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Marianismo and Mental Health: A Cross-Sectional Study on Latina Perspectives

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Marianismo and Mental Health: A Cross-Sectional Study on Latina Perspectives

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Honors Research Project

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Abstract

The main purpose of this study was to investigate the correlational relationships between help seeking attitudes, marianismo, and mental health symptoms in a sample of Latinas. Marianismo is a Latina-specific value system based on the idea that women are to be self-sacrificing, chaste, and family oriented. Data from self-identified Latinas (N=77) were used to determine how degrees of adherence to marianista values correlate with various mental health symptoms and reported instances of professional help seeking attitudes. Results yielded a weak positive relationship between adherence to marianismo-like values and prevalence of mental health symptoms, and no relationship between adherence to marianismo-like values and prevalence of psychological help-seeking attitudes. Such findings lend themselves to further investigation of possible relationships and additional variables concerning marianismo and further implications in the field of psychology.

*Keywords: help seeking, abnormality, marianismo, Latinas*
Marianismo and Mental Health: A Cross-Sectional Study on Latina Perspectives

According to the U.S. Census Bureau, Latinos have become one of the fastest growing minority populations in the United States. Notably, researchers predict that Latinos living in the United States will constitute approximately 30% of the national population by the year 2050 (U.S Census Bureau, 2010). This ethnic group includes persons of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race (U.S Census Bureau, 2010). At the same time, there exists evidence to suggest that Latino individuals, women especially, may be suffering from higher rates of mental health disorders, compared to white Americans. Recent research by Hernandez, Plant, Sachs-Ericsson and Joiner (2005) reveals that Latinos are more likely to meet the criteria of a psychiatric disorder and face increased prevalence of several anxiety and mood disorders, compared to white Americans. Specifically focusing on women, there is evidence that Latinas manifest more mental health symptoms, such as depressive and anxious symptoms, than their male Latino counterparts (Contreras, Fernandez, Malcarne, Ingram, & Vaccarino, 2004). Although the causes of these trends remain unknown, research in the field is expanding to include Latino/a specific cultural and social experiences that may play a role in mental health symptomology.

One possible cultural variable that begs examination is the population-wide and enduring set of social expectations relevant to Latinas known by the term marianismo. Originating in the anthropological literature, marianismo is a social construct with origins in Catholicism. This set of gender norms emphasizes the centrality of family and spiritual superiority as the primary values for women of Latina ethnicity (Stevens, 1973). The five main pillars of marianismo include familismo (the dedication and idealization of family harmony), chastity, subordination to others, self-silencing to maintain harmony, and spirituality; the idea that the woman is the
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spiritual leader of the family (Sanchez, Smith, & Adams, 2017). Typically, Latina women gain in power and respect within their community by subscribing to these values. This structure, which has existed for centuries, is just beginning to appear in psychological research, especially concerned with health-related outcomes. With the rise of cultural competency and feminism in the field of psychology, some scholars have come to criticize this construct. Many feminist researchers of color have found evidence to support the idea that marianismo perpetuates a harmful Latino-specific form of sexism by reinforcing cultural stereotypes as prerequisites of the Latina identity, in addition to negative mental health outcomes (Comas-Díaz, 1988). Regarding the value of subordination and self-sacrificing particular, endorsement of certain marianista attitudes has been linked to decreased instances of behavioral/ emotional control and overall positive affect (Sanchez, Smith, & Adams, 2017). Furthermore, many Latinas living in the United States face cumulative stress as a result of upholding traditional attitudes, because of clashes with the egalitarian values of modern American women. In this way, many Latina women find themselves in a dysphoria of personal identity, with few reliable resources to turn to in regard to their mental and emotional needs (Niemann, 2001).

To continue, there have been numerous studies which indicate that Latino immigrant populations underutilize mental health treatment services when compared to other ethnic groups, while still exhibiting rates of mental illness similar to the general U.S. population (Dueweke & Bridges, 2016). Considering the intersection of Latinas living in the United States, modern day barriers to treatment may include limited English language skills, distrust of state run services, economic disparity, and restrictive immigration policy. Attention to culturally-specific constructs such as marianismo is critical because such values may affect the way Latinas perceive their mental health, and motivation to seek help for personal issues.
The purpose of the present study was to examine possible connections between reported levels of marianismo beliefs and factors related to mental health. First, I hypothesized that reported endorsement of marianismo would correlate with mental health symptoms. Conversely, I also hypothesized that marianismo would negatively correlate with professional mental health help seeking attitudes in regard to oneself.

