

A Cross-Cultural Study
of Body Dissatisfaction among Mexican and Mexican-American Women

by

Vitae Félix

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Graduate Supervisory Committee:

Sharon Robinson-Kurpius, Chair
Guillermo Miguel Arciniega
Richard Kinnier

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ABSTRACT

While the cross-cultural literature on body dissatisfaction among Mexican and Mexican-American women has continued to grow, the traditional Latino female gender role of *marianismo*, sociocultural factors related to ethnic culture and mainstream/American culture ideal perceived discrepancies in body size, and one's romantic relationship have not been explored with this population in relationship to body satisfaction. The current study included 227 female participants predominantly from a large southwestern university in the United States and a large university in northern Mexico. The study examined differences in *marianismo* and body satisfaction between 120 Mexican and 107 Mexican-American women, investigated the role of *marianismo* as a mediator between weight-related teasing and body satisfaction, and explored the relationship between *marianismo*, Partner Ideal Discrepancy, Ethnic Culture Ideal Discrepancy, Mainstream/American Culture Ideal Discrepancy, Perceived Weight-Related Criticism/Teasing, Relationship Support, Relationship Depth, and Relationship Conflict to overall body satisfaction. Results indicated Mexican-American women endorsed less overall body satisfaction than did their Mexican counterparts suggesting that Mexican American women may be more influenced by societal messages about thinness and beauty than are Mexican women. The findings also revealed a possible trend for *marianismo* as a mediator between weight-related criticism and body satisfaction. *Marianismo* and weight-related teasing were found to have a negative relationship with body satisfaction. Multiple regression analyses revealed that Partner Ideal and Mainstream/American Culture Ideal discrepancies accounted for significant variance in body satisfaction. Relationship Conflict accounted for a smaller but still

significant amount of the variance in body satisfaction. Ethnic Culture Discrepancy, Relationship Support, and Relationship Depth were not significant predictors. These findings from this study suggest that both cultural variables and romantic relationship variables are related to the body image of Mexican American and Mexican women. These findings have important implications for the adaptation of current etiological models explaining body satisfaction among Mexican and Mexican-American women as well as highlighting the need to consider the role of both cultural and relationship variables in designing clinical interventions for Mexican American and Mexican women coping with body image concerns.

DEDICATION

It takes a village to finish a dissertation and doctoral degree. I am especially thankful to my husband Paco, little sister Stephanie, mother Blanca, tia Lupita, cousins Carla, Tina, and Dianna, the rest of my family, my family in-law, my dog Coco, and my grandparents and mother-in-law whose spirit and encouragement remains with me. This journey would not have been possible without your unwavering support, inspiration, and magnificent packing and un-packing skills. I will be eternally indebted and grateful to you for the sacrifices you have made with me. Finally, to the newest addition to the family, my son Francisco Enrique, for giving me strength and the drive to finish so we can play.

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Chapter 1

INTRODUCTION

Overview of the Problem

Throughout history, women have strived to modify their bodies to fit the prevailing conception of beauty and to increase social acceptability (Ehrenreich & English, 1978; Mazur, 1986), perhaps reasonably so as research shows that people perceived as attractive are viewed as being more socially skillful, popular, happy, confident, intelligent, warm, well-adjusted, and overall are treated more positively (Langlois, Kalakanis, Rubenstein, Hallam, & Smoot; 2000). Moreover, the message spread by the consumer culture is that the attainment of the body perfect ideal (i.e., the thin ideal for women) is key to a successful and happy life (Evans, 2003). However, the ideal body shape for women in American culture has been steadily getting thinner, in contrast with the steady increase in the weight of the general female population, and consequently standards for beauty have become extreme and unattainable for most people (Dittmar, 2007).

The pursuit of a physically attractive body is particularly emphasized in current western society (Slater, Tiggemann, Hawkins, & Werchon, 2012) and looking attractive is highly valued (Dittmar, 2007). The literature on the sociocultural theories of development of body dissatisfaction and disordered eating not only suggests that the pressure to be thin derives predominantly from sources such as the media, parents, and peers (Bell & Dittmar, 2011; Thompson & Stice, 2001) but suggests that the media may be the most persuasive and insidious influence due to the pervasive messages that constantly disseminate the thin ideal as the sociocultural standard of beauty (Thompson

& Heinberg, 1999). In fact, a meta-analysis by Groesz, Levine, and Murnen (2002) concluded that even short-term exposure to thin media images can lead to increased body dissatisfaction in women. Thus, the discrepancy between the ideal body type propagated by society is so notably different from women's experiences and perceptions of their own bodies that as "the boundary between reality and fiction is blurred, women may blame themselves for not meeting the thin ideal rather than unrealistic sociocultural mores—mores that prevent women of all sizes from experiencing body pride" (Befort et al., 2001, p. 408). As a result, women who subscribe to the thin ideal are likely to discover that it is unattainable for them and to experience body dissatisfaction (Thompson & Stice, 2001). Regrettably, body dissatisfaction is so common among women that several authors suggested that it may actually be a normal female experience (Cash, 2004; Silberstein et al., 1987; Smolak, 2006).

Unfortunately, adult women are exposed to role models who vary distinctly from the norm from the time they are young girls. Girls are typically introduced to dolls, such as Barbie, which portray an idealized physique. Dittmar, Halliwell, and Ive (2006) found that early exposure to Barbie or dolls epitomizing an unrealistically thin body ideal may damage girls' body image, which may contribute to an increased risk of disordered eating, weight cycling, and body dissatisfaction. With women being exposed to body images distinctly differing from their own and the ideal body portrayed in advertising being possessed naturally by only 5% of American females (National Association of Anorexia Nervosa and Associated Disorders [ANAD], 2013), considerable research suggests that anxiety about appearance has become a normative experience among girls and women (Cash, 2004; Smolak, 2006).

