Parental Authority, Parental Nurturance, Depression and Self-Esteem among Latino Emerging Adults

Ana V. Chapman
University of Miami, anavictoria04@gmail.com

Follow this and additional works at: https://scholarlyrepository.miami.edu/oa_dissertations

Recommended Citation
https://scholarlyrepository.miami.edu/oa_dissertations/899

This Open access is brought to you for free and open access by the Electronic Theses and Dissertations at Scholarly Repository. It has been accepted for inclusion in Open Access Dissertations by an authorized administrator of Scholarly Repository. For more information, please contact repository.library@miami.edu.
PARENTAL AUTHORITY, PARENTAL NURTURANCE, DEPRESSION AND SELF-ESTEEM AMONG LATINO EMERGING ADULTS

By

Ana V. Chapman

A DISSERTATION

Submitted to the Faculty
of the University of Miami
in partial fulfillment of the requirements for
the degree of Doctor of Philosophy

Coral Gables, Florida

December 2012
A dissertation submitted in partial fulfillment of the requirements for the degree of Doctor of Philosophy

PARENTAL AUTHORITY, PARENTAL NURTURANCE, DEPRESSION AND SELF-ESTEEM AMONG LATINO EMERGING ADULTS

Ana V. Chapman

Approved:

Marie Guerda Nicolas, Ph.D.
Chair and Associate Professor of Educational and Psychological Studies

M. Brian Blake, Ph.D.
Dean of the Graduate School

Etiony Aldarondo, Ph.D.
Associate Dean for Research, School of Education and Human Development
Associate Professor of Educational and Psychological Studies

Kristin Lindahl, Ph.D.
Associate Professor of Psychology

Nicholas Myers, Ph.D.
Associate Professor of Educational and Psychological Studies
Abstract of a dissertation at the University of Miami.

Dissertation supervised by Dr. Marie Guerda Nicolas.
No. of pages in text (117)

It is well-established that parenting has a profound impact on children’s depressive symptoms and self-esteem (e.g., Endler & Parker, 1994; Hoffman, Levy-Shiff, Sohlberg, & Zarizki, 1992; Wolfradt, Hempel, & Miles, 2003). More specifically, parental authority and parental nurturance have been found to affect children’s functioning positively (i.e., high self-esteem and self-worth) and negatively (i.e., poor self-image and depressive symptoms; Bean, Bush, McKenry, & Wilson, 2003; Hopkins & Klein, 1994; Patcoch-Peckham & Morgan-Lopez, 2007; Wolfradt et al., 2003). However, such findings have been garnered through examination of almost exclusively White children and adolescent samples, suggesting that our understanding of these constructs within minority groups is less understood. In particular, Latinos are currently the largest minority group in the nation and suffer from higher rates of depression and low self-esteem than any other minority group (Lewinsohn, Rohde, & Seeley, 1994; Nolen-Hoeksema, Girgus, & Seligman, 1992; U.S. Bureau of the Census, 2011).

Therefore, the purpose of this study was to examine the relationship between maternal authority, maternal nurturance, depression, and self-esteem among Latino emerging adults (ages 18-30) and to examine potential moderating effects of coping in buffering such impact. This study investigated a sample of 90 Latino emerging adults that were administered the Parental Bonding Instrument (PBI), BRIEF COPE, Center for Epidemiological Studies – Depression Scale (CES-D), and the Rosenberg Self-Esteem
Multiple regression methods were applied in order to determine 1) the best predictor of depression and self-esteem: maternal authority or maternal nurturance; 2) whether coping moderated the relationship between maternal authority, depression and self-esteem, and 3) whether coping moderated the relationship between maternal nurturance, depression, and self-esteem. Results indicated that higher levels of maternal authority were positively associated with higher depressive symptoms and lower self-esteem. Higher levels of maternal nurturance were positively associated with higher self-esteem and lower depressive symptoms. Coping subscales, emotional support, instrumental support, planning, and positive reframe, did not moderate the relationship between maternal authority, depression, and self-esteem, but the coping subscales of emotional support, planning, and positive reframe did moderate the relationship between maternal nurturance and depression only. Implications for treatment and research are discussed as well as future directions to explore the complex relationship between maternal figures and their emerging adult offspring.
DEDICATION

This dissertation is dedicated to my loving parents and to my wonderful brother whose support and love have allowed me to develop into the person I am today. Their encouragement and wisdom throughout my development has motivated me to be the best I can be. Thank you for always loving me and for being my biggest fans!
ACKNOWLEDGEMENTS

I would like to thank my family. It is because of them that I strive to be the best I can be and it is because of their support that I have become the person I am today. I also want to thank Sebastian for making me laugh and being supportive during the good and not so good days. Thank you Patti for all the positive vibes and late night help! A big thank you goes to Jacqueline Blue whose companionship and support during school made the doctoral program much more enjoyable and manageable.

I would also like to thank my Mailman Center for Child Development supervisors, Dr. Jason Jent and Dr. Neena Malik. Your support and guidance throughout my training has provided me with the motivation to excel and to recognize my strengths when times appear challenging.

Thank you to my first mentor and dissertation committee member, Dr. Nicholas Myers. Thank you for keeping me grounded and for always believing in me these past six years. Your calmness and practical philosophy provided me with clarity during troublesome times. Thank you to my other committee members, Dr. Etiony Aldarondo and Dr. Kristin Lindahl, for their mentorship and expertise.

I would like to also thank Dr. Guerda Nicolas, whose faith in me has allowed me to grow beyond my expectations. You took a lost student and turned her into a goal motivated determined student. Thank you for picking up the pieces and allowing me to believe in myself again.
# TABLE OF CONTENTS

LIST OF TABLES ........................................................................................................ vii

LIST OF FIGURES ........................................................................................................ viii

Chapter

1 INTRODUCTION .....................................................................................................1

   Introduction to the Problem .............................................................................1
   Parenting .........................................................................................................4
   Parental Authority & Parental Nurturance ..................................................4
   Parental Authority, Parental Nurturance, and Psychological Functioning ...6
   Parental Authority, Parental Nurturance, and Culture .............................7
   Parenting and Emerging Adulthood ............................................................8
   Focus of the Present Study .........................................................................9

2 REVIEW OF THE LITERATURE ........................................................................11

   Depression, Self-Esteem Among Emerging Adult Latinos .......................11
   Baumrind’s Parenting Styles .......................................................................14
      Permissive Parenting ...........................................................................14
      Authoritarian Parenting ......................................................................15
      Authoritative Parenting .....................................................................16
      Indifferent/Disengaged Parenting .......................................................18
   Challenges with Baumrind’s Model ............................................................19
   Parental Authority and Psychological Distress .......................................19
   Parental Nurturance and Psychological Distress .....................................23
   Parenting Across Cultures .........................................................................27
      Latino/Hispanic Parenting ...................................................................29
   Maternal and Paternal Parenting ...............................................................36
   Parenting and Coping ..................................................................................38
   Current Study .............................................................................................41

3 METHODS .............................................................................................................44

   Participants ....................................................................................................44
   Measures ......................................................................................................45
      Maternal Authority and Maternal Nurturance ....................................45
      Coping Behaviors ..................................................................................47
      Psychological Distress ..........................................................................48
   Procedure ....................................................................................................50
# LIST OF TABLES

Table 1  Demographic Information of Participants ...........................................106
Table 2  Reliability of Measures.................................................................49
Table 3  Descriptives of Key Variables.........................................................107
Table 4  Skewness and Kurtosis of Key Variables ..........................................54
Table 5  Zero-Order Correlations Among Key Variables.................................55
Table 6  Descriptives of Coping Subscales......................................................58
Table 7  Zero-Order Correlations Among Coping Subscales............................59
LIST OF FIGURES

Figure 4.1  Histogram of Dependent Variables.................................52
Figure 4.2  Histogram of Residuals with RSES in Model.......................53
Figure 4.3  Normality of the Residuals........................................57
Chapter One: INTRODUCTION

Introduction to the Problem

Depression is a common mental health illness that affects 1 in 10 individuals living in the United States (Centers for Disease Control and Prevention, 2011). Seventy percent of 18-29 year olds are likely to have experienced depression over their lifetime, 200% have experienced depression in the past 12-months, and 11.3% of 13 to 18 years old have been affected by depressive disorders (NIMH, 2005). Among Whites, African Americans, Asian Americans, and Latinos, Latinos reported more depressed mood (Siegel, Aneshensel, Taub, Cantwell, & Driscoll, 1998). Latinos represent the largest ethnic group in the United States and are the fastest growing minority group in the country (U.S. Bureau of the Census, 2011). Since Latinos are a growing population and it is known that 70% of Latino emerging adults have experienced depression, more research is needed to understand what predicts depression among this quickly growing group. Depression shares a common negative self-image with low self-esteem (Siegel et al., 1998). Similar to depression, low self-esteem is a common problem in adolescents that may persist into adulthood (Siegel et al., 1998). Some common predictors of childhood and adolescent depression and low self-esteem have been noted to be family related events, such as a death in the family, parental divorce, lack of parental support, low self-esteem, poor coping skills, and a parent’s inability to nurture the child (Lewinsohn, Rohde, & Seeley, 1994; Nolen-Hoeksema, Seligman, & Girdus, 1992). This study focuses on parenting and coping as predictors of depression and self-esteem among Latinos.
Many studies have demonstrated that a relationship between parenting and depression and self-esteem in children exists. More specifically, parenting has been found to impact children’s psychological functioning by increasing the risk for coping difficulties and psychopathology (Endler & Parker, 1994; Hoffman et al., 1992; Wolfradt et al., 2003). Historically, parenting has been examined using Baumrind’s (1966, 1971) parental model which consisted of the following four parenting styles that combined parental authority with nurturance: (a) authoritative (high authority and high nurturance); (b) authoritarian (high authority and low nurturance); (c) permissive (low authority and high nurturance); and (d) indifferent or neglectful (low authority and low nurturance).

More recently, parenting styles were conceptualized within two dimensions: parental authority and parental nurturance (Benjet, Azar, & Kuersten-Hogan, 2003; Locke & Prinz, 2002; Wolfradt et al., 2003). High parental authority has been found to negatively affect self-esteem and anxious symptoms (Dubas, Gerris, Janssens, & Vermulst, 2002; Locke & Prinz, 2002) resulting in psychological distress and maladaptive coping such as depression (Heppner & Lee, 2002; Patoch-Peckham & Morgan-Lopez, 2007; Wolfradt et al., 2003). High parental authority has also been found to decrease antisocial and violent behaviors, as well as increase academic motivation (Frey, Ruchkin, Martin, & Schwab-Stone, 2009; Laird, Marrero, & Sentse, 2010). Other researchers have found that high parental nurturance positively affects psychological well-being (i.e., self-esteem and self-worth) and leads to adaptive coping (Bean et al., 2003; Hopkins & Klein, 1993; Wolfradt et al., 2003).

The overall impact of parental authority and parental nurturance is mixed and may be partially due to the fact that current studies focused predominantly on White samples.
and samples consisting of children or adolescents. The majority of the parenting literature has focused on the early developmental stages of childhood and adolescents and has neglected to explore the relationship between perceived parenting and emerging adults. Emerging adulthood is a transitional stage characterized by rapid social and emotional ebbs and flows, making emerging adults vulnerable to psychological problems (i.e., depression; Pettit, Roberts, Lewinsohn, Seeley, & Yaroslavsky, 2011). Little research has examined how emerging adults cope with the stress of this developmental stage and the stress associated with their perception of their parental figures. In particular, no studies have examined the coping strategies emerging adults rely on when examining the relationship between perceived parenting and psychological distress. Additionally, differences in culture may impact the relationship between parental authority, parental nurturance, and emerging adult depression and self-esteem. The literature on specific cultural aspects of Latinos reveals cultural scripts for the male and female role (i.e., machismo and marianismo) that may impact the psychological well-being of offspring in comparison to European Americans. For instance, machismo and marianismo resemble characteristics of parental authority and parental nurturance in that the male role is viewed as dominant and the female role is viewed as nurturing. Therefore, parental authority and parental nurturance may affect Latinos psychological distress differently than Caucasians, especially since Latinos have been reported to exhibit higher rates of depressive symptoms (Seigel et al., 1998). Hence, this study examines parental authority, parental nurturance, psychological distress (i.e., depression and self-esteem), and coping among a sample of Latino emerging adults.
Parenting

Parenting has been defined in the literature as “anything parents do, or fail to do that may affect their children” (Locke & Prinz, 2002, p. 897). Parenting has also been thought of as teaching and guiding one’s children to become well-functioning adults in society and has been thought to have long-term consequences (Adler, 1986). The type of parenting children receive has significant implications for their physical, social, emotional, and cognitive development (Mowder & Shamah, 2009). Substantial research has demonstrated the role of parenting on children’s psychological functioning (i.e., self-esteem and self-criticism; Furnham & Cheng, 2000), adolescent obsessive-compulsive disorder (Timpano, Keough, Mahaffey, Schmidt, & Abramowitz, 2010), children’s depressive symptoms (Dallaire et al., 2006), and interpersonal functioning, (i.e., difficulty relating to others, and delinquent or aggressive behaviors, such as vandalism; Choudhary & Thapa, 2011; Dubas et al., 2002; Stepp, Smith, Morse, Hallquist, & Pilkonis, 2012). In particular, parental authority and parental nurturance are associated with children’s subsequent levels of psychological distress (Benjet et al., 2003; Locke & Prinz, 2002; Timpano et al., 2010).

Parental Authority and Parental Nurturance

Parental authority is a parent’s attempt to shape, evaluate, and control the behaviors and attitudes of children according to a parent’s standards (Barber, Stolz, Olsen, Collins, & Burchinal, 2005; Dornbusch, Ritter, Leiderman, Roberts, & Fraleigh, 1987). Past research on parental authority utilized the following terms to capture this construct: strict, restrictiveness, firm, dominating, control, demanding, authoritative, authoritarian, permissive control, overprotective, and monitoring (Barber, Olsen, &
Shagle, 1994; Baumrind, 1971; Burchinal, Skinner, & Reznick, 2010; Darling, Cumsille, & Martinez, 2007; Huver, Oten, de Vries, & Engels, 2010). Numerous studies demonstrated a relationship between high levels of parental authority and child and adolescent problems, such as poor self-esteem, emotional instability, anxiety, conduct disorders, poor academic achievement, and substance abuse (Buri, 1989; Dallaire et al., 2006; Huver et al., 2010; Locke & Prinz, 2002; Mowder & Shamah, 2009). However, studies examining the relationship between parental authority and child and adolescent functioning also yielded mixed results, indicating that parental authority is associated with less aggressive behaviors and high academic achievement (Frey et al., 2009; Laird et al., 2010).

While much of the literature on parental authority has focused on its relation to negative outcomes in children, the level of nurturance that a child receives from his or her parents has widely been examined in relationship to positive child outcomes. Parental nurturance has been widely defined in the literature as a parent’s responsiveness to a child’s interest, activities, and physical needs, while displaying affection, acceptance, and responsiveness towards the child, resulting in the child feeling accepted and loved (Barnes, 1984; Dekovic, Janssens, & Gerris, 1991; Huver et al., 2010; Weinraub & Wolf, 1983). Parental nurturance has been shown to be related to positive child and adolescent behaviors, school readiness, high academic performance, secure attachment style, positive self-image, and prosocial development (Barnett, Kidwell, & Leung, 1998; Finkenauer, Engels, & Baumeister, 2005; Locke & Prinz, 2002; Mowder & Shamah, 2009). Parental nurturance encompasses a number of parenting behaviors, including
warmth, loving, closeness, responsiveness, and acceptance (Aunola, Stattin, & Nurmi, 2000; Buri, 1989; Puustinen, Lyyra, Metsapelto, & Pulkkinen, 2008).

**Parental Authority, Parental Nurturance, and Psychological Functioning**

The aforementioned findings related to parental authority and parental nurturance provide evidence that these constructs have a significant impact on children’s psychological development and the development of child coping strategies. For the purposes of this study, psychological distress is considered how well one is functioning from a mental health standpoint (i.e., self-esteem, depression; Barrett, Shortt, & Healy, 2002; Bogels & Brechman-Toussaint, 2006; Duchesne & Ratelle, 2010; Kakihara, Tilton-Weaver, Kerr, & Stattin, 2010; Patock-Peckham & Morgan-Lopez, 2007). Coping in this study is the thought and action one takes upon encountering a stressor (Carver, Scheier, & Weintraub, 1989; Meesters & Muris, 2004). Paternal authority has been found to increase anxiety, depression, stressfulness, and maladaptive coping strategies (i.e., distraction and depressive reaction) among Caucasian adolescents (Barrett et al., 2002; Bogels & Bechman-Toussaint, 2006; Duchesne & Ratelle, 2010; Kakihara et al., 2010; Meesters & Muris, 2004; Patock-Peckham & Morgan-Lopez, 2007). However, parental authority has also been found to increase an adolescent’s self-esteem and life satisfaction, and decrease depression (Milevsky, Schlechter, Netter, & Keehn, 2007). Therefore, more research is needed to clarify the mixed findings associated with parental authority.

Parental nurturance has been demonstrated to be a protective factor against risky behaviors for adolescents and was found to be related to adaptive coping strategies (Meester & Muris, 2004; Schwartz, Zamboanga, Ravert, Kim, Weisskirch, Williams, Bersamin, & Finley, 2009). Specifically, parental nurturance increased self-esteem,
successful use of adaptive coping strategies (i.e., seeking support, comforting thoughts, and active coping), lowered adolescent drinking behaviors, and decreased depressive symptoms (Buri, 1989; Huver et al., 2010; Locke & Prinz, 2002; Meester & Muris, 2004).

It appears clear that parental authority and parental nurturance impact the psychological functioning and coping ability of offspring. Parental authority and parental nurturance have primarily been examined in relation to early childhood or early adolescence functioning (Pettit et al., 2011; Wood, Mitchell, Read, & Brand, 2004). Considerably less is known about emerging adults, so further research in this area is needed (Pettit et al., 2011; Wood et al., 2004).

**Parental Authority, Parental Nurturance, and Culture**

Cultural differences in parental authority and parental nurturance seem to impact children’s functioning. For example, parental authority was found to contribute to Caucasian boys exhibiting externalizing behaviors, whereas a lack of parental authority contributed to Latino boys exhibiting externalizing behaviors (Lindahl & Malik, 1999). However, some cultural groups include parental authority and parental nurturance as parental cultural values (Chao, 1994). For instance, the Chinese parental cultural value of guan reflects a combination of both authority and nurturance (Chao, 1994). Therefore, in this study, parental authority and parental nurturance are both examined to determine how each variable directly impacts psychological distress.

