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# The Relationship Between Acculturation, Body Dissatisfaction, Anxiety, and Depression in Latino Males

Ana Eugenia Varay  
*Walden University*

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# Walden University

College of Social and Behavioral Sciences

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Ana Eugenia Varay

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Walden University  
2019

Abstract

The Relationship between Acculturation and Body Dissatisfaction, Anxiety, and  
Depression among Latino Males

by

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MA, Walden University, 2013

BS, Mount Saint Mary's University, 1997

Proposal Submitted in Partial Fulfillment  
of the Requirements for the Degree of  
Doctor of Philosophy  
Clinical Psychology

Walden University

May 2019

## Abstract

Western culture has set unrealistic norms for physical appearance which can lead individuals to be dissatisfied with their bodies. Extensive research on body dissatisfaction and its psychological implications reveals this problem has increased in men, with the added dimension of acculturation. The level of acculturation and its relationship to body dissatisfaction in Latino men need further exploration because this population is projected to double by 2050. The purpose of this research study was to explore the relationship between the different levels of acculturation, body dissatisfaction, anxiety, and depression among Latino men. Lev Vygotsky's sociocultural theory is applicable to this study because it focuses on social comparison and illuminates sociocultural communication involving appearance and attractiveness, important factors in the process of developing body image. The research questions focused on understanding the relationship between acculturation and body dissatisfaction, anxiety, and depression in Latino men with a quantitative correlational research design that used the Pearson product-moment correlation and multiple linear regression analysis. The data were obtained via survey responses that use convenience sampling from 84 Latino men between the ages of 21 and 70. The results yielded a significant positive relationship between acculturation, body dissatisfaction, and depression. More specifically, as the participants' level of acculturation increased, body dissatisfaction and depression were more likely to increase. Implications for social change include knowledge useful for educational programs and/or mental health clinics to better explain the importance of acculturation for Latino men.

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## Dedication

This dissertation is dedicated to my family whom I love so dearly. I would like to first mention my parents Carlos and Ana Tenorio who have from supported and instilled educational values since I was a child. I want to thank you for all of your hard work, sacrifice, and support to make this journey possible. I love you both.

To my husband, Lionel. Thank you so much for being my rock and unrelenting support through this journey. I love you so much.

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## Chapter 1: Introduction

The United States population has become progressively more diverse, and the Latino population is projected to double by 2050 (U.S. Census Bureau, 2008). As a result, there has been increased interest among mental health providers to understand the clinical needs for the various populations entering the United States. The Latino populations are at risk for a variety of mental health disorders as they acculturate to Western society (Thomas & Suris, 2004); this may include body dissatisfaction, depression, and anxiety (Zvolensky et al., 2015). The purpose of this study was to determine whether a relationship exists between the different levels of acculturation, body dissatisfaction, anxiety, and depression among Latino men.

This chapter includes the background for the study by briefly summarizing the literature pertaining to the scope of the study and describing the gaps in knowledge that this study aims to address. The problem statement includes the rationale and presents the meaningful limitations in prior research relevant to this study. The purpose of this study includes an examination of the research questions and hypotheses. In addition, I describe the theoretical framework and how sociocultural theory was relevant in relation to the research questions. The design and methods for this study are detailed in regard to the key variables of interest. Further, I discuss the scope and delimitations to clarify the specific aspects and boundaries to the research problem. I also explain the limitations and significance of the study. The chapter concludes with a summary of the key points and a transition into Chapter 2.

## **Background**

The subject of body dissatisfaction has received increased attention in the literature over the past several decades. Body dissatisfaction has been explored in relation to a number of problems such as self-esteem, emotional well-being, eating behaviors, and physical activity. The current body dissatisfaction literature remains limited because the research has primarily focused on women, with limited examination of men (Olivardia, Pope, Borowiecki, & Cohane, 2004; Poloskov, 2013). Prior research has demonstrated that body dissatisfaction is associated with clinical disorders in men and is a concern in Western societies (Blashill & Wilhelm, 2014).

Recently, there has been greater interest in understanding how cultural ideology affects the individual's view on body image. Western culture has set unrealistic norms for physical appearance which can lead individuals to be dissatisfied with their bodies (Ferguson, 2013). Society's values of success have been based upon the individual encompassing ideal beauty, intellect, and economic wealth, which also serves as a guide to how individuals assess themselves (Caposella, 2008). While the majority of previous research has focused on body image concerns pertaining to women (McCreary, Hildebrandt, Heinberg, Boroughs, & Thompson, 2007), a more recent study identified that there has been an increased emphasis on male body image from media and society (Walker, Anderson, & Hildebrandt, 2009). Men as well as women face societal pressures to have a slim and muscular body, which can be unrealistic to attain. There is added stress for men to achieve the physical ideal, which has led to an increase in body dissatisfaction (Schuster, Negy, & Tantleff-Dunn, 2013; Watkins, Christie, & Chally, 2008).

Researchers must also take into account the high occurrence and negative outcomes of body dissatisfaction, as well as the need to understand factors such as the level of acculturation, anxiety, and depression and how this can be intensified by Western culture. Exploring the Latino culture is of great need because it is the fastest growing minority group in the United States (U.S. Census Bureau, 2008). Researchers have found that Latino men who are acculturated to Western society report experiencing body dissatisfaction (Epperson et al., 2016). The level of acculturation among Latino men can result in differing views regarding the Western values that influence body dissatisfaction (Thomas & Suris, 2004).

The impact of level of acculturation on body dissatisfaction among Latino men is an area that needs to be further explored. Acculturation can be an arduous process which can result in physical and mental health problems for individuals (Van Diest, Tartakovsky, Stachon, Pettit, & Perez, 2014). During the acculturation process, Latino individuals experience changes that have an effect on their psychological health (Perez, Voelz, Pettit, & Joiner, 2002). Studies have found that Latina women who are more acculturated to Western culture experience body dissatisfaction and eating disorders (Doris et al., 2015; Franko, Becker, Thomas, & Herzog, 2007; Grabe & Hyde, 2008; Joiner & Kashubeck, 1996; Menon & Harter, 2012). However, it is unclear whether acculturation has the same effect on Latino men.

Researchers have begun to explore the relationship between depression and body dissatisfaction. Kiropoulos and Klimidis (2006) report there is a great need to find if body dissatisfaction and depression occur simultaneously (Wolfe & Hewitt, 2016). Researchers have identified the connection between self-esteem and depression and

eating disorders (Karazsia, Murnen, & Tylka, 2017; Wolfe & Hewitt, 2016). However, there are limited studies that explore the relationship between depression and body dissatisfaction among Latino men. Further research in this area has provided meaningful implications for psychotherapy interventions for Latino men that present with depression and body dissatisfaction disorders.

Moreover, researchers found that body dissatisfaction can lead to anxiety (Cash, Morrow, Hrabosky, & Perry, 2004; Karazsia, Murnen, & Tylka, 2017; Sampasa-Kanyinga, Hamilton, Willmore, & Chaput, 2017), although there is insufficient research on this subject area in men. Therefore, the current study explored the relationship between the levels of acculturation and body dissatisfaction, depression, and anxiety among Latino men.

### **Problem Statement**

The United States Census Bureau reported that the population in this country is becoming progressively more diverse, and Latino populations will double by the year 2050 (U.S. Census Bureau, 2008). Body dissatisfaction and acculturation are topics that have received much attention by mental health professionals when considering the different populations that migrate to the United States. There are various factors that impact the mental health of Latinos as they acculturate to the American culture. Zvolensky et al. (2015) reported that individuals who acculturate to Western societies are more likely to experience body dissatisfaction, which can result in negative outcomes such as anxiety and depression. According to Bucchianeri and Neumark-Sztainer (2014), body dissatisfaction is associated with public health concerns such as anxiety and depression. Another research study found that body dissatisfaction is significantly related



to the mental illness among first generation immigrants (Kimber, Georgiades, Couturier, Jack, & Wahoush, 2015). Other research studies have also found a positive relationship between acculturation and body image (Nielson, Reel, Galli, Crookston, & Miyairi, 2013; Warren & Rios, 2013).

Body dissatisfaction has been understudied in men, mainly because there is substantial literature that implies women are more affected by body image and are more susceptible to eating disorders than men (Sladek, Engeln, & Miller, 2014). However, 95% of college-aged men report being dissatisfied with their bodies (Daniel & Bridges, 2013). This issue may be exacerbated for Latino men, as the rates of overweight Latinos are on the rise (NIH, 2010). Latina women that are more acculturated into the American culture report being more dissatisfied with their body image, whereas Latinas who are less acculturated are more satisfied with their body image (Grabe & Hyde, 2006). However, the relationship between the levels of acculturation, body image, anxiety, and depression is not yet known among Latino men.

### **Purpose of Study**

The purpose of this study was to determine whether there are relationships between the different levels of acculturation, body dissatisfaction, anxiety, and depression among Latino men. To address this problem, I used a quantitative correlational research design to understand the relationship between the independent variable (levels of acculturation), mediating variable (body dissatisfaction), and dependent variables (anxiety and depression). Understanding the relationship between the different levels of acculturation, body dissatisfaction, depression, and anxiety among Latino men highlighted ways that these individuals can be treated in order to improve

their body image and the resulting anxiety and depression that accompanies it. The design allowed for collection of data from the participants using questionnaires and further analysis of the data using descriptive and inferential statistics. These included the measures of central tendency, standard deviation, frequency distribution, and standard error. The design ensured that the research findings illustrated the relationship among the variables hence allow drawing of conclusions.

### **Research Questions and Hypothesis**

Research Question 1 (RQ1): Quantitative: Is there a relationship between the level of acculturation and the levels of body dissatisfaction in Latino men?

Null Hypothesis ( $H_01$ ): There is no statistically significant relationship between the level of acculturation and the levels of body dissatisfaction in Latino men.

Alternative Hypothesis ( $H_11$ ): There is a statistically significant relationship between the level of acculturation and the levels of body dissatisfaction in Latino men.

Research Question 2 (RQ2): Quantitative: Is there a relationship between the level of acculturation and the level of anxiety in Latino men?

Null Hypothesis ( $H_02$ ): There is no statistically significant relationship between the level of acculturation and the level of anxiety in Latino men.

Alternative Hypothesis ( $H_12$ ): There is a statistically significant relationship between the levels of body dissatisfaction and the level of anxiety in Latino men.

Research Question 3 (RQ3): Quantitative: Is there a relationship between the level of acculturation and the level of depression in Latino men?

Null Hypothesis ( $H_03$ ): There is no statistically significant relationship between the level of acculturation and the level of depression in Latino men.

Alternative Hypothesis (H<sub>13</sub>): There is a statistically significant relationship between the level of acculturation and the level of depression in Latino men.

Research Question 4 (RQ4): Quantitative: Does body dissatisfaction mediate acculturation influences on anxiety in Latino men?

Null Hypothesis (H<sub>04</sub>): Body dissatisfaction does not mediate acculturation influences on anxiety in Latino men?

Alternative Hypothesis (H<sub>14</sub>): Body dissatisfaction does mediate acculturation influences on anxiety in Latino men?

Research Question 5 (RQ5): Quantitative: Does body dissatisfaction mediate acculturation influences on depression in Latino men?

Null Hypothesis (H<sub>05</sub>): Body dissatisfaction does not mediate acculturation influences on depression in Latino men?

Alternative Hypothesis (H<sub>15</sub>): Body dissatisfaction does mediate acculturation influences on depression in Latino men?

### **Theoretical Framework**

Sociocultural theory originated from psychologist Lev Vygotsky who believed that an individual's social environment can impact individual development (Vygotsky, 1978). Sociocultural theory discusses individual awareness regarding the unrealistic Western ideology of physical appearance that can lead to body dissatisfaction. Sociocultural theory focuses on social comparison and the sociocultural communications concerning appearance and attractiveness as important factors in the process of developing body image (Dotse & Asumeng, 2014). The theory moved toward understanding human behavior by studying how cultural ideals influenced individual

ideals and how these ideals were displayed in the individual's perception and behavior. Body image and acculturation are key factors that need to be taken into consideration because various research studies report there is an association with Western culture and the acceptance of the ideal body image (Doris et al., 2015; Turetskaya, 2012). This implied that individuals who acculturate to the American culture are more susceptible to body dissatisfaction as they accept the standards and realize the Western ideal body image (Turetskaya, 2012). The problem was that when an individual experiences body dissatisfaction, this can create a negative outcome such as anxiety or depression (Kimber et al., 2015; Xie et al. 2010). In turn, body dissatisfaction creates negative affect such as anxiety and/or depression. Therefore, as levels of acculturation increase for Latino men in Western society, it is likely that body dissatisfaction, anxiety, and depression increase.

### **Nature of the Study**

I used a quantitative correlational research design. A correlational research design was selected to assess the relationship between the variables. I selected this research design to examine the relationship between independent variables (levels of acculturation), mediating variable (body dissatisfaction), and dependent variables (level of anxiety and depression); a correlational design establishes the relationship between the variables which made this design most appropriate. Body dissatisfaction was the mediating variable to account for the relationship between the predictor and outcome variables. The quantitative paradigm fitted this study because it was the best suited to answer the research questions. The purpose of this study was to determine whether there are relationships between the different levels of acculturation, body dissatisfaction, depression, and anxiety among Latino men. Vygotsky's sociocultural theory (John-

Steiner & Mahn, 1996) explains how Western culture or ideals can have an impact on body dissatisfaction.

Body dissatisfaction is a variable that was considered as a mediating, independent, and dependent variable. The Body Image Ideals defined the levels of body dissatisfaction Questionnaire (BIQ; Cash & Szymanski, 1995). The Short Acculturation Scale for Hispanics Acculturation defined the independent variable (SASH; Marin, Sabogal, Otero-Sabogal, & Perez-Stable, 1987). The dependent variables included anxiety and depression. The Social Physique Anxiety Scale measured anxiety (SPAS; Hart, Leary, & Rejeski, 1989). Depression was measured using the Beck Depression Inventory-II (Beck, Steer, & Brown, 1996). A survey design was ideal to collect information on these variables from a large sample. The data collection was cross-sectional, meaning that the data were collected at one point in time via an online survey that will be a self-administered questionnaire. The targeted population were Latino males.

### **Operational Definitions**

*Acculturation:* This term can be defined as an adjustment process toward dominant cultural standards that occurs in individuals from a non-dominant cultural group (Gordon-Larsen, Harris, Ward, & Popkin, 2003).

