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CULTURAL VALUES AMONG MEXICAN AND MEXICAN-AMERICANS
ACROSS ACCULTURATION, LANGUAGE, GENERATION, AGE
AND GENDER

BY
NATALIE K. BELLMAN

A THESIS SUBMITTED IN PARTIAL FULFILLMENT
OF THE REQUIREMENTS FOR THE DEGREE OF
MASTER OF ARTS
IN
PSYCHOLOGY

UNIVERSITY OF RHODE ISLAND

2005

Abstract

The Latino population in the United States has been consistently growing over the past few years and it is estimated that it will only increase in greater numbers in the future (U.S. Census Bureau, 2002). Individuals of Mexican descent are the largest group amongst Latinos. Along with the growth of this population has come an ever-increasing need for the provision of high quality mental health services. One of the challenges often found by providers is the difference in culture between the provider and the client (Sharma & Kerl, 2001). The cultural values of *familismo*, *personalismo*, and *machismo* are frequently cited in the literature and are useful for understanding the belief system and behaviors of Latino individuals. In addition to the differences in culture, other factors such as acculturation, generational status, primary language, and gender may also play a significant role in understanding the subtleties of a Latino individual. This study aims to investigate these factors with a specific subset of the Latino population composed of Mexican and Mexican-American individuals in a Southwest border town. Results showed that while there was no significant differences between Mexican and Mexican-Americans endorsement of *familismo*, $F(1, 146) = .043$, $p = .84$, *personalismo*, $F(1, 146) = .026$, $p = .87$, and *machismo*, $F(1, 146) = .090$, $p = .77$. However, there was a significant difference between men and women on their beliefs on *machismo*, $F(1, 146) = 4.206$, $p < .05$.

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Table of Contents

Abstract.....	ii
Acknowledgements.....	iii
Table of Contents.....	iv
List of Tables.....	vi
Statement of the Problem.....	1
Justification for the Study.....	5
Cultural Values.....	7
Familismo.....	7
Personalismo.....	9
Machismo.....	12
Acculturation.....	14
Purpose of the Study.....	16
Methodology	
Design.....	18
Participants.....	18
Procedure.....	19
Measures.....	19
Data Analysis.....	23
Results	
Descriptives and Frequencies.....	25
Analysis of Variance.....	27

Table of Contents

Discussion.....	30
Limitations of the Study.....	33
Appendices	
Appendix A: Informed Consent	41
Appendix B: Introduction and Directions for data collection	43
Appendix C: Multiphasic Assessment of Cultural Constructs –SF.....	44
Appendix D: MACC-SF Subscales – Factors by Item Number.....	47
Appendix E: Scoring Summary – MACC –SF.....	48
Appendix F: Acculturation Rating Scale for Mexican Americans II.....	49
Appendix G: Scoring Summary – ARMSA-II	52
Appendix H: Demographic Data	53
Bibliography.....	54

List of Tables

Table	Page
Table 1: Frequencies for Gender, Ethnicity, Age, Primary Language, Generational Status, and Acculturation Level.....	35
Table 2: ANOVA's for Personalismo, Machismo, and Familismo by Ethnicity.....	36
Table 3: ANOVA's for Familismo.....	37
Table 4: ANOVA's for Personalismo.....	38
Table 5: ANOVA's for Machismo.....	39
Table 6: Percentages of Male and Female True Responses to Machismo Constructs.....	40

Statement of the Problem

In 2002 Hispanics¹ were declared the largest minority group in the United States by the U.S. Census Bureau. Hispanics make up 13.3% of the total U.S. population with an estimated 37.4 million, surpassing African-Americans at 36.1 million (U.S. Census Bureau, 2002). The largest ethnic group among Latinos is individuals of Mexican origin that compromise 66.9% of the U.S. population. The population of Latinos living in the U.S. is growing. According to the census bureau, it is estimated that by the year 2050 Latinos will number at 102.5 million, compromising 24.4% of the total U.S. population (2002). Because of these ever increasing numbers, Latinos are becoming a popular focus for a variety of different interests such as research, commerce, and politics (Aguilar-Gaxiola et al., 2002).

With this segment of the population growing, the needs for services increase as well. While availability of mental and physical health care is dwindling for all, a larger percentage of Latinos do not have health insurance or access to good, reliable care (Lopez, 2002). It may be even more difficult to ensure that mental health services are made available and provided to the Latino population because of cultural differences that interfere with mainstream procedures (Sharma & Kerl, 2001).

¹The term Hispanic gained popularity when it was first used by the US government in the 1970 Census. It is derived from the word *España (Spain)* and used to classify all individuals from Spanish speaking countries. The word Latino is one that was self-imposed by individuals from Latin American countries such as Cuba, Puerto Rico, the Dominican Republic, and Mexico. In many arenas the terms Hispanic and Latino have been used interchangeably for years. However, it has been said that those who call themselves Hispanic are more assimilated, conservative, and young, while those who choose the term Latino tend to be liberal, older, and sometimes radical. For the purpose of this paper the two terms will be used interchangeably and Mexican and/or Mexican-American will be used when referring to this specific sub-group. (Hispanic Magazine, 2000).

When discussing the needs of Latinos, culture should always be considered. Culture, according to Merriam-Webster can be best defined as “the customary beliefs, social forms, and material traits of a racial, religious, or social group” that can influence one’s behavior and perceptions of the world (Merriam-Webster, 2004). From this perspective, culture, or the way groups of people form beliefs, values and social norms about their way of life can be important in dictating how they act in life situations. When individuals from one culture are introduced into another culture then that individual may begin to acculturate to the second culture. Acculturation can be defined as “the cultural modification of an individual, group, or people by adapting to or borrowing traits from another culture; a merging of cultures as a result of prolonged contact” (Miriam Webster, 2004). According to Sharma and Kerl (2001), some of the challenges that arise when considering one’s culture are language, family, interdependence, attitudes toward authority, and time orientation.

Because of added barriers that may exist between mainstream practitioners and Latino consumers, there has recently been a move from advocates, practitioners, and policymakers that work with Latino populations to bring cultural awareness into their practices (Arthur, 2000). The ultimate goal is to provide culturally competent services to Latinos that take into consideration one’s language, traditions, beliefs, and values.

Increases in the Latino population will likely also increase the need for mental health services (Sharma & Kerl, 2001). According to the Department of Health and Human Services (DHHS), while adult populations of Latinos seem to have similar rates of psychiatric disorders as white Americans, the same is not true for Latino youth

(DHHS, 2001). Latino adolescents consistently are found to have more mental health problems than non-Latino white youth. These problems could include more anxiety-related and delinquency problem behaviors, depression, suicidal ideation/attempts and drug use (DHHS, 2001). The outlook isn't any better for Latino elderly in regards to mental and physical health. One study found over 26% of its elderly Latino sample was depressed over complications with physical health ailments (Kemp et al., 1987).

Research on Mexicans and Mexican-Americans shows that Mexican-Americans, at any age, have higher prevalence rates of mental disorders than their Mexican born counterparts (Burnam et al., 1987). However, little is currently known to explain these disparities among the Latino community. Some have speculated that the length of time Latino individuals spend in the U.S. as well as their level of acculturation appears to be an important factor in the development of mental disorders (Vega et al., 1998). While there is still no concrete answer as to what causes this disparity, ensuring that there is a greater understanding of the Latino population and the nuances within and between cultures could likely help to improve the mental health treatment these individuals receive.

Improving mental health treatment requires keeping in mind several key points in regard to access, use of, and appropriateness of mental health care (DHHS, 1999). By investigating the beliefs and values of the Mexican and Mexican-American culture, this study will help add to the knowledge base about the appropriateness of psychological treatments for Latinos. Information gained from this study will help to provide a better understanding of Latino culture and how individuals interact with their environment to guide behavior and make choices. This kind of in-depth

knowledge is necessary for mental health professionals working with Latinos, not only to understand their clientele, but also to help clients reach their full potential and gain access to the resources needed in this society (Aguilar-Gaxiola et al., 2002).