Research has highlighted varying cultural differences among Latinos and Caucasians, such as Latinos cultural values of familia (loyalty to family) and respeto (respect to elders and parental authority), and Caucasians cultural emphasis on individual
differences and competition (Dixon, Graber, & Brooks-Gunn, 2008; Julian, McKenry, & McKelvey, 1994; Ontai-Grzebik & Raffaelli, 2004). Additionally, Latino cultural values emphasize gender roles by defining these as *machismo* and *marianismo* (Santiago-Rivera, 2003). These differences in cultural values have been found to influence parenting. Some research has shown that Latino parents emphasize obeying, getting along with others, and self-control more than Caucasian parents; the latter tend to emphasize individual differences, competition, and emotional detached relationships (Julian et al., 1994). In a different study, parental nurturance was found to lead to lower levels of internalizing behaviors and lower levels of victimization across Hispanics, non-Hispanic Blacks and non-Hispanic Whites (Windle et al., 2010).

Due to the mixed parental findings among different cultural groups noted above, the relationship between parental authority and parental nurturance and psychological distress among a Latino emerging adult sample are examined in this study. Latino emerging adults’ perceptions of parental authority and parental nurturance provide unique insight into the emerging adult and parental relationship among this cultural group. Furthermore, findings may reveal what is maladaptive or adaptive (i.e., cultural values) in their functioning.

**Parenting and Emerging Adulthood**

There is a large body of literature on parental authority and parental nurturance for child and adolescent populations that has provided the field with knowledge of protective factors against distress (Barnes, 1984; Mowder & Shamah, 2009; Wood et al., 2004). However, little is known beyond these developmental periods and little is known cross culturally (Pettit et al., 2011; Wood et al., 2004). Emerging adulthood is the
developmental period between adolescence and adulthood, usually between the ages of 18 to 30 (Lehman & Konstam, 2011; Pettit et al., 2011). Emerging adults encounter much instability as they face increasing autonomy from their parents and increasing social challenges (Pettit et al., 2011; Sanchez, Esparza, Colon, & Davis, 2010). For instance, Sanchez et al. (2010) found that Latino emerging adults made decisions that would benefit the family as a whole compared to Caucasian emerging adults, which may be attributed to the Latino cultural value of *familismo*. However, many Latino emerging adults experience role fluctuations of being a child to becoming an adult and experience challenges in fully exploring opportunities since the main emphasis is on helping the family due to cultural values (Sanchez et al., 2010). This suggests that cultural values and family obligations (e.g., *familismo*) are important elements for Latino emerging adults in comparison to Caucasian emerging adults (Sanchez et al., 2010). Latinos may be more susceptible to experience psychological distress than Caucasians due to parental obligations (i.e., parental authority) encountered during emerging adulthood (Sanchez et al., 2010). However, the Latino culture values of family relationships and cohesiveness (i.e., parental nurturance) may protect against the challenges Latino emerging adults may face (Sanchez et al., 2010).

**Focus of the Present Study**

In this proposed study, the researcher examines the relationship between parental authority, parental nurturance, depression, self-esteem, and coping among a sample of Latino emerging adults. It is important to note that while extensive literature exists on parental authority and parental nurturance, this study focuses on Latino emerging adults’ perceptions of their parents’ authority and nurturance and how this relates to depression
and self-esteem. Latino emerging adults have been reported to suffer more depressive symptoms when compared to Whites, African Americans, and Asian Americans (Siegel et al., 1998). Examining parental authority and parental nurturance in relation to depression, self-esteem, and coping among an emerging adulthood sample provides deeper insight into the long-term effects of parental authority and parental nurturance among Latinos. Therefore, the researcher’s overall aim is to explore the best predictor (parental authority or parental nurturance) of depressive symptoms and self-esteem as moderated by coping among Latino emerging adults. The following research questions are examined:

Research Question 1: What is the best predictor of depression and self-esteem for Latino emerging adults: parental authority or parental nurturance?

Research Question 2: Does coping moderate the relationship between parental authority and depression and self-esteem for Latino emerging adults?

Research Question 3: Does coping moderate the relationship between parental nurturance and depression and self-esteem for Latino emerging adults?

Findings from this study provide information on the relationship between parenting and psychological distress and the role of coping in a Latino emerging adult sample. The results of the study contribute to the development of parental interventions and to multicultural frameworks for practitioners and researchers.
Chapter Two: LITERATURE REVIEW

In order to better understand depression and self-esteem, the following section includes a brief review of Latino mental health. Then, a brief review of Baumrind’s parental model is followed by a summary of existing literature on parental authority and parental nurturance and their relationship to psychological distress. Following this review, parenting as it relates to parental authority and parental nurturance within the Latino culture, is critically examined. Next, an examination of maternal and paternal parenting is provided, focusing on the difference between maternal and paternal parenting as they relate to outcomes. This is followed by a review on parenting and coping. Finally, a summary of the specific aims for the current study are provided to explain how this study addresses the existing gaps in the literature regarding parenting and psychological distress in Latino emerging adults.

Depression and Self-Esteem Among Emerging Adult Latinos

There is a great deal of research on Latino depression and self-esteem; however, limited research exists on depression and self-esteem among Latino emerging adults. The research on Latino depression reveals that depressed Latinos exhibit similar feelings of loneliness and sadness as Caucasians (Munet-Vilaro, Folkman, & Gregorich, 1999). Predictors of depression among Latinos have been reported to be low educational level, low income, unemployment, immigration, and being female (Munet-Vilaro et al., 1999). Researchers reported that life stressors (e.g., unemployment) and low socioeconomic status are more strongly related to depressive symptomatology than any other psychosocial variable (i.e., acculturation and gender) among Latinos (Cuellar & Roberts, 1997; Santiago-Rivera, Kanter, Benson, Derose, Illes, & Reyes, 2008; Santiago-Rivera et
al., 2011). This may be exacerbated during emerging adulthood, which is a transitional stage involving employment insecurity and is a time when offspring move out of their parents’ homes; the latter creates a dramatic shift in the balance of power with parents (Arnett, 2006). Becoming independent from parents is crucial for emerging adults even though relationships with parents remain emotionally charged regardless of whether emerging adults live with parents or alone (Arnett, 2006).

Regarding Latinos and self-esteem, researchers described Latino adolescents’ self-esteem as an increased sense of self-consciousness of others’ perceptions of their being Latino (Umana-Taylor, Diversi, & Fine, 2002). Researchers also reported that older adult Latinos with greater income have greater self-esteem, whereas low socioeconomic status among this age group revealed low self-esteem and greater risk of depressive symptoms (Lang, Munoz, Bernal, & Sorensen, 1982; Munet-Vilaro et al., 1999). Another study revealed that among Whites, emerging adulthood is a period of increased self-esteem and decreased depression among emerging adults with parents who provide financial and emotional support (Galambos, Barker, & Krahn, 2006). Findings from the same study also demonstrated that emerging adults who come from low socioeconomic backgrounds were described as having a harder time making transitions and experienced a loss in social support or employment highlighting that emerging adulthood may not be a positive experience for all (Galambos et al., 2006).

In a meta-analytic study, Twenge and Crocker (2002) found that Latinos tend to exhibit low self-esteem during the emerging adult developmental stage, which is opposite to the patterns noted among other cultural groups. According to Arnett (2003), Latino emerging adults are different from other ethnic groups because of their belief that their
obligations are to their family and that adults should be capable of supporting a family financially. In fact, according to Twenge and Crocker, Latino emerging adults’ low self-esteem is “surprising and alarming” (p. 386), due to the close relationships many Latinos have with their families. However, the understanding as to why Latinos suffer from low self-esteem during emerging adulthood remains unclear and further research is needed. Therefore, this researcher aims to further explore depression and self-esteem as predicted by parental authority and parental nurturance among a Latino emerging adult sample.

Depression and low self-esteem among Latinos may also be attributed to Latino students’ experiences with racial bias (e.g., unrealistically high academic expectations, hassled by store personnel, viewed as dangerous) resulting in being unfairly disciplined at school (Fisher, Wallace, & Fenton, 2000). As a result, Latino students appear to experience high levels of stress, which may lower their self-esteem and place them at higher risk for depressive symptoms (Fisher et al., 2000). However, what about the role of Latinos’ immediate environment, more specifically the role of parental figures when explaining low self-esteem and depression? According to Hovey and King (1996), parental nurturance appears to serve as a buffer against depression. This study aims to determine the direct role of parenting in predicting depression and low self-esteem among Latino emerging adults. Another study reported that few studies examined the family in relation to mental health among Latinos and that more needs to be done (Knight, Virdin, & Roosa, 1994). Therefore, this study aims to explore the relationship between parenting, depression, and self-esteem among Latinos.
Baumrind’s Parenting Styles

Historically, parenting has been conceptualized in many ways; Baumrind’s typology of parenting styles is a major influence in this area. Baumrind’s model became a major influence in the parenting field because her model embodies a combination of emotional and behavioral processes whereas earlier models relied on only one of these components in the conceptualization of parenting (Darling & Steinberg, 1993). For instance, researchers who relied on the social learning theory of parenting focused their work on the behavioral processes of parenting practices whereas the psychodynamic model of parenting focused on the emotional relationship between parents and their children (Darling & Steinberg, 1993). Baumrind’s model goes beyond the traditional concept of parental authority (i.e., strictness, use of physical punishment) to include parental maturity demands, communication style, and nurturance (Darling & Steinberg, 1993). Baumrind (1991) explained that she developed her model to describe how parents reconcile the joint needs of children for nurturance and control and to understand the effects of parenting on child and adolescent development. She developed her model by using observed parental behaviors and interviews with parents and their children (Baumrind, 1971). Baumrind’s (1966) model of parenting consists of three styles of control: permissive, authoritarian, and authoritative.

Permissive Parenting

The permissive parent lacks authority and is high on parental nurturance behaving in a non-punitive, accepting, and affirmative manner toward the child (Baumrind, 1966). Permissive parents make few demands and present themselves as a resource to be used whenever the child wishes, rather than being active parents responsible for shaping a
child’s behavior (Baumrind, 1971). Permissive parents do not encourage the child to obey defined standards, but rather allow the child to regulate their own activities (Baumrind, 1971). Baumrind examined the effects of permissive parenting on preschool aged children and discovered that permissive parenting had a negative effect (i.e., less achievement oriented) on preschool achievement among girls (Baumrind, 1971).

Additionally, children who are allowed to regulate many of their own activities without parental approval or control may be more prone to making maladaptive decisions later in life (Baumrind, 1971). In a study on high school adolescents’ drinking behaviors, researchers found that adolescents who grew up in permissive households, or homes with low parental authority, were more likely to engage in higher rates of heavy drinking (Tucker, Ellickson, & Klein, 2008). Tucker et al. (2008) described permissive households as lax monitoring behaviors (i.e., Do your parents know where you are?) and adolescent perceptions of how they felt their parents would feel about alcohol or marijuana use. The authors suggested that adolescents from permissive homes receive little parental guidance and may seek this guidance elsewhere such as from their peers, making them more susceptible to the attitudes of their friends and less able to resist peer pressure (Tucker et al., 2008).

**Authoritarian Parenting**

The authoritarian parent is Baumrind’s next style of parenting. Authoritarian parents are high on authority and low on parental nurturance and are described as withdrawn, distrustful, and discontent (Baumrind, 1966, 1971). In Baumrind’s (1971) study on parental authority, White boys and girls of authoritarian parents were found to be less independent, less socially responsible, and less achievement oriented. Findings in
the literature focused on authoritarian parenting revealed a strong association with negative psychological outcomes, such as increased neuroticism, obsessive compulsive symptoms, and obsessive beliefs (Patock-Peckham & Morgan-Lopez, 2010; Timpano et al., 2010). These findings suggest that the child of an authoritarian parent may be at risk for developing specific cognitions associated with Obsessive Compulsive Disorder, such as responsibility/threat estimation and perfectionism/certainty, and is also at risk for developing anxiety and obsessive compulsive symptoms (Timpano et al., 2010).

Additionally, Timpano et al. (2010) hypothesized that the onset of obsessive compulsive symptoms may result in parents reacting in an authoritarian manner in an effort to cope with the obsessive compulsive symptoms and newfound difficulties associated with such behavior. This may fuel negative mental health outcomes in the child (Timpano et al., 2010).

**Authoritative Parenting**

The authoritative parenting style is the final style of parenting Baumrind (1971) coined. The authoritative parenting style is described as a combination of high control with warmth, typically encouraging verbal give and take, and the sharing of the reason behind parental policy with the child (Baumrind, 1966). The authoritative parent encourages and facilitates responsible and competent behavior among offspring by setting standards for future conduct and discussing the rationale for their choice of discipline (Baumrind, 1971). For instance, the authoritative parenting style has been found to be protective against depression and poor psychological adjustment because children do not experience feelings of parental rejection (Patock-Peckham & Morgan-Lopez, 2007). In addition, the authoritative parenting style was found to be protective
because children from these homes have parents who encourage positive behaviors (e.g., mature behaviors, positive school performance, and positive social interactions); these behaviors in turn are associated with positive peer group interactions and less adolescent problem behaviors (e.g., drinking behaviors, depression, healthy peer interactions; Baumrind, 1971; Durbin, Darling, Steinberg, & Brown, 1993; Patock-Peckham & Morgan-Lopez, 2007). The findings from research in this area suggest that authoritative parental figures are related to happier offspring (Patock-Peckham & Morgan-Lopez, 2007).

In a similar study, authoritative parenting was linked to fewer impulsive behaviors, as well as lower alcohol drinking behaviors among adolescents (Patock-Peckham, King, Morgan-Lopez, Ulloa, & Filson Moses, 2011). Interestingly, findings revealed that adolescents from permissive or authoritarian households deny parental authority regarding alcohol use more so than adolescents from authoritative households (Patock-Peckham et al., 2011). This may be because children from authoritative households communicate their whereabouts and behaviors with their parents, keeping their families informed, whereas children from permissive or authoritarian households do not communicate their whereabouts and therefore parents must devote more to monitoring their children (Patock-Peckham et al., 2011). These findings demonstrate the important role authoritative parents have in creating an environment that encourages communication between offspring and parent, which in turn buffers against alcohol related or impulsive symptoms (Patock-Peckham et al., 2011).
Indifferent/Disengaged Parenting

In 1971, Baumrind expanded her three parenting styles model to include a fourth style of parenting. Similar to the other parenting styles, this style was operationalized using observed parental behaviors and interviews with parents and their children. The fourth parental style, the indifferent or disengaged parent, is described as providing no structure, no support, and may actively reject or neglect child-rearing responsibilities (Baumrind, 1991). This type of parent appears to have an overall sense of indifference towards their offspring. The indifferent parent is described as demonstrating low authority, low parental nurturance, and exhibiting low responsiveness toward the child (Baumrind, 1991; Wolfradt et al., 2003).

Findings of the indifferent parent have been significantly associated with psychological distress, such as internalization of problems, higher levels of stress, low self-esteem and self-acceptance, and problem behaviors (Patock-Peckham & Morgan-Lopez, 2006; Schlette, Brandstrom, Eisemann, Sigvardssn, Nylander, Adolfsson, & Perris, 1998). More specifically, some researchers found that parental indifference is directly linked to increased alcohol related problems and depression among university students (Patock-Peckham & Morgan-Lopez, 2006, 2010). The lack of parental communication and monitoring appeared to increase the likelihood of offspring alcohol use and alcohol problem behaviors due to peers becoming the influential source in decision making (Patock-Peckham & Morgan-Lopez, 2006). Additionally, having an indifferent parent seems to lead to feelings of rejection which are then linked to decreased self-esteem, increased risk of depression, and increased risk of alcohol problem behaviors (Patock-Peckham & Morgan-Lopez, 2006, 2010; Wolfradt et al., 2003).
Challenges with Baumrind’s Model

Baumrind’s conceptualization of parenting styles provided a strong theoretical framework for a wealth of research that has explored the relationship between parental control style and both positive and negative outcomes in children (Dornbusch et al., 1987; Hardy, Power & Jaedicke, 1993; Locke & Prinz, 2002; Smetana, 1995; Weinraub& Wolf, 1983). Baumrind’s work on parenting styles paved the way for much of the existing parenting literature. Despite this, Baumrind’s model makes it challenging to determine what aspect of parenting (i.e., authority or nurturance) affects which outcome (Darling & Steinberg, 1993). Therefore, in the current study, parental authority and parental nurturance are each examined separately in relation to psychological distress.

Another issue of concern is that much of Baumrind’s original research included a predominantly White sample (Baumrind, 1971, 1991; Darling & Steinberg, 1993). In Baumrind’s 1971 study, she reported that her sample only included Whites because differences in parent-child relationships exist between Whites and Blacks. Baumrind (1971) also reported that she will eventually conduct research on a parent-child relationship among the Black population. Needless to say, the literature has come a long way from this report, but more diverse samples are still needed. The current study examines the relationship between parental authority, parental nurturance, and psychological distress among a Latino emerging adult sample as a contribution to the literature.

Parental Authority and Psychological Distress

Based on Baumrind’s research (1966, 1971), it appears that the type of parental authority is important to children’s adaptive functioning. For instance, children who are
raised in a household with low levels of parental authority are more prone to heavy drinking (Tucker et al., 2008). In contrast, children from homes with high levels of parental authority are more likely to exhibit increased neuroticism and obsessive compulsive symptoms (Peckham & Morgan-Lopez, 2010; Timpano et al., 2010). High parental authority has most frequently been found to relate to negative child outcomes, such as psychological distress and maladaptive coping skills (Buri, 1989; Dallaire et al., 2006; Dubas et al., 2002; Huver et al., 2010; Locke & Prinz, 2002; Meester & Muris, 2004; Mowder & Shamah, 2009). According to Timpano et al. (2010), high levels of parental authority generate a dictatorial and demanding environment that interferes with a child’s ability to regulate their emotions, creates hypervigilance, and interferes with learning self-control and coping skills. As a result, if there is no opportunity for the child to make decisions about his environment due to high parental authority, then the child likely views the world as out of their control and highly threatening (Timpano et al., 2010). This may interfere with the child’s ability to learn proper coping skills, making the child more susceptible to psychological distress (Kakihara et al., 2010; Shek, 2007; Timpano et al., 2010). Parental authority is thought to coerce children and adolescents into compliance resulting in the child inhibiting their autonomy and harming their self-image (Kakihara et al., 2010; Shek, 2007).

Higher levels of parental authority have been linked with psychological distress in children. Multiple studies revealed that higher levels of parental authority (defined as control, exerting rules, and strictness) were positively linked with anxiety and depression among a primarily Caucasian child and adolescent sample (Barrett et al., 2002; Bogels & Brechman-Toussaint, 2006; Duchesne & Ratelle, 2010; Kakihara et al., 2010; Patock-
Peckham & Morgan-Lopez, 2007). The researchers who conducted these studies suggested child and adolescent perceptions of high parental authority are related to child excessive worrying and stress related to meeting parental demands (Barrett et al., 2002; Bogels & Brechman-Toussaint, 2006; Duchesne & Ratelle, 2010; Kakahara et al., 2010; Patock-Peckham & Morgan-Lopez, 2007). Children who encounter high parental authority may encounter more harm during mid to late adolescence, which is a time of high vulnerability (Dubas et al., 2002). The high vulnerability of adolescents from homes with high parental authority is related to high parent-child conflict (Dubas et al., 2002). The high conflict creates negative arousal for adolescents, which may serve as a trigger for distress, especially if the adolescent repeatedly experiences high parental authority (Dubas et al., 2002). As clearly depicted in these studies, there is a strong link between higher levels of parental authority and psychological distress. However, not all studies have found that parental authority has a negative effect on children.

