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EXAMINING NONADHERENCE TO FAMILY VALUES AND ANXIETY IN COLLEGE LATINAS

A Thesis

by

VERONICA P. RAMIREZ

Submitted in Partial Fulfillment of the

Requirements for the Degree of

MASTER OF ARTS

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The University of Texas Rio Grande Valley

December 2023

EXAMINING NONADHERENCE TO FAMILY VALUES

AND ANXIETY IN COLLEGE LATINAS

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December 2023

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ABSTRACT

Ramirez, Veronica P., <u>Nonadherence to Family Values And Anxiety In College Latinas: Family</u> <u>Conflict As Mediator And Emotion Dysregulation And Autonomy As Moderators.</u> Master of Arts (MA), December, 2023, 28 pp., 2 tables, 1 figure, 23 references, 25 titles.

Due to the rapidly growing rate of the Latinx population, mental health professionals must concentrate on finding the best treatments for this population. The group of interest for this study is young Latinas in college with anxiety symptoms. There is some research on how anxiety levels are influenced by one important factor: non-adherence to family values, however, it is important to understand what may direct this relationship. What makes this research study different is that we attempted to use family conflict as a mediator in the relationship. Furthermore, we attempted to see if levels of autonomy and emotion dysregulation influence the relationship between non-adherence to family values and high levels of anxiety in Latinas. We used a sample of 166 Latinas from the University of Texas Rio Grande Valley that responded to our questionnaires and fit into our recruiting criteria. Bivariate correlations and regression analysis helped us determine if the model proposed for this study was accurate, and the results showed the contrary. Although our study did not follow as planned, it created a good starting point for future research.

DEDICATION

The completion of this thesis would not have been possible without the love and support of my family. My mother Veronica Alvarez, my father Abelardo Ramirez, and my brothers, Ricardo, Marcos, and Pablo Ramirez. Thank you for your love and support.

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CHAPTER I

INTRODUCTION

The United States has seen a rapid increment in the Latinx population, which comprises about 20% of the total U.S. population (U.S Census, 2020). This makes them the largest minority population in the U.S. (U.S Census, 2020). Moreover, there have been mixed findings about health and wellness among this population. Among the Latinx population, one group that has shown risk for mood and anxiety disorders is young Latinas in college (Mayorga et al., 2018).

Zayas et al (2005) hypothesized that Latinas' mental health may be particularly affected by several factors about their culture and the values they share. This is important because as women acculturate, new values and ideas are introduced that may create conflict with the old values (Zayas et al., 2005). One factor that the literature has found to affect Latina's mental health is the nonadherence to traditional values, which is an indirect effect that may arise from acculturation (Mayorga et al., 2018). Nonadherence to family values seems to affect family cohesion, which in turn causes Latinas to have higher levels of anxiety (Corona et al., 2016). Furthermore, the relationship between non-adherence to family values and high anxiety levels may also be influenced by levels of autonomy, since autonomy is more praised in other types of cultures (Davis et al., 2018). Another factor that influences the risk of anxiety is emotion dysregulation which can be more influential when used to cope with their family stressors (Mayorga et al., 2018). Anxiety disorders are one of the most prevalent groups of psychiatric disorders, and it is well-documented that females are more likely than males to develop an

anxiety disorder (Christiansen, 2015). For this reason, the upcoming research paper will address the questions: is there an indirect effect of family conflict on the association between nonadherence to cultural values and the risk of anxiety? Do autonomy and emotion dysregulation moderate the association between non-adherence to cultural values and risk for anxiety in Latinas?

CHAPTER II

REVIEW OF LITERATURE

Relationship Of Nonadherence to Family Values and Anxiety Levels in Latinas

Some work suggests that rates of depression and anxiety symptoms are greater among Hispanics than non-Hispanic whites (Mendoza et al., 2016). Moreover, results from the multicenter epidemiologic Hispanic Community Health Study/ Study of Latinos indicate that 40% of Latinx adults report moderate to high levels of anxiety and depression (Mendoza et al., 2016). U.S.-born Latinx individuals report higher rates of major mental health disorders than Latinx immigrants and Latinx populations experience greater psychological distress when attending college than their European and African-American counterparts (Jardin et al., 2018). This is supported by research by Ai et al (2014), which showed that Latinx individuals who spend more time living in the U.S, have an increased risk of poor mental health (Mendoza et al., 2016), but it is important to notice that research pertaining only Latinas is scarce (Ai et al., 2014). In 2014, Ai. et al found that Latinas were almost three times as often diagnosed with GAD than their male counterparts, as well as that the factor associated with family dynamics strongly predicted GAD and suicide ideation but not major depressive disorder (MDD).

