278-279)."



employment opportunities. In focusing on these various aspects of acculturation experiences, new sources of acculturative stress are identified that help advance current knowledge in mental health fields regarding differential patterns of depressive symptoms among Mexican-origin populations. Likewise, this dissertation reveals a look at potentially new contributing factors to understanding the disproportionately higher rates of mental health risk and illness experienced among ethnic minority communities, such as Mexican-origin populations, that have led to larger public health issues such as racial/ethnic disparities in physical and mental health in the United States. Indeed, as I intend to highlight here, the findings revealed in this dissertation have broad implications for understanding the struggle for social mobility or achieving the “American Dream” in the face of adversity, that may not only shed light on immigration experiences and their influence on health outcomes, but on common experiences of stress and distress among socio-cultural, economic, and politically marginal groups.

### ***Theoretical Influences***

As reviewed in chapter two, several interdisciplinary sources of information were consulted to develop the research questions and hypotheses addressed in this dissertation. Berry’s (1988, 1997) description of acculturation as a stress-coping phenomenon, Perlin’s et al. (1981) theory of chronic strains and social roles, Parker and Kleiner’s (1966) conceptualization goal-striving stress, and intersectionality research approaches (Whittle and Inhorn, 2001; Krieger, 1993; Schulz and Mullings, 2005) all provided the foundation for this investigation. For example, studies of goal-striving stress assisted in narrowing the research from a broad examination of acculturative stressors to a more focused investigation of employment opportunities and subjective appraisals of socio-economic

success (i.e., negative attitudes toward life chances of success). Consideration of chronic stressors occurring within the context of social roles was also instrumental to identifying potential sources of acculturative stress, namely, valued gendered beliefs and expectations regarding financial provider and domestic roles. Finally, the complimentary nature of the social inequity perspective advanced by intersectionality research and the emphasis on both personal and structural determinants contextualized the individual determinants of mental health. The intersectionality research perspective adopted in this dissertation project was critical to the conceptualization of the study variables and development of research questions. Application of intersectionality research approaches not only placed gender at the focal point of the research questions and hypotheses, but provided a basis for discussing conceptual differences between gender and sex, which in turn allowed for a critical examination of the erroneous assumption that studying women are synonymous with gender research. Moreover, the core tenet of intersectionality research that stresses the multiple and simultaneous influences of various social identities such as race/ethnicity, gender, and nativity on experiences of adversity and oppression, lead to the development of more nuanced research questions about the roles each of these factors plays in shaping patterns of depressive symptoms among Mexican-origin adults. In particular, intersectionality research approaches were instrumental to developing more complex research questions and hypotheses regarding the potential moderating effects of gender, nativity, employment, and discrimination on the relationships between traditional gender beliefs and attitudes toward chances of success on CES-D caseness.

### *Questions, Hypotheses, and Results Revisited*

The two primary research questions this dissertation aimed to answer were whether having more (vs. less) traditional (patriarchal) gender beliefs and having more (vs. less) negative attitudes towards one's life chances of socio-economic success increased CES-D caseness among Mexican-origin adults. Additional research questions asked whether the relationships of traditional gender beliefs and attitudes towards chances of success to CES-D caseness varied as a function of employment status, gender, and nativity. In our tests of the potential moderating effect of employment on relationship between life chances and depressive symptoms, I also examined the effect of perceived discrimination.

Results supported our main hypotheses that having more (vs. less) less traditional (patriarchal) gender beliefs and/or having more (vs. less) negative attitudes towards one's life chances of socio-economic success increased CES-D caseness among Mexican-origin adults, net of demographic characteristics and other measures of acculturative stress such as discrimination, language barriers, and legal status worries. The initial assumptions about the moderating effect of employment by gender and nativity however, were only partially supported. Employment status was found to moderate the effect of more (vs. less) traditional gender beliefs on CES-D caseness among men but not women. Similarly, employment was found to modify the relationship between negative attitudes toward life chances of success on CES-D caseness for men but not women. Analyses concerning nativity, however, did not yield sufficient support to suggest that origin of birth had a significant effect on the moderating role of employment on the relationships between traditional gender beliefs to CES-D caseness or life chances of success to CES-D

caseness. Moreover, the hypothesis that the moderating effect of employment status on the relationship between life chances of success on CES-D caseness varied by levels of perceived discrimination was not supported. The findings did not show significant differences in the moderating role of employment on the relationship between life chances of success to CES-D caseness by levels of perceived discrimination.

