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Ethnic Identity Statuses and Latino/a Mental Health Outcomes

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Abstract

As Latinos/as continue to gain visibility as a population of the United States, understanding Latino/a mental health needs is critical, especially amidst disparities in mental health diagnosis and treatment. Ethnic identity is a multidimensional developmental process where people explore the meaning and implications of their self-identified ethnic group membership (Phinney, 1996; Phinney & Ong, 2007). Little research has explored specific ethnic identity statuses (diffusion, foreclosure, moratorium, and achievement) and their relationship to acculturative stress, perceived stress, psychological distress, and depressive symptoms in Latino adults. Participants include 244 Latino adults from a Midwestern city. Each completed the Multigroup Ethnic Identity Measure-Revised (MEIM-R), Multidimensional Acculturative Stress Inventory (MASI), Brief Symptom Inventory-18 (BSI-18), Perceived Stress Scale (PSS), and the Center for Epidemiological Studies-Depression Scale (CES-D). Findings reveal that achieved ethnic identity is associated with better mental health outcomes, specifically lower acculturative stress and psychological distress. Study findings can inform culturally-appropriate intervention and prevention efforts.

As Latinos/as continue to gain visibility as a population of the United States, understanding Latino/a mental health needs is critical, especially amidst disparities in mental health diagnosis and treatment. Latinos/as develop their ethnic identification within a context of stigmatization and oppression as they learn that their ethnic group is less privileged than others (Villarruel et al., 2009). Yet, a strong sense of ethnic identity is associated with better mental health outcomes for ethnic minorities (Mossakowski, 2003). Thus, it is crucial to take a nuanced approach in examining ethnic identity and its relationship to specific mental health outcomes. The present study will examine ethnic identity statuses (EIS) as they relate to acculturative stress, psychological distress, perceived stress, and depressive symptoms among Latino/a adults.

Ethnic Identity

Ethnic identity is a multidimensional, developmental process where individuals explore the meaning and implications of their self-identified ethnic group (Phinney 1992, Phinney, 1996; Phinney & Ong, 2007). Additionally, exploration of ethnic identity can lead to a secure sense of belonging and attachment to one's ethnic group (Phinney 1992, Phinney, 1996; Phinney & Ong, 2007). Research on commitment and exploration of ethnic identity has built upon Marcia's ego-identity statuses namely, diffusion, foreclosure, moratorium, and achievement (1966). Marcia describes the presence of crisis and commitment, where crisis refers to a period of exploration of alternatives and commitment describes the degree of personal investment (Marcia, 1966). Ego-identity statuses pertain to the exploration and commitment to an ideology or area of occupation such as, selecting an academic major. For instance, exploration is demonstrated through learning about and exploring implications as they relate to alternative majors and ideologies. Meanwhile, commitment is the selection of an academic major or the pledge to an ideology. Thus, exploration and commitment are key factors in the creation of identity statuses. Both low

exploration and commitment characterize a diffused identity, where a diffused individual does not invest time in learning about and committing to an occupation or ideology (Marcia, 1966; Phinney & Ong, 2007; Yip, Seaton, & Sellers, 2006). Low exploration and high commitment constitute a foreclosed identity, which often involves the acceptance of an identity encouraged by others (Marcia, 1966; Phinney & Ong, 2007; Yip et al., 2006). For example, a foreclosed individual is raised to pursue a specific occupation or adhere to a particular ideology; they accept this identity, remain committed, but fail to explore other options. An individual in moratorium explores several occupations and ideologies, yet does not commit to one, exemplifying high exploration and low commitment (Marcia, 1966). High exploration and commitment characterize identity achievement, where an individual has explored their identity, occupation, or ideology, and is committed to it (Marcia, 1966; Phinney & Ong, 2007; Yip et al., 2006).

Ethnic identity models reflect Marcia's identity statuses, where exploration involves the seeking of information and experiences relevant to one's ethnic identity, such as learning cultural practices or attending cultural events (Phinney, 1992) and commitment involves a sense of understanding, belonging or attachment to one's ethnic group (Phinney, 1992). Individuals in diffusion have not explored what their ethnic identity means to them and thus are not committed to it. Individuals in foreclosure have high commitment but low exploration. These individuals may have grown up knowing they were Latino/a because their parents reiterated this, but never explored what being Latino/a means to them. Individuals in moratorium have high exploration but low commitment, so they have high exploration of what their ethnic identity means to them, but have not developed a sense of attachment to their ethnic identity. Those in achieved have explored what their ethnic identity means to them and have a sense of belonging or attachment to it. In order to explore mental health outcomes across EIS, it is imperative to define acculturation

and the stressors associated with this process, as well as describing psychological distress, perceived stress, and depressive symptoms among ethnic minorities.