*Anxiety:* Anxiety can be defined as being fearful of receiving a negative evaluation from other individuals (Levinson & Rodebaugh, 2015). Symptoms consist of agitation, tiredness, muscle tightness, trouble concentrating, and being easily frustrated (American Psychiatric Association, 2013).

*Body dissatisfaction:* This term can be defined by the following components: (a) general dissatisfaction with the individual's physical appearance; (b) emotional stress concerning appearance; (c) negative beliefs about individual appearance; and (d) avoidance of circumstances due to problems with body image (Grabe & Hyde, 2006; Thompson & Gardner, 2002).

*Depression:* Depression encompasses an individual experiencing negative thoughts and a change in mood (Brechan & Kvalem, 2015). Symptoms include depressed mood, decreased interest in pleasure, weight loss or weight gain, sleep disturbance, loss of energy, feelings of worthlessness, inability to concentrate, suicidal ideation, and psychomotor agitation (American Psychiatric Association, 2013).

*Social physique anxiety:* This term is defined as having a disapproving appraisal of one's body type based on other's opinions (Cook et al., 2015).

*Latino:* In the United States, Latino is a term for individuals who come from countries that include Mexico, Cuba, Puerto Rico, Central, and South American (Hayes-Bautista & Chapa, 1987).

### **Assumptions**

The first assumption concerns sociocultural theory as the appropriate approach for this study. The second assumption pertains to participants answering the questions truthfully. Third, the environmental conditions and external factors could impact the participant's responses. The fourth assumption, I considered the numbers of participants for the study were adequate enough to draw conclusions and for generalization of results for the Latino ethnic group. Finally, I made the assumption that all participants were

willing and sincere when participating in the research without having hidden motives like the desire to impress or get rewarded.

### **Delimitations**

The delimitations that defined the boundaries of the study refers to the population demographic. The results from this study were not generalizable to other socioeconomic or ethnic populations. Research studies have found that cultural background has an important role on how people communicate and display their symptoms (U.S. Department of Health and Human Services, 2001). According to Lara, Gamboa, Kahramanian, Morales, and Hayes Bautista (2005), depression and anxiety disorders are associated with the amount of time individuals have spent acculturating into society. Research studies have indicated that depression and anxiety among individuals is proportional to the number of years the individual has lived and interacted with society and the culture. Consequently, it is mostly likely that the participants who have more years living in the United States will have higher levels of anxiety and depression compared to those who have less years living in the United States. Therefore, the participants level of acculturation was instrumental to the findings of the research. This study included Latino men ranging from 21 to 70 years of age. This was the age group researchers have identified to be predisposed to unfavorable health concerns and body dissatisfaction (Mozumdar & Liguori, 2011).

### **Limitations**

A limitation for this study pertains to the sample population. It is important to understand that Latino men might be reluctant to reveal their perceived ideas on levels of

acculturation, body dissatisfaction, depression, and anxiety. Moreover, the sample was obtained from a convenience sampling and was not generalized to other populations. The population was limited to Latino men. Another potential limitation to this study was the full completion of the survey. The Beck Depression Inventory-II (Beck, Steer, & Brown, 1996), BIQ (Cash & Szymanski, 1995), SASH (Marin et al., 1987), and the SPAS (Hart et al., 1989) were self-report questionnaires. Therefore, I did not have control over what the participants were willing to complete. Thus, there was a potential for response bias such that participants may over or under respond. Lastly, it was difficult to detect if participants completed the measures honestly.

### **Significance**

Body dissatisfaction is a concern for men, and it is important to have a further understanding of the risk factors, such as depression and anxiety, that Latino men face when they acculturate to the United States. The aim of this study was to fill in the gap in the literature regarding the Latino male population in the process of acculturating into the United States, focusing on body dissatisfaction, anxiety, and depression (Turetskaya, 2012). The outcome from this study offered essential information by determining if the level of acculturation was related to Latino men and body dissatisfaction. This study may be helpful in the clinical field and carries social change implications that may help clinicians develop programs to improve individuals' outlook based on acculturation, body image, anxiety, and depression. For instance, the results revealed that a relationship existed between the levels of acculturation and body dissatisfaction and depression among Latino men, programs can be implemented in the future and aimed at bolstering their morale and elimination of negative self-perception. Additionally, efforts may be



made to offer multidimensional counseling programs to the Latino men that focus on several issues such as body dissatisfaction, anxiety and depression management as well advice on how to develop within the society with ease and peace of mind.

### **Summary**

As the Latino population is projected to double by 2050 (Dillon, De La Rosa, Sastre, & Ibañez, 2013), it is crucial to understand the mental health disorders this population is at risk for as they acculturate to Western society (Thomas & Suris, 2004). The current literature on body dissatisfaction remains limited because it has mainly focused on women and not men (Olivardia et al., 2004).

This study provided the research needed to understand the relationship between the various levels of acculturation, body dissatisfaction, anxiety, and depression among Latino men. This study also contributed to the literature by exploring the connection between acculturation in Latino men and body dissatisfaction, anxiety, and depression. Having knowledge of the relationship between levels of acculturation, body dissatisfaction, depression, and anxiety among Latino men was also relevant to mental health treatment enhancement.

A review of the literature that is important to this research study is discussed in Chapter 2. This chapter further explores the current literature on acculturation, body dissatisfaction, anxiety, depression, and Latino men. The literature review also includes a summary of the research on sociocultural theory.

## **Chapter 2: Literature Review**

### **Introduction**

The purpose of this study was to determine whether a relationship existed between the different levels of acculturation, body dissatisfaction, anxiety, and depression of Latino men. Demographic data indicate that the United States populations are becoming increasingly diverse and that Latino populations will double by the year 2050 (U.S. Census Bureau, 2008). Acculturation and the relationship between disorders such as anxiety and depression have received a great deal of attention by mental health providers concerning the various populations that are immigrating to the United States. Many issues can influence the mental health of Latinos as they acculturate to American culture. Zvolensky et al. (2015) stated that such individuals are more likely to experience mental health concerns such as body dissatisfaction, depression, and anxiety while acculturating to Western society.

In the first section of this chapter, I will explore the foundational theoretical propositions of sociocultural theory and its application in various research studies. In the first section, I will examine the construct of sociocultural theory, precisely centering on theoretical origins, major theoretical propositions, a research base analysis, and application to body dissatisfaction, anxiety, and depression. In the literature review, I will demonstrate the relationship between the level of acculturation and body dissatisfaction, depression, and anxiety among Latino men. The goal of the literature review is to complete an exhaustive analysis of research-based studies regarding each of the critical variables (acculturation, body dissatisfaction, depression, anxiety, and Latino men). The literature review also includes an analysis of current limitations and gaps in the literature

between the level of acculturation and body dissatisfaction, depression, and anxiety among Latino men. I will conclude with a summary of the major themes found in the literature review and a demonstration of the need for more ethnic diversity in future research on the relationships between the level of acculturation and body dissatisfaction, anxiety, and depression among Latino men.

### **Research Strategy**

To better understand the problem described in Chapter 1, I began by searching Google Scholar, PsychInfo, EbscoHost, Academic Search Premiere, PubMed, ERIC, and ProQuest using the following keywords and phrases: *body image and acculturation; acculturation and anxiety; acculturation and depression; acculturation, anxiety, and depression; sociocultural theory; social cultural theory and body image; and sociocultural theory, body dissatisfaction, anxiety, and depression*. I selected the peer-reviewed option as a criterion for all search strategies. Next, I investigated the identified studies to find other relevant work.

### **Theoretical Foundation**

#### **Sociocultural Theory**

Russian psychologist Lev Vygotsky developed the sociocultural approach during the 1920s and 1930s (John-Steiner & Mahn, 1996). The sociocultural approach explains society's impact on individuals' development (Kozulin, 2003). One of its primary theoretical propositions is that communication is essential for the development of human cognition that occurs on two levels. On the first level, learning occurs via direct interactions with others (Doolittle, 1997). The second level of learning occurs via the

individual's cognition. Understanding how one learns plays a significant role in understanding how one acculturates.

When individuals are acculturating to the American culture, they often adopt social ideologies from their peers. This tenet of learning speaks to social comparison as well as sociocultural communications regarding appearance and attractiveness that are valued by an individual's peers. The subject of appearance and attractiveness contributes to the development of body image and body dissatisfaction (Dotse & Asumeng, 2014). The sociocultural theory approach helps to describe the underlying reasons for body dissatisfaction; Western society has established unrealistic body image standards for a significant part of the population (Halliwell & Harvey, 2006). As a result, many individuals encounter negative experiences with their physical appearance.

The sociocultural theoretical model stresses society's emphasis on the thinness ideal for beauty (Herbozo, Tantleff-Dunn, Gokee-Larose, & Thompson, 2004). This model has robust research support on the societal components that have a significant impact on the changes and continuing problems in Western society. The sociocultural model also emphasizes societal standards for women's ideal thinness, which are unattainable for most (Hawkins, Richards, Granley, & Stein, 2004). In one study, female participants viewed the media images of thinner women who appeared to have the ideal body type; as a result, they reported adverse reactions to their own body shapes (Yamamiya, Cash, Melnyk, Posavac, & Posavac, 2005).

In American society, the idea of being thin has become synonymous with beauty among both men and women (Franzoi & Herzog, 1987). This sociocultural ideal causes the public to believe that an individual can quickly create or modify his or her body shape

and weight to conform to societal expectations (Thompson, Heinberg, Altabe, & Tantleff-Dunn, 1999). Researchers have found that cosmetic changes have assisted some of the ageing, African American, and Latina populations in achieving a body image that aligns with the societal ideal (Morgan, 1991). Not all women in these communities can afford such changes, however. Possibly as a result of these standards, more women have reported body dissatisfaction (Burgess, Grogan, & Burwitz, 2006). On the other hand, researchers have begun to investigate the sociocultural influences and the impact of acculturative stress on body image for Hispanic men and women (Menon & Harter, 2012). Agliata and Tantleff-Dunn (2004) reported that media exposure to the ideal body resulted in men feeling depressed and experiencing an increased level of muscle dissatisfaction. Muscle dissatisfaction is a term associated with psychological problems, the use of steroids, dietary supplements, and having a low level of physical activity (Raevuori et al., 2003). There are, however, limited studies on sociocultural theory's specific relevance to male body image.

Morrison, Kalin, and Morrison (2004) applied sociocultural theory as a framework for examining male body dissatisfaction and its implications for physical appearance. These researchers were specifically interested in media depictions of the muscular body as ideal for men and the body dissatisfaction implications for thin or overweight men who fail to meet this standard. Other researchers have applied sociocultural theory as a practical framework to comprehend body dissatisfaction and how societal influences create and support perceptions of the ideal body (Thompson et al., 1999). For example, Turetskaya (2012) employed sociocultural theory to study the impact of ethnicity and acculturation as it relates to body dissatisfaction among male

college students. Turetskaya sought to examine the difference between Caucasian and Latino men's body dissatisfaction. This author found no statistical significance for the levels of dissatisfaction; however, he found that Latino participants highly acculturated to the American culture, which may explain the similarities in self-image among the groups, because they hold the same internalized cultural ideals.

Sociocultural theory can also help describe an individual's internalization of cultural ideals that can negatively impact the individual's self-evaluation (Furnham & Alibhai, 1983; Tsai, Curbow, & Heinberg, 2003). Saghir and Hyland (2017) conducted a study in which they examined the media's role in acculturation to Western culture in Pakistani men's body dissatisfaction, finding that men living in the United Arab Emirates—where they employ many Western beliefs—maintained a poorer body image than those who lived in Pakistan. Furthermore, Saghir and Hyland found a high degree of media to have a negative influence over men's body image and satisfaction, as the men internalized the body image ideals portrayed in the media. Moreover, Cash and Smolak (2011) reported that the sociocultural influences responsible for body image are parents, media, and peers. The sociocultural model has been proven useful in many research studies for understanding body dissatisfaction.

This theory was productive in the present study because it described an awareness of society's influences on Latino men as they acculturate to the Western world. This theory also explained how this behavior can lead to body dissatisfaction, anxiety, and depression. Sociocultural theory assisted researchers in answering the research questions, so that scholars may further predict and understand the current knowledge on the relationship between the level of acculturation and body dissatisfaction, anxiety, and

depression among Latino men.

### **Male Body Dissatisfaction**

Empirical literature in recent years has provided substantial attention to body dissatisfaction (Brown, Forney, Pinner, & Keel, 2017; Stice & Shaw, 2002). Body dissatisfaction has become a growing concern in Western society (Ferguson, 2013). Researchers have shown that male body dissatisfaction can lead to clinical issues such as anxiety and depression (Blashill & Wilhelm, 2014). Body dissatisfaction can be conceptualized as having a negative evaluation of one's general body shape (Thompson, 2004). Saghir and Hyland (2017) reported that body dissatisfaction in men has increased over time, as society has set muscularity standards. Similarly, Schuster et al. (2013) reported that there is an association between men's attitudes toward being thin and body dissatisfaction, as evidenced by men spending more time at the gym and purchasing cosmetic products to enhance their looks (Pope, Olivardia, Borowiecki, & Cohane, 2001).

Research on body dissatisfaction has been disparate toward men when compared to women (Olivardia et al., 2004; Poloskov, 2013). Researchers have indicated that men's body dissatisfaction is different than women's (McCreary et al., 2007); thus, scholars have concluded that the outlook on body dissatisfaction for women must not be generalized to men (Adams, Turner, & Bucks, 2005). Men who have negative body image fall into two types of groups: individuals that want to gain muscle weight and individuals interested in losing weight (McCabe & Ricciardelli, 2001). The self-concept of masculinity for men (Mills & D'Alfonso, 2007) tends to place more importance on their upper body (McCabe & McGreevy, 2011).

Researchers have shown that men are more at risk to experience body dissatisfaction due to societal pressures (Walker, Anderson, & Hildebrandt, 2009). Walker et al. (2009) focused on the relationship between body checking and mood for undergraduate men. In this review, body checking refers to the individual frequently evaluating his body's general weight and size, such as checking in mirrors for specific body parts, asking for other's opinions, and comparing his body to others. The results from this study showed that increased levels of body checking are a basic construct for development of male body dissatisfaction. As a result, this has led many researchers to begin to explore sociocultural pressures concerning men's body image (Thompson et al., 1999).

