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GENDERED ETHNICISM AND LATINAS: THE RELATIONSHIP BETWEEN
GENDERED ETHNICISM, INTERNALIZED ETHNICISM, MARIANISMO AND
MENTAL HEALTH

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Maria Laura Pappa

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GENDERED ETHNICISM AND LATINAS: THE RELATIONSHIP BETWEEN
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Maria Laura Pappa

Dissertation

Approved:

Accepted:

Advisor
Dr. Suzette Speight

Department Chair
Dr. Paul Levy

Committee Member
Dr. John Queener

Interim Dean of the College
of Arts and Sciences
Dr. Linda Subich

Committee Member
Dr. Dawn Johnson

Dean of the Graduate School
Dr. Chand Midha

Committee Member
Dr. Margo Gregor

Date

Committee Member
Dr. Delila Owen

ABSTRACT

The following study examined two variables, internalized ethnicism and marianismo, as mechanisms through which experiences of gendered ethnicism impacted Latina's mental health. The results indicated that experiences of gendered ethnicism have a significant relationship with internalized ethnicism, marianismo, and psychological symptoms. Adherence to marianista values internalized ethnicism were found to explain the relationship through which gendered ethnicism leads to high levels of psychological symptoms. Overall, the findings highlight the need for further research regarding the impact of gendered ethnicism, internalized ethnicism, and marianismo. The study includes implications for clinical interventions and directions for future research.

Keywords: gendered ethnicism, internalized ethnicism, marianismo, Latinas.

DEDICATION

Esta tesis de doctorado está dedicada a mis padres por siempre hacerme sentir que no había sueño que no pudiera alcanzar. A mi hermana por ser mi confidente y apoyo en cada paso de mi vida. Y a mis ángeles, en el cielo y en la tierra, mis abuelos y tía Betty, que nunca me dejaron de cuidar y de enorgullecerse por cada pequeño logro. Llegué hasta acá por ustedes y éste es el fruto de todo el amor que me dieron.

This dissertation is dedicated to my parents who always made me feel that there was no dream I could not reach. To my sister for being my confidant and main support in every important day of my life. And my angels in Heaven and Earth, grandparents and tía Betty, who never stopped taking care of me from afar and being proud of every little accomplishment I achieved. I made it this far thanks to you and this project is the result of all the love you gave me.

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CHAPTER I

INTRODUCTION

The dominant discourse within current United States society promotes the idea that all members of society have equal opportunity to resources; thus, taking an oppression-blind approach (Neville, Spanierman, & Doan, 2006). Liberation theorists, such as Fanon (1952) and Freire (1999) explained oppression as the unjust exercise of power by one group over another that creates and sustains social injustice and inequality. Therefore, the idea that all members of society hold the same power is incorrect, and the belief that all members should have equal opportunity reinforces the oppressive system as it favors those who are already in power (Young, 1990). Racism is a form of oppression that specifically targets racial minority groups. Jones (1997) argues that “racism results from the transformation of racial prejudice and/or ethnocentrism through the exercise of power against a racial group defined as inferior intentionally or unintentionally” (p. 172). In accordance with Jones’ definition of racism, when this construct is explored in the literature, the discrimination and prejudice against minority groups’ ethnic backgrounds is also studied which makes it hard to isolate the experiences of racism versus experiences of ethnicism. The term ethnicism refers to the prejudice and discrimination experienced by ethnic minorities based on their ethnicity and culture independent from their race. Therefore, the term racism encapsulates the prejudice experienced by People of Color based on their race, and phenotypic characteristics. The term ethnicism invites

an exploration of the discrimination due to ethnicity alone. Thus, it is important to distinguish between the two phenomena, racism and ethnicism, to truly understand People of Color's experiences and the repercussions that stem from living in an oppressive system.

In addition to the ethnicist experiences communities of Color encounter, there are sub-groups within the community that suffer the repercussions of more than one oppressive force; for instance, women, non-heterosexual identifying individuals, and trans-identifying people (e.g., Velez, Moradi, & DeBlaere, 2015). The intersection between being a Person of Color and holding another minority social membership, leads to a unique experience rarely found in the literature. For example, for Women of Color, particularly Latinas, the combined experience of sexism and ethnicism (i.e., gendered ethnicism) has not been explored; thus, leading to insufficient knowledge about the experiences this population. Given the lack of attention to this area of research, the present study sought to examine how exposure to gendered ethnicism was associated with mental health-related symptoms. among Latina-American women. Particularly, the study attempted to illuminate the role of internalized ethnicism and marianista values (i.e., Latino cultural values) in explaining the relationship between experiences of gendered ethnicism and psychological symptomology and contingencies of self-worth of Latinas in the U.S.

Latinas/os are the fastest growing ethnic minority group with approximately 48.4 million Latinos living in the United States (U.S. Census Bureau, 2011). The term Latino refers to individuals of Latin American heritage and is most commonly used in the United States. Latina/o individuals have Central American, South American, North American

(i.e., Mexico), and/or Caribbean ancestries. Although much of the research examining mental health concerns in adults continues to be based largely on Whites or European Americans (Sue, 2009), there are some studies suggesting that the prevalence of mental health disorders is higher in the Latino population than in some non-Latino populations in the U.S. (e.g., Alegría, Canino, Shrout, Woo, Duan, Vila, ... Meng, 2008; Mendelson, Rehkopf, & Kubzansky, 2008). Hernandez, Plant, Sachs-Ericsson, and Joiner (2005) found that compared to White Americans, Latinos are more likely to meet criteria for a psychiatric disorder and have higher prevalence of several anxiety and mood disorders. Alegría et al. (2008) found that Latinos were more likely to receive a psychiatric disorder diagnosis if they were born in the United States, were proficient in the English language, and/or were third-generation Americans. Although these findings raise clear concerns, the process through which these outcomes come to be are still unclear. Additionally, there are some gender differences important to notice within the Latino community. Ai, Appel, Huang, and Lee (2012) found that 10% of Latina-American women had been diagnosed with a major depressive disorder within the previous year which was significantly higher from Latino men who were interviewed a year later (Ai, Noël, Appel, Huang, & Hefley, 2013). Additionally, compared to their male counterparts, Latinas have been found to experience higher levels of poor mental health such as, depressive symptoms, anxious symptoms (Contreras, Malcarne, Ingram, & Vaccarino, 2004). These findings suggest that Latinas represent a group within the larger Latino community that needs further assistance and attention. It is of particular importance to understand the effect Latinas' gender has on their lived experiences.

Latinas' individualized gendered socialization experiences are rarely emphasized in the literature (Raffaelli & Ontai, 2004). However, evidence suggests that Latinas often have to struggle with the "good Latina woman" cultural stereotype, which requires them to prioritize family needs over their own and display a self-effacement demeanor in the process (Bryant-Davis & Comas-Diaz, 2016; Espinoza, 2010). Marianismo is the construct which describes the veneration of Latinas' purity and femininity within the context of the machista (i.e., sexist) society where women are devalued and denigrated. Even though marianista views are part of the Latino culture and heritage, feminist scholars in the community have encouraged women to not internalize these values of suffering, humbleness, and modesty as requisites for Latino identity (Bryant-Davis & Comas-Diaz, 2016; Isasi-Diaz, 1995). On the contrary, scholars have historically challenged these beliefs by identifying them as part of the overall oppressive system (Isasi-Diaz, 1995); thus Latinas are subject to sexism given that it is such an eminent part of marianismo. Living in a marianista culture impacts a complex array of expectations for being a woman within this community.

Internalized Ethnicism and Gendered Ethnicism

Power is the capability of directing or influencing the behavior of other individuals or the development of events (Handgraaf, Dijk, Vermunt, Wilke, & De Dreu, 2008). The power experienced by Latina women is different depending on their intersectionalities (i.e., their different social group memberships). For instance, Afro-Latinas who are racial, ethnic, and gender minorities, are going to be perceived by the world differently than White Latinas who can pass as White (Adames, Chavez-Dueñas, & Organista, 2016). Although more research is needed to fully understand the unique

experiences of different groups of Latinas, some researchers have begun the process. For example, Masi de Casanova (2004) found that dark-skinned adolescent Latinas were more likely to see the ideal beauty as one with Eurocentric characteristics (e.g., blond hair, fair skin, light-colored eyes). These girls internalized the message that their skin color and phenotypic features were not attractive. This is a clear case of internalized racism given that the adolescents began to believe the message they received from White, mainstream society that Eurocentric characteristics were the standard of beauty. Cokley (2002) defined internalized racism as the acceptance of negative stereotypes about one's group. Internalized racism has repeatedly been linked to adverse mental health outcomes such as depression, low self-esteem, psychological distress, and shame in samples of African Americans (e.g., Graham, West, Martinez, & Roemer, 2016; Szymanski & Obiri, 2011).

Given the close connection between race and ethnicity, it may be possible that People of Color internalize messages that refer to their ethnic culture and customs in addition to their race. Thus, the term internalized ethnicism refers to the internalization of negative stereotypes of one's ethnicity. Internalized ethnicism is a construct that had never been investigated with Latinos and therefore, this study sought to inform and explain these unique experiences.

Marianismo and Gendered Ethnicism

In addition to internalized ethnicism, a critical concern that potentially affects Latina women is their experiences living in a marianista culture that holds specific gendered messages. Marianismo was first defined by Stevens (1973) as a construct with strong Catholic roots. Marianismo describes that women are spiritually superior to men

and, therefore, are able to bare extreme sacrifices and suffering for the sake of the family. In addition to the religious component, marianista values emphasize the importance of virginity and being non-sexual in order to be a “good” woman. Comas Diaz (1988) identified a Madonna/Whore complex where certain women are worthy of marriage (i.e., the Madonna) and other women only useful for sexual pleasure (i.e., the whore). In fact, Gil and Vazquez (1996) identified that sexual messages received by Latinas rarely involve a discussion of pleasure and satisfaction for themselves.

Within the marianista set of values, there are clear definitions for what it means to be a woman including, duty to family, selflessness, and self-sacrifice (Rivera-Marano, 2000). Although marianismo tends to be portrayed as a positive image or ideal for Latinas due to its spiritual and religious roots, family values, and respect for others, some studies examining this construct have found alarming results. In fact, the literature suggests that adherence to marianista values is associated to negative outcomes such as increased rates of depression and anxiety, decreased physical activity, and acculturative stress (Cano, 2004).

The cultural values held by the Latino community highlight the complexity of being a woman living in the United States. While they live in a country and society that discriminates against their ethnicity, they also come from a culture which often maintains sexism; thus, making Latinas potential victims of gendered ethnicism. Even though marianista views are part of the Latino culture and heritage, feminist scholars in the community have challenged this belief system. These scholars have identified the values of suffering, humbleness, and modesty pushed on Latina women as an oppressive force

that harms women in this community (Isasi-Diaz, 1995; Bryant-Davis & Comas-Diaz, 2016).

Gendered Ethnicism, Mental Health, and Self-Worth

According to Alegría et al. (2008) psychological pathology appears to be more prevalent among Latinos than other ethnic groups. The National Alliance on Mental Illness (NAMI; NAMI, 2018), explain that there are several mental health disorders that particularly affect the Latino community such as, generalized anxiety disorder, major depression, and alcoholism. What is yet more concerning, is that in the past decade Latina women have had the highest numbers of suicide attempts compared to the general population (Price & Khubchandani, 2017). A 2001 Surgeon General's report found that only 20% of Latinos (both men and women) with mental health concerns talk to their doctor about the problems they are having and only 10% contact a mental health specialist. Without treatment, mental health conditions can worsen, becoming disabling, and leave long-lasting effects of one's well-being, including self-esteem.

According to Blascovich and Tomaka (1991) self-esteem is defined as a person's sense of value or worth, or the extent to which an individual approves of, appreciates, or like themselves. Umaña-Taylor and Updegraff (2007) claim that self-esteem serves as a protective factor by shielding people from stress that stems from negative life events; authors argue that self-esteem's effects may be particularly valuable in insulating against depression. In fact, Toth, Manly, and Cicchetti (1992) found a negative relationship between self-esteem and depressive symptoms for Latinos and people from low socio-economic groups. These findings suggest that individuals with high self-esteem are less likely to experience depression-related symptoms. Self-esteem has also been negatively

associated with discrimination for Latinos. In other words, researchers found that the higher the exposure to discrimination, the lower the self-esteem and psychological well-being of the individual (Romero & Roberts, 2003). Additionally, research on gendered racism has shown similar findings. Szymansky and Lewis (2016) found that there was a significant and negative relationship between exposure to gendered racism and psychological well-being which was mediated by internalization and self-blame behavior. This suggests that exposure to gendered racism leads to poor psychological well-being through the internalization of negative messages about one's community and self-blame behavior. Additionally, existing empirical evidence suggests that there is a significant positive relationship among ethnic minorities between self-esteem and psychological well-being (Martinez & Dukes, 1997; Umaña-Taylor, 2004).

Many authors have argued that there is not culturally sensitive way of measuring self-esteem among Latinos (e.g., James, 1980; Crocker & Wolfe, 2001). Thus, these authors have encouraged the exploration of contingencies of self-worth prior to determining Latinos' global self-esteem. From this perspective, the domains that are considered to be most impacting on one's self-esteem are those that are believed to be central to the individual's overall sense of self-worth (O'Driscoll & Jarry, 2015). Crocker and Wolfe describe contingencies of self-worth as "the specific domains of life on which an individual stakes his or her self-esteem" (O'Driscoll & Jarry, 2015, p.3). The contingencies of self-worth theory suggests that all individuals will base their self-esteem in different domains. The authors also theorize that contingencies of self-worth are formed over the course of development, where certain domains become important to an individual by means of distinct competencies (Harter, 1999), through meaningful

experiences, and in response to social experiences with others (Ruble, 1987). Although until now no research has been done exploring contingencies of self-worth among Latinos, the theory does allow one to hypothesize that given the Latino community's marianista values, both family and God might influence of self-worth and therefore, self-esteem.

In sum, given the positive relationship between self-esteem and psychological well-being documented in empirical research, and the negative relationship between gendered racism and psychological well-being, the current study sought to shed light on the relationship between gendered ethnicism and self-esteem, through self-worth, particularly how it occurs through the internalization of oppressive messages.

The Current Study

Most of the existing literature on Latinas reports their experiences with oppression using a single-axis approach. In other words, instead of using intersectionality theory and analyzing Latinas' unique experiences as both gender and ethnic minorities combined, researchers have evaluated their experiences as women and ethnic minorities separately. Such methodology does not meaningfully capture how the intersection of being a gender and ethnic minority has a unique impact on the psychological well-being, particularly the self-worth of Latinas. Currently, the literature addressing the intersectional identities of women is scarce. Additionally, when investigating Women of Color, most of the research available on gendered racism has been focused on African American women. For this reason, the present study examining Latinas is an important addition to the counseling psychology literature.

Few studies have attempted to understand the path through which gendered racism may lead to poor mental health. No studies had focused on the unique gendered ethnicist experiences of Latina-Americans and the effect that exposure to these stressors may have on mental health and contingencies of self-worth. Thus, it was important to investigate the role that different mediators, such as internalized ethnicism and marianista values may play in this relationship. Due to the scarcity of research on gendered ethnicism among Latinas, this project attempted to further the knowledge in this area by elucidating Latina-Americans' unique experiences.

Currently, there is little empirical data focusing on the Latina community's mental health concerns (Gloria & Castellanos, 2013). Thus, it is unclear what strategies need to be undertaken to promote better mental health outcomes, such as improved self-esteem, anxiety, and depression. In the updated set of APA's ethical guidelines "Multicultural Guidelines: An Ecological Approach to Context, Identity, and Intersectionality" it was reinforced that researchers and psychologists should acknowledge the value in conducting culture-centered and ethical psychological research with individuals from different backgrounds (e.g., racial minorities, ethnic minorities, linguistic minorities). Culturally sensitive research on psychological treatment of Latina women is sorely needed to inform those who work directly or indirectly with this population (Gloria & Castellano, 2013). By using intersectionality theory, one can better understand how intersecting identities and power differentials play a vital role in the mental health outcomes, needs, and access to resources of women of Latin descent. With this information, Counseling Psychologists can better serve a community that has been long ignored, misunderstood, and underserved.

CHAPTER II

A REVIEW OF THE LITERATURE

Feminist theory and intersectionality theory form the basis to understanding Latina Americans' experiences; thus, this chapter will first provide an overview of the theoretical framework that was utilized to conceptualize the population of interest in the study. This chapter will continue by providing a review of the literature on issues related to experiences of gendered ethnicism that Latina women commonly encounter, and describe research examining the relationship between experiences of gendered ethnicism and mental health (i.e., psychological pathology and contingencies of self-worth). The second half of the chapter will provide a literature review on the concept of internalized ethnicism and marianista values and the impact these constructs have on Latinas. Finally, the chapter will conclude with a list of the hypotheses that were tested as part of the study.

Feminist Theory

The roots of feminist theory lay in the commitment to equal social, economic, and political rights across all genders (Brown, 1994). Feminist theory presents a unique way of understanding individuals and their psychological concerns. Feminist theory conceptualizes individuals by placing them within their sociopolitical reality and exploring how the interplay of their identities (e.g., being a gay, White, man) manifests in

their lives. Feminist theory promotes social transformation by embracing diversity and recognizing that the individual concerns of the person are, in fact, political; thus, feminism attempts to shed light on issues of injustice. Feminist theory recognizes that women are a particularly oppressed group as they have been denied equal rights and access to resources throughout history (e.g., right to vote). Still, feminist theory asserts that gender is not the only axis on which oppression is experienced. Although the theory historically began with gender as its locus for understanding oppression and imbalance of power, it has evolved to incorporate all identities such as race, ethnicity, and sexual orientation (Brabeck, Brown, Christina, Espin, Hare-Mustin, Kaplan, Kaschak, Miller, Phillips, Ferns, & Van Ormer, 1997). Recovering voices that have been silenced by oppression is one of feminist theory's main values. Therefore, acknowledging that some identities are part of the dominant group and thus, constitute the oppressive culture, enables the de-silencing of those with less power (Brabeck et al., 1997). Although understanding diversity and the deconstruction of power based on different identities possessed are ways in which Feminist theory moves towards social transformation, the implementation of the feminist motto: the personal is political, is yet another approach.

According to feminist theory, individuals' experiences cannot be seen as independent from one another (Brabeck et al., 1997). What some may identify as an individual concern, feminists might see as a larger problem in society thus, becoming a political issue of injustice. Moreover, feminist theory proposes that an individual is directly affected by environmental pressures (e.g., gender-role expectations) and that many of these pressures begin happening early in life (Worell & Remer, 1996). In fact, feminist theorists argue that an individual's distress comes from the cultural environment

rather than from within (Brabeck et al., 1997). In other words, feminists view distress as a result of social and political factors rather than intrapsychic conflict. According to feminist theory, in order to be able to acquire social transformation, and thus achieve egalitarian distribution of power across all members of society, individuals must be able to recognize the power that the patriarchal society has and how it negatively affects those who are oppressed (Brown, 1994). According to Worell and Remer (1996) a patriarchal society is a “systematic denial of access to valued community resources to members of groups defined as inferior, undeserving, or different” (p.12). In such a system, minority groups such as, non-heterosexual individuals, women, People of Color, are the affected. According to Brabeck et al. (1997), the way in which an individual develops and evolves is perceived as due to the constant interaction between internal, conscious experiences, and external sociopolitical realities. In this way, the unique individual is defined as political because the meaning of any experience must be interpreted within its sociopolitical context; thus, the patriarchal system. However, in order to be able to achieve this, one must understand the unique intersecting identities that construe each individual.

Intersectionality Theory

According to feminist and critical race theorists, intersectionality considers the significance of, and the consequences that come with the coexistence of the different social group memberships that individuals hold forming their identities (Cole, 2009). Erikson (1968) defines identity as an emergent structure of personality that is composed of many disparate elements (as cited in Dimond & Butterworth, 2008). These elements include an individual's identification with past experiences, particular characteristics and

traits, ideas and ideologies, and a defined place (e.g., occupation, gender roles) in the social structure.