Mental Health Outcomes

Immigration to a new country often involves contact with a new host culture which can expose individuals to a novel language, distinct customs, social norms and laws. Acculturation is the multidimensional process of adjusting to these lifestyle changes (Chun, Organista, & Marín, 2003). The demands of accommodating and adjusting to the host culture, such as changing ways of speaking or acting in accordance to novel customs, can be problematic and produce acculturative stress (Berry, 1976; Chun et al., 2003; Torres, 1996). This often manifests as uncertainty, anxiety, and depression (Berry, 1976; Chun et al., 2003; Torres, 1996). Research suggests acculturative stress has important implications for mental health, were increased acculturative stress exacerbates the risk of developing psychological problems (Chun et al., 2003).

Although ethnic identity is a multidimensional process, it is often measured as a unidimensional process. Therefore, Chavez-Korell and Torres took a nuanced approach in examining ethnic identity through the following statuses: Diffuse Negative, Diffuse Positive, Foreclosed Negative, Foreclosed Positive, Moratorium Negative, Moratorium Positive, Achieved Negative, and Achieved Positive (2014). Chavez-Korell and Torres evaluated the moderating role of ethnic identity clusters among perceived stress and depressive symptoms in 390 Latino/a adults (2014). Findings revealed that under high levels of stress, individuals with high levels of ethnic identity commitment endorsed significantly less depressive symptoms (Chavez-Korell & Torres, 2014). Thus, high commitment levels were protective and associated with less depressive symptoms and better mental health outcomes. Although these findings were based on the Ethnic

Identity Scale, findings support the need for a nuanced approach to researching ethnic identity and mental health outcomes in Latino populations.

Yip et al., examined depression across EIS, specifically diffusion, foreclosure, moratorium, and achievement in African American individuals (2006). Researchers studied three age groups within their sample, adolescents, college students, and adults (Yip et al., 2006). As a cross-sectional study it focuses on the developmental process of ethnic identity development, which is often concentrated in adolescent populations. Findings revealed that diffused college students reported more depressive symptoms in comparison to college students who identified as foreclosed, moratorium, or achieved (Yip et al., 2006). These findings demonstrate the importance of examining EIS and depression in ethnic minorities.

Some research has focused separately on ethnic identity exploration and commitment as they relate to mental health. Mossakowski's study on ethnic identity in Filipino American adults suggests that high levels of ethnic identity commitment are associated with fewer depressive symptoms, where cultural commitment and involvement in ethnic practices protect mental health (2003). This suggests that high levels of commitment are protective and aid mental health. Schwartz, Zamboanga, Weisskirch, & Rodriguez's research on White, Black, and Hispanic college students reveals that high levels of identity exploration were associated with increased depressive symptoms (2008). These findings demonstrate high ethnic identity exploration is associated with negative mental health outcomes. Moreover, research on ethnic identity and depression following discriminatory events, revealed that high ethnic identity exploration exacerbates depression, while ethnic identity commitment operates as a stress buffer (Torres & Ong, 2010). When analyzed together, these findings suggest that high levels of exploration are

associated with negative mental health outcomes, while high levels of commitment are associated with positive mental health outcomes.

Yip et al.'s (2006) research focuses on ethnic identity statuses in African Americans, while Chavez-Korell & Torres's (2014) research utilizes ethnic identity clusters in Latinos. The present study will build upon these studies by examining ethnic identity statuses in Latinos. Furthermore, little research has explored ethnic identity statuses and their relationship to mental health outcomes other than depressive symptoms. Thus, the present study aims to analyze EIS as they relate to specific mental health outcomes, including levels of acculturative stress, psychological distress, perceived stress, and depressive symptoms as well as demographic variables in Latinos/as. Researchers hypothesize significant differences in mental health outcomes across EIS. This nuanced approach of analyzing ethnic identity can reveal differences across EIS as they relate to mental health outcomes