Justification for and Significance of the Study

In order for mental health professionals to improve the quality of care provided to Latinos they must first examine the current practices and/or surrounding factors that can impede adequate access to mental health services (Lopez, 2002). Two such barriers can be language and differences in clients' presentation of disorders. The U.S. Department of Health and Human Services reports that in 1990, about 40% of Latinos either did not speak English at all or did not speak it well (DHHS, 2001). Although the exact number of Spanish-speaking mental health professionals is not known, there are only 29 Latino mental health professionals for every 100,000 Latinos in the U.S., compared to 173 non-Latino white providers per 100,000 (DHHS, 2001).

Individuals from the Latino culture may also pose challenges for practitioners when it comes to presentation of symptoms. This may be the case with culture-bound syndromes such as *susto* ("fright" or "soul loss"), *nervios* ("nerves"), *mal de ojo* ("evil eye"), or *ataque de nervios* ("attack of nerves") (DSM-IV-TR, 2000). Although these syndromes have not been classified as specific diagnoses in the Diagnostic and Statistical Manual of Mental Disorders-IV-TR they are noted for clinicians to be aware of (DSM-IV-TR, 2000). Latinos may be misdiagnosed because of a lack of understanding between the clinician and patient due to cultural differences. For example, one study found that Hispanic Americans with bipolar disorder are more likely to be misdiagnosed with schizophrenia than are non-Hispanic white Americans (DHHS, 1999). This misdiagnosis could ultimately lead to greater problems that would cause a great disservice to the client that may have been preventable.

In an effort to reduce the possible negative consequences of such barriers as language and culture-bound syndromes, educating mental health care providers to be well versed in the complexities of Latino cultural values would prove helpful. To address this goal, many health care providers experienced with the Latino population have begun to establish guidelines, standards, and models to help guide clinical work with Latinos (DHHS, 2001). Their eventual goal is to raise the cultural competence of all practioners that work with Latinos.

However, the majority of this research has been promoted largely on the basis of humanistic values and intuitive sensibility and lacks empirical validation (DHHS, 2001). As mental health professionals move towards becoming culturally competent with Latinos, empirical studies must be done that show values of the Latino culture held within each sub-group and factors that contribute to the differences in levels of endorsement among these values. It is important to know for certain that the hypotheses made about these cultures are truly accurate.

Overall, mental health professionals' cultural competence can aid them in the recognition of their patients' cultural status and then help to develop knowledge and policies to provide effective treatments (Sue & Sue, 1999). When cultural competence training and the practice of mental health professionals is based on empirical research about the cultural facets of Latinos services can be tailored to one's culture which may encourage more Latinos to get treatment and hopefully improve their outcomes in treatment.

Cultural Values

Culture traditionally has a basis in beliefs, behaviors, and traditions that are passed down from generation to generation. This study will aim to understand culture from the framework of family, interpersonal styles, and gender roles/socialization (Santiago-Rivera et al., 2002). The terms often used when discussing these cultural values with Latinos are *familismo* (familism), *personalismo* (personalism), and *machismo* (masculinity).

These three values were chosen because of their possible impact on medical and mental health interactions and treatment. Also, these three values are the most frequently discussed in studies that deal with topics relating to Latino cultural values, thus their constructs are more concretely defined and widely accepted.

The meaning and significance of *familismo*, *personalismo* and *machismo* are only important if they can be defined in terms of relevance to the daily lives of individuals. This study will aim to do that with individuals of Mexican descent. Having more detailed information about these individuals will aid the growing number of mental health professionals that work with them to incorporate a more accurate understanding of these values into their professional practices.

Familismo. The first of these cultural values is *familismo*, which is seen by many, as the most important value to influence the lives of Latinos (Coohey, 2001). A belief in this value dictates that there is a preference for maintaining close family ties rather than striving for separation or independence. The value of *familismo* is one that runs deep among Latinos and is displayed through a myriad of behaviors. These behaviors include: obedience and respect for authority figures, helpfulness, loyalty,

generosity towards the family, and responsibility and sacrifice through hard work for the good of the family (Martinez, 1998).

The cultural value of *familismo* is one in which the family is the most important source of comfort, support, and strength. Typically a Latino's family is their primary support network and individuals not only identify very strongly with their extended family, but also form their personal identity around them. Many Latino women and men continue to live in their parent's home until they leave to a home of their own through marriage. Many adult Latino children continue to have regular contact, whether in person or by phone, with their extended families weekly, if not daily. This family system can be comprised of not only the nuclear family, but also extended family members, close friends, and even neighbors and community members (Bernal, 1982). However, this emphasis on interdependence, cohesiveness, and cooperation can be seen by some Anglo-American standards as enmeshment and maladaptive (Santiago-Rivera et al, 2002). Because of this reason it is important to understand these behaviors in the context of one's culture.

In addition, the well-being of the family can often take precedence over the individual when making decisions (Reguero, 1991). For instance, a young Latino who is an only child may decide, and in some ways even be expected, to sacrifice a promising job opportunity to move back home to care for his/her elderly parents rather than putting them in a nursing home. Thus, responsibility and dedication to the family and the family's well-being as a whole is emphasized, rather than the self-promotion of the individual.

Familismo can also affect mental health treatment because practioners must be aware of who a patient's primary support network may be and how they can positively or negatively influence health decisions. For instance, Keefe (1980) conducted several studies investigating Mexican-Americans and Anglo-Americans self-evaluation of perceived support received from relatives and non-relatives. Mexican-Americans were more likely to evaluate their family support positively than Anglo-Americans. Keefe (1980) also examined the behaviors associated with *familismo* in another study in which he found that Mexican-Americans had more frequent contact with their extended family compared to Anglos.

Personalismo. Personalismo as a cultural value captures the belief that building interpersonal relationships is of much greater importance than institutional relationships. These relationships should be warm, friendly, and personal (Santiago-Rivera et al, 2002). There is a clear preference for less personal space among Latinos, and also for more casual touching, such as a hug for greeting (Christensen, 1992). Personalismo is embodied by the idea that when interacting with individuals in any setting, the individual is the center of importance rather than the environment or the task at hand. Individuals are valued far more on their internal and personal characteristics rather than on external variables such as occupation and socioeconomic status. For instance, a person who supports, protects, and encourages their family is seen in a much more positive light than one who only owns material goods and has a high rank in society (Gloria & Peregoy, 1995).

Mental health workers should want to know what type of personal communication style their client's are more likely to be comfortable with, especially if

it is different from their own. Being familiar with their client's communication styles can aid in building good rapport which could help lead to better outcomes. A qualitative study about Latina women in therapy found *personalismo* to be a very important factor in reducing premature termination of treatment and increasing the overall success of the therapeutic relationship (Worden, 1997). This study also speculated that acculturation may play an important part in determining the impact of *personalismo* in the relationship. The process of forming a good therapeutic relationship may be comprised of different behaviors in each culture, thus it is important for the therapist to know what may be likely to be well received, as well as what actions may be seen as offensive.

Incorporating the concepts of *familismo* and *personalismo* has also been identified as a strong factor for improving treatment adherence with Latino children and their families (Antshel, 2002). *Familismo* and *personalismo* have been found to be strong resilience factors for Latino youth that may actually act as a buffer, reducing violent behaviors (Clauss-Ehlers & Levi, 2002). According to this study, when the families of at-risk Latino youth were incorporated into the support services provided to them, they then had an opportunity to speak openly with their family about the challenges they encountered daily with school, peers and their families. In addition, the staff and peers that these young Latinos had forged personal relationships with had strong positive influences on their behavior by acting as mentors and role models.