The term intersectionality was originally proposed as a way to better understand the experiences of individuals holding various disadvantaged statuses (e.g., low SES and being a woman) (Cole, 2009; Crenshaw, 1989). Proponents of this perspective argue that it is not possible to analyze individuals without considering all of their social group memberships as they do not experience these memberships independently from each other in their daily lives (Cole, 2009). Therefore, supporters of intersectionality theory would state that an individual who identifies as a Black man will not have the same life experiences as a White man. Analyzing these men's gender experiences without considering their racial identity would not give an accurate representation of who they truly are and the power each one holds in society. MacKinnon (1987) illustrates the important role that social power and status has on identity formation. This power dynamic becomes particularly salient in the discussion on Latina Americans' identity formation as they hold at least a double oppressed social group membership; being woman and of Latin descent. The coexistence of these two identities result in a different power structure than that formed by being a woman of European descent, for example.

As a result of years of discussion on social identities, intersectionality has advanced as a theoretical perspective that includes a set of tenets and structural elements (Stewart & McDermott, 2004). The tenets will be discussed while illustrating how they are applicable to the framework of the proposed study. The first tenet expresses the belief that no social group is homogenous. This tenet marks the relevance of attempting to understand Latinas' realities through the existence of subgroups that are part of the larger

social cluster. The second tenet offers the idea that people must be located in terms of social structures that capture power relations. Therefore, instead of treating all Latinas in a similar manner, the model allows for a distinction between White Latinas, Afro-Latinas, and gay Latinas, for instance. Intersectionality theory does not assume that all Latinas experience the same power structure. The third tenet alludes to the importance of acknowledging the unique effects and consequences that arise from identifying with more than one social group. Furthermore, the interaction of an individual's identities is unique and therefore, leads to unique outcomes (Stewart & McDermott, 2004). In the proposed study, it might be found that Latinas who ascribe to other social groups in addition to being Latina and a woman (e.g., racial minorities), might have unique experiences as compared to the rest of the sample. Needless to say, the theory of intersectionality is of particular importance to use when exploring issues among Latinas' experiences because it provides a holistic and multiculturally competent examination of the complex identities of women of Latin descent who experience oppressive forces (Hurtado, 1989).

Gendered Ethnicism

Researchers have conceptualized the intersectional experiences of Women of Color (WOC; i.e., racial and/or ethnic minority women) with racism and sexism using the term coined by Essed (1991), gendered racism. Most of the available research focuses on understanding the gendered racism experiences of African American women and builds on Kimberle Crenshaw's (1989) intersectionality framework. The feminist and legal scholar, Crenshaw, argued that African American women's experiences of oppression could be analyzed in different ways. She argued that researchers could take a single-axis approach or an additive approach (i.e., double jeopardy). The single-axis approach

assumes that the experiences of African American women are similar to the racist experiences lived by African American men, and sexist experiences lived by White women. The additive approach conceptualizes racism and sexism as separate, yet cumulative experiences of oppression; thus, providing an intersectional lens.

To this day, most of the research in this area has focused on Latinas experiences with racism and sexism separately; thus, taking a single-axis approach. Available research suggests that racial/ethnic discrimination experienced by Latinos is associated with negative mental health outcomes, including elevated depressive symptoms, distress, and decreased self-esteem. Greene, Way, and Pahl (2006) conducted a 3-year longitudinal study to better understand the correlates of experiencing racial and ethnic discrimination among Latinos, Asian-Americans, and African-Americans over time. In their sample of 225 ninth graders, and consistent with their predictions, the findings showed a significant negative relationship between perceived discrimination and changes in self-esteem over time. Particularly pertaining to Latinos, the more ethnic discrimination experiences Latinos were exposed to, the lower their self-esteem became over time. The same significant negative pattern was found between perceived ethnic discrimination and depressive symptomology among Latinos over time. A weakness that is worth highlighting however, is that most of the study's Latino sample was composed of Dominicans and only 5% was labeled as "other Latinos" which the authors did not specify. In another study, Szalacha, Erkut, Coll, Alarcón, Fields, and Ceder (2003) reported the findings of a two-part project that had been conducted simultaneously. One study was targeting a sample composed of 291 Puerto Rican children (1st to 4th grade) while the second study was composed of 248 Puerto Rican adolescents (13 and 14 years

old). Both studies were conducted in the U.S. mainland and examined the consequences of perceived racial/ethnic discrimination on mental health. In study 1, children were found to have a low likelihood of perceiving discrimination, whereas in study 2, nearly half of the adolescent sample reported perceiving racial/ethnic discrimination. Although both groups scored high on multiple indicators of mental health, perceiving discrimination and worrying about discrimination were negatively associated with self-esteem and positively associated with depression and stress. Results suggest that both perceiving discrimination and anxiety about discrimination can serve as risk factors for the mental health of this population. Similar to Greene et al. (2006), findings suggest that age plays an important role in the likelihood of perceiving racial/ethnic discrimination. Thus, focusing in an adult population might be key to understanding the effects of long-lasting exposure of discrimination. Moreover, racial/ethnic discrimination has been identified as a risk factor in the development of posttraumatic stress disorder (PTSD) symptoms in People of Color (e.g., Carter, 2007; Cheng and Mallinckrodt, 2015). Cheng and Mallinckrodt (2015) conducted a longitudinal study of 203 Hispanic/Latino students from a Hispanic Serving Institution (HSI) (ages 18-57 years). The participants were asked to complete the surveys twice at approximately a 1-year interval and a cross-lagged design was used to compare Time 1 links from alcohol use and experiences of discrimination with the same variables at Time 2, plus symptoms of PTSD. Cheng and Mallinckrodt (2015) had hypothesized that experiences of discrimination would be significantly and positively associated with subsequent alcohol problems and PTSD symptoms, but that alcohol problems would not be significantly associated with later discrimination or PTSD symptoms. Findings of the cross-lagged longitudinal analysis

supported the hypotheses. Thus, results are consistent with inferring the direction of causality from experiences of discrimination to alcohol problems, but not the reverse. This study provided further evidence to connect experiences of racism with substance use and trauma symptoms; thus, poor mental health outcomes.

Similarly to how experiences of racism have historically been investigated taking a single-axis approach, so has gender. In current U.S. society, women live in a culture that prevents them from living their full potential and continuity threatens their physical and psychological well-being (Swim, Hyers, Cohen, & Ferguson, 2001). In fact, Fischer and Bolton Holtz (2010) found that 94 % of women in an undergraduate sample reported having been forced to listen to sexist or sexually degrading jokes, 87 % reported experiencing inappropriate sexual advances, and 86 % reported having been called sexist names at least once in the past year. Therefore, the study of these experiences is key to understanding the array of psychological outcomes that may arise as a result of sexism. Relatedly, Swim, Hyers, Cohen, and Ferguson (2001) sampled 40 undergraduate female students and inquired about their experiences of gender oppression using a diary methodology. Findings suggested that women experienced about one to two impactful sexist incidents per week, consisting of traditional gender role stereotypes and prejudice, demeaning and degrading comments and behaviors, and sexual objectification. These incidents affected women's psychological well-being by decreasing their comfort, increasing their feelings of anger and depression, and decreasing their state self-esteem. Similarly, Berg (2006) studied the effects of everyday sexism in a sample of 382 women ages 18 to 66 years old. Berg found that 100% of participants had experienced sexism in their lifetime and 100% of participants had experienced sexism within the year prior to

the survey. Additional findings indicated a moderately strong relationship between the experience of everyday sexism and PTSD. Although both of these studies provide strong evidence for the negative effect of experiences of sexism, Swim, Hyers, Cohen, and Ferguson (2001) failed to report their sample's racial breakdown. This implies that the unique experiences of those participants who experienced gendered racism were not evaluated. Similarly, Berg's (2006) sample was predominantly White (over 87%) and the experiences of the remaining participants were not further analyzed to understand the unique complexity of their intersecting identities and experiences.

When sexism and racism are examined conjointly (taking an intersectional approach), they are highly correlated with one another (Moradi & Subich, 2003; Szymanski & Lewis, 2016), and both are related to health concerns (Perry, Harp, & Oser, 2013) and higher levels of psychological distress (Stevens-Watkins, Perry, Pullen, Jewell, & Oser, 2014). For instance, research has found that gendered racism is related to higher levels of psychological distress among Black women (Szymansky & Lewis, 2016). To date, however, few studies have examined the relationship between gendered racism and mental health among WOC, particularly Latinas. Brown and Leaper (2010), for example, examined the relationships between perceived academic sexism and adolescent girls' perceived competence and valuing of math and science. The sample was composed of 345 Latina and European American girls (ages ranging from 13 to 18 years). Among several hypotheses, the author's theorized that Latina girls would be more likely than European American girls to be vulnerable to discrimination and therefore, yield a significant negative association between sexism and academic self-concept. As predicted, perceptions of academic sexism were more strongly linked with lower perceived math

and science competence among Latina girls (significant relationship for Latina girls regardless of age) than European American girls (significant only for the oldest girls). Authors concluded that Latina girls may be slightly more susceptible to academic sexism than European-American girls due to the intersection of oppressed identities. Consistent with this finding, previous research on stereotype threat found that Latina women were more sensitive to gender-based stereotype threat than European-American women (Gonzales et al., 2002). Additionally, Watson, DeBlaere, Langrehr, Zelaya, and Flores (2016) proposed a study to understand the connection between multiple forms of oppression (i.e., sexism, racism, and sexual objectification) and trauma symptoms among WOC. More specifically, the purpose of the study was to examine self-esteem as a mediator in the relationship between multiple forms of discrimination (i.e., racism, sexism, and sexual objectification) and WOC's symptoms of trauma. The authors sampled 368 undergraduate WOC and 12.8% of their sample identified as Latina. The results suggested that racism, sexism, and sexual objectification experiences were related to higher levels of trauma symptoms among WOC. Moreover, both racism and sexism were inversely correlated with self-esteem and positively related to trauma symptoms. Results suggested that self-esteem significantly mediated the link between racist experiences and trauma, such that more frequent experiences of racism across the lifetime were related to lower self-esteem, which in turn was linked with more trauma symptoms. Even though there were several racial/ethnic groups represented in the sample, there were no discussions related to unique group findings. This is a problem frequently found in the literature on racial/ethnic minorities. Another frequent problem found in the literature is the inability of researchers to take culture into consideration when exploring sexism and

other forms of oppression. Given that Latina women are part of a marianista culture, and thus have clear gender-role expectations, it is of high importance to understand the impact of this construct particularly when exploring sexism; however, most studies ignore this cultural piece. Therefore, the current study attempted to investigate the Latina-American women group alone to better understand their unique experiences within the context of their cultural values and greater U.S. society.

Gaps in the Gendered Ethnicism Literature

In relation to experiences of Latinas, much of the extant literature on their experiences of oppression have been framed around the single-axis approach previously described. Although all research findings continue to add to our understanding of the additive and interactive effects of racist and sexist experiences, the single-axis approach still measures the experiences of racism and sexism separately. Such methodology does not meaningfully capture how the intersection of racism and sexism, or gendered racism, has a unique impact on the psychological well-being of Latinas. In recent years, psychology researchers have begun to theorize and conduct empirical research on the intersections of race and gender (e.g., Cole, 2009; Thomas, Witherspoon, & Speight, 2008); however, the majority of empirical studies, thus far, have focused on African American women's experiences with racism and sexism. For this reason, the current study is an important addition to the psychology literature.

Moreover, another gap in the literature that is worth noting, is the incorrect use of the word race in the literature on Latino populations. The word Latino refers to an ethnicity, not a race. Cokley (2007) defines the term ethnicity as "a characterization of a group of people who see themselves and are seen by others as having a common ancestry,

shared history, shared traditions, and shared cultural traits such as language beliefs values, music, dress, and food” (p. 225) and the term race as “a characterization of a group of people believed to share physical characteristics such as skin color, facial features, and other hereditary traits” (p. 225). Moreover, the word Latino is pan-ethnic referring to more than one ethnicity (Gloria & Castellano, 2013). Ethnicities that are covered under the term Latino include those with origins in South America (e.g., Uruguay, Chile), Central America (e.g., Belize, Guatemala), North America (e.g., Mexico), and the Caribbean (e.g., Haiti, Cuba) (Gloria & Castellano, 2013). To this day, the literature has focused on exploring the unique oppressive experiences lived by Latinos; however, they have erroneously called these experiences racism. Many studies, such as Hipolito-Delgado (2010), use the term racism yet fail to offer a racial breakdown for their sample. Instead, they offer an ethnic breakdown (often stating a Latin country of heritage). Given that the term racism is used to describe both experiences of racism and ethnicism (a term that has not been claimed in the literature), it is important to use measures that capture ethnocultural experiences of discrimination (in addition to race-related experiences of discrimination) in order to parcel out racist experiences from ethnicist experiences. Ethnicism refers to the prejudice and discrimination experienced by ethnic minorities based on their ethnicity and culture independent from their race. In the provided literature review, the author has been cautious to select studies and measures that capture the ethnicist experiences in order to provide a more accurate representation of the experiences of the population of interest; however, note that the extant literature on Latinos often uses the term racism to encapsulate both ethnicism and racism.

Lastly, few studies have attempted to understand the path through which gender racism leads to negative psychological outcomes (e.g., Szymanski & Lewis, 2016); however, no studies have focused on the unique gendered ethnicist experiences of Latina-Americans. Thus, it is important to investigate the role that different mediators, such as internalized oppression and marianismo, may play in this relationship. Due to the scarcity of research on gendered ethnicism among Latinas this project attempted to further the research in this area and begin to close some of the existing gaps by elucidating Latina-Americans' unique experiences.

Internalized Ethnicism

Internalized oppression is a concept, originally found in the critical pedagogy literature (e.g., Fanon, 1999; Freire, 1952; Young, 1990), that has expanded to be widely used across research in various disciplines (e.g., psychology, sociology, anthropology). Tappan (2006) argues that the term internalized oppression serves to “describe and explain the experience of those who are members of subordinated, marginalized, or minority groups; those who are powerless and often victimized, both intentionally and unintentionally, by members of dominant groups” (p. 2116). Additionally, Griffin (1997) suggested that internalized oppression embodies those who have “adopted the [dominant] group’s ideology and accept their subordinate status as deserved, natural, and inevitable” (Griffin, 1997, p. 76, as cited in Tappan, 2006). Cokley (2002) elucidates the concept of internalized racism by defining it as the process of accepting negative stereotypes about one’s group. According to Jones (2002) internalized racism has been described as an experience of self-degradation and embarrassment of one’s racial identity which, in the case of the Latino community, leads to feelings of Black, Brown, and

cultural self-hatred. In fact, some argue that the internalization of racial oppression may be the most psychologically damaging result of racism (Akbar, 1984; Speight, 2007).

Although the process in which internalization of oppression occurs has yet to be studied, there are various hypotheses on conditions that lead people to internalize racism (Hipolito-Delgado, 2010). Asanti (1996) theorizes that in order to avoid cognitive dissonance, People of Color living in a racist environment, for example, must suppress their minority identity and will begin to imitate the culture of the oppressor adopting values and preferences that are more consistent with dominant White society and culture. The internalization is so complete that a person is likely to believe that anything associated with her/his racial or ethnic culture is unattractive.

Internalized racism has been shown to have a significant effect on depressive symptoms in African-American women (Taylor, Henderson, & Jackson, 1991). Taylor et al. (1991) investigated a sample of 289 African-American women living in a large eastern United States city in order to be able to understand and predict depressive symptoms. Internalized racism was identified as a significant predictor of depressive symptoms indicating that those with higher levels of internalized racism were more likely to suffer from depressive symptoms. In more recent literature, internalized racism was shown to be related to stress levels (Tull, Sheu, Butler, & Cornelious, 2005). In a study of 53 Black women from the Caribbean island of Dominica, Tull, Sheu, Butler, and Cornelious (2005) found a significant difference in perceived stress scores between those participants who reported high levels of internalized racism and those who reported low levels of internalized racism. The results of this study suggest that women who experience more internalized racism have higher levels of stress. Additionally, there is empirical support

suggesting that internalized racism is related adverse consequences such as low self-esteem and psychological distress (Velez, Moradi, & DeBlaere, 2015). In sum, these findings suggest that internalized racism has a negative effect on the mental health of Black Women, for instance, and any understanding of the psychological effects of racial oppression would be incomplete without a consideration of internalized racism (Speight, 2007). Most of the measures of racism available in the literature acknowledge an ethnic component to this broader construct (i.e., race); however, until now, no one had ever studied the construct of ethnicism in isolation from racism. Additionally, although most of the studies detailed above sampled women only, they failed to take an intersectional approach when interpreting their data; therefore, although the study brings light to a population long forgotten, it is still hard to interpret the unique intersecting experience of Women of Color. Specifically for Latina-American women, understanding ethnic oppression and internalized ethnicism does not capture the full picture. Due to their unique experiences as women, an intersectional approach must be taken to understand the double jeopardy living in an ethnicist and marianista society.

Marianismo: Latina/o cultural values

A particularly salient issue that is unique to the Latina women population is their gender socialization process. The cultural messages sent to both men and women in this community are quite distinct. While men are taught to be in control, authoritative, and patriarchal, women are educated to be submissive, emotional, and dependent (Comas-Diaz, 1987). Marianismo refers to the gender role attitudes that are an important aspect of gender socialization and gender identity development in Latin America. The origin of the term is found in the political science literature and has been widely adopted by scholars

in different disciplines (see Stevens, 1973). Marianista views depict Latina women as submissive, pure, religiously superior to men, and selfless (Castillo & Cano, 2008). Furthermore, Latinas are seen as women who will sacrifice anything and everything for their families.

Marianismo is a multidimensional gender role construct that is based on several central cultural pillars: familismo, respeto, and simpatía (Piña-Watson, Castillo, Jung, Ojeda, & Castillo-Reyes, 2014). As noted by Castillo, Perez, Castillo, and Ghosheh (2010), these cultural tenets come from a collectivistic worldview in which interdependence and self-sacrifice are valued cultural norms. In Latina/o culture, interdependence with family is known as familismo. Familismo is an individual's strong identification with and attachment to nuclear and extended families (Castillo & Cano, 2008). Values of familismo include the idea that Latinas are responsible for maintaining family harmony and child rearing (Castillo et al., 2010). Respeto is another Latina/o cultural value that demonstrates the collectivistic worldview. The individual shows obedience, duty, and deference to an individual's position within a hierarchical structure. Values held within the respeto pillar are the expectations for Latinas to maintain their virginity until marriage, respect their bodies, be modest by avoiding sexual content in conversation and action, and show obedience and respect for the Latina/o hierarchical family structure where they are inferior to men (Castillo et al., 2010). Finally, simpatía is a Latina/o cultural value that emphasizes the expectation that one maintains harmony in relationships through smooth and pleasant interactions. The simpatía pillar includes like the belief that Latinas should keep confrontation and discomfort to a minimum within interpersonal relationships and be submissive to males. Underlying all three pillars, is the

importance of Catholicism and spirituality. Therefore, Latinas are responsible for passing down the religious values to younger generations (Castillo et al., 2010).

Even though marianismo tends to be associated with the cultural experiences of Latinos, it has a complex relationship with health and well-being. In their sample of 211 Latina-American women college students, Sanchez, Smith, and Adams (2017) found that there was a significant negative relationship between holding marianista values and mental health; this was particularly true with the self-silencing aspects of marianismo. Similarly, Nuñez, González, Talavera, Sanchez-Johnsen, Roesch, Davis, and ... Gallo (2016) studied a sample of 16,415 Latinos living in the USA. Data derived from the HCHS/SOL Sociocultural Ancillary Study (Gallo et al., 2014). The HCHS/SOL is a population-based prospective cohort study designed to monitor chronic disease and related risk and protective factors among Hispanics of Central American, Cuban, Dominican, Mexican, Puerto Rican, South American, and other background (LaVange et al., 2010; Sorlie et al., 2010). The sample of Latinas/os aged 18–74 years, was recruited from the Bronx, New York; Chicago, Illinois; Miami, Florida; and San Diego, California. Marianista beliefs were associated with higher levels of negative cognitions and emotions; however, no gender differences were reported. Lastly, in her qualitative study, Moreno (2007) found marianismo beliefs to be significantly associated with low sexual health, high rates of domestic violence, and depression among Latinas.