The transitional nature of the college/young adult years represents a sensitive period for depression and anxiety (Mayorga et al., 2018). Additionally, being a member of a minority group highlights the vulnerabilities of not fully belonging to a majority culture (Mayorga et al., 2018). Additionally, Zayas (1987) was interested in highlighting the mental health concerns that seek to

identify the characteristics of adolescents at risk for suicide and suicide attempts. He theorized that traditional gender-role socialization, acculturation, and adolescent-parental conflict are some of the factors that influence the suicidal behavior of adolescent Hispanic females. Zayas et al. also posited that family-related conflicts impacted suicidal behavior in Hispanics in a different way than their non-Hispanic counterparts. Therefore, these researchers considered that suicide attempts represented a way to articulate emotional suffering in culturally meaningful ways. Since this marked a difference in how Latinas expressed high emotional distress, we must dig deeper into this issue and see how these factors may increase Latina's anxiety symptoms and how anxiety may play a role in the relationship between Zaya's theorized risk factors and the risk of anxiety.

One characteristic of the Latinx culture, specifically, the Mexican American culture, is Marianismo —the cultural value that denotes the gender role expectations of Latina women (Piña-Watson et al., 2013). This cultural value encompasses the idea that women must be dedicated to one's family, be subordinate to others, and self-silencing to maintain harmonious relationships (Piña-Watson et al., 2014). When a Latina is introduced to a different idea of female gender roles (e.g., obtaining an education, not choosing to be a stay-at-home mom), it is common to have stress because they are not adhering to their family values. Correspondingly, another factor that may increase Latina's stress is the fact that not all members of the family acculturate at the same rate (Cano et al., 2020). Therefore, Latinas' different gender role beliefs may result in intergenerational family conflict because their parents may want them to adhere to what has been taught to them, but Latinas want to acculturate to a more open idea of female gender roles (Piña-Watson et al., 2013)

Family Conflict as A Mediator

Among the Latinx community, there are several cultural values that researchers should take into consideration when assessing potential risk factors for mental health problems. One common salient cultural value among the Latinx population is *Familism*, the idea that a person must support, be loyal, and put the family's needs before one's own (Knight et al., 2010). Research done by Davis et. al showed that the endorsement of familism values was positively female gender roles (Piña-Watson et al., 2013) linked to compliant and emotional behaviors among Latinx individuals. Furthermore, other findings by Crocket and colleagues (2007) found that when Latina/o college students experience low levels of parental support, increases in acculturative stress were associated with increases in anxiety. This research study also mentioned that gender differences are evident among Latinos, being that boys tend to isolate themselves more, and girls tend to seek support from other people (Crockett et al., 2007). For this reason, including family conflict is important when assessing the interaction between nonadherence to family values and high levels of anxiety in Latinas.

The interaction between nonadherence to family values, family conflict, and anxiety is important to study because previous research has focused more on depression rather than anxiety. Family conflict has been found to predict the risk of mood disorders in the Latinx population, plus, family discord has been associated with generalized anxiety disorder (GAD) (Priest & Denton, 2012). Additionally, sentiments of family cohesion are associated with fewer anxiety symptoms, although research in Latinas is scarce. Ai et al.(2014) suggested that when there is a negative interaction between family members, it may be experienced as a personal failure from the Latina's eyes and be internalized as psychological distress, which may in turn generate anxiety, which is also tied with suicide ideation (SI) (Ai et al., 2014).

Another factor known to be associated with the risk for suicide ideation is emotion dysregulation, therefore is important to investigate how this factor may be associated with high levels of anxiety. Moreover, because it is a universal predictor of anxiety, another factor that may affect this relationship is autonomy because this trait has been more predominantly found in Latinos rather than Latinas and has dictated whether Latinas find a support system that is cohesive with their acquired and native cultural values (Rutten et al., 2015).