Parental authority has also been found to have a positive effect on children. In a study on parental authority, defined and measured as parental control and supervision, and antisocial behaviors (i.e., physical and non-physical aggression, delinquency, and drug use), findings reveal that high parental authority was an effective strategy in reducing antisocial behaviors among a primarily European and African American adolescent population (Laird et al., 2010). A different study on parental authority and violent behaviors among a primarily minority sample (i.e., African American and Hispanic American) revealed that high parental authority was associated with less violent behaviors and higher academic motivation (Frey et al., 2009). As a result, parental authority has been found to have mixed relationships with child outcomes.
A reason for the mixed findings for parental authority may be attributed to parents with high authority being more vigilant of their child’s behaviors, therefore increasing academic success or anxious symptoms. Some researchers suggest high parental authority is a positive link to decreasing adolescent violent behaviors and increasing academic motivation due to the belief that the child is highly monitored and supervised in both the academic and family arena, by supportive teachers and supervising parents (Frey et al., 2009; Laird et al., 2010). More specifically, Frey et al. (2009) revealed that by empowering parents to regain authority, via having them take part in the decision making of the school, the gap between home and school will be narrowed. Therefore, parental authority is associated with positive academic outcomes (Frey et al., 2009).

Other researchers stated that researchers made invalid assumptions that parental authority, as defined as monitoring and knowledge of child whereabouts, leads to misbehaviors in children (Laird et al., 2010). For instance, Laird et al. (2010) revealed that adolescents who spend a lot of time unsupervised benefit most from parental authority, and that parental authority among these adolescents is related to a decrease in antisocial behaviors. Laird et al. also found that an increase in parental communication was related to a decrease in antisocial behaviors among adolescents who spent a lot of time unsupervised. These findings may be attributed to the belief that initiated parental communication and parental authority demonstrate parental knowledge of their child’s whereabouts, which in turn may inhibit antisocial behaviors. Those participants who experienced parental authority and spent the majority of their time supervised did not have a strong association with antisocial behaviors (Laird et al., 2010). This is most
likely a result of supervision or a lack of interest in activities out of the home, which may inhibit involvement in antisocial behavior (Laird et al., 2010).

Another reason parental authority has been found to yield mixed results may be due to cultural differences. Cultural contexts are important because they most likely affect the way a parent chooses to engage in authority toward their child, how children feel about their parents, and how children respond to parental authority (Kakihara et al., 2010). Latinos place more emphasis on respecting parents and, as a result, children may view control as legitimate whereas Caucasians may view parental authority as hostile and repressive (Kakihara et al., 2010; Ontai-Grzebik & Raffaelli, 2004). This study examines emerging adults’ perceptions of parental authority, which provides insight into their relationships as to what is maladaptive and adaptive in their functioning. This study also provides some clarity to the mixed findings in the literature related to parental authority and psychological outcomes. Specifically, this study goes beyond the typically examined child and adolescent sample to focus on an emerging adulthood sample. Additionally, most of the studies previously mentioned included a predominantly Caucasian child or adolescent sample. This study examines parental authority and psychological distress among a Latino emerging adult sample.

**Parental Nurturance and Psychological Distress**

According to Baumrind’s research (1966, 1971), parental nurturance is important to children’s functioning and similar to parental authority; the level of nurturance that a parent provides to their child has a significant impact on the child’s psychological distress. Unlike the mixed findings with regard to parental authority, high parental nurturance is related to self-esteem, academic achievement, and lower interpersonal
problems (Buri, 1989; Huver et al., 2010; Locke & Prinz, 2002). Researchers found that high parental nurturance was positively correlated with self-esteem among adolescents and assisted in the healthy maturation of self-esteem (Watson, Hickman, Morries, Milliron, & Whiting, 1995). In a study on African American adolescents, similar findings were revealed indicating that high maternal nurturance is positively linked to academic achievement and the development of positive self-perceptions and self-esteem (Bean et al., 2003). Bean et al. (2003) explained that the relationship between maternal nurturance, academic achievement, and positive self-esteem may be due to the fact that many African American mothers play an instrumental role in the care of children due to the difficulties African American fathers have historically faced in playing out the paternal role. Children may view the maternal figure as the primary parental figure and as such they may model her behaviors. Additionally, Bean et al.’s findings suggest that parental nurturance increases a child’s self-concept resulting in positive emotional and academic outcomes.

Hopkins and Klein (1993) found a positive relationship between parental nurturance and adolescents’ global self-worth. High parental nurturance and psychological development are thought to be a result of the belief that when a child views their parent as nurturing, they feel positive about that relationship and therefore feel positive about themselves (Hopkins & Klein, 1993). Additionally, self-attribution was considered high among adolescents, which may be a result of reflected appraisals given by nurturing parents (Hopkins & Klein, 1993). This finding supports the belief that parental nurturance is related to adolescent positive feelings about the parent-child relationship and therefore adolescents’ positive feelings about themselves (Hopkins &
Klein, 1993). Barnes (1984) indicated parental nurturance is a key in the “prevention” of problem drinking behaviors, which is consistent with Brofenbrenner’s (1981) view that a child needs enduring and irrational involvement from an adult. The idea is that high parental nurturance serves as a positive social interaction against deviance (Barnes, 1984). Emerging adults’ perceptions of parental nurturance may lead to less psychological distress in this study since previous research suggest that a child’s view of parents as nurturing leads to positive feelings and social interactions.

Parental nurturance has also been examined in relation to coping behaviors in youth (Locke & Prinz, 2002). Hardy, Power, and Jaedicke (1993) determined that high parental nurturance was associated with children having a greater variety of coping responses to everyday stressful events. This may be due to children learning how to manage everyday stress from observing their parents’ use of coping strategies. Belsky, Steinberg, & Draper (1991) determined that children who grow up in households with adequate and consistent high parental nurturance tend to foster positive interpersonal relationships and adaptive coping, whereas children who experience parental rejection tend to view interpersonal relationships as unreliable and have maladaptive coping methods (Wolfradt et al., 2003). It is likely that if children perceive rejection from their caregivers, the people who are supposed to attend to them and love them the most, they are likely to view the world as more threatening and dangerous and others as unreliable. Children who grow up in a nurturing household are far more likely to attend positively to others around them because highly nurturing parents are trusting, count on others, invest in their children, and encourage their children to engage in meaningful interpersonal relationships; thus they have developed children with a predisposition to
attend to empathic and considerate social relationships (Belsky et al., 1991). The belief is that future experiences are built from past experiences set earlier in life, so children of nurturing parents experience positive interpersonal relationships and use adaptive coping strategies (Belsky et al., 1991; Hardy et al., 1993).

Adolescents who perceived their parents as caring, loving, or high nurturing reported fewer interpersonal problems and were found to have greater psychological adjustment (Finkenauer et al., 2005). Finkenauer et al. (2005) found that adolescents from nurturing homes are less likely to develop problem behaviors because they have parents who are emotionally involved, interested in their lives, and responsive to their children’s needs. In a study of college students, high parental nurturance was found to assist in the healthy transition from adolescents into emerging adults. More specifically, paternal figures were more protective than maternal figures against health-compromising behaviors, such as drugs, casual sex, and driving-related risk behaviors (Schwartz et al., 2009). The positive outcomes related to high parental nurturance may be the result of children growing up in nurturing families having parents who are genuinely interested in the child’s life; therefore the child has a positive self-concept and experiences less distress (Finkenauer et al., 2005; Schwartz et al., 2009). Because parental nurturance is positively associated with self-concept, this allows adolescents to form positive interpersonal relationships since parents who engage in meaningful relationships with their children foster a predisposition for positive interpersonal relationships to form (Belsky et al., 1991). This finding also suggests that in the current study perceived parental nurturance may lead to less distress in emerging adults, since nurturing parents
tend to be highly involved and responsive to their children, which in turn leads to positive self-image, less psychological distress, and adaptive coping.

Similar to parental authority, much of the parental nurturance research used predominantly Caucasian samples. It appears that cultural differences in parenting may also be related to psychological distress and should be examined further. Parental nurturance in this study is examined to better understand the link between parental nurturance and Latino emerging adult psychological distress.

**Parenting Across Cultures**

Some authors contend that Baumrind’s parenting styles model is applicable to multiple ethnic groups (Lamborn & Felbab, 2003). However, it is important to remember that Baumrind’s model was originally based on Caucasian families. In addition, although parental authority and parental nurturance gained extensive attention in the literature, the research has also primarily focused on Caucasian parenting (Baumrind, 1971; Durban et al., 1993; Patock-Peckham & Morgan-Lopez, 2007). Some authors contend that parental authority and parental nurturance influence outcomes regardless of culture, emphasizing that parental influence transcends ethnicity (Lamborn & Felbab, 2003; Steinberg, Mounts, Lamborn, & Dornbusch, 1991). Although culture is acknowledged, parental styles seem to take precedence over culture (Lamborn & Felbab, 2003).

On the other hand, an increasing number of researchers argue that parental authority and parental nurturance have different effects across cultures because they are embedded in cultural values (Chao, 1994; Lamborn & Felbab, 2003). Their stance is that because of varying cultural values, parents develop adaptive strategies to accomplish socialization goals (i.e., the ability to socialize with others well) with their children.
For instance, parenting and child adjustment behaviors are interpreted differently due to varying cultural values among groups (Chao, 1994; Lamborn & Felbab, 2003). Furthermore, interdependence may define adaptive functioning in some cultures (i.e., European American culture) but not in others (i.e., Latino culture; Lamborn & Felbab, 2003). These researchers also stress that aspects of parenting are connected to cultural values and these cultural family characteristics define adaptive family functioning and impact child adjustment (Chao, 1994; Dixon et al., 2008; Lamborn & Felbab, 2003).

Among an African American, Latino, and European American sample, Dixon et al. (2008) found that African American and Latino adolescent females demonstrated significantly more respect for parental authority than European Americans. These findings are attributed to the cultural traditions of Latinos and African Americans that place value on respecting elders and authority. Researchers documented that Latino families value loyalty, respect, and an inappropriateness to argue back to parents; African American families value respect, obeying elders, and honoring authority figures (Dixon et al., 2008). These findings support the idea that African American and Latino adolescents follow and abide by cultural traditions that are enforced by their parental figures (Dixon et al., 2008). Thus, this study examines Latino emerging adults’ perceptions of parental authority and parental nurturance in relation to psychological distress. As a result, this study expands current parenting research by examining Latino emerging adults’ perceptions of parental authority and parental nurturance.
Latino/Hispanic Parenting

Latinos consist of a diverse set of people from varying Spanish speaking countries who represent more than half of the growth in the total population of the United States. These countries include Spain, Cuba, Puerto Rico, Mexico, and Spanish-speaking nations of Central America, South American, and the Caribbean (Comas-Diaz, 2001; Santiago-Rivera, 2003, U.S. Bureau of the Census, 2011). It is important to note that while Latinos are a heterogeneous group, researchers agree that they share common values (Fuller & Garcia Coll, 2010; Santiago-Rivera, 2003). Therefore, understanding Latino cultural values is imperative when working with this population. Latino families share a common language, religion, and ideas about the family unit (De Von Figueroa-Moseley, Ramey, Keltner, & Lanzin, 2006). In fact, much of the Latino cultural values may relate specifically to parenting, such as familismo (familialism) and respeto (respect) (Ontai-Grzebik & Raffaelli, 2004).

Some researchers demonstrated that parental authority and parental nurturance are similar to the Latino cultural values of respeto and familia compared to the European American cultural values of individualism and emotional detachment (Julian et al., 1994; Varela, Vernberg, Sanchez-Sosa, Riveros, Mitchell, & Mashunkashey, 2004). Latinos place emphasis on the family, which oftentimes serves as a protective role in Latino emerging adults (Sanchez et al., 2010). Scholars suggest that Latinos’ respect for authority is similar to parental authority and that Latinos’ emphasis on familia resembles parental nurturance (Julian et al., 1994; Varela et al., 2004).

The differences between Latinos and Caucasiains may be attributed to each group’s cultural value system. Latino families value strong kinship and support
children’s movement toward developmental and achievement milestones but do not push them, whereas White families push children toward developmental and achievement milestones as achievement is highly valued in this culture (De Von Figueroa-Moseley et al., 2006). This may suggest that White families push their children to conform to a certain way of being (e.g., achievement oriented) much like parental authority, whereas Latino families cultivate the relationship and support the milestones achieved, much like parental nurturance.

Latino parents place great emphasis on obedience, getting along with others, and monitoring their children (Julian et al., 1994; Rodriguez, Davis, Rodriguez, & Bates, 2006). According to Julian et al. (1994), these characteristics should not be perceived as complacent, passive, or subordinate but rather should be viewed as adaptive coping mechanisms. Adaptive coping mechanisms may be a result of Latino parents valuing centrality of their children, respect, and strong kinship relationships, which may be behaviors children model and therefore value themselves (De Von Figueroa Moseley et al., 2006). Based on previous studies, it appears that Latino parenting encompasses both authority and nurturance from the values of obedience, monitoring, and kinship. It is evident that cultural values play an integral role in Latino parenting. Therefore in the current study, both parental authority and parental nurturance are examined separately to determine the strength of their relationship to psychological distress among a sample of Latino emerging adults.

Latino family-centered cultural values provide insight into how the family system functions. For instance, familismo is a key cultural value that refers to the identification and strong alliance to one’s nuclear and extended family, regardless of the generation or
length of time living in the United States (Duarte-Velez, Bernal, & Bonilla, 2010; Santiago-Rivera, 2003). *Familismo* embodies the perception of obligation and support that one must provide to other members of the same family (Santiago-Rivera, 2003). Hence, many Latino families live near each other and typical *familismo* characteristics include cohesiveness, cooperation, and shared responsibility, even in child rearing (Santiago-Rivera, 2003). Therefore, this aspect of *familismo* may be influential in the findings of this proposed study as they relate to parental authority and psychological distress. Latino parents also emphasize nurturing a child who is *bieneducado* (Fuller & Garcia Coll, 2010). *Bien educado* refers to a child who is well mannered, respects adults, and complies with parental authority (Fuller & Garcia Coll, 2010). According to Fuller and Garcia Coll (2010), inside the Latino family home, structured activities (e.g., consistent dinner hour and sitting together with a book) take place in which the child is apprenticed by learning through observation and mimicking norms and behavioral scripts to ensure a sense of competence and group membership. The child that is *bieneducado* is following the parental behavioral scripts the child learned from modeling their parent’s behaviors (Fuller & Garcia Coll, 2010). This suggests that parents model acceptable social behavior which in turns becomes a child’s behavioral script from which to learn by.

Another cultural value of importance to the Latino culture is that of *simpatia*. *Simpatia* is a value that emphasizes pleasantness, conformity, and agreeableness (Santiago-Rivera, 2003). Similarly to *simpatia* are *personalismo, respeto, and dignidad*. *Personalismo* encourages friendliness and emphasizes the importance of interpersonal relationships. *Respeto* encourages respect, and *dignidad* means dignity towards those
who hold a position of authority in the family or community (Santiago-Rivera, 2003). These elements come together and embody the Latino family’s cultural values and the collective worldview (Santiago-Rivera, 2003). These values have important implications to parenting as these cultural values will play an important role in how parents parent and how parenting relates to psychological distress. Parents parent within a cultural framework, thereby modeling important cultural values for their children. In other words, the children learn from the parent’s modeling of cultural values, such as *bieneducado*, *simpatia*, and *respeto*, which influence child outcomes (Fuller & Garcia Coll, 2010; Patock-Peckham et al., 2011). As mentioned by Fuller and Garcia Coll (2010), the structured activities Latino families engage in inside their home provide children with the behavioral scripts and norms that will ensure a sense of group belongingness and competence. Without parental figures modeling cultural values and providing children with behavioral scripts, children’s sense of competence may decrease and their sense of belonging to a group may also decrease leading to psychological distress (Fuller & Garcia Coll, 2010). Therefore, the current study investigates the relationship between parental authority, parental nurturance, and psychological distress, and may further reveal the impact Latino mothers and fathers have on emerging adults’ psychological functioning.

When examining parenting in the Latino culture, one must first examine the traditional gender roles of *machismo* and *marianismo*. Machismo in the family context traditionally refers to the males’ role as the provider, protector, and defender of his family (Santiago-Rivera, 2003). The male provides a dominant position in the household with higher power compared to the female of the household (Santiago-Rivera, 2003).
However, more recently the term has undeniably been associated with a negative connotation meaning a controlling, possessive, and sexist male who is violent, especially towards women (Santiago-Rivera, 2003). In order to counter the negative connotation of machismo, the positive characteristics of the term machismo are related to the term caballerismo (i.e., horseman; Arciniega, Anderson, Tovar-Blank, & Tracey, 2008). Caballerismo refers to a gentleman who follows an ethical code of chivalry, who is socially responsible, and is emotionally connected (Arciniega et al., 2008). Marianismo refers to a nurturing and self-sacrificing Latina whose characteristics are virtuous, similar to the Virgin Mary, the religious icon of Catholicism (Santiago-Rivera, 2003). Once a Latina marries and has children her role is to nurture and sacrifice herself for her husband and children, all while maintaining a household and providing spiritual strength to family members (Santiago-Rivera, 2003).

In exploring Latino family cultural values and traditional gender roles, the values of familismo, bieneducado, machismo, caballerismo, and marianismo, may influence parenting practices and how these practices can lead to different outcomes when compared to European American parenting practices. For example, Latinos’ cultural values of familismo and bieneducado emphasize the importance of respect towards one’s family members; therefore Latinos may experience parental authority as parental love or care, whereas European Americans may experience this as repressiveness (Fuller & Garcia Coll, 2010; Kakihara et al., 2010; Santiago-Rivera, 2003). On the other hand, the cultural value of marianismo is viewed as high maternal nurturance which may also be experienced as extreme love and care, whereas, the same may be experienced by European Americans.
As suggested by Fuller and Garica Coll (2010) and Kakihara et al. (2010), maternal and paternal cultural values differ, such that maternal Latina figures value nurturance and paternal Latino figures value responsibility and power. This influences child outcomes differently as child outcomes may vary as a result of maternal parenting (e.g., nurturance) or paternal parenting (e.g., authority) in which maternal or paternal parenting may increase or decrease psychological well-being. It is clear that family plays an important role among the Latino culture with family dynamics consisting of the father being dominant and the protector of the household, while the mother is nurturing and the spiritual strength of the household. These differences in maternal and paternal parenting may suggest that maternal and paternal figures have their own behavioral scripts for their children.