Although scholars have criticized the construct of marianismo stating that it creates a stereotype of Latinas, these gender-role expectations continue to be promoted and endorsed within Latino communities (Rocha-Sanchez & Diaz-Loving, 2005). As Niemann (2001) noted, stereotypes become imbedded and internalized in an individual's

conscious making them very difficult to change. As discussed in Gil and Vazquez (1996), marianismo plays a key role in the Latina's psychosocial adjustment to the United States. Studies have found that Latinas defend their male partner's behaviors as being a response to the males' powerlessness and oppression in American society (e.g., Comas-Diaz, 1988). Marano-Rivera (2000) argues that these attitudes may put Latinas at an increased risk of abuse, and given the context, increased likelihood of staying in such negative relationships. In their book, Comas-Diaz and Greene (1994) express that under the set of marianista values, the Latin woman must know "her place", and put her family's needs over her own needs even when confronted with abuse, unhappiness, and unsuccessful marriages. So, even though Latina gender roles are becoming increasingly diverse due to acculturation and Westernization of Latin American countries, Latinas who do not subscribe to traditional gender roles may be thought of as "sell outs" or vendidas within their ethnic community by members who continue to internalize the traditional role of Latinas (Niemann, 2001).

According to many feminist scholars of color (e.g., Isasi-Diaz, 1995; Bryant-Davis & Comas-Diaz, 2016), marianismo presents a form of sexism unique to the Latino community. The pressure to conform to traditional gender role norms can lead to internalized conflict for a Latina who believes that she should adhere to her culture. The internalization of Latino culture's messages on gender can be related to detrimental mental health outcomes. Therefore, an intersectional approach is warranted to understand Latina-Americans' both internalized ethnicism and adherence to marianista values, since Latinas are experiencing stressors both from within and outside of their community.

Latinas' Self Esteem and Mental Health

Much of the research examining mental health concerns in adults continues to be based largely on Whites or European Americans (Sue, 2009). However, some studies suggest that the prevalence of mental health disorders is higher in the Latino population than in non-Latino populations in the U.S. (e.g., Alegría, Canino, Shrout, Woo, Duan, Vila, ... Meng, 2008; Mendelson, Rehkopf, & Kubzansky, 2008). Latinos face numerous social, economic, and political challenges in the United States (Alegría et al., 2008; Hochhausen, Le, & Perry, 2011). Thus, Latinos are at heightened risk of developing mental health problems given the many stressors they may encounter (e.g., adapting to a new culture, issues related to immigration status, English language proficiency, loss of support from an extended family) (Corbie-Smith, Yaggy, Lyn, Green, Ornelas, Simmons, . . . Blumenthal, 2010; Ding & Hargraves, 2009; Keller, Silberberg, Hartmann, & Michener, 2010). Additionally, individuals of Latin descent have historically underutilized the professional mental health services that are available (Cabassa, Zayas, & Hansen, 2006). Latinos are up to three times more likely to terminate mental health treatment prematurely when compared to non-Latino clients in the U.S. (Olfson, Cherry, & Lewis-Fernández, 2009). The Surgeon General's Report on Minority Mental Health (2001) stated that having generous mental health coverage did not eliminate disparities in utilization of mental health services among African Americans and Latinos. In fact, African Americans and Latinos of the same SES as whites still used fewer mental health services, despite having good access to resources. Thus, one can hypothesize that Latinos are not seeking mental health assistance at the expected rate because mental health

professionals have failed to understand their unique circumstances and needs (Surgeon General, 2001).

Moreover, a clear link has been established in the literature between mental health outcomes and self-esteem. Although the construct of self-esteem has numerous definitions, the National Association for Self-Esteem (2007) defines this concept as “the disposition to experience oneself as being competent to cope with the basic challenges of life and of being worthy of happiness” (p. 1). In their study of 383 ninth grade Latino students aged 14-16 years, the authors Behnke, Plunkett, Sands, and Bámaca-Colbert (2011) found a significant and positive relationship between self-esteem and mental health outcomes. Similar findings were established by Portes and Zady (2002). In their study, the authors used the data from the Youth Adaptation and Growth Questionnaire developed for the Second-Generation Project in Miami and San Diego to gather information from 5,264 eighth and ninth grade Latino students (Portes & Zady, 2002). Their findings were consistent with prior research showing a strong relationship between self-esteem and depressive symptoms across Latino groups. Thus, believing that higher levels of self-esteem for Latinos will assist them by having lower levels of depression seems to be a concept supported by the literature.

Perceived discrimination may also play a role in Latinos sense of self-esteem and mental health. In his dissertation, Armenta (2014) found that perceived discrimination was negatively associated with self-esteem and was positively associated with anxiety and depressive symptoms among Latino adults. Furthermore, Major, Kaiser, O’Brien, & McCoy (2007) studied a sample of 731 college students where 24.2% identified as Latino. The yielded findings suggested that perceived discrimination significantly

predicted lower levels of self-esteem, greater anxiety and depressive symptoms, and worse physical health. The authors conceptualized these findings by arguing that racial/ethnic minorities who were subject to prejudice could not help but internalize their social devaluation which resulted in lower self-esteem and more negative attitudes towards their group (i.e., internalized oppression). Still, although there are researchers attempting to understand the path through which discrimination, thus oppression, leads to low levels of self-esteem among Latinos (Behnke et al., 2011; Major et al. 2007), this phenomenon has yet to be fully understood.

Moreover, as one can infer, research on self-esteem has become quite popular in recent years. Still, there are notable differences among approaches to studying this construct. Many scientists have criticized past self-esteem research for several reasons; however, one that is particularly relevant to this study is the lack of conceptualization of the construct (i.e., Knauff, 2015). Thus, this project attempted to address the lack of conceptualization of self-esteem in research by relying upon a more recent theoretical conceptualization, contingencies self-worth (CSW), which was initially developed by Crocker and Wolfe (2001).

Crocker and Wolfe (2001), explained that past research on self-esteem had simply grouped individuals in a categorical variable of high and low levels. What the authors argue, however, is that researchers were viewing self-esteem as a stable construct. Thus, Crockers and Wolfe suggested that two other factors also needed to be taken into consideration when measuring self-esteem; the contingencies upon which a person's self-esteem pivots and the resultant stability of an individual's self-esteem (Knauff, 2015).

Moreover, Crocker and Wolfe (2001) suggest that, in general, individuals vary on which domains provide the core of their feelings of self-esteem. Based on previous research, authors hypothesized specific domains to be influential to one's global self-esteem. Crocker, Luhtanen, Cooper, and Bouvrette (2003) asserted that others' approval, physical appearance, outdoing others in competition, academic competence, family love and support, being a virtuous or moral person, and God's love, were the domains that defined most individuals' core self-esteem. Given the strong marianista cultural values, two of these domains appear to be particularly salient for the Latino community (Bryant-Davis & Comas-Diaz, 2016); family love and support and God's love. Thus, the current study assessed participant's contingencies of self-worth through the lens of family love and support and God's love. Results on this construct can be used in future research to further the understanding of self-esteem and create measures for self-esteem that are more culturally relevant.

In sum, the majority of the extant literature focuses on the experiences of Latinos as a whole and few studies have attempted to understand the experiences of Latina women (e.g., Velez, Campos, & Moradi, 2015) and how the interaction of these identities (i.e., being a woman and Latina) in the context of U.S. society, can put women at higher risks of experiencing mental health problems. In fact, research indicates that Latino males have higher levels of self-esteem when compared to Latina females (Behnke et al., 2011). Additionally, literature across different disciplines indicates that Latino cultures put an emphasis on traditional gender roles for both women and men (e.g., Falicov, 1996). The gender roles that women in the community have to ascribe to have been linked to negative mental health outcomes for women including low self-esteem. In fact,

addressing the paucity of research is a need that appears to be greater for Latinas, compared to Latinos, as they have been found to experience higher levels of mental health concerns (e.g., depressive symptoms, anxious symptoms) than their male counterparts during adolescence and adulthood (Contreras, Malcarne, Ingram, & Vaccarino, 2004). Studies examining gender differences that explore psychological risk factors have been more extensively researched with European American and African American populations than Latinos (Sue, 2009). Research does indicate that there is a link between self-esteem among Latinos (Portes & Zady, 2002), but more research is needed to understand this phenomenon and how it affects Latina women. Understanding how this relationship is established can help improve the psychological treatment options for this population.

Incorporating Gendered Racism, Internalized Ethnicism, Marianismo, and Mental Health

Latinas' gendered socialization experiences are not often found in the literature (Raffaelli & Ontai, 2004). However, some evidence shows that Latinas struggle with the "good Latina woman" cultural stereotype, which requires them to prioritize family needs over their own (Espinoza, 2010). Latinas may experience stress attempting to meet their family's needs given that domestic responsibilities frequently burden young women more than their male counterparts (Espinoza, 2010; Gloria & Castellanos, 2012; Sy & Romero, 2008; Valenzuela, 1999). The concept of a "good Latina woman" alludes to the complexity of the intersection of ethnicity and gender, within the context of marianismo values and sociopolitical climate. Although both Latino men and women are subject to discrimination based on their ethnicity, viewing the previously described concerns

through an intersectional lens allows for the recognition of power differentials between women and men of Latin descent. In other words, the daily gendered ethnicism experienced by Latina-American women in the context of their marianista community and broader U.S. culture, creates a unique dynamic of power which may lead to a unique set of internalized values.

Internalized racism has repeatedly been linked to adverse mental health outcomes such as depression, low self-esteem, high psychological distress, and shame in samples of African Americans (e.g., Graham, West, Martinez, & Roemer, 2016; Szymanski & Obiri, 2011). Holding marianista values has also been found to have a detrimental effect on Latina's mental health as it is significantly associated with high rates of anxiety and depression (Cano, 2004). Thus, understanding the unique path through which experiences of gendered ethnicism are related to mental health and contingencies of self-worth, may help the field of counseling psychology implement strategies to better assist Latinas.

Summary

This chapter provided a review of the evidence regarding each construct of interest in the proposed study. The limitations and future areas for investigation were discussed in addition to identifying significant gaps in the literature about Latina's experiences with gendered ethnicism, internalized ethnicism, marianista values, contingencies of self-worth, and mental health. Since Latinas are part of one of the fastest growing groups in this country, it is important to investigate the integrative experiences of Latinas. The proposed study sought to fill in some of the gaps in the literature and elucidate the pathway in which gendered ethnicism could influence contingencies of self-worth and psychological symptomology. Specifically, it was hypothesized that internalized

ethnicism and marianismo would mediate the relationship between gendered ethnicism and psychological symptoms. Gendered ethnicism would lead to higher psychological symptoms through the impact of internalized ethnicism and endorsement of marianista values. Additionally, it was hypothesized that gendered ethnicism would be the best predictor of pathological symptoms above and beyond internalized ethnicism and marianismo. It had also been hypothesized that internalized ethnicism and marianismo would mediate the relationship between gendered ethnicism and contingencies of self-worth. Gendered ethnicism would lead high levels of contingencies of self-worth through the impact of internalized ethnicism and endorsement of marianista values. The following are specific hypotheses for the current study:

Question 1: How are experiences of gendered ethnicism, related to internalized ethnicism, marianismo, and psychological symptomology?

Hypothesis 1a: Gendered ethnicism will be positively correlated to internalized ethnicism.

Hypothesis 1b: Gendered ethnicism will be positively correlated to marianista beliefs.

Hypothesis 1c: Gendered ethnicism will be positively correlated to psychological symptomology.

Question 2: What is the best predictor of psychological symptomology?

Hypothesis 2: gendered ethnicism will uniquely predict psychological symptomology, above and beyond internalized ethnicism and marianista values.

Question 3: Is the relationship between experiences of gendered ethnicism and psychological symptoms mediated by internalized ethnicism and marianismo?

Hypothesis 3a: The relationship between experiences of gendered ethnicism and psychological symptomology will be explained by internalized ethnicism (*Figure 1-1*).

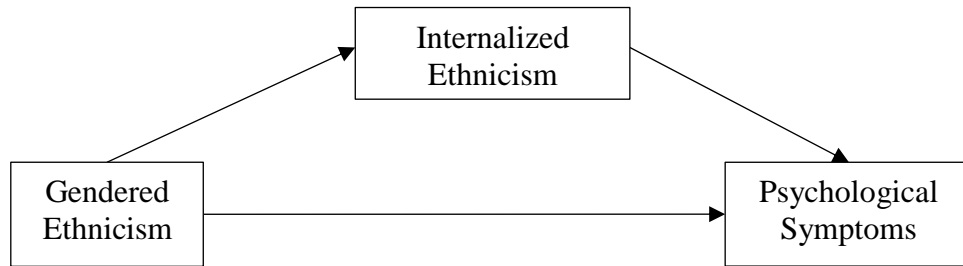


Figure 1-1. *Conceptual Model 1 for the Present Study*

Hypothesis 3b: The relationship between gendered ethnicism and psychological symptomology will be explained by endorsement of marianismo (*Figure 1-2*).

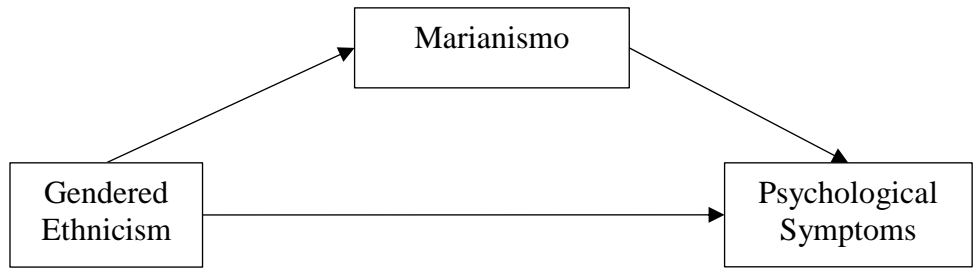


Figure 1-2. *Conceptual Model 2 for the Present Study*

Question 4: Is the relationship between experiences of gendered ethnicism and contingencies of self-worth mediated by internalized ethnicism and marianismo?

Hypothesis 4a: The relationship between experiences of gendered ethnicism and contingencies of self-worth (i.e., family support) will be explained by internalized ethnicism (*Figure 1-3*).

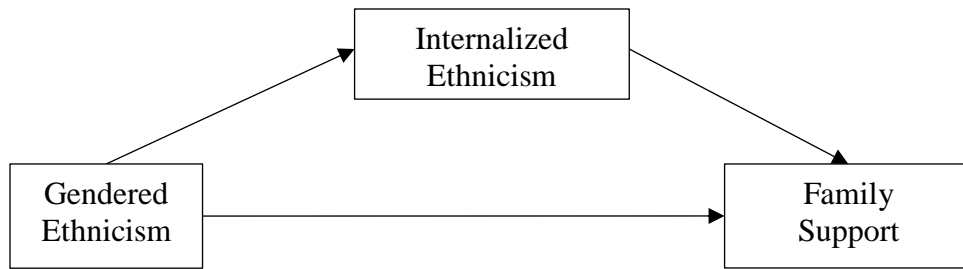


Figure 1-3. Conceptual Model 3 for the Present Study

Hypothesis 4b: The relationship between gendered ethnicism and contingencies of self-worth (i.e., family support) be explained by endorsement of marianismo (*Figure 1-4*).

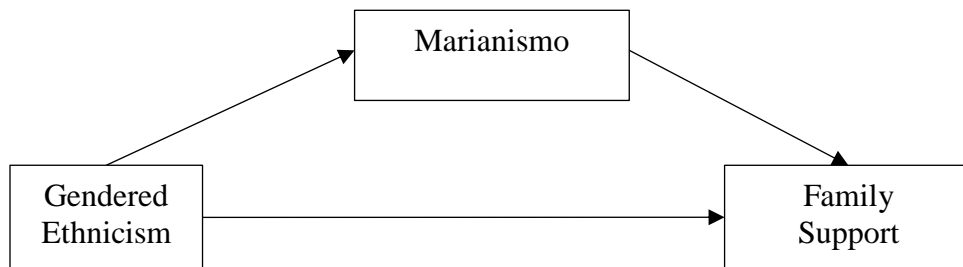


Figure 1-4. Conceptual Model 4 for the Present Study

Hypothesis 5a: The relationship between experiences of gendered ethnicism and contingencies of self-worth (i.e., God’s love) will be explained by internalized ethnicism (*Figure 1-5*).

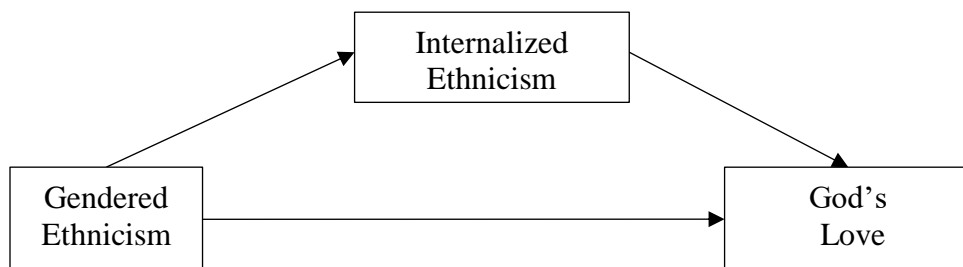


Figure 1-5. Conceptual Model 5 for the Present Study

Hypothesis 5b: The relationship between gendered ethnicism and contingencies of self-worth (i.e., God's love) be explained by endorsement of marianismo (*Figure 1-6*).

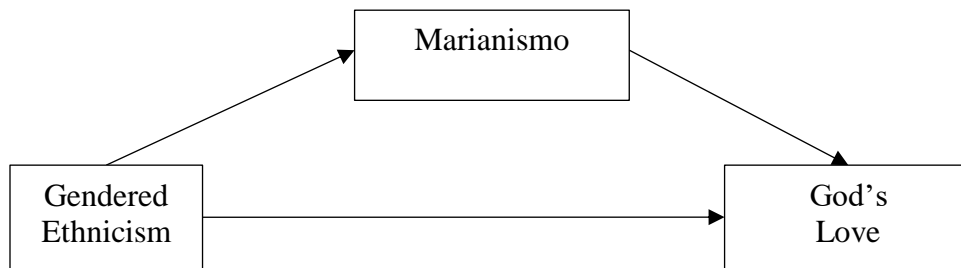


Figure 1-6. *Conceptual Model 6 for the Present Study*

CHAPTER III

METHODS

The purpose of this chapter is to present the participants, procedures, measures and statistical analyses that were used in the current study. The first section will describe the population of interest including expected number of participants and primary methods of recruitment, followed by the description of procedures used to collect data, and the criteria for inclusion in the study. Second, measures that were used for the study will be reviewed including rationale for the selection and issues related to validity and reliability. Finally, the used statistical analyses will be reviewed in detail accompanied by the corresponding hypotheses.

Participants

The sample for this study was comprised of 213 self-identified Latina women over the age of 18 currently residing in the United States. According to Gloria & Castellano (2013), the term Latina alludes to women with origins in South America (e.g., Uruguay, Chile), Central America (e.g., Guatemala), Spanish speaking North America (e.g., Mexico), and the Caribbean (e.g., Dominican Republic). In the current sample, the participants' ages ranged from 20 to 64. In terms of sexual orientation, 94.8% of the participants identified as heterosexual, followed by 3.8% identifying as bisexual, 0.9% as queer, and 0.5% as gay/lesbian. Participants included women who had emigrated from or had ancestry from Argentina, Chile, Uruguay, Paraguay, Mexico, Puerto Rico,

Dominican Republic, Peru, Costa Rica, Cuba, Nicaragua, Haiti, and Colombia. Racially, 50.7% of the sample identified as White, 37.1% as Black, and 12.2% as Indigenous. In terms of immigration, 55.4% were permanent resident/green card holders, 19.3% had emigrated to the U.S., 17.4% of the sample were U.S. Born, and 7.5% were naturalized citizens. In relation to education, 2.8% of the sample had completed some high school, 17.4% had earned a high school diploma or GED, 21.1% had completed some college, 43.2% had earned a college degree, and 15.5% had graduated from a professional or graduate program. Data was collected from all regions of the U.S. including, Northeast (n=84), Northwest (n=5), Midwest (n=37), Southeast (n=35), Southwest (n=37), and those who did not specify (n=15). See Appendix A, *Table 1*.