Research has also established that an adherence to the values of *familismo* and *personalismo* may positively influence parenting, and reduce elder abuse and child maltreatment (Coohey, 2001; Harwood et al., 2002). Coohey (2001) concluded that

Latina mothers who reported that they received support from family had lower rates of child abuse compared to other Latina and Anglo women who received support from friends. Latino individuals who experience a breakdown in support gained from *familismo* and *personalismo* are more likely to abuse elderly parents (Vazquez & Rosa, 1999).

A positive association has also been found between Mexican-American adolescent's adherence to *familismo* and formation of positive ethnic identity and resiliency (Holleran & Waller, 2003). Children whose families were seen as a safe haven from the rest of their lives and a place in which they learned about loyalty were more likely to feel proud of their ethnic background and have hope for their futures. Personalismo has also been found to contribute positively to Latino help seeking behavior (Ramos-Sanchez, 2001). When Latinos feel comfortable with health service providers that relate to them in the same manner as their family and friends do, they are more likely to seek regular health care.

However, it is important to note that adherence to these cultural values does not always lead to positive outcomes. Familismo and *personalismo* can also be strong links to substance abuse among Latinos. Often it is the family from which individuals may learn substance abuse behaviors (Gloria & Peregoy, 1995). This can be seen in young Latinos who often have their first alcoholic drinks while at family gatherings. As this practice increases, it becomes more and more difficult to separate the enjoyment of a celebration from the consumption of alcohol. In order for mental health workers to aid in the elimination of this problem they must understand the

cultural value behind the behavior and find alternatives that are consistent with the people and beliefs important to them.

Machismo. Machismo is an important cultural value because its investigation can potentially provide insight about the relationship between Latino men and women. This information can be crucial to understanding perceived and actual gender roles that can guide behavior in marriage and families. The concept of *machismo* is one whose definition has changed over the course of time. Historically, *machismo* was viewed as the attitude of Latino men that suggests a sense of superiority, arrogance and sexual aggressiveness towards women (Stevens, 1973). This mindset seems to dictate that *macho* Latino men would oppress women and aim to keep them “in their place.” However, more recently Latino psychologists and scholars have offered up a new definition that stems back to a more traditional meaning. The term *machismo* can also be viewed as the role played by men in Latino culture in which a man is defined by his sense of responsibility to provide, protect and defend ones’ family, friends, and community (Morales, 1996).

The concept of *machismo* has also been related to the pursuit of high-risk activities, substance use, domestic violence, HIV/AIDS, and sexual harassment (Baldwin & DeSouza, 2001; Galanti 2003; Ramos, 2000; Rivera, 2001). For example, men who believe that they have to drink more in order to prove their manliness often times drink to a point of severe intoxication. This in turn leads to risky behaviors such as unprotected sex or forced sexual advances (Galanti, 2003). Also, Latino men tend to have much higher substance use/abuse rates than Latina women which may be due to identification with *machismo* (Rivera, 2001).

Just as *machismo* seems to lay the groundwork for the male gender role there is also a framework for the Latina female gender role. *Marianismo* is the cultural value that has a religious association to the Virgin Mary defined by a woman's capacity to endure suffering (Vasquez & Rosa, 1999). This value calls Latina women to strive to be pure, long-suffering, nurturing, and pious (Lopez-Baez, 1999). Women may be seen as the primary family caretakers in Latino families and they are usually responsible for keeping the family tied together and keeping conflict under control (De la Cencela, 1986). Women who exemplify these qualities are looked-upon as virtuous and humble because of their ability to endure the pains of life silently.

Other researches have found that women who adhere to the role of *marianismo* tend to suffer more from depressive symptoms (Orlandini, 2000; Vazquez, 1998). The pressures that are placed on these women, such as unfavorable economic opportunities, poor living environments and social roles, can be a psychosocial cause of depression. This is particularly true when experiencing physical, emotional or sexual abuse which they feel they must endure (Vazquez & Rosa, 1999). Because the adherence to *marianismo* glorifies suffering in silence these women may never speak to anyone about their social stressors which in turn build up over long periods of time until they become virtually unmanageable but undeniable.

Literature addressing these three values emphasizes the importance of these values in providing services to Latinos. However, little empirical support exists showing that these values truly exist for this population and how they might vary within different sub-groups of the Latino population. Unfortunately, even without this information, services are being provided and policies are being implemented based on

the little research available. Antshel (2001) states that it is important to make health care professionals not only aware of these cultural values, but also knowledgeable about how to best utilize these values and integrate them into their health care treatment. However, because most of the work that has been done is observational or qualitative in nature, little or no empirically derived information is available about what factors contribute to and may cause variance among the endorsement of these values among Latinos.

Acculturation

Because Mexican-Americans are not a homogenous group, endorsement of cultural values can vary based on their level of acculturation (Cuellar, Harris & Jasso, 1980.) Culture in this case encompasses group traits that are at three different levels of functioning: behavioral, affective, and cognitive (Cuellar et al, 1995). According to Cuellar, the behavioral level includes language, customs, food, and cultural expressions. The affective level has to do with emotions that are tied to one's culture and the cognitive level includes beliefs and values that stem from culture.

The process of acculturation does not always follow the same path for all people. Individuals can vary along a dimension of acculturative states such as cultural transmutation, separation, marginalization, integration, and assimilation at any point in time during their acculturative process. Cultural transmutation is the stage when an individual is unable to successfully identify with either of the two groups, and instead chooses to create a new cultural group (Mendoza, 1989). In this instance, this sub-group can prove to be a negative rebellious sub-culture, such as a gang, but it can also be positive, such as Mexican-Americans who identify as Chicanos or Tejanos.

Alternatively, others may find themselves in states of separation or marginalization. Separation is when an individual decides from the onset that they do not want to take on the identity of the majority group, and in fact actively resist change, and fight to hold onto their original identity (Cuellar et al, 1995). In the case of Mexican-Americans, these individuals may go out of their way to retain their original culture by only speaking Spanish, wearing traditional clothing, etc.

However, those individuals who actively choose to take on the culture of the majority group but are rejected by that group for being different will end up in a state of marginalization (Stonequist, 1937). In this case, because they left their original culture and were rejected by the new culture, they are left feeling as if they don't belong, and ultimately do not identify with either group.

Ultimately, when an individual has successfully combined cultural aspects from both groups, integration is said to have occurred (Berry, 1980). It is at this point that an individual has found a way to hold onto his/her original culture, but learned the ways of the new culture in order to function in both worlds. From a functional aspect, this could be said to be a healthy balance between the old and the new culture.

Assimilation is the term that describes the state in which an individual has lost their original cultural identity to a second culture (LaFromboise, Coleman, & Gerton, 1993). At this point in the acculturation process, the individual has completely adopted the behaviors, language, beliefs, practices, and values of the second group and no longer retains pieces of their original culture and in some cases they may even deny that part of their identity.

Purpose of Study

The purpose of this study is to explore three primary cultural values held by Mexican-American and Mexican college students. The cultural values of *familismo*, *machismo*, and *personalismo* will be assessed for all participants. Taking into account the information available, it is speculated that individual aspects of Mexican and Mexican-Americans such as level of acculturation, primary language, generational status, age and gender may cause variability in the endorsement of cultural values of *familismo*, *personalismo*, and *machismo*. Level of endorsement of each cultural value will be examined along these variables to determine if true differences do exist.

This study is designed to answer the following research questions:

1. Will Mexican natives have higher levels of endorsement of *familismo* than Mexican-Americans?
 - 1a. Do the variables of acculturation, primary language, generational status, age, and gender significantly affect one's endorsement of *familismo*?
2. Will Mexican natives have higher levels of endorsement of *personalismo* than Mexican-Americans?
 - 2a. Do the variables of acculturation, primary language, generational status, age, and gender significantly affect one's endorsement of *personalismo*?
3. Will Mexican natives have higher levels of endorsement of *machismo* than Mexican-Americans?