As reflected in the overall study findings, the moderating effect of employment on both traditional gender beliefs and negative attitudes towards life chances of socio-economic success and CES-D caseness was only significant for men. This finding is consistent with our assumptions that Latina employment may less of an economic or personal advantage than for men (Fabrega, 1969; Comas-Diaz, 1990; Espiritu, 1999; Menjivar, 1999). Moreover, that employment makes a real difference in depressive symptoms for men (i.e., protective) and not for women suggests that certain social roles, particularly those aligned with gendered norms and expectations (i.e., employed men as financial providers), may be important predictors of mental health status for Mexican-origin adults (Fabrega, 1969; Rivera, 1983).

The findings revealed in this dissertation research also lend support to other existing mental health literature suggesting that the greatest source of stress for Mexican-origin men occurs within the occupational arena, whereas the household context serves as the greatest source of stress for Mexican-origin women (Aranda et al., 2001). In the future, it will be important to further interrogate this assumption regarding how vulnerabilities to stress are gendered to differentially affect Mexican-origin women and men as well as how social class, gender, and culture shape responses to stress (Courtney, 2000; Addis and Mahalik, 2003). For example, since childrearing responsibilities are

traditionally regarded as women's work, it will be important to explore whether Mexican-origin women and men are differentially impacted by their ability or inability to balance employment and childrearing responsibilities. Further, how immigration impacts one's ability to care for children and become involved in their academic life may also help to shed light on sources of acculturative stress for Mexican-origin women and men as well as identity-relevant areas that may reinforce gender role scripts and influence self-concepts and self-esteem to impact depressive symptoms and mental health more generally.

The fact that nativity did not yield statistically significant results when testing for interactions is consistent with more contemporary research among Latino populations that argues that nativity is a less useful predictor of mental health than previously considered (Alegria et al., 2004, 2007). Indeed, as Alegria and colleagues (2004, 2007) argue, more specific contextual factors such as family conflict and positive perceptions of social standing—or traditional gender beliefs and attitudes towards life chances examined in this work—can have more predictive value and meaning than nativity alone. Thus, researchers should refrain from employing nativity measures as a short-cut method for examining and determining differential patterns of mental health among Mexican-origin adults, in place of working toward a greater contextual understanding of the socio-cultural and political process of immigration to the United States from a developing nation such as Mexico. By focusing on specific aspects of difference, such as gender beliefs regarding wage earning, more appropriate methods toward prevention and intervention efforts aimed at lowering risk of mental health problems may be instituted.

Finally, failure to detect significant differences in the moderating role of employment on the relationship between life chances of success to CES-D caseness by levels of perceived discrimination may speak to the pervasive and harmful nature of discrimination on mental health that cannot be weathered by employment alone. Indeed, while individuals may be employed, this investigation did not focus on whether those who were employed were satisfied with their job and earnings. It may in fact be that despite being employed, individuals continue to feel discriminated against within the labor force and in larger socio-cultural arenas, thus diminishing any potentially buffering effect employment may have had on mental health. For example, segmented employment opportunities, the continual challenge to escape poverty, housing discrimination and resource poor neighborhoods, and day to day differential treatment attributed to racial/ethnic discrimination are likely to have deleterious effect on mental health that cannot be eliminated by employment alone. Thus, while employment status may serve as an important predictor of mental health status, it may be a less important factor for understanding buffers against the deleterious effects of discrimination on mental health. Future research is needed to test this empirical question.

### ***Translation of Results to Intervention Recommendations***

The translation of research findings into meaningful prevention and intervention efforts is a cornerstone of public health scholarship and advocacy. Upholding these objectives, I conclude this discussion with recommendations to reduce the negative effect of acculturative stress associated with socio-economic adaptation and their related mental health consequences among Mexican-origin adult populations.