Procedures

Prior to participant recruitment, the study was approved by the University of Akron's Institutional Review Board. Once approval was obtained, participants were recruited using online invitations.

The online invitation included a description of the current study, participant eligibility, the primary investigator's contact information, and the Qualtrics survey link to the online survey in English. By clicking the offered link, participants were directed to the Qualtrics website that presented the informed consent of the current study. The informed consent included the study rationale, participant eligibility, associated risks and benefits, length of time to complete the survey, IRB approval number, data anonymity and confidentiality as no identifying information was collected, and the primary investigator's contact information. If the potential participant consented to the study, then they continued on to the survey.

Participants were recruited using multiple data sources (e.g., contacting Latino learning communities and professional psychological associations, approaching Latino organization list serves, using social Facebook). Some of the organizations and communities contacted include, National Latino Psychological Association, Association for Women in Psychology, CASA de Maryland, parent listservs of high schools with high Latino attendance such as Richard Montgomery HS in Rockville (mothers were recruited), Maryland, Facebook group such as, Latinos in the Midwest, and Latinos in Chicago). This recruitment method was chosen to increase accessibility to the study from anywhere in the U.S. A \$5 virtual gift card to a major retailer was given to all participants who complete the study.

Measures

Demographic Questionnaire. The demographic questionnaire collected the following information: age, gender, race, ethnicity, sexual orientation, schooling completed, years of living in the U.S., current residing state, nationality, immigration status (i.e., not immigrant/U.S. born, immigrant to the U.S.), and primary language (Appendix B). The information regarding age, race/ethnicity, and gender was used to determine participants' eligibility for the study.

Gendered Ethnicism. The Racialized Sexual Harassment Scale (RSHS; Buchanan, 2005) was used to measure participant's experiences of gendered ethnicism (Appendix C). The RSHS consists of 7 items assessing experiences of oppressive behaviors that focus on an individual's ethnicity and gender, simultaneously. Participants were asked to indicate how often during the past year they experienced a variety of oppressive events. Sample items of this measure are "said things to insult people of your gender and

ethnicity” and “made comments about your body that emphasized your gender and ethnicity.” Participants were asked to indicate how often they experienced each of these behaviors on a 5-point scale ranging from 0= “never” to 4= “very often”, with higher scores indicating the experience of more gendered racism. Potential total scores range from 0 to 84, and 0 to 4 for average scores. On the current study, the average scores of the subscale combining gender and ethnicity were used. Additionally, in personal communication with the author, she stated that due to the nuance of the measure, there has been no prior establishment of what values are considered to be low, moderate, and high (personal communication, March 21, 2018).

The RSHS was originally validated using a sample of 576 African-American women (Woods, Buchanan, & Settles, 2008). Reported internal consistencies for the RSHS as .89 (Woods, Buchanan, & Settles, 2008), and .91 in a later study (Carr, Szymanski, Taha, West, & Kaslow, 2014). As stated by Ponterotto (1996), a Cronbach’s alpha value of at least .70 is considered acceptable; therefore, the Cronbach’s alphas for RSHS demonstrate the instrument does have appropriate internal consistency. In the current study, the measure demonstrated excellent internal consistency ($\alpha = .91$).

To this date, there have only been three published articles that have used this measure (i.e., Carr, Szymanski, Taha, West, Kaslow, 2014; Szymanski, & Lewis, 2016; Woods, Buchanan, & Settles, 2009) yielding acceptable Cronbach alpha values demonstrating appropriate validity. However, this measure has only been used with samples of African-American women; thus, never with Latinas until now. For the purpose of the current study, only questions regarding gendered ethnicism (i.e., excluding those about sexist and ethnicist experiences alone) will be used for the main analyses.

Internalized Ethnicism. Internalized ethnicism was assessed using a modified version of the Nadanolitization scale (NAD; Taylor & Gundy, 1996) called Mochihua Tepehuani (Hipolito-Delgado, 2007) (Appendix D). Hipolito-Delgado revised the original 49 items of the NAD to ensure that they reflected a stereotype about the Chicana/o and Latina/o community rather than the Black community. Items that could not be generalized to Chicanas/os and Latinas/os were eliminated and replaced with new items to represent stereotypes about Chicanas/os and Latinas/os. To assess the face validity of the modified scale a panel of experts on Latina/o culture comprising doctoral students and counselor education professors, was surveyed (Hipolito-Delgado, 2007). It was the unanimous opinion of this panel that all 49 items represented stereotypes about Chicanas/os and Latinas/os. The Mochihua Tepehuani scale presents the participants with 25 stereotypes of Latinas/os and asks them to answer on a 7-point Likert scale from 1= “strongly agree” to 7= “strongly disagree”. The Mochihua Tepehuani is composed of four subscales: a racism subscale, a Latin lover subscale, the familia subscale, and the ability and characteristics subscale. An example of an item from the racism subscale is “The number of Latinas/os addicted to alcohol and drugs suggests a biological weakness.” An example of an item from the Latin lover subscale is “Chicanas/os and Latinas/os are born with greater sexual desire than Whites.” An example of an item from the familia subscale is “Chicanas/os and Latinas/os have larger families than Whites.” An example of an item from the ability and characteristics subscale is “Chicanas/os and Latinas/os are carefree, happy-go-lucky”. The scale is scored by taking the mean of a participant’s responses. Total added scores may range from 25-175 thus, means may range from 1 to 7, lower

scores indicate higher levels of internalized racism. In this study, average values will be used.

Using data from a sample of 158 undergraduate Latinas/os, an exploratory factor analysis of the original scale was conducted (Hipolito-Delgado, 2007). The purpose of this analysis was to assess the internal validity of the Mochihua Tepehuani scale and to reduce the number of items on the scale. The resulting analysis led to the reduction of total items on the scale to 25 and yielded a Cronbach alpha of .85 (Hipolito-Delgado, 2007) and .91 in a later study (Hipolito-Delgado, 2010). In the current study, the measure demonstrated excellent internal consistency ($\alpha = .95$). The Mochihua Tepehuani was selected because of a lack of available measures of internalized racism. In personal communication with the author of the measure, he cautioned that given the nuance and newness of the measure, the lack of validation might be a potential limitation to the study. Therefore, additional research is necessary to assess the validity of the Mochihua Tepehuani. However, this measure will provide face validity which is important to the current study.

Marianismo. The endorsement of Marianista values was measured using the Latina Values Scale (LVS; Rivera-Marano, 2000) (Appendix E). The Latina Values Scale was developed as a cultural-specific instrument to measure the phenomenon of marianismo. The LVS was developed with three goals (1) to assess the degree to which a Latina adheres to marianismo values, (2) whether the Latina woman perceived conflict with these values, and (3) to identify the marianismo values that were a source of strength and satisfaction (Rivera-Marano, 2000). The LVS includes a satisfaction scale, which

directly measures the respondents' satisfaction with their responses to the marianismo scale; however, this subscale was not used in the current study.

Participants rated their endorsement of marianismo using a 6-point Likert scale ranging from 1= "strongly disagree" to 6= "strongly agree" (Rivera-Marano, 2000). The author reported the LVS to have an inter-item reliability of .87, based on the 37 items extracted from the 40-item scale (Rivera-Marano, 2000). In the current study, the measure demonstrated good internal consistency ($\alpha = .89$).

A sample item from the marianismo scale is "I find it difficult to say *no* to people even when it is clear that *no* is what I should be saying" (Rivera-Marano, 2000). Total added scores may range from 39 to 234 for the values' scale; however, no specific values identifying low, moderate, and high levels were found in the literature. The higher total scores in the values' scale indicate higher endorsement of marianista values. Given the nature of the study, only the endorsement of marianista values was assessed, not their satisfaction with these values.

The initial sample for the validity of this scale included a group of Latina college students ($N = 63$) that was intended to represent the proportion of Latina/o subgroups in the United States (Rivera-Marano, 2000). The initial sample of participants did not include Mexican-American participants. However, Melendez (2004) investigated the LVS further to determine its construct validity in a sample of Latino participants ($N = 101$), which included those of Mexican American ancestry. Rivera-Marano (2000) found significant inverse relationships between the LVS and the Assertiveness Self-Report Inventory (ASRI; Herzberger, Chan, & Katz, 1984) ($r = -.651$, $r^2 = .424$, $p = .01$). The author also found significant relationships between the LVS and the Self-Esteem Rating

Scale (SERS; Nugent, 1994) ($r = -.514$, $r^2 = .264$, $p = .01$) (Rivera-Marano, 2000). In addition, Melendez (2004) found that the LVS was significantly correlated to the Silencing-The-Self Scale (STSS; Jack & Dill, 1992) ($r = .635$, $p = .01$). Further, Melendez (2004) found that 40% of the variation in the LVS is explained by the STSS, and therefore the construct of self-sacrifice as an excellent predictor of marianismo. These findings evidence that the LVS has good validity properties.

Contingencies of Self-Worth. The Contingency of Self-Worth Scale (CSWS, Crocker, et al., 2003) is composed of 35 items belonging to seven subscales (five items per subscale), each tapping one of the following hypothesized domains of self-worth contingencies: Family Support (e.g., “When my family members are proud of me, my sense of self-worth increases”), Competition (e.g., “Doing better than others gives me a sense of self-respect”), Appearance (e.g., “When I think I look attractive, I feel good about myself”), God's Love (e.g., “My self-worth is based on God's love”), Academic Competence (e.g., “My self-esteem is influenced by my academic performances”), Virtue (e.g., “My self-esteem would suffer if I did something unethical”) and Others' Approval (e.g., “My self-esteem depends on the opinions others hold on me”) (Appendix F). Participants were asked to indicate to what degree they agreed with the given statement on a 7-point Likert scale ranging from 1= “strongly disagree” to 7= “strongly agree”. Potential total average scores range from 1 to 7. On this study, the average scores of the subscales for God's love and family support were used.

In its original validation study of 1,418 college students, an even-factor structure fit the data better than several alternative models, and it fit the data for both men and women (Crocker et al., 2003). The EFAs suggested that the measure provided a good fit

for Whites, Blacks, and Asian Americans (Crocker et al., 2003). All subscales demonstrated good test-retest reliability ranging from .68 to .92. The measure also failed to correlate and correlated in the expected direction with other personality measures which provides good convergent and divergent validity (Crocker et al., 2003). What is important to notice however, is that the two subscales chosen for the study had never been used with the Latino population. In the current study, the measure demonstrated good internal consistency for the family support subscale ($\alpha = .65$) and God's love subscale ($\alpha = .91$).

Psychological Symptomology. The Hopkins Symptom Checklist-21 (HSCL-21; Green, Walkey, McCormick, & Taylor, 1988) (Appendix G). The HSCL-21 is a self-report instrument comprised of 21 items on a Likert type scale ranging from 1= "not at all" to 4= "extremely" that measures general psychological symptomology. The HSCL-21 was originally constructed from the Symptom Checklist – 90- Revised (Derogatis, 1975) and other variations from the HSCL such as the Brief Symptom Inventory (Derogatis & Melisaratos, 1983). Sample items include trouble concentrating, feeling inferiority to others, soreness of your muscles, and worried about sloppiness or carelessness. Higher average scores indicate that the individual is experiencing more psychological symptomology. In the current study, the total average score of the measure was used.

The HSCL-21 has demonstrated strong structural and construct validity through correlations with other measures of distress (Deane, Leathem, & Spicer, 1992). Additionally, the HSCL-21 has demonstrated adequate concurrent validity with the State Trait Anxiety Inventory and Brief Hopkins Psychiatric Rating Scale (Donatelli, 2010).

Internal consistency checks have yielded Cronbach's alphas of .90 (Green et al., 1988) and .89 (Deane et al., 1992). In the current study, the measure demonstrated excellent internal consistency ($\alpha = .94$).

Proposed Analyses

Once data collection was completed, eligibility was determined by reviewing respondents' age, ethnicity, race, gender, and country where they are currently living as reported on the demographic questionnaire. Participation in this study was limited to Latina individuals who were over the age of 18, living in the U.S. Thus, participants who did not meet the eligibility criteria were excluded from data analyses.

It had been established that Tabachnick and Fidell's (2007) guidelines for data cleaning and screening would be used to assess for outliers, kurtosis, missing data, etc. In order to minimize the likelihood of missing data, researcher designed the electronic questionnaire in such a way that participants could not skip any questions.

It was determined that this study needed to have a sample of at least 200 participants in order to yield adequately test mediation models (MacCallum, Browne, & Sugawara, 1996). Additional available rules of thumb in determining adequate numbers of participants indicate that the sample size should be at least 100 to achieve appropriate power for detecting mediation with a highly reliable mediator, and that the sample size be at least 200 if the mediator has less than optimal reliability (Judd & Kenny, 1981). Given that there are no guidelines established in the current literature that indicates an adequate sample size for PROCESS analyses, a minimum number of 213 participants was appropriate for the present study.

In order to assess hypothesis 1a that there is a significant relationship between gendered ethnicism and internalized ethnicism, a bivariate correlation between these variables was conducted. Hypothesis 1b that there is a significant relationship between experiences of gendered ethnicism and endorsement of marianista values was also tested by examining the bivariate correlation between these variables. Based on theory and prior empirical research, a significant positive association was expected between experiences of gendered ethnicism and internalized ethnicism and marianismo. Similarly, in order to explore hypothesis 1c that gendered racism is significantly correlated to psychological symptoms, a bivariate correlation was conducted between the variables of interest. Given past research findings, it was expected the existence of a significant positive relationship between gendered ethnicism and psychological symptoms.

In order to assess hypothesis 2, a linear regression analysis was conducted entering the gendered ethnicism variable first. This assisted in concluding whether or not gendered ethnicism was the strongest predictor of psychological symptoms above and beyond internalized ethnicism and marianismo.

To explore hypotheses 3 through 5, separate regression models were conducted following steps recommended by Hayes (2013). More specifically, using OLS procedures, a separate model for each of the mediators was conducted. Estimation of the indirect effect between experiences of gendered ethnicism and symptoms of psychopathology, and gendered ethnicism and contingencies of self-worth, with two potential mediators: internalized ethnicism and marianista values, allowed for a simultaneous test of each mechanism while accounting for the shared association between them. Using PROCESS, the best fitting OLS regression model were determined.

Bias-correlated 95% bootstrap confidence intervals (CI) were used to determine the significance for the indirect effects. Bootstrapping is a nonparametric resampling procedure to estimate effect size that does not impose the assumption of normality of the sampling distribution (Hayes, 2013). CI were computed and checked to determine whether zero was included within the confidence interval. If zero was outside of the confidence interval, it was determined with confidence that the indirect effect was different from zero and therefore significant (Preacher & Hayes, 2008). CI were also used to test pairwise comparison between two separate indirect effects (i.e., one via internalized ethnicism and the other via marianista values).

It was hoped that the findings would contribute to the growing body of literature examining the psychological impact of oppression on Latina-American women. In particular, given the lack attention paid to the topic of internalized ethnicism and marianismo in the current Latina mental health literature, the findings of this study could provide foundational evidence that explains the link between experiences of gendered ethnicism, internalized ethnicism, and marianista values. The field of counseling psychology has been moving toward the value of social justice and has emphasized the importance of increasing critical consciousness among researchers and clinicians. By acknowledging the existence of internalized ethnicism and marianista values among Latinas, the current study aimed to raise awareness of structural inequality stemming from White dominant racial ideology and the systems of oppression.

CHAPTER IV

RESULTS

Data Cleaning

Prior to conducting analyses, the original sample was composed of 251 participants. Data were screened for assumptions of normality and outliers. Scores for the variables satisfied assumptions of univariate normality (i.e., absolute skew value of < 3 and absolute kurtosis value of < 7 ; Tabachnick & Fidell, 2011). The data were screened for univariate outliers by using z-score conversion. Z-scores with an absolute value greater than 3.29 were considered univariate outliers, with 2 cases meeting criteria as outliers. Mahalanobis distance scores and probabilities were calculated for each case, with Mahalanobis D 2 scores with $p \leq .001$ considered as multivariate outliers (Tabachnick & Fidell, 2011). Based on the results of this analysis, 5 multivariate outliers were found and thus, were removed from analyses. The survey was designed in such a way that participants had to complete all items in all sections (except for demographic questions that were not used for exclusion purposes) in order to submit their responses and receive the gift card. Therefore, participants who exited the survey before completing (n=4) were not used for data analysis. Additionally, participants who did not meet inclusion criteria were deleted from the data set (n=30).

Descriptive Analyses

Tabachnick and Fidell's (2007) guidelines for data cleaning and screening were used to assess the data's normality (i.e., skewness and kurtosis). All variables satisfied normality assumptions and had skewness in acceptable ranges therefore, no transformations were necessary. Additionally, the collinearity diagnostics were examined taking a conservative approach and it was determined that the tolerance, variance inflation factor, and condition index were within the normal range for all variables. This indicates that there was no presence of multicollinearity.

Descriptive statistics for each variable were calculated and summarized in the table below (See Table 2; Appendix H). In addition, reliability coefficients for each measure were calculated. All alpha scores yielded were within the acceptable range (i.e., $\alpha > .85$), except for the alpha score for family support ($\alpha = .65$) suggesting low internal consistency for the measure. Prior to investigating the proposed mediation model, preliminary analyses were conducted on the data set. First, the means and standard deviations for all scales were calculated (Table 2). The Mochihua Tepehuani had a mean of 4.2 and standard deviation of 1.2 in the current sample. In a sample of 373 Latinas and Latinos, a previous researcher (Hipolito-Delgado, 2016) reported a mean score of 5.42 ($SD = .8$) for internalized ethnicism which is higher than that of the current sample. In terms of the Racialized Sexual Harassment scale assessing internalized ethnicism, the current sample had a mean of 1.03 and standard deviation of .73. This mean score of the measure was similar to the mean found in a study sampling 144 African American women ($M = 1.10$, $SD = 1.04$; Carr et al., 2014). In relation to the Latina Values Scale, the

mean observed was 161.8 and a standard deviation of 19.2. This is much higher than the mean observed ($M = 45$, $SD = 7.23$) in a sample of 100 Latinas (D'Alonzo, 2011).

To examine the mean differences in experiences of internalized ethnicism, gender ethnicism, marianista values, psychological symptomology, and contingencies of self-worth (in relation to family support and God's love) across race, sexual orientation, generation of immigration and immigration status, separate one-way ANOVAs were conducted. This test examines differences among three or more groups on a quantitative variable. Levene's Test for Equality of Variances revealed that there were several significant mean differences across the various groups indicating that there was no homogeneity of variance in some cases. Then, in order to determine how these significant differences relate to one another, the Tukey test was utilized. The Tukey is a post-hoc test based on the studentized range distribution.

Yielded results suggest that there were significant mean differences across the reported responses of individuals of the three main racial groups (i.e., Black, White, Indigenous) across gender ethnicism ($F_{(2, 210)} = 30.94$, $p < .001$), internalized ethnicism ($F_{(2, 210)} = 41.08$, $p < .001$), marianismo ($F_{(2, 210)} = 13.34$, $p < .001$), and psychological symptomology ($F_{(2, 210)} = 48.95$, $p < .001$). Results from the Tukey test revealed that Black women reported experiencing significantly higher levels of gendered ethnicism, internalized ethnicism, marianista values, and mental health related symptoms compared to other racial groups in the study. Additionally, results from the Tukey test indicate that there were no significant differences between the mean scores of White and Indigenous identifying Latinas. See Appendix I.