Emotion Dysregulation and Autonomy as Moderators

Emotion regulation refers to the ability of an individual to modulate an emotion or set of emotions (Gross, 2001). Past research has shown that acculturative stress has been associated with emotion regulation difficulties (Paulus et al., 2019). Emotion dysregulation refers to how individuals understand and respond to their emotions in maladaptive ways (Tull & Aldao, 2015). This phenomenon has been highly related to psychopathology, and it is considered a risk factor for mental health issues (Aldao, 2012). Past research has tied emotion dysregulation to acculturative stress as well. Pressure to acculturate may be associated with young adult's emotion dysregulation because young adults who are experiencing acculturative stress may become overwhelmed and depleted of cognitive resources and engage in maladaptive ways to manage their stress (e.g., alcohol consumption) (Paulus et al., 2019). Nonetheless, there have been mixed findings about emotion dysregulation and acculturative stress, and findings on Latinas are limited. General findings have seen that women are better than men at regulating their emotions more positively, but these studies are mostly concentrated on European American women (Paulus et al., 2019). The lack of work among Latina young adults in emotion dysregulation function amid the unique stressors experienced by this population represents a big gap in the literature. Because women seem to have better emotion regulation techniques than

men, and the relationship between family conflict and emotion dysregulation is somewhat confusing, it is important to take into consideration how this phenomenon may direct the relationship between non-adherence to family values and high levels of anxiety in Latinas.

Feelings of autonomy also seem to play an important role in the relationship between nonadherence to family values and high anxiety levels in Latinas. Previous research findings define healthy, autonomous adults as presuming not only the awareness of one's own goals but also the capacity to initiate and maintain meaningful social relationships (Rutten et al., 2016). Previous research found that people with low levels of autonomy had high levels of anxiety (Rutten et al., 2016). Furthermore, emerging adulthood is a developmental period that roughly spans the ages of 18-25 years and has been defined as a stressful and difficult stage in life (Cano et al., 2020). Previous findings in Hispanics found that during this time, there is a steep incline in depression which can be due to emerging adults' perception of low family cohesion because they typically experience more autonomy from their parents (Cano et al., 2020). However, these findings were done in a mixed women and men sample that had high levels of autonomy, therefore, the findings relating to Latinas, low levels of autonomy, and anxiety symptoms are not well confirmed (Cano et al., 2020). Examining levels of autonomy as a moderating factor will help determine if high autonomy acts as a protecting factor in emerging adult Latinas.

Research Questions and Hypothesis

Due to the lack of focus in the literature regarding cultural factors and mental health in college-aged Latinas, the purpose of the current study is to: Explore the relationship between nonadherence to family values and high levels of anxiety in college-aged Latinas with family conflict as a mediator emotion dysregulation and autonomy as moderators. The mediating effects of family conflict and moderating effects of autonomy and family conflict in the relationship

between nonadherence to family values and high levels of anxiety in Latinas have not been previously assessed in other studies. The hypotheses that were addressed in this study were: Hypothesis 1: It is expected that Latina college students who have high non-adherence to family values will be at risk for family conflict.

Hypothesis 2: It is expected having high family conflict will mediate the relationship between nonadherence to family values and high levels of anxiety.

Hypoyhesis3: Having low autonomy and high emotion dysregulation will moderate the relationship between high nonadherence to family values and high levels of anxiety.

CHAPTER III

METHODOLOGY

Data and Sample

This present study was conducted via Qualtrics, an online data collection with the University of Texas Rio Grande Valley in the Brownsville and Edinburg campuses. Furthermore, the study used two forms of recruitment SONA, which only targets students enrolled in psychology courses, and promotional posters that were posted around the Brownsville and Edinburg campuses and email recruitment means done by the principal investigator, Veronica Ramirez. Participants included 166 females of Latinx descent that reported to be 18-25 years of age, and currently enrolled in the university. The total female population of UTRGV is of 19,375 students. An a priori power analysis was conducted using G*Power version 3.1.9.7 (Faul et al., 2007) to determine the minimum sample size required to test the study hypothesis. Results indicated the required sample size to achieve 80% power for detecting a medium effect, at a significance criterion of α = 0.05 was N = 130 for linear multiple regression. Thus, the obtained sample size of N = 166 is suitable to test the study hypothesis.