The findings show that conflicts between traditional gender beliefs and economic opportunities can increase the probability of CES-D caseness among Mexican-origin adults. Likewise, negative attitudes about one's life chances of socio-economic success are also found to increase the probability of CES-D caseness among Mexican-origin adults. These acculturative stressors are thought to exert their effects on mental health by diminishing self-concepts and leaving individuals demoralized. Indeed, these challenges to normative behaviors and identity-relevant expectations, may contribute to feelings of isolation, failure, and lacking needed support. However, sharing experiences and resources among others and establishing new social contacts may help to alleviate some of the stress that accompanies the challenges of socio-economic adaptation. Thus, I suggest that a mutual aid, family-orientated support group may be the most appropriate mechanism for addressing the needs of these populations (De La Rosa and White, 2001).

Intervention efforts aimed at developing an effective mutual aid support group for Mexican-origin adults should target both individuals and their families. A family-orientated approach recognizes that the stressors arising from immigration and acculturation experiences affect both the individual and their families. Inclusion of the family in intervention efforts also reaffirms the importance of family interdependence found within Latino cultures (Sobalgal et al., 1987; Villa et al., 1993). In this research, employment among men and high levels of instrumental support found among Mexican-origin adults more generally, were found to buffer against CES-D caseness. To increase information sharing about employment opportunities, social and financial resources, as well as expose common experiences and develop effective coping strategies, Mexican-origin adults may benefit from opportunities to develop social contacts. For example, a

mutual aid support group may assist the formation of new network ties by bringing individuals and families together in a supportive environment (Lanza and Revenson, 1993). By acquainting individuals and families with one another, the process of becoming socially integrated within the local social, economical, and cultural environment may become easier to achieve.

Uniting Mexican-origin adults, and immigrants in particular, within a mutual aid support group provides both individuals and their families with important opportunities to interact with similar others. These interactions allow meaningful social comparisons to be made among credible and respected others (Tedeschi and Calhoun, 2004). Characteristic of these groups, individuals can serve as important role models for one another, helping to maintain and/or restore positive self-concepts while also encouraging individuals to learning from the actions and coping efforts of others (Gottlieb, 1981; Tedeschi and Calhoun, 2004). In fact, story sharing and advice given within support groups provides people with a healthy forum for expressing their emotions about stressful problems. Having this opportunity is critical to the coping process since disclosure has shown to decrease avoidant coping and negative reactions to stressors (Pennebaker and O’Heeron, 1984). Currently, there is evidence to suggest that disclosure not only fosters intimacy among group members, but also helps strengthen newly formed social ties—both of which are essential to the growth process (Tedeschi and Calhoun, 2004). Indeed a mutual aid support group may provide a healthy outlet in which immigrants may express their frustrations with immigration and acculturation processes, in place of less effective and harmful coping behaviors, such as alcohol and substance abuse and/or the use of violence.



In addition to individual level intervention efforts, reducing larger macro-level stressors associated with socio-economic mobility such as poverty, racial discrimination, and segmented employment opportunities, will require not only the enforcement of existing policies that penalize discrimination, but also that incentives to be given to American businesses and manufacturing industries to remain in the United States. Loss of low and semi-skilled jobs in the United States has contributed to the displacement of blue-collar workers and rising levels unemployment (Gonzalez, 2002; Kochhar, 2008). Increasing job opportunities for all levels of employment and having opportunities in which to train and educate workers so that Americans are qualified for existing jobs will need to be a national priority in order to address the crippling effects of poverty on health. For example, greater investments in education and service-training programs targeted toward socially, economically, and politically marginal groups will help to address poverty and its negative health effects that create disproportionately higher rates of mortality and morbidity found among Mexican-origin adults. Efforts to promote and increase high school graduation, English emersion programs, access and affordability of higher education are just some of the mechanisms public health researchers and advocates can focus their efforts toward to help address these seemingly insurmountable challenges.

In essence, the eventual elimination of structural barriers to social mobility will involve fulfilling individual and collective commitments to justice, liberty, and the pursuit of happiness. In the words of the forty-second President William Jefferson (Bill) Clinton's (1991) announcement speech:

We need more than new laws [and] new promises [...]  
We need a new spirit of community, a sense that we are all in this together. If we have no sense of community the American dream will continue to wither. Our destiny is bound up with the destiny of every other American. We're all in this together, and we will rise or fail together.