3a. Do the variables of acculturation, primary language, generational status, age, and gender significantly affect one's endorsement of *machismo*?

The results of this study will serve to aid in increasing awareness of the cultural beliefs and values held among Latinos, specifically with Mexicans and Mexican-Americans. These findings may ultimately lead to providing more culturally competent mental health services to this population that are congruent with their belief and value system.

Methodology

Design

The number of participants required for this study was determined by using a sample size formula commonly used for the type of analysis being done. When looking at individual predictors, sample size is determined by $N > 104 + 8m$, where m = number of independent variables (Tabachnik & Fidel, 2003). Thus, for this study $N > 136$ so 150 participants were recruited.

The study was approved by the Institutional Review Board's (IRB) at both the investigator's university (University of Rhode Island) and the university at which data was collected (University of Texas at El Paso).

Participants

Approximately 150 undergraduate students from the University of Texas at El Paso (UTEP) were recruited as participants. UTEP is a Southwest Texas university that ranks second in the nation for awarding bachelor's degrees to Hispanics and is the only research-intensive doctoral university in the U.S. whose majority student population is composed of Mexican-Americans. The university has a student population of more than 18,500 students. El Paso, Texas is an international city of 700,000 that is on the U.S./Mexico border. It shares close ties with its sister city of Ciudad Juárez in Chihuahua, Mexico. Approximately 65% of El Pasoans are of Mexican descent (UTEP website, 2004).

Participants were recruited from a variety of different courses in different disciplines offered during the Wintermester 2004, which is a condensed semester in which classes are offered in an intensive format during winter break. Professors were

contacted by the researcher and asked to volunteer class time for their students to participate in the study.

Procedure

Students were introduced to the primary researcher and the project, asked for their participation, and read and signed an informed consent [Appendix A] detailing the benefits and risks of the study as well as a short explanation of the purpose and then filled out the surveys. No incentives were offered. The information gathered was anonymous and cannot be traced back to the participant.

Participants were administered all measures in a group setting. A script was read before the administration of the measures to explain the procedure [Appendix B]. Administration of the measures was counterbalanced; with six different variations in the order that a participant could fill out the measures. Each participant randomly received one of the six different packets containing the measures. Each page of the packet was coded in the top left hand corner with the packet number. Thus, each page could be traced back to what its other measures, but not to any one person. Each participant completed the measures in English. All instruments used a paper and pencil format and took approximately 15-30 minutes to complete.

Measures

The Multiphasic Assessment of Cultural Constructs-Short Form (MACC-SF) [Appendix C] was used to measure the endorsement of the Latino cultural values of *familismo*, *personalismo*, and *machismo*. The MACC-SF was developed by Cuellar, Arnold, & Gonzalez (1995) for their study of cognitive referents of acculturation with Mexican-Americans. The items used in this scale come from the full version of the

MACC by the same authors. Initial item analysis of the MACC was conducted on nine constructs with Hispanic students at a Texas university. Based on this early data, items with negative or very low item total correlations were eliminated from the final version. The MACC-SF uses five of the nine constructs used on the MACC. For the purposes of this study only three out of those five constructs were examined: *familismo*, *personalismo*, and *machismo*. The MACC-SF also has scales for fatalism, and folk beliefs that were not used.

This scale can be administered with either the English or Spanish version. For this study only the English version was used. Responses to items are given by answering true or false for each statement. The Familismo subscale has 12 items composed of three factors listed here with their corresponding numbers on the measure: (1) Dependence on Relatives [29, 38], (2) Family as Priority [12, 22, 24, 37], and (3) Respect for Parental Authority [1, 4, 14, 20, 23, 30]. The Personalismo subscale has 11 items and consists of three factors (1) Friendliness [9, 15, 25, 26], (2) Sociability [5, 13, 18, 31, 32], and (3) Social Influence [3, 10, 15, 25]. The Machismo subscale has 17 items that comprise four factors: (1) Male Superiority [16, 17, 20, 21, 35], (2) Male Gender Role [7, 20, 36], (3) Female Gender Role [6, 8, 11, 12, 34] and (4) Male Strength Factor [2, 19, 27, 28, 33] [Appendix D].

Scoring for each of the three subscales will be conducted separately for each value rather than calculating a total overall score for the measure. A response of True will receive a score of 1 while a response of False will receive a score of 0. Two of the items on the Familismo and Machismo subscales are scored for both scales. A detailed list of the scoring summary is included [Appendix E]. Total scores for each

cultural value will be on a continuum for level of endorsement. Score ranges will be as follows: Familismo : 0-12, Personalismo: 0-11, and Machismo 0-17. Higher scores on each scale will equal a higher endorsement of that value.

The Acculturation Rating Scale for Mexican Americans II (ARSMA-II) [Appendix F] was developed by Cuellar, Arnold and Maldonado (1995) and it is a revision of the Acculturation Rating Scale for Mexican Americans developed by Cuellar, Harris, and Jasso (1980). The Acculturation Score yielded by ARMSA-II is highly correlated with the original ARMSA, with a pearson's product moment correlation coefficient ($r = .89$; $n = 171$). According to the developers, although the scale was originally used with Mexican Americans, it has been adapted and been used with most Latino sub-ethnic groups (1995).

The measure can be administered in either English or Spanish and has been used with Latino youth grades 7-12; young adults 18-22; and Latino elders. The measure aims to assess four factors: (1) language use and preference, (b) ethnic identity and classification, (3) cultural heritage and ethnic behaviors, and (d) ethnic interaction. The measure looks at both behavioral and affective aspects of acculturation.

The measure has 30-items that are each rated on a Likert scale from 1-5. Each statement is rated from 1-5 indicating how much a statement applies to you (i.e., 1 = Not At All, 2 = Very Little/Not Very Much, 3 = Moderately, 4 = Much/ Very Often, and 5 = Almost Always/Extremely Often). It is an orthogonal, multidimensional scale that measures orientation toward the Mexican culture and the Anglo culture independently using two subscales. The two subscales are: Mexican Orientation Scale

(MOS) with 17 items and the Anglo Orientation Scale (AOS) with 13 items. A detailed scoring summary is included [Appendix G]. Among Mexican-American young adults the MOS scale has a reliability of $\alpha = .88$ and for AOS, $\alpha = .86$. For Mexican origin adults MOS $\alpha = .92$ and AOS $\alpha = .87$.

According to scoring rules included with the measure, responses can be used to generate linear acculturation categories (Levels 1-5). An individual's acculturation rating can be classified into one of the following five categories by taking their mean score on the AOS scale and subtracting it from their mean score on the MOS scale to come up with their linear acculturation score: Level I (less than -1.33) = Very Mexican oriented, Level II (≥ -1.33 and $\leq -.07$) Mexican oriented to approximately balanced bicultural, Level III ($>-.07$ and < 1.19) = Slightly Anglo oriented bicultural, Level IV (≥ 1.19 and < 2.45) = Strongly Anglo oriented, and Level V (> 2.45) = Very Assimilated; Anglicized.

Demographic data [Appendix H] was also collected for each individual's age, gender, ethnicity, primary language, and generational status. Choices for ethnicity were Anglo-American (non-Hispanic), African-American (non-Hispanic), Mexican-American (born in the United States), Mexican (born in Mexico), Hispanic/Latino (Puerto Rican, Cuban, Dominican, Colombian, etc.), or Other with an option to explain. Although participants were notified that only Mexican and Mexican-American individuals qualified to participate in the study there was still the option for them to identify themselves differently if they chose to do so. Primary language options were English, Spanish, Bilingual (English/Spanish), and Other with the option to explain.