Some researchers identified that parents’ cultural values may serve as a protective factor against internalizing and externalizing behaviors. A study on Latina mothers and adolescents revealed that Latina adolescents’ belief in familismo served as a protective factor against adolescent externalizing behaviors (Baumann, Kuhlberg, & Zayas, 2010). Because familismo embodies family interconnectedness, familismo serves as a protective factor since Latina adolescents’ belief in family indicates a strong relationship with parents. The interconnectedness of the family may be translated in this study as parental authority or parental nurturance since it embodies respect for parental figures, strength among family members, and loyalty (Fernandez, 2009; Fuller & Garcia Coll 2011; Santiago-Rivera, 2003).

A study examining different cultural groups and boys’ externalizing behaviors revealed differences between a Hispanic group and European American group (Lindahl
& Malik, 1999). More specifically, high parental authority was associated with boys’ externalizing behavior problems among European American families, whereas low authority, defined as lax or inconsistent parenting, among Hispanic families was associated with boys’ externalizing behaviors (Lindahl & Malik, 1999). Hispanics’ cultural value system consists of familismo, which embodies cohesive strength among family members (Lindahl & Malik, 1999; Santiago-Reievera, 2003). However, lax parenting is not part of the cultural value system, but instead goes against the cultural values of familismo in that there is no control over the family system thereby contributing to boys’ externalizing behaviors as a possible result of having no one supporting or monitoring them. Additionally, as per Fuller and Garcia Coll (2010), a lack of parenting refers to a lack of behavioral scripts for children, which suggests children would exhibit increased feelings of not belonging and feelings of incompetence resulting in externalizing behaviors. European American families stress the importance of autonomy; therefore, findings of high parental authority revealed that European American boys exhibited externalizing behavioral problems as a result of the restrictiveness of parental authority, which leads to feelings of hostility toward parents (Dubas et al., 2002; Lindahl & Malik, 1999).

According to Stacks, Oshio, Gerard, and Roe (2009), whose study also examined differences among European American and Latino parenting, high parental authority was related to aggression-related outcomes in young children, such that European American parents with high authority had children with increased aggressive behaviors, whereas high authority was not predictive of aggressive behaviors among Latino children. The increase in aggressive behaviors for European American young children may be a result
of experiencing feelings of restrictiveness and hostility toward parental authority (Dubas et al., 2002; Lindahl & Malik, 1999). As per Stacks et al. (2009), authority may not predict aggressive behaviors among Latino children because maternal nurturance “buffers” against externalizing behaviors.

**Maternal and Paternal Parenting**

Cultural group differences guide parents’ adoption of a particular parenting style. An additional difference that exists and that has received little attention in the literature is whether there are differences in child outcomes depending upon the parenting of the maternal figure versus the paternal figure. Deater-Deckard and Scarr, (1996) theorized that observed gender differences in the family are a result of socialized sex roles, meaning men and woman appear similar and share responsibilities in parenting. Another theory suggests sex differences are biological and that mothers and fathers experience parenting differently (Deater-Deckard & Scarr, 1996). Maternal and paternal parenting may be similar or different depending on the theory; however, differences in child outcomes based on maternal parenting and paternal parenting are unique regardless of theory. A study examining the differential effects of maternal and paternal parenting on adolescent well-being (i.e., life satisfaction and depression) revealed the advantages of authoritative mothering to the well-being of adolescents; permissive fathering was not as detrimental to the child’s well-being as permissive mothering (Milevsky et al., 2007). In other words, lenient mothers had more negative effects on a child’s well-being than lenient fathers.

In a study by Milevsky et al. (2007), fathers tend to have a playful role in their children’s lives and having a permissive father complements playfulness thereby not
interrupting a child’s well-being. However, mothers play an instrumental role in children’s lives and as a result permissiveness decreased a child’s sense of well-being (Milevsky et al., 2007). Findings from a different study examining the effects of maternal and paternal parenting on college students and their engagement in risky behaviors revealed that paternal nurturance was more of a protective factor for college students against health-compromising behaviors (i.e., drugs, casual sex, risky driving behaviors) than maternal nurturance (Schwartz et al., 2009). According to Milevsky et al. (2007), fathers are beginning to play a larger role in their children’s lives and, as a result, they contribute uniquely to child outcomes. In a different study on European and Mexican Americans, findings revealed that maternal figures also play a large role in their children’s’ lives such that maternal authority and nurturance are both significant predictors of a child’s self-esteem among both cultural groups (Ruiz, Roosa, & Gonzales, 2002).

In examining cultural variations of parenting, Latino fathers are described as the head of the household and dominant while repressing any female act, such as cooking and completing house chores (Julian et al., 1994). Latina mothers are found to complement the Latino male by being positive and embracing a more traditional female role (Julian et al., 1994). Julian et al. (1994) found that Latino fathers and mothers place great emphasis on a child’s ability to control their temper, on doing what is asked, and on a child’s ability to get along well with other children, when compared to Caucasian mothers and fathers. In particular, research on Latina mothers has shown that Latina mother’s authority and nurturance both directly impact a child’s functioning (Hill, Bush, Roosa, 2003; Ruiz et al., 2002). According to Hill et al. (2003), Latina mothers
encompass both authority and nurturance characteristics which were found to contribute to problem behaviors; thus research needs to further explore maternal authority and nurturance and its impact on child functioning.

Therefore, the current study examines only maternal parenting in an attempt to examine the direct effects of maternal authority and nurturance on offspring outcomes. In the Latino culture, mothers are nurturing, the primary caretaker, emphasize obedience and respect for authority among their children, and are the strength of the household (Julian et al., 1994; Santiago-Rivera, 2003). In general, maternal authority and nurturance have both been observed to be related to positive well-being in offspring (Milevskey et al., 2007). However, due to the mixed findings on authority and Latina mothers encompassing both authority and nurturance, further investigation on the direct effects of maternal authority and nurturance is needed. In the current study the researcher examines the effects of maternal authority and maternal nurturance in relation to psychological distress among Latino emerging adults.

**Parenting and Coping**

Similar to parenting, coping is a multidimensional construct defined in multiple ways and vastly researched in the literature. Coping is the thought process or action taken in an attempt to reduce the impact of a stressor (Preloop, Tein, Roosa, & Wood, 2000). There are different types of coping, such as problem-solving, support-seeking, active, emotion-focused, and avoidance coping. Problem-solving, support-seeking, and active coping styles are thought to be adaptive ways of coping and are associated with psychological well-being (i.e., healthy emotional regulation and low levels of anxiety; Carver, 1997; Lazarus, 1993; Nijhof & Engels, 2007; Wolfradt et al., 2003). Emotion-
focused and avoidance coping are thought to be maladaptive and are associated with psychological distress (i.e., difficulty regulating emotions, high levels of anxiety, and internalizing problems; Carver, 1997; Lazarus, 1993; Nijhof & Engels, 2007; Wolfradt et al., 2003). Although there are various types of coping, this study examines adaptive and maladaptive coping.

Parenting plays an important role in children’s coping and coping differs significantly by parental style (Nijhof & Engels, 2007; Wolfradt et al., 2003). However, few studies have examined the relationship between parenting and coping in children (Hardy et al., 1993). Few studies report that parental nurturance is associated with adaptive coping strategies and with positive child functioning (Hardy et al., 1993; Wolfradt et al., 2003). The belief is that children who perceive nurturance from their parents learn adaptive coping strategies which in turn buffer against psychological distress (Nijhof & Engels, 2007). Some researchers also reported mixed findings of parental authority revealing that authority may lead to both adaptive and maladaptive coping strategies among children (Hardy et al., 1993; Wolfradt et al., 2003). For instance, Nijhof and Engels (2007) found that children from high parental authority homes have learned to manage their own behaviors and, as a result, are better able to cope with high pressure in an adaptive manner. A different study revealed that parental authority was associated with maladaptive coping and high levels of anxiety (Wolfradt et al., 2003). Therefore, further research of the relationship between parenting and coping is necessary. Additionally, the few studies on parenting and coping focus on a predominantly Caucasian sample of children and adolescents. This study explores the relationship between parenting and coping among a Latino emerging adult sample.
The few studies that focused on Latino coping methods have found that adaptive coping skills facilitate cultural adaptations that are imperative for healthy mental health outcomes (Gloria, Castellanos, Scull, & Villegas, 2009; Torres, 2010). Among Latinos, adaptive coping methods have been shown to be associated with less depressive symptoms and to protect Latinos during times of transition (Torres, 2010). More specifically, adaptive coping methods have been shown to buffer against depression during times of low family stress, but have not been shown to be effective during times of high family stress (Torres, 2010). Among Latino males, planning coping and emotion based coping predicted psychological well-being (Glora et al., 2009). Because little research exists on Latino coping, more research is needed to further understand the role of coping in the relationship between parenting and depression and self-esteem. Thus, this study further examined adaptive coping subscales (planning, positive reframe, emotional support, and instrumental support) as research has shown that Latinos more frequently rely on adaptive coping methods.

In summary, parenting plays an imperative role in offspring psychological distress (i.e., self-esteem and depression) and has been shown to uniquely impact varying cultural groups. While parenting has been assessed in many ways, this researcher assessed parental authority and parental nurturance among a Latino emerging adult sample. In addition, the type of parenting one perceives has been shown to be associated with different strategies of coping. After all, coping is thought to change over time due to situational contexts and different threats perceived by an individual (Lazarus, 1993). Additionally, Latinos in particular have been shown to rely on adaptive coping methods.
Therefore, an examination of parenting, coping, and psychological distress among Latino emerging adults provides deeper insight into the relationship of these variables.

**Current Study**

It is possible that the mixed findings of parental authority may be a result of the sample population primarily consisting of children or adolescents. In this study, emerging adults are examined. Parents play an important role in caring for their adult children as a result of economic hardships that have impacted our nation. Emerging adults are in a transitory state from adolescence to adulthood (Pettit et al., 2011). As a result, emerging adulthood may be full of volatility placing this developmental age at risk for psychological and interpersonal distress (Liem, Cavell, & Lustig, 2010; Pettit et al., 2001). Parental figures at this stage may play an imperative role in facilitating the transition of adolescence to adulthood by providing nurturance and modeling adaptive coping skills (Pettit et al., 2010). Therefore, this researcher examines the role perceived maternal authority and maternal nurturance have on emerging adults’ psychological distress and the role of coping. These findings assist in the development of interventions for those emerging adults who experience psychological distress and maladaptive coping strategies.

Therefore, this study further explores and assesses the relationship between maternal authority, maternal nurturance, and psychological distress among Latino emerging adults and the moderating role of coping. The aim of the study is to explore the best predictor of depressive symptoms and self-esteem as moderated by coping among Latino emerging adults.
Research Question 1: What is the best predictor of depression and self-esteem among Latino emerging adults: maternal authority or maternal nurturance?

Hypothesis 1: Based on the literature reviewed above, maternal authority will best predict depression and low self-esteem, whereas maternal nurturance will best predict self-esteem and low depression.

Research Question 2: Do coping subscales moderate the relationship between maternal authority and depression and self-esteem among Latino emerging adults?

Hypothesis 1: Coping subscales will strengthen the relationship between maternal authority and depression and self-esteem such that it will lead to lower depression and higher self-esteem.

Research Question 3: Do coping subscales moderate the relationship between maternal nurturance and depression and self-esteem among Latino emerging adults?

Hypothesis 2: Coping subscales will also strengthen the relationship between maternal nurturance and depression and self-esteem such that it will lead to lower depression and higher self-esteem.

The results of this study are important for multiple reasons. Findings provide information on the relationship between parenting and psychological distress among Latino emerging adults. Additionally, the parenting field will be enhanced by the identification of coping strategies utilized among emerging and their perceptions of parenting as related to depressive symptoms and self-esteem. Findings also contribute to the development of parental interventions for a Latino clientele. Hence, the multicultural
literature will be enhanced from the results, as the study highlights ways to best obtain information related to important factors within a patient’s cultural framework. Overall, this study further provides an understanding about the importance of parenting in the psychological functioning of Latino emerging adults and the role of coping in this relationship.
Chapter Three: METHODS

This study investigates the relationship between maternal authority, maternal nurturance, psychological distress, and coping among Latino emerging adults. This chapter provides an overview of this study’s methods, followed by a description of the measures utilized, and concludes with the procedures.

Participants

An a priori power analysis was performed using G* Power 3.1 (Faul, Erdfelder, Buchner, & Lang, 2009) to determine the estimated sample size necessary for obtaining a medium effect of .15. The a priori analysis revealed that a sample size of 77 is necessary to have .80 power to detect an effect size of .15. A total of 90 participants were recruited from three southeastern universities. Analysis consisted of all 90 participants as no statistically significant differences were noted when those participants 25 years or older \((n = 13)\) were removed. Participants consisted of 69\% \((n = 62)\) female and 31\% \((n = 28)\) male with a mean age of 21.73 \((SD = 3.04)\). The ethnicity of the sample consisted of the following: 86\% \((n = 77)\) identified as Latino and 14\% \((n = 13)\) identified as mixed ethnicities (i.e., Cuban and Spaniard). The majority of the sample \((72\%, n = 65)\) was born in the United States while 28\% \((n = 25)\) were born outside of the United States. The majority of the sample self-associated as being a member of the Latino culture \((98\%, n = 88)\) and have friends who also identify as Latino/a \((99\%, n = 89)\). However, 81\% \((n = 73)\) of their maternal figures, 82\% \((n = 74)\) of their paternal figures, 97\% \((n = 87)\) of their maternal grandparents, and 92\% \((n = 83)\) of their paternal grandparents were born outside of the United States. Thus, the majority of the sample in the study is first generation
Latino American. The sample consisted of full time students (50%, \(n = 45\)), while 30% (\(n = 27\)) identified as full time employee, and 20% (\(n = 18\)) as part time employee.

Regarding their parental figures, 66% (\(n = 59\)) identified their parents’ marital status as “married” and 26% (\(n = 23\)) identified their parents’ marital status as “separated/divorced.” The majority of the participants viewed both their mother and father as the primary caregiver (59%, \(n = 53\)), whereas 36% (\(n = 32\)) identified their mother as the primary caregiver with only 4% (\(n = 4\)) identifying their father. The participants reported that 100% (\(n = 90\)) of their mother figures are still alive and 87% (\(n = 78\)) keep in touch with their mother figure very frequently (everyday). While half of the sample indicated no conflict with their mother (49%, \(n = 44\)), diverse responses were found among the remainder categories: “Rarely Conflictual” (29%, \(n = 26\)), “Very Conflictual” (7%, \(n = 6\)), and “Conflictual” (14%, \(n = 13\)). Thus, the sample has a relatively positive relationship with their maternal figure. See Table 1 for demographic information.

**Measures**

In the study, measures were selected for the following: (a) to describe maternal authority and maternal nurturance among Latino emerging adults; (b) to assess the relationship between coping, maternal authority, and maternal nurturance among Latino emerging adults; and (c) to explore the best predictor of depressive symptoms and self-esteem among Latino emerging adults.

**Maternal Authority and Maternal Nurturance**

**Demographic information** (see Appendix A). Demographic information was collected using a brief demographic questionnaire with questions about age, gender,
ethnicity, place of birth, parents’ and grandparents’ place of birth, languages spoken, language spoken in the home they grew up in, language of their parents and grandparents, self-association with the Latino culture, whether they have friends who are Latino, overall rating of their relationship with their mother, how often are they in contact with their mother, employment (e.g., part-time, full-time, student), and parents’ marital status.

**Maternal authority and maternal nurturance** (See Appendix B). The Parental Bonding Instrument (Parker, Tupling, & Brown, 1979; PBI) is a 25-item self-report measure aimed to examine participants’ perceptions of being parented to the age of 16 years old. The measure consists of 25 questions in which participants are asked to rate questions regarding the attitudes and behaviors of their parent using a 4-point Likert scale ranging from *very like* to *very unlike*. The PBI includes 12 nurturance items and 13 authority items. Some sample nurturance items include, “Spoke to me in a warm and friendly voice,” “Appeared to understand my problems and worries,” and “Frequently smiled at me.” Sample authority items include, “Tried to control everything I did,” “Did not want me to grow up,” and “Tried to make me feel dependent on her/him.” Higher scores indicate greater nurturance or authority of the parent, whereas lower scores indicate lower nurturance or authority of the parent (Wilhem, Niven, Parker, & Hadzihalilovic, 2005). The PBI has been used and validated among psychiatric samples and community samples. Test-retest reliability was $r = .63$ for nurturance and $r = .68$ for authority and internal consistency was clustered around .90 (Gomez-Beneyto, Pedros, Tomas, Aguilar, & Leal, 1993; Wilhem et al., 2005). In a Spanish sample, internal consistency scores were adequate and ranged from .77 to .93 (Gomez-Beneyto et al.,
In the current sample, Cronbach’s Alpha was .90 for maternal nurturance and .85 for maternal authority.

**Coping Behaviors**

*Coping* (See Appendix C). Coping was assessed using the Brief COPE, which is a measure of coping reactions (Carver, 1997). The main purpose of the Brief Cope is to allow researchers to quickly assess coping reactions, some of which are known to be adaptive while others are known to be maladaptive (Carver, 1997). The Brief COPE was derived from the COPE, which is a 15 scale measure with four items per scale for a total of 60 items (Carver, 1997). The Brief COPE is a self-report measure comprised of 14 subscales; each subscale includes two items for a total of 28 items. The subscales consist of the following: active coping (“I’ve been taking action to try to make the situation better”), planning (“I’ve been thinking hard about what steps to take”), positive reframing (“I’ve been looking for something good in what is happening”), acceptance (“I’ve been learning to live with it”), humor (“I’ve been making jokes about it”), religion (“I’ve been praying or meditating”), using emotional support (“I’ve been getting emotional support from others”), using instrumental support (“I’ve been getting help and advice from other people”), self-distraction (“I’ve been turning to work or other activities to take my mind of things”), denial (“I’ve been refusing to believe that it has happened”), venting (“I’ve been expressing my negative feelings”), substance use (“I’ve been using alcohol or other drugs to help me get through it”), behavioral disengagement (“I’ve been giving up trying to deal with it”), and self-blame (“I’ve been criticizing myself). Items in each Likert scale range from 0 (*I haven’t been doing this at all*) to 3 (*I’ve been doing this a lot*). The Brief COPE was validated amongst adult samples from the community who are under
stress from day to day life experiences (Carver, 1997). Coefficient alphas of the scales were moderately strong and range from \( \alpha = .50 \) to \( \alpha = .90 \) (Carver, 1997). In a study examining the Spanish translation of the Brief COPE, Perczek, Carver, and Price (2000) found similar coefficient alphas ranging from .62 to .94. In the current sample, only eight subscales were found to have good reliability. Therefore, only the following eight subscales were used in the sample: substance use (\( \alpha = .92 \)), use of emotional support (\( \alpha = .77 \)), use of instrumental support (\( \alpha = .75 \)), positive reframing (\( \alpha = .75 \)), planning (\( \alpha = .70 \)), humor (\( \alpha = .86 \)), religion (\( \alpha = .88 \)), and self-blame (\( \alpha = .73 \)).