Thus, eliminating structural barriers to social mobility and their negative mental health effects on Mexican-origin adult populations will be critical to challenging all Americans to uphold our rhetoric of "liberty and justice" so that it is indeed a reality for all people, immigrant and native born alike.

### ***Study Limitations***

As with all research, this dissertation is not without its limitations. The traditional gender beliefs scale employed in this work was not, to the best of our knowledge, previously published upon or validated. The uniqueness of the traditional gender beliefs instrument, and absence of similar mental health research, have therefore limited my ability to compare the study findings to other work; which would have helped to clarify their validity. Additionally, while the investigation of negative attitudes towards life chances of socio-economic success were strongly influenced by goal-striving concepts, namely, subjective appraisal of success, this research was not able to study goal-striving stress *per se*. Because measures of goal-striving stress were not included in the collection of MAPSS data, the present study results should only be interpreted as a preliminary step toward testing actual goal-striving stress hypotheses about how discrepancies between socio-economic aspirations and achievement affect mental health. In the future, it will be useful to include goal-striving stress measures in the study of acculturative stress as the data here highlight the potential insight that may be gained by exploring this concept.

In addition to instrument and measurement considerations, the cross-sectional nature of the sample can be considered as a limitation. Cross-sectional studies provide only a "snapshot" of health problems and as a result, cannot determine pathways of causality. Nevertheless, consistent findings among cross-sectional research have greatly improved our knowledge base in mental health research among Latino populations. The consistent identification of female gender, marital conflict, unemployment, and low educational attainment as predictors of heightened experiences of depressive symptoms and CES-D caseness have provided a richer and more nuanced understanding of the relationship between one's social location and experience of depressive symptoms among Mexican-origin adults.

Finally, the regional focus of the MAPPS study on the experiences of Mexican-origin adults in northern California is another limitation to consider. Findings extrapolated from one region of the United States may not be comparable to the experiences of Mexican-origin adults in other parts of the country. For instance, Hovey (2000, 2002) found that foreign-born farm workers in the Midwest may be subjected to less hostile political climates than farm and migrant workers located in border states such as California, Arizona, and Texas. On the other hand, lack of larger migration streams and settlement in the Midwest may subject these populations to greater experiences of social isolation and lack of community resources for Latino and foreign-born groups. However, without larger studies that include greater geographic representation, I can only speculate about the potential differences in adaptation and experiences of acculturative stress among Mexican-origin adults in different regions of the United States. As such, larger, national research studies such as the recent 2002-2003 National Latino and Asian

American Study (NLAAS) will be crucial to advancing mental health research among Mexican-origin adults and Latinos more generally.

### ***Future Research Directions***

When considering the future direction of gender-based mental health research, it is logical to begin with addressing the multiple gaps within the current literature. To date, there are only a small, but growing number of studies that examine masculinities and their influence on both women's and men's health (Eisler, 1995; Courtney, 2000; Addis and Mahalik, 2003). In fact, the study of masculinity is so marginalized that researchers such as Bayne-Smith (1996) argue that gender and health has become synonymous with women's health. In the future, a greater emphasis will need to be placed on identifying multiple forms of femininities and masculinities, including how women contribute to defining and maintaining such identities. By locating women's roles in establishing and maintaining particular identities, women may become better informed about their own agency and opportunities in which they can challenge and transform particular gender roles and behaviors that are disadvantageous to their own and/or other's mental health.

Finally, because gender-based health research, more generally, continues to be dominated by quantitative studies, future research must invest its efforts into qualitative research efforts (Krieger, Rowley, and Herman, 1993). In conducting such work, researchers will be exposed to important contextual information regarding differences in life experiences among women as well as between women and men. Moreover, qualitative work may provide better insight into understanding how culture and social class influence expressions of gender. For example, Quintero and Estrada (1998) demonstrate in their research how socio-cultural and economic marginality contribute to

Latino men's failure to uphold valued masculine identities and roles and lead to alternative and dangerous expressions of hypermasculinity, characterized by excessive drug use and violence. In the future, it will be of great interest and benefit to further interrogate the manners in which gender roles and expectations are modes of maintaining hierarchies of power and privilege between and among women and men as well as dominant and non-dominant racial/ethnic groups through the reinforcement or destruction of individual identities, self-concepts and self-esteem. In conducting such work however, it will be critical that researchers refrain from stereotyping gender roles within a particular group or culture, but investigate them with the same rigor and standards as any other variable under study. To develop effective intervention programs, our knowledge must be grounded in evidence that is derived from methodologically sound research.