Generational Status was broken into the six groups named in the ARMSA-II: Generation 1 = I was born in Mexico and currently live in Mexico; Generation 2 = I was born in Mexico but currently live in the U.S., Generation 3 = I have at least one parent who was born in Mexico; Generation 4 = Myself and both of my parents were born in U.S., but all my grandparents were born in Mexico; Generation 5 = Myself, both of my parents, and at least one grandparent were born in the U.S.; Generation 6 = Myself, both of my parents and all grandparents were born in U.S. The questionnaire also contained space for participants to indicate how many years they have lived in the U.S.

Data Analysis

Data was prepared and analyzed using the Statistical Package for Social Sciences 11.0 for Windows (SPSS). Missing values were excluded from the data analyses. Preliminary analyses included descriptive measures of central tendency (e.g. means and standard deviations) and frequencies.

In order to examine the research questions, three individual one-way between subjects Analysis of Variance (ANOVA) were run for each of the cultural values: Familismo, Personalismo, and Machismo between the two groups of Mexican and Mexican-Americans. This was done to determine whether there was a significant difference in level of endorsement of each cultural value between the two ethnic groups.

Individual ANOVA's were also run with each of the independent variables (acculturation, language, generation, age, and gender) with each cultural construct as

the dependent variable. Pearson product-moment correlations were also run between acculturation and ethnicity, gender, age, primary language, and generational status.

Results

Descriptives/Frequencies

A total of 148 participants participated in the study. There were missing data points for various sections of data collected, thus numbers and percentages may not always add up to 100% or total number of participants [Table 1]. Out of 148 individuals, 38 were male and 110 female. The high ratio of females to males may be a result of the courses from which these students were recruited. During this wintermester a high propensity of Elementary Education classes were being offered and the majority of students in these classes were female.

Numbers for identification of ethnicity concluded that 120 individuals identified themselves as Mexican-American (born in the U.S.) and 25 as Mexican (born in Mexico). Although larger numbers of Mexican natives were expected, sample size could have been affected by the semester from which data was collected. Because this was a wintermester, the typical student body population was not fully represented for various reasons, such as the holiday season, transportation, etc.

Age for participants ranged from 19-59 years old, with 56% being between 21-25 years of age. Although there were far fewer subjects in the higher age range, the vast amount of variability in age is indicative of the type of community this university serves. Many of UTEP's students are older, non-traditional undergraduates who are either attending college for the first time or going back to school to begin a new career.

Primary language of subjects was 42% English, 22.7% Spanish and 34% Bilingual. Even with the majority of participants claiming their ethnicity as Mexican-

American it is apparent that Spanish is still a dominant part of their communication. Over half of the participants either named Spanish as their primary language or considered themselves to be bilingual in both English and Spanish. While 42% claimed English as their primary language, it is still probable that there are many in this group that may be bilingual, but do not consider themselves fluent enough in Spanish to identify themselves bilingual.

As for generational status, Generation 1 (Born in Mexico & Living in Mexico) = 4.7%, Generation 2 (Born in Mexico, but Living in U.S.) = 12%, Generation 3 (One parent born in Mexico) = 53.3%, Generation 4 (All grandparents born in Mexico) = 7.3%, Generation 5 (One grandparent born in Mexico) = 12 %, and Generation 6 (All born in U.S.) = 8.7%. The majority of participants fall into generational level 3 meaning they have at least one parent who was born in Mexico. This information is interesting when one speculates about what this may mean for these individuals. If a person has at least one parent who was born in Mexico it is likely that they may still have other family members who live permanently in Mexico. Also, because of the close proximity of the U.S. and Mexico in this city, they may still have frequent contact with Mexico and its people, customs, etc. (i.e. values and beliefs). Although this can vary based on socio-economic status and/or other factors that were not assessed, individuals in lower generational statuses may be more likely to be the first in their family to attend college, or at least an American university.

Finally, individuals were categorized by acculturation score as follows: Level 1 (Very Mexican oriented) = 7%, Level 2 (Mexican oriented to approximately balanced bicultural) = 27.5%, Level 3 (Slightly Anglo oriented bicultural) = 39.8%, Level 4

(Strongly Anglo oriented) = 20.8 %, and Level 5 (Very Assimilated; Anglicized) = 4.8%. The majority of individuals fell into Level 3 on acculturation which classifies them as slightly Anglo oriented biculturals. This label signifies that most of the participants, while still showing characteristics of both the Mexican and the Anglo-American culture, tended to lean a little bit more towards typically Anglo characteristics. In fact, over 50% of the total sample were either in Level 3 or above. However, this could be tinged by the small amount of Mexican nationals included in the sample. This will be addressed later when looking at the distribution of ethnicity among acculturation level.

Analysis of Variance

Three different ANOVA's were completed for each of the cultural constructs between Mexican and Mexican-American's [Table 2]. Each proved to statistically non-significant when set at an alpha level of $p = .05$. For Personalismo, $F = .026$, $p = .87$; Machismo, $F = .090$, $p = .77$, and Familismo, $F = .043$, $p = .84$. The results of these ANOVA's conclude that there is no statistically significant difference between Mexican and Mexican-American individual's endorsement of the cultural values of *familismo*, *personalismo*, and *machismo*.

In addition to the primary ANOVA's for the cultural values and ethnicity, several additional ANOVA's were done on each of the independent variables: acculturation, language, generation, age and gender in relation to each of the cultural values. All except one of these statements proved to be non-significant as follows. For the cultural value of familismo, endorsement of this value did not vary significantly by acculturation level ($F = .668$, $p = .58$); primary language ($F = 1.00$, $p =$

.37); generation ($F = 1.21, p = .31$); age ($F = 1.15, p = .29$); or gender ($F = .761, p = .38$) [Table 3]. For the cultural value of *personalismo*, endorsement of this value did not vary significantly by acculturation level ($F = 1.38, p = .30$); primary language ($F = .884, p = .42$); generation ($F = .759, p = .58$); age ($F = .900, p = .61$); or gender ($F = .418, p = .52$) [Table 4]. For the cultural value of *machismo*, endorsement of this value did not vary significantly by acculturation level ($F = 1.56, p = .22$); primary language ($F = .10, p = .90$); generation ($F = .774, p = .57$); age ($F = 1.36, p = 1.3$) [Table 5]. However, there did prove to be a significant difference between men and women on their endorsement of machismo, $F(1, 146) = 4.206, p < .05$.

These results demonstrate that the variables of acculturation level, primary language, generational status, age, and gender did not produce any significant variance in individual's endorsement of the cultural values of *familismo* and *personalismo*. The same is also true for the value of *machismo*, except where gender is concerned. Here there was a significant difference in the way that females and males endorsed the statements representative of this cultural construct.

Upon further investigating what aspects of machismo males and females differed on, the following was discovered [Table 6]. In topics of Male Superiority statements such as "For the most part it is better to be a man than a woman," a higher percentage of males (50%) than females (14.5%) believed this to be true. However, "Wives should respect the man's position as head of the household" was rated true by more females (42.7%) than males (26.3%). The same was true for "Some equality in marriage is a good thing, but for the most part the father ought to have the main say so in family matters" which was endorsed true by 23.7% of males and 15.5% of females.

Gender roles for both males and females also showed interesting differences. The statement, “Boys should not be allowed to play with dolls and other girl’s toys” was endorsed as true by 50% of males and only 22.7% of females. Similarly, “Parents should maintain stricter control over their daughters than their sons” had 31.6% males saying this was true compared to only 20% of females. Females however held more of a belief that “It is the mother’s special responsibility of provide her children with proper religious training” (18.4% male, 25.5% female).