**Psychological Distress**

**Depression.** The Center for Epidemiologic Studies – Depression Scale (CES-D) is a short self-report measure designed to measure current symptoms associated with depression among a general and clinical population (Radloff, 1977). The CES-D asks participants to answer 20-items with the phrase, “How often this past week did you…” Items range from 0 (rarely or none of the time) to 3 (most or all of the time) with total scores ranging from 0 to 60 (Radloff, 1977). Higher scores are associated with more depressive symptoms and lower scores are associated with less depressive symptoms experienced during the past week (Radloff, 1977). A high internal consistency among a general population was found at \( \alpha = .85 \) (Radloff, 1977). In a study on the characteristics of the CES-D among women in rural areas of Mexico, Chapel and de Synder (2009) found the CES-D was psychometrically sound with a high internal consistency of \( \alpha = .84 \). In the current sample, the CES-D was found to have a Cronbach’s alpha of .79.

**Self-esteem.** Self-esteem in this study was measured utilizing the Rosenberg Self-Esteem Scale (RSES; Rosenberg, 1979). The RSES is a self-report Likert measure
of global self-esteem. The RSES consists of 10-items (five items are worded positively and five items are worded negatively) reflecting feelings of global self-esteem: self-acceptance, self-respect, and positive self-evaluation (Rosenberg, Schooler, & Schoenbach, 1989). Items on the RSES range from 1 (strongly disagree) to 4 (strongly agree). Some researchers argued that the RSES is not a unidimensional measure of global self-esteem, but rather is a bidimensional measure of positive self-esteem and negative self-esteem (Huang & Don, 2012; Supple & Plunkett, 2011). High RSES scores represent high self-esteem and low RSES scores represent low self-esteem. The RSES was initially validated on adolescents, but has been proven effective for many age groups such as adults (Huang & Dong, 2012). The Cronbach’s alpha for the scale is .79 (Supple & Plunkett, 2011). The RSES has been examined among a Latino sample (e.g., Mexican, Dominican, and Puerto Rican) revealing coefficient alphas ranging from .79 to .85 (Umana-Taylor & Fine, 2001). In the current sample, the Cronbach’s alpha was .88.

Table 2: Reliability of Measures

<table>
<thead>
<tr>
<th>Aim</th>
<th>Measure</th>
<th>Construct</th>
<th>Psychometrics in Study</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Parental Bonding Instrument</td>
<td>Maternal authority and Maternal nurturance</td>
<td>Cronbach’s alphas = .90 for nurturance and .85 for authority</td>
</tr>
<tr>
<td>2</td>
<td>Brief COPE</td>
<td>Coping reactions</td>
<td>Cronbach’s alphas: substance use = .92, use of emotional support = .77, use of instrumental support = .75, positive reframing = .75, planning = .70, humor = .86, religion = .88, self-blame = .73</td>
</tr>
<tr>
<td>3</td>
<td>Center for Epidemiologic Studies – Depression Scale</td>
<td>Depressive symptomatology</td>
<td>Cronbach’s alphas = .79</td>
</tr>
</tbody>
</table>
Rosenberg Self-Esteem Scale (RSES)

Cronbach’s alphas = .87

Procedure

Recruitment. Approval was given from the Institutional Review Board (IRB) allowing the primary investigator to recruit students from psychology and education courses at three southeastern universities. After obtaining professor permission to recruit participants directly from classes, consent forms and surveys were distributed to those students who were interested in participating and met the inclusionary criteria. Participants were also recruited from Latino student organizations after obtaining permission from student organization presidents. Student presidents and instructors from courses encouraged their students to participate by filling out the survey.

Screening. All applicants received a demographic form with inclusion criteria. Participants included in the study were emerging adults between the ages of 18-30, who speak and read English fluently, and who self-identify as Latino/a, Hispanic, Chicano, Cuban, Puerto Rican, Dominican, Colombian, Argentine, etc. If inclusion criteria were met, then an informed consent form and packet of measures was administered to the participant. If inclusion criteria was not met (participants who were not between 18 and 30 years old, did not speak English, or did not self-identify as Latino), the participant was thanked for their time and informed that they were not eligible for the study.

Data collection. Data was collected within a month’s time frame. The majority of data collection took place in group format (approximately 94%). Before administering the measures, the informed consent was provided to students describing the purpose, benefits, and the procedure of the study. While there were no anticipated risks in the
study, a referral list of mental health services in the area was provided to all participants as part of their packet. The informed consent also included information regarding participant confidentiality and the right to decline or withdraw from the study with no adverse effects. There were no costs for participating in the study and no compensation was provided to those who completed the study. The informed consent included the principal investigator’s contact information as well as the IRB’s contact information should the participant have additional questions. No identifying information was collected and participant school affiliation was also not collected. As such analysis of school dependency was not possible. The completion of the measures took between 15-20 minutes. Snowball sampling was also used; once participants completed the measures, they were asked to inform others to contact the principal investigator if they wished to participate in the study (approximately 5%). A colleague also assisted in data collection via a small group (approximately 1%). The principal investigator provided participants with her contact information should participants request to see the final results of the study. The vast majority of the participants completed the survey at the time point of introducing the study (approximately 90%). The remaining 10% completed the survey at a different time point and returned the survey to a specified location. Administration was consistent for all participants in the study.
Chapter Four: RESULTS

This chapter explains the data analyses utilized to address the study’s aims. The study variables include the following: maternal authority, maternal nurturance, self-esteem, depression, and coping. The Statistical Package for the Social Sciences (SPSS 20) was utilized for data analyses.

Preliminary Analysis

Preliminary analysis consisted of a thorough review of the data to ensure the data collected was entered correctly by examining descriptive statistics (i.e., frequencies, mean, median, range, SDs, skewness and kurtosis). Please see Table 3 for more information on descriptives of key variables. Descriptive statistics were also conducted to determine the percentage of missing values in the dataset. Missing data was identified within one measure in the study; the Parental Bonding Instrument. However, only two items from two different participants within that measure were missing. According to O’Rourke (2003), if missing data is minimal and random, then it is reasonable to continue with statistical analysis.

In order to assess assumptions of normality in the data, skewness and kurtosis were examined for key study variables. Please see figure 1 below.

Figure 1: Histogram of Dependent Variables
The histograms above reveal that CESD is normally distributed, whereas RSES is negatively skewed. One way to normalize the data for RSES is to transform the variable. Transformations are commonly used for normalizing data (Abrams, 2007). However, before determining whether it is necessary to transform the data, a histogram of the residuals was examined to determine if the residuals violate the assumption of normality. As seen in figure 2, transformation is not necessary because the histogram of residuals is normally distributed therefore thus not violate the assumption of normality.

*Figure 2: Histogram of Residuals with RSES in Model*

According to Garson (2012), skewness and kurtosis values should be less than the absolute value of 2. However, according to Pallant (2010), the skewness and kurtosis value of a perfectly normal distribution should be 0. Values of kurtosis that are less than 0 tend to be referred to as platykurtic, meaning having a flat top and light tails (Wuensch, 2011). Kurtosis values greater than 0 are referred as leptokurtic (peaked top with heavier tails), and those values close to or equal to 0 are referred as mesokurtic (equally flat top and tail distributions, (Wuensch, 2011). The skewness and kurtosis...
values of the key study variables are equal to or less than the absolute value of 2 and are close to 0, therefore not violating the assumption of normality. Please see Table 4 below.

Table 4: *Skewness and Kurtosis of Key Variables*

<table>
<thead>
<tr>
<th>Measure</th>
<th>Skew</th>
<th>Kurtosis</th>
</tr>
</thead>
<tbody>
<tr>
<td>PBI Nurturance</td>
<td>-1.568</td>
<td>2.027</td>
</tr>
<tr>
<td>PBI Authority</td>
<td>.054</td>
<td>-.502</td>
</tr>
<tr>
<td>CESD Total</td>
<td>.987</td>
<td>1.287</td>
</tr>
<tr>
<td>RSES Total</td>
<td>-.693</td>
<td>-.529</td>
</tr>
</tbody>
</table>

Scatterplots were also evaluated to determine homoscedasticity. However, these were evaluated in the next section as part of the regression models.

**AIM 1: What is the best predictor of depression and self-esteem among Latino emerging adults: maternal authority or maternal nurturance?**

Pearson’s correlations of key variables were screened to ensure multicolinearity does not exist among the variables and scatter plots of the residuals were examined to ensure homoscedasticity. According to Zou, Tuncali, and Silverman (2003), the purpose of correlation analysis is to evaluate the linear or nonlinear relationship between two continuous variables. A negative correlation was found between the dependent variables, CESD and RSES, as well as for the independent variables, PBI nurturance and PBI authority. Additionally, maternal nurturance was positive correlated with self-esteem but negatively correlated with depression. Maternal authority was positively correlated with depression, but negatively correlated with self-esteem. Age did not correlate with any of the key variables; therefore age was not included in analyses.
Table 5: Zero-Ordered Correlations Among Key Variables

<table>
<thead>
<tr>
<th></th>
<th>PBI A</th>
<th>CESD</th>
<th>RSES</th>
<th>Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. PBI Nurturance</td>
<td>-.23*</td>
<td>-.38**</td>
<td>.35*</td>
<td>-.11</td>
</tr>
<tr>
<td>2. PBI Authority</td>
<td>---</td>
<td>.29**</td>
<td>-.27**</td>
<td>.02</td>
</tr>
<tr>
<td>3. CESD Total</td>
<td>---</td>
<td>---</td>
<td>-.46**</td>
<td>-.11</td>
</tr>
<tr>
<td>4. RSES Total</td>
<td>---</td>
<td>---</td>
<td>-.04</td>
<td></td>
</tr>
<tr>
<td>5. Age</td>
<td>---</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Notes. *p < .05. **p < .01.

Multiple linear regression analyses were conducted to best answer the question as to what predicts depression and self-esteem best, maternal authority or nurturance. The regression model included maternal authority and maternal nurturance as the predictor variables and self-esteem and depression as the outcome variables. To demonstrate these effects, simultaneous regression models were used. Simultaneous regression is most appropriate due to the nature of the research aim; it is primarily used for determining the amount of influence the variables have on the outcome (Keith, 2006). Standardized coefficients were examined to determine the extent to which the independent variables predict the dependent variables and to determine the individual contribution of each independent variable (Keith, 2006). The standardized regression coefficients were examined instead of unstandardized because the variables being compared have different metrics (Keith, 2006). Therefore, to address the research aim the standardized coefficients of the two independent variables (maternal authority and maternal nurturance) were examined to determine which has the largest coefficient and therefore is the best predictor of self-esteem and depression. The significance of the overall regression model was determined by examining $R^2$ and the $F$ statistic.
Maternal Authority, Nurturance and Depression

In this study, both the independent variables had a statistically significant effect on depression. However, maternal authority was the best predictor of depression. Maternal authority and maternal nurturance combined to account for 24.5% of the variance in depression, revealing that the omnibus test was statistically significant, $R^2 = .245$, $F(2, 74) = 12.04$, $p < .001$. Maternal authority was the best predictor of depression such that for each $SD$ unit increase in maternal authority, depression increased by .31 $SD$ units ($\beta = .305$, $t(74) = 2.92$, $p = .005$) after controlling for the effect of maternal nurturance. Additionally, maternal nurturance also had a statistically significant effect on depression ($\beta = -.319$, $t(74) = -3.056, p = .003$) in that for each $SD$ unit increase in maternal nurturance, depression decreased by .32 $SD$ units after controlling for maternal authority.

Maternal Authority, Nurturance and Self-Esteem

Regarding maternal authority, nurturance, and self-esteem, maternal authority and maternal nurturance combined accounted for 14.2% of the variance in self-esteem, revealing that the omnibus test was statistically significant, $R^2 = .142$, $F(1, 74) = 6.13$, $p = .003$. It is clear that maternal authority has a statistically significant effect on self-esteem ($\beta = -.247$, $t(74) = -2.22$, $p = .029$) in that for each $SD$ unit decrease in maternal authority, self-esteem decreased by .25 $SD$ units after controlling for maternal nurturance. However, the best predictor of self-esteem was maternal nurturance such that for each $SD$ unit increase in maternal nurturance, self-esteem increased by .35 $SD$ units ($\beta = .352$, $t(88) = 3.53$, $p = .001$), after controlling for maternal authority. Based on these findings, it appears that maternal nurturance best predicts self-esteem and has a negative
relationship with depression, whereas maternal authority best predicts depression and has a negative relationship with self-esteem.

**Normality Assumptions**

Assumptions of normality, including homoscedasticity, were also examined in the models and no violations were noted. For each model, VIF values were less than 10 and tolerance values were greater than .10; therefore, the multicollinearity assumption was not violated.

*Figure 3: Normality of the Residuals*
AIM 2: Does coping moderate the relationship between maternal authority and depression and self-esteem among Latino emerging adults?

In this study, the coping subscales did not moderate the relationship between maternal authority, depression and self-esteem. The parenting literature has determined that a relationship exists between parenting and child outcomes (Benjet et al., 2003; Choudhary & Thapa, 2011; Dallaire et al., 2006; Dubas et al., 2002; Furnham & Cheng, 2000; Locke & Prinz, 2002; Stepp et al., 2012; Timpano et al., 2010). Therefore, an evaluation of the moderation effects of coping on maternal authority, maternal nurturance, and Latino emerging adult’s depression and self-esteem was examined.

Before examining moderation effects, a preliminary analysis of the variable coping was conducted to determine which variables were to be maintained in the regression model.

Table 6: Descriptives of Coping Subscales

<table>
<thead>
<tr>
<th>Subscale</th>
<th>Mean</th>
<th>SD</th>
<th>Subscale</th>
<th>Mean</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Substance Abuse</td>
<td>2.80</td>
<td>1.36</td>
<td>Emotional Support</td>
<td>5.37</td>
<td>1.91</td>
</tr>
<tr>
<td>Instrumental Support</td>
<td>5.13</td>
<td>1.96</td>
<td>Positive Reframe</td>
<td>5.77</td>
<td>1.86</td>
</tr>
<tr>
<td>Planning</td>
<td>5.90</td>
<td>1.81</td>
<td>Humor</td>
<td>4.16</td>
<td>2.00</td>
</tr>
<tr>
<td>Religion</td>
<td>4.29</td>
<td>2.16</td>
<td>Self-Blame</td>
<td>4.17</td>
<td>1.78</td>
</tr>
</tbody>
</table>

Coping subscales selected for inclusion in the analysis were based on highest mean. Therefore, Planning, Positive Reframe, Emotional Support, and Instrumental Support, were maintained in the regression model. These coping subscales have been identified in the literature as adaptive coping strategies (Wong & Heriot, 2008). Pearson’s
correlations were screened to ensure multicolinearity did not exist among the maintained coping subscales.

Table 7: Zero-Ordered Correlations Among Coping Subscales

<table>
<thead>
<tr>
<th></th>
<th>IS</th>
<th>PR</th>
<th>Pl</th>
<th>PN</th>
<th>PA</th>
<th>CESD</th>
<th>RSES</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>.64**</td>
<td>.45**</td>
<td>.38**</td>
<td>-.08</td>
<td>.14</td>
<td>.20</td>
<td>-.05</td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td>.28**</td>
<td>.28**</td>
<td>.07</td>
<td>.02</td>
<td>.20</td>
<td>-.07</td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
<td>.62**</td>
<td>.10</td>
<td>.02</td>
<td>-.03</td>
<td>.14</td>
</tr>
<tr>
<td>4.</td>
<td></td>
<td></td>
<td></td>
<td>.01</td>
<td>-.09</td>
<td>.10</td>
<td>.06</td>
</tr>
</tbody>
</table>

Notes. *p < .05. **p < .01.

All the coping subscales correlations are positive and the strength of the emotional support and instrumental support subscales is large, as well as for the positive reframe and planning subscales. It is recommended to maintain variables that have a correlation less than .70 (Pallant, 2010). Therefore, all subscales are maintained and will be included in the moderation analyses.

To determine moderation analyses, sequential regression was conducted. However, prior to conducting the analyses, the predictor variables (maternal authority and maternal nurturance) were centered using their respective sample means by subtracting the mean score of the PBI from each participants score on the PBI resulting in new variables with a mean of zero. It is important to center the predictor variables because centering reduces problems associated with multicolinearity (Frazier, Tix, & Barron, 2004). The product term was created by multiplying coping and maternal authority (the same was applied to coping and maternal nurturance). Once the interaction terms were created, the first block entered is self-esteem and depression regressed on
coping and maternal authority (the same was conducted for maternal nurturance) to
determine main effects; in the second block, the interaction terms are entered together.
The change in $\Delta R^2$ is used to test the statistical significance of the interaction terms
(Keith, 2006). If coping subscales (emotional support, instrumental support, planning,
and positive reframe) were found to be statistically significant moderators of maternal
authority, maternal nurturance, and self-esteem and depression, a post hoc analysis was
conducted to determine the exact level of coping that effects the relationship between
parenting and depression and self-esteem. If $\Delta R^2$ is not statistically significant, the first
findings from the first portion of the regression are interpreted.

**Maternal Authority and Planning Coping**

Planning coping did not moderate the relationship between maternal authority and
depression. However, maternal authority, planning coping, and the interaction of
maternal authority and planning coping, accounted for 10.6% of the variance in
depression. The omnibus test was statistically significant, $R^2 = .106, F (3, 86) = 3.40, p = .021$. This represents a small effect. Maternal authority makes the strongest unique
contribution to explaining depression in the model such that for each unit increase in
maternal authority, depression increased by 0.32 of a unit after controlling for the effects
of planning coping and the interaction of maternal authority and planning ($b = .32, t(86) = 2.92, p = .004$).

Planning coping did not moderate the relationship between maternal authority and
self-esteem. Nevertheless, maternal authority, planning coping, and the interaction of
maternal authority and planning coping, accounted for 7.5% of the variance in self-
esteem. The omnibus test was not statistically significant, $R^2 = .075, F (3, 86) = 2.34, p =$
Maternal authority makes the strongest unique contribution to explaining self-esteem in the model such that for each unit increase in parental authority, self-esteem decreased by 0.17 of a unit after controlling for the effects of planning and the interaction of maternal authority and planning ($b = -0.17$, $t(86) = -2.59$, $p = .012$).

