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Attributions to Discrimination and Depression Among Latino/as: The Mediating Role of Competence

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Acknowledgement:
The exponential growth of the Latino/a population in the United States has increased the need to understand better the mental health issues among this cultural group. The Surgeon General's Report Mental Health: Culture, Race, and Ethnicity (U.S. Department of Health and Human Services, 2001) indicated that depression is a considerable mental health concern among the traditionally under-served Latino/a population. Several epidemiological studies have reported that when compared with their immigrant counterparts, U.S.-born Mexican Americans have higher rates of depression (Alegria et al., 2007; Grant et al., 2004; Kessler et al., 1994; Vega et al., 1998). This finding is particularly troubling given that 60% of the current Latino/a population was born in the United States; as a group, they are younger and have higher birth and fertility rates than non-Hispanic Whites (U.S. Census Bureau, 2007). In addition, Vega et al. (1998) found that Latino/a immigrants who
had lived in the United States for longer than 13 years reported more depressive symptoms than recent arrivals to the country. This overall pattern of findings suggests that factors associated with living in and assimilating to the United States are associated with an increased risk of mental disorders, particularly depression (U.S. Department of Health and Human Services, 2001).

Latino/as may be more likely to experience mental health problems because of the additional stressors associated with adapting to an environment as a member of a devalued and discriminated group (Balls Organista, Organista, & Kurasaki, 2003; Falcon & Tucker, 2000). The National Survey of Latinos (2006) reported that more than half (54%) of a nationally representative sample indicated an expected increase in discrimination as a result of the current U.S. policy debates on immigration. Despite this disturbing trend, few studies have investigated the link between discrimination and mental health among the Latino/a community (Araujo & Borrell, 2006; Moradi & Risco, 2006). Sue and colleagues (2007) have described the modern forms of ethnic/racial discrimination to involve more subtle exchanges that insult and denigrate members of ethnic minority groups. In fact, some researchers contend that these ambiguous everyday slights may have more psychological consequences than overt discrimination (Solorzano, Ceja, & Yosso, 2000). Thus, it is essential to explore the coping mechanisms that are related to these discrimination-related stressors (Sue et al., 2007).

Transactional stress and coping models have been used to understand the psychological responses of ethnic minorities to their particular circumstances (Major, 2004). This perspective has been extended to incorporate a stress and competence approach to gain broader insight into the protective and resilient characteristics associated with mental health (Masten & Curtis, 2000; Masten et al., 1988). Accordingly, the cognitive appraisal of an event as a discrimination-related stressor along with competence, or the skills that facilitate culturally specific tasks, has significant mental health implications for the Latino/a population. This is particularly important given that the cultural interactions in which stress and competence manifest are embedded in a sociopolitical climate that is intensifying the scrutiny of Latino/as living in the United States. Thus, the present study examined discrimination-related stress, in the form of attributions to discrimination of ambiguous situations and competence in relation to the experience of depressive symptoms among Latino/as.

Attributions to Discrimination

Perceiving oneself as the target of ethnic/racial prejudice or discrimination is a potentially stressful life event (Eccleston & Major, 2006). Discrimination is a pervasive stressor that originates in the sociocultural environment and has a significant influence on the mental health of ethnic minority group members. Separate from but related to the experiences of blatant discrimination, attributions to discrimination refer to assigning prejudicial or discriminatory explanations to negative outcomes. This appraisal stems from the experience of attributional ambiguity in interpersonal encounters in which an “uncertainty about whether the outcomes one receives are indicative of one’s personal deserving-ness or of social prejudices that others have against one’s group” (Major, Quinton, & McCoy, 2002, p. 258). That is, overt discriminatory events provide some explanation as to the cause of a situation, whereas ambiguous situations induce a lack of clarity as to the reason for events. Assessing attributions to discrimination to ambiguous situations differs from previous research on perceived discrimination, which measures the frequency and impact of various racial events, and separates the potential confounds of actual exposure and appraisals of negative treatment (Eccleston & Major, 2006).