Sample

To meet the required sample for this study, which is to measure the impact of cultural values, family conflict, and levels of anxiety, participants were required to meet the following criteria:

1. Were at least 18 years of age and no older than 25

- 2. Answered "Yes" to being Latina or Hispanic
- 3. Identified themselves as "female"
- 4. Currently enrolled in The University of Texas Rio Grande Valley.

Variables and Measures

For the present study, demographic data from the respondents was gathered via Qualtrics to guarantee that the respondents met the required criteria. The primary dependent variable was the anxiety levels that were measured by the Generalized Anxiety Disorder-7. The predictor variables consisted of nonadherence to cultural values, family conflict, autonomy levels, and emotion dysregulation.

Demographics

The participants were required to complete a demographics form that provided information on the subject's age, gender, ethnicity, present marital status/relationship status, religion, who they currently live with, country of birth, first language, spoken language, year in school, and socioeconomic status.

Nonadherence to Family Values

The Marianismo Beliefs Scale (Castillo et al., 2010) was designed to assess the extent to which a Latina believes she should practice traditional gender role expectations. This 24-item measure consists of five subscales or pillars: family (five items, e.g., "A Latina must be a source of strength for her family"), virtuous and chaste (five items, e.g., "A Latina should remain a virgin until marriage"), subordinate to others (five items, e.g., "A Latina should do anything a male in the family asks her to do"), silencing self to maintain harmony (six items, e.g., "A Latina should feel guilty about telling people what she needs"), and spiritual (three items, e.g., "A Latina scale,

ranging from 1 = strongly disagree to 4 = strongly agree. The score is calculated as the mean of items in each subscale or the scale as a whole. Higher scores indicate greater adherence to marianismo beliefs. Castillo et al., 2010 examined the MBS's internal reliability as well as the convergent and discriminant validity using existing measures with the entire participant pool N= 370. For the MBS' Family Pillar, Virtuous and Chaste, Subordinate to Other, Self-silencing to Maintain Harmony, and Spiritual Pillar subscales coefficient alphas of 0.77, 0.79, 0.76, 0.78, and 0.85 were found, respectively. Behavioral enculturation was measured using the MOS and cognitive enculturation was assessed with the MACC-SF Familism subscale (Cohen, 1988). For the current study the Cronbach's alpha coefficients were .73, .83, .75, .90, .85, respectively.

Autonomy

The short version of the Autonomy-Connectedness Scale (ACS-30) (Bekker & Van Assen, 2006) consists of 30 items and three subscales: Self-awareness, Sensitivity to others, and the Capacity for managing new situations. All items are measured on a 5-point Likert scale, running from 1 (disagree) to 5 (agree). High scores indicate high levels of autonomy. However, because of the research interest, it was decided that only two of the subscales are going to be measured: Self-awareness and the capacity for managing new situations. Bekker and Van Assen (2006) checked the retained reliability of each subscale after the subsequent deletion of items to maintain a value for Cronbach's alpha of at least .80. and computed the Cronbach's alpha for the three scales. Cronbach's alpha was 0.81, 0.82, and 0.83 for Self-awareness, Capacity for Managing New Situations, and Sensitivity to Others, respectively. For this study the Cronbach's alpha coefficients were .72 for the Self-awareness scale and .64 for the capacity of managing new situations scale.

Emotion Regulation

The Difficulties in Emotion Regulation Scale (Grantz & Roemer, 2004) is a 36-item selfreport questionnaire that measures emotion regulation across six subscales: nonacceptance of emotion responses, difficulties engaging in goal-directed behavior, impulse control difficulties, lack of emotional awareness, limited access to emotion regulation strategies, and lack of emotional clarity. The items in the scale are rated on a Likert scale reflecting the amount of time each symptom is experienced, where 1= almost never and 5= almost always. Higher scores on the total scale and each subscale mean more difficulties with emotion regulation. The DERS has been found to demonstrate good test-retest reliability (Cronbach's alpha= .88, p < .01) and adequate construct and predictive validity (Gratz & Roemer, 2004; Gratz & Tull, 2010). For the current study, the Cronbach's alpha coefficient was .74.

