Depression and Acculturation in Mexican American and European American Women

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Abstract: The objective of this paper was to determine the relationship between depression and acculturation among Mexican American and European American women. The participants included 76 Mexican American and European American women from Kansas City. Depression was measured by the Center of Epidemiological Studies Depression Scale and acculturation was determined by the Olmedo Acculturation Inventory. The results support existing research that indicates scores on acculturation for European Americans were significantly higher than scores for Mexican Americans, and that there were significantly higher acculturation scores for Mexican Americans from first to third generation. This study further supports past findings that indicate scores on depression for Mexican American women were higher than those for European American women. Depression scores were not influenced by demographic differences, but acculturation scores were. In addition, there was no significant relationship between acculturation and depression.

Key words: Depression; acculturation; women; Mexican-American.

Introduction

Acculturation refers to the process of change in which individuals from one culture modify their behavior in order to adapt to another culture (Burnam, Telles, Karno, Hough, & Escobar, 1987). There are several views of this process—low acculturation (marginalization) (Ward & Kennedy, 1994), biculturalism, and high acculturation (assimilation) (Berry, et al., 1989). Individuals low in acculturation adhere to their native cultural practices when in contact with the host culture. In biculturalism, one maintains the cultural integrity of the home country as well as becomes an integral part of a larger society (Padilla, 1980). Those with high acculturation have accepted the majority culture completely.

Acculturation may be related to depression in Hispanics, the fastest growing ethnic group in the United States. Among Central American immigrants, elevated acculturated stress was significantly related to higher depression (Hovey, 2000). Hispanics low in acculturation may be more likely to be distressed since they have limited access to resources for assistance in the dominant culture (Gallagher-Thompson, Tazeau, Basilio, Hansen, Polich, Menendez, et al., 1997). Hispanics who retain their culture when faced with a new culture may experience more mental health problems (Griffin, 1983;
Distress may result if high acculturation leads to estrangement from one’s ethnic group, social support, and a positive sense of self. Thus, a higher level of acculturation may lead to increased distress when an individual experiences discrimination or is prevented from gaining social status (Kaplan & Marks, 1990). However, those who can adopt and identify with both cultures (bicultural) may experience a healthier psychological adjustment (Szapocznik et al., 1980). Berry (1989) suggested that acculturative stressors do not necessarily create acculturative stress. The extent to which an event causes stress depends on the characteristics of both the individual and the dominant society. A curvilinear relationship may exist between these two variables where moderately acculturated individuals retain bonds with their ethnic group yet gain access to resources in the dominant culture (Rogler, Cortes, & Malgady, 1991).

Research on mental health and acculturation in Hispanics has demonstrated inconsistent results. Studies have lacked sensitivity to gender, and were limited to developmental theories (Lazzari, Ford, & Haughey, 1996). Nevertheless, gender is an predictor of depression among Hispanic adolescents (Katragadda & Tidwell, 1998).

Torres-Matrullo (1976) found a significant negative relationship between depression and acculturation in Puerto Rican women. Low acculturation was related to depressive symptoms in Mexican immigrant women living in the U.S. (Salgado de Snyder, 1987). Neff and Hoppe’s (1993) research indicated less-acculturated Mexican Americans had significantly higher levels of depression than Anglos and African Americans. Among Hispanic elders, low acculturation was associated with higher levels of psychological distress (Zamanian, Thackrey, Starrett, Lassman, & Brown, 1992).

A number of studies have demonstrated no relationship between depression and acculturation. In a Cuban American sample, acculturation was not associated with psychopathology (Szapocznik & Kurtines, 1980). Among Puerto Ricans, poverty and unemployment had a much stronger impact on depressive symptoms than acculturation (Canabal & Quiles, 1995). Griffin (1983) found no significant relationship between depression and acculturation in Mexican Americans. Also, no difference in acculturation was found between Mexican American inpatients and outpatients (Fabrega & Wallace, 1968).

Past research has investigated biculturalism and depression. Among Hispanics, a bicultural orientation was associated with healthy adjustment (Lang, Munoz, Bernal, & Sorenson, 1982). Being bicultural is the least detrimental to the mental health of Latinos; indeed, bicultural Latinos had lower depression when compared to both high and low acculturation groups (Miranda & Umhoefer, 1998). Among Latino university students, the most acculturated group had significantly higher depression scores (Cuellar & Roberts, 1997). This same study found significantly higher depression symptoms for Latino females than Latino males in four of five acculturation groups. Despite methodological criticism of some studies (Negy & Woods, 1992), a summary of research found acculturation could be both detrimental and beneficial to the mental health of Hispanics (Rogler et al., 1991).