The lived experience of many ethnic minorities includes instances of subtle and indirect manifestations of discrimination, which are likely to have differential threats to mental health than would overt prejudicial acts (Crocker, Major, & Steele, 1998). Although some inconsistencies exist in the empirical literature regarding the role of making attributions to discrimination (cf. Major et al., 2002), several studies have reported that such experiences are related to lower self-esteem and psychological well-being among traditionally disadvantaged groups including Latino/as, African Americans, and women (Branscombe, Schmitt, & Harvey, 1999; Eccleston &
Major, 2006; Ruggiero & Taylor, 1997; Swim, Hyers, Cohen, & Ferguson, 2001). Few studies have examined the potential gender differences in experiencing ethnic/racial discrimination (Araujo & Borrell, 2006). In terms of attributions to discrimination, one study found minimal differences between Latino men and women college students (Shorey, Cowan, & Sullivan, 2002).

Along with external factors, attributions to discrimination have been thought to involve a strong internal component given that such explanations implicate an aspect of the self and membership in a group devalued in American society (Major et al., 2002). Attributions to discrimination are likely to be more detrimental to members of traditionally stigmatized ethnic groups because of the implication of less control, power, and privilege (Schmitt & Branscombe, 2002). Thus, the cultural context in which these interpersonal and intergroup encounters take place must be taken into consideration. For instance, the university environment is embedded within the broader mainstream context. As such, individuals whose cultural heritage differs from the university's core beliefs can experience significant disadvantages (Castillo et al., 2006). Latino/a college students have to manage unique challenges, including feeling alienated and discriminated against, experiencing a lack of role models, perceiving low expectations from others, and, often, experiencing an environment that does not value their talents (Castellanos & Gloria, 2007). A meta-analysis examining adjustment to the university setting revealed that Latino/a students reported greater levels of stress when compared with their Anglo counterparts (Quintana, Vogel, & Ybarra, 1991). Among Latino/as, adjusting and navigating different cultural contexts become vital aspects of success and mental health.

**Competence**

Competence refers to a set of functional skills that facilitate the performance of culturally specific activities or societal roles (Ogbu, 1981). As a multidimensional process, competence, in the form of general and specific skills, emerges from transactions between the individual and the environment given a particular historical context (cf. Masten & Curtis, 2000; Ogbu, 1981). Tyler, Brome, and Williams (1991) described general competence as involving an active coping orientation. That is, competent individuals take proactive agency in their lives by taking initiative, setting realistic goals, planning, and having forbearance and the capacity to enjoy success (Tyler et al., 1991). Zea, Asner-Self, Birman, and Buki (2003) suggested that competence has been a unique and understudied component of cultural adaptation. Aspects of general competence have been linked with higher functioning, broadly defined, as well as lower levels of depression among Latino/as (Otero, Tyler, & Labarta, 1986; Torres & Rollock, 2007).

The definition of general competence described above is an effective indicator of dealing with mainstream interactions as this set of skills is analogous to the U.S. values of being proactive, independent, and assertive. Intercultural competence refers to a specific repertoire of skills that involves the capacity to effectively interact with the U.S. and Latino cultures. It has been stipulated that the ability to develop and maintain competence in both the American and Latino cultures is an important tool for psychological well-being as individuals are better prepared to deal with environmental stressors by having a broader array of personal resources (LaFromboise, Coleman, & Gerton, 1993). Thus, individuals who develop the proficiency to engage in both cultures and can reconcile differences are believed to be interculturally competent. As a specific example, intercultural competence for a second-generation Latino/a can involve the ability to network and make connections for mentorship or support with individuals in both the American and Latino cultures. Recently, Torres and Rollock (2007) reported that intercultural competence moderated the relationship between acculturation and depression among a sample of primarily immigrant Mexican Americans. These findings suggest that low intercultural competence, regardless of acculturation level, is associated with psychological distress. Thus, as general competence provides information regarding an individual's broad proficiency in managing life circumstances, intercultural competence takes into account the ability to navigate between different cultures.
The skills that facilitate cultural interactions are likely to be a valuable resource that affect psychological functioning among Latino/as.

The key to mental health has been thought to involve the mastery of competencies that facilitate negotiating life events (LaFromboise et al., 1993; Tyler et al., 1991). Both concurrent and longitudinal research have consistently shown an association between competence and psychopathology (Masten & Curtis, 2000). Recently, several researchers (cf. Sandler, 2001; Tram & Cole, 2000) have proposed a meditational process by which adversities or environmental stressors lead to the development of mental health problems by decreasing competence. That is, stressful cultural interactions, as is the case with attributions to discrimination, are thought to be associated with lower competence, which in turn is related to greater psychological distress. Thus, person-environment transactions, bound to affect the appraisal of stress and development of competence, are likely to have a significant influence on Latino/a mental health. Research investigating the role of gender, cultural transactions, and Latino/a mental health has found that, for men, social marginalization from the mainstream was significantly associated with depression, whereas for women, separation from family was a better predictor of depressive symptoms (Hiott, Grzywacz, Arcury, & Quandt, 2006). These findings show the importance of competent cultural interactions and how they may differ for Latino men and women.