**Maternal Authority and Positive Reframe Coping**

Positive reframe coping did not moderate the relationship between maternal authority and depression. The examination of maternal authority, positive reframing coping, and the interaction of maternal authority and positive reframing coping, accounted for 5.4% of the variance in depression. The omnibus test was statistically significant, $R^2 = .054$, $F(3, 86) = 2.71$, $p = .050$. This represents a small effect. Maternal authority makes the strongest unique contribution to explaining depression in the model such that for each unit increase in maternal authority, depression increased by 0.32 of a unit after controlling for the main effects of positive reframe coping and the interaction of maternal authority and positive reframe ($b = .32$, $t(86) = 2.80$, $p = .006$).

Positive reframe coping did not moderate the relationship between maternal authority and self-esteem. The examination of maternal authority, positive reframing coping, and the interaction of maternal authority and positive reframing coping, accounted for 9.6% of the variance in self-esteem. The omnibus test was statistically significant, $R^2 = .096$, $F(3, 86) = 3.04$, $p = .033$. This represents a small effect. Maternal authority makes the strongest unique contribution to explaining self-esteem in the model such that for each unit increase in maternal authority, self-esteem decreased by 0.17 of a
unit after controlling for the effects of positive reframe coping and the interaction of maternal authority and positive reframe coping \((b = -0.17, t(86) = -2.68, p = .009)\).

**Maternal Authority and Emotional Support Coping**

Emotional support coping did not moderate the relationship between maternal authority and depression. Maternal authority, emotional support coping, and the interaction of maternal authority and emotional support coping, accounted for 12.9% of the variance in depression. The omnibus test was statistically significant, \(R^2 = 0.129, F(3, 86) = 4.25, p = .008\). This represents a moderate effect. Maternal authority makes the strongest unique contribution to explaining depression in the model such that for each unit increase in maternal authority, depression increased by 0.33 units after controlling for the main effects of emotional support coping and the interaction of maternal authority and emotional support coping \((b = 0.33, t(86) = 2.88, p = .005)\).

Emotional support coping did not moderate the relationship between maternal authority and self-esteem. Maternal authority, emotional support coping, and the interaction of maternal authority and emotional support coping, accounted for 10.2% of the variance in self-esteem. The omnibus test was statistically significant, \(R^2 = 0.102, F(3, 86) = 3.27, p = .025\). This represents a moderate effect. Maternal authority also makes the strongest unique contribution to explaining self-esteem in the model such that for each unit increase in maternal authority, self-esteem decreased by 0.20 of a unit after controlling for the main effect of emotional support coping and the interaction of maternal authority and emotional support \((b = -0.20, t(86) = -2.95, p = .004)\).

**Maternal Authority and Instrumental Coping**
In the next model, Instrumental support coping was also found to not moderate the relationship between maternal authority and depression. Maternal authority, instrumental support coping, and the interaction of maternal authority and instrumental coping, accounted for 12.9% of the variance in depression. The omnibus test was statistically significant, $R^2 = .129$, $F(3, 86) = 4.24$, $p = .008$. This represents a moderate effect. Maternal authority makes the strongest unique contribution to explaining depression in the model such that for each unit increase in maternal authority, depression increased by 0.32 of a unit after controlling for the effects of instrumental coping and the interaction of maternal authority and instrumental ($b = .32$, $t(86) = 2.86$, $p = .005$).

Instrumental support coping did not moderate the relationship between maternal authority and self-esteem. Maternal authority, instrumental support coping, and the interaction of maternal authority and instrumental coping, accounted for 8.0% of the variance in self-esteem. The omnibus test was not statistically significant, $R^2 = .080$, $F(3, 86) = 2.49$, $p = .065$. This represents a small effect. Maternal authority makes the strongest unique contribution to explaining self-esteem in the model such that for each unit increase in maternal authority, self-esteem decreased by 0.17 of a $SD$ unit after controlling for the effects of instrumental coping and the interaction of maternal authority and instrumental coping ($b = -.17$, $t(86) = -2.63$, $p = .010$).

As per the models above, no interaction terms were found to be statistically significant. Therefore, coping subscales do not moderate the relationship between maternal authority and depression and self-esteem. The hypothesis that coping subscales would strengthen the relationship between maternal authority and depression and self-esteem was not supported.
AIM 3: Does coping moderate the relationship between maternal nurturance and depression and self-esteem among Latino emerging adults?

**Maternal Nurturance and Planning Coping**

Planning coping did moderate the relationship between maternal nurturance and depression. Maternal nurturance, planning coping, and the interaction of maternal nurturance and planning coping, accounted for 19.8% of the variance in depression. The omnibus test was statistically significant, $R^2 = .198, F(3, 86) = 7.06, p < .000$. This represents a moderate effect. The addition of maternal nurturance and planning coping as an interaction term accounted for 4.1% of additional variance in depression after controlling for the effects of maternal nurturance and planning coping. The addition of the interaction term led to a statistically significant increase in $R^2$: $\Delta R^2 = .041, F(1, 86) = 4.40, p = .039$. Maternal nurturance makes the strongest unique contribution to explaining depression in the model such that for each unit increase in maternal nurturance, depression decreased by 0.45 of a unit after controlling for the main effects of planning coping and the interaction of maternal nurturance and planning coping ($b = -.45, t(86) = -4.09, p < .000$). Additionally, the interaction of maternal nurturance and planning coping was the following variable to have a statistically significant moderate effect in explaining depression such that for each unit increase in the interaction of the two variables, depression increased by 0.12 of a unit after controlling for the main effects of maternal nurturance and planning coping ($b = .12, t(86) = 2.10, p = .039$).

However, planning coping did not moderate the relationship between maternal nurturance and self-esteem. Maternal nurturance, planning coping, and the interaction of maternal nurturance and planning coping, accounted for 15% of the variance in self-
esteem. The omnibus test was statistically significant, $R^2 = .150$, $F(3, 86) = 5.06$, $p = .003$. This represents a moderate effect. Maternal nurturance makes the strongest unique contribution in explaining self-esteem in the model such that for each unit increase in maternal nurturance, self-esteem increased by 0.24 of a unit after controlling for the main effects of planning coping and the interaction of maternal nurturance and planning coping ($b = .24$, $t(86) = 3.64$, $p < .000$).

\textit{Maternal Nurturance and Positive Reframe Coping}

Positive reframe coping did moderate the relationship between maternal nurturance and depression. The examination of maternal nurturance, positive reframing coping, and the interaction of maternal nurturance and positive reframing coping, accounted for 21.6% of the variance in depression. The omnibus test was statistically significant, $R^2 = .216$, $F(3, 86) = 7.91$, $p < .000$. This represents a moderate effect. The addition of maternal nurturance and positive reframing coping as an interaction term accounted for 7.1% additional variance in depression after controlling for the effects of maternal nurturance and positive reframing coping. The addition of the interaction term led to a statistically significant increase in $R^2$: $\Delta R^2 = .071$, $F(1, 86) = 7.76$, $p = .007$. Maternal nurturance makes the strongest unique contribution to explaining depression in the model such that for each unit increase in maternal nurturance, depression decreased by 0.42 of a unit after controlling for the main effects of positive reframe coping and the interaction of maternal nurturance and positive reframe coping ($b = -.42$, $t(86) = -3.82$, $p < .000$). Additionally, the interaction of maternal nurturance and positive reframe coping was the following variable to have a statistically significant large effect in explaining depression such that for each unit increase in the interaction of the two variables,
depression increased by 0.17 of a unit after controlling for the effects of maternal nurturance and positive reframe coping ($b = .16, t(86) = 2.79, p = .007$).

Positive reframe coping did not moderate the relationship between maternal nurturance and self-esteem. The examination of maternal nurturance, positive reframing coping, and the interaction of maternal nurturance and positive reframing coping, accounted for 14.3% of the variance in self-esteem. The omnibus test was statistically significant, $R^2 = .143, F(3, 86) = 4.77, p = .004$. This represents a moderate effect. Maternal nurturance makes the strongest unique contribution in explaining self-esteem in the model such that for each unit increase in maternal nurturance, self-esteem increased by 0.22 of a unit after controlling for the main effects of positive reframe coping and the interaction of maternal nurturance and positive reframe coping ($b = .22, t(86) = 3.35, p = .001$).

**Maternal Nurturance and Emotional Support Coping**

The emotional support coping subscale did moderate the relationship between maternal nurturance and depression. Maternal nurturance, emotional support coping, and the interaction of maternal nurturance and emotional support coping, accounted for 22.1% of the variance in depression. The omnibus test was statistically significant, $R^2 = .221, F(3, 86) = 8.15, p < .000$. This represents a moderate effect. The addition of maternal nurturance and emotional support coping as an interaction term accounted for 4.6% of additional variance in depression after controlling for the effects of maternal nurturance and emotional support coping. The addition of the interaction term did lead to a statistically significant increase in $R^2$: $\Delta R^2 = .046, F(1, 86) = 5.05, p = .027$. Maternal nurturance makes the strongest unique contribution to explaining depression in the model.
such that for each unit increase in maternal nurturance, depression decreased by 0.51 of a unit after controlling for the main effects of emotional coping and the interaction of maternal nurturance and emotional coping ($b = -.51, t(86) = -4.39, p < .000$). Additionally, the interaction of maternal nurturance and emotional coping was the following variable to have a statistically significant moderate effect in explaining depression such that for each unit increase in the interaction of the two variables, depression increased by 0.14 of a unit after controlling for the main effects of maternal nurturance and emotional coping ($b = .14, t(86) = 2.25, p = .027$).

On the other hand, emotional support coping did not moderate the relationship between maternal nurturance and self-esteem. Examining self-esteem as a dependent variable, maternal nurturance, emotional support coping, and the interaction of maternal nurturance and emotional support coping, accounted for 12.6% of the variance in self-esteem. The omnibus test was statistically significant, $R^2 = .126, F(3, 86) = 4.14, p = .009$. This represents a moderate effect. Maternal nurturance makes the strongest unique contribution to explaining self-esteem in the model such that for each unit increase in maternal nurturance, self-esteem increased by 0.24 of a unit after controlling for the main effects of emotional coping and the interaction of maternal nurturance and emotional coping ($b = .24, t(86) = 3.39, p = .001$).

**Maternal Nurturance and Instrumental Support Coping**

In the next model, instrumental support coping did moderate the relationship between maternal nurturance and depression. Maternal nurturance, instrumental support coping, and the interaction of maternal nurturance and instrumental coping, accounted for 19.8% of the variance in depression. The omnibus test was statistically significant, $R^2 =$
.198, $F(3, 86) = 7.09, p < .000$. This represents a moderate effect. Maternal nurturance makes the strongest unique contribution in explaining depression in the model such that for each unit increase in maternal nurturance, depression decreased by 0.46 of a unit after controlling for the main effects of instrumental coping and the interaction of maternal nurturance and instrumental coping ($b = -0.46, t(86) = -4.14, p < .000$). Additionally, instrumental coping was the following variable to have a statistically significant moderate effect in explaining depression such that for each unit increase in the instrumental coping, depression increased by 0.98 of a unit after controlling for the main effects of maternal nurturance and the interaction of maternal nurturance and emotional coping ($b = 0.98, t(86) = 2.32, p = .023$).

Instrumental support coping did not moderate the relationship between maternal nurturance and self-esteem. Maternal nurturance, instrumental support coping, and the interaction of maternal nurturance and instrumental coping, accounted for 14.5% of the variance in self-esteem. The omnibus test was not statistically significant, $R^2 = .145, F(3, 86) = 4.84, p = .004$. This represents a moderate effect. Maternal nurturance makes the strongest unique contribution in explaining self-esteem in the model such that for each unit increase in maternal nurturance, self-esteem increased by 0.24 of a unit after controlling for the main effects of instrumental coping and the interaction of maternal nurturance and instrumental coping ($b = 0.24, t(86) = 3.68, p < .000$).

As per the models above, three interaction terms were found to be statistically significant: Maternal nurturance and the following coping patterns, emotional support, positive reframing, and planning in predicting depression. Therefore, the hypothesis that coping would strengthen the relationship between maternal nurturance and depression
and self-esteem was only supported in strengthening the relationship between parental nurturance and depression. A flipped version of the model was also examined in the analysis (i.e., depression and self-esteem as the predictor variables, and maternal authority and nurturance as the outcome variables). However, no statistically significant findings were found in any of the interactions. Post hoc tests were not performed because the nurturance variable and the coping variable have groups with fewer than two cases.
Chapter Five: DISCUSSION

Maternal authority and nurturance have well been documented to impact children’s psychological functioning (Endler & Parker, 1994; Hoffman et al., 1992; Lewinsohn et al., 1994; Nolen-Hoeksema, et al., 1992; Wolfradt et al., 2003). Prior research has demonstrated that maternal authority negatively impacts self-esteem and depression (Dubas et al., 2002; Heppner & Lee, 2002; Locke & Prinz, 2002; Patoch-Peckham & Morgan-Lopez, 2007), whereas maternal nurturance has been found to positively impact self-esteem and depression which are similar to the findings of this study (Bean et al., 2003; Hopkins & Klein; 1993; Wolfradt et al., 20003). However, the majority of prior studies focused on predominately White samples and samples focused on children or adolescents. This study focused on Latino emerging adults as the sample. The findings of the current study address some of the limitations of prior research by examining the effects of maternal authority and nurturance on Latino emerging adults’ depression and self-esteem. The major results of this study’s analysis are 1) maternal authority is related to high levels of depression and low levels of self-esteem among Latino emerging adults, whereas maternal nurturance is related to high levels of self-esteem and low levels of depression, 2) coping subscales (planning, positive reframing, emotional support, and instrumental support) did not moderate the relationship between maternal authority, depression and self-esteem among Latino emerging adults, and 3) planning, positive reframing, and emotional support coping methods strengthened the relationship between maternal nurturance and depression only. This chapter discusses the major findings of the study within the framework of existing research on maternal
authority, maternal nurturance and its relationship to Latino emerging adult depression, self-esteem, and coping.

**Maternal Authority and Depression**

The findings of this study indicate that a relationship exists between maternal authority and Latino emerging adults’ reporting of depression, such that high maternal authority leads to greater depressive symptoms among Latino emerging adults. This supports the hypothesis of the study that high maternal authority predicts greater depressive symptoms. The current result is not surprising given that high maternal authority has been described as highly controlling parents who attempt to shape and evaluate their child’s behaviors according to a parent’s set of standards (Barber et al., 2005; Dornbusch et al., 1987). High parental authority has been found in the literature to lead to depression among children and adolescents (Heppner & Lee, 2002; Patoch-Peckham & Morgan-Lopez, 2007; Wolfradt et al., 2003). This study’s findings are similar among an emerging adulthood sample. This may be a result of emerging adulthood being a point in time where depressive symptoms may be exacerbated due to the transitory nature of this phase in development (Arnett, 2006).

Interestingly, this finding of high maternal authority predicting greater depressive symptoms among Latino emerging adults is in concordance with prior research that reported high parental authority leads to greater depression among Caucasians. This similarity to Caucasians may not be so unexpected since some studies have shown that Latinos exhibit similar feelings of loneliness and sadness as Caucasians (Munet-Vilaro et al., 1999). Another explanation for the similarity between Latinos and Caucasians in this
finding may be due to the fact that the majority of the sample is first generation born in the United States and therefore the Latinos in this sample exhibit much of the characteristics of Caucasians. More specifically, many of the Latinos in this sample identified as Cuban Americans (60%; 20% were South American, the remaining 10% were from Central America, Puerto Rico, or Dominican Republic). Cuban Americans are different than other Latino groups in that they tend to have a higher socioeconomic status, higher educational attainment, larger family income, and lower rates of poverty compared to other Latino groups (Crockett, Brown, Iturbide, Russell, Wilkinson Lee (2009). Cuban Americans tend to also have political and economic power in their community; as such, much of the Cuban American characteristics resemble Caucasians (Crockett et al., 2009). Cuban Americans in general have been found to have a collectivistic attitude that coexists with the American attitude of individualism (Crockett et al., 2009). Therefore, it is not surprising that the findings in this study are similar to prior research done on Caucasians.

Another reason for this similarity to Caucasians may be because children born in the United States from immigrant parents may focus on adjusting to traits that are deemed “American” becoming indistinguishable from their American peers (Zhou, 1997). Studies on Latino immigrant parenting have reported that Latino immigrant parents highly emphasize following rules and obeying the laws of the community to their Latino children (Henry, Merten, Plunkett, Sands, 2008). As a result, Latino parents may be exercising greater parental authority, resulting in their children feeling more depressed. Additionally, Latino immigrant parents may face the added challenge of having less collective monitoring of their children than what is typical in their country of origin (Henry et al., 2008). As a result, Latino parents may be placing greater authority over
their children resulting in higher rates of depression. The findings of this study may also suggest that Latinos born in the United States may have other contextual factors (i.e., employment status or finances) that impact their views on maternal authority and as a result lead to greater depression.

On the other hand, the literature on parental authority has produced conflicting views such that other research has demonstrated that parental authority leads to lower depressive symptoms (Milevsky et al., 2007). In a primarily African American sample of adolescents who exhibit problem behaviors, parents who exert high authority are more vigilant of their child’s behaviors and know their child’s whereabouts, which in turn allows the child to engage in healthier activities leading to lower depressive symptoms (Frey et al., 2009). Among a sample of Caucasian antisocial adolescents, similar results were found in that high parental authority led to lower depression as well (Laird et al., 2010). The finding of the current study is not in congruence with literature that has reported high parental authority leads to lower depression. However, it may be that the mixed findings in prior literature are a result of examining healthy samples versus samples with problem behaviors (i.e., aggressive, violent, antisocial, etc.). This study did not examine a history of problem behaviors among the Latino emerging adults in the sample, which may be a reason why this study did not find mixed results with maternal authority.

Even though the finding of this study supports the hypothesis that maternal authority predicts greater depression, this appears to be atypical considering that the Latino culture values authority, obedience, and respect for elders (Dixon et al., 2008; Fuller & Garcia Coll, 2010; Patock-Peckham et al., 2011). Therefore, it would not have
been surprising if high maternal authority predicted lower depression in Latinos since the Latino culture values family closeness and respect of authority. For instance, in a study of parenting differences among ethnic groups, findings revealed that Latino, Asian American, and African American parents exert greater parental authority than Caucasian parents (Chao & Kanatsu, 2008). Thus, mixed findings may be attributable to cultural backgrounds, such that cultural groups have a unique experience of their world and findings may vary across cultural groups as a result. This study supported the literature that suggested parental authority leads to greater depressive symptoms. This may be because the majority of the sample (72%) are first generation born in the United States and may be more acculturated to the American society than other Latinos who were not born in the United States.