Until recently, research on body dissatisfaction for men has not received the attention it deserves (Turetskaya, 2012). The preoccupation to achieve the ideal body image has resulted in men experiencing body dissatisfaction, desiring more muscles, and expressing concern for physical appearance (Watkins et al., 2008). Gender norms can also be a factor for male body dissatisfaction. Griffiths, Murray, and Touyz (2015) conducted a study to test the masculinity hypothesis of gender norms for first-year psychology undergraduate heterosexual men to determine whether this assumption played a crucial role for body dissatisfaction and eating disorders. The masculinity hypothesis refers to the idea of having a well-developed muscular body and being subjected to the gender norms that predict increased body dissatisfaction. These gender norms include power, self-confidence, sexual attainment, and bodily and emotional control. The results from this study further support the masculinity hypothesis, suggesting



that men who did not conform to gender norms were at risk for eating disorders and body dissatisfaction (Griffiths et al., 2015).

Body dissatisfaction among Hispanic men can be correlated with the level of acculturation (Brown et al., 2017; Erickson, Hahn-Smith, & Smith, 2009; Epperson et al., 2016). In the United States, there are 50.5 million individuals who identify as Hispanic/Latino (U.S. Census Bureau, 2010). The Hispanic/Latino population is of top importance because it is one of the fastest-growing minority groups in the United States (Ramirez & de la Cruz, 2003). Latino men present with concerns regarding body dissatisfaction which is essential to understand as they acculturate into Western society. The sociocultural demands that media, peers, and family generated to be the ideal weight increase the likelihood of body dissatisfaction (Paxton, Eisenberg, & Neumark-Sztainer, 2006).

It is unclear from the literature if and how Western cultural values regarding appearance and the development of body dissatisfaction for both men and women impact distinct ethnic groups (Pope, Phillips, & Olivardia, 2000). Latino adults are predisposed to obesity and unfavorable health concerns, which also contribute to body dissatisfaction (Mozumdar & Liguori, 2011). Warren (2008) conducted a study in which he looked at how the internalization of Western values has impacted body dissatisfaction between college age European Americans and Hispanic men. The results indicated that internalization of Western values predicts body dissatisfaction for Euro American and Hispanic men.

## **Acculturation**

Acculturation is the process of social and psychological changes that take place when the individual attains language, social principles, and the conventions of the dominant society (Berry, 2003). Acculturation theory indicates that the acculturation process occurs on two levels. The first level is the extent to which the individual upholds cultural values and embraces the new leading culture (Ayala, Mickens, Galindo, & Elder, 2007). The second level involves the individual's new beliefs, feelings, behaviors, and ideas that are a direct result of the contact of the new culture (Cuellar, Arnold, & Maldonado, 1995).

Fifty-seven percent of Hispanics live in regions where they are the minority, and 43% live in areas that are predominantly Hispanic (Vasquez-Parraga & Valencia, 2017). First-generation Hispanics include individuals born outside the United States, those who migrate, and those who bring forward their culture. Second-generation Hispanics are those individuals that are born in the United States and inhabit both cultures. Finally, third-generation Hispanics are individuals that are born to Hispanic parents, are born in the United States, and also share both cultures (Vasquez-Parraga & Valencia, 2017).

The entry of immigrants from Latin America in past decades has changed the demographics in the United States, and Latino immigrants are projected to make up 24% of the population by 2050 (Bergman, 2004). Researchers have shown that the incidence of depression and anxiety disorders is associated with the amount of time that immigrant individuals have spent acculturating into Western society (Ayala et al., 2007; Lara et al., 2005). Researchers have steadily shown that immigrants experience more stress as they begin to acculturate to Western society because they are more at risk of suffering

psychological distress (Thomas & Suris, 2004) and decreased levels of overall life contentment (Ojeda & Pina-Watson, 2013). Body image researchers have shown that acculturation is one factor that is essential to consider because higher levels of acculturation in Western society can be linked to problems with body image ideals (Van Diest et al., 2014; Warren & Rios, 2013). The sociocultural theory aligns with the idea that individuals who are more acculturated to Western society are more at risk of experiencing body dissatisfaction.

Although there are limited studies on acculturation and body dissatisfaction among Latino men, several scholars have indicated that Latina women experience problem behaviors with eating when they become more acculturated to Western society (Doris et al., 2015; Joiner & Kashubeck, 1996). Van Diest et al. (2014) focused on the connection that exists between acculturation and eating disorders among different ethnic groups, including a sample of 247 undergraduate women. Eighty-five of the participants identified as Latina. Using the Eating Disorder Inventory (EDI; Garner, Olmstead, & Polivy, 1983) to assess body dissatisfaction and eating disorders, the researchers concluded that Latinas have higher levels of body dissatisfaction than Asian and African American women (Van Diest et al., 2014).

For the most part, researchers have investigated the level of acculturation and its impact on body dissatisfaction, anxiety, and depression on Latino women. As a result, there is a gap in the research regarding the impact of the level of acculturation on body dissatisfaction, anxiety, and depression among the Latino male population. The Latino population is one of the largest minority groups in the United States, and it would be of

great value to determine whether there is a relationship between the level of acculturation and body dissatisfaction in this group.

### **Depression**

Depression is another mediating factor that can impact body dissatisfaction. The fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5; American Psychiatric Association, 2013) is one of the most recognized classifications utilized by clinicians and scholars to classify psychological disorders. The DSM-5's classification for major depressive disorder consists of having a major depressive episode for 2 weeks, in which the depressed mood and loss of interest is present for most activities. Major depressive disorder includes the individual displaying depressed mood, decreased interest in pleasure, weight loss or weight gain, sleep disturbance, loss of energy, feelings of worthlessness, ability to concentrate, suicidal ideation, and psychomotor agitation (American Psychiatric Association, 2013). The symptoms also significantly impact the individual's social and occupational functioning.

The National Institute of Mental Health (NIMH; 2013) reported that in 2015, major depression impacted approximately 16.8 million adults in the United States. More specifically, major depression affected 4.7 million men and 4.8 million Hispanics. Even though depression rates for women are double compared to men (Altemus, 2017), men are four times more likely to carry out suicide successfully (Gupta, Pur, Vujcic, & Gupta, 2017). According to the APA (2005), clinicians must have an awareness that men are less likely to obtain help for mental health problems.

A myriad of researchers has found there is a relationship between depression and body dissatisfaction (Kiropoulos & Klimidis 2006; Wolfe & Hewitt, 2016). Wolfe and

Hewitt (2016) investigated the relationships between body dissatisfaction, depression, self-focus, and eating behavior disorders in a sample of 281 undergraduate females surveyed online. Using the Body Shape Questionnaire (BSQ; Cooper, Taylor, Cooper, & Fairburn, 1987), the Body Esteem Scale (B-ES; Franzoi & Shields, 1984), and the Body Appreciation Scale (BAS; Avalos, Tylka, & Wood-Barcalow, 2005), the researchers found that body dissatisfaction significantly predicts depressive symptoms. The results suggested that individuals who are displeased with their body image are highly susceptible to acquire abnormal eating habits if they present with depression (Wolfe & Hewitt, 2016).

There is vast support in the literature that body dissatisfaction predicts depression. Karazsia et al. (2017) conducted a meta-analysis based on the results of 98 studies, the results of which revealed Hispanic, Asian, and White women do not differ when it concerns their level of body dissatisfaction and risk for depression. The findings emphasized the need for further research across ethnic populations for body dissatisfaction and symptoms of depression. The results also revealed that minority women are overlooked for depression when seeking therapeutic treatment and that body dissatisfaction is disregarded as an issue (Karazsia et al., 2017). It is therefore crucial to develop culturally fitting interventions that precisely focus on body dissatisfaction.

Although research findings have supported studies that confirm there is a connection between body dissatisfaction and depression, few have researched the relationship that exists between body dissatisfaction and depression among men. Rawana and Morgan (2014) conducted a longitudinal study in which they sought to comprehend

the connection between body mass index (BMI), self-esteem, and body dissatisfaction, as mediated by the changes in depressive symptoms across adolescence and early adulthood in both genders. The researchers employed a secondary data analysis to obtain information from participants followed for 11 years for depression patterns. The findings revealed that depressive symptoms were similar for both genders; for example, depression declines between the ages of 12 and 14, increases between ages 14 to 17, and diminishes again at age 21. Conversely, Leadbeater, Thompson, and Gruppuso (2012) uncovered that males between ages 12 and 26 experience increased rates of depressive symptoms. Gender differences for body dissatisfaction were found higher for women and lower for men between ages 12 and 19 (Rawana & Morgan, 2014). These results further supported that body dissatisfaction is a predictor of depression.

Scholars have supported the idea that body dissatisfaction impacts men due to the internalized sociocultural ideal to be thin (Pope et al., 2000; Russello, 2009; Smolak & Stein, 2006). This acknowledgement has generated interest in the understanding of body dissatisfaction in men, along with other psychological predictors such as depression (Cafri et al., 2005). Lavender and Anderson (2010) assessed the emotional regulation problems that impact body dissatisfaction in males. In this study, 296 male psychology undergraduate students completed various surveys to evaluate their body dissatisfaction, eating issues, and emotional dysregulation. The results indicated that males faced with emotional regulation problems are significantly affected by body dissatisfaction, negative affect, and eating disorders (Lavender & Anderson, 2010). Comparably, emotional distress is frequently associated with the need to change body shape or body mass (Johnson & Wardle, 2005). Researchers have implied that this connection is mutual—that

is, that negative affect predicts body image dissatisfaction (Wiederman & Pryor, 2000) and body dissatisfaction predicts depression (Stice & Bearman, 2001).

In another study, Parent and Bradstreet (2017) explored self-esteem and depression, including muscularity perception and behaviors among college men, in order to demonstrate the perils of eating disorders. The first sample consisted of 197 gay and bisexual men, and the second sample consisted of 204 heterosexual men. The researchers gathered the first sample online via specific gay and bisexual social networking groups such as Facebook and Yahoo to complete measures for muscularity attitudes and depression symptoms. The researchers gathered participants from a public university for the second sample. The findings indicated that there was a relationship between muscularity perception, depression, and eating disorders; this relationship was mediated by self-esteem for gay and bisexual men, but not for straight men. The results of this study supported the concept that worry concerning muscularity is related to mental health matters such as depression (Parent & Bradstreet, 2017). Furthermore, the limitations of this study indicated a need to understand how ethnic groups and acculturation impact body image for men (Parent & Bradstreet, 2017; Parent, 2013a).

In conclusion, scholars have posited that there is a connection between body dissatisfaction and depression (Kiropoulos & Klimidis 2006; Wolfe & Hewitt, 2016). Although there is limited research on this topic for men, investigators have established the association between self-esteem and depression (Karazsia et al., 2017), muscularity (Parent & Bradstreet, 2017), and eating behaviors (Wolfe & Hewitt, 2016). Further

research is required to explore the relationship between body dissatisfaction and depression among Latino males.

### **Anxiety**

Various researchers have noted a connection between anxiety and body dissatisfaction (Blashill & Wilhelm, 2014; Cruz-Sáez, Pascual, Salaberria, & Echeburúa, 2015; Lara et al., 2005). The DSM-5 classification for generalized anxiety disorder entails experiencing the following: (a) having extreme anxiety on most days for a period of 6 months and (b) having a difficult time regulating one's feelings of worry (American Psychiatric Association, 2013). Anxiety aligns with three or more symptoms such as agitation, tiredness, trouble concentrating, being easily frustrated, and muscle tightness. The symptoms must have a significant effect on one's social and occupational functioning to establish an anxiety diagnosis (American Psychiatric Association, 2013).

Generalized anxiety disorder affects approximately 6.8 million adults in the United States (NIMH, 2005). More precisely, it affects 5.7 million men aged 30-44 years, and 4.1 million aged 18-29 years. Researchers have found that ethnic identity is connected to anxiety disorders (Hwang & Ting, 2008); thus, scholars have recently begun to concentrate on mental disorders among minority individuals to assist in defining more valid and relevant diagnoses (Alarcón et al., 2009).

Recent research studies have found that social physique anxiety (SPA) and eating disorders are common among men and women (Eriksson, Baigi, Marklund, & Lindgren, 2008; Frederick, Sandhu, Morse, & Swami, 2016; Vuotto et al., 2018). Social physique anxiety can be defined as appraising one's body type negatively based upon other's opinions (Cook et al., 2015). Social physique anxiety is associated with the fear of a



disapproving body evaluation from other individuals. In theory, men have an intense desire to attain the cultural ideal (i.e., desire to be muscular), which can lead to body dissatisfaction, social physique anxiety, and poor social functioning. To expand our understanding of the relationship between anxiety and body dissatisfaction, this study focuses on social physique anxiety, which entails worries pertaining to muscularity.

Scholars have found that anxiety and body dissatisfaction are positively correlated for both men and women (Liu, 2013). Czeglédi, Probst, and Babusa (2015) investigated the association between trait anxiety, self-image, and body dissatisfaction among 239 male university students. The researchers employed measures pertaining to body appearance, desired weight status, BMI, and trait anxiety; the results revealed that trait anxiety is a variable that predicts the relationship among males' self-image and body dissatisfaction. These findings are in line with those of past research studies, which identified anxiety as a predictor for low self-image and body dissatisfaction (Tiggemann et al., 2008).

Individuals that suffer from eating disorders are at a higher risk of experiencing insecure attachment, which can be regarded as anxiety (Kuipers & Bekker, 2012). Society pressures boys and men to have a muscular body type (Daniel & Bridges, 2010). Dakanalis et al. (2015) examined anxiety, appearance, emotional dysregulation, self-image, and perfectionism, which are representative variables associated with body dissatisfaction and eating disorders for men. They included Italian males aged 18- and 28-years attending universities in central and northern Italy in their study. The findings indicated that appearance, anxiety, and perfectionism increase the connection between body dissatisfaction and each of these variables.

Researchers have found that body image concerns lead to negative emotions such as anxiety (Cash, 2002). McCreary and Saucier (2009) sought to understand the relationship between the drive for muscularity, body judgment, and SPA. The participants in their study were undergraduate students from a Canadian university, including 180 males and 201 females. The results showed increased levels of social physique anxiety, with a high occurrence associated with muscularity and body judgment, for both genders (McCreary & Saucier, 2009). These results support the claim that men's body image perception is associated with adverse emotional outcomes like anxiety. These findings also emphasize the critical relationship that exists between social physique anxiety and body dissatisfaction.