Method

Participants

Participants included 244 self-identified Latino/a adults living in the Midwest. Nine participants did not report their gender; however, the majority of participants identified as females (66.4%, $n = 156$). Participants ranged in age from 18 to 84 years ($M = 40.8$ years, $SD = 15.3$). The majority of participants were U.S.-born ($n = 137$, 56%) and identified mostly as Mexican, Mexican-American, or Chicano ($n = 217$, 89%). One participant did not report cultural heritage and two did not report their nativity status. Furthermore, first-generation participants, neither of whose parents were born in the U.S., comprised 43.6% ($n = 106$) of the sample. In terms of annual household income, 28.5% ($n = 67$) make less than $20,000 per year, 48.1% ($n = 113$) make more than $20,000 but less than $50,000, and 23.4% ($n = 55$) make more than

$50,000. Nine participants did not report their annual household income. In regards to education, 24.5% (*n* = 58) did not earn a high school degree or equivalency (GED), 25.7% (*n* = 61) earned a high school degree or GED, and 49.8% (*n* = 118) had some college education or completed a higher education degree. Seven participants did not report their education level.

Procedure

Data used in this study were collected as part of a larger project. Participants were recruited and data was collected at a local Latino cultural festival. Participants who gave verbal consent completed a series of questionnaires related to ethnic identity, the experiences of acculturative processes, acculturative stress, depressive symptoms, perceived stress, and psychological distress. Measures were available to participants in English and Spanish. Given the choice, the majority of participants (68.4%, *n* = 167) chose to use English study measures. Participants were compensated with a $10 gift card upon completing the research measures.

Measures

Acculturative stress. The Multidimensional Acculturative Stress Inventory (MASI; Rodriguez, Myers, Mira, Flores, & Garcia-Hernandez, 2002) is a self-report scale consisting of 36-items on a 6-point Likert scale, ranging from 0 (*does not apply*) to 5 (*extremely stressful*). The MASI assesses the severity of acculturative stress as it relates to language competency in English and Spanish (e.g., "I feel pressure to learn Spanish"). It measures the range of pressure to acculturate to the mainstream culture (e.g., "I feel uncomfortable because my family does not know American ways of doing things") and against acculturating to the mainstream culture (e.g., "It bothers me when people pressure me to assimilate to the American way of doing things"). Items were averaged to obtain an overall score, where higher mean scores reflect greater levels

of acculturative stress. Prior studies with Latino participants have reported a Cronbach's alpha

of .90 (Rodriguez et al., 2002). For the present study, the calculated Cronbach's alpha was .94.

Psychological Distress. The Brief Symptom Inventory-18 (BSI-18; Derogatis &

Melisaratos, 1983) is an 18-item self-report scale on a 5-point Likert scale that ranges from 0

(not at all) to 4 *(extremely).*The BSI assesses psychological distress based on symptoms of

depression (e.g., "Feeling no interest in things"), anxiety (e.g., "Nervousness or shakiness

inside"), and somatization (e.g., "Faintness or dizziness") experienced during the previous week.

Item totals are added to create a global severity index (GSI) ranging from 0 to 72, where higher

scores represent greater psychological distress. When used for a group of Latino participants,

Chronbach's alpha was reported as .91 (Asner-Self, Schreiber, & Marotta, 2006). In the present

sample, Cronbach's alpha was .95.

Perceived Stress. The Perceived Stress Scale (PSS; Cohen, Kamarck, & Mermelstein,

1983) is a self-report questionnaire consisting of 14 items on a 5-point Likert scale ranging from

0 (*never*) to 4 (*very often*). The PSS assesses subjective global stress, where individuals indicate

the degree to which situations experienced during the last month are perceived as stressful (e.g.,

"How often have you found that you could not cope with all the things that you had to do?"). The

scale score is obtained by reverse coding specific items and adding all scores, where totals range

from 0 to 40 and higher scores indicate greater perceived stress. Coefficient alpha reliability for

the PSS among college student samples were .84, .85, and .86 (Cohen et al., 1983). For the

present study, Cronbach's alpha was .59.