Due to the mixed findings of the aforementioned studies, and the need to consider cultural factors in the assessment of depression in Mexican American women (Cuellar, Martinez, Jimenez, & Gonzales, 1983), the present study examined the relation of acculturation and depression in Mexican American females. Furthermore, this study tested for significant differences on measures of depression and acculturation in Mexican American and European American females.

**Method**

**Participants**

The participants included 38 (23 first and 15 third generation) Mexican American and 38 European American women. All women were
receiving services from two social service agencies in the metropolitan Kansas City area. The mean age for the entire sample was 30 years (SD = 11) and ranged from 18 years to 68 years. The mean age of the Mexican American women was 32 years (SD = 13) and the European American women had a mean age of 29 years (SD = 8).

**Instruments**

Depressive symptoms were measured with the Center of Epidemiological Studies Depression (CES-D) Scale. The CES-D is a 20 item self-report scale designed to measure depressed mood in community settings (Markush & Favero, 1973). The CES-D has a range of 0 to 60 with a score of 16 or more, which indicates significant depression symptoms (Comstock & Helsing, 1976). The original standardization of the CES-D with community populations was completed in Kansas City, Missouri, and Washington County, Maryland (Comstock & Helsing, 1976). The Olmedo Acculturation Inventory (AI, Olmedo, Martinez, & Martinez, 1978) measured acculturation which was defined as the “linear combination of semantic and sociocultural variables, which provides the best least square estimate of that individual’s score on a dichotomous variable in which Chicanos (Mexican Americans) are assigned a value of 0 and Anglos a value of 1” (Olmedo et al., 1978, p. 165). Results of initial research showed mean standard acculturation of 54 for Anglos and 38 for Mexican Americans (Olmedo et al., 1978). Additional validation of the scale to assess construct validity of the AI by comparing first and third generation Mexican Americans indicated significant differences between mean standard acculturation of 34 for first generation Mexican Americans, 38 for third generation Mexican Americans, and 54 for Anglos (Olmedo & Padilla, 1978). Additional research with the AI indicated higher acculturation was positively related to more liberal attitudes toward women, single marital status, higher levels of education, and younger age. More feminine household behaviors were negatively related to higher acculturation. The best predictors of acculturation were education and self-attribution sex-role characteristics (Kranau, Green, & Valencia-Webber, 1982).

**Procedure**

After an explanation of the study, the volunteer subjects signed consent forms. A graduate student in clinical psychology gave the CES-D, the AI, and a demographic information questionnaire in English to subjects in small groups. After all data were collected, subjects were organized by age groups to aid in testing for significant differences.

**Results**

Using the cutoff score of 16 on the CES-D (Comstock & Helsing, 1976), these data indicate 45% of the Mexican Americans and 29% of the European Americans had significant symptoms of depression. However, no signifi-
cant CES-D score differences between the groups were found, $t(74) = 1.80, p = .08$ (Mexican American mean = 16.61, $SD = 9.4$; European American mean = 12.47, $SD = 10.6$).

Analysis of variance (ANOVA) of depression scores by demographic categories revealed no significant differences for any of the categories (marital status, income, education, or occupation of head of household) for the Mexican Americans or for the European Americans.

For the entire sample, mean AI scores were 43 ($SD = 4.0$) and ranged from 35 to 49. Mean standard acculturation scores were significantly higher, in favor of the European Americans, who had a mean of 45 ($SD = 2.3$) (Mexican Americans’ mean = 40, $SD = 3.5$), $t(74) = -7.80, p < .001$. The ANOVA of Mexican Americans’ acculturation scores by the demographic categories revealed significant differences for income, $F(1,36) = 5.2 p < .05$, in favor of those with incomes more than $14,001 and significant differences for generation, $F(1,30) = 15.2 p < .001$, with the third generation scoring significantly higher in the Mexican American group. In the European American group, significant differences were found for acculturation scores by age category, $F(2,30) = 8.25 p < .001$, with those 46 years or older having significantly lower AI scores. A Pearson product-moment correlation of depression and acculturation scores revealed a non-significant relationship for the Mexican Americans ($r = -.25, p = .605$), for the European Americans ($r = -.05, p = .782$) and for the entire sample ($r = -.19, p = .11$).