An ideal male body type includes a mixture of body mass and muscle definition (Cash et al., 2004). Martin, Kliber, Kulinna, and Fahlman (2006) assessed body image and muscularity awareness in order to determine the prevalence of SPA among college men. These researchers found a substantial relationship between SPA and body image perception. Based on these results, it is essential to recognize the possibilities that there are mutual relationships involving appearance variables and anxiety (Martin et al., 2006). For example, if an individual encounters anxiety in relation to his or her body in a social situation, this can lead to body dissatisfaction.

Scholars have reported that the idealistic body type that is portrayed in the media negatively affects individuals' body image perception (Grabe, Ward, & Hyde, 2008). Desiring this idealistic body type may lead to an increase in physical activity (Steele, Aylward, Jensen, & Wu, 2009). Due to these media portrayals, individuals can experience problems with body dissatisfaction (Ingledeew & Sullivan, 2002). An

individual's negative perception regarding his or her physical appearance leads to SPA (Hart, Leary, & Rejeski, 1989). Sabiston, Pila, Pinsonnault-Bilodeau, and Cox (2014) conducted a comprehensive study in which the researchers synthesized the results of 126 studies on social physique anxiety and physical activity. The research focused closely on the predictors and effects of social physique anxiety, and the results indicated that social physique anxiety can include predictors like self-image, social and environmental triggers, physical appearance, and individual characteristics (i.e., age, gender). The effects for social physique anxiety were stress, anxiety, eating disorders, and physical self-esteem (Sabiston et al., 2014). These results further support the need to explore how SPA affects body dissatisfaction for specific groups, such as Latino men.

In conclusion, scholars have provided evidence suggesting that body dissatisfaction leads to anxiety (Cash et al., 2004; Sampasa-Kanyinga et al., 2017). Although there has been inadequate research on this topic concerning men, researchers have found that there is a connection between anxiety and body dissatisfaction (Karazsia et al., 2017). This research study investigated the relationship between the levels of acculturation and body dissatisfaction, depression, and anxiety among Latino men.

### **Latinos Males**

The Latino population comes from a variety of historical backgrounds (Gándara, 2012). The term *Latino* is regularly used to describe individuals from countries in Latin America, including Mexico, Cuba, Puerto Rico, and Central and South American countries. Its definition differs from that of *Hispanic*, which identifies individuals from Spain who also speak the Spanish language (Hayes-Bautista & Chapa, 1987). The United States has a large Latino population (Gándara, 2012). A great majority of Latinos in the

southwest United States are of Mexican descent. The state of Florida also has a large population of Latinos originating from Cuba and South/Central American countries. Furthermore, the Northeast of the United States is highly populated with Latinos from Puerto Rico and the Dominican Republic (Gándara, 2012). Overall, two-thirds of the Latinos living in the United States are from Mexico. In this study, the researcher focuses on participants that report having Latino backgrounds.

In Blumberg, Clarke, and Blackwell's (2015) study, 9% of men in the United States reported having feelings of anxiety and depression. More specifically, 6.1% of Latino men experienced such feelings. Scholars have found that when Latinos acclimate to a new culture, they are at risk of a variety of stressors, such as depression, anxiety, body dissatisfaction, low self-image, and personal problems (Karazsia et al., 2017; Perez et al., 2002; Smokowski, Buchanan, & Bacallao, 2009). It is also important to note that Latino men are less likely to receive mental health services than people in other populations because they frequently lack insurance coverage.

The Latino population is one of the fastest growing communities in the United States (U.S. Census Bureau, 2008). As a result, there is a need to understand mental health services for the Latino population. Wassertheil-Smoller et al. (2014) conducted a cross-sectional analysis of 15,864 of Hispanics/Latinos from various backgrounds (i.e., Mexican, Dominican, Central American, Cuban, Puerto Rican, and South American) to explain the occurrence and relationships between heart disease and depression, anxiety, and medication use in this population. The participants included 6,356 men and 9,508 women aged 18 to 74 years. In the results, the researchers described significant data from one of the largest research studies conducted by the Hispanic Community Health Study /

Study of Latinos (HCHS/SOL), which found that 27% of Latinos experience symptoms of depression. Thirty-eight percent of Puerto Ricans indicated having the highest rates of depression (Alegría et al., 2007). Mexican men were found to be less likely than their Latino peers to have a medical history that included depressive symptoms, while Cuban men were less prone than their Latino peers to experience problems with anxiety (Alegría et al., 2007). Higher levels of depression and anxiety were present among Latino men born in the United States or from a second or higher generation, and only 5% of this population reported taking medication (Wassertheil-Smoller et al., 2014). Martens et al. (2010) found that 74% of individuals with generalized anxiety had a high risk of cardiovascular disease. Overall, these findings emphasize that depression and anxiety are risk factors that Latino men experience as they acculturate to U.S. society.

While few studies have explored body dissatisfaction among Latino men, several have indicated that Latinos are more prone to being overweight and experiencing higher levels of body dissatisfaction (Xie et al., 2010). Nieri, Kulis, Keith, and Hurdle (2005) investigated weight perception, physical appearance, and the influence of drug use among Mexican adolescents. The participants included a sample of 698 male and 645 female eighth-grade students, and the results indicated that students who were more acculturated to Western ideals reported greater body dissatisfaction. Boys who indicated that they have unsatisfactory body dissatisfactions were found to be more at risk for alcohol use (Nieri et al., 2005). Moreover, the researchers found that Latino men are generally less satisfied with their body appearance compared with other ethnic populations (Nieri et al., 2005). The results of this study underscore the importance of acculturation in the Latino population.

In conclusion, researchers have found the Latino male population, which consists of many ethnic backgrounds, to be at risk for disorders like anxiety and depression (Alegría et al., 2007; Wassertheil-Smoller et al., 2014). Latino men have also been identified to experience body dissatisfaction (Nieri et al., 2005). Further research is needed to understand the relationship between the level of acculturation, depression, anxiety, and body dissatisfaction among Latino men.

### **Summary**

Researchers have assessed how body dissatisfaction has affected the male population (Turetskaya, 2012; Watkins et al., 2008). More specifically, they have found that body dissatisfaction among Hispanic men is related to the level of acculturation (Brown et al., 2007; Epperson et al., 2016). This level of acculturation increases as individuals acclimate into Western society (Perez et al., 2002). Researchers have recognized that there is an association between self-esteem and depression (Karazsia et al., 2017); furthermore, a relationship between body dissatisfaction and anxiety has been posited (Cash et al., 2004; Sampasa-Kanyinga et al., 2017). However, additional research is needed to determine the relationships between the different levels of acculturation, body dissatisfaction, anxiety, and depression among Latino men. Understanding these relationships will be beneficial in establishing interventions to address body image, anxiety, and depression in this population. In Chapter 3, the researcher offers an overview of the methodology and research design for this study to address the identified research gap.

## **Chapter 3: Research Method**

### **Introduction**

The purpose of this study was to determine whether there are relationships between the different levels of acculturation, body dissatisfaction, anxiety, and depression among Latino men. The design of this study and the research approach is explained in the chapter. This chapter includes discussions of the participant population, sampling strategy, and sampling size. This chapter includes the study procedures, instrumentation, and operationalization of constructs. This chapter concludes with ethical procedures and a summary of the design.

### **Research Design and Rationale**

I selected a quantitative correlational research design for this study because the goal was to assess the relationship between the variables. The aim of this quantitative correlational research was to understand the relationship between the independent variable (levels of acculturation), mediating variable (body dissatisfaction), and dependent variables (level of anxiety and depression). I applied a quantitative correlational research design to determine the relationship between the levels of acculturation and body dissatisfaction, anxiety, and depression among Latino men. This design was appropriate because a correlational design can determine the relationship between variables that are objectively measurable and quantifiable. Additionally, because the variables of interest cannot practically or ethically be manipulated, I selected a correlational design rather than an experimental design. I obtained the data by using a cross-sectional survey provided online with the self-administered questionnaires. This

research design also allowed me to analyze the data collected from the online surveys using descriptive and inferential statistics.

## **Methodology**

### **Population**

The population being investigated in this study included Latino men between the ages of 21 and 70.

### **Sampling and Sampling Procedures**

The sampling strategy for this study was convenience sampling. Convenience sampling is appropriate when a random sample is not feasible to obtain. As it was not feasible to ensure that all Latino men have an equal probability of being selected to participate in this study, convenience sampling is appropriate. The participant sample was drawn from various social networking websites such as Instagram, Facebook, and LinkedIn. The participants were asked to participate in this study by completing an online survey via Survey Monkey. Participants identified as Latino men and between the ages of 21 and 70 were included in this study.

I conducted a power analysis for a Pearson correlation and multiple linear regression using a G\* Power software to calculate the sample size with a standard alpha of .05, medium effect size ( $r = .30$ ,  $f^2 = .15$ ), and power of .80 (Faul, Erdfelder, Buchner, & Lang, 2013). Unless theory dictates the use of other parameters, these are appropriate parameters for social science research (Ellis, 2010). Pearson correlations and multiple linear regression are the appropriate analyses given that all variables are continuous (interval/ratio data) and the hypothesis seek to assess the relationships between variables (Pagano, 2010). Based on the previous information, the minimum sample size to achieve



the statistical power is 84 and 68 for the Pearson correlation and multiple linear regression respectively. Therefore, a sample size of 84 was desired for this study.

### **Procedures for Recruitment, Participation, and Data Collection**

The participant sample was drawn using convenience sampling. After the study procedures were approved by the Walden University Institutional Review Board (IRB), an invitation to participate in this study was advertised via social websites including Instagram, Facebook, and LinkedIn to enroll Latino men who met the requirements to participate in this study. The invitation was briefly explained as well as the purpose of the study and the requirements for participation and included the IRB approval number (10-18-18-0197193). The invitation also contained a link to the study survey, which was hosted online using Survey Monkey. When participants followed the survey link, they were presented with three screening questions: (a) What is your gender? (b) Do you identify yourself as Latino? and (c) Are you between 21 and 70 years of age? Individuals who met the study inclusion requirements were directed to the next page of the survey; individuals who did not meet the requirements were informed that they were not eligible to participate and thanked for their interest in the study.

The next page of the survey contained informed consent form. The consent form presented information regarding the purpose of the study, what participants were asked to do, and an explanation of participants' rights. Participants were asked to endorse an item at the bottom of the consent form page indicating that they understood the consent form and agreed to participate in the study. Participants who did not endorse this item were directed to a page thanking them for their time. Those who agreed to participate were to continue to the next part of the survey containing the following self-reporting

instruments: a demographic questionnaire, Body Image Ideals Questionnaire (BIQ: Cash & Szymanski, 1995), Short Acculturation Scale for Hispanics (SASH: Marin et al., 1987), The Beck Depression Inventory Second Edition (BID-II: Beck, Steer, & Brown, 1996), and Social Physique Anxiety Scale (SPAS: Hart et al., 1989). After completing all of the instruments, the participants were informed that their participation is complete. The total time to complete the survey for this study was approximately 18 minutes.

### **Instrumentation and Operationalization of Constructs**

**Demographic questionnaire.** Potential participants were required to complete a questionnaire to obtain demographic, cultural background, and weight related information. The demographic questionnaire items include the following: (a) country of birth, (b) age, (c) years residing in the United States, (d) Latino background, (e) current weight, (f) ideal weight, and (g) educational level (see Appendix A).

**The body image ideals questionnaire.** The BIQ (Cash & Szymanski, 1995) measures the mediating variable of body dissatisfaction. The BIQ is a distinctive scale because it includes the degree that individuals invest in physical appearance (Cash & Szymanski, 1995). Body dissatisfaction is evaluated by computing the degree of discrepancy of self and ideal physical characteristics. Cash and Szymanski (1995) used 10 physical characteristics including the following: “height, skin complexion, hair texture and thickness, facial features, muscle tone and definition, body proportions, weight, chest size, physical strength, and physical coordination” (p.468-469) to assess for the discrepancy between the participants’ self and the ideal body.

The BIQ is composed of two sections (Part A and B) that use a 4-point Likert style scale (see Appendix B). Part A assesses for discrepancy by asking for participants to

rate the degree of their physical characteristics using the following scale: 0 (*exactly as I am*), 1 (*almost as I am*), 2 (*fairly unlike me*), and 3 (*very unlike me*). Part B evaluates the importance of the participants' physical characteristics using a scale that includes the following: 0 (*not important*), 1 (*somewhat important*), 2 (*moderately important*), and 3 (*very important*). The BIQ has been recognized as a valid measure and has internal consistency when assessing for body dissatisfaction for both men and women (Cash & Szymanski, 1995).

According to Cash and Szymanski (1995), the BIQ has high internal consistency for both women ( $\alpha = .76$ ) and men ( $\alpha = .81$ ). Additionally, the validity of the BIQ has been demonstrated with significant correlations with the Body Areas Satisfaction Scale ( $r = -.68$  for men), the appearance evaluation subscale of the Multidimensional Body-Self Relations Questionnaire ( $r = -.66$  for men), and Appearance Schemas Inventory ( $r = .54$  for men).

**The short acculturation scale for Hispanics.** The independent variable of acculturation will be measured using the SASH (see Appendix D). The SASH has been widely used in research studies with the Hispanic/Latino population to assist in identifying individuals' level of acculturation (Marin, Sabogal, Marin, Otero-Sabogal, & Perez-Stable, 1987). Level of acculturation is important because researchers have found that it has been linked with the individuals' mental health status (Ojeda & Pina-Watson, 2013; Thomas & Suris, 2004). This scale differs from the other acculturation scales because it has been applied to all Hispanic/Latino groups (Marin et al., 1987). The SASH consists of 12 items including media, language use, and social components. Questions 1-8 provide the participant with five possible response choices as follows: 1 (*only Spanish*),

2 (*more Spanish than English*), 3 (*both equally*), 4 (*more English than Spanish*), and 5 (*only English*). Questions 9–12 offer the participants the following response choices: 1 (*all Latinos/Hispanics*), 2 (*more Latinos than Americans*), 3 (*about half and half*), 4 (*more Americans than Latinos*), and 5 (*all Americans*). The acculturation index is averaged by the number of total items varying from 1–5. The acculturation index is computed by averaging the item responses for a score ranging from 1–5. Scores that are closer to 1 reveal a low acculturation level, and scores closer to 5 indicate a high acculturation level. Marin et al. (1987) recommend that a score of 2.99 or less is an indicator of low acculturation and a score of greater than 2.99 indicates a high acculturation.

The SASH has high validity and reliability levels. Cronbach's alpha for the SASH is .92 (Marin et al., 1987). Validity has been established using various methods such as correlations with cultural identity, age when immigrated, and participant self-assessment of acculturation level (Marin et al., 1987). Furthermore, the SASH is a tool that aids in distinguishing among first and second-generation Latinos.