Anxiety

The GAD-7 (Spitzer et al., 2006) is a 7-item self-report measure designed to screen for the presence of General Anxiety Disorder and to measure the severity of symptoms following DSM-IV criteria. The GAD-7 asks how often participants have been bothered by anxiety symptoms in the past 2 weeks. Items are rated on a 4-point Likert scale indicating symptom frequency, ranging from 0 (not at all) to 3 (nearly every day). Total scores range from 0 to 21, with higher scores indicating higher levels of generalized anxiety. According to the original authors, the total score can then be interpreted as indicating no/minimal anxiety (0–4), mild (5– 9), moderate (10–14), or severe (15–21), with a reasonable cut-off value for identifying cases of GAD at 10 points. (Spitzer et al., 2006) The internal consistency of the GAD-7 was excellent (Cronbach $\alpha = .92$). Test-retest reliability was also good (intraclass correlation = 0.83). The convergent validity of the GAD-7 was good, as demonstrated by its correlations with 2 anxiety scales: the Beck Anxiety Inventory (r = 0.72) and the anxiety subscale of the Symptom Checklist-90 (r = 0.74). The Cronbach's alpha coefficient for the current study was .92

Family Conflict

To measure family conflict, we used the Family Conflict Subscale: Conflict Behavior Questionnaire Short Version (CBQ-20) which includes two versions, Conflict with Mother and Conflict with Father. The participants completed each questionnaire separately. This is a 20-item true/false rating scale assessing communication and conflict in parent-adolescent interactions. High scores represent more negative communications. The scale has excellent internal consistency (alpha= .90; Robin & Foster, 1989), satisfactory test-retest reliability, and significantly differentiates distressed from non-distressed parent-adolescent dyads (Robin & Foster, 1989). The Cronbach's alpha coefficient for the current study was .93 for the Father version and .92 for the mother version.

In addition, participants also completed the Conflict subscale of the Family Environment Scale, which evaluates the extent to which the open expression of anger and aggression and generally conflictual interactions are characteristic of the family (Lanz & Maino, 2014). The only known studies reporting the reliability of the FES-CS when rated by caregivers of youth with Type 1 diabetes found coefficients from .68 to .74. FES scores converge with other assessments of the family system. Supporting FES-CS discriminant validity, mothers have reported higher conflict levels in families of children with conduct problems. FES-CS scores have been reported to be high in youth with violent behavior, depression, anxiety, loneliness, self-esteem, life satisfaction, and health-related quality of life problems (Matos-Melo & Cumba-Avilés, 2019). The Cronbach's alpha coefficient for the current study was .55.

Statistical Analyses.

All study procedures complied with the Institutional Review Board at the University of Texas Rio Grande Valley. Each participant completed an online informed consent form before proceeding to complete the internet-based, self-reported surveys. All study measures were completed online through Qualtrics; therefore, participants needed access to a computer and WI-FI connection.

All statistical analyses were conducted using SPSS. First off, bivariate associations among study variables were assessed, using Pearson's correlation. To examine whether family conflict explains the relationship between non-adherence to family values and high levels of anxiety in Latina college students, we will use PROCESS Macro in SPSS. This syntax combines a regression framework with bootstrapping to examine the indirect effect of an independent variable on a dependent variable through a proposed mediator. Indirect effects are calculated as the product of the beta coefficients from two linear models ($a \ge b$): the first predicting the mediator from the proposed independent variable (path a) and the second predicting the proposed outcome variable from the proposed mediator (path b) – refer to figure 1. Bootstrapping is a resampling method that generates, with replacement, thousands of smaller samples from a sample of observed scores. Within PROCESS Macro, the sampling distribution of the indirect effect is estimated from the indirect effect calculated within each bootstrapped sample.