**Discussion**

The present study examined the relationship between acculturation and depression in Mexican American females, and also compared Mexican American and European American females on both variables. The results indicated: (1) a higher percent of depressive symptoms in the Mexican American women, (2) higher acculturation in the European American women, and (3) inconclusive evidence of a significant relationship between depression and acculturation internally within the cohorts, between the cohorts, and for the entire sample.

The mean age of the Mexican American women was somewhat higher than the European American women, which may have accounted for the higher depression scores in the Mexican Americans. However, Kaplan & Marks (1990) suggested age (per se) does not moderate the relationship between acculturation and distress. Instead different social and economic issues confronting individuals at different ages influence the relationship between depression and acculturation.

Another explanation for higher depression scores among Mexican American women could be due to the generation they are part of (i.e. 1st and 3rd generations), since generation appears to be related to both acculturation scores and depression scores for Mexican American women (Masten, Penland, & Nayani, 1994; Neff & Hoppe, 1992; Zamanian et al., 1992). Although earlier studies have suggested that generation does not impact acculturation stress (Mena et al., 1987; Padilla, Alvarez, & Lindholm, 1986), Hovey and King (1996) suggested there is a “…non-linear relationship between generation (time in the new community) and level of acculturative stress. This relationship may be due to the various levels of influence (upon stress) of buffering variables such as family functioning” (p. 1190). The role and functioning of the family, rather than generational level, may have more influence on acculturation. In addition, what constitutes normal family functioning may depend on ethnic group and cultural definition (Cuellar & Roberts, 1997; Hovey & King, 1996). Since depression is influenced by sociocultural variables (Cuellar & Roberts, 1997), both acculturation and depression must be carefully defined and measured, for each may be influenced by culture (Cuellar & Roberts, 1997; Taussig, Henderson, & Mack, 1992).

As to why no relationship between depression and acculturation was found, Gallagher-Thompson et al., (1997) recommended that acculturation be viewed as a continuum, and that the relationship, between the two variables,
Depression and Acculturation in Mexican American and European American Women

19

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may be curvilinear. Thus, more research is needed in this area to carefully define the ethnocultural processes and acculturation, as they relate to depression.

Findings from this study support the research indicating that scores on acculturation for European Americans are higher than those for Mexican Americans and scores within Mexican American generational groups show an increase in acculturation scores from first to third generation. The results of this study further support the research indicating that scores on depression for Mexican American women are higher than those for non-Hispanic white women (Golding & Burnham, 1990).

Depression scores did not seem to be affected for both groups by demographic differences, unlike acculturation scores. Although age was not significantly related to depression, Gallagher-Thompson et al., (1997) found a significant relationship between age and acculturation and level of education was related to both depression and acculturation.

The findings lead to speculation that, since the Hispanic culture is heterogeneous (i.e. acculturation), results may vary as a consequence both of sample size and geographic location. The geographical limitations of this study have forced the researchers to draw limited conclusions for a population that is the fastest growing ethnic group in the United States (Lazzari et al., 1996). Overall, future research needs to consider the different socialization strategies for men and women, and needs to include a greater sensitivity to differences and existing stereotypes for Hispanic/Chicana/Mexican American women (Lazzari et al., 1996).

Finally, Casex (1994) asks, “what does it mean for culturally and racially diverse peoples to be perceived as members of a single ethnic group…” (p. 288). Additional topics for research could include the ways that subgroups differ as well as the ways in which they are similar. To provide culturally relevant mental health services, therapists need an understanding of cultural differences and the antecedents of depression in Mexican American women. The authors believe that ethnically sensitive practice with Mexican American women could be strengthened by further research into the relationship between ethnicity, gender, depression, and acculturation.

Due to the mixed findings of the aforementioned studies, and the need to consider cultural factors in the assessment of depression in Mexican American women (Cuellar, Martinez, Jimenez, & Gonzales, 1983), one goal of this study was to examine the relation of acculturation and depression in Mexican American females. Additional goals were to determine how many European American females and Mexican American women scored high enough on the CESD to be considered depressed, test for significant differences in depression between the two groups and determine the acculturation level of the 2 groups and test for significant differences on acculturation between Mexican American and European American females as well as which variables differentiated accumulation levels.

References


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