**The beck depression inventory-II.** The dependent variable of depression was measured using the BDI-II (see Appendix F). The BDI-II is valid and reliable and consists of 21 self-reporting items that measure level of depression according to the symptoms described by the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV; 2000). Each item for the BDI-II is associated with a symptom of depression, and the items are summed to provide a total score (Beck et al., 1996). The BDI-II uses a four-point scale that ranges from 0 to 3 for every item. Items 16 and 18 differ because seven choices are provided to specify a

decline or increase for sleep and desire to eat. The interpretations of the scores are as follows: 0–13 minimal range, 14–19 mild, 20–28 moderate, and 29–63 severe (Beck et al., 1996). Participants can complete the BDI-II in less than 10 minutes making this instrument optimal to complete online.

The BDI-II has a 1-week test-retest reliability of .93 and a Cronbach's alpha of .91. The validity of the BDI-II has also been established through significant correlations with the Zung Self-Rating Depression Scale, Beck Hopelessness Scale, and the Hamilton Psychiatric Rating Scale for Depression (Beck et al., 1996).

**Social physique anxiety scale.** The dependent variable of anxiety was measured using the SPAS (see Appendix H). The SPAS includes 12 self-report items that evaluate the degree individuals experience anxiety when others evaluate their physical appearance (Hart et al., 1989). The purpose and validation of the SPAS is founded on the value of offering a helpful understanding of body image worries, particularly in the area of fitness. Each item includes a 5-point Likert type scale ranging from 1 (*not at all*) to 5 (*extremely*). The score from the SPAS can span from 12 to 60, with the greater scores signifying elevated body image worries. Cronbach's alpha has been established to have values ranging from .82 and .90 (Hart et al., 1989). Content validity, criterion related validity, and construct validity have also been recognized as the SPAS scores can be linked with other scales of similar interests.

### **Data Analysis Plan**

When data were received, the survey responses were downloaded as electronic spreadsheet and imported into SPSS software version 24. The data collected were examined for accuracy to certify that all information was entered correctly. I also

inspected the data for outliers and removed cases with missing responses. Descriptive statistics (mean, standard deviation, and frequency) were obtained to describe the data obtained from the sample. Inferential statistical analyses addressed the following research questions and hypotheses:

RQ1-Quantitative: Is there a relationship between the level of acculturation and the levels of body dissatisfaction in Latino men?

H<sub>0</sub>1: There is no statistically significant relationship between the level of acculturation and the levels of body dissatisfaction in Latino men.

H<sub>1</sub>1: There is a statistically significant relationship between the level of acculturation and the levels of body dissatisfaction in Latino men.

RQ2-Quantitative: Is there a relationship between the level of acculturation and the level of anxiety in Latino men?

H<sub>0</sub> 2- There is no statistically significant relationship between the level of acculturation and the level of anxiety in Latino men.

H<sub>1</sub>2- There is a statistically significant relationship between the levels of body dissatisfaction and the level of anxiety in Latino men.

RQ3-Quantitative: Is there a relationship between the level of acculturation and the level of depression in Latino men?

H<sub>0</sub>3a- There is no statistically significant relationship between the level of acculturation and the level of depression in Latino men.

H<sub>1</sub>3a- There is a statistically significant relationship between the level of acculturation and the level of depression in Latino men.

RQ4-Quantitative: Does body dissatisfaction mediate acculturation influences on anxiety in Latino men?

H<sub>0</sub>4- Body dissatisfaction does not mediate acculturation influences on anxiety in Latino men?

H<sub>1</sub>4- Body dissatisfaction does mediate acculturation influences on anxiety in Latino men?

RQ5-Quantitative: Does body dissatisfaction mediate acculturation influences on depression in Latino men?

H<sub>0</sub>5- Body dissatisfaction does not mediate acculturation influences on depression in Latino men?

H<sub>1</sub>5- Body dissatisfaction does mediate acculturation influences on depression in Latino men?

To answer RQ1, a Pearson correlation was run to determine the relationship between body dissatisfaction and the levels of acculturation. To answer RQ2, a Pearson correlation was run to determine the relationship between the levels of body dissatisfaction and the level of anxiety. To answer RQ3, a Pearson correlation was run to determine the relationship between the levels of body dissatisfaction and the level of depression. A Pearson correlation was the appropriate bivariate analysis given that all variables are continuous (interval/ratio data) and the hypotheses seek to assess the relationships (Pagano, 2010). Statistical significance was evaluated using a significance level of .05. Prior to interpreting each correlation coefficient, the assumption of linearity was assessed by visual examination of a scatterplot.

To answer RQ4 and RQ5, multiple linear regressions were run to determine whether there were mediating effects of body dissatisfaction on the potential influence acculturation has on anxiety and depression. Multiple regression was an appropriate analysis when the goal of research was to assess the extent of a relationship among a set of dichotomous or interval/ratio mediating variables on an interval/ratio criterion variable. More specifically, Baron and Kenny's (1986) mediation analysis was used to determine whether a mediating effect exists. A mediating effect exists if the following conditions were met: (a) the independent variable was significantly related to the dependent variable, (b) the independent variable was significantly related to the mediator, and (c) the independent variable was no longer significantly related to the dependent variable after controlling for the mediator. The first two conditions for mediation were determined by the Pearson correlations conducted to answer RQ1-RQ3. The final condition for mediation was determined by multiple linear regressions with acculturation and body dissatisfaction as a mediator. A separate regression was conducted for each dependent variable (anxiety and depression). Prior to interpreting the results of the multiple linear regressions, the assumptions of normality, homoscedasticity, and absence of multicollinearity were assessed. Normality was examined with a Q-Q scatterplot of the regression residuals (Field, 2009). Homoscedasticity was examined with a scatterplot of residuals and fitted values (Field, 2009). The absence of multicollinearity was assessed using variance inflation factors (VIFs). VIF values over 10 will suggest the presence of multicollinearity (Menard, 2009).



### **Threats to Validity**

Internal validity focuses on how well the relationships obtained from the data collected can be determined (Leedy & Ormrod, 2010). Potential threats to internal validity for a correlational research design include the possibility of confounding variables (Creswell, 2013). Confounding variables refer to variables that are not tested in the study but may explain the relationships between the variables in the study (Creswell, 2013). External validity refers to how well the results can be generalized to a larger population. A possible threat to external validity includes selection bias (Creswell, 2013). Selection bias refers to potential systematic differences between individuals in the population who participate in the study and individuals who do not participate. In order to mitigate selection bias, all potential participants will be assured that participation in the study is voluntary and their responses will be anonymous. Finally, statistical conclusion validity is the extent that the results of the statistical analyses can be interpreted accurately. To ensure statistical conclusion validity, a power analysis was conducted to determine the appropriate sample size, and the assumptions for each analysis will be assessed prior to interpreting the results.

### **Ethical Procedures**

Approval was obtained from Walden University's IRB prior to gathering data to ensure that the study procedures meet the standards required for ethical research. Participants were provided with informed consent electronically since the surveys were provided online. Participants were provided with purpose and nature of this study, as well as their rights as participants. Participants were made aware that their contribution to the

study is voluntary and they may withdraw at any time. To ensure participant anonymity, personal identification was not collected. All electronic data gathered from the online surveys were kept confidential and secure by the researcher via password protection. The data were securely stored for five years before it is securely erased according Walden University guidelines.

### **Summary**

Chapter 3 provided an overview of the methodology of this study including the purpose, research questions and hypotheses, and instrumentation. This chapter also provided the procedures, sample size, data collection and analysis, and possible threats to validity. A quantitative correlational designed was selected for this study to examine the relationships between acculturation, body dissatisfaction, anxiety, and depression. Latino men will be invited to complete an online survey with self-report instruments assessing their acculturation, body dissatisfaction, anxiety, and depression. Pearson correlation and multiple linear regression analyses will be conducted to address the research questions and hypotheses. Chapter 4 will discuss the results from the data collection.

## Chapter 4: Results

### **Introduction**

The purpose of this study was to determine whether a relationship existed between the different levels of acculturation, body dissatisfaction, anxiety, and depression of Latino men. The study includes five research questions and hypotheses.

Chapter 4 begins with a description of the data collection process that includes a preanalysis data screening. Descriptive and demographic characteristics of the sample are discussed. Next, the results for the statistical analysis to answer the proposed research questions are included in the chapter. The chapter concludes with a summary of the research questions.

### **Data Collection**

#### **Preanalysis Screening**

One hundred and sixteen participants responded to the online survey. The data were examined to verify survey completion and outliers. A total of 28 responses were taken out of the study due participants not completing large portions of the survey. A total of 81 participants completed responses, which was three participants under the desired minimal sample size of 84. Therefore, seven participants that were missing one to two responses were included in the study, and a regression imputation was performed on 88 cases. A regression imputation was most appropriate for this this study because the amount of missing data was small (Meyers, Gamst, & Guarino, 2016; Tabachnick & Fi

Univariate outliers were examined for the composite scores of the four self-administered surveys (BIQ, SAS, BDI and SPAS). An outlier is defined as any value which falls outside the range of  $\pm 3.29$  standard deviations from the mean (Tabachnick & Fidell, 2013). The results indicated that there were no outliers present.

### **Descriptive Statistics**

The data collection process began in October 2018 and ended in December 2018. Participants completed the survey through Facebook, Instagram, and LinkedIn. The invitation contained a link to the study survey, which was hosted online using Survey Monkey. Next, the participants followed a survey link that presented them with screening questions, a demographic questionnaire, and four self-administered surveys (BIQ, SAS, BDI and SPAS). The survey was available to Latino men between the ages of 21 and 70.

Once the informed consent and criteria to the study were met, SurveyMonkey allowed participants to continue with the survey. The participants who did not agree to the informed consent or meet the requirements to the study were excluded, and their information was left out. All the data accumulated was kept in a safe and encrypted file.

A total of 116 participants responded to the online survey. A total of 28 responses were taken out of the study due participants not completing a large portion of the survey. This left a total of 81 participants with completed responses which was not enough participants to reach the desired sample size of 84. For this reason, the data from seven participants who were missing one to two responses were included in the study to reach the sample size goal using a regression imputation. Therefore, the analysis for this study included a total of 88 participants.

Descriptive statistics were reported for the data that were retained. The most frequently observed country of birth was the United States, with an observed frequency of 40 (45%). The most frequently reported age group was between 21–30, with an observed frequency of 36 (41%). The participants’ most frequently observed category of years residing in the United States was “all my life,” with an observed frequency of 37 (42%). The participants most commonly reported Latino background was Central American, each with an observed frequency of 40 (45%). The most frequently observed current weight was 161–170 and 181–191, with an observed frequency of 16 (18%). Participants most commonly reported that their ideal weight was between 151-160, each with an observed frequency of 24 (27%) pounds. Participants’ most commonly reported education level was a bachelor’s degree with an observed frequency of 42 (48%).

Frequencies and percentages are presented in Table 2.

Table 1

*Frequency and Percentages of Demographics (N = 88)*

Variable	<i>n</i>	%
Country of Birth		
United States	40	45.45
Chile	1	1.14
Columbia	1	1.14
Ecuador	1	1.14
El Salvador	15	17.05
Guatemala	9	10.23
Mexico	15	17.05
Nicaragua	2	2.27
Panama	1	1.14
Dominican Republic	1	1.14
Decline to state	1	1.14
Missing	1	1.14

Table 1 Continued

Variable	<i>n</i>	%
<b>Age</b>		
21-30	36	40.91
31-40	25	28.41
61-70	7	7.95
Missing	0	0.00
<b>Years Living in the United States</b>		
Less than 5 years	1	1.14
6-10 years	6	6.82
10-15 years	9	10.23
16-20 years	9	10.23
More than 25 years	26	29.55
All my life	37	42.05
Missing	0	0.00
<b>Latino Background</b>		
Central American	40	45.45
South American	11	12.50
Mexican	28	31.82
Cuban	3	3.41
Puerto Rican	2	2.27
Other	4	4.55
Missing	0	0.00
<b>Current Weight</b>		
Less than 130	2	2.27
131-140	6	6.82
141-150	12	13.64
151-160	10	11.36
161-170	16	18.18
171-180	11	12.50
181-191	16	18.18
Over 200	15	17.05
Missing	0	0.00
<b>Ideal Weight</b>		
Less than 130	4	4.55
131-140	9	10.23
141-150	14	15.91

Table 1 Continued

Variable	<i>n</i>	%
151-160	24	27.27
161-170	17	19.32
171-180	11	12.50
181-191	7	7.95
Over 200	2	2.27
Missing	0	0.00
Education		
High School	23	26.14
Bachelor's Degree	42	47.73
Master's Degree	11	12.50
Doctoral Degree	5	5.68
Other	7	7.95
Missing	0	0.00

*Note.* Due to rounding errors, percentages may not equal 100%.

## Results

### Research Question 1

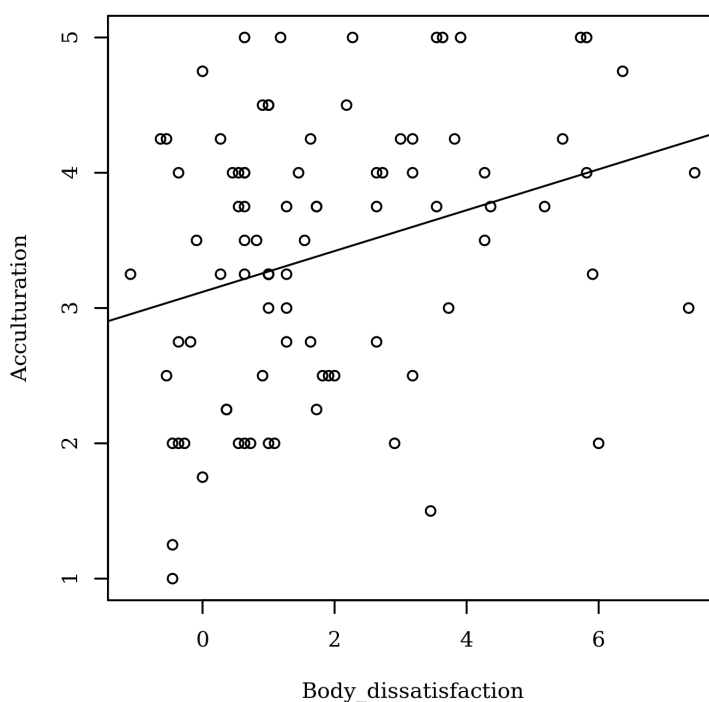
Is there a relationship between the level of acculturation and the levels of body dissatisfaction in Latino men?