**Method**

**Participants**

Participants were recruited to complete an online Qualtrics survey and were compensated with a $5 credit for their responses. This survey was included in conjunction with additional measures pertinent to a larger study, looking at the same target group of participants. All eligible participants were self-identified adult Latinas living in the United States. 39 responses were excluded from the final analysis due to not identifying with the specified demographic, or due to incomplete survey responses. The final data set included a total of 77 participants (M=27.8, SD=6.39). 54 participants identified as white, 7 identified as black, and 16 identified as members of other races. Additionally, 31 identified as US born citizens, 13 identified as legal immigrants, 20 identified as permanent residents, and 13 identified as naturalized citizens. Survey completion took roughly 20-30 minutes for each participant.

**Procedures**

The study received full Institutional Review Board (IRB) approval from the institution of the author prior to recruitment of participants. Participants were recruited via a variety of online platforms, including web forums and social media, to complete an online self-report survey. Data were collected using Qualtrics survey software (Qualtrics, Provo, UT). Participants were given informed consent, which specified unforeseen risks to individuals as a result of participation in
the study. Each participant received a $5 gift card to a major retailer of their choice as compensation for their input.

**Instruments**

*Marianismo*

The endorsement of Marianista values will be measured using the Latina Values Scale (LVS; Rivera-Marano, 2000) (Appendix A). The Latina Values Scale was developed as a cultural-specific instrument to measure the phenomenon of *marianismo*. The LVS was developed with three goals: to assess the degree to which a Latina adheres to *marianismo* values, whether the Latina woman perceived conflict with these values, and 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. This subscale is not meant to be a measure of overall satisfaction but a measure of satisfaction directly related to the issues measured by the *marianismo* scale (Rivera-Marano, 2000). For the sake of this study, use of the self-satisfaction subscale was omitted.

Items 1-39 include statements describing a typical attitude held by a traditional Latina woman (e.g., “I often take on responsibilities having to do with my family, that I would rather not take, because I feel it is my duty”). These statements were assessed using a 6-point Likert scale ranging from 1 (*strongly disagree*) to 6 (*strongly agree*). The last three items of the scale included more open-ended questions regarding male sexual aggression and personal associations with the term “*marianismo*” and its definition. Items were added to create a total LVS score, which was later used for analysis. 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). Rivera-Marano (2000) found
significant inverse relationships between the LVS and the Assertiveness Self-Report Inventory (ASRI; Herzberger, Chan, & Katz, 1984) \( (r = -0.651, r^2 = 0.424, p = 0.01) \). The author also found significant relationships between the LVS and the Self-Esteem Rating Scale (SERS; Nugent, 1994) \( (r = -0.514, r^2 = 0.264, p = 0.01) \) (Rivera-Marano, 2000). These findings evidence that the LVS has good validity properties. Cronbach’s alpha for the current study = 0.895.

**Symptoms**

A modified 21-item version of the Hopkins Symptom Checklist (HSCL-21; Green, Walkey, McCormick, & Taylor, 1988) (Appendix B) was used to evaluate overall mental and behavioral symptoms. Participants were given a list of various physical, mental, and cognitive symptoms (e.g., “blaming yourself for things, having to do things very slowly in order to be sure you are doing them right, weakness in parts of your body”). With each statement, participants were asked to disclose how much each problem has bothered or distressed them in the past week, including the day of the participation. Severity was evaluated based on a 4-point scale ranging from 1 (not at all) to 4 (extremely). The resulting data were summed to produce a total HSCL-21 score.

The HSCL-21 is a 21-item version of the 58-item HSCL (Derogatis, Lipman, Rickels, Uhlenenhuth, & Covi, 1974). Like other variations of the Hopkins Checklist (e.g., Symptom Checklist-90-Revised, Derogatis, 1975; Brief Symptom Inventory, Derogatis & Melisaratos, 1983), the HSCL-21 appears to be both a reliable and a valid instrument for the measurement of general psychological distress. Researchers have consistently reported internal consistency coefficients above .80 analysis. The Cronbach’s alpha for the current study = 0.894.

**Help seeking attitudes**
A shortened version of the Attitudes Toward Seeking Professional Psychological Help Scale (ATSPPHS-S; Fischer & Farina, 1995) (Appendix C) was used to measure the prevalence of positive attitudes toward mental health professionals, such as counselors. Ten opinion-based statements were listed to elicit opinions (e.g. “If I were experiencing a serious emotional crisis at this point in my life, I would be confident that I could find relief in psychotherapy”). These statements were evaluated on a 4-point scale, from 1 (disagree) to 4 (agree).