Moreover, results suggest that there were significant mean differences across the reported responses of individuals of the four main immigration status (i.e., not immigrant/U.S. born, immigrant to the U.S., permanent resident, naturalized citizen) across gender ethnicism ($F_{(3, 209)} = 39.87, p < .001$), internalized ethnicism ($F_{(3, 209)} = 31.81, p < .001$), marianismo ($F_{(3, 209)} = 12.65, p < .001$), and psychological symptomology ($F_{(3, 209)} = 42.28, p < .001$). According to the Tukey test results, permanent residents reported significantly higher levels of gendered ethnicism, internalized ethnicism, marianista values, and mental health-related symptoms compared to the other sampled groups (i.e., non-immigrant, immigrant, permanent resident, naturalized citizen). Additionally, the Tukey test revealed that there were no significant differences in participants who identified as U.S. born, immigrants, and naturalized citizens across all variables except for psychological symptoms. The Tukey test revealed that those participants who identified as immigrants reported significantly higher levels of symptoms compared to those who were U.S. born or naturalized citizens and significantly lower level of symptomology compared to permanent residents. See Appendix J.

Additionally, results show that there were significant mean differences across the reported responses of individuals representing the five main immigration generational groups (i.e., first generation immigrant, second generation immigrant, third generation immigrant, fourth generation immigrant, and fifth generation immigrant) across gender ethnicism ($F_{(4, 205)} = 28.72, p < .001$), internalized ethnicism ($F_{(4, 205)} = 32.01, p < .001$), marianismo ($F_{(4, 205)} = 13.34, p < .001$), and psychological symptomology ($F_{(4, 205)} = 24.39, p < .001$). Fifth generation participants reported the significantly higher means across all variables compared to first, second, and third generation participants; however,

there were no significant differences with 5th generation participants. See Appendix K. Lastly, most of the participants in the study identified as heterosexual; thus, no across-group differences were able to be determined.

To test all parts of hypothesis 1, the relationship between all variables of interest, bivariate correlations were run to explore the relationships between gendered ethnicism and internalized ethnicism, marianismo, and psychological symptomology. For hypothesized correlations, a one-tailed test at the .05 level of significance was used. Results of Pearson correlation analysis revealed support for all hypotheses. Hypothesis 1a, gendered ethnicism was positively correlated to internalized ethnicism ($r = .67$, $p < .001$). Hypothesis 1b, gendered ethnicism was positively correlated to marianismo ($r = .48$, $p < .001$). Hypothesis 1c, gendered ethnicism was positively correlated to psychological symptomology ($r = .74$, $p < .001$). See *Table 3*; Appendix L.

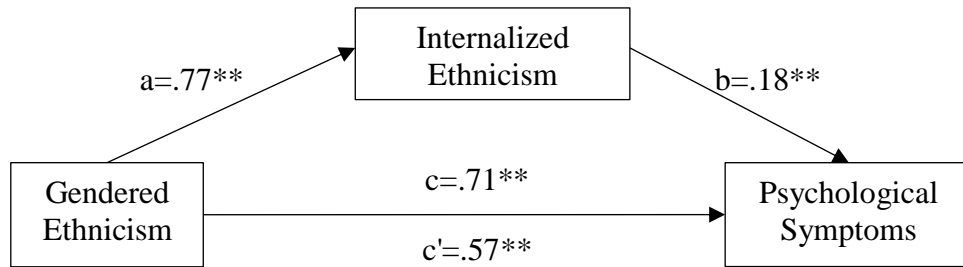
To test hypothesis 2 stating that gendered ethnicism was the best predictor of psychological symptoms above and beyond internalized ethnicism and marianismo, a hierarchical multiple regression was performed. A two-stage hierarchical multiple regression was conducted with Psychological Symptomology as the dependent variable. Internalized Ethnicism and Marianismo were entered in stage one of the regression and Gender Ethnicism in stage 2. The hierarchical multiple regression revealed that in model 1 which corresponds with the first stage of the regression, 43% of the variability in overall psychological symptomology was being accounted for by internalized ethnicism and marianismo ($F(1,90) = 77.31$, $p < .001$). However, the second stage of the regression analysis revealed that adding gender ethnicism to the model increased the predictability capacity by 17%. The change in R^2 was significant, $F(2,88) = 99.88$, $p < .001$. When

observing the contribution of each variable in model 2, it is evidenced that gendered ethnicism explains the variance in psychological symptoms above and beyond internalized ethnicism and marianismo; this provides support for hypothesis 2. See *Table 4*; Appendix M.

Mediation Analysis

To test hypothesis 3a, that the relationship between gendered ethnicism and psychological symptoms was mediated by internalized ethnicism, a mediation analysis was performed, using PROCESS macro for SPSS (Model 4; Hayes, 2013). As predicted, when controlling for internalized ethnicism, there was a significant relationship between gendered ethnicism and psychological symptoms ($b = .71, p < .001$). Additionally, when the effects of internalized ethnicism were not controlled for, the relationship between these two variables was also found to be significant ($b = .57, p < .001$). Moreover, the relationship between gendered ethnicism and internalized ethnicism, or the a-path, was found to be significant ($b = .77, p < .01$). Lastly, the b-path, or the relationship between internalized ethnicism and psychological symptomology, was found to be significant ($b = .18, p < .001$) (see *Table 5*; Appendix N). Experiencing internalized ethnicism was found to be a significant mediator in the relationship between gendered ethnicism and psychological symptoms. An effect of .14 (95% CI= [.048, .247]) was found when using the partially standardized indirect effect of X on Y (gendered ethnicism on psychological symptoms, respectively). This means that for every positive change in the standard deviation of gendered ethnicism experienced, the psychological symptoms increase by 14 units through internalized ethnicism. This provides further support that internalized ethnicism mediates the relationship between individual's gendered ethnicism and

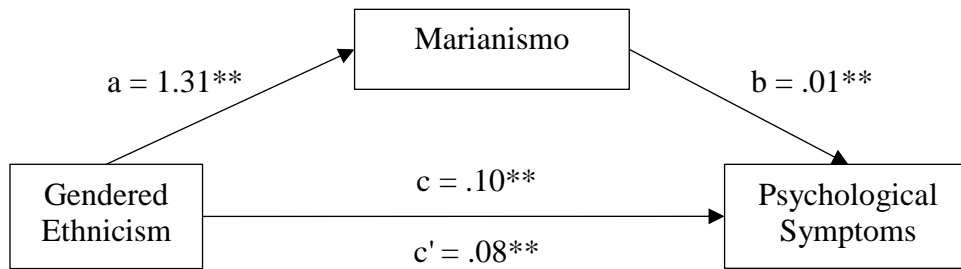
psychological symptomology, which supports the hypothesis. This relationship is shown in *Figure 2-1*.



Note. ** $p < .001$

Figure 2-1. *Mediation model 1 with internalized ethnicism as the main mediator.*

To test hypothesis 3b, that the relationship between gendered ethnicism and psychological symptoms was mediated by marianismo, a mediation analysis was performed, using PROCESS macro for SPSS (Model 4; Hayes, 2013). As predicted, there was a significant relationship between gendered ethnicism and psychological symptomology when controlling for marianismo ($b = .70, p < .001$). Additionally, when the effects of marianismo were not controlled for, the relationship between these two variables was also found to be significant ($b = .61, p < .001$). Moreover, the relationship between gendered ethnicism and marianismo, or the a-path, was found to be significant ($b = 9.15, p < .001$). Lastly, the b-path, or the relationship between marianismo and psychological symptomology, was found to be significant ($b = .01, p < .001$) (see *Table 6*; Appendix O). An effect of .09 (95% CI= [.040, .155]) was found when using the partially standardized indirect effect of X on Y. For every unit of gendered ethnicism experienced, the psychological symptoms increase by 9 units through marianismo. These findings provide further support that marianismo mediates the relationship between individual's gendered ethnicism which supports the hypothesis; relationship is shown in *Figure 2-2*.

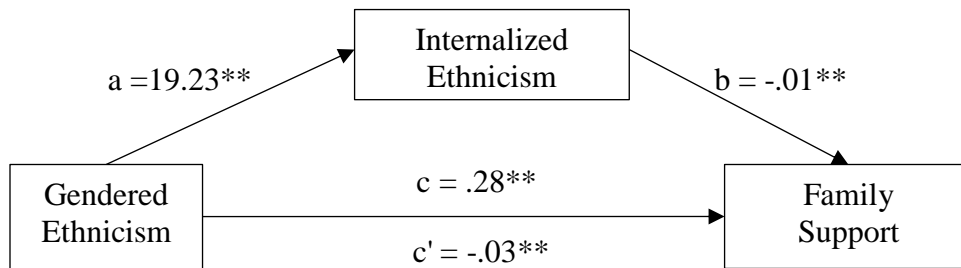


Note. $^{**}p < .001$

Figure 2-2. Mediation model 2 with marianismo as the main mediator.

To test hypothesis 4a, that the relationship between gendered ethnicism and contingencies of self-worth in the form of family support was mediated by internalized ethnicism, a mediation analysis was performed, using PROCESS macro for SPSS (Model 4; Hayes, 2013). There was a significant relationship between gendered ethnicism and symptoms contingencies of self-worth, particularly, family support, when controlling for internalized ethnicism ($b = -.28, p < .001$). However, when the effects of internalized ethnicism were not controlled for, the relationship between these two variables was not found to be significant ($b = -.03, p < .001$). This finding suggests that the model maintained a full mediation. Additionally, the relationship between gendered ethnicism and internalized ethnicism, or the a-path, was found to be significant ($b = 19.23, p < .001$). Lastly, the b-path, or the relationship between internalized ethnicism and family support, was found to be significant ($b = -.01, p < .001$) (see Table 7; Appendix P). A significant effect of $-.25$ ($CI = [-.404, -.170]$) was found when using the partially standardized indirect effect of X on Y. Therefore, as gendered ethnicism experienced increases, the contingencies of self-worth in the form of family support decrease by 2.5 units through internalized ethnicism. Given that within the context of the model there is no significant

direct relationship between gendered ethnicism and contingencies of self-worth in the form of family support, it can be concluded that the relationship is uniquely maintained through internalized ethnicism. This provides further support that internalized ethnicism mediates the relationship between individual's gendered ethnicism and contingencies of self-worth related to family support, which supports the hypothesis. This relationship is shown in *Figure 2-3*.

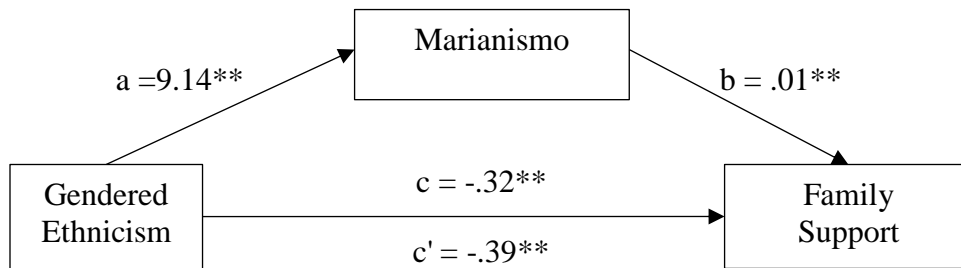


Note. $^{**}p < .001$

Figure 2-3. *Mediation model 3 with internalized ethnicism as the main mediator.*

To test hypothesis 4b, that the relationship between gendered ethnicism and contingencies of self-worth in the form of family support were mediated by marianismo a mediation analysis was performed, using PROCESS macro for SPSS (Model 4; Hayes, 2013). As predicted, there was a significant relationship between gendered ethnicism and contingencies of self-worth, particularly family support ($b = -.32, p < .001$), when controlling for the effects of marianismo. Additionally, when the effects of marianismo were not controlled for, the relationship between these two variables was also found to be significant ($b = -.39, p < .001$). Moreover, the relationship between gendered ethnicism and marianismo, or the a-path, was found to be significant ($b = 9.14, p < .001$). Lastly, the b-path, or the relationship between marianismo and family support, was found to be significant ($b = .01, p = .008$) (see *Table 8*; Appendix Q). A significant effect of .09

(95% CI= [.024, .176]) was found when using the partially standardized indirect effect of X on Y. Therefore, as gendered ethnicism experienced increases, the contingencies of self-worth in the form of family support increases by 9 units through marianismo. This provides further support that marianismo mediates the relationship between individual's gendered ethnicism and contingencies of self-worth related to family support. This relationship is shown in *Figure 2-4*.

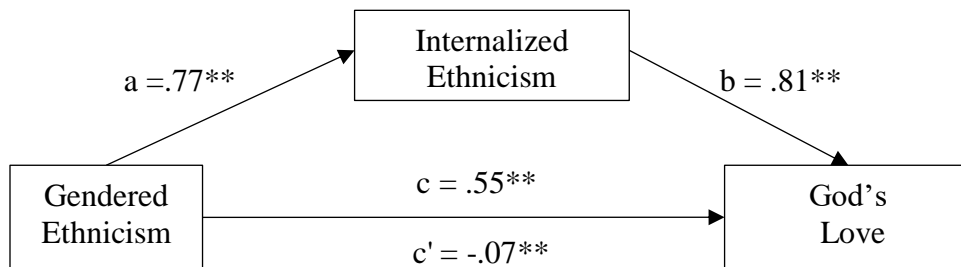


Note. $^{**}p < .001$, $^{*}p < .01$

Figure 2-4. *Mediation model 4 with marianismo as the main mediator.*

To test hypothesis 5a, a mediation analysis was performed, using PROCESS macro for SPSS (Model 4; Hayes, 2013). There was a significant relationship between gendered ethnicism and symptoms contingencies of self-worth, particularly, God's love, when controlling for the effects of internalized ethnicism ($b = .55$, $p < .001$). However, when the effect of internalized ethnicism was not controlled for in the relationship between gendered ethnicism and God's love, the relationship was found to not be significant ($b = -.07$, $p = .544$). Additionally, the relationship between gendered ethnicism and internalized ethnicism, or the a-path, was found to be significant ($b = .77$, $p < .001$). Lastly, the b-path, or the relationship between internalized ethnicism and God's love, was found to be significant ($b = .81$, $p < .001$) (see *Table 9*; Appendix R). A significant effect of .41 (95% CI= [.304, .534]) was found when using the partially standardized indirect

effect of X on Y. Therefore, as gendered ethnicism experienced increases, the contingencies of self-worth in the form of God's love increased by 4.1 units through internalized ethnicism. Given that the model did not yield a significant direct relationship between gendered ethnicism and contingencies of self-worth in the form of God's love, it can be concluded that this relationship is uniquely maintained through internalized ethnicism. This provides further support that internalized ethnicism mediates the relationship between individual's gendered ethnicism and contingencies of self-worth related to God's love, which supports the hypothesis. This relationship is shown in *Figure 2-5*.



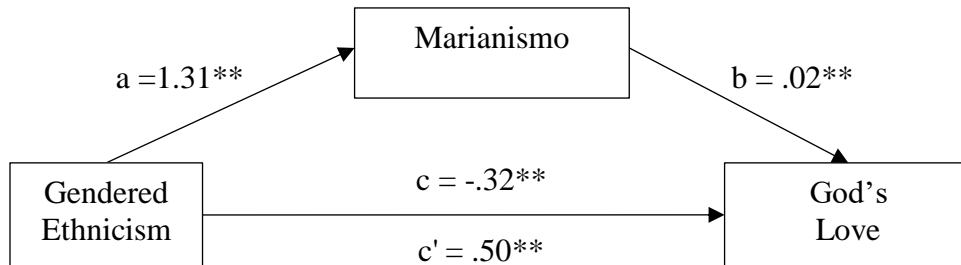
Note. $^{**}p < .001$

Figure 2-5. *Mediation model 5 with internalized ethnicism as the main mediator.*

To test hypothesis 5b, that the relationship between gendered ethnicism and contingencies of self-worth in the form of God's love was mediation by marianismo, an analysis was performed, using PROCESS macro for SPSS (Model 4; Hayes, 2013). There was a significant relationship between gendered ethnicism and contingencies of self-worth, particularly, God's love, when controlling for marianismo ($b = .53, p < .001$). Additionally, when the effects of marianismo were not controlled for, the relationship between these two variables was also found to be significant ($b = .35, p < .001$). Moreover, the relationship between gendered ethnicism and marianismo, or the a-path,

was found to be significant ($b = 9.15, p < .001$). Lastly, the b-path, or the relationship between marianismo and God's love, was found to be significant ($b = .02, p < .001$) (see *Table 10; Appendix S*). A significant effect of .12 (95% CI= [.032, .213]) was found when using the partially standardized indirect effect of X on Y. Therefore, as gendered ethnicism experienced increases, the contingencies of self-worth in the form of God's love increases by 12 units through marianismo. This provides further support that marianismo mediates the relationship between individual's gendered ethnicism and contingencies of self-worth related to God's love, which supports the hypothesis. This relationship is shown in *Figure 2-6*.

See *Table 11* (Appendix T) for a summary of all findings.



Note. ** $p < .001$

Figure 2-6. *Mediation model 6 with marianismo as the main mediator.*

CHAPTER V

DISCUSSION

This research study attempted to explain the paths through which experiences of gendered ethnicism led Latina women to suffer mental health symptoms. Particularly, it was hypothesized that both internalized ethnicism and endorsement of marianista values, would mediate the relationship between gendered ethnicism and psychological symptoms. In other words, that this relationship occurred partially due to the presence of internalized ethnicism and endorsement of marianismo.

The mean scores of the measures used in the study provide interesting information. The Mochihua Tepehuani had a mean of 4.2 and standard deviation of 1.2 in the current sample; however, prior research had found higher average scores (Hipolito-Delgado, 2016). This score discrepancy may have been caused by the fact that the current study only sampled women. Still, note that the average score of 4.2 (or total score 104.6) is above the scale's mean (total score of 75) suggesting that participants in the current sample reported a moderate level of internalized ethnicism. In terms of the Racialized Sexual Harassment scale assessing internalized ethnicism, the current sample had an average mean of 1.03 and standard deviation of .73. This mean score of the measure was similar to prior research ($M=1.10$, $SD=1.04$; Carr et al., 2014); however, the score remains low. Because this measure had never been used with this population, these scores might indicate that the scale is not the most efficient at capturing the experience of

Latinas. Thus, future research should encourage the creation and validation of new measures with this population. In relation to the Latina Values Scale, the mean observed was 161.8 and a standard deviation of 19.2. This is much higher than the mean observed in D'Alonzo's (2011) study. Because there are no studies published that have used this measure, it would be premature to conclude that Latinas are endorsing more marianista values than they were in past years. The sample of D'Alonzo's study was composed of mostly Mexican women which could interfere with the generalizability of its findings.

Hypothesis 1a stated that gendered ethnicism was positively correlated to internalized ethnicism ($r=.67$). This finding was consistent with prior research on oppression and its internalization (e.g., Szymansky & Lewis, 2016). Hypothesis 1b, stated that gendered ethnicism was positively correlated to marianismo ($r=.48$). Although no study had ever investigated these two variables together, this finding is consistent with research on perceived ethnic discrimination and marianismo which have been found to be significantly correlated (Sanchez, Smith, & Adams, 2018). Hypothesis 1c, found that gendered ethnicism was positively correlated to psychological symptomology ($r=.74$). This finding provides further support for the importance of this line of research showing that Latina women who experienced higher levels of gendered ethnicism also experienced high levels of psychological symptoms. The relationship between oppression and psychological symptoms and health has been well established in the literature suggesting that many factors such as, self-esteem, coping skills, substance use, contribute to the development of psychological symptoms (e.g., Carter, Lau, Johnson, & Kirkinis, 2017). Thus results of bivariate correlations revealed support for all parts of hypothesis 1.

The current study used an intersectional framework to examine the potential mediating roles of internalized ethnicism and marianismo when faced with gendered ethnicism. Hypothesis 3a stated that internalized ethnicism acted as a mediator between experiencing gendered ethnicism and psychological symptoms accounting for 58% of the variance. Experiencing gendered ethnicism is a positive predictor of psychological symptoms, thus the more gendered ethnicism one experiences, the more one will experience psychological symptoms. Given that the hypothesis was significant and internalized ethnicism did mediate the relationship, one can conclude that the relationship between gendered ethnicism and psychological symptoms is sustained by internalized ethnicism. In other words, the more internalized values an individual has, the more likely it is that gendered ethnicism will lead to psychological symptoms. Hypothesis 3b provided evidence that marianista values acted as a mediator between experiencing gendered ethnicism and psychological symptoms. In other words, the relationship between gendered ethnicism and psychological symptoms, partially occur through the endorsement of Marianista values. Marianismo, as a mediator, accounted for 58 % of the variance in the model explaining the mechanism behind the relationship between gendered ethnicism and psychological symptoms; meaning the path through which this relationship is maintained. These findings suggest that gendered ethnicism works indirectly through marianismo and directly to psychological symptoms. As one endorses high levels of marianismo, the effects of gendered ethnicism on psychological symptoms are more likely to occur at high levels.