A vital research agenda involves examining the process by which Latino/as, particularly from later generations who may be at greater risk for developing psychological difficulties, negotiate various cultural contexts. Thus, the purpose of the present study was to better understand the role of general competence and intercultural competence in the context of attributions to discrimination and Latino/a mental health. Specifically, on the basis of previous models (Sandler, 2001; Tram & Cole, 2000), I hypothesized that attributions to discrimination would be negatively associated with general and intercultural competence, which in turn would be related to higher depression scores among Latino/as.

Method

Participants
The participants consisted of 93 Latino/a adults (29 men, 64 women) who were recruited through university-based Latino/a/Hispanic organizations from a moderately sized midwestern city. This sample comprised college students including freshmen (n = 36), sophomores (n = 30), juniors (n = 10), and seniors (n = 17). The ages of the participants ranged from 18 to 22 and averaged 19.82 years (SD = 1.25). The majority of participants (72%) self-identified as Mexican, Mexican American, or Chicano. The rest of the sample comprised other ancestries, including Puerto Ricans (n = 4), Cubans (n = 3), and Central or South Americans (n = 13). In terms of generation level, 9 participants were members of the first generation to live in the United States, 36 were second generation, 31 were third generation, and 14 were fourth or fifth generation Latino/as. The proportion of years in the United States was calculated for each participant to determine the amount of exposure to the U.S. culture: [(Years lived in the U.S./Age) × 100]. The majority of the sample (62%) reported spending their entire lives in the United States. As a broad indicator of socioeconomic background, 59% of the sample reported a family annual income of $50,000 or more. This is consistent with the demographics of the private university setting in which the participants were recruited, suggesting that, when not on campus, these individuals lived in a middle-to upper middle-class environment. The undergraduate student body consists of approximately 8,400 students, of which 25% are members of an ethnic minority group, with the largest being Latino/Hispanic (11%). For the city in which data were collected, the median family income was $34,928 according to the 2000 U.S. Census.
Materials

Attributions to discrimination

The Attributions of Perceived Discrimination Scale (Branscombe et al., 1999) is a 10-item self-report measure of an ethnic minority individual’s perception of prejudice and discrimination. Participants were asked to read mini-vignettes describing negative outcomes that were attributionally ambiguous within a variety of life contexts. Participants were asked to rate, from 0% to 100%, how likely each outcome was attributable to ethnic/racial discrimination, if the event happened to them. Although this scale was originally developed for African American groups, the vignettes have been used with Latino/a college samples (Eccleston & Major, 2006; Shorey et al., 2002). Whereas previous studies have reported a Cronbach’s alpha of .89 (Shorey et al., 2002), the present study indicated an internal consistency coefficient of .87.

General competence

The Behavioral Attributes of Psychoso-cial Competence—Condensed scale (BAPC-C; Zea, Reisen, & Tyler, 1996) is a self-report scale that consists of 13 forced-choice items. This measure is an abbreviated version of the original 36-item BAPC developed by Tyler (1978). The BAPC-C assesses an individual’s general style of proactive competent coping. The range of possible scores is from 0 to 13, with high scores indicating increased competence. Some examples of competent coping items include, “I figure my life will be what I make of it, so I generally go out to meet life and get the most out of it”; “I tend to look for new tasks and enjoy the challenge of mastering them”; or “In most situations, I seek out information that will help me grow as a person.” Zea and colleagues (1996) demonstrated adequate internal consistency, in the form of Cronbach’s alpha, for the BAPC-C across ethnic minority groups, including Latino/as (.76), African Americans (.77), Asian Americans (.77), and non-Hispanic Whites (.71). The coefficient alpha for the current study was .70.