Based on an established self-report measure of attitudes toward seeking mental healthcare (Fischer and Turner, 1970), Fischer and Farina (1995) developed a shortened version with college students. The shortened version was developed by retaining the 14 original items possessing the largest item-total score correlations (Fischer and Turner, 1970), and factor analyzing them, resulting in an optimal two-factor solution (Fischer and Farina, 1995). One of these factors included 10 items, which were retained to produce a unidimensional measure of treatment attitudes. The short version has demonstrated internal consistency ranging from 0.82 to 0.84 (Fischer and Farina, 1995), one-month test–retest reliability of 0.80, and a correlation of 0.87 with the longer scale (Fischer and Farina, 1995) among samples of college students. Moreover, students reporting previous use of mental healthcare scored significantly higher on the total score than those not reporting such service use (Fischer and Farina, 1995). The Cronbach’s alpha for the current study = 0.785.

Results

Results of this study provided mixed evidence in regard to marianismo and possible implications of these attitudes in context of mental health trends. According to results of the self-report measures of the Latina Values Scale (Rivera-Marano, 2000), a large majority of the sample was unfamiliar with the construct of marianismo, with most pre-existing definitions
including themes such as subordination, chastity, and social restriction. The means and standard deviations of all measures are shown in Table 1. First, LVS scores included a large range of responses, however did not appear skewed in either way, with a total mean score of 146.79 and standard deviation of 24.62. Scores from the HSCL-21 revealed a similar trend, with a total mean score of 45.92 and a standard deviation of 15.1. In the ATPPHS-S however, we note a total mean score of 29.54 and a standard deviation of 5.94. This may reveal a markedly high amount of positive help seeking attitudes from participants overall.

Figure 1 shows the correlational data between levels of marianismo and levels of reported mental health symptoms. A bivariate correlation reveals the correlation between these two variables to be $r=0.195 (p>.01)$. These results did not provide significant support for the initial hypothesis, which states that levels of self-reported marianismo-like attitudes would be positively related to mental health symptoms. To continue, Figure 2 shows the correlational data between levels of marianismo and levels of help seeking attitudes regarding professional mental health treatment. This analysis reveals a correlation of $r=0.029 (p>.01)$. Contrary to what was predicted, these findings indicate no relation between these two variables.

Discussion

Until recently, Latinas living in the United States have been a considerably overlooked population in psychology literature. Although there exists indication that Latina women exhibit higher levels of mental health symptomology compared to their white female or male Latino counterparts, little still exists on culturally-specific mental health trends and barriers to treatment within this specific intersection. Findings related to marianismo values and attitudes may indicate a possible connection between certain tenets of marianismo and mental health symptoms, such as anxiety, depression, and poor emotional-behavioral control. With this in
mind, such findings clearly demonstrate the increasing demand for cultural competency in public services, especially the mental health field.

Hypothesis one explored the possible link between adherence to marianista values and reported levels of distress toward one’s personal mental and behavioral symptoms. Recent literature suggests that there exists a connection between these constructs within the Latina demographic, specifically noting that those with strong cohesion to marianista values also self-reported lack of behavioral or emotional control, and overall lower positive affect, which are precursors to a variety of mental health symptoms (Sanchez, Smith, & Adams, 2017). In this study, the relatively low positive correlation found between these two constructs suggests that there may be no connection, or that the data set includes participants with such a wide range of responses that such connections were unable to be detected with the analyses used. Comparing individual scale items may help to increase specificity and likelihood of significant correlation.

Next, hypothesis two looked at the connection between marianismo and attitudes toward seeking professional help or counseling as a result of perceived mental health symptoms. This correlation was very close to zero, indicating that a connection may not exist, or may have not been detected with the analyses used, similar to the case in hypothesis one.

There are limitations to consider in regard to the current study. First, the statistical analyses used in this study were purely correlational, which do not serve to establish causation between any of the variables measured. In order to understand and derive more meaningful relationships, I concluded that more descriptive statistical measures should be used. Additionally, the Latina Values Scale (Rivera-Marano, 2000) only has a self-satisfaction subscale, which was omitted from this study, therefore making it difficult to compare adherence to certain pillars of marianismo individually. Another measure that could have been used is the Marianismo Beliefs
Scale (Castillo et al., 2010) which is a measure that examines the five pillars of marianismo using distinct subscales. Finally, the use of solely self-report measures and independent online participants may also serve as a source of bias. I attempted to address this problem by sharing the survey on a variety of platforms websites, to avoid recruiting from solely a university setting or specific US region.