H<sub>0</sub>1: There is no statistically significant relationship between the level of acculturation and the levels of body dissatisfaction in Latino men.

H<sub>1</sub>1: There is a statistically significant relationship between the level of acculturation and the levels of body dissatisfaction in Latino men.

To answer Research Question 1, I conducted a Pearson correlation between body dissatisfaction and acculturation. Cohen's standard evaluated the strength of the relationship, where coefficients between .10 and .29 represent a small effect size, coefficients between .30 and .49 represent a moderate effect size, and coefficients above

.50 indicate a large effect size (Cohen, 1988). The assumptions for a Pearson correlation required that the relationship between each pair of variables is linear (Conover & Iman, 1981). This assumption is violated if there is curvature among the points on the scatterplot between any pair of variables. Figure 1 presents the scatterplot of the correlation. The scatterplot did not display any curvature, so the assumption was met.



*Figure 1.* Scatterplot between acculturation and body dissatisfaction.

The results indicate there was a significant positive correlation between the totals for body dissatisfaction and acculturation ( $r_p = 0.30, p = .004$ ). The correlation coefficient between body dissatisfaction and acculturation was 0.30, indicating a moderate effect size. This correlation indicates that as body dissatisfaction increases, acculturation tends to increase. Therefore,  $H_01$  was rejected. Table 3 presents the results of the correlation.



Table 2

*Pearson Correlation Matrix Between Body Dissatisfaction and Acculturation*

Variable	1	2
1. Body Dissatisfaction	-	
2. Acculturation	0.30	-

*Note.* The critical values are 0.21, 0.27, and 0.34 for significance levels .05, .01, and .001 respectively.

**Research Question 2**

Is there a relationship between the level of acculturation and the level of anxiety in Latino men?

H<sub>0</sub> 2- There is no statistically significant relationship between the level of acculturation and the level of anxiety in Latino men.

H<sub>1</sub>2- There is a statistically significant relationship between the levels of body dissatisfaction and the level of anxiety in Latino men.

To answer Research Question 2, a Pearson correlation analysis was conducted between acculturation and anxiety. Figure 2 presents the scatterplot of the correlation. The scatterplot did not display any curvature, so the linearity assumption was met.

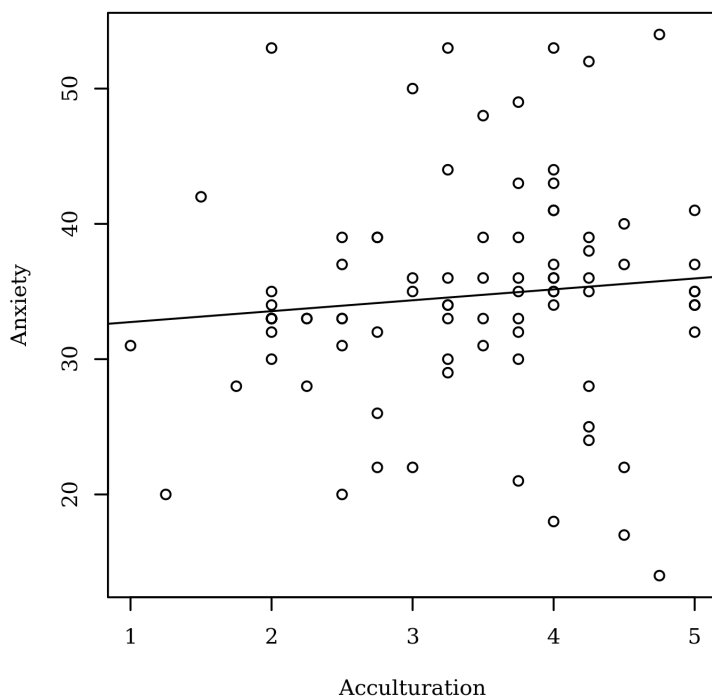


Figure 2. Scatterplot between anxiety and acculturation.

The results indicate there was no significant correlation between acculturation and anxiety. Therefore,  $H_0$  was not rejected. Table 4 presents the results of the correlation.

Table 3

*Pearson Correlation Matrix Between Acculturation and Anxiety*

Variable	1	2
1. Acculturation	-	
2. Anxiety	0.10	-

Note. The critical values are 0.21, 0.27, and 0.34 for significance levels .05, .01, and .001 respectively.

### Research Question 3

Is there a relationship between the level of acculturation and the level of depression in Latino men?

H<sub>0</sub>3a- There is no statistically significant relationship between the level of acculturation and the level of depression in Latino men.

H<sub>1</sub>3a- There is a statistically significant relationship between the level of acculturation and the level of depression in Latino men.

To answer Research Question 3, I conducted a Pearson correlation analysis between acculturation and depression for Latino makes. Figure 3 presents the scatterplot of the correlation. The scatterplot did not display any curvature, so the linearity assumption was met.

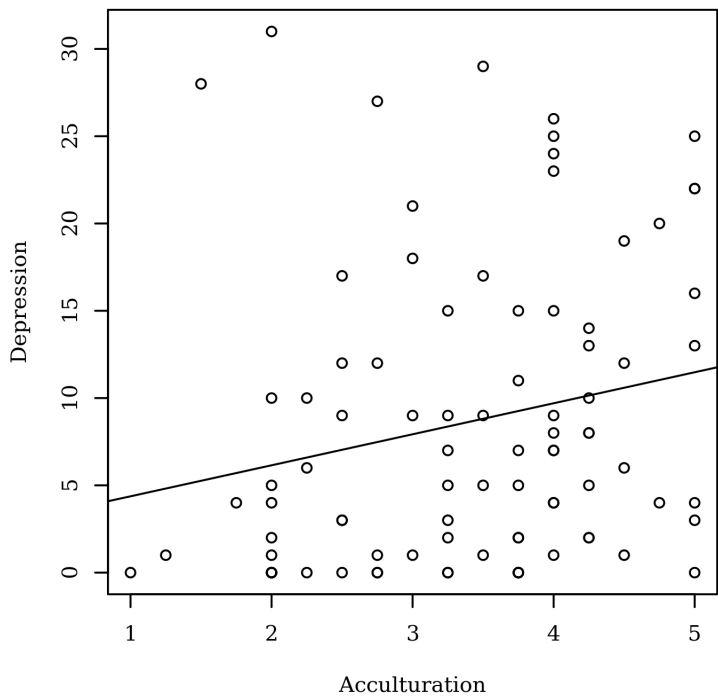


Figure 3. Scatterplot between depression and acculturation.

A significant positive correlation was observed between acculturation and depression ( $r_p = 0.21, p = .049$ ). The correlation coefficient between acculturation and depression was 0.21, indicating a small effect size. This correlation indicates that as acculturation increases, depression tends to increase. Therefore, H<sub>03</sub> was rejected. Table 5 presents the results of the correlation.

Table 4

*Pearson Correlation Matrix Between Acculturation and Depression*

Variable	1	2
1. Acculturation	-	
2. Depression	0.21	-

*Note.* The critical values are 0.21, 0.27, and 0.34 for significance levels .05, .01, and .001 respectively.

**Research Question 4**

Does body dissatisfaction mediate acculturation influences on anxiety in Latino men?

H<sub>04</sub>- Body dissatisfaction does not mediate acculturation influences on anxiety in Latino men?

H<sub>14</sub>- Body dissatisfaction does mediate acculturation influences on anxiety in Latino men?

To answer Research Question 4, a Baron and Kenny mediation analysis was conducted to assess if body dissatisfaction mediated the relationship between anxiety and acculturation for Latino men. To determine whether a mediating relationship existed, three regressions were conducted. For mediation to be supported, four conditions must be

met: (a) the independent variable must be related the dependent variable, (b) the independent variable must be related to the mediator variable, (c) the mediator must be related to the dependent variable while in the presence of the independent variable, and (d) the independent variable should no longer be a significant predictor of the dependent variable in the presence of the mediator variable (Baron & Kenny, 1986). In this analysis, the independent variable was anxiety, the mediator body dissatisfaction, and the dependent variable was acculturation.

The results indicate that the first regression with anxiety predicting acculturation was not significant,  $F(2, 86) = 0.87, p = .353$ . The results showed that anxiety was not a significant predictor of acculturation,  $B = 0.01$ , indicating that the first condition for mediation was not satisfied. Second, the regression with anxiety predicting the body dissatisfaction was significant,  $F(2, 86) = 69.85, p < .001$ . The results showed that anxiety was a significant predictor of body dissatisfaction,  $B = 0.17$ , indicating that the second condition for mediation was satisfied. Next, the regression with body dissatisfaction mediating acculturation was conducted. The regression of acculturation on anxiety and body dissatisfaction was significant,  $F(3, 85) = 5.26, p = .007$ , suggesting that anxiety and body dissatisfaction accounted for a significant amount of variance in acculturation. Body dissatisfaction and anxiety were examined further. The results showed that anxiety was no longer a significant predictor of acculturation when the mediating variable body dissatisfaction was included in the model,  $B = 0.21$ , indicating that the third condition for mediation was satisfied. The results showed that mediation was supported when body dissatisfaction and anxiety were included in the model,  $B = -$

0.02, indicating that the fourth condition for mediation was satisfied. Since the first condition was not met, mediation cannot be supported. Therefore, H<sub>04</sub> was not rejected.

Table 5

*Mediation Results*

Dependent	Independent	<i>B</i>	<i>SE</i>	<i>t</i>	<i>p</i>
Regression 1:					
Acculturation	Anxiety	0.01	0.01	0.93	.353
Regression 2:					
Body Dissatisfaction	Anxiety Scale	0.17	0.02	8.36	<.001
Regression 3:					
Acculturation	Anxiety	-0.02	0.02	-1.34	.183
	Body Dissatisfaction	0.21	0.07	3.09	.003

**Research Question 5**

Does body dissatisfaction mediate acculturation influences on depression in Latino men?

H<sub>05</sub>- Body dissatisfaction does not mediate acculturation influences on depression in Latino men?

H<sub>15</sub>- Body dissatisfaction does mediate acculturation influences on depression in Latino men?

To answer research question 5, a second Baron and Kenny mediation analysis was conducted to assess if body dissatisfaction mediated the relationship between depression and acculturation. In this analysis, the independent variable was depression, the mediator was body dissatisfaction, and the dependent variable was acculturation. The results

indicated that the regression with depression predicting acculturation was significant,  $F(2, 86) = 3.97, p = .049$ . The results showed that depression was a significant predictor of acculturation,  $B = 0.02$ , indicating that the first condition for mediation was satisfied. Second, the regression with depression predicting body dissatisfaction was significant,  $F(2, 86) = 78.91, p < .001$ . The results showed that depression was a significant predictor of body dissatisfaction,  $B = 0.16$ , indicating that the second condition for mediation was satisfied. Next, the regression with depression and body dissatisfaction predicting acculturation was significant,  $F(3, 85) = 4.27, p = .017$ , suggesting that depression and body dissatisfaction accounted for a significant amount of variance in acculturation. Body dissatisfaction and depression were examined further. The results showed that mediation was supported when body dissatisfaction and depression were included in the model,  $B = 0.15$ , indicating that the third condition for mediation was satisfied. The results showed that depression was not a significant predictor of acculturation when body dissatisfaction was included in the model,  $B = 0.00$ , indicating that the fourth condition for mediation was satisfied. Since all four conditions were satisfied, complete mediation is supported. Therefore,  $H_{05}$  was rejected.

Table 6

*Mediation Results*

Dependent	Independent	<i>B</i>	<i>SE</i>	<i>t</i>	<i>p</i>
Regression 1: Acculturation	Depression	0.02	0.01	1.99	.049
Regression 2:	Body Dissatisfaction	0.16	0.02	8.88	< .001

Table 6 Continued

Dependent	Independent	<i>B</i>	<i>SE</i>	<i>t</i>	<i>p</i>
Regression 3:					
Acculturation	Depression	0.00	0.02	0.02	.987
	Body Dissatisfaction	0.15	0.07	2.10	.039

### Summary

The purpose of this study determined whether a relationship existed between the different levels of acculturation, body dissatisfaction, anxiety, and depression of Latino men. This chapter commenced with an evaluation of the data collection process and data analyses. Research Questions 1 and 3 supported the rejection of the null hypothesis using the Pearson correlation. This indicates that there is a relationship between the levels of acculturation, body dissatisfaction, and depression among Latino men. The results of the Pearson correlation for Research Question 2 supported the retention of the null hypothesis. More precisely, there was no significant correlation between the level of acculturation and anxiety in Latino men. The results for research question 4 showed that anxiety was not a significant predictor of acculturation when body dissatisfaction was included. Finally, for research question 5, the results showed that body dissatisfaction was a significant predictor of acculturation when depression was included. Chapter 5 will further discuss and review the results, limitations, social change, and implications for future research.



## Chapter 5: Discussion, Conclusions, and Recommendations

### **Introduction**

The purpose of this study was to determine whether a relationship existed between the different levels of acculturation, body dissatisfaction, anxiety, and depression in Latino men. The study participants were Latino men living in the United States who were between the ages of 21 and 70 years old. I performed a mediation analysis to assess if body dissatisfaction mediated the relationship between anxiety and acculturation for Latino men. In addition, a mediation analysis was conducted to assess if body dissatisfaction mediated the relationship between depression and acculturation.

This chapter includes the interpretation of the findings by summarizing how it relates to previous research. The study's limitations and recommendations for future research are addressed. Next, the chapter reviews the implications for positive social change. The chapter concludes with a summary of the study.

### **Interpretation of Findings**

The results from this research study are applicable to the fields of psychology and education. Obtaining a better understanding of how acculturation relates to depression and body dissatisfaction can help educational programs and/or mental health clinics better explain the importance of acculturation for Latino men.

The hypotheses that assisted in directing this study. A discussion of the association between the research questions and the findings are included to understand the purpose of this study.

The following research questions guided this study:

**Research Question 1**

Is there a relationship between the level of acculturation and the levels of body dissatisfaction in Latino men?