Finally, looking at one of the aspects of the more traditional definition of machismo, which deals with male physical strength, statements like “No matter what people say, women really like dominant men” (23.7%male and 10% female) and “Most women have little respect for weak men” (52.6% male and 42.7% female) were more highly endorsed by men.

Discussion

This study began as an exploration of the cultural values and beliefs held by Mexican and Mexican American college students in an effort to gain concrete information that could aid in the goal of providing culturally competent mental health services to this population. Such a wealth of information was gained, that at first glance, it may be difficult to make sense of it all. But, it is that sorting out of information, facts and figures and then relating it back to what those numbers mean for real people and their real needs that is the true goal of this project.

The main research question was whether or not there were differences between Mexican and Mexican-American individuals in the way that they endorsed the cultural values of *familismo*, *personalismo*, and *machismo*. Finding that there were no significant differences between these two groups on these constructs shows that this population's views and beliefs on these cultural values are very similar. Ethnicity, when defined as nationality is not enough of a distinguishing factor to change the beliefs Mexican and Mexican-Americans have about these aspects of their culture.

Although it is unclear what the exact factors are that led to Mexican and Mexican-Americans endorsing these cultural values similarly, some speculations that can be made. Perhaps because of the high concentration of Mexican individuals and infusion of Mexican culture in El Paso, one's nationality is not a distinguishing factor. Mexican and Mexican-Americans in this area may have similar enough backgrounds and experiences that their thinking and behavior have been influenced in similar ways. At least this may be the case with those Mexican and Mexican-Americans who are at the university level. Perhaps a sample of Mexican and Mexican-Americans in this city

not drawn from a university, but rather elsewhere in the community where other factors such as education and socio-economic level may be more diverse would have yielded differing results.

In accordance with the literature, it would appear that for both groups family is a priority and a source of primary support. It was also found that blind obedience to parents is not as valued as mutual respect. Personal interactions seem to be guided by friendly conversation and good manners, but not much emphasis is placed on dependence on others for favors or vice versa. Also, not much importance is placed on prestige when interacting in personal relationships. The information gathered about male and female gender roles points to the fact that both men and women have beliefs that perpetuate both some positive and perhaps more negative stereotypes of the 'macho Latino male.' Women believe that men should serve as a leader in the family and that women have certain roles in the home designed specifically for them. And men believed that they are valued by women in large part by their physical strength and dominance.

In a mental health setting with college students, such as a university counseling center, having this information could prove to be helpful to guide approaches to patients as well as treatment goals and plans. Mental health workers can take this knowledge and integrate it into their work with this population by being aware of the beliefs that their clients may hold in terms of these specific values. For instance, knowing that a specific type of social interaction is preferred, service providers can make a conscious effort to be more casual and friendly than they might normally be with other clients. Also, they can keep in mind that their Mexican and Mexican-

American clients may be evaluating the therapists' competency on the basis of their manners and interaction style, as well as their professional knowledge.

In offering services, one should keep in mind that family is an important aspect of these individuals' lives and remember to include immediate and extended family members in discussions about health and treatment. If this is not always feasible, it might be useful to at least provide educational materials for the client to share with their family. Findings about gender roles can also prove helpful when service providers come in contact with topics involving male and female interactions. For instance, just because an act such as "a wife letting her husband make all the financial decisions for the household" may seem like an unfair and biased practice to the Anglo-American culture, this may be normal for a Mexican/Mexican-American population. In situations like this, a practitioner may have to put aside their own beliefs in order to be able to understand their clients' perspective.

The second goal of this study was to investigate how each of the variables of acculturation level, generational status, age, and gender affected endorsement of each cultural value for Mexican and Mexican-Americans individually. However, since there proved to be no significant differences between those two groups, instead each variable was examined for the entire sample for effects on endorsement of cultural values. The numbers show that there was no significant effect of any of these variables on cultural beliefs, except for gender on *machismo*. Gender did prove to have a significant effect on how individual's endorsed this value.

In order to better understand this finding, the specific factors of machismo that women and men disagreed upon were examined. Based on what was found it appears

in some aspects it is the women who buy into machismo more than men. This is particularly true when defining the head of the household and the roles that each individual should have in the family. Females tended to indicate that men should be 'in charge' but also expressed that there are some roles that are specifically designed for a female, such as raising children and instilling religious and moral ideals.

For males, it appeared that in some areas they seemed to have more traditional beliefs when it came to what is acceptable for males and females in terms of behavior. Men seemed to take a more conservative approach to what is and is not permissible for women. And interestingly enough, when it came to areas that focused on machismo, as described as male strength, more often than not men seemed to believe that physical strength was viewed as valuable attribute to women for a man to have, even though women didn't express the same beliefs.

Limitations of the Study

While this study did serve to provide much needed information about Mexican and Mexican-Americans cultural beliefs, there were some limitations to the study that may serve to gain even richer results if changed in the future. Unequal sample sizes for gender, age and ethnicity are some factors that could possible bring different or more pronounced results if controlled. This study had an unequal ratio of females to males, Mexican-Americans to Mexcians, and young adults to older adults. A larger, more diverse sample may provide more generalizable results. Another possible drawback where sample is concerned may be the pool from which respondents were chosen; perhaps selecting participants attending a regular academic semester would provide more representative perspectives. Along the same lines, selecting participants

from courses that are either typically equal in male and female students, or balancing out courses typically attending by females (i.e. education, psychology, etc) with those typically attended by males (engineering, sciences, etc).

One of the aims of this study was to focus on a specific subset of the greater Latino population, Mexican and Mexican-Americans in a Southwest Texas border town. However, now having this information, the natural question arises as to whether similar results would be achieved from a Mexican/Mexican-American population in other areas of the United States? Could it be that the close proximity of El Paso to the Mexican border plays a part in one's beliefs, not to mention the fact that these individual's all live in a city that is composed of a majority of individuals from Mexican descent? Other suggestions for future investigation would be to run the same study, but in another area of the United States, perhaps in Southern California, the Midwest or the East Coast. Perhaps if the same study were run with Anglo-Americans from this same university, they would endorse these values similarly. Another area of further interest would be to replicate the study with other Latino sub-ethnic groups such as Puerto Rican, Dominican, Columbian, etc. in order to gauge whether these cultural values are generalizable to other Latinos.

The possibilities seem endless as to the areas of research one can focus on to gain further information about Latino culture. For decades research has been solely focused on mainstream Anglo-Americans, but this information not generalizable to the ever-increasing Latino population. The time has come to begin to refocus our goals to be inclusive of individuals from every culture and ethnicity so that we are discovering information that will be helpful to providing treatments to a variety of populations.

Tables

Table 1

Frequencies for Gender, Ethnicity, Age, Primary Language, Generational Status and Acculturation Level

	n	
Gender	Male	38
	Female	110
Ethnicity	Mexican-American	120
	Mexican	25
Age	18-24	78
	25-34	43
	35-44	21
	45+	5
Primary Language	English	63
	Spanish	34
	Bilingual	51
Generational Status	Generation 1	7
	Generation 2	18
	Generation 3	80
	Generation 4	11
	Generation 5	18
	Generation 6	13
Acculturation Level	Level 1	10
	Level 2	40
	Level 3	57
	Level 4	29
	Level 5	7

Table 2

ANOVA's for Personalismo, Machismo, and Familismo by Ethnicity

Personalismo					
	SS	df	MS	F	Sig
A	0.095	1	0.095	0.026	0.871
S/A	525.905	145	3.627		
Total	526.00	146			

Machismo					
	SS	df	MS	F	Sig
A	0.698	1	0.698	0.09	0.765
S/A	1122.908	145	7.744		
Total	1123.605	146			

Familismo					
	SS	df	MS	F	Sig
A	0.186	1	0.186	0.043	0.837
S/A	630.848	145	4.351		
Total	631.034	146			