**Maternal Authority and Self-Esteem**

This study’s finding supported the hypothesis that high maternal authority leads to lower self-esteem among Latino emerging adults. This means that mothers who are perceived as being high on authority, result in lower self-esteem among their Latino emerging adult offspring. This finding is similar to research that reports high parental authority negatively affects self-esteem among children and adolescents (Buri, 1989; Dallaire et al., 2006; Dubas et al., 2002; Locke & Prinz, 2002). The similarities of this study’s finding with the literature may be a result of high maternal authority generating a demanding environment that interferes with a child’s self-concept and creates hyper vigilance (Timpano et al., 2010). According to Dubas et al. (2002), children who experience high maternal authority are at risk for exhibiting low self-esteem later on in adolescence due to high vulnerability. This risk may continue to increase during
emerging adulthood because it is a time of high variability. In addition, the Latino culture places value on authority and family cohesiveness. As such, high maternal authority may interfere with Latino emerging adult’s ability to make independent decisions because of these cultural values which may result in reliance of other family members’ opinions regarding decisions as well. Thus, Latino emerging adults may feel at a disadvantage when faced with independent decision making, resulting in lower self-concept and self-esteem.

However, the finding that high maternal authority predicts low self-esteem is in contrast to other research that suggests parental authority may lead to high self-esteem among African American and Caucasian adolescents (Frey et al., 2009; Laird et al., 2010; Milevsky et al., 2007). The literature reports that high parental authority indicates parents who monitor their children’s whereabouts and have knowledge of their children’s engagements results in children feeling supported which in turn leads to greater self-esteem (Frey et al., 2009; Laird et al., 2010). Even though Latinos have been reported to value authority and view parental authority as legitimate (Kakihara et al., 2010; Ontai-Grzebik & Raffaelli, 2004), among Latino emerging adults, maternal authority leads to poor self-esteem. This may be because Latino emerging adults experience role fluctuations of being a child and becoming an adult (Sanchez et al., 2010). This creates challenges for Latino emerging adults in fully exploring opportunities since the main emphasis is on cohesion and *familismo*. According to Leidy, Guerra, and Toro (2012), children of immigrants may encounter difficulty navigating between their parents’ cultural values and the demands of American society. In particular, findings of Cuban American children have shown that there are two forms of reference for evaluating ones
family; the American view and their cultural view, which adds to the challenge of navigating between two views (Crockett et al., 2009). This challenge may be exacerbated when emerging adults are attempting to gain independence all while having maternal figures who are very involved. As a result, Latino emerging adults may feel insecure about their current struggle of identifying with their parents and the American society thus experiencing low self-esteem as a result of balancing independence all while maintaining contact with their family.

**Maternal Nurturance and Depression**

The findings of this study revealed that high maternal nurturance, referring to a parent’s responsiveness, expression of acceptance, and love towards their child, predicts lower depressive symptoms. This finding supports prior research that reported high parental nurturance leads to a decrease in depressive symptoms among Caucasian and African American child and adolescent samples (Buri, 1989; Huver at al., 2010; Leidy et al., 2012; Locke & Prinz, 2002; Meester & Muris, 2004). High parental nurturance has also been found in the research to assist in the healthy transition from adolescence towards emerging adulthood (Schwartz et al., 2009). In particular, among Cuban Americans, research has shown that Cuban parents who spent their teenage years in the United States may grant more autonomy to their children while still stressing high levels of nurturance (Crockett et al., 2009). Latino immigrant parents emphasize nurturance and cohesion, as such immigrant parents model and reinforce effective social problem solving skills by stressing the importance of togetherness and getting along with others (Chao & Kanatsu, 2008; Leidy et al., 2012). As a result of immigrant parents modeling and emphasizing togetherness and getting along with others, these children may feel
more nurturance and support in their social interactions with others allowing them to feel more confident and to experience fewer depressive symptoms. Hence, Latino emerging adults are consistent with prior research findings that high maternal nurturance leads to lower depressive symptoms. Parental nurturance has been consistently linked to positive outcomes in children which may be due to the belief that when a child views their parent as nurturing, that child feels positive about their relationship with their parental figure and as a result feels positive about him or herself (Hopkins & Klein, 1993). Therefore, an emerging adult’s perception of high maternal nurturance may serve as a protective factor against depressive symptoms.

**Maternal Nurturance and Self-Esteem**

High maternal nurturance was found to increase self-esteem among Latino emerging adults. Prior studies on parental nurturance revealed that high parental nurturance is positively correlated with self-esteem among a primarily Caucasian sample (Finkenauer et al., 2005; Hopkins & Klein, 1993; Schwartz et al., 2009; Watson et al., 1995). According to Bean et al. (2003), a positive relationship was found between African American high maternal nurturance and high self-esteem, which may be due to the instrumental role African American mothers play in the care of their children. In the Latino culture, mothers also play an instrumental role in the care of their children by valuing *marianismo* and *familismo*, which emphasize maternal nurturance, cohesiveness, alliance, and support in cultivating the relationship between their children in order to support their development (De Von Figueroa-Moseley et al., 2006; Fuller & Garcia Coll, 2010; Kakihiara et al., 2010). In particular, Cuban maternal figures nurture and sacrifice themselves for their children while paternal figures are in charge of economic and
decision making of household responsibilities (Crockett et al., 2009). Therefore, as suggested by Hopkins & Klein (1993) the sample views their maternal figure as highly nurturing, the sample therefore feels positive about that relationship and therefore feels positive about themselves. In this sample of Latino emerging adults, 87% (n = 78) revealed that they frequently keep in touch with their maternal figure, 49% (n = 44) consider their relationship with their maternal figure as not conflictual, and 29% (n = 26) consider their relationship to be rarely conflictual. Therefore, it is evident that the vast majority of the sample in this study has a positive view and an underlying strength in the relationship with their maternal figures. Additionally, this supports the notion that Latino emerging adults continue to maintain a close relationship with their parents even during a time of transitioning into independence. Thus, the findings support the hypothesis that high maternal nurturance predicts greater self-esteem.

The Link Between Coping and Maternal Authority and Maternal Nurturance

The second and third aims of the study were to examine adaptive coping subscales (planning, positive reframing, emotional support, and instrumental support) as potential moderators in the association between maternal authority and maternal nurturance and depression and self-esteem among Latino emerging adults. Moderation analyses were only significant in the relationship between maternal nurturance and depression. As such, the following paragraphs focus on the moderating effects observed.

Maternal Authority and Coping Subscales

Prior research has found that parental authority may lead to both adaptive and maladaptive coping strategies among children (Nijhof & Engels, 2007; Wolfradt et al.,
Many prior studies examined only coping strategies, such as adaptive, maladaptive, or active coping. Some studies reported that parental authority leads to less active coping strategies than parental nurturance among a German sample (Wolfradt et al., 2003). Yet in a different study, parental authority was found to lead to the use of coping strategies when faced with challenges because children with high parental authority learn how to control their behaviors, and as a result, are more able to cope with challenges (Nijhof & Engels, 2007). Latinos have been shown to rely on adaptive coping strategies (Gloria et al., 2009; Torres, 2010). Thus, this study examined four adaptive coping subscales independently. However, no findings of the coping subscales moderating the relationship between maternal authority and depression and self-esteem were found.

In examining the Latino culture, emphasis is placed on following directions and respecting authority. More specifically, the majority of the sample has maternal figures that were born in a different country and Latino immigrant parents have been found in the literature to encourage their children to follow rules and structure (Henry et al., 2008). Therefore, findings may not have been found because children of Latinos may not need to rely on coping strategies when they have a high parental authority figure, but rather they need only follow instructions and directions from that parental figure when confronted with a challenge. Another reason for the lack of findings may be because, according to Lazarus (1993), coping is thought to change over time and due to varying threats perceived by an individual. Coping may not moderate the relationship between maternal authority and depression and self-esteem because the sample in the study may not perceive maternal authority as a “threat,” especially since they value authority and
respect for elders. Therefore, the interaction of maternal authority and coping subscales jointly do not impact Latino emerging adults’ psychological functioning in this study.

**Maternal Nurturance and Coping Subscales**

Aim three’s findings revealed that maternal nurturance moderated by the coping subscales, planning, positive reframing, and emotional support, lead to greater depression. These findings support the hypothesis that the coping subscales moderate the relationship between maternal nurturance and depression. However, the hypothesis assumed maternal nurturance moderated by the coping subscales would lead to less depression and greater self-esteem. Unfortunately, the coping subscales were not observed to moderate the relationship between maternal nurturance and self-esteem.

Interestingly, the finding that maternal nurturance moderated by the coping subscales leads to greater depression goes against much of the literature on parenting and on coping. Parental nurturance has been found in the literature to influence adaptive coping strategies among offspring, which in turn buffers against psychological distress (Hardy et al., 1993; Nijhof & Engels, 2007; Wolfradt et al., 2003). Latinos have been found to rely on adaptive coping methods, which have been shown to serve as a buffer against depression and during transitions (Torres, 2010). The assumption is that children who perceive their parents as nurturing learn adaptive coping strategies from their parents, which in turn lead to positive child functioning among a sample of primarily Caucasian children and adolescents (Hardy et al., 1993; Nijhof & Engels, 2007; Wolfradt et al., 2003). The coping subscales found to moderate the relationship between maternal nurturance and depression are adaptive coping strategies: planning, positive reframing,
and emotional support (Wong & Heriot, 2008). Yet, in this study, the findings revealed the opposite effect in that maternal nurturance and the adaptive coping subscales together contribute to greater depression. This may be a result of combining coping, which changes due to situational contexts, with Latino cultural values of maternal connectedness and nurturance, together which uniquely impacts a child’s functioning. For instance, during emerging adulthood there are challenges to becoming independent while still maintaining the home cultural values, especially since the Latino culture values *familismo* and maternal nurturance. This may result in an emerging adult feeling stressed because of role fluctuations of being a child and an adult (Sanchez et al., 2010). As a result, Latino emerging adults may attempt to cope with a situation as an adult while feeling conflicted about still feeling like a child due to maternal nurturing figures involvement. Therefore, Latino emerging adults rely on their adaptive coping skills but may feel conflicted when the influence of their maternal nurturance figure is present resulting in greater depressive symptoms.

Latino emerging adults also have the added pressure of managing their home cultural values and demands of American society (Crockett et al., 2009; Leidy et al., 2012). For instance, in the Cuban American culture, this fluctuation may be more challenging because the child is the center of the family and parents grant their children autonomy, but also indulge their children all while expecting obedience and respect towards the family (Crockett et al., 2009). In other words, Latino emerging adults may exhibit greater depressive symptoms as a result of balancing two frames of reference and because high maternal nurturance may serve to over indulge during a challenging experience. This aspect of maternal nurturance leading to over indulging a child is no
surprise given that Latina mothers’ role is to nurture the family and sacrifice for the family (Santiago-Rivera, 2003). Even though the combination of maternal nurturance and adaptive coping leads to greater depressive symptoms among the Latino emerging adult sample, it may not be a negative aspect of the maternal-child relationship. Latina mothers demonstrate support and cohesion with their children; therefore it is of no surprise that when challenged with a difficult situation, maternal figures are presently providing support. However, it appears that in this sample, the interaction of high maternal nurturance and planning, positive reframing, and emotional support coping subscales adds to feelings of depression. This may be a problem in this American society that values independence and individualism, in which Latino emerging adults are attempting to balance between being a child and an adult. If this were to be examined in the maternal figure’s home country, the interaction of nurturance and coping subscales may have been proven to lead to less depressive symptoms.

In addition, among Latinos, emerging adulthood is a difficult time and research has shown that Latinos encounter a loss in social support or employment opportunities due to family obligations. Family obligations may include financial support of the family or belief of familisimo in that they need to stay near the family regardless of opportunities that may be of interest elsewhere (Arnett, 2006; Galambos et al., 2006). Thus, Latino emerging adults’ perception of their maternal nurturance and coping abilities put them more at risk to experience depressive symptoms. For instance, Latino emerging adults may be coping with a difficult situation, but feel ashamed of dealing with a situation independently while a maternal figure continues to provide nurturance. As a result depressive symptoms may increase.
Implications for Treatment

The findings of this study have clear implications for treatment. Given that maternal authority predicts greater depressive symptoms and lower self-esteem, clinicians should create parental interventions that educate parents about the negative outcomes associated with maternal authority, especially since these have been shown to impact offspring through emerging adulthood. Clinicians working with emerging adults’ who are at risk for depressive symptoms or self-esteem concerns, should also explore the type of parental relationship their patients had in the past and currently with their parents. This information could provide additional insight into the patients’ psychological functioning and treatment plan. Examining the results that the coping subscales do not moderate the relationship between maternal authority and depression and self-esteem, clinicians may wish to further explore the role of maternal authority and role of the coping subscales independently to determine how they uniquely impact their patient’s functioning.

The finding that maternal nurturance predicts greater self-esteem and lower depressive symptoms should be highlighted by clinicians to educate parents about the positive outcomes associated with maternal nurturance. Clinicians should stress that high maternal nurturance may serve as a protective factor against depressive symptoms and contribute to their child’s positive self-esteem. When working with emerging adults, clinicians may explore the parental-child relationship, such as through the memory of a highly nurturing parent, to determine possible strengths that may empower a patient, especially since prior research suggests that parental nurturing figures model healthy relationships and ways of being for their children (Hopkins & Klein, 1993). The
interaction of planning, positive reframing, and emotional support with maternal nurturance predicting greater depression may be a challenging area of exploration for clinicians. Clinicians must take caution to not interpret the interactions with nurturing maternal figures as negative, but rather should focus on the emerging adults’ perception of their role in being an adult versus a child. As seen previously in the chapter, Latino emerging adults encounter role fluctuations and Latino mothers are nurturing figures with a tendency to indulge their children (Crockett et al., 2009). Therefore, clinicians may need to assist in the understanding of the Latino emerging adult’s internal conflict regarding being independent while still needing maternal nurturance, and how this conflict impacts their psychological functioning.

Given that the findings in this study are similar to those of Caucasians, clinicians must be aware that not all problems are culture-based. According to Santiago-Rivera (2003), this is imperative for clinicians to understand when working with Latino families. Conversely, Santiago-Rivera (2003) adds that it is just as important for clinicians to take into consideration the unique cultural values and characteristics of the Latino family during therapy. In other words, clinicians must be aware of cultural factors when treating a Latino family but must not assume that their reason for seeking treatment is because of their culture. For instance, familismo is a Latino cultural value that clinicians must consider when treating Latino families. However, familismo may appear as family members being highly enmeshed. Therefore, knowledge of cultural values and family based interventions are better suited for the Latino family, especially to better understand the parent-child relationship and depression and self-esteem concerns that may emerge as a result.
Clinical interventions should also consider generational and acculturation factors given that children who are born in the United States and grow up here have different experiences than their foreign born parents. In addition to assessing generational and acculturation factors, clinical interventions for Latino emerging adults should focus on depressive symptoms and self-esteem issues that may surround their relationship with their parents and the role fluctuations from being a child to becoming an adult. Clinicians should also focus on assessing the communication patterns between mother and adult child while determining family roles and the family dynamic in order to develop a treatment plan that incorporates the family’s culture. Given the findings that high maternal authority predicts greater depression and lower self-esteem and that maternal nurturance predicts lower depression and greater self-esteem among Latino emerging adults, clinicians should work with parents to teach them how they contribute to both positive and negative outcomes in their children.

**Implications for Research**

Given the findings of this study, future studies now have an understanding of the impact maternal authority and nurturance has on Latino emerging adult depressive symptoms and self-esteem. The participants in this study were from Southeast Florida and primarily Cuban American. While this study provided interesting information on a primarily Cuban American sample, future studies should examine a more diverse set of Latinos from all over the United States to have a more representative study that is generalizable to the Latino culture. While this study provided useful information on Latino parenting and its impact on emerging adult depressive symptoms and self-esteem, researchers should also examine the relationship between maternal authority, nurturance
and Latino emerging adult depression and self-esteem in the context of specific Latino cultural groups. While this study utilized a sample of Latinos, the sample did not have enough participants in each specific cultural group to generalize to Latino subgroups.

The results in this study provided important information on Latina maternal figures, the findings of maternal authority and nurturance in relation to depression and self-esteem were biased given that only emerging adult perceptions of maternal figures were examined. While this study requested emerging adults perceptions of their maternal figure at one time point, further information about maternal authority and nurturance may be revealed if the research included observations of parent-child interactions and was longitudinal. A longitudinal study could capture the changing nature of the relationship between parent and child during varying time points to better understand the impact of maternal authority and nurturance throughout a child’s life. This would allow for a deeper understanding of the parent-child dyad and may provide more consistent results with regards to maternal authority.

Findings of the present study most importantly demonstrated that researchers need to not only understand the relationship between maternal authority, nurturance and depression, self-esteem, but they must also understand the possible interactions with other variables that may lead to Latino emerging adult psychological functioning. The results only revealed that maternal nurturance moderated by the coping subscales lead to greater depression. Therefore, future studies should explore this relationship further and the relationship between maternal authority and coping in general. The measurement of the coping variable did not provide a single score of coping for participants. Therefore, future studies may want to explore a valid instrument that provides a single coping score
to determine if coping in general contributes to emerging adults functioning or if the
subscales of the coping variable is a more precise way to examine coping methods among
this sample.

Limitations

While this study contributes to the parenting and Latino emerging adult literature,
it is not without limitations. The first limitation is the focus of only maternal caregivers
instead of both maternal and paternal caregivers. Maternal figures in the Latino culture
are known as being nurturing while emphasizing respect for authority and elders
(Crockett et al., 2009; Santiago-Rivera, 2003). By focusing on only maternal figures that
are culturally expected to emphasize nurturance, the data may be biased towards findings
of parental nurturance. As per Milevsky et al. (2007), paternal figures are starting to play
a larger role in the caretaking of their children and as a result may contribute uniquely to
offspring outcomes. In the Latino culture, paternal figures emphasize dominance and
control (Santiago-Rivera, 2003). Therefore, further research should explore the role of
paternal figures in the relationship between Latino emerging adults and depression and
self-esteem in addition to maternal figures to obtain a clearer picture of parental roles.

A second limitation is the reliance on emerging adult self-report of their
perception of their maternal figure during childhood. Emerging adults may remember
experiences differently than how they actually occurred during childhood. The PBI only
measures parental perceptions up to age 16, therefore caution should be taken when
interpreting the results because the results of this study are biased towards the emerging
adult perspectives on how maternal authority and nurturance impacted their depressive
symptoms and self-esteem in the past. Their perspective may be impacted by their current relationship and so caution must be taken. Ideally, an examination of both parental perceptions and emerging adult perceptions would be included to form a more complete picture. However, because this study was interested in outcomes associated with emerging adults, it seemed more pertinent to only examine the perception of the emerging adult participant.

A third limitation is the focus of a Latino sample in Southeast Florida. Because of the somewhat homogenous sample, caution must be used in the generalization of the findings to other Latino populations. The Latino culture encompasses many ethnicities and future research should address various Latino groups to enhance our understanding of their maternal figures on depression and self-esteem. It is necessary to replicate the findings of this study with other emerging adult samples that are older and of other ethnic backgrounds. Additionally, because of the sample size, it was not possible to separate the sample into more specific ethnic groups, which may yield different or similar results.