CHAPTER IV

RESULTS

Demographic Characteristics

We had 166 participants from the University of Texas Rio Grande Valley who completed the study surveys and identified themselves as women, 43.8% of the total sample came from SONA and 57.2% came from the alternative method of recruitment, which involved distributing flyers across the university. Most of the sample categorized themselves as Mexican American (96.8%), however, we also had Latinas from Puerto Rico (.5%), Central America (1.8%), South America (.5%), and Cuba (.5%). Most of our sample consisted of 19-year-olds (37%) but other ages among Latinas met the study's cutoff age of 25. Most of our participants lived with their immediate family (78% with mothers and fathers), however, other participants 57.2% reported to be living with other family members (12.5%) or significant others (6.5%). Moreover, 45.2% of the sample spoke more English than Spanish in general. The current study also gathered information such as marital status (57% reported to be single and 43% reported to be in a relationship), current year in college, the primary language they use to communicate, religion, employment status, and their family's socioeconomic status (57% reported their financial status as "fair" and only 7% reported themselves to be "very good

Correlations

Bivariate correlations were conducted to determine the relationships between our variables, these can be seen in Table 1. It was deduced that the Virtuous Subscale of the

Marianismo Belief Scale only had a negative, weak statistically significant correlation with the Family Environment Scale, but not with any other scales. Results show that there was a significant weak, positive correlation between the variable measuring anxiety levels, Generalized Anxiety Disorder-7 (GAD7), a nd the variables measuring Father conflict (CBQ-F). a positive moderate correlation between the GAD-7 and the measure assessing mother conflict (CBQ-M). This means that people who endorsed high results on the CBQ-F and the CBQ-M showed higher levels of anxiety. Regarding the Family Environment Scale, our results show a moderate, positive, significant correlation, meaning that people who endorsed high results in the FES also showed high results in the GAD-7. Our results also showed that there was a significant, moderate, positive correlation between the GAD-7 and the Difficulties in Emotion Regulation Scale (DERS). F urthermore, this preliminary analysis also showed a significant, moderate, negative correlation between the GAD and the Autonomy-Connectedness Scale (ACS).

Va	riable	п	М	SD	1	2	3	4	5	6	7
1.	MBS- Virtuous Subscale	185	11.52	3.36	-						
2.	CBQ- Father	175	7.06	6.12	109	-					
3.	CBQ- Mother	177	5.49	5.46	059	.196**	-				
4.	FES -CS	183	4.01	1.96	184**	.486**	.562**	-			
5.	DERS	162	103.13	16.8	104	.201**	.154*	.252**	-		
6.	ACS	163	39.72	7.87	.044	094	126	144*	156*	-	
7.	GAD	167	9.87	6.15	.008	.230**	.329**	.332**	.324**	264**	-

Table 1: Bivariate Correlations

Notes: *p < .05, ** p < .01. (1-tailed)

As shown in Table 1, our results showed that there was no significant correlation between the Marianismo Belief Scale and the Conflict Behavior Questionnaire both father and mother versions, however, there was a significant negative correlation between the Virtuous and Chaste Subscale of the MBS and the Family Environment Scale. This means that low scores on this subscale showed higher scores on overall family conflict. However, when analyzing the relationship between the Virtuous and Chaste Subscale of the MBS and anxiety levels (GAD), no significant correlation was found.

Regression Analyses

When conducting multiple linear regression analysis for the dependent variable GAD. the data revealed there were four predictors: family conflict (FES), the Virtuous and Chaste subscale of the MBS, emotion dysregulation (DERS), and autonomy (ACS). These predictors explained 21% of the variance in anxiety levels [F (4,147) = 9.98, p<.001]. It is important to highlight that only the subscale of the MBS that was revealed to be a predictor was the Virtuous and Chaste subscale in our data. Table 2 shows that the variable for family conflict (FES) significantly and positively predicts anxiety levels (GAD), which supports hypothesis 1 that high family conflict is related to high levels of anxiety. Nonetheless, the variables Virtuous and Chaste did not show any significance. Moreover, autonomy (ACS) was the only variable that negatively predicts anxiety levels, which supports our second hypothesis, but the relationship was not significant, yet the variable for emotion dysregulation showed to be positive and significant which also supported our second hypothesis. However, when running the regressions between the interactions of the variables, no significant results were found. Furthermore, we decided to run the regression with the variable "financial" addressing income level as a covariate in the relationship, but this did not show any significance. As a result of these initial statistical

analyses, since most of the relationships in our data did not have any significance, it was decided to not move forward with the path analysis that was planned for this study and to test hypothesis

3. (See Figure 1).