Hypothesis 4a provided evidence that internalized ethnicism acted as a mediator between experiencing gendered ethnicism and contingencies of self-worth in the form of

family support. Internalized ethnicism, as a mediator, accounted for 21% of the variance in the model and attempted to explain the mechanism behind the relationship between gendered ethnicism and contingencies of self-worth in the form of family support. Thus, one can conclude that the more one internalizes negative messages regarding one's ethnic background, the less likely one is to utilize family support. Because the significant model did not yield a significant direct relationship between gendered ethnicism and family support, one can conclude that this relationship solely exists through the mediator. In other words, there is no strong relationship between gendered ethnicism and family support; however, the presence internalized ethnicism makes this relationship occur. This findings adds to the literature of coping mechanism by showing that internalized ethnicism has an impact of contingencies of self-worth. Thus, if one focuses on reducing internalized ethnicism in therapy, it can ultimately lead to Latinas' continuing to value the use of family support as part of their self-worth regardless of gendered ethnicist experiences. Hypothesis 4b was supported providing evidence that marianista values acted as a mediator between experiencing gendered ethnicism and contingencies of self-worth in the form of family support. Marianismo, as a mediator, accounted for 18% of the variance in the relationship between gendered ethnicism and contingencies of self-worth in the form of family support. This mediation analysis shows interesting findings. It suggests that there is a negative relationship between gendered ethnicism and contingencies of self-worth in the form of family support. The more gendered ethnicism one experiences, the less one sees family support as an important part of their self-worth. In attempting to understand this relationship, one may argue that this negative relationship may come from Latinas not wanting to burden their families which is an

important role for women in the marianista cultures (Bryant-Davis and Comas-Díaz, 2016). The significant mediation model suggests that the more one adheres to marianista values, the higher the importance of family support as part of one's self-worth. However, because marianismo encourages family support but discourages women to burden their families with outside problems, the findings are in-line with the cultural expectations. Therefore, the higher the adherence to marianismo, the higher the chance that gendered ethnicism will lead to Latinas not seeing family support as an important component of their self-worth.

Hypothesis 5a provided evidence that internalized ethnicism acted as a mediator between experiencing gendered ethnicism and contingencies of self-worth in the form of God's love. Internalized ethnicism, as a mediator, accounted for 35% of the variance in the relationship between gendered ethnicism and contingencies of self-worth in the form of God's love. Because the significant model did not yield a significant direct relationship between gendered ethnicism and contingencies of self-worth in the form of God's love, it can be concluded that this relationship is uniquely maintained through internalized ethnicism. Meaning that greater experiences of gendered ethnicism are related to higher levels internalized ethnicism, which in turn are related to higher desire for God's love (Bryant-Davis & Comas-Díaz, 2016). One can speculate that the more gendered ethnicism one experiences, the more internalized values one may suffer which may lead to an individual seeing God's love for them as their only source of self-worth. This finding is not surprising given Latino culture's value of God and religion. This finding is particularly important to the Latino literature given that it provides a specific mechanism through which gendered ethnicism affects Latina's self-worth. Hypothesis 5b was

supported and provided evidence that endorsement of marianista values acted as a mediator between experiencing gendered ethnicism and contingencies of self-worth in the form of God's love. Marianismo, as a mediator, accounted for 18% of the variance in explaining relationship between gendered ethnicism and contingencies of self-worth in the form of God's love. This means that 18% of the relationship is explained through marianismo. Suggesting that greater experiences of gendered ethnicism are related to higher levels of marianismo, which in turn are related to an increased need God's love. Given the strong emphasis marianismo puts of the relationship with God (Bryant-Davis & Comas-Díaz, 2016), it is not surprising that the higher the endorsement of marianismo the higher the likelihood that gendered ethnicism would lead Latinas to see God's love as part of their self-worth. This finding is important because it provides evidence that marianismo facilitates the relationship between gendered ethnicism and Latina's utilization of God's love as part of their self-worth.

Taken together, the mediation results suggest that there are several factors contributing to both the relationship between gendered ethnicism and, psychological symptoms and contingencies of self-worth (family support and God's love). Findings are in line with prior gendered racism literature. For example, in a sample of African American women, Szymansky and Lewis (2016) concluded that the relationship between gendered racism and psychological distress was mediated by internalization and self-blame behavior. That is, greater experiences of gendered racism were related to higher levels of internalization of negative messages about oneself which in turn were related to greater psychological distress. Additionally, these findings are also in line with prior research on marianismo which found the link between perceived discrimination and

mental health outcomes to be mediated by marianismo (Sanchez, Smith, & Adams, 2018). That is, greater perceived discrimination was related to higher levels of marianismo which in turn was related to poor mental health outcomes.

The current study offers several contributions to the field of psychology. First, it provides a unique finding that adds to the Latina and feminist literature by providing empirical support for the direct link between gendered ethnicism and mental health outcomes. Second, it asserts that the relationship between gendered ethnicism and psychological symptoms is influenced by several factors such as, internalized ethnicism and endorsement of marianismo. Third, this project is the first to explore contingencies of self-worth in the form of family support and God's Love in the Latino population. The latter can ultimately help future research better understand factors that contribute to Latina's sense of self-worth. The study's finding of two full mediations sustains the idea that the link between gendered ethnicism and family support, and gendered ethnicism and God's love is solely maintained by internalized ethnicism acting as a mediator. In other words, as gendered ethnicism increases internalized ethnicism increases causing family support and God's love to decrease and increase, respectively. Bryant-Davis and Comas-Díaz (2016) argue that a Latina's relationship with God and family are both central to the Latino culture and to marianismo. Therefore, it might be the case that the presence of internalized ethnicism increases the chances for Latina women to utilize God's love when encountered with gendered ethnicism and decreases the chances of utilizing family support. Speculating from the findings it may be the case that the more experiences of gendered ethnicism lead to higher levels of internalized ethnicism, which in turn harms the individual so much to the point that they see their connection to God as their main

source of self-worth. Similarly, gendered ethnicist experiences are associated with high levels of internalized ethnicism, which in turn might make Latinas reject their culture (as internalized oppression is often characterized by rejection of one's culture and acceptance of the dominant culture; Speight, 2007) and not see family support as a main source of their self-worth, which is an important aspect of the Latino community (Bryant-Davis & Comas-Díaz, 2016).

Another important component to this study was to help understand which, if any of the variables (i.e., gendered ethnicism, internalized ethnicism, and marianismo), acted as unique predictors of psychological symptoms. Gendered ethnicism emerged as a unique predictor of psychological symptoms beyond internalized ethnicism and marianismo suggesting that what is ultimately harmful to Latinas is the gendered ethnicism exerted by others, not its internalization. Due to the nuance of the concept gendered ethnicism, no study has yet explored this model; however, prior research suggests similar findings. For example, Ikizler and Szymanski (2018) found that racial discrimination was a unique predictor of psychological distress. Other studies show similar findings. For example, Carter et al. (2017)'s metanalytic study showed a strong association between racial/ethnic discrimination and psychological and physical health. These findings are particularly important because it takes the blame off of the individual. In other words, it is not the internalization of the ethnicist or sexist messages what causes an individual to develop mental health symptoms. On the contrary, these findings suggest that it is the ethnicist and sexist act what ultimately harms the individual.

A goal of this study was to shed light on the diversity that exists among groups of Latina women. Therefore, as predicted, results of one-way ANOVAs showed that there

were several significant differences across groups. Black women reported experiencing significantly higher levels of gendered ethnicism, internalized ethnicism, marianista values, and mental health related symptom compared to other racial groups. This is consistent with prior literature suggesting that Black women often encounter and suffer the consequences of gendered racism (e.g., Szymansky & Lewis, 2016; Thomas, Witherspoon, & Speight, 2008). However, no study had ever studied the experiences of Afro-Latinas. The only study available addressing this unique intersectionality promotes the merging of W. E. B. Du Bois's "double consciousness" (1903/1982; i.e., the internal conflict experienced by subordinated groups in an oppressive society) and Gloria Anzaldúa's "mestiza consciousness" (1999; i.e., the internal conflict experienced by mestiza women in an oppressive society). In her qualitative study, Falcon (2008) attempted to shed light on the unique experiences of the Afro-Peruvian women she was interviewing. She found that Afro-Latinas encounter unique challenges based on history of enslavement and racist political developments. Unfortunately, the current study was not able to qualify these unique experiences; however, the significant higher levels of gendered ethnicism, internalized ethnicism, marianista values, and mental health symptoms, suggests that this is a group that is suffering more or in different ways than their Latina counterparts. The data suggests that Black Latinas are experiencing more gendered ethnicism and internalizing more ethnicist values than their non-Black counterparts. Nonetheless, consistent with the yielded positive correlation between gendered ethnicism and marianismo, Black Latina women endorsed marianista values at higher rates than their other Latina counterparts and suffering from the highest levels of psychological symptoms.

Another important group difference that was noticed in the study is that of immigration status. Permanent residents reported the highest level of gendered ethnicism, internalized ethnicism, marianista values, and mental health-related symptoms compared to the other sampled groups (i.e., non-immigrant, immigrant, naturalized citizen). This finding was surprising since one might suspect that permanent residents deal with fewer societal concerns than other immigrants, however, there is another lens through which one could look at this difference. Many permanent residents have been in the U.S. for several years and have had to work hard to prove themselves worthy of their status. Thus, many permanent residents may experience higher levels of internalized oppression and may feel the constant pressure of living up to society's expectations to continue to be considered a "good" U.S. resident. Another possibility is that immigrants might be more segregated and less influenced by gendered ethnicism due to lack of contact with mainstream society (Rodriguez, 2015).

Lastly, there were significant group differences across participants of different generations. It was fifth generation participants who reported the highest levels of marianismo, gendered ethnicism, internalized ethnicism, and mental health concerns. This finding was surprising as it contradicts prior research goes against what others have found in the past. For example, Dawson and Panchanadeswaran (2010) found in a sample of Dominican Latinos that only participants who had recently immigrated to the U.S. reported significant levels of discriminatory experiences and acculturative stress. By third generation discriminatory experiences and acculturative stress (which is significantly linked to negative mental health; Alegria et al., 2007) had significantly diminished. Additionally, fifth-generation immigrant in this study may have been experiencing

intergenerational stress due to the years of oppression experienced by their community. Because their relatives and themselves have been exposed to years of discrimination, this may have transformed into an issue of intergenerational trauma (Stevens, Andrade, & Ruiz, 2009).

Implications

The current study provided the first attempt to investigate the intersectional identities of being a woman and Latina by elucidating the mechanisms through which oppression affects conditions of self-worth and mental health. Additionally, the study provided further psychometric data for measures that are population specific and have not been widely used.

When interpreting the findings, the author notes that it is important to acknowledge that culture can be di-unital; therefore, it is important to understand that culture can be helpful or harmful at the time of dealing with oppression, depending on how it is internalized. For example, identity centrality been shown to act as a protective factor when confronted with racial oppression. Lee and Ahn (2013) conducted a meta-analysis and concluded that greater levels of racial centrality among African Americans were related to lower levels of psychological distress. However, when exploring the intersecting identities of African American women, the conclusion did not hold. Szymanski and Lewis (2016) found that identity centrality did not play as a buffering role when dealing with oppression. If Latinas expressed high levels of identity centrality, they might be able to use these values as a way to control for the negative effects of racism; however, individuals with high levels of identity centrality are likely to endorse high

levels of marianismo. This is problematic as marianismo has been shown to be related to high psychological distress (Cano, 2004); thus, creating a catch-22.

Considering that Latina women are at higher risk of suffering from mental health concerns compared to their male counterparts (e.g., Behnke et al., 2011), understanding these mechanisms may ultimately help psychologists when working with Latinas. As Gloria and Castellanos (2016) stated, “the systemic silencing, along with the misunderstanding and misnaming of Latina processes disengages and distances Latinas from personal power while reinforcing a false and limited sense of self-worth and enabling a fragmented process of existence” (p. 97). This powerful statement was an incentive to go beyond the results of the current study and highlight ways of merging the findings into clinical practice, prevention and education, and training.

Implications for Clinical Work. The present study elucidated the reality of many Latinas. That is, many women in this community are experiencing mental health concerns as a result of the gendered ethnicism that they are experiencing. This relationship is being maintained by their internalized ethnicism and marianismo. Thus it is important for therapists working with Latinas to assess factors such as, internalized oppression, marianismo, gendered ethnicism, when conceptualizing the client’s concerns and clinical symptoms. Given the findings of the present study, the author suggests using an intersectional feminist approach when working with Latina clients.

According to feminist scholars the therapeutic process of change in feminist therapy occurs in three stages: raising awareness, the promotion of decision making, and the encouragement of taking action (Brown, 2018). Consciousness raising is a key aspect of feminist psychotherapy and it is defined by Lerner (1993) as the process of becoming

aware of oppression, understanding it is determined by society, and that one must work to eradicate it (as cited in Brabeck et al., 1997). In this beginning stage, clients are assisted in exploring the negative impact that certain values and expectations had on their lives. The overarching goal of this stage is for clients to begin to establish a feminist consciousness (i.e., awareness that one's suffering arises not from individual deficits but from cultural invalidation and exclusion because of one's non-dominant's group membership) (Brown, 1994). According to feminist ideology, in order for individuals to escape the oppressive culture they are part of they must understand the negative impact this environment has had on them. Once clients begin to clearly differentiate between what they have been taught as being socially desirable and what is actually desired by themselves, they begin to realize that there are different ways of knowing. Brabeck et al. (1997) argue that by raising feminist consciousness, individuals begin to accept the concept of there being more than one truth and therefore, that there is not just one authority. This stage is highly important to Latinas as they can begin to acknowledge and understand the internalized values that they have both from dominant society (i.e., internalized ethnicism) and their own community (i.e., marianismo).

Once Latina clients begin to comprehend how oppression has impacted their lives, they might develop a genuine desire to adopt a different lifestyle (Brown, 1994). The feminist therapist, in this situation, should encourage the client to make choices that will change her life for the better within their unique cultural context (Kaschak, 1992). According to Worell and Remer (1996), by empowering clients, the feminist therapist helps them develop greater self-confidence and power. In this stage, the therapist might discuss what aspects of marianismo serve them and what aspects do not. Similarly with

internalized ethnicism, the Latina client should explore what function, if any, internalized ethnicism served them and decide how they would like to continue living. With Latina clients, culturally specific interventions should be utilized to better assist in this process. In the Latino community, a big challenge that many women encounter is the narrative-based tradition such as, *dichos*, that ultimately dictates gender roles and expectations (Gloria & Castellanos, 2016). *Dichos* (i.e., sayings in English) are important beliefs that affect and shape many Latinas' upbringings (Gloria & Castellanos, 2016). Some examples include, *A río revuelto, ganancia de Pescadores* (suggesting that when things, situations, relationships are at their boiling point, it is when one needs to work the hardest to gain most), *ira de hermanos, ira de diablos* (fights between siblings mean that the devil is involved), or *al mal tiempo buena cara* (even when things are not going well, you should always appear happy). These are just some examples of the many *dichos* that have a strong cultural connotation involving strong family ties, hard work over everything, and compliance. Therefore, the therapist might assist in claiming positive and strength-based *dichos* that are more congruent with what the client believes in. For example, changing the gender of the dicho (which is often male), or using Latino *dichos* in therapy to validate the client. The therapist might even help the client create their own scripts that better fit their new narrative. According to Gloria and Castellanos (2016) the therapist should focus on the Latina client's ability to navigate incongruence and live within and between both the positive and negative aspects of *marianismo*. Assisting the client in recognizing her ability to anchor herself in the process and ultimately recognize the strength of her inner spirit.

The third stage in the conceptualization of change of feminist theory is characterized by action. Action, or social liberation, entails increasing the client's available options for social behaviors (Brown, 2018). Because this project suggests that psychological concerns can be caused by oppressive forces such as, gendered ethnicism, attempting to eradicate these forces is necessary. Individually empowering the client and socially by promoting advocacy and social justice and thus, political change. It is important to acknowledge that advocacy and social liberation may vary across individuals and may be achieved in different ways. Creative expression, story-telling, and spirituality have supported Latinas and other Women of Color in transforming human hardships into confrontation and resilience (Castaneda-Sound, Martinez, & Duran, 2016). Psychologists should explore Latina clients' understanding of their ancestral stories of resilience and perseverance. Passing these stories down through generations can be a powerful form of personal and social change. These stories might often bring pride, duty, and inspiration to future generations (Castaneda-Sound, Martinez, & Duran, 2016). Additionally, another form of advocacy might be seen in the building of interconnectedness with other Latina women. These bonds come as form of solidarity and empowerment and may foster social and cultural change collectively (Castaneda-Sound, Martinez, & Duran, 2016).

Prevention and Educational Work. Research suggests that prevention programs are most effective when they address multiple causal factors across multiple contextual domains, such as the neighborhood, school, community, and social-political context (Prilleltensky & Gonick, 1996). Therefore, counseling psychologists may participate or engage in the creation of programs that help reduce psychological symptoms and increase

empowerment for Latina women in various settings such (e.g., schools, churches, at organizational meetings). These programs may focus on educating its members on how to stand against discriminatory practices and teach tactics to engage in gendered ethnic-related dialogues in both interpersonal and professional settings. Additionally, through consciousness raising activities Latinas may learn different ways to identify their internalized values and may empower themselves to choose what values they want to keep and what values they no longer want to hold in their conscious. Beginning to challenge the groups' internalized oppression, may ultimately lead to the members feeling empowered and part of a safe community.

Implications for Training. The APA Multicultural Guidelines (2017) assert that in order to implement these guidelines with marginalized groups, one must understand how oppression affects clients, given their intersecting identities, and ultimately how it negatively impacts their mental health. The current study is important as it encourages a systematic look at the sociopolitical influences and unique psychological needs of Latina populations. Knowledge, awareness, and skills are the components integral to the development of multicultural counseling competence (Sue & Sue, 1999). Therefore, this project can assist future trainees to gain more knowledge and become more aware on issues with this population that may ultimately be influencing the psychological functioning of these women.

Limitations

Important limitations to this project include issues related to internal and external validity threats. First and foremost, most of the measures used in this study had not been validated with the population of interest and some were in the early stages of

development and therefore, had not been used more than once before. Although most measures yielded appropriate alpha values (all above $\alpha=.87$), the contingencies of self-worth: family support subscale did not ($\alpha=.65$). The alpha value is important in determining the general agreement between items. An alpha score below .70 suggests that the items within the tool may not be measuring the same underlying construct. The fact that this subscale yielded low alpha values, suggests that the findings should be interpreted with caution and that item on the measure might have to be re-evaluated. It might be the case that the scale itself was not measuring what it was bound to measure therefore, the results are not interpretable. There are other possible threats to internal validity for example, the fact that given the current political climate, participants may have been primed with the topic of racism and sexism prior to completing the survey. This occurrence could have the potential of leading participants to overreport given the emotional impact the current climate may have on them. Additionally, given the length of the questionnaire (having several participants taking 60 minutes to complete it), many may have experienced fatigue causing disengagement with the responses and choosing random responses to finish quickly.

An important threat to external validity is that participants were self-selected, thereby, possibly limiting the representativeness and generalizability of the findings (Braver & Bay, 1992). Although the sample of the study appeared to be diverse, most women had at least completed some college indicating that the sample was well-educated. This does not compare to the general population of Hispanics living in the U.S. In fact, Pew Research Center (2015) found that only 15% of Hispanics ages 25 to 29 have

a bachelor's degree or higher. This is problematic as it interfered with the generalizability of findings.