Intercultural competence

The Intercultural Competence Concerns (ICC) scale—a 24-item subscale of the Cultural Adjustment Difficulties Checklist (Sodowsky & Lai, 1997)—asks respondents to indicate how much concern they have about their effectiveness in social, cultural, academic, and career matters while living in a predominantly European American context. Respondents rate themselves on items using a Likert-type response format ranging from 1 (very inaccurate description) to 6 (very accurate description). Some sample items include “confident when expressing personal opinions that contradict others’ opinions,” “being certain you are a worthy contributing member of your own ethnic group,” and “being sure that your major/career matches your interests.” For the present study, the distribution of ICC scores was recoded so that high scores were indicative of less concern and, thus, greater competence. This allowed for a clearer interpretation and discussion of the data. Although this instrument was originally developed to understand intercultural competence among Asian immigrants, it has been used successfully with Latino/a populations (Maestas, 2000; Orozco, 1995; Torres & Rollock, 2007). The internal consistency reliability of the ICC has been reported at .83 with previous Latino/a samples (Torres & Rollock, 2007) and was calculated at .81 for the current group of participants.

Depression

The Center for Epidemiologic Studies Depression scale (CES-D; Radloff, 1977) is a 20-item self-report scale that assesses depressive symptoms, including affect, somatic complaints, and interpersonal behavior. The scores range from 0 to 60, with higher scores indicating more symptoms, weighted by frequency of occurrence during the past week. An internal consistency coefficient alpha of .85 has been reported in the general population and .90 in a patient sample. The Cronbach’s alpha for the current sample was .86. The CES-D was designed for non-clinical populations, but is sensitive to the severity of depressive symptomatology. A cutoff score of 16 has been established to differentiate between clinical and nonclinical descriptions of depression (Posner, Stewart, Marin, & Perez-Stable, 2001). The CES-D has become one of the most popular and commonly used instruments for
assessing depressive symptomatology. It has been noted that the CES-D does not take into account physical health symptoms, which may underestimate the rates of symptoms as Latino/as may express their psychological distress in physical terms (Vega & Rumbaut, 1991). Nevertheless, the CES-D has been used frequently with Latino/a samples and was recently shown to be an effective predictor of future diagnosis of major depression among a group of Latinas (Le, Munoz, Soto, Delucchi, & Ippen, 2004).

Procedure
Recruitment of participants entailed several steps. First, officers from various university Latino/Hispanic organizations were contacted and asked whether they would serve as liaisons to potential participants on campus. These organizations serve a social function for students and also work to organize community outreach or volunteer events. Second, the primary investigator attended various meetings held by the Latino/Hispanic organizations and briefly explained the study to potential participants. Interested students then signed up to participate in the study on a different day. On arrival at a designated data collection room, participants were asked to read a short description of the study, including the procedures of confidentiality and anonymity. After giving verbal consent, participants completed a packet of questionnaires that included the Attributions of Perceived Discrimination scale, the BAPC-C, the ICC, the CES-D, and a background information form. Approval from the host institution's Institutional Review Board was attained prior to data collection. Administration of the paper-and-pencil questionnaires occurred in both group and individual formats by the primary investigator or a trained research assistant. The packet of questionnaires took approximately 30 to 45 min to complete. The questionnaires were counterbalanced to minimize potential order effects. When completed, participants were compensated with a $10 gift card to Target. The data were collected throughout two academic semesters. In terms of contextual issues, the national discourse during the time of the study focused on anti-immigration policies.

Results
Table 1 shows the means, standard deviations, and correlations of the main study variables. Preliminary analyses revealed that the distribution of the CES-D scores was positively skewed, which is consistent with previous reports (Neff & Hoppe, 1993; Torres & Rollock, 2007). For the multivariate analyses, a square root transformation was conducted on the original CES-D scores, which approximated normality, thus not violating this assumption. The average depression scores, prior to the transformation, suggested that the overall sample reported moderate levels of distress, including 21% of participants who scored at or above the clinical cut-offs. Greater attributions to discrimination in ambiguous situations were related to more depressive symptoms. In addition, the proportion of years living in the United States was associated with decreased intercultural competence. Gender was not significantly correlated with study variables.

<table>
<thead>
<tr>
<th>Variable</th>
<th>M</th>
<th>SD</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Generation level</td>
<td>2.59</td>
<td>0.95</td>
<td></td>
<td>.44***</td>
<td>-.04</td>
<td>-.16</td>
<td>.02</td>
<td>.01</td>
</tr>
<tr>
<td>2 Proportion of life in the United States</td>
<td>88.63</td>
<td>24.78</td>
<td></td>
<td>-.03</td>
<td>-.26*</td>
<td>.09</td>
<td>.05</td>
<td></td>
</tr>
<tr>
<td>3 General competence</td>
<td>8.75</td>
<td>2.54</td>
<td></td>
<td>.54***</td>
<td>-.23*</td>
<td>-.53***</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Intercultural competence</td>
<td>52.63</td>
<td>11.41</td>
<td></td>
<td>-.25*</td>
<td>.56***</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Attributions to discrimination</td>
<td>41.26</td>
<td>17.59</td>
<td></td>
<td></td>
<td>.30**</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Depression</td>
<td>11.98</td>
<td>8.18</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</table>

*p<.05.  **p<.01.  ***p<.001.