In this study, a non-significant positive correlation was found between marianismo and mental health symptoms, as well as between marianismo and positive attitudes toward help seeking. Although the methods of this study included a number of areas that could be improved, research findings with regard to this demographic intersection in the context of mental health was reviewed. Another possible recommendation was that marianismo should be measured as individual facets or pillars rather than as a collective attitude, due to the variety of beliefs that exist within this construct. Future research should include other relevant components that may play a role in relation to these variables, such as acculturation status and interaction of racial identity.
References


Table 1.
*Means, Standard Deviations, and Correlations Among Measures*

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Figure 1.

$r = 0.195$

Figure 2.

$r = 0.029$
Appendix A

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
   1b. How satisfied are you with your response?
   (1) Very Unsatisfied   (2) Unsatisfied   (3) Satisfied   (4) Very Satisfied

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
   2b. How satisfied are you with your response?
   (1) Very Unsatisfied   (2) Unsatisfied   (3) Satisfied   (4) Very Satisfied

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
   3b. How satisfied are you with your response?
   (1) Very Unsatisfied   (2) Unsatisfied   (3) Satisfied   (4) Very Satisfied

4. I have difficulty expressing anger.
   - (1) Strongly Disagree   (2) Disagree   (3) Mildly Disagree   (4) Mildly Agree   (5) Agree   (6) Strongly Agree
   4b. How satisfied are you with your response?
   (1) Very Unsatisfied   (2) Unsatisfied   (3) Satisfied   (4) Very Satisfied

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
   5b. How satisfied are you with your response?
   (1) Very Unsatisfied   (2) Unsatisfied   (3) Satisfied   (4) Very Satisfied

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
   6b. How satisfied are you with your response?
   (1) Very Unsatisfied   (2) Unsatisfied   (3) Satisfied   (4) Very Satisfied

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
   7b. How satisfied are you with your response?
   (1) Very Unsatisfied   (2) Unsatisfied   (3) Satisfied   (4) Very Satisfied

8. I am able to express my anger to my family.
8b. How satisfied are you with your response?

(1) Very Unsatisfied    (2) Unsatisfied    (3) Satisfied    (4) Very Satisfied

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

9b. How satisfied are you with your response?

(1) Very Unsatisfied    (2) Unsatisfied    (3) Satisfied    (4) Very Satisfied

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

10b. How satisfied are you with your response?

(1) Very Unsatisfied    (2) Unsatisfied    (3) Satisfied    (4) Very Satisfied

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

11b. How satisfied are you with your response?

(1) Very Unsatisfied    (2) Unsatisfied    (3) Satisfied    (4) Very Satisfied

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

12b. How satisfied are you with your response?

(1) Very Unsatisfied    (2) Unsatisfied    (3) Satisfied    (4) Very Satisfied

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

13b. How satisfied are you with your response?

(1) Very Unsatisfied    (2) Unsatisfied    (3) Satisfied    (4) Very Satisfied

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

14b. How satisfied are you with your response?

(1) Very Unsatisfied    (2) Unsatisfied    (3) Satisfied    (4) Very Satisfied

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

15b. How satisfied are you with your response?

(1) Very Unsatisfied    (2) Unsatisfied    (3) Satisfied    (4) Very Satisfied
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

16b. How satisfied are you with your response?
   (1) Very Unsatisfied  (2) Unsatisfied  (3) Satisfied  (4) Very Satisfied

17. Family is very important to me.
   (1) Strongly Disagree  (2) Disagree  (3) Mildly Disagree  (4) Mildly Agree  (5) Agree  (6) Strongly Agree

17b. How satisfied are you with your response?
   (1) Very Unsatisfied  (2) Unsatisfied  (3) Satisfied  (4) Very Satisfied

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

18b. How satisfied are you with your response?
   (1) Very Unsatisfied  (2) Unsatisfied  (3) Satisfied  (4) Very Satisfied

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

19b. How satisfied are you with your response?
   (1) Very Unsatisfied  (2) Unsatisfied  (3) Satisfied  (4) Very Satisfied

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

20b. How satisfied are you with your response?
   (1) Very Unsatisfied  (2) Unsatisfied  (3) Satisfied  (4) Very Satisfied

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

21b. How satisfied are you with your response?
   (1) Very Unsatisfied  (2) Unsatisfied  (3) Satisfied  (4) Very Satisfied

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

22b. How satisfied are you with your response?
   (1) Very Unsatisfied  (2) Unsatisfied  (3) Satisfied  (4) Very Satisfied

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

23b. How satisfied are you with your response?
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

24b. How satisfied are you with your response?
(1) Very Unsatisfied (2) Unsatisfied (3) Satisfied (4) Very Satisfied

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

25b. How satisfied are you with your response?
(1) Very Unsatisfied (2) Unsatisfied (3) Satisfied (4) Very Satisfied