While the current literature for body dissatisfaction has mostly focused on women (e.g., Olivardia, Pope, Borowiecki, & Cohane, 2004; Poloskov, 2013), 95% of college men report being dissatisfied with their bodies (Daniel & Bridges, 2013). The rates of overweight Latinos are on the rise, and they may experience body dissatisfaction (NIH, 2010). Latinos living in the United States have different levels of acculturation. Research on body image has revealed that acculturation must be considered because higher levels of acculturation in Western society can be associated with body image problems (Van Diest et al., 2014; Warren & Rios, 2013). Research that has indicated that body dissatisfaction can be correlated with acculturation (Epperson et al., 2016). The first research question revealed a significant positive correlation between body dissatisfaction and acculturation: as the participants' body dissatisfaction increases, acculturation is more likely to increase. Because the relationship between acculturation and body dissatisfaction has not been adequately explored among Latino men, this study enhances the body of research on this population.

**Research Question 2**

Is there a relationship between the level of acculturation and the level of anxiety in Latino men?

The findings from this study were inconsistent with the previous research conducted by Blashill and Wilhelm (2014) indicating that body dissatisfaction and anxiety are connected and that individuals who acculturate to Western societies are more likely to experience body dissatisfaction, which can result in negative outcomes such as anxiety (Zvolensky et al., 2015). The discrepancy in the findings can be credited to some factors. For instance, previous research studies evaluated factors that were associated with anxiety and specifically for Hispanic men and women (Thomas & Suris, 2004). Moreover, previous research studies have not investigated anxiety for Latino men as it relates to acculturation. The results found no significant correlation between acculturation and anxiety.

### **Research Question 3**

Is there a relationship between the level of acculturation and the level of depression in Latino men?

Major depression impacts 4.7 million men and 4.8 million Hispanics (NIMH; 2013). Researchers have found a relationship between depression and body dissatisfaction (Kiroopoulos & Klimidis 2006; Wolfe & Hewitt, 2016). Zvolensky et al. (2015) revealed that individuals who acculturate to Western societies are more likely to experience body dissatisfaction, which can result in negative outcomes such as depression. The results support previous research that has suggested there is a connection between body dissatisfaction and depression (Wolfe & Hewitt, 2016). This correlation indicates that as acculturation increases, depression tends to increase. This research study further expands on the topic for depression and acculturation for Latino men.

**Research Question 4**

Does body dissatisfaction mediate acculturation influences on anxiety in Latino men?

The findings in regard to body dissatisfaction being a mediator between anxiety and acculturation were inconsistent with previous research studies (Cash, 2002; Liu, 2013; McCreary & Saucier, 2009), which found there was a relationship between anxiety and body dissatisfaction for both men and women. The findings from RQ 2 do not support the relationship between acculturation and anxiety. The inconsistencies in the findings can be attributed to some factors. For example, Czeglédi, Probst, and Babusa (2015) investigated the association between anxiety and body dissatisfaction using a larger sample size and male university students. Additionally, Nieri, Kulis, Keith, and Hurdle (2005) researched body dissatisfaction among Mexican adolescents. Previous studies have not explored specifically body dissatisfaction as it relates to acculturation and anxiety in Latino men. Previous research findings do not align with this study because body dissatisfaction did not mediate acculturation influences on anxiety among Latino men.

**Research Question 5**

Does body dissatisfaction mediate acculturation influences on depression in Latino men?

Researchers have uncovered a relationship between depression and acculturation. Zvolensky et al. (2015) showed that individuals who acculturate to Western societies are more likely to experience body dissatisfaction, which can result in negative outcomes such as depression. The research findings from RQ 3 further support the relationship between acculturation and depression. Depression has also been found to be associated

with the amount of time that immigrants have spent acculturating into Western society (Ayala et al., 2007; Lara et al., 2005). Based on the literature, such as Ayala et al. (2007), Lara et al. (2005), and Zvolensky et al. (2015), body dissatisfaction mediates acculturation influences on depression among Latino men. Previous research findings align with this study because the results revealed depression was no longer a significant predictor of acculturation in the presence of the mediating variable body dissatisfaction. Therefore, individuals who are less satisfied with their body may experience a greater influence from acculturation on their depression levels.

### **Sociocultural Theory**

The sociocultural theory developed by Lev Vygotsky (John-Steiner & Mahn, 1996) is a framework for examining male body dissatisfaction and its implications to physical appearance. The sociocultural theoretical model emphasizes society's concerns regarding thinness being the beauty ideal (Herbozo, Tantleff-Dunn, Gokee-Larose, & Thompson, 2004). This model also helps describe the individual's internalization of cultural ideals that can negatively impact self-evaluation (Furnham & Alibhai, 1983; Tsai, Curbow, & Heinberg, 2003), body image, and anxiety (Menon & Harter, 2012).

Within the sociocultural theory context, the findings show that as Latinos become more acculturated to Western values, they internalize a negative self-evaluation that can lead to body dissatisfaction and/or depression. Furthermore, the sociocultural influences responsible for body image are the Latinos' parents, their peers, and the media (Cash & Smolak, 2011). The sociocultural model has been useful for this research study for understanding how acculturation relates to body dissatisfaction, anxiety, and depression.

### **Study Limitations**

This study had several limitations. First, there were not enough participants to reach the sample size goal of 84 due to participants not fully completing the survey. For example, a total of 116 participants responded; however, 28 had to be removed for failing to fully complete the survey. This limitation required the need to include the information from seven participants who had one or two missing responses, which necessitated conducting a regression imputation. Thus, a limitation to the sample size changed the outcome from the data analysis. Prior to including the data from the seven participants the correlation for research question three and the mediation for research question five were not significant.

The second limitation was that I applied convenience sampling instead of random sampling. Participants were contacted via Facebook, LinkedIn, and Instagram. A selection bias could have possibly occurred since this study was conducted online, which restricted the amount of surveys acquired because potential participants might not have internet availability nor access to the included social media organizations. Collecting the data online may have also limited the sample to individuals who are more comfortable using technology. Thus, the generalizability from this study is limited and may not be representative of the Latino population.

A third limitation for this study was the sample population itself because Latino men might be reluctant to reveal their ideas on levels of acculturation, body dissatisfaction, depression, and anxiety. This study included Latino (i.e., Mexican, Dominican, Central American, Cuban, Puerto Rican, and South American) men from various backgrounds based on the research from Wassertheil-Smoller et al. (2014), who

explored depression and anxiety in Latino men living in the United States. This can possibly explain the rationale for not having enough completed surveys. In addition, the Latino cultural group as a whole may be limiting because each individual might not have the same experience, opportunity, nor acculturation ability compared to other individuals.

Another limitation for this study was that the self-reporting questionnaires (i.e., BDI, SPA, SASH, and BIQ) provided were all written in the English language. This could have restricted the sample to participants who were competent in the English language, excluding others who were not as fluent. Language proficiency was not assessed in this study. As a result, I had to depend on the respondents who completed the survey being able to understand the questions correctly. Furthermore, there was a potential for response bias, such as participants over or under responding, and it was also difficult to detect if participants had completed the questions honestly.

### **Recommendations**

I was able to reveal the relationship between acculturation and body dissatisfaction and depression in Latino men; however, I was unable to show a relationship between acculturation and anxiety. The results from this study indicate there is a need for future research concerning the role acculturation plays on the relationship among Latino men, as well as its psychological connection to body dissatisfaction and depression. Another avenue for future research is to conduct the study with random sampling to improve the generalizability and to have a more representative Latino population.

Future researchers may also want to include more men from different ethnicities to help provide additional culturally relevant factors that could possibly contribute to

body dissatisfaction and depression symptoms. This would allow for a more extensive evaluation of whether acculturation influences body dissatisfaction and depression. Additionally, to further explore the relationship between acculturation and body dissatisfaction and depression among Latino men, future researchers may want to consider narrowing the participants to specific groups such as Latino male college students, which is a group that is considered to be a vulnerable population for body dissatisfaction (Watkins et al., 2008).

### **Implications**

The results from this research study offer several implications for social change. First, this research study helps broaden the understanding of the relationship between acculturation and body dissatisfaction, anxiety, and depression in Latino men. The results from this study also show that acculturation does impact Latino men's experiences with body dissatisfaction and depression. This is important because the Latino population is projected to double by 2050 (U.S. Census Bureau, 2008). Moreover, mental health providers need to understand the clinical needs for this population. Body dissatisfaction and acculturation have been understudied in men. This study has increased the knowledge base regarding how acculturation relates to body dissatisfaction, anxiety, and depression in Latino men. This study may also encourage future researchers to carry out further studies on the impact acculturation has on body dissatisfaction. Furthermore, this study provides new information and intellectual perspectives toward mental health programs. Mental health programs can include services in the work place, universities, and community agencies. These programs could offer individual services as well as group services to build a support system for these individuals. Lastly, Latino men who



are acculturating to Western society and experiencing body dissatisfaction and depression can have a better understanding that other Latino men may also experience similar symptoms, enabling them to seek support from mental health services with less fear of being labeled.

### **Conclusion**

The purpose of this research study was to explore the relationship between the different levels of acculturation, body dissatisfaction, anxiety, and depression among Latino men. I addressed the literature gap concerning the relationship between acculturation and body dissatisfaction, anxiety, and depression in Latino men. In general, while there has been extensive research on acculturation (Epperson et al., 2016) and body dissatisfaction (Turetskaya, 2012; Watkins et al., 2008), the findings from this research study for the Latino population is an area that needs further exploration. The results of this research study provide insight into Latino men and how their experiences with acculturation relate to body dissatisfaction and depression. Researchers have indicated that acculturation increases as individuals acclimate into Western society (Perez et al., 2002). This research study helps to further close the gap in the area of mental illness and to possibly normalize the experiences Latino men face when acculturating to Western society.

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## Appendix A: Demographic Questionnaire

### Demographic Questionnaire

Please complete this demographic questionnaire by providing a response to the open-ended question and check one box per item that best describes you. Personal information will not be disclosed in the results for this study.

1. Country of Birth: \_\_\_\_\_
2. Age
  - 20 or under
  - 21-30
  - 31-40
  - 41-50
  - 51-60
  - 61-70
  - 70 +
3. Years residing in the United States:
  - All my life
  - Less than 5 years
  - 6-10 years
  - 10-15 years
  - 16- 20 years
  - More than 25 years
4. Latino background
  - Mexican
  - Cuban
  - Puerto Rican
  - Central American
  - South American
  - Other
5. Current weight
  - Less than 130
  - 131-140
  - 141-150
  - 151-160
  - 161-170
  - 171-180

- 181-191
- Over 200

6. Ideal Weight

- Less than 130
- 131-140
- 141-150
- 151-160
- 161-170
- 171-180
- 181-191
- Over 200

7. Education Level

- High School
- Bachelor's Degree
- Master's Degree
- Doctoral Degree
- Other



## Appendix B: The Body Image Ideals Questionnaire

## THE BIQ

**Instructions. Please read carefully:**

Each item on this questionnaire deals with a different physical characteristic. For each characteristic, think about how you would describe yourself as you actually are. Then think about how you wish you were. The difference between the two reveals how close you come to your personal ideal. In some instances, your looks may closely match your ideal. In other instances, they may differ considerably. On **Part A** of each item, rate **how much** you resemble your personal physical ideal by circling a number from 0 to 3.

Your physical ideals may differ in their importance to you, regardless of how close you come to them. You may feel strongly that some ideals embody the way you want to look or to be. In other areas, your ideals may be less important to you. On **Part B** of each item, rate **how important** your ideal is to you by circling a number on the 0 to 3 scale.

1. A. My ideal **height** is:

0	1	2	3
Exactly As I Am	Almost As I Am	Fairly Unlike Me	Very Unlike Me

- B. How important to you is your ideal height?

0	1	2	3
Not Important	Somewhat Important	Moderately Important	Very Important

2. A. My ideal **skin complexion** is:

0	1	2	3
Exactly As I Am	Almost As I Am	Fairly Unlike Me	Very Unlike Me

- B. How important to you is your ideal skin complexion?

0	1	2	3
Not Important	Somewhat Important	Moderately Important	Very Important

3. A. My ideal **hair texture and thickness** are:

<u>0</u>	<u>1</u>	<u>2</u>	<u>3</u>
Exactly As I Am	Almost As I Am	Fairly Unlike Me	Very Unlike Me

- B. How important to you are your ideal hair texture and thickness?

<u>0</u>	<u>1</u>	<u>2</u>	<u>3</u>
Not Important	Somewhat Important	Moderately Important	Very Important

4. A. My ideal **facial features** (eyes, nose, ears, facial shape) are:

<u>0</u>	<u>1</u>	<u>2</u>	<u>3</u>
Exactly As I Am	Almost As I Am	Fairly Unlike Me	Very Unlike Me

- B. How important to you are your ideal facial features?

<u>0</u>	<u>1</u>	<u>2</u>	<u>3</u>
Not Important	Somewhat Important	Moderately Important	Very Important

5. A. My ideal **muscle tone and definition** is:

<u>0</u>	<u>1</u>	<u>2</u>	<u>3</u>
Exactly As I Am	Almost As I Am	Fairly Unlike Me	Very Unlike Me

- B. How important to you is your ideal muscle tone and definition?

<u>0</u>	<u>1</u>	<u>2</u>	<u>3</u>
Not Important	Somewhat Important	Moderately Important	Very Important

6. A. My ideal **body proportions** are:

0	1	2	3
Exactly As I Am	Almost As I Am	Fairly Unlike Me	Very Unlike Me

B. How important to you are your ideal body proportions?

0	1	2	3
Not Important	Somewhat Important	Moderately Important	Very Important

7. A. My ideal **weight** is:

0	1	2	3
Exactly As I Am	Almost As I Am	Fairly Unlike Me	Very Unlike Me

B. How important to you is your ideal weight?

0	1	2	3
Not Important	Somewhat Important	Moderately Important	Very Important

8. A. My ideal **chest size** is:

0	1	2	3
Exactly As I Am	Almost As I Am	Fairly Unlike Me	Very Unlike Me

B. How important to you is your ideal chest size?

0	1	2	3
Not Important	Somewhat Important	Moderately Important	Very Important

9. A. My ideal **physical strength** is:

0	1	2	3
Exactly As I Am	Almost As I Am	Fairly Unlike Me	Very Unlike Me

B. How important to you is your ideal physical strength?

0	1	2	3
Not Important	Somewhat Important	Moderately Important	Very Important

10. A. My ideal **physical coordination** is:

0	1	2	3
Exactly As I Am	Almost As I Am	Fairly Unlike Me	Very Unlike Me

B. How important to you is your ideal physical coordination?

0	1	2	3
Not Important	Somewhat Important	Moderately Important	Very Important

11. A. My ideal **overall physical appearance** is:

0	1	2	3
Exactly As I Am	Almost As I Am	Fairly Unlike Me	Very Unlike Me

B. How important to you is your overall physical appearance?

0	1	2	3
Not Important	Somewhat Important	Moderately Important	Very Important

(BIQ ©Thomas F. Cash, Ph.D.)