### ***Concluding Statement***

The fundamental messages this dissertation impart are: (1) that the effects of gender on mental health are not limited to women, but also include men. Ensuring that research concepts such as gender and sex are well-defined and theoretically grounded will advance mental health research and better inform the decisions taken to address mental health problems; (2) expanding conceptualizations of acculturative stressors that move beyond cultural dimensions and include the socio-economic aspects of acculturation will help researchers better understand the risks and buffers associated with patterns of depressive symptoms experienced by Mexican-origin adults. For example, critical investigation of the roles employment/unemployment have on poverty rates and individual self-concepts and self-esteem will assist mental health researchers in

examining both individual and structural level psycho-social factors that influence mental health outcomes. Additionally, while an extreme interpretation of our findings may suggest that it is more psychologically beneficial for women to stay home rather than participate in paid employment; this is not the message of this research. Rather, our results highlight that the protective effects of employment may not be shared by Mexican-origin women as observed among men. Differences in employment opportunities, inequitable wage practices, abilities to gain financial independence and familial decision-making power, as well as gender differences in the meaning of “success,” represent only a few of many possibilities responsible for differences in the effect of employment on depressive symptoms observed in this work. Exploration of these employment-related factors will help us better understand these findings and prevent others from misinterpreting the results presented here; (3) that the rhetoric of American values and opportunities has yet to come to fruition. Efforts to improve social mobility are not always rewarded or fulfilled, and therefore can have dire consequences on the mental health of Mexican-origin adults and others. Only when we are willing to confront bigotry and hypocritical practices will the United States truly begin to address and eliminate barriers to social-mobility and the mental health problems they create. As pointedly stated by president-elect Barack Obama (1996), “If we aren't willing to pay a price for our values, then we should ask ourselves whether we truly believe in them at all.”

## References

- Acuna, R. (2000). *Occupied America: A history of Chicanos* (Fourth Edition ed.). Menlo Park, California: Longman.
- Addis, M. E., & Mahalik, J. R. (2003). Men, masculinity, and the contexts of help seeking. *American Psychologist*, 58(1), 5-14.
- Alegria, M., Shrout, P. E., Woo, M., Guarnaccia, P., Sribney, W., Vila, D., Polo, A., Cao, Z., Mulvaney-Day, N., Torres, M., & Canino, G. (2007). Understanding the differences in past year psychiatric disorders for Latinos living in the US. *Social Science and Medicine*, 65, 214-230.
- Alegria, M., Takeuchi, D. T., Canino, G., Duan, N., Shrout, P., Meng, X. L. et al. (2004). Considering context, place and culture: The national Latino and Asian American study. *International; Journal of Methods in Psychiatric Research*, 13(4), 208-220.
- Aneshensel, C. (1992). Social stress: Theory and research. *Annual Review in Sociology*, 18, 15-38. Aranda, M. P., Castaneda, I., Lee, P., & Sobel, E. (2001). Stress, social support, and coping as predictors of depressive symptoms: Gender differences among Mexican Americans. *Social Work Research*, 25(1), 37-48. Bayne-Smith, M. (1996). Race, gender, and health.
- Berry, J. W. (1997). Immigration, acculturation, and adaptation. *Applied Psychology: An International Review*, 46(1), 5-68.
- Berry, J. W., & Kim, U. (1988). Acculturation and mental health. In P. Dasen, J. W. Berry & N. Sartorius (Eds.), *Health and cross-cultural psychology: Towards application*. (pp. 207-236). London: Sage.
- Clinton, W. J. (1991). *Announcement Speech*. Little Rock, Arkansas: Old State House.
- Comas-Diaz, L. (1990). Hispanic Latino communities: Psychological implications. *Journal of Training and Practice in Professional Psychology*, 4, 14-35.
- Courtenay, W. H. (2000). Constructions of masculinity and their influence on men's well-being: A theory of gender and health. *Social Science and Medicine*, 50, 1385-1401.
- De La Rosa, M.R., & White, M. S. A review of the role of social support systems in the drug use behavior of Hispanics. *Journal of Psychoactive Drugs*, 33(3), 233-240.
- Dressler, W. (1988). Social consistency and psychological distress. *Journal of Health and Social Behavior*, 29, 79-91.