Depression. The Center for Epidemiologic Studies-Depression (CES-D; Radloff, 1977) is

a self-report scale consisting of 20 items. Participants rate how they how frequently they have

experienced symptoms of depression (e.g., "I did not feel like eating; my appetite was poor,"

"My sleep was restless") on a 4-point scale ranging from 1 (*rarely or none of the time, less than 1 day*) to 4 (*most or all of the time, 5-7 days*). In order to obtain CES-D scores, some items are reverse coded. Scores range from 0 to 60, where higher scores represent more depressive symptoms. Although the CES-D is not a diagnostic measure, it is sensitive to clinically significant symptoms of depression, where scores of 16 or greater represent the clinical cutoff, as established by previous research. A study examining acculturation and depression in Latinos, reported a Cronbach's alpha of .86 (Torres & Rollock). For the present study, Cronbach's alpha was .88.

Ethnic Identity. The Multigroup Ethnic Identity Measure-Revised (MEIM-R) is a 6-item self-report scale on a 4-point Likert scale that ranges from 1 (*strongly disagree*) to 4 (*strongly agree*). The MEIM-R measures ethnic identity and contains two subscales, exploration and commitment, with three items each. Sample items include, "I feel a strong attachment to my own ethnic group" and "I have often done things that will help me understand my ethnic background." The most recent Cronbach's alphas have been reported at .83 for the exploration and .89 for the commitment subscales (Phinney & Ong, 2007). MEIM-R scores were analyzed based on the exploration and commitment subscale scores. In order to create Marcia's ethnic identity statuses (diffusion, moratorium, foreclosure, achievement) based on the exploration and commitment subscales, cut off scores were set at a score of three. Three was the median score for both subscales and was chosen in order to ensure that participants would fall into each ethnic identity category, as the majority of participants had scores of four for each subscale. Therefore, exploration and commitment scores greater than three were coded as ethnic identity achievement. Exploration scores greater than or equal to three and commitment scores less than or equal to three were coded as ethnic identity moratorium. Exploration scores less than or equal

to three and commitment scores greater than or equal to three were coded as ethnic identity foreclosure. Commitment and exploration scores less than three were coded as ethnic identity diffusion. For the present study, Cronbach's alpha was .86 for the exploration subscale and .92 for the commitment subscale.

Results

In order to test for significant differences in mental health outcomes across EIS, researchers ran four separate one-way ANOVAs, which examined mean differences in EIS and levels of acculturative stress, psychological distress, perceived stress, and depression. The first one-way ANOVA examined acculturative stress mean scores across EIS and revealed a statistically significant difference at the $p < .05$ level, where $F(3, 238) = 4.20$, $p = .01$. Post-hoc comparisons using the Tukey HSD test indicated that the mean score for diffusion ($M = 1.19$, $SD = .98$) was significantly different from achieved ($M = .83$, $SD = .58$). Additionally, the mean score for moratorium ($M = 1.34$, $SD = .67$) was significantly different from achieved ($M = .83$, $SD = .58$). Thus, individuals in diffusion (low exploration, low commitment) and moratorium (high exploration, low commitment) experience higher levels of acculturative stress than individuals who endorse an achieved ethnic identity (high exploration, high commitment).

The second one-way ANOVA examined psychological distress mean scores across EIS and revealed statistically significant differences at the $p < .05$ level, where $F(3, 238) = 3.61$, $p = .01$. Post-hoc comparisons using the Tukey HSD test indicated that the mean score for diffusion ($M = 18$, $SD = 17.23$) was significantly different from achieved ($M = 11$, $SD = 12.95$). Individuals in diffusion (low exploration, low commitment) experience significantly more psychological distress than those with an achieved ethnic identity.

The third one-way ANOVA examined perceived stress mean scores across EIS and revealed a statistically significant difference at the $p < .05$ level, where $F(3, 238) = 2.77$, $p = .04$. Post-hoc comparisons using the Tukey HSD test did not reveal significant differences between EIS. Researchers hypothesize that the Tukey HSD test was too conservative and thus failed to reveal differences between specific EIS. This ANOVA had a p value of .04, and was close to not reaching significance, therefore a more stringent post hoc test can reveal which EIS were significantly different from each other. The fourth one-way ANOVA examined mean scores for depressive symptoms across E.I. statuses. Findings did not reveal statistically significant differences at the $p < .05$ level, where $F(3, 231) = .86$; $p = .47$. Therefore, prevalence of depressive symptoms are not significantly different across EIS.