Table 3

ANOVA's for Familismo

Familismo by Acculturation Level

	SS	df	MS	F	Sig.
A	550.66	133.00	4.14	0.67	0.85
S/A	62.00	10.00	6.20		
Total	612.66	143.00			

Familismo by Primary Language

	SS	df	MS	F	Sig.
A	8.62	2.00	4.31	1.00	0.37
S/A	623.19	145.00	4.30		
Total	631.81	147.00			

Familismo by Generational Status

	SS	df	MS	F	Sig.
A	25.51	5.00	5.10	1.21	0.31
S/A	596.49	141.00	4.23		
Total	622.00	146.00			

Familismo by Age

	SS	df	MS	F	Sig.
A	139.43	29.00	4.81	1.15	0.29
S/A	487.85	117.00	4.17		
Total	627.28	146.00			

Familismo by Gender

	SS	df	MS	F	Sig.
A	3.28	1.00	3.28	0.76	0.38
S/A	628.53	146.00	4.31		
Total	631.81	147.00			

Table 4

ANOVA's for Personalismo

Personalismo by Acculturation Level

	SS	Df	MS	F	Sig.
A	504.25	133.00	3.79	1.38	0.30
S/A	27.50	10.00	2.75		
Total	531.75	143.00			

Personalismo by Primary Language

	SS	Df	MS	F	Sig.
A	6.43	2.00	3.21	0.88	0.42
S/A	526.89	145.00	3.63		
Total	533.32	147.00			

Personalismo by Generational Status

	SS	Df	MS	F	Sig.
A	13.98	5.00	2.80	0.76	0.58
S/A	519.24	141.00	3.68		
Total	533.22	146.00			

Personalismo by Age

	SS	Df	MS	F	Sig.
A	95.91	29.00	3.31	0.90	0.62
S/A	430.09	117.00	3.68		
Total	526.00	146.00			

Personalismo by Gender

	SS	Df	MS	F	Sig.
A	1.52	1.00	1.52	0.42	0.52
S/A	531.80	146.00	3.64		
Total	533.32	147.00			

Table 5

ANOVA's for Machismo

Machismo by Acculturation Level

	SS	df	MS	F	Sig.
A	1064.16	133.00	8.00	1.56	0.22
S/A	51.17	10.00	5.12		
Total	1115.33	143.00			

Machismo by Primary Language

	SS	df	MS	F	Sig.
A	1.60	2.00	0.80	0.10	0.90
S/A	1122.11	145.00	7.74		
Total	1123.70	147.00			

Machismo by Generational Status

	SS	df	MS	F	Sig.
A	29.97	5.00	5.99	0.77	0.57
S/A	1092.01	141.00	7.74		
Total	1121.97	146.00			

Machismo by Age

	SS	df	MS	F	Sig.
A	280.30	29.00	9.67	1.36	0.13
S/A	829.70	117.00	7.09		
Total	1110.00	146.00			

Machismo by Gender

	SS	df	MS	F	Sig.
A	31.47	1.00	31.47	4.21	0.04*
S/A	1092.24	146.00	7.48		
Total	1123.70	147.00			

Table 6

Percentages of Male and Female True Responses to Machismo Constructs

	Male	Female
Male Superiority		
16	18.4%	16.4%
17	0.0%	0.0%
21	50.0%	14.5%
35	26.3%	42.7%
Male Gender Role		
7	50.0%	22.7%
20	23.7%	15.5%
36	10.5%	6.4%
Female Gender Role		
6	18.4%	25.5%
8	31.6%	20.0%
11	21.1%	13.6%
12	7.9%	0.9%
34	13.2%	8.2%
Male Strength Factor		
2	5.3%	5.5%
19	23.7%	10.0%
27	52.6%	42.7%
28	18.4%	26.4%
33	76.3%	69.1%

Appendices

Appendix A

Informed Consent

The University of Rhode Island
Department of Psychology
10 Chafee Rd, Suite 8
Kingston, RI 02881

Title of Project - Cultural Values: Endorsement across acculturation, generational status, gender, and language

You have been asked to take part in the research project described below. If you have any questions, please feel free to contact the researcher, Natalie Bellman (University of Rhode Island) by e-mail at nbellman@mail.uri.edu or the faculty sponsors, Dr. Jim Wood (University of Texas at El Paso) at (915) 747- 6570 or by email at jawood@utep.edu or Dr. Lawrence Grebstein (University of Rhode Island) at lgrebstein@uri.edu. You must be at least 18 years old to participate in this research project.

The purpose of this study is to gather information regarding cultural beliefs. Information gathered from this study will aid in the advancement of knowledge used to train culturally competent mental health professionals in an effort to provide more accurate treatment.

If you decide to take part in this study, your participation will involve filling out a series of three surveys pertaining to demographic data, cultural values, and acculturation. Completion time for these questionnaires will be less than 30 minutes.

Participation in this study is completely voluntary and you may end your participation at anytime with no consequences. You do not have to participate and can refuse to answer any question. If at any time during the study you wish to quit, you will in no way be penalized for doing so.

Although there are no direct benefits of the study, your answers will contribute valuable information about cultural beliefs and practices that will contribute to the knowledge base for mental health care providers.

There are no known risks involved in my participation in this study. Directions will be explained to you by the researcher and you will be given the opportunity to ask questions concerning the procedure.

Your participation in this study is anonymous. This means that your responses will be private. No one else can know if you participated in this study and no one else can

find out what your answers were. Every effort will be made to keep your data confidential. Your responses will be identified only by a code number and never by my name.

If you need to talk to someone about your experience, you can contact the University of Texas at El Paso Counseling Center at (915) 747-5302.

This project, (#2074), has been reviewed by the University of Texas at El Paso Institutional Review Board. Any questions regarding the conduct of this research or your rights as a research participant may be directed to Karen Hoover, IRB Administrator, (915) 747-7939.

This project has also been reviewed by the University of Rhode Island Institutional Review Board. Any questions regarding the conduct of this research or your rights as a research participant may be directed to the Vice Provost for Graduate Studies, Research and Outreach, 70 Lower College Road, Suite 2, University of Rhode Island, Kingston, Rhode Island, telephone: (401) 874-4328.

I understand that I will receive a copy of this consent form. I have read and understood the above.

Participant Signature

Date

I have explained and defined in detail the research procedure in which the participant has agreed to participate and have given him/her a copy of this informed consent form.

Researcher's Signature
Natalie K. Bellman

Date

Appendix B

Introduction and Directions to be read for data collection

Hello! My name is Natalie Bellman; I am graduate student at the University of Rhode Island. I am a third year student in the clinical psychology PhD program. I am also a graduate of UTEP. Currently I am conducting work for my master's thesis and am in the process of data collection. I am asking for students to volunteer some time to fill out some surveys. Any students who are of Mexican/ Mexican American background are welcome to participate. Due to the nature of my study, individuals from other ethnicities will not be included in my research at this time. The entire process will take 15-20 minutes.

1. Pass out forms to participants.
2. Read informed consent and have them sign one copy, tear off and pass forward. The second copy is theirs to keep.
3. Do not write any identifying information on the surveys. Please answer them in the order they are presented. If you have any questions about the procedure, please raise your hand and I will come over to you.
4. Once all participants have completed surveys, pass them forward.
5. Thank you for your cooperation.

Appendix C

Multiphasic Assessment of Cultural Constructs – Short Form (MACC-SF)

English Version

Read each statement and decide whether it is true as applied to you or false as applied to you. You are to circle the letter “T” if the statement is TRUE or mostly TRUE and the letter “F” if the statement is FALSE or mostly FALSE. Remember to give YOUR OWN opinion and try to answer every statement.