## Appendix C: Permission to Use the Body Image Ideals Questionnaire

Your Body Image Assessment (BIQ)

Details 

To: Ana Varay, Cc: body-images@comcast.net

    2

Dear Ana,

I thank you for your order of the body-image assessment(s) indicated below on your invoice. These materials are attached as one or more viewable/printable "pdf" (Adobe Acrobat) files. If needed, download Adobe Acrobat Reader free from <http://www.adobe.com/products/acrobat/readstep.html>.

Your purchase of this individual user's license grants you permission to use the materials in your research for a period of 2 years with a total of no more than 1000 administrations (e.g., 1000 participants completing the assessment on one occasion; 500 participants completing the assessment on two occasions; etc.). Materials may not be provided to other researchers for their use. Commercial use (for ultimate profit) is prohibited, as it requires a commercial license.

You may be interested in the new (2nd) edition of Cash and Smolak's (2011) "Body Image: A Handbook of Science, Practice, and Prevention." The publisher's link to this informative volume is [http://www.guilford.com/cgi-bin/cartscript.cgi?page=pr/cash2.htm&sec=toc&dir=pp/ed&cart\\_id=792303.9996](http://www.guilford.com/cgi-bin/cartscript.cgi?page=pr/cash2.htm&sec=toc&dir=pp/ed&cart_id=792303.9996).

In July 2008, I published the second edition of "The Body Image Workbook," which presents my empirically validated cognitive-behavioral treatment program for body-image problems. For more information, visit <http://www.newharbinger.com/productdetails.cfm?PC=583>.

Finally, for your consideration, I'd like to make you aware of the peer-reviewed scientific journal "Body Image: An International Journal of Research." For more information, see the journal's website at <http://www.elsevier.com/locate/bodyimage>.

My best wishes in your body-image research.

Sincerely,

Thomas F. Cash, Ph.D.  
[www.body-images.com](http://www.body-images.com)  
Body-Images Research Consulting  
Naples, Florida  
email: [body-images@comcast.net](mailto:body-images@comcast.net)

## Appendix D: Short Acculturation Scale for Hispanics

### Short Acculturation Scale for Hispanics (SASH)

Marín G, Sabogal F, VanOss Marín B, Otero-Sabogal F, Pérez-Stable EJ. Development of a short acculturation scale for Hispanics. *Hispanic Journal of Behavioral Sciences*. 1987;9:183–205.

The Short Acculturation Scale for Hispanics (SASH) allows researchers to quickly and reliably identify the acculturation level of Hispanic respondents. The original scale included 12 items with three subscales: language use, media, and ethnic social relations. The scale authors also endorse a shortened four-item version (featured here) that does not compromise predictive value, validity, or reliability. Responses to all items are given on a five-point bipolar scale where 1 is "Only Spanish" and 5 is "Only English", with a midpoint (3) of "Both equally". To score the SASH, one must calculate the average rating across all answered items. An average of 2.99 is the recommended cut point – scores above this point represent higher levels of acculturation and scores below this point represent lower levels of acculturation.

In any discussions about CanSORT validation of the SASH, please use the following reference:

Hamilton AS, Hofer TP, Hawley ST, Morrell D, Leventhal M, Deapen D, Salem B, Katz SJ. Latinas and breast cancer outcomes: population-based sampling, ethnic identity, and acculturation assessment. *Cancer Epidemiol Biomarkers Prev*. 2009;18(7):2022-9.

1. In general, what language(s) do you read and speak?

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Only English	English better than Spanish	Both equally	Spanish better than English	Only Spanish

2. What language do you usually speak at home?

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Only English	More English than Spanish	Both equally	More Spanish than English	Only Spanish

3. In what language do you usually think?

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Only English	More English than Spanish	Both equally	More Spanish than English	Only Spanish

4. What language do you usually speak with your friends?

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Only English	More English than Spanish	Both equally	More Spanish than English	Only Spanish

Short Acculturation Scale for Hispanics (SASH)



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**Title:** Development of a Short Acculturation Scale for Hispanics  
**Author:** Gerardo Marin, Fabio Sabogal, Barbara Vanoss Marin, et al  
**Publication:** Hispanic Journal of Behavioral Sciences  
**Publisher:** SAGE Publications  
**Date:** 06/01/1987  
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## Appendix F: Beck Depression Inventory-II

## Beck's Depression Inventory

This depression inventory can be self-scored. The scoring scale is at the end of the questionnaire.

1.
  - 0 I do not feel sad.
  - 1 I feel sad
  - 2 I am sad all the time and I can't snap out of it.
  - 3 I am so sad and unhappy that I can't stand it.
2.
  - 0 I am not particularly discouraged about the future.
  - 1 I feel discouraged about the future.
  - 2 I feel I have nothing to look forward to.
  - 3 I feel the future is hopeless and that things cannot improve.
3.
  - 0 I do not feel like a failure.
  - 1 I feel I have failed more than the average person.
  - 2 As I look back on my life, all I can see is a lot of failures.
  - 3 I feel I am a complete failure as a person.
4.
  - 0 I get as much satisfaction out of things as I used to.
  - 1 I don't enjoy things the way I used to.
  - 2 I don't get real satisfaction out of anything anymore.
  - 3 I am dissatisfied or bored with everything.
5.
  - 0 I don't feel particularly guilty
  - 1 I feel guilty a good part of the time.
  - 2 I feel quite guilty most of the time.
  - 3 I feel guilty all of the time.
6.
  - 0 I don't feel I am being punished.
  - 1 I feel I may be punished.
  - 2 I expect to be punished.
  - 3 I feel I am being punished.
7.
  - 0 I don't feel disappointed in myself.
  - 1 I am disappointed in myself.
  - 2 I am disgusted with myself.
  - 3 I hate myself.
8.
  - 0 I don't feel I am any worse than anybody else.
  - 1 I am critical of myself for my weaknesses or mistakes.
  - 2 I blame myself all the time for my faults.
  - 3 I blame myself for everything bad that happens.
9.
  - 0 I don't have any thoughts of killing myself.
  - 1 I have thoughts of killing myself, but I would not carry them out.
  - 2 I would like to kill myself.
  - 3 I would kill myself if I had the chance.
10.
  - 0 I don't cry any more than usual.
  - 1 I cry more now than I used to.
  - 2 I cry all the time now.
  - 3 I used to be able to cry, but now I can't cry even though I want to.



11.  
0 I am no more irritated by things than I ever was.  
1 I am slightly more irritated now than usual.  
2 I am quite annoyed or irritated a good deal of the time.  
3 I feel irritated all the time.
12.  
0 I have not lost interest in other people.  
1 I am less interested in other people than I used to be.  
2 I have lost most of my interest in other people.  
3 I have lost all of my interest in other people.
13.  
0 I make decisions about as well as I ever could.  
1 I put off making decisions more than I used to.  
2 I have greater difficulty in making decisions more than I used to.  
3 I can't make decisions at all anymore.
14.  
0 I don't feel that I look any worse than I used to.  
1 I am worried that I am looking old or unattractive.  
2 I feel there are permanent changes in my appearance that make me look unattractive  
3 I believe that I look ugly.
15.  
0 I can work about as well as before.  
1 It takes an extra effort to get started at doing something.  
2 I have to push myself very hard to do anything.  
3 I can't do any work at all.
16.  
0 I can sleep as well as usual.  
1 I don't sleep as well as I used to.  
2 I wake up 1-2 hours earlier than usual and find it hard to get back to sleep.  
3 I wake up several hours earlier than I used to and cannot get back to sleep.
17.  
0 I don't get more tired than usual.  
1 I get tired more easily than I used to.  
2 I get tired from doing almost anything.  
3 I am too tired to do anything.
18.  
0 My appetite is no worse than usual.  
1 My appetite is not as good as it used to be.  
2 My appetite is much worse now.  
3 I have no appetite at all anymore.
19.  
0 I haven't lost much weight, if any, lately.  
1 I have lost more than five pounds.  
2 I have lost more than ten pounds.  
3 I have lost more than fifteen pounds.

- 20.
- 0 I am no more worried about my health than usual.
  - 1 I am worried about physical problems like aches, pains, upset stomach, or constipation.
  - 2 I am very worried about physical problems and it's hard to think of much else.
  - 3 I am so worried about my physical problems that I cannot think of anything else.
- 21.
- 0 I have not noticed any recent change in my interest in sex.
  - 1 I am less interested in sex than I used to be.
  - 2 I have almost no interest in sex.
  - 3 I have lost interest in sex completely.

#### INTERPRETING THE BECK DEPRESSION INVENTORY

Now that you have completed the questionnaire, add up the score for each of the twenty-one questions by counting the number to the right of each question you marked. The highest possible total for the whole test would be sixty-three. This would mean you circled number three on all twenty-one questions. Since the lowest possible score for each question is zero, the lowest possible score for the test would be zero. This would mean you circles zero on each question. You can evaluate your depression according to the Table below.

Total Score	Levels of Depression
1-10	These ups and downs are considered normal
11-16	Mild mood disturbance
17-20	Borderline clinical depression
21-30	Moderate depression
31-40	Severe depression
over 40	Extreme depression

## Appendix G: Permission to Use the Beck Depression Inventory-II

Licensing, -  
Re: Permissions Request  
To: Ana Varay

Inbox - Hotmail May 24, 2018 at 9:13 AM



Dear Ms Varay,

Permission to use a Pearson assessment is inherent in the qualified purchase of the test materials in sufficient quantity to meet your clinical goals. In any event, Pearson has no objection to your use of the Beck Depression Inventory®-II (BDI®-II) and you may consider this response as formal permission to use the BDI-II in your research, in the as-published formats, upon qualified purchase of the test materials in sufficient quantity to meet your research goals.

The BDI-II is a sensitive clinical assessment that requires a high degree (B Level) to purchase, administer, score and interpret. It also represents Pearson copyright and trade secret material. As such, Pearson does not permit photocopying or other reproduction of our test forms by any means or for any purpose when they are readily available in our catalogs.

Long term license agreements with our Test Authors prohibit Pearson from providing or licensing our test materials at no charge/gratis for any purpose.

If you do not yet meet the qualification to purchase the test materials, your professor or faculty supervisor should be able to assist you by lending their qualifications.

To qualify for and purchase a BDI-II Kit or other test materials, please visit the following link to the product page in our online catalog:

<https://www.pearsonclinical.com/psychology/products/100000159/beck-depression-inventoryii-bdi-ii.html?origsearchtext=bdi-2>

You may also apply for Pearson's Research Assistance Program (RAP) where, if approved, you may purchase the test materials you need for a 50% discount - as long as you use the test in its as published format.

The link to the RAP is: <https://www.pearsonclinical.com/psychology/programs/rap.html>

Finally, because of test security concerns, permission is not granted for appending tests to theses, dissertations, or research reports of any kind. You may not include any actual assessment test items, discussion of any actual test items or inclusion of the actual assessment product in the body or appendix of your dissertation or thesis. You are only permitted to describe the test, its function and how it is administered; and discuss the fact that you used the Test; your analysis, summary statistics, and the results.

That said, we have prepared a couple of sample test items that you may include in your dissertation results and I have attached them herein for your possible use.

Regards,

William H. Schryver  
Senior Legal Licensing Specialist

Please respond only to [pas.licensing@pearson.com](mailto:pas.licensing@pearson.com)

On Wed, May 23, 2018 at 7:03 PM, [analec27@hotmail.com](mailto:analec27@hotmail.com) <[analec27@hotmail.com](mailto:analec27@hotmail.com)> wrote:

The following is feedback submitted via the Contact Us page on:

[www.PearsonClinical.com](http://www.PearsonClinical.com)

## Appendix H: Social Physique Anxiety Scale

**Social Physique Anxiety Scale****(Hart, Leary, & Rejeski, 1989)**

The following questionnaire contains statements concerning your body physique or figure. By physique or figure we mean your body's form and structure; specifically, body fat, muscular tone, and general body proportions.

Instructions: Read each item carefully and indicate how characteristic it is of you according to the following scale.

1 = Not at all characteristic of me

2 = Slightly characteristic of me

3 = Moderately characteristic of me

4 = Very characteristic of me

5 = Extremely characteristic of me

- \_\_\_\_\_ 1. I am comfortable with the appearance of my physique or figure.
- \_\_\_\_\_ 2. I would never worry about wearing clothes that might make me look too thin or overweight.
- \_\_\_\_\_ 3. I wish I wasn't so up-tight about my physique or figure.
- \_\_\_\_\_ 4. There are times when I am bothered by thoughts that other people are evaluating my weight or muscular development negatively.
- \_\_\_\_\_ 5. When I look in the mirror I feel good about my physique or figure.
- \_\_\_\_\_ 6. Unattractive features of my physique or figure make me nervous in certain social settings.
- \_\_\_\_\_ 7. In the presence of others, I feel apprehensive about my physique or figure.
- \_\_\_\_\_ 8. I am comfortable with how fit my body appears to others.
- \_\_\_\_\_ 9. It would make me uncomfortable to know others were evaluating my physique or figure.
- \_\_\_\_\_ 10. When it comes to displaying my physique or figure to others, I am a shy person.
- \_\_\_\_\_ 11. I usually feel relaxed when it's obvious that others are looking at my physique or figure.
- \_\_\_\_\_ 12. When in a bathing suit, I often feel nervous about how well proportioned my body is.

## Appendix I: Permission to Use the Social Physique Anxiety Scale

From: leary <leary@duke.edu>  
Subject: Re: Permission to use the SPAS  
Date: May 24, 2018 at 4:32:12 AM PDT  
To: ana varay <analeo27@hotmail.com>

Hi Ana,

You have my permission to use the Social Physique Anxiety Scale in your research.

Mark Leary

On 5/23/2018 8:43 PM, ana varay wrote:

Hi Dr. Leary, my name is Ana Varay and I am a student at Walden University. I would like to have permission to use the social physique anxiety scale (SPAS) for my doctoral dissertation study.

Thanks,  
Ana Varay

--

Mark R. Leary  
Garonzik Professor of Psychology and Neuroscience  
Department of Psychology and Neuroscience  
P. O. Box 90085  
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