Unfortunately, given the sample size in the current study, it was not possible to run analyses using individual group differences across all demographic variables. Although this would have been helpful at highlighting the needs of the different subgroups of each main demographic category, there were not enough participants to yield valid results. Additionally, there were important demographic variables that were erroneously left out of the survey. Controlling for variables such as, social economic status, current income, and religion, could have been particularly relevant in the mediation analyses (Please see *Directions for Future Research*).

In regard to data collection, there were several issues that could have affected the data. Given that all participants received a \$5 gift card for their participation, there is a chance that individuals who were not Latina women completed the survey. Because the survey was completed online, there is no way of verifying the participant's true identities. This could be problematic given that it would mean the findings do not truly express the reality of Latinas.

Directions for Future Research

Results from the present study provide evidence for scholar's assertion that gendered ethnicist experiences negatively impacts Latinas' mental health. More specifically, the results provide support for the assertion that both internalized oppression and marianismo assist in explaining the relationship between gendered ethnicism and psychological symptoms. Future research should explore how these mediation effects may relate to other dimensions of mental health outcome variables, such as self-esteem or

trauma-related symptoms. Additionally, an important addition to the literature would be the implementation of a longitudinal study designed to follow a group of Latina women across multiple time points to assess the ways that gendered ethnicism impacts a Women of Color over a period of several years or a lifetime.

Future research should consider examining Conditions of self-worth for Latina women. In the present study, only subscales of God's love and family support were utilized. Future research may want to focus on understanding exploring what factors, in addition to internalized ethnicism and marianismo, affect contingencies of self-worth. finding moderators in the relationship between gendered ethnicism and contingencies of self-worth may also become helpful when understanding what factor strengthen this relationship (e.g., acculturative stress). The latter can be useful when attempting to help Latina women in the clinical setting. Knowing what factors have the potential to worsen the client's symptoms, can assist conceptualizing treatment.

An important issue that future researchers must address is that of the discrepancy in the definition of race and ethnicity in the literature. It would be interesting for future research to focus on Black Latinas, Indigenous Latinas, and White Latinas separately. This would confirm that their unique experiences are being captured. Additionally, controlling for variables such as, social economic status, current income, and religion, could be particularly relevant to future research. Given the current findings, future studies could determine whether or not these variables contribute to the worsening of mental health symptoms or act as protective factors.

Lastly, current literature views the concepts of acculturation and internalized oppression as two completely different constructs. While researchers recognize

acculturative stress as inherent for immigrants particularly as they attempt to navigate two different cultures (Ayers et al., 2009), they do not consider this stress as an outcome of attempting to assimilate into ethnic and gender biased society (Kim, 2017). Future studies should expand its efforts in delineating the relationship between acculturative stress (i.e., individuals' reconciling process between two cultures) and the stress that is caused by pressure to conform to dominant society's values.

Conclusion

For several years now, psychology research has documented how experiences of racism and, most recently, sexism influence African American's mental health. However, little is known about other ethnic and racial minority groups. Oppression scholars (e.g., Freire, 1970) believed that individuals who are exposed to frequent discriminatory attacks would become more aware of their devalued social identity, which in turn would negatively impact their psychological health. The current study addressed this theoretical assumption by empirically examining the relationship between experiences of gendered ethnicism and psychological symptoms as mediated by internalized ethnicism and marianismo with Latina women.

The study contributes to the psychology literature on Latina oppression by examining two potential variables – internalized ethnicism and marianismo– as mechanisms through which experiences of gendered ethnicism influence Latinas' psychological well-being. To the author's knowledge, this is the first study to theoretically conceptualize the constructs of gendered ethnicism and internalized ethnicism with Latinas. The findings emphasize that Latinas are frequent targets of gendered ethnicism regardless of gender, age, education level, immigration status, and

length of stay in the U.S. This frequent exposure to discriminatory encounters has a negative impact on Latina's mental health. The findings also highlight the impact that both internalize ethnicism and marianismo have on the relationship between experiencing oppressive acts and mental health.

Racial identity, classification, and discrimination all have been controversial topics that distress Latinos yet are nested in the community (e.g., Duany, 1996; Rodriguez, 2001; Katz, Ang, & Suro, 2012). For this reason, this study focused on ethnic classification. It is not correct to use the term Latino as a race, although much of the current literature does so. Thus, it is important to begin the conversation relating to these factors and start using the term "Latino" as an ethnic group with a common culture, but not as a homogeneous racial group. Therefore, this study promotes the use of the word ethnicism to describe discrimination that arises based on one's culture. The use of this word might help explain the unique injustices experienced by those who identify as both racial and ethnic minorities. Ethnicism and racism are different, and this distinction will hopefully assist in further understanding the Latino community.

It is important to note that the current study is exploratory in many ways, thereby laying the groundwork for future research. Research could further evaluate other mechanisms that may impact the relationship between gendered ethnicism and mental health. This may be done by examining other potential mediators and moderators that were not measured in this study such as, coping skills, identity centrality. This study contributes to the current literature by providing potential evidence to support the assertion that the intersection of racism and sexism negatively impacts Latinas' mental health. Eradicating sexist and ethnicist beliefs can greatly change an individual's mental

health given that we know that internalized oppression does impact psychological health. This study showed that the Latina community should be of particular importance to counseling psychologists in research and practice given the field's mandate for social justice (Vera & Speight, 2003).

Above all, this is a contribution to the social justice literature by calling for systemic change in addressing the impact of racial and gender-based oppression. This project assists in explaining how the oppression experienced by Latina women plays a vital role in their mental health. With this information, Counseling Psychologists can better serve a community that has been long ignored, misunderstood, and underserved. The comprehension of Latinas' experiences and intersectional identities is central to counseling psychologists' mandate of social justice and diversity and, therefore, warrants integration into counseling psychology research, training, and practice (Speight & Vera, 2003).

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APPENDICES

APPENDIX A

DEMOGRAPHIC SUMMARY TABLE

Table 1. *Participant Demographic Information*

	Number of Participants	Percentage
Age Range (N=213)		
18-24	45	21.1%
25-34	113	53.1%
35-44	45	21.1%
45-54	8	3.8%
55+	2	0.9%
Racial Background (N=213)		
White	108	50.7%
Black	79	37.1%
Indigenous	26	12.2%
Other	0	0%
Region of the U.S. (N=213)		
Northeast	84	39.4%
Northwest	5	2.3%
Midwest	37	17.4%
Southeast	35	16.4%
Southwest	37	17.4%
Other	15	7.0%
Ancestry (N=99)		
Mexico	18	8.5%
Central America	12	5.6%
South America	61	28.6%
Caribbean	20	9.4%
Did not report	102	47.9%
Generation (N=210)		
1 st generation immigrant	61	29.0%
2 nd generation immigrant	39	18.6%
3 rd generation immigrant	17	8.1%
4 th generation immigrant	28	13.3%
5 th generation immigrant	65	31.0%
Level of Education (N=213)		
Some High School	4	2.8%

High School/GED	37	17.4%
Some college	45	21.1%
Bachelor degree	93	43.2%
Graduate program/ Professional degree	33	15.5%
Immigration Status (N=213)		
Nonimmigrant/U.S. born	38	17.8%
Immigrant	41	19.2%
Permanent Resident	117	54.9%
Naturalized Citizen	17	8.0%
Sexual Orientation (N=213)		
Heterosexual	202	94.8%
Lesbian/Gay	1	0.5%
Bisexual	8	3.8%
Queer	2	0.9%
Pansexual	0	0%
Other	0	0%

APPENDIX B
DEMOGRAPHIC FORM

1. Gender?

_____ Female

_____ Male

_____ Trans

_____ Other (please specify):

2. Which best describes how you identify?

_____ Latina

_____ Non-Latina

3. What is your race? (Please review definitions if needed; Census Bureau, 2017)

White – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

_____ **Black** – A person having origins in any of the Black racial groups of Africa.

American Indian or Alaska Native – A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.

Asian – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Native Hawaiian or Other Pacific Islander – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
Years of living in the U.S.:

4. What is your immigration status?

____ Not immigrant/U.S. born

____ Immigrant to the U.S.

____ Permanent resident

____ Naturalized citizen

5. What state do you live in? ____

6. What is your primary language? _____

7. What is your generation status?

_____ First-generation (You were born in Latin America)

_____ Second-generation (You were born in the U.S.; either parent born in Latin America)

_____ Third-generation (You were born in the U.S.; both parents born in the U.S. and all grandparents born in Latin America)

_____ Fourth-generation (You and your parents born in the U.S. and at least one grandparent born in Latin America)

_____ Fifth -generation (You and your parents were born in the U.S. and all grandparents born in the U.S.)

8. If born outside of the United States, where were you born? _____

9. If parents were born outside of the United States, where were they born?

10. If grandparents were born outside of the United States, where were they born?

11. What is your age? ____

12. What best describes your sexual orientation?

_____ Heterosexual/Straight

_____ Lesbian/Gay

_____ Bisexual

_____ Queer

_____ Pansexual

_____ Other (please specify):

13. What is your highest education level (What was the last grade you completed in school)?

_____ Less than 7 years of school (Have not completed 7 th grade)

_____ Completed junior high school (7 th or 8 th grade)

_____ Completed some high school (9 th – 12 th grade) but did not graduate

_____ Graduated from high school or received GED

_____ Completed some college but did not graduate

_____ Graduated from college

_____ Graduated from a graduate or professional program

APPENDIX C

THE RACIALIZED SEXUAL HARRASSEMENT SCALE (RSHS; Buchanan, 2005)

Were you ever in a situation in which any of your teachers, classmates, advisors, students, or staff, friends:

	Never	Once or Twice	Sometimes	Often	Very Often
1. Said things to insult people of your <i>gender</i> (for example, saying women/men aren't good at a particular job).	0	1	2	3	4
2. Said things to insult people of your <i>ethnicity</i> (for example, saying people of your race/ethnicity can't handle certain jobs).	0	1	2	3	4
3. Said things to insult people of your <i>gender and ethnicity</i> (for example, <i>Black women</i> are rude, <i>Asian men</i> are wimpy, <i>Latino men</i> are violent, <i>White women</i> are dumb, etc.).	0	1	2	3	4
4. Told jokes or stories that described people of your <i>gender</i> negatively.	0	1	2	3	4
5. Told jokes or stories that described people of your <i>ethnicity</i> negatively.	0	1	2	3	4
6. Told jokes or stories that described people of your <i>gender and ethnicity</i> negatively.	0	1	2	3	4
7. Displayed pictures or cartoons that showed people of your <i>gender</i> negatively	0	1	2	3	4
8. Displayed pictures or cartoons that showed people of your <i>ethnicity</i> negatively.	0	1	2	3	4
9. Displayed pictures or cartoons that showed people of your <i>gender and ethnicity</i> negatively.	0	1	2	3	4

10. Called you insulting names that referred to your <i>gender</i> (for example, “bastard” or “bitch”).	0	1	2	3	4
11. Called you insulting names that referred to your <i>ethnicity</i> (for example, “nigger,” “spic,” “cracker,” “white trash,” “chink,” etc.).	0	1	2	3	4
12. Called you insulting names that referred to your <i>gender and ethnicity</i> (“black bitch,” “white whore,” “geisha,” “mamacita”).	0	1	2	3	4
13. Made comments about your body that emphasized your <i>gender</i> (for example, comments about the size of your breasts or penis).	0	1	2	3	4
14. Made comments about your body that emphasized your <i>ethnicity</i> (for example, comments on “kinky” hair, “slant eyes,” skin color).	0	1	2	3	4
15. Made comments about your body that emphasized your <i>gender and ethnicity</i> (for example, for Black women, comments about one’s “Black ass”, for Black men “large penis” “skinny white bitch,” etc.).	0	1	2	3	4
16. Made comments about your clothing/accessories emphasizing your <i>gender</i> (for example, women wear skirts that are too revealing).	0	1	2	3	4
17. Made comments about your clothing/accessories emphasizing your <i>ethnicity</i> (e.g., covering one’s head with a scarf/turban, associating certain brands or styles of clothing with your ethnic group).	0	1	2	3	4
18. Made comments about your clothing/accessories emphasizing your <i>gender and ethnicity</i> (for example, for Black women, comments about clothing with animal prints or lots of color, traditional dress for women of your ethnicity, for Black/Latino men, comments on gold necklaces/chains).	0	1	2	3	4
19. Said they expected you to behave certain ways because of your <i>gender</i> (for example, as a man, expected you to always control your emotions, or for a woman, expected you to wear make-up or smile a lot).	0	1	2	3	4
20. Said they expected you to behave certain ways because of your <i>ethnicity</i> (for example, as a Black person that you would be loud and rude, as a Latino speak poor English, as an Asian person that you would like math, or as a White person that you would be prejudiced, etc.).	0	1	2	3	4
21. Said they expected you to behave certain ways because of your <i>gender and ethnicity</i> (for example, expected you as a Black or Latina woman to wear inappropriate clothes, expected you as an Asian man to be self-controlled and disciplined, as an Asian woman to try to please others, as a Latino man that you would be unfaithful in relationships, etc.).	0	1	2	3	4

APPENDIX D

MOCHIHUA TEPEHUANI SCALE (Hipolito-Delgado, 2007)

Instructions: *Rate your level of agreement with the following statements by circling the corresponding number*

	strongly disagree	disagree	slightly disagree	neutral	slightly agree	agree	strongly agree
1. Latinos are born with greater sexual desire than White people.1	2	3	4	5	6	7	
2. It is difficult to tell one Latino person apart from another Latino person.1	2	3	4	5	6	7	
3. Latinos have more children than Whites. 1	2	3	4	5	6	7	
4. Latino men have greater sexual drive than White men.1	2	3	4	5	6	7	
5. Latinos have larger families than Whites 1	2	3	4	5	6	7	
6. When it comes to figures and figuring, Latinos seldom are able to measure up to Whites.1	2	3	4	5	6	7	
7. Whites are superior to Latinos1	2	3	4	5	6	7	
8. Latinos are more sloppy than Whites.....1	2	3	4	5	6	7	
9. All Latinos act alike.1	2	3	4	5	6	7	
10. Latinos are less reliable than Whites.1	2	3	4	5	6	7	
11. Latinos are more religious than Whites...1	2	3	4	5	6	7	
12. The school dropout problem among Latinos is due to their not having the mental power of Whites.1	2	3	4	5	6	7	

13. Latinos are born with more musical talent than Whites?.....1	2	3	4	5	6	7
14. Latinos are mentally unable to contribute towards the progress of the U.S.1	2	3	4	5	6	7
15. The high percentage of Latinos in jail reflects inborn tendencies toward criminality.1	2	3	4	5	6	7
16. Whites are better at reasoning than Latinos.....1	2	3	4	5	6	7
17. Latinos are born with greater rhythm than Whites.....1	2	3	4	5	6	7
18. Inborn physical ability makes Latinos great soccer players.1	2	3	4	5	6	7
19. The high incidence of crime among Latinos reflects a genetic abnormality1 ...2	3	4	5	6	7	
20. More people live in Latino homes than in White homes.1	2	3	4	5	6	7
21. Latinos are carefree, happy-go-lucky.....1	2	3	4	5	6	7
22. Latinos are better at sex than Whites.1	2	3	4	5	6	7
23. Latinos are more physically skilled than mentally skilled.1	2	3	4	5	6	7
24. The number of Latinos addicted to alcohol and drugs suggests a biological weakness.1	2	3	4	5	6	7
25. Latina women are more sexually open and willing than white women.1	2	3	4	5	6	7

APPENDIX E

LATINA VALUE SCALE (LVS; Rivera-Marano, 2000)

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

1. I find myself doing things for others, that I would rather not do.

(1) Strongly Disagree (2) Disagree (3) Mildly Disagree (4) Mildly Agree (5) Agree (6) Strongly Agree

2. I feel guilty about telling people what I need.

(1) Strongly Disagree (2) Disagree (3) Mildly Disagree (4) Mildly Agree (5) Agree (6) Strongly Agree

3. I feel good when I do things for others.

(1) Strongly Disagree (2) Disagree (3) Mildly Disagree (4) Mildly Agree (5) Agree (6) Strongly Agree

4. I have difficulty expressing anger.

(1) Strongly Disagree (2) Disagree (3) Mildly Disagree (4) Mildly Agree (5) Agree (6) Strongly Agree

5. I feel proud when others praise me for the sacrifices I have made.

(1) Strongly Disagree (2) Disagree (3) Mildly Disagree (4) Mildly Agree (5) Agree (6) Strongly Agree

6. I often take on responsibilities having to do with my family, that I would rather not take, because I feel it is my duty.

(1) Strongly Disagree (2) Disagree (3) Mildly Disagree (4) Mildly Agree (5) Agree (6) Strongly Agree

7. I often find myself doing things that will make my family happy even when I know it is not what I want to do.

(1) Strongly Disagree (2) Disagree (3) Mildly Disagree (4) Mildly Agree (5) Agree (6) Strongly Agree

8. I am able to express my anger to my family.

(1) Strongly Disagree (2) Disagree (3) Mildly Disagree (4) Mildly Agree (5) Agree (6) Strongly Agree

9. I am able to express my anger to others.

(1) Strongly Disagree (2) Disagree (3) Mildly Disagree (4) Mildly Agree (5) Agree (6) Strongly Agree

10. I often take on responsibilities that I'd rather not take, because it makes me feel like a better person.

(1) Strongly Disagree (2) Disagree (3) Mildly Disagree (4) Mildly Agree (5) Agree (6) Strongly Agree

11. I often take on responsibilities with my family, that I'd rather not take, because it makes me feel like a better person.