- Eisler, R. M. (1995). The relationship between masculine gender role stress and men's health risk: The validation of a construct. In Levant, & Pollack (Eds.), *A new psychology of men* (pp. 207-228). New York: Basic Books.
- Espiritu, Y. L. (1999). Gender and labor in Asian immigrant families. *American Behavioral Scientist*, 42, 628-647.
- Fabrega, H. (1969). Social psychiatric aspects of acculturation and migration: A general statement. *Comprehensive Psychiatry*, 10(4), 314-326.
- Gonzalez, A. (2002). *The impact of the 2001/2002 economic recession on Hispanic workers: A cross-sectional comparison of three generations*. Washington, DC: Pew Hispanic Center.
- Gottlieb, B. H. Conceptual and measurement issues in the study of coping with chronic stress. In B. H. Gottlieb (Ed.), *Coping with chronic stress* (pp. 3-40). New York: Plenum Press.
- Hochschild, J. L. (1995). *Facing up to the American dream: Race, class, and the soul of the nation*. Princeton, New Jersey: Princeton University Press.
- Hovey, J. D. (2000). Psychosocial predictors of acculturative stress in Mexican immigrants. *The Journal of Psychology*, 134(5), 490-502.
- Hovey, J. D., & Magana, C. G. (2002). Exploring the mental health of Mexican migrant farm workers in the Midwest: Psychosocial predictors of psychological distress and suggestions for prevention and treatment. *The Journal of Psychology*, 136(5), 493-513.
- Kochhar, R. (2008). *Latino labor report, 2008: Construction reverses job growth for Latinos*. Washington, DC: Pew Hispanic Center.
- Krieger, N., Rowley, D. L., & Herman, A. A. (1993). Racism, sexism, and social class: Implications for studies of health disease, and well-being. *American Journal of Preventative Medicine*, 9s, 82-122.
- Lanza, A. F., & Revenson, T. A. (1993). Social support interventions for rheumatoid arthritis patients: The cart before the horse? *Health Education and Behavior*, 20(1), 97-117.
- Lara, M., Gamboa, C., Kahramanian, M. I., Morales, L. S., & Hayes Bautista, D. E. (2005). Acculturation and Latino health in the united states: A review of the literature and its sociopolitical context. *Annual Review of Public Health*, (26), 367-397.



- Meier, M. S., & Ribera, F. (1993). *Mexican Americans/American Mexicans: From conquistadors to Chicanos*. New York: Hill and Wang.
- Menjivar, C. (1999). The intersection of work and gender: Central American immigrant women and employment in California. *American Behavioral Scientist*, (42), 601-627.
- Obama, B. (2006). *The audacity of hope: Thoughts on reclaiming the American dream* (First Edition ed.). New York: Crown Publishers.
- Park, R. E., & Burgess, E. (1969). In Janowitz M. (Ed.), *Introduction to the science of sociology, including the original index to basic sociological concepts*. . Chicago: University of Chicago Press.
- Parker, S., & Kleiner, R. (1966). *Mental illness in the urban Negro community*. New York: Free Press.
- Pennebaker, J. W., & O'Heeron, R. C. (1984). Confiding in others and illness rate among spouses of suicide and accidental death victims. *Journal of Abnormal Psychology*, 93, 473-476.
- Perlin, L. I., Menaghan, E. G., Lieberman, M. A., & Mullan, J. T. (1981). The stress process. *Journal of Health and Human Behavior*, 22, 337-356.
- Quintero, G.A., & Estrada, A.L. (1998). Cultural models of masculinity and drug use: "machismo," heroin, and street survival on the U.S.-Mexico border. *Contemporary Drug Problems*, 25(1): 147-168.
- Rivera, O. A. (1983). Vocational rehabilitation process and Hispanic culture. *The special rehabilitation and research needs of Hispanic persons* (pp. 39-41). Edinburg, TX: National Institute of Handicapped Research and the President's Committee on Employment of the Handicapped.
- Rudmin, F. W. (2003). Critical history of the acculturation psychology of assimilation, separation, integration, and marginalization. *Review of General Psychology*, 7(1), 3-37.
- Sabogal, F., Martin, G., Otero-Sabogal, R., Marin, B. V., & Perez-Stable, E. J. (1987). Hispanic familism and acculturation: What changes and what does? *Hispanic Journal of Behavioral Sciences*, 9, 397-412.
- Schulz, A. J., & Mullings, L. (Eds.). (2005). *Gender, race, class, and health: Intersectional approaches*. San Francisco, CA: Jossey-Bass.
- Sellers, S. L., & Neighbors, H. W. (2008). Effects of goal-striving stress on the mental health of black Americans. *Journal of Health and Social Behavior*, 49, 92-103.