Baron and Kenny (1986) indicated that variables may function as mediators to the extent that they account for the relation between the predictor and outcome. For mediation to occur, several conditions must be satisfied.
First, it is necessary to show a significant relation between the predictor and the outcome. Second, the predictor must be related to the mediator. Third, the mediator has to be related to the outcome variable while controlling for the initial predictor. Finally, the strength of the relationship between the predictor and outcome variables is significantly reduced when the mediator is added to the equation. As recommended by Baron and Kenny, I conducted a series of multiple regressions to examine these stipulations and to test whether general competence and intercultural competence served to mediate the relationship between attributions to discrimination and depression. Separate meditational analyses were conducted for general competence and intercultural competence to examine the unique contribution of each mediator.

Without the mediator in the equation, attributions to discrimination was a significant predictor of depressive symptoms (see Figure 1a). As shown in Figure 1b, the analyses examining general competence showed significant relationships, as indicated by the standardized beta weights, between the predictor and mediator as well as from mediator to outcome variable. With general competence in the equation, the strength of the relationship between attributions to discrimination and depression was reduced. Sobel tests have been recommended to determine the significance of the mediation effect (MacKinnon, Lockwood, Hoffman, West, & Sheets, 2002). In this case, the Sobel test showed a significant indirect effect for general competence ($Z = 2.14, p = .03$), suggesting partial mediation.

![Diagram](A) 

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Similar analyses were conducted to examine the role of inter-cultural competence in mediating the relationship between attributions to discrimination and depression. As shown in Figure 1c, the conditions set by Baron and Kenny (1986) were satisfied, with significant relationships among the predictor, mediator, and outcome variables. The effect of attributions to discrimination on depression was reduced with intercultural competence included in the model. The Sobel test indicated that the decrease in beta weights was significant ($Z = 2.26, p = .02$). The pattern of results suggests that intercultural competence served to partially mediate the relationship between attributions to discrimination and depression. When both mediators were in the model, the effect of attributions to discrimination on depression decreased, which indicates partial mediation. Analyses reversing the pathways as well as testing moderator effects revealed nonsignificant results.

\* $p < .05$ \*\* $p < .01$ \*\*\* $p < .001$
Discussion
This research was designed to elucidate the factors that contribute to Latino/a mental health by examining the role of attributions to discrimination and competence. The current findings add to the growing body of literature reporting the negative psychological effects associated with discrimination-related stressors. It is apparent that everyday discrimination, in the form of attributional ambiguity, is related to psychological functioning as well as to the development and implementation of culturally appropriate competencies. These results are consistent with recent reports noting the mental health implications of experiencing racial microaggressions (Sue et al., 2007). The hypotheses of the present study were supported and, as previously suggested, implicate the meditational role of competence-based cultural variables in relation to stress and depression (cf. Sandler, 2001; Tram & Cole, 2000). That is, attributions to discrimination of ambiguously negative situations were associated with less competence, which in turn was related to greater depressive symptoms. This pattern was observed for both general competence and intercultural competence.

The internal psychological processes underlying both attributions to discrimination and competence can help to explain the relationship between these two constructs. The stress of experiencing ambiguous or covert forms of discrimination within social situations is likely to activate a self-evaluative process regarding the role of one's group within the broader societal context (cf. Crocker et al., 1998). A state of belonging uncertainty, defined as a lack of social connectedness (Walton & Cohen, 2007), can emerge, resulting in tension or confusion as to how to navigate the environment. For example, a second-generation Latina woman may receive contradictory messages as to managing discriminatory events through self-sacrifice and humility, a traditional gender role, or assertiveness and independence. Lowered intercultural competence, therefore, may be a function of being unable to find the best fit between culturally relevant skills and the demands of experiencing covert and ambiguous forms of discrimination. The way in which discrimination-related stressors are dealt with is bound to be influenced by gender expectations and cultural values. Given the emphasis placed on Latinas to maintain traditional family ties, it may be that intercultural competence is a more salient construct that facilitates maintaining gender role expectations, whereas for Latino men, the active agency of general competence may be a more culturally congruent skill. Unfortunately, the current sample size did not allow for analyses that would examine potential gender differences.