Discussion

Several variables confirmed the hypothesis concerning significant differences in mental health outcomes across EIS. In regards to acculturative stress, individuals in diffusion and moratorium experience significantly higher levels of acculturative stress than individuals who endorse an achieved ethnic identity. Notably, diffusion and moratorium ethnic identity statuses share low commitment to their ethnic identity. This suggests that low levels of commitment to an ethnic identity is associated with higher levels of acculturative stress and exacerbate negative mental health outcomes. Previous literature suggests that low levels of ethnic identity commitment are associated with negative mental health and that diffusion is one of the least adaptive EIS (Chavez-Korell & Torres, 2014; Yip et al., 2006). However, Schwartz et al., 2008; suggests that high levels of exploration are associated with negative mental health outcomes and that moratorium is the least adaptive EIS. It is understandable that individuals with high exploration of their ethnic identity and who have not found a sense of attachment to it experience

high levels of acculturative stress. Present findings also demonstrate that psychological distress differs significantly across EIS, where individuals with diffused ethnic identities report higher levels of psychological distress than those with achieved ethnic identities. Diffusion is composed of low exploration and low commitment to one's ethnic identity, while achievement involves high exploration and high commitment. Previous research indicates that strong ethnic identity, or an achieved ethnic identity in this case, can promote psychological well-being (Phinney, 1992), while diffusion is associated with negative mental health outcomes (Chavez-Korell & Torres, 2014; Yip et al., 2006). It is evident that those with an achieved ethnic identity experience less psychological distress and in this case better psychological well-being. Perceived stress mean scores differed across EIS; however, the post hoc tests did not reveal which EIS were significantly different from each other. Future studies should consider performing more stringent post hoc tests to reveal which EIS are significantly different from each other. Findings on acculturative stress and psychological distress suggest that achieved ethnic identity is associated with the least negative mental health outcomes— lower acculturative stress and psychological distress mean scores, and thus the most protective identity status.

General psychological distress and acculturative stress differ across ethnic identity statuses, but not the prevalence of depressive symptoms, which is contrary to previous literature. The majority of literature on EIS and mental health focuses on depressive symptoms, where symptoms are lower in individuals with achieved ethnic identities (Chavez-Korell & Torres, 2014; Yip et al., 2006). Yet, present findings failed to support previous research. However, the mean age of the present sample was 41 years and most significant findings for depressive symptoms across EIS are associated with college students (Schwartz et al., 2008; Yip et al., 2006). Perhaps having a younger sample would yield significant differences across EIS for the

prevalence of depressive symptoms. Non-significant findings concerning depressive symptoms across EIS emphasize the need to research other mental health outcomes, such as acculturative stress, psychological distress, and perceived stress, all of which differ significantly across EIS.

The present study adds to the body of literature on the role of EIS and demonstrates the importance of ethnic identity achievement, as it promotes better psychological outcomes. Findings can assist clinicians in understanding the importance of evaluating mental health outcome as they relate to EIS. Study findings can also inform culturally-appropriate intervention and prevention efforts. Furthermore, intervention programs can focus on building commitment to ethnic identity and increasing achieved ethnic identity membership.

Limitations

The measures used in this study are self-report measures and may contain a number of biases including social desirability bias or recall bias. Furthermore, the majority of participants in the present study identified with a Mexican cultural heritage, which does not account for the heterogeneity of the Latino/a population. It is important to note that Latinos represent a large heterogeneous population of the United States based on national origin, cultural heritage, legal status, language, gender, generation level, educational attainment, social economic status and acculturation (Grey, & Hall-Clark, 2015). Another limitation is the sample size because there was an unequal distribution of individuals across EIS.

Future Directions

Researchers should continue to examine ethnic identity through a nuanced approach focusing on EIS as they relate to mental health outcomes. Sample size should be broadened to aid in the even distribution of individuals in each EIS. Since participants from the present study are primarily from a Mexican cultural heritage, replicating this study in a different region of the

county could potentially increase the representation of Latinos from other cultural heritages. Similar studies should be conducted in ethnically diverse samples or with other ethnic minorities, as findings inform culturally competent mental health treatment. Future studies should examine the longitudinal development of EIS and explore how individuals progress across statuses. Future should also explore the relationship between acculturation, Anglo orientation and Latino orientation, and EIS, which would reveal whether individuals with Anglo or Latino orientations are more concentrated in one specific EIS.