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

26b. How satisfied are you with your response?
(1) Very Unsatisfied (2) Unsatisfied (3) Satisfied (4) Very Satisfied

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

27b. How satisfied are you with your response?
(1) Very Unsatisfied (2) Unsatisfied (3) Satisfied (4) Very Satisfied

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

28b. How satisfied are you with your response?
(1) Very Unsatisfied (2) Unsatisfied (3) Satisfied (4) Very Satisfied

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

29b. How satisfied are you with your response?
(1) Very Unsatisfied (2) Unsatisfied (3) Satisfied (4) Very Satisfied

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

30b. How satisfied are you with your response?
(1) Very Unsatisfied (2) Unsatisfied (3) Satisfied (4) Very Satisfied

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

31b. How satisfied are you with your response?
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

32b. How satisfied are you with your response?
   (1) Very Unsatisfied   (2) Unsatisfied   (3) Satisfied   (4) Very Satisfied

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

33b. How satisfied are you with your response?
   (1) Very Unsatisfied   (2) Unsatisfied   (3) Satisfied   (4) Very Satisfied

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

34b. How satisfied are you with your response?
   (1) Very Unsatisfied   (2) Unsatisfied   (3) Satisfied   (4) Very Satisfied

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

35b. How satisfied are you with your response?
   (1) Very Unsatisfied   (2) Unsatisfied   (3) Satisfied   (4) Very Satisfied

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

36b. How satisfied are you with your response?
   (1) Very Unsatisfied   (2) Unsatisfied   (3) Satisfied   (4) Very Satisfied

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

37b. How satisfied are you with your response?
   (1) Very Unsatisfied   (2) Unsatisfied   (3) Satisfied   (4) Very Satisfied

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

38b. How satisfied are you with your response?
   (1) Very Unsatisfied   (2) Unsatisfied   (3) Satisfied   (4) Very Satisfied

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

39b. How satisfied are you with your response?
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 B
The Hopkins Symptom 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.

1= Not at all
2= A Little
3= Quite a Bit
4= Extremely

1. Difficulty in speaking when you are excited
2. Trouble remembering things
3. Worried about sloppiness or carelessness
4. Blaming yourself for things
5. Pains in the lower part of your back
6. Feeling lonely
7. Feeling blue
8. Your feelings being easily hurt
9. Feeling others do not understand you or are unsympathetic
10. Feeling that people are unfriendly or dislike you
11. Having to do things very slowly in order to be sure you are doing them right
12. Feeling inferior to others
13. Soreness of your muscles
14. Having to check and double check what you do
15. Hot or cold spells
16. Your mind going black
17. Numbness or tingling in parts of your body
18. A lump in your throat
19. Trouble concentrating
20. Weakness in parts of your body
21. Heavy feelings in your arms and legs
Appendix C
Attitudes Toward Seeking Professional Help (ATSPPHS-S; Fischer & Farina, 1995)

Your sex:
_____ Male
_____ Female
Your race/ethnicity:
_____ African American
_____ Asian/Asian American
_____ White/European American
_____ Latino/a
_____ Arab/Middle Eastern
_____ Other: Please specify _________________________________

Instructions
Read each statement carefully and indicate your degree of agreement using the scale below.
In responding, please be completely candid.
0 = Disagree
1 = Partly disagree
2 = Partly agree
3 = Agree

_____ 1.
If I believed I was having a mental breakdown, my first inclination would be to get professional attention.

_____ 2.
The idea of talking about problems with a psychologist strikes me as a poor way to get rid of emotional conflicts.

_____ 3.
If I were experiencing a serious emotional crisis at this point in my life, I would be confident that I could find relief in psychotherapy.

_____ 4.
There is something admirable in the attitude of a person who is willing to cope with his or her conflicts and fears without resorting to professional help.

_____ 5.
I would want to get psychological help if I were worried or upset for a long period of time.

_____ 6.
I might want to have psychological counseling in the future.

_____ 7.
A person with an emotional problem is not likely to solve it alone; he or she is likely to solve it with professional help.

_____ 8.
Considering the time and expense involved in psychotherapy, it would have doubtful value for a person like me.
______ 9.
A person should work out his or her own problems; getting psychological counseling would be a last resort.

______ 10.
Personal and emotional troubles, like many things, tend to work out by themselves.

**Scoring**
Reverse score items 2, 4, 8, 9, and 10, then add up the ratings to get a sum. Higher scores indicate more positive attitudes towards seeking professional help. Calculate a mean for males, for females, and for each of the ethnic groups to examine group differences. Discuss any observed similarities and/or differences between the groups with the class.