- Sellers, S. L., & Neighbors, H. W. (1999). Goal-striving stress, social economic status, and the mental health of black Americans. *Annals New York Academy of Sciences*, 896, 469-473.
- Tedeschi, R. G., & Calhoun, L. G. Posttraumatic growth: Conceptual foundations and empirical evidence. *Psychological Inquiry*, 15(1), 1-18.
- Villa, M., Cuellar, J., Gamel, N., & Yeo, G. (1993). Cultural traditions, beliefs, values, and ethical issues. *Aging and health: Hispanic American elders*. Stanford: SGED.
- Whittle, K. L., & Inhorn, M. C. (2001). Rethinking difference: A feminist reframing of Gender/Race/Class for the improvement of Women's health research. *International Journal of Health Services*, 31, 147-165.

## Appendix A:

### Center for Epidemiologic Studies Depression (CES-D) Scale Items

The CES-D scale requires respondents to determine whether the following 20 conditions were experienced (rarely or none of the time, some or a little of the time, occasionally or a moderate amount of time, most or all of the time) during the past week:

1. I was bothered by things that usually don't bother me.
2. I did not feel like eating; my appetite was poor.
3. I felt that I could not shake off the blues even with help from my family or friends.
4. I felt that I was just as good as other people. (*recoded*)
5. I had trouble keeping my mind on what I was doing.
6. I felt depressed.
7. I felt that everything that I did was an effort.
8. I felt hopeful about the future. (*recoded*)
9. I thought that my life had been a failure.
10. I felt fearful.
11. My sleep was restless.
12. I was happy. (*recoded*)
13. I talked less than usual.
14. I felt lonely.
15. People were unfriendly.
16. I enjoyed life. (*recoded*)
17. I had crying spells.
18. I felt sad.
19. I felt that people disliked me.
20. I could not get going.

## Appendix B:

### Results for Factor Analysis on MAPSS Gender Belief Items

#### Factor Analysis for Gender Beliefs

Variables	Percent Total		Unrotated		
	Eigenvalue	Variance	Factor 1	Factor 2	Factor 3
It is much better for everyone if the man is the principle income provider and the woman takes care of home and family.	1.61	0.485	-0.44	0.5	-0.18
It is more important for a wife to help her husband's career than to have one herself.	1.283	0.286	-0.39	0.55	0.02
Most of the important decisions for the family should be made by the man of the house.	0.429	0.129	-0.41	0.55	0.05
A married woman should be able to have a job even if it is not convenient for her family.	0.112	0.004	-0.78	0.2	0.54
Husbands and wives should share the responsibility for earning a living.	0	0	0.34	0.21	0.25
Husbands and wives should evenly divide household chores like cooking and cleaning.	-0.012	-0.004	0.99	0.59	-0.18

Note:

Original Coding Reflected in Table,  
 where 1 = strongly disagree to 4=strongly agree  
 Some of the eigenvalues are negative because  
 the matrix is not of full rank, that is, although  
 there are 6 variables the dimensionality of  
 the factor space is much less.  
 Solution is a Heywood Case (i.e., invalid or  
 boundary values of uniqueness)

## Factor Analysis for Traditional Gender Beliefs

Variables	Eigenvalue	Percent		Unrotated	
		Total	Variance	Factor 1	Factor 2
It is much better for everyone if the man is the principle income provider and the woman takes care of home and family.	1.361	0.999		0.657	0.027
It is more important for a wife to help her husband's career than to have one herself.	0.001	0		0.681	-0.014
Most of the important decisions for the family should be made by the man of the house.	0	0		0.683	-0.012