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Figure 1
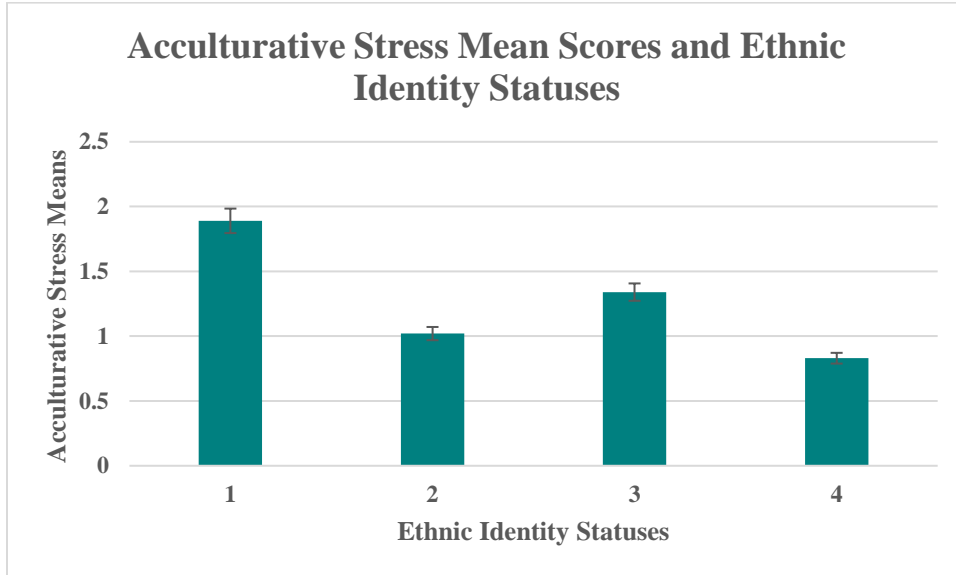
Figure 1. There was a statistically significant difference at the *p* < .05 level in acculturative stress mean scores across ethnic identity statuses. Post-hoc comparisons using the Tukey HSD test indicated that the mean score for diffused (1; *M* = 1.19, *SD* = .98) was significantly different from achieved (4; *M* = .83, *SD* = .58). The mean score for moratorium (3; M = 1.34, SD = .67) was significantly different from achieved (4; *M* = .83, *SD* = .58). [Error bars represent 5% variance from the mean.]
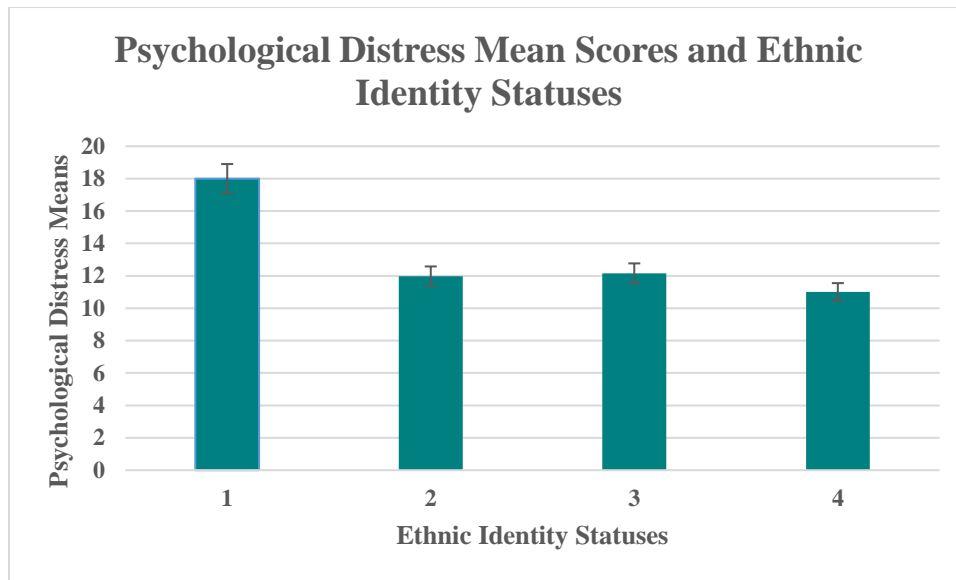
Figure 2

Figure 2. There was a statistically significant difference at the $p < .05$ level in psychological distress mean scores across ethnic identity statuses. Post-hoc comparisons using the Tukey HSD test indicated that the mean score for diffused (1; $M = 18$, $SD = 17.23$) was significantly different from achieved (4; $M = 11$, $SD = 12.95$). [Error bars represent 5% variance from the mean.]