A fourth limitation is the low level of depressive symptoms and high level of self-esteem among the sample. Because the sample consisted primarily of participants who frequently keep in touch with their maternal figures and who consider their relationship to not be conflictual, future studies should explore various parent child relationships to form a more complete picture of the findings. Therefore, caution should be taken when interpreting the results, which are not generalizable to emerging adults who are experiencing more severe psychopathology.
Fifth limitation is measurement. The parenting measure categorizes parenting into nurturance and authority which therefore restricts the variance into high or low dimensions for participants. Future studies should consider a reliable continuous parenting measure. Additionally, the coping measure has many subscales comprised of two items, each not allowing for a general coping score to exist. Because the predictor variables and the moderator variables had limited response options, the outcome variables, depression and self-esteem, needed to have higher response options. The product of the response options of the predictor and moderator variable should be the same as the number of response options of the outcome variable in order to have a true moderation effect. The outcome variable did not have the ideal response options, therefore power was jeopardized. Future studies should consider the response options of the outcome variable being the product of the interaction variables in order for the interaction to maintain power.

Finally, other factors not included in the study may influence Latino emerging adults’ psychological distress, such as acculturation, acculturative stress, socioeconomic status, etc. Therefore, future studies should examine other factors that may impact the relationship between maternal authority, nurturance, depression, and self-esteem among Latino emerging adults.

**Future Directions**

Many studies have demonstrated that parenting leads to the psychological distress and well-being of children. However, findings focused on the relationship between parental authority and psychological distress have been mixed. This study showed
consistent findings with respect to maternal authority predicting greater depression and lower self-esteem. Nevertheless, some studies demonstrate that parental authority has mixed findings when it comes to child and adolescent outcomes. Therefore, future studies need to continue examining emerging adulthood to determine if the developmental stage of emerging adulthood provides more consistent findings in the literature surrounding maternal authority.

Additionally, future studies should examine varying cultural groups to determine if culture is the reason for mixed parental authority findings. Culture in this study was found to be similar to Caucasian findings. However, this may be because the majority of the participants are first generation born in the United States and because Cuban Americans were the largest Latino cultural group in the sample. Given that Latinos are the fastest growing minority group, future studies need to continue examining the relationship among various cultural groups to determine if those groups also produce consistent findings. Future research should especially pay attention to the role coping plays in the relationship between parenting and Latino emerging adult outcomes as in this study coping played a unique role in moderating the relationship between parental nurturance and depression. By finding variables, whether they be culture, emerging adulthood, or coping, that may impact the relationship between maternal authority and psychological distress, more consistent findings may emerge minimizing mixed results.

Also, future studies should focus on incorporating paternal figures in the relationship between maternal authority and nurturance and depression and self-esteem. More importantly, Latino paternal figures should be examined given that the Latino culture values dominant male roles. Latino cultural values also place emphasis on the
role of extended family members in the child rearing process (Crockett et al., 2009). Hence, future research should incorporate members of the extended family who may also have had an impact in the upbringing of emerging adults and may influence our understanding of Latino emerging adult depression and self-esteem. The Latino culture additionally values family closeness; thus, future studies should examine emerging adults who live at home with their parental figures versus those emerging adults who do not live at home with their parental figures. Research of future studies should also incorporate the use of an acculturation measure to assess whether the level of acculturation impacts the relationship between maternal authority, nurturance, and depression, self-esteem.

Conclusions

It is clear that maternal authority and nurturance continue to impact child psychological functioning well into emerging adulthood. This study provided a clearer picture of a historically mixed variable, parental authority, by finding that it predicts greater depression and lower self-esteem among Latino emerging adults. Cultural values and characteristics play an important role in this as Latina mothers’ emphasis on being nurturing and valuing respect for family contribute uniquely to how Latino emerging adults function. Incorporating the role of culture in the parenting literature allows for a deeper understanding of the complex relationship between a Latino emerging adult and his/her mother. By examining culture and emerging adulthood, this study provided insight into the complex internal struggle Latino emerging adults face in balancing their parental cultural values of togetherness with the American societal norms of independence. The findings of this study suggests that parenting in Latino emerging adulthood is linked to important psychological aspects during a time in development that
is full of transitions. Researchers need to continue to examine the role Latino parents
play in their emerging adults’ lives. This study serves as a starting point for future
researchers.
References


and Puerto Rican mothers of young children. Journal of Clinical Child and
Adolescent Psychology, 31(3), 354-363.

Carver, C. S. (1997). You want to measure coping but your protocol’s too long: Consider
the Brief COPE. International Journal of Behavioral Medicine, 4(1), 92-100.

theoretically based approach. Journal of Personality and Social Psychology,
56(2), 267-283.

United States, 2006 and 2008. Retrieved from:
http://www.cdc.gov/Features/dsDepression/

Chao, R.K. (1994). Beyond parental control and authoritarian parenting style:
Understanding Chinese parenting through the cultural notion of training. Child
Development, 65(4), 1111-1119.

differences in parenting through cultural and immigration processes. Applied

Chapela, L. B., & de Snyder, N. S. (2009). Características psicométricas de la Escala
Center for Epidemiological Studies-depression (CES-D), versiones de 20 y 10

Choudhary, S., & Thapa, K. (2011). Dialectical Behavior Therapy for managing
interpersonal relationships. Psychological Studies, 57(1), 46-54.

Cultural Diversity and Ethnic Minority Psychology, 7(2), 115-120.

Concepts of good parent-adolescent relationships among Cuban American
teenagers. Sex Roles, 60, 575-587.

Cuellar, I., & Roberts, R.E. (1997). Relations of depression, acculturation, and
socioeconomic status in a Latino sample. Hispanic Journal of Behavioral
Sciences, 19(2), 230-238.

Bruce, A. E. (2006). Relation of positive and negative parenting to children’s
depressive symptoms. Journal of Clinical Child and Adolescent Psychology,
35(2), 313-322.


Table 1: Demographic Information of Participants (N = 77)

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>N</th>
<th>%</th>
<th>Characteristic</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td></td>
<td></td>
<td>Maternal US Born</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>28</td>
<td>31.1</td>
<td>Yes</td>
<td>17</td>
<td>18.9</td>
</tr>
<tr>
<td>Female</td>
<td>62</td>
<td>68.9</td>
<td>No</td>
<td>73</td>
<td>81.1</td>
</tr>
<tr>
<td>Ethnicity</td>
<td></td>
<td></td>
<td>Paternal US Born</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>77</td>
<td>85.6</td>
<td>Yes</td>
<td>16</td>
<td>17.8</td>
</tr>
<tr>
<td>Mixed Latino</td>
<td>13</td>
<td>14.4</td>
<td>No</td>
<td>74</td>
<td>82.2</td>
</tr>
<tr>
<td>US Born</td>
<td></td>
<td></td>
<td>How frequently in touch with mother</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>65</td>
<td>72.2</td>
<td>Very Frequently</td>
<td>78</td>
<td>86.7</td>
</tr>
<tr>
<td>No</td>
<td>25</td>
<td>27.8</td>
<td>Frequently</td>
<td>11</td>
<td>12.2</td>
</tr>
<tr>
<td>Associate with Latino culture</td>
<td></td>
<td></td>
<td>Occasionally</td>
<td>1</td>
<td>1.1</td>
</tr>
<tr>
<td>Yes</td>
<td>88</td>
<td>97.8</td>
<td>Overall rating of maternal relationship</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>2</td>
<td>2.2</td>
<td>Very Conflictual</td>
<td>6</td>
<td>6.7</td>
</tr>
<tr>
<td>Have friends who are Latino</td>
<td></td>
<td></td>
<td>Conflictual</td>
<td>13</td>
<td>14.4</td>
</tr>
<tr>
<td>Yes</td>
<td>89</td>
<td>98.9</td>
<td>Rarely Conflictual</td>
<td>26</td>
<td>28.9</td>
</tr>
<tr>
<td>No</td>
<td>1</td>
<td>1.1</td>
<td>Not Conflictual</td>
<td>44</td>
<td>48.9</td>
</tr>
<tr>
<td>Parents Marital Status</td>
<td></td>
<td></td>
<td>Employment Status</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Married</td>
<td>59</td>
<td>65.5</td>
<td>Full time Employee</td>
<td>27</td>
<td>30</td>
</tr>
<tr>
<td>Separated/Divorced</td>
<td>23</td>
<td>25.6</td>
<td>Part time Employee</td>
<td>18</td>
<td>20</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Full time Student</td>
<td>45</td>
<td>50</td>
</tr>
</tbody>
</table>
Table 3: Descriptives of Key Variables

<table>
<thead>
<tr>
<th>Variable</th>
<th>Mean</th>
<th>SD</th>
<th>Variable</th>
<th>Mean</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>PBI Nurturance</td>
<td>29.00</td>
<td>7.47</td>
<td>CESD</td>
<td>22.46</td>
<td>8.50</td>
</tr>
<tr>
<td>PBI Authority</td>
<td>15.57</td>
<td>7.73</td>
<td>RSES</td>
<td>34.38</td>
<td>4.92</td>
</tr>
</tbody>
</table>
APPENDIX A
Demographic Identification Questionnaire

1. Age: ___________

2. Gender/Sex: _________

3. Ethnicity (Check all that apply and specify ethnicity for the category you check):
   - □ Hispanic/Latino
     Specify Ethnicity (ex. Dominican, Puerto Rican, Cuban, or others):
     ______________________
   - □ Mixed, parents are from two different ethnic groups: ______________________
   - □ Other (please specify): ______________________
   - □ I don’t know

4. Do you have any children? Yes □ No □
   If no specify:
   How many children: ________________

5. U.S.-Born: Yes □ No □
   If no specify:
   Country of Birth: ________________
   Years in the U.S.: ________________

6. Preferred primary language: ________________

7. Language spoken in home grew up in: ________________
8. Do you associate yourself with the Latino culture?  
   Yes ☐  No ☐

9. Do you have friends who are Latino?  
   Yes ☐  No ☐

10. **Maternal** figure U.S.-Born:  
    Yes ☐  No ☐

    If no specify:

    Country of Birth: __________________________

    Years in the U.S.: _________________________

    Preferred primary language: ________________

11. **Paternal** figure U.S.-Born:  
    Yes ☐  No ☐

    If no specify:

    Country of Birth: __________________________

    Years in the U.S.: _________________________

    Preferred primary language: ________________

12. **Maternal Grandparent’s** U.S.-Born:  
    Yes ☐  No ☐

    If no specify:

    Country of Birth: __________________________

    Years in the U.S.: _________________________

    Preferred primary language: ________________

13. **Paternal Grandparent’s** U.S.-Born:  
    Yes ☐  No ☐

    If no specify:
Country of Birth: __________________

Years in the U.S.: __________________

Preferred primary language: __________________

14. What is the marital status of your parent’s (Please select one):

  ____Married

  ____Separated/Divorced

  ____Single/Never Married

  ____Remarried (at least one parent)

  ____Both Deceased

  ____Other:_______________________________________________

15. Who was your primary caregiver (Please select one):

  ____Mother

  ____Father

  ____Both

  ____Other:_______________________________________________

16. Is your mother still alive?      Yes ☐     No ☐

17. If yes, how frequently are you in touch with her (Please select one):

  ____Very frequently (every day)

  ____Frequently (every week)
___ Occasionally (every month)

___ Not frequent (every other month or more)

___ Other: ________________________________________________

18. What is your overall rating of your relationship with your mother (Please select one):

___ Very conflictual

___ Conflictual

___ Rarely conflictual

___ Not conflictual

___ Other: ________________________________________________

19. How would you best describe your employment status (Please select one):

___ Full-Time Employee

___ Part-Time Employee

___ Full-Time Student

THANK YOU!
### APPENDIX B

**Parental Bonding Inventory**

This questionnaire lists various attitudes and behaviors of parents. As you remember your *Mother* in your first 16 years, would you please indicate the most appropriate response category.

<table>
<thead>
<tr>
<th></th>
<th>Very Like Me</th>
<th>Moderately Like Me</th>
<th>Moderately Unlike</th>
<th>Very Unlike Me</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Spoke to me with a warm and friendly voice.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>2. Did not help me as much as I needed.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>3. Let me do those things I liked doing.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>4. Seemed emotionally cold to me.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>5. Appeared to understand my problems and worries</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>6. Was affectionate to me.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>7. Liked me to make my own decisions</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>8. Did not want me to grow up.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>9. Tried to control everything I did</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>10. Invaded my privacy</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>11. Enjoyed talking things over with me</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>12. Frequently smiled at me.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>13. Tended to baby me.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>14. Did not seem to understand what I needed or wanted</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>15. Let me decide things for myself</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>16. Made me feel I wasn’t wanted</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>17. Could make me feel better when I was upset</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18. Did not talk with me very much.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>19. Tried to make me dependent on her/him</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>20. Felt I could not look after myself unless she/he was around</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>21. Gave me as much freedom as I wanted</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>22. Let me go out as often as I wanted.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>23. Was overprotective of me</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>24. Did not praise me (r)</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>25. Let me dress in any way I pleased</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>
APPENDIX C

Brief COPE
Carver, C.S. (1997)

These items deal with ways you've been coping with the stress in your life since you found out you were going to have to have this operation. There are many ways to try to deal with problems. These items ask what you've been doing to cope with this one. Obviously, different people deal with things in different ways, but I'm interested in how you've tried to deal with it. Each item says something about a particular way of coping. I want to know to what extent you've been doing what the item says. How much or how frequently. Don't answer on the basis of whether it seems to be working or not—just whether or not you're doing it. Use these response choices. Try to rate each item separately in your mind from the others. Make your answers as true FOR YOU as you can.

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>I haven’t been</td>
<td>I’ve been doing</td>
<td>I’ve been doing</td>
<td>I’ve been doing</td>
</tr>
<tr>
<td></td>
<td>doing this at all</td>
<td>this a little bit</td>
<td>this a medium</td>
<td>this a lot</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>amount</td>
<td></td>
</tr>
</tbody>
</table>

___1. I’ve been turning to work or other activities to take my mind off things.
___2. I’ve been concentrating my efforts on doing something about the situation I’m in.
___3. I’ve been saying to myself "this isn't real."
___4. I’ve been using alcohol or other drugs to make myself feel better.
___5. I’ve been getting emotional support from others.
___6. I’ve been giving up trying to deal with it.
___7. I’ve been taking action to try to make the situation better.
___8. I’ve been refusing to believe that it has happened.
___9. I’ve been saying things to let my unpleasant feelings escape.
___10. I’ve been getting help and advice from other people.
___11. I’ve been using alcohol or other drugs to help me get through it.
___12. I’ve been trying to see it in a different light, to make it seem more positive.
___13. I’ve been criticizing myself.
14. I've been trying to come up with a strategy about what to do.
15. I've been getting comfort and understanding from someone.
16. I've been giving up the attempt to cope.
17. I've been looking for something good in what is happening.
18. I've been making jokes about it.
19. I've been doing something to think about it less, such as going to movies, watching TV, reading, daydreaming, sleeping, or shopping.
20. I've been accepting the reality of the fact that it has happened.
21. I've been expressing my negative feelings.
22. I've been trying to find comfort in my religion or spiritual beliefs.
23. I've been trying to get advice or help from other people about what to do.
24. I've been learning to live with it.
25. I've been thinking hard about what steps to take.
26. I've been blaming myself for things that happened.
27. I've been praying or meditating.
28. I've been making fun of the situation.
APPENDIX D

THE CENTER FOR EPIDEMIOLOGICAL STUDIES DEPRESSION SCALE (CES-D) NIMH

Below is a list of the ways you might have felt or behaved. Please tell me how often you have felt this way during the past week.

During the Past Week

<table>
<thead>
<tr>
<th>Rarely or none of the time (less than 1 day)</th>
<th>Some or a little of the time (1-2 days)</th>
<th>Occasionally or a moderate amount of the time (3-4 days)</th>
<th>Most or all of the time (5-7 days)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I was bothered by things that usually don’t bother me.</td>
<td>2. I did not feel like eating; my appetite was poor.</td>
<td>3. I felt that I could not shake off the blues even with help from my family or friends.</td>
<td>4. I felt I was just as good as other people.</td>
</tr>
<tr>
<td>5. I had trouble keeping my mind on what I was doing.</td>
<td>6. I felt depressed.</td>
<td>7. I felt that everything I did was an effort.</td>
<td>8. I felt hopeful about the future.</td>
</tr>
<tr>
<td>9. I thought my life had been a failure.</td>
<td>10. I felt fearful.</td>
<td>11. My sleep was restless.</td>
<td>12. I was happy.</td>
</tr>
<tr>
<td>17. I had crying spells.</td>
<td>18. I felt sad.</td>
<td>19. I felt that people dislike me.</td>
<td>20. I could not get “going”.</td>
</tr>
</tbody>
</table>
APPENDIX E

Rosenberg Self-Esteem Scale

Below is a list of statements dealing with your general feelings about yourself. If you **STRONGLY AGREE** circle SA. If you **AGREE** with the statement, circle A. If you **DISAGREE**, circle D. If you **STRONGLY DISAGREE**, circle SD.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I feel that I’m a person of worth, at least on an equal plane with others.</td>
<td>SA</td>
<td>A</td>
<td>D</td>
<td>SD</td>
</tr>
<tr>
<td>2. I feel that I have a number of good qualities.</td>
<td>SA</td>
<td>A</td>
<td>D</td>
<td>SD</td>
</tr>
<tr>
<td>3. All in all, I am inclined to feel that I am a failure.</td>
<td>SA</td>
<td>A</td>
<td>D</td>
<td>SD</td>
</tr>
<tr>
<td>4. I am able to do things as well as most other people.</td>
<td>SA</td>
<td>A</td>
<td>D</td>
<td>SD</td>
</tr>
<tr>
<td>5. I feel I do not have much to be proud of.</td>
<td>SA</td>
<td>A</td>
<td>D</td>
<td>SD</td>
</tr>
<tr>
<td>6. I take a positive attitude toward myself.</td>
<td>SA</td>
<td>A</td>
<td>D</td>
<td>SD</td>
</tr>
<tr>
<td>7. On the whole, I am satisfied with myself.</td>
<td>SA</td>
<td>A</td>
<td>D</td>
<td>SD</td>
</tr>
<tr>
<td>8. I wish I could have more respect for myself.</td>
<td>SA</td>
<td>A</td>
<td>D</td>
<td>SD</td>
</tr>
<tr>
<td>9. I certainly feel useless at times.</td>
<td>SA</td>
<td>A</td>
<td>D</td>
<td>SD</td>
</tr>
<tr>
<td>10. At times I think I am no good at all.</td>
<td>SA</td>
<td>A</td>
<td>D</td>
<td>SD</td>
</tr>
</tbody>
</table>