(1) Strongly Disagree (2) Disagree (3) Mildly Disagree (4) Mildly Agree (5) Agree (6) Strongly Agree

12. I often put myself down in relation to men.

(1) Strongly Disagree (2) Disagree (3) Mildly Disagree (4) Mildly Agree (5) Agree (6) Strongly Agree

13. I consider my family a great source of support.

(1) Strongly Disagree (2) Disagree (3) Mildly Disagree (4) Mildly Agree (5) Agree (6) Strongly Agree

14. I take pride in following the teachings of my religion (if not applicable, mark strongly disagree)

(1) Strongly Disagree (2) Disagree (3) Mildly Disagree (4) Mildly Agree (5) Agree (6) Strongly Agree

15. I often take on responsibilities, that I would rather not take, because I feel it is my duty.

(1) Strongly Disagree (2) Disagree (3) Mildly Disagree (4) Mildly Agree (5) Agree (6) Strongly Agree

16. I find it difficult to say "no" to people even when it is clear that "no" is what I should be saying.

(1) Strongly Disagree (2) Disagree (3) Mildly Disagree (4) Mildly Agree (5) Agree (6) Strongly Agree

17. Family is very important to me.

(1) Strongly Disagree (2) Disagree (3) Mildly Disagree (4) Mildly Agree (5) Agree (6) Strongly Agree

18. I feel guilty when I go against my parent's wishes.

(1) Strongly Disagree (2) Disagree (3) Mildly Disagree (4) Mildly Agree (5) Agree (6) Strongly Agree

19. I have difficulty asserting myself to figures of authority.

(1) Strongly Disagree (2) Disagree (3) Mildly Disagree (4) Mildly Agree (5) Agree (6) Strongly Agree

20. I often put myself down in relation to figures of authority.
(1) Strongly Disagree (2) Disagree (3) Mildly Disagree (4) Mildly Agree (5) Agree (6) Strongly Agree
21. I believe I should live with my parents until I get married.
(1) Strongly Disagree (2) Disagree (3) Mildly Disagree (4) Mildly Agree (5) Agree (6) Strongly Agree
22. I try to make others happy at all costs.
(1) Strongly Disagree (2) Disagree (3) Mildly Disagree (4) Mildly Agree (5) Agree (6) Strongly Agree
23. I try to make my family happy at all costs.
(1) Strongly Disagree (2) Disagree (3) Mildly Disagree (4) Mildly Agree (5) Agree (6) Strongly Agree
24. I believe sacrificing for others makes you a better person.
(1) Strongly Disagree (2) Disagree (3) Mildly Disagree (4) Mildly Agree (5) Agree (6) Strongly Agree
25. Since coming to college my family tells me that they do not understand me anymore.
(1) Strongly Disagree (2) Disagree (3) Mildly Disagree (4) Mildly Agree (5) Agree (6) Strongly Agree
26. My parents believe I should live with them until I marry.
(1) Strongly Disagree (2) Disagree (3) Mildly Disagree (4) Mildly Agree (5) Agree (6) Strongly Agree
27. I feel guilty about having pre-marital sex.
(1) Strongly Disagree (2) Disagree (3) Mildly Disagree (4) Mildly Agree (5) Agree (6) Strongly Agree
28. I find myself putting other's needs in from of my own.
(1) Strongly Disagree (2) Disagree (3) Mildly Disagree (4) Mildly Agree (5) Agree (6) Strongly Agree
29. Being seen as a "good" person by others is very important to me.
(1) Strongly Disagree (2) Disagree (3) Mildly Disagree (4) Mildly Agree (5) Agree (6) Strongly Agree
30. I find myself putting my family's needs in front of my own.
(1) Strongly Disagree (2) Disagree (3) Mildly Disagree (4) Mildly Agree (5) Agree (6) Strongly Agree
31. Being seen as a "good" person by my family is very important to me.
(1) Strongly Disagree (2) Disagree (3) Mildly Disagree (4) Mildly Agree (5) Agree (6) Strongly Agree
32. I find myself believing that any criticism or conflict is caused by my own faults.
(1) Strongly Disagree (2) Disagree (3) Mildly Disagree (4) Mildly Agree (5) Agree (6) Strongly Agree

33. I believe that sacrificing for others is eventually rewarded.

(1) Strongly Disagree (2) Disagree (3) Mildly Disagree (4) Mildly Agree (5) Agree (6) Strongly Agree

34. Making my partner happy makes me feel good about myself.

(1) Strongly Disagree (2) Disagree (3) Mildly Disagree (4) Mildly Agree (5) Agree (6) Strongly Agree

35. I feel like a terrible person when I know someone is upset or disappointed with me.

(1) Strongly Disagree (2) Disagree (3) Mildly Disagree (4) Mildly Agree (5) Agree (6) Strongly Agree

36. I find myself accepting maltreatment from a partner (i.e., cheating, physical abuse, emotional abuse, etc.)

(1) Strongly Disagree (2) Disagree (3) Mildly Disagree (4) Mildly Agree (5) Agree (6) Strongly Agree

37. I can express my needs to my partner.

(1) Strongly Disagree (2) Disagree (3) Mildly Disagree (4) Mildly Agree (5) Agree (6) Strongly Agree

38. I believe that if I discuss contraception with my partner I will be seen as a “loose” woman.

(1) Strongly Disagree (2) Disagree (3) Mildly Disagree (4) Mildly Agree (5) Agree (6) Strongly Agree

39. I have allowed partners to take sexual liberties with me even when I did not want to.

(1) Strongly Disagree (2) Disagree (3) Mildly Disagree (4) Mildly Agree (5) Agree (6) Strongly Agree

40. I have allowed partners to take sexual liberties with me because: (check all that apply):

- a. They will leave me?
- b. I will hurt their feelings?
- c. I will be seen in a negative light?
- d. I will be hurt physically?
- e. They will cheat on me?
- f. Other: _____

41. Have you ever heard the term Marianismo? If yes, describe below in your own words.

42. ADDITIONAL COMMENTS: Please feel free to expand on any of the above answers or to include any reactions/feelings/thoughts that you may have after completing the above responses.

APPENDIX F

CONTINGENCIES OF SELF-WORTH SCALE (CSWS; Crocker, Luhtanen, Cooper, & Bouvrette, 2003)

INSTRUCTIONS: Please respond to each of the following statements by circling your answer using the scale from "1 = Strongly disagree" to "7 = Strongly agree." If you haven't experienced the situation described in a particular statement, please answer how you think you would feel if that situation occurred.

		Strongly Disagree	Disagree	Disagree Somewhat	Neutral	Agree Somewhat	Agree	Strongly Agree
	Family Support Subscale							
1.	Knowing that my family members love me makes me feel good about myself.	1	2	3	4	5	6	7
2.	My self-worth is not influenced by the quality of my relationships with my family members.	1	2	3	4	5	6	7
3.	When my family members are proud of me, my sense of self-worth increases.	1	2	3	4	5	6	7
4.	When I don't feel loved by my family, my self-esteem goes down.	1	2	3	4	5	6	7
5.	It is important to my self-respect that I have a family that cares about me	1	2	3	4	5	6	7
	God's Love Subscale							
1	My self-worth is based on God's love.	1	2	3	4	5	6	7

2.	I feel worthwhile when I have God's love.	1	2	3	4	5	6	7
3.	My self-esteem would suffer if I didn't have God's love.	1	2	3	4	5	6	7
4.	My self-esteem goes up when I feel that God loves me	1	2	3	4	5	6	7
5.	When I think that I'm disobeying God, I feel bad about myself.	1	2	3	4	5	6	7

APPENDIX G

HOPKINS SYMPTOMS CHECKLIST – 21 (HSCL-21; Green, Walkey, McCormick, & Taylor, 1988)

INSTRUCTIONS: Below is a list of problems and complaints that people sometimes have. Please read each one carefully. After you have done so, please select a number to the right that best describes **HOW MUCH THAT PROBLEM HAS BOTHERED OR DISTRESSED YOU DURING THE PAST WEEK INCLUDING TODAY**. Mark only one numbered space for each problem and do not skip any problems.

	Not at all	A little	Moderately	Quite a bit	Extremely
Difficulty in speaking when you are excited	1	2	3	4	5
Trouble remembering things	1	2	3	4	5
Worried about sloppiness or carelessness	1	2	3	4	5
Blaming yourself for things	1	2	3	4	5
Pains in the lower part of your back	1	2	3	4	5
Feeling lonely	1	2	3	4	5
Feeling blue	1	2	3	4	5
Your feelings being easily hurt	1	2	3	4	5

Feeling others do not understand you or are unsympathetic	1	2	3	4	5
Feeling that people are unfriendly or dislike you	1	2	3	4	5
Having to do things very slowly in order to be sure you are doing them right	1	2	3	4	5
Feeling inferior to others	1	2	3	4	5
Soreness of your muscles	1	2	3	4	5
Having to check and double check what you do	1	2	3	4	5
Hot or cold spells	1	2	3	4	5
Your mind going black	1	2	3	4	5
Numbness or tingling in parts of your body	1	2	3	4	5
A lump in your throat	1	2	3	4	5
Trouble concentrating	1	2	3	4	5
Weakness in parts of your body	1	2	3	4	5
Heavy feelings in your arms and legs	1	2	3	4	5

APPENDIX H

DESCRIPTIVE STATISTICS

Table 2. *Descriptive Statistics for All Main Variables*

Variable	M	SD	Observed Range	Potential Range	α
Gendered Ethnicism	1.03	.73	0-2.57	0-4	.91
Internalized Ethnicism	4.2 161.77	1.15 19.15	1.4-7 117-207	1-7 39-234	.95 .87
Marianismo Mental Health	2.99	.96	1-4.67	1-5	.94
Contingencies of Self Worth:	5.02	.86	1-7	1-7	.65
Family Support	4.49	1.51	1-7	1-7	.91
God's Love					

APPENDIX I

MEAN DIFFERENCES ACROSS RACE

Mean Gendered Ethnicism (GE) scores per Race

		Black	White	Indigenous	TOTAL
GE Scores	N	79	108	26	213
	M	3.53	2.41	2.40	2.82
	SD	.56	1.02	.82	1.01

Mean Internalized Ethnicism (IE) per Race

		Black	White	Indigenous	TOTAL
IE Scores	N	79	108	26	213
	M	4.97	3.77	3.50	4.18
	SD	.42	1.23	1.02	1.15

Marianismo per Race

		Black	White	Indigenous	TOTAL
Marianismo Scores	N	79	108	26	213
	M	169.51	158.66	151.04	161.77
	SD	13.26	20.51	20.28	19.15

Psychological Symptoms per Race

		Black	White	Indigenous	TOTAL
Hopkins Scores	N	79	108	26	213
	M	169.51	158.66	151.04	161.77
	SD	13.26	20.51	20.28	19.15

APPENDIX J

MEAN DIFFERENCES ACROSS IMMIGRATION STATUS

Mean Gendered Ethnicism (GE) scores per Immigration Status

		U.S. Born	Immigrant	Permanent Resident	Naturalized Citizen	TOTAL
GE Scores	N	37	41	118	17	213
	M	1.99	2.55	3.30	1.97	2.82
	SD	.83	.91	.81	.89	1.01

Mean Internalized Ethnicism (IE) per Immigration Status

		U.S. Born	Immigrant	Permanent Resident	Naturalized Citizen	TOTAL
IE Scores	N	37	41	118	17	213
	M	3.44	3.67	4.75	3.13	4.19
	SD	1.01	1.28	.79	1.08	1.15

Mean Marianismo per Immigration Status

		U.S. Born	Immigrant	Permanent Resident	Naturalized Citizen	TOTAL
Marianismo Scores	N	37	41	118	17	213
	M	154.47	151.88	168.42	154.94	161.77
	SD	15.12	22.62	15.35	24.21	19.15

Mean Psychological Symptoms (Hopkins scores) per Immigration Status

		U.S. Born	Immigrant	Permanent Resident	Naturalized Citizen	TOTAL
Hopkins Scores	N	37	41	118	17	213
	M	2.27	2.64	3.49	1.91	2.99
	SD	.83	.91	.71	.55	.96

APPENDIX K

MEAN DIFFERENCES ACROSS GENERATION

Mean Gendered Ethnicism (GE) scores per Generation of Immigration

		1 st Generation	2 nd Generation	3 rd Generation	4 th Generation	5 th Generation	TOTAL
GE Scores	N	61	39	17	28	65	210
	M	2.38	2.58	2.96	3.47	3.62	2.99
	SD	.78	.93	.98	.83	.63	.95

Mean Internalized Ethnicism (IE) per Generation of Immigration

		1 st Generation	2 nd Generation	3 rd Generation	4 th Generation	5 th Generation	TOTAL
IE Scores	N	61	39	17	28	65	210
	M	3.31	3.70	4.52	4.90	4.92	4.19
	SD	1.26	1.17	.45	.55	.46	1.16

Marianismo (Mar.) per Generation of Immigration

		1 st Generation	2 nd Generation	3 rd Generation	4 th Generation	5 th Generation	TOTAL
Mar. Scores	N	61	39	17	28	65	210
	M	155.79	149.97	167.65	170.93	170.40	162.27
	SD	23.05	16.01	18.55	12.07	10.70	18.77

Mean Psychological Symptoms (Hpk. Scores) per Generation of Immigration

		1 st Generation	2 nd Generation	3 rd Generation	4 th Generation	5 th Generation	TOTAL
Hpk. Scores	N	61	39	17	28	65	210
	M	2.15	2.30	2.91	3.33	3.52	2.82
	SD	.85	.99	.99	.83	.59	1.01

APPENDIX L

CORRELATION TABLE

Table 3. *Correlations Examining the Relation between Gendered Ethnicism and Internalized Ethnicism, Marianismo, and Psychological Symptoms*

Variable	Gendered Ethnicism	<i>p</i>
Internalized Ethnicism	.67	.001
Marianismo	.48	.001
Psychological Symptoms	.74	.001

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

APPENDIX M

REGRESSION COEFFICIENTS

Table 4. *Regression Coefficients on Psychological symptoms*

	b	SE	t	p
Model 1				
Constant	-.76	.42	-1.79	.07
Internalized				
Ethnicism	.39	.05	7.75	.000**
Marianismo	.01	.003	4.28	.000**
Model 2				
Constant	-.35	.36	-.95	.34
Internalized				
Ethnicism	.13	.05	2.53	.01*
Marianismo	.01	.003	3.05	.003*
Gendered				
Ethnicism	.53	.05	9.15	.000**

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

APPENDIX N

STATISTICS ON MEDIATION MODEL 1

Table 5. *Internalized ethnicism as a mediation of gendered ethnicism and psychological symptoms.*

Variable	B	SE B	t	p
<i>Outcome: Internalized Ethnicism (IE)</i>				
Constant	52.01.77	.18	11.47**	<.001
GE		.06	13.14**	<.001
<i>Outcome: Psychological Symptomology</i>				
Constant	.62	.16	3.83**	<.001
GE	.57	.06	9.87**	<.001
IE	.18	.05	3.64**	<.001

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

APPENDIX O

STATISTICS ON MEDIATION MODEL 2

Table 6. *Marianismo as a mediation between gendered ethnicism and psychological symptoms.*

Variable	B	SE B	t	p
<i>Outcome:</i>				
<i>Marianismo</i>				
Constant	135.85	3.48	39.01**	<.001
GE	9.15	1.16	7.89**	<.001
<i>Outcome: Psychological</i>				
<i>Symptomology</i>				
Constant	-.36	.37	-.97	.33
GE	.61	.05	12.54**	<.001
IE	.01	.003	3.97**	<.001

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

APPENDIX P

STATISTICS ON MEDIATION MODEL 3

Table 7. *Internalized ethnicism as a mediation of gendered ethnicism and family support.*

Variable	B	SE B	t	p
<i>Outcome:</i>				
<i>Internalized ethnicism</i>				
Constant	50.32	4.39	11.47**	<.001
GE	19.23	1.46	13.14**	<.001
<i>Outcome:</i>				
<i>Family Support</i>				
Constant	6.46	.20	32.42**	<.001
GE	-.03	.07	-.46	.644
IE	-.01	.002	-5.23**	<.001

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

APPENDIX Q

STATISTICS ON MEDIATION MODEL 4

Table 8. *Marianismo as a mediation of gendered ethnicism and family support.*

Variable	B	SE B	t	p
<i>Outcome:</i>				
<i>Marianismo</i>				
Constant	135.85	3.48	39.01**	<.001
GE	1.31	.17	7.89**	<.001
<i>Outcome:</i>				
<i>Family Support</i>				
Constant	4.85	.44	11.07**	<.001
GE	-.06	.01	-6.79**	<.001
IE	.01	.003	2.67	.008

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

APPENDIX R

STATISTICS ON MEDIATION MODEL 5

Table 9. *Internalized ethnicism as a mediation of gendered ethnicism and God's love.*

Variable	B	SE B	t	p
<i>Outcome:</i>				
<i>Internalized ethnicism</i>				
Constant	2.01	.18	11.47**	<.001
GE	.77	.06	13.14**	<.001
<i>Outcome: God's Love</i>				
Constant	1.29	.32	4.05**	<.001
GE	-.07	.11	-.61	.545
IE	.81	.10	8.25**	<.001

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

APPENDIX S

STATISTICS ON MEDIATION MODEL 6

Table 10. *Marianismo as a mediation of gendered ethnicism and psychological symptoms.*

Variable	B	SE B	t	p
<i>Outcome: Marianismo</i>				
Constant	135.85	3.48	39.01**	<.001
GE	9.15	1.16	7.89**	<.001
<i>Outcome: God's Love</i>				
Constant	.29	.81	.36	.72
GE	.35	.11	3.30**	<.001
IE	.02	.01	3.58**	<.001

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

APPENDIX T

SUMMARY OF HYPOTHESES

Table 11. *Summary of hypotheses*

Hypothesis	Finding
H1a: Gender Ethnicism positively correlated with Internalized Ethnicism	Supported
H1b: Gender Ethnicism positively correlated with Marianismo	Supported
H1C: Gender Ethnicism positively correlated with Psychological Symptoms	Supported
H2: Gender Ethnicism best predictor of Psychological Symptoms	Supported
H3a: Internalized Ethnicism mediates the relationship between Gender Ethnicism and psychological symptoms	Supported
H3b: Marianismo mediates the relationship between Gender Ethnicism and psychological symptoms	Supported
H4a: Internalized ethnicism mediates the relationship between Gender Ethnicism and Family Support	Supported
H4b: Marianismo mediates the relationship between Gender Ethnicism and Family Support	Supported
H5a: Internalized ethnicism mediates the relationship between Gender Ethnicism and God's Love	Supported
H5b: Marianismo mediates the relationship between Gender Ethnicism and God's Love	Supported

APPENDIX U

IRB APPROVAL



Office of Research
Administration Akron, OH
44325-2102

NOTICE OF IRB APPROVAL

Date: October 27, 2017

To: Maria Laura Pappa; Sara Tilisky
Department of Psychology

From: Sharon McWhorter SM

IRB Number: 20171018

Title: Gendered Ethnicism and Latinas: The Relationship between Gendered Ethnicism, Internalized Ethnicism, Marianismo, and Self-Worth

Approval Date: October 27, 2017

Thank you for submitting your Request for Exemption to the IRB for review. Your protocol represents minimal risk to subjects and qualifies for exemption from the federal regulations under the category below:

Exemption 1 Research conducted in established or commonly accepted educational settings, involving normal educational practices.

Exemption 2 -- Research involving the use of educational tests, survey procedures, interview procedures, or observation of public behavior.

Exemption 3 - Research involving the use of educational tests, survey procedures, interview procedures, or observation of public behavior not exempt under category 2, but subjects are elected or appointed public officials or candidates for public office.

Exemption 4— Research involving the collection or study of existing data, documents, records, pathological specimens, or diagnostic specimens.

Exemption 5— Research and demonstration projects conducted by or subject to the approval of department or agency heads, and which are designed to study, evaluate, or otherwise examine public programs or benefits.

Exemption 6—Taste and food quality evaluation and consumer acceptance studies. Annual continuation applications are not required for exempt projects. If you make changes to the study's design or procedures that increase the risk to subjects or include activities that do not fall within the approved exemption category, please contact the IRB to discuss whether or not a new application must be submitted. Any such changes or modifications must be reviewed and approved by the IRB prior to implementation.

Please retain this letter for your files. This office will hold your exemption application for a period of three years from the approval date. If you wish to continue this protocol beyond this period, you will need to submit another Exemption Request. If the research is being conducted for a master's thesis or doctoral dissertation, the student must file a copy of this letter with the thesis or dissertation.

Approved consent form/s enclosed

APPENDIX V

CONSENT FORM



The University of Akron is an Equal Education and Employment Institution
Department of Psychology
Buchtel College of Arts and Sciences
College of Arts & Sciences Building
Akron, OH 44325-4301
330-972-5496 (Office)
330-972-5174 (Fax)

CONSENT FORM

Investigator: M. Laura Pappa, doctoral candidate, and Dr. Suzette Speight in the Department of Psychology, the University of Akron, Akron, Ohio 44325-4301

What will I have to do? You have been asked to take part in a research study to find out how Latina women experience the intersection of being both a gender and ethnic minority while living in the U.S. You will be asked to fill out some surveys and questions asking your opinion on these issues and to give some personal information such as your age, gender, race, and program of study.

Where will this happen? The study is accessible through the internet and you can access it from any computer. The surveys should take you about 20-30 minutes to complete.

Will anybody know my answers? All surveys will be anonymous and participation is completely voluntary.

Compensation? Participants enrolled in psychology courses that offer extra credit for research will be eligible for 2 points of extra credit and all others will be eligible to receive a \$5 gift card to a major retailer. Once finished with the questions you will be directed to another site for the gift card or extra credit, which will not be linked to your survey responses.

Could this hurt me in any way? There are no foreseen risks associated with this study.

Benefits? There may be psychological benefits from taking this survey, such as, increased awareness on psychosocial issues related to Latinas.



What if I change my mind? You can change your mind and stop filling out the surveys at any time. If you decide to stop, you can exit the surveys without submitting and your data will not be used.

If you have any questions? The graduate student conducting this research is Laura Pappa under the supervision of Dr. Suzette Speight. If you have any questions feel free to contact Laura Pappa at mlp98@zip.s.uakron.edu. If you have any questions or concerns regarding your rights as a subject in this study, you may contact the Institutional Review Board (IRB) at the University of Akron at 330-972-7666.

Voluntary Consent: By completing and submitting the surveys you are agreeing to be part of this study. Please print this consent form for future reference.

APPROVED

Date
IRB 10/21/17