1. All adults should be respected.	T	F
2. A man should not marry a woman who is taller than him.	T	F
3. Good manners are more important than a formal education.	T	F
4. More parents should teach their children to be loyal to the family.	T	F
5. I often ask people to do favors for me.	T	F
6. It is the mothers’ special responsibility to provide her children with proper religious training.	T	F
7. Boys should not be allowed to play with dolls, and other girls’ toys.	T	F
8. Parents should maintain stricter control over their daughters than their sons.	T	F
9. I like to greet people in a friendly manner when I see them.	T	F
10. I make it a point to know people that hold important jobs (positions of power).	T	F
11. There are some jobs that women simply should not have.	T	F
12. It is more important for a woman to learn how to take care of the house and the family than it is for her to get a college education.	T	F

13. I don't mind calling on people that I know to do favors for me.	T	F
14. The stricter the parents the better the child.	T	F
15. I try to get to know everyone I meet.	T	F
16. A wife should never contradict her husband in public.	T	F
17. Men are more intelligent than women.	T	F
18. I always feel better about meeting someone if I know their family.	T	F
19. No matter what people say, women really like dominant men.	T	F
20. Some equality in marriage is a good thing, but for the most part the father ought to have the main say so in family matters.	T	F
21. For the most part, it is better to be a man than a woman.	T	F
22. My family frequently participates in school sponsored activities for our children.	T	F
23. Even if a child believes that his parents are wrong, he should obey without question.	T	F
24. Relatives are more important than friends.	T	F
25. Friendly people get much further in life than cold people.	T	F
26. I like to talk about the weather with people to help start up a conversation.	T	F
27. Most women have little respect for weak men.	T	F
28. I would be more comfortable with a male boss than with a female boss.	T	F
29. For a child the mother should be the dearest person in the world.	T	F

30. A girl should not date a boy unless her parents approve.	T	F
31. I enjoy being with people.	T	F
32. I can trust many people to do me favors.	T	F
33. It is important for a man to be strong.	T	F
34. Girls should not be allowed to play with boy's toys such as soldiers and footballs.	T	F
35. Wives should respect the man's position as head of the household.	T	F
36. The father always knows what is best for the family.	T	F
37. No matter what the cost, dealing with my family's problems comes first.	T	F
38. I expect my relatives to help me when I need them.	T	F

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Appendix D

MACC-SF Subscales – Factors by Item Number

Familismo

1. Dependence on Relatives – 29, 38
2. Family as Priority – 12, 22, 24, 37
3. Respect for Parental Authority – 1, 4, 14, 20, 23, 30

Personalismo

1. Friendliness – 9, 15, 25, 26
2. Sociability – 5, 13, 18, 31, 32
3. Social Influence – 3, 10, 15, 25

Machismo

1. Male Superiority – 16, 17, 20, 21
2. Male Gender Role – 7, 20, 36
3. Female Gender Role – 6, 8, 11, 12, 34
4. Male Strength Factor – 2, 19, 27, 28, 33

Appendix E

Scoring Summary – MACC-SF

Familismo Subscale (12 items): 1, 4, [12], 14, [20], 22, 23, 24, 29, 30, 37, 38

Personalismo Subscale (11 items): 3, 5, 9, 10, 13, 15, 18, 25, 26, 31, 32

Machismo Subscale (17 items): 2, 6, 7, 8, 11, [12], 16, 17, 19, [20], 21, 27, 28, 33, 34,
35, 36

[] denotes this item is scored on more than one scale.

Appendix F

Acculturation Rating Scale for Mexican-Americans II (ARSMA-II)

Please circle one choice for each question.

(5) Almost Always/Extremely Often					
(4) Much/Very Often					
(3) Moderately					
(2) Very Little/Not very Much					
(1) Not at all					

1. I speak Spanish.....	(1)	(2)	(3)	(4)	(5)
2. I speak English.....	(1)	(2)	(3)	(4)	(5)
3. I enjoy speaking Spanish.....	(1)	(2)	(3)	(4)	(5)
4. I associate with Anglos.....	(1)	(2)	(3)	(4)	(5)
5. I associate with Latinos and/or Latino Americans	(1)	(2)	(3)	(4)	(5)
6. I enjoy Spanish language music.....	(1)	(2)	(3)	(4)	(5)
7. I enjoy listening to English language music.....	(1)	(2)	(3)	(4)	(5)
8. I enjoy Spanish language TV.....	(1)	(2)	(3)	(4)	(5)
9. I enjoy English language TV.....	(1)	(2)	(3)	(4)	(5)
10. I enjoy English language movies.....	(1)	(2)	(3)	(4)	(5)
11. I enjoy Spanish language movies.....	(1)	(2)	(3)	(4)	(5)
12. I enjoy reading books in Spanish.....	(1)	(2)	(3)	(4)	(5)
13. I enjoy reading books in English.....	(1)	(2)	(3)	(4)	(5)

14. I write letters in Spanish..... (1) (2) (3) (4) (5)
15. I write letters in English (1) (2) (3) (4) (5)
16. My thinking is done in the English
language..... (1) (2) (3) (4) (5)
17. My thinking is done in the Spanish
language..... (1) (2) (3) (4) (5)
18. My contact with Mexico/Puerto Rico, or
Other Latin American countries has been..... (1) (2) (3) (4) (5)
19. My contact with the USA has been..... (1) (2) (3) (4) (5)
20. My father identifies or identified himself
as "Latino"..... (1) (2) (3) (4) (5)
21. My mother identifies or identified herself
as "Latina"..... (1) (2) (3) (4) (5)
22. My friends while I was growing up were of
Latino origin (1) (2) (3) (4) (5)
23. My friends while I was growing up were of
Anglo origin (1) (2) (3) (4) (5)
24. My family cooks Latino foods (1) (2) (3) (4) (5)

25. My friends now are of Anglo origin..... (1) (2) (3) (4) (5)
26. My friends now are of Latino origin..... (1) (2) (3) (4) (5)
27. I like to identify myself as an Anglo
American..... (1) (2) (3) (4) (5)
28. I like to identify myself as Latino
American..... (1) (2) (3) (4) (5)
29. I like to identify myself as Latino..... (1) (2) (3) (4) (5)
30. I like to identify myself as American (1) (2) (3) (4) (5)

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Appendix G

Scoring Summary – ARSMA-II

MOS Scale: Add items (1, 3, 5, 6, 8, 11, 12, 14, 17, 18, 20, 21, 22, 24, 26, 28, & 29) obtain sum and divide sum by 17. This gives you the MEAN of the MOS scale.

AOS Scale: Add items (2, 4, 7, 9, 10, 13, 15, 16, 19, 23, 25, 27, & 30) and obtain the sum. Then divide the sum by 13. This gives you the MEAN of the AOS scale.

Appendix H

Demographic Data

Please select the most appropriate answer or enter data to the best of your knowledge.

Gender: _____ Male _____ Female

Age: _____

Length of time living in the U.S.: _____ years _____ months

Ethnicity: (check one)

- _____ Anglo-American (non-Hispanic)
- _____ African-American (non-Hispanic)
- _____ Mexican-American (born in the United States)
- _____ Mexican (born in Mexico)
- _____ Hispanic/Latino (Puerto Rican, Cuban, Dominican, Colombian, etc.)
- _____ Other (please explain _____)

Primary Language: (check one)

- _____ English
- _____ Spanish
- _____ Bilingual (English/Spanish)
- _____ Other (please explain _____)

Generational Status: (check one)

- _____ I was born in Mexico and currently live in Mexico
- _____ I was born in Mexico but currently live in the U.S.
- _____ I have at least one parent who was born in Mexico
- _____ Myself and both of my parents were born in the U.S., but all my grandparents were born in Mexico
- _____ Myself, both of my parents, and at least one of my grandparents were born in the U.S.
- _____ Myself, both of my parents, and all of my grandparents were born in the U.S.

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