Note: Results from the factor analysis above eliminate error problems due to the Heywood Case as observed for the entire Gender Beliefs Scale. Here, the first item accounts for nearly all of the variance in the scale (i.e., 99 percent), yet the remaining items were kept in the scale for analysis. Because keeping items 2 and 3 in the study analyses loses nothing statistically significant, it was decided that it is best to keep the scale as much in tact as possible to its original conception. Though research—outside of this project—that employs this Gender Beliefs scale has yet to be identified, our goal is to have comparable research with which to validate the study findings.

Appendix C:

Logistic Regression for Traditional Gender Beliefs by Gender Interaction

**Logistic Regression of Traditional Gender Beliefs and Employment on CES-D Caseness among Mexican-origin Adults, Mexican American Prevalence and Services Survey 1995-1996 (n= 3012)**

	<b>Model</b>	<b>1</b>	<b>Model</b>	<b>2</b>
	<b>Coef.</b>	<b>Stand. Error</b>	<b>Coef.</b>	<b>Stand. Error</b>
<b>Traditional Gender Beliefs</b>	.145***	.042	.104*	.049
<b>Age</b> (Last Birthday)	-.022*	.010	-.021*	.010
<b>Gender</b>				
Female	---	---	---	---
Male	-.377*	.176	-1.111	.572
<b>Time in the United States</b>	.030*	.013	.029*	.013
<b>Marital Status</b>				
Single	---	---	---	---
Married	-.365	.193	-.346	.193
Separated/Divorced/Widowed	.152	.265	.166	.266
<b>Employment Status</b>				
Unemployed	---	---	---	---
Employed	-.474**	.168	-.493**	.169
<b>Education (yrs.)</b>				
≤7 Completed	---	---	---	---
11 Completed	.217	.207	.209	.206
12 Completed	-.258	.279	-.266	.276
≥13 Completed	-.213	.290	-.224	.288
<b>Income (monthly)</b>				
<\$500	---	---	---	---
\$500-\$999	-.301	.205	-.309	.204
\$1000-\$1499	-.381	.223	-.387	.223
\$1500-\$2999	-.550	.291	-.553	.292
\$3000+	-.761*	.343	-.762*	.345
<b>Nativity</b>				
U.S.-born	---	---	---	---
Foreign-born	-1.231**	.396	-1.204**	.391
<b>Language Preference</b>				
English	---	---	---	---
Spanish	0.091	.250	.094	.250

*Table Continued*

	<b>Model</b>	<b>1</b>	<b>Model</b>	<b>2</b>
	<b>Coef.</b>	<b>Stand.</b>	<b>Coef.</b>	<b>Stand.</b>
		<b>Error</b>		<b>Error</b>
<b>Acculturative Stressors</b>				
<b>Discrimination</b>				
No-Discrimination	---	---	---	---
Low-Discrimination	.426*	.172	.424*	.173
Med-Discrimination	.942***	.256	.922***	.252
High-Discrimination	1.255**	.433	1.213**	.413
<b>Language Barriers</b>				
No-Lang. Barriers	---	---	---	---
Low-Lang. Barriers	-.004	.276	-.003	.274
Med-Lang. Barriers	.071	.253	.072	.252
High-Lang. Barriers	-.212	.341	-.197	.337
<b>Legal Status Worries</b>				
No-Legal Worries	---	---	---	---
Low-Legal Worries	.103	.179	.106	.179
Med-Legal Worries	.278	.258	.293	.257
High-Legal Worries	.347	.466	.349	.464
<b>Social Support</b>				
No-Emotional	---	---	---	---
Yes-Emotional	.212	.172	.225	.172
Low-Instrumental Support	---	---	---	---
Med-Instrumental Support	-.465*	.184	-.462*	.184
High-Instrumental Support	-.658***	.182	-.654***	.181
<b>Interactions</b>				
Gender Beliefs x Gender	---	---	.094	.071
<b>Constant</b>	-.171	.664	.125	.709

Note: \*  $p \leq .05$ , \*\*  $p \leq .01$ , \*\*\* $p \leq .001$