Table 2: Regression Analysis

Predictors	β	t	р	ΔR^2
				.210
Financial	.313	.529	.597	
Autonomy	155	-2.084	.039	
Family Environment	.264	3.499	<.001*	
Emotion Dysregulation	.268	3.542	<.001*	
<i>Notes:</i> * <i>p</i> < .001				

CHAPTER V

CONCLUSION AND GENERAL DISCUSSION

The primary aim of the current study was to investigate the relationship between psychosocial and cultural factors and mental health in young adult Latinas. As discussed in the introduction section, young Latinas are at risk for high anxiety levels, and we must target this population to find better ways to help them. The chosen age range for this study (18-25) seems to be a factor for high levels of anxiety. In this study, about 52% of participants reported moderately to high levels of anxiety. It was also found that many predictor variables are associated with high anxiety levels, however, these were not strong. The predictor variables that predicted high levels of anxiety were the Family Environment Scale –Conflict Subscale – and the Difficulties in Emotion Regulation Scale. Moreover, the variable for autonomy (Autonomy-Connectedness Scale) negatively predicted anxiety levels, but the relationship was not significant. furthermore, when analyzing the interactions between the main predictors of anxiety, none of the relationships reported a significant interaction. For this reason, further research must be done concerning Latinas and anxiety disorders.

Limitations

This research study had some limitations to consider, first, previous studies had been done using teenage Latina women, and this study used young adults with a college education, which might have impacted the results since there could be many other factors affecting the relationships we studied. Second, most of our sample consisted mainly of Mexican-American

women, which means that this study cannot be generalized to represent all Latinas in the United States. Moreover, the sample was gathered from different ways of recruitment, which means results could have been different if we kept the study to one method of recruitment because the subjects may have taken the research study more seriously.

Despite all these limitations, this study has some strengths. Relationships between parents, authoritative figures, and Latinas seemed to be a factor in how Latinas manage stress. Also, autonomy may be further researched as to how it is connected to an individual's way of coping with stress and anxiety. It is important to keep researching these topics to understand how we can help Latinas in college, being that this time in their lives seems to be prone to high anxiety levels.

Future Directions

Future studies targeting Latinas and anxiety levels should focus more on the level of autonomy everyone has and the importance they give to it. Something very eye-catching is that low autonomy predicted high levels of anxiety, however, the relationship was not significant, therefore, a closer look into this relationship must be analyzed. A suggestion for future research that this study can make is to consider income inputs that may or may not facilitate an individual's level of autonomy and independence.

Future research should also focus on dismantling the relationships regarding interactions between families and a Latina's emotional regulation, An individual's support system may be extremely important to deal with emotions correctly, consequently, studying these interactions and how someone perceives family cohesion based on their age is extremely important to understand patterns of behavior and how people adopt healthy or unhealthy ways to regulate

their emotions. Considering other persons in Latina's support system besides parents can also be addressed in future research, for example, significant others and close friends.

In conclusion, this study has provided a solid path for future research in young Latina's mental health and how to develop interventions that are tailored using cultural factors that may differ from their white counterparts. Taking into consideration all these cultural factors and how they may influence mental health may facilitate the development of new and modern interventions for Latinas across the United States.

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APPENDIX A

APPENDIX A

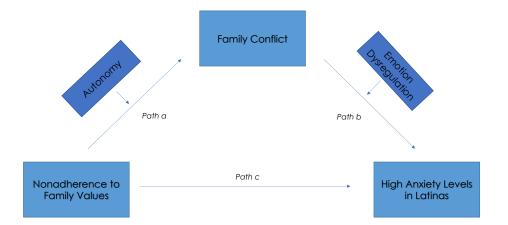


Figure 1: Path Analysis

BIOGRAPHICAL SKETCH

Veronica Paola Ramirez graduated from the University of Texas Rio Grande Valley in 2023 with a Master of Arts in Clinical Psychology. She previously graduated with a Bachelor of Science degree in Psychology from the University of Texas Rio Grande Valley. Her research interests include mental health risk and precipitating factors in Latinas, with a special focus on immigration and acculturative stress. She seeks to obtain a Ph.D. in Clinical Psychology. Her email address is <u>rmz.paoola@hotmail.com</u>.