The association between attributions to discrimination and competence is particularly salient when both constructs involve an important domain of functioning. The university setting is a unique context that is a subset of the broader mainstream culture. Thus, Latino/a students have to effectively navigate an additional cultural level that is the college campus. Latino/a university students who value a mainstream ideology of success and mobility may experience greater dissonance because such an achievement must be accomplished within an environment filled with negative images or stereotypes and few cultural resources. Recently, Major, Kaiser, O’Brein, and McCoy (2007) reported that, among undergraduate Latino/a students, perceived discrimination threatened the ideal that societal status was earned, thus, resulting in lowered self-esteem. Attributions to discrimination may not only compromise one's sense of belonging but also challenge aspects of one's worldview, calling into question how best to negotiate person-environment interactions. When experiencing discrimination-related stressors, Latino/a university students have to implement intercultural competencies that effectively balance skills specific to the traditional Latino culture, the mainstream U.S. culture, and the campus culture. Individuals who can manage such a task will maintain a broader repertoire of skills to manage difficult circumstances, whereas those who are unable may experience a greater psychological burden.

The connection between competence and depression suggests that difficulties engaging in successful cultural transactions contribute to experiencing symptomatology. The moderate correlation between intercultural competence and general competence indicates that these variables are tapping into a similar underlying construct. As suggested in previous accounts (Masten & Curtis, 2000), it may be the case that the perception of
overall incompetence in and of itself led directly to the experience of depression in the present study. It is also possible that the inability to maintain successful cultural interactions restricted the number and quality of resources to deal with stressors. For later generation Latino/as, the benefits of the traditional culture may not be as easily accessed, resulting in greater psychological problems. This is evidenced by the correlation between intercultural competence and the proportion of life in the United States, suggesting that Latino/a university students may be more sensitive to the difficulties of navigating between cultures as they become more immersed in American society. The finding that general competence was not related to the proportion of life in the United States is consistent with past reports (Torres & Rollock, 2007) and may mean that exposure to the mainstream culture has a less direct influence on the development of these competencies.

As a limitation of the present study, the use of cross-sectional methodology does not establish the temporal sequence of predictor and effect that is necessary to determine causality (Frazier, Tix, & Barron, 2004). Also, the sample characteristics restrict the generalizability of the results as these participants are representative of a growing subgroup of younger, later generation individuals who are obtaining a higher education at a private university in moderately sized city in the midwestern region of the United States. It is plausible to state that the demands and resources available in this part of the country are different from those found in either coast of the United States where Latino/a groups are numerous and more integrated into the local society. Nevertheless, it is this segment of the Latino/a population that is representative of the higher rates of depression reported among U.S.-born Latino/as (Grant et al., 2004; Vega et al., 1998) and that requires intensive research attention. The threats to competence associated with discrimination-related stressors and subsequent psychological problems may be a significant pathway that characterizes the common feeling of being caught between cultures experienced by younger, later generation individuals of various ethnic minority groups (Roysircar-Sodowsky & Maestas, 2000).

In terms of theoretical implications, it is apparent that covert types of discrimination, in the form of attributions to discrimination, are related to negative aspects of Latino/a mental health. The integration of competence-based variables within cultural adaptation has provided novel insight into the potential mechanisms by which attributions to discrimination influence psychological well-being. This is particularly important as clinical researchers continue to refine conceptualizations of cultural adaptation that include protective and risk factors to mental health difficulties. Practically, intercultural competence contributes to current conceptualizations and assessments of depressive symptomatology that focus on the complex spiral of behaviors and functional impairments, which reduce the sources of positive reinforcement (Antonuccio, Lewinsohn, Piatecki, & Ferguson, 2000).

Future investigations should continue to examine the role of discrimination on mental health by differentiating between attributions and actual events. Also, it is important to better understand the competencies and skills that members of the Latino/a community define as necessary for success within the mainstream U.S. and traditional cultures. Longitudinal studies are necessary to truly examine potential mediators as well as the development of competencies and subsequent changes from cultural contact. Given its impact on mental health, continued research efforts should examine discrimination-related stressors and the culturally appropriate resources that best match these cultural demands. Overall, examining competence-based variables within the Latino/a population, as in the current study, advances the research on acculturation and cultural adaptation by delineating the underlying processes that are associated with depressive symptomatology.

References