Anxiety about appearance is evident in women from almost every age group, and there is increasing evidence that girls as young as 6 years of age desire to be thinner (e.g., Dohnt & Tiggemann, 2005). For instance, 59% of 5 to 8 year olds reported a desire to be thinner (Lowes & Tiggemann, 2003) and between 40% and 50% of girls aged 7 to 11 years select an ideal body that is thinner than their current perceived figure (Clark & Tiggemann, 2006; McCabe & Ricciardelli, 2003; Truby & Paxton, 2002). Such focus on body weight often leads to dieting and eating regulation that can be a risk factor for disordered eating (Stice, 2001). Not surprisingly, over one-half of teenage girls reported using unhealthy weight control behaviors such as skipping meals, fasting, smoking cigarettes, vomiting, and taking laxatives (Neumark-Sztainer, 2005) to change their appearance (Cafri et al., 2005).

By the time women enter college, 91% of women surveyed on a college campus had attempted to control their weight through dieting, and 22% dieted “often” or “always” (Smolak, 2006). Regrettably, 35% of “normal dieters” develop pathological dieting, and of those, 20% to 25% progress to partial or full-syndrome Eating Disorder (National Association of Anorexia Nervosa and Associated Disorders [ANAD], 2013). Furthermore, 25% of college women reported engaging in bingeing and purging as a weight management technique (The Renfrew Center Foundation for Eating Disorders [RCFED], 2003) and the majority (95%) of those who have eating disorders are between the ages of 12 and 26 (ANAD, 2013). As a result of an increase in body appearance concerns and body dissatisfaction across a wide range of age groups, eating disorders have become a national epidemic.

A Call to Action

Not only is the literature unveiling a prevalence of body appearance concerns and body dissatisfaction across a wide range of ages, the previous body image paradigm conceptualizing eating disorders as culture-bound syndromes affecting a disproportionate number of non-Hispanic White women (Keel & Klump, 2003) has also started to shift. Until recently, the literature had suggested that non-Hispanic White women suffered from body dissatisfaction, anorexia nervosa, bulimia nervosa, or binge eating disorder at a higher rate compared to women of other ethnic groups (Makino, Tsuboi, & Dennerstein, 2004). Thus, early research portrayed body dissatisfaction and disordered eating as a ‘majority’ culture or ‘golden girl’ phenomenon (Grabe et al., 2006; Shaw, Ramirez, Trost, Randall, & Stice, 2004; Wildes, Emery, & Simons, 2001). Perhaps this conceptualization of body dissatisfaction and disordered eating can be explained by the fact that, historically, women from a traditional Latino culture, including Mexican culture, have been noted as feeling less concerned about weight (Crago, Shisslak, & Estes, 1995) and traditionally have reported valuing a larger and curvier female body in contrast to the ideal female body preferences in the U.S. culture (Chamorro & Flores-Ortiz, 2000; Gordon et al., 2010). Therefore, some researchers have proposed that women of ethnic minority groups are at reduced risk for eating disorders because their cultural groups value a larger and more attainable body ideal, which reduces pressure to conform to a thin mainstream body ideal (Gilbert, 2003). However, the increase in the minority population in the U.S. and the effort to conduct multiculturally sensitive research have unveiled the prevalence of body dissatisfaction and body image related disorders among minority girls and women as well, suggesting that the exportation of non-Hispanic

Western culture to Latin America may promote a thin ideal within these cultures and subsequently lead to the prevalence of body dissatisfaction and disordered eating (Altabe & O'Garro, 2002).

For example, in a study of fourth- and fifth grade Latina girls, Vander Wal and Thomas (2004) found that 12.7% had scores on the Children's Eating Attitude Test (ChEAT) suggestive of an eating disorder. Almost a quarter (22.5%) of adolescent girls in Mexico City scored above the 'at risk' cut-off on the EAT-26, a measure including diagnostic criteria for the diagnosis of eating disorders, which is approximately the same or higher than the scores of their U.S. counterparts (Toro, et al., 2006). Yet another study by Becker et al. (2003) found that Latina/o college students, along with Native American students, reported the most severe cognitive and behavioral eating disorder symptoms when compared to their non-Hispanic White counterparts.

Over the last decade, the literature on body image has debunked the 'golden girl' myth and provided strong epidemiologic evidence suggesting that body dissatisfaction and disordered eating are not only prevalent among Latina women (George & Franko, 2010) but occur at rates comparable to and sometimes greater than those found among non-Hispanic White women (Alegria et al., 2007; Azarbad, Corsica, Hall, & Hood, 2010; Becker, Franko, Speck, & Herzog, 2003; Bisaga et al., 2005; Forbes & Frederick, 2008; Franko, Becker, Thomas, & Herzog, 2007; Grabe & Hyde, 2006; Hirabosky & Grilo, 2007; Reyes-Rodriguez et al., 2010). Gordon, Castro, Sitnikov, and Holm-Denoma (2010) have suggested that "over time, ethnic minority women may have become less protected from pressures to conform to the U.S. majority group's thin ideal" (p.135) as,

regardless of ethnicity, by living in the U.S. they are exposed to the mainstream thin ideal via the media.

In light of the increase in body dissatisfaction and as the Latina population in the United States is projected to grow from currently making up 16.4% of the female population to making up 25.7% by 2050 (Center for American Progress, 2013), the literature calls for future research to contribute to the development of culturally relevant prevention and intervention approaches (Grabe & Hyde, 2006; Toro et al., 2006) by increasing the understanding of cultural variables pertinent to Latina's experiences of body image. Furthermore, additional focus into the applicability of current etiological models of body dissatisfaction and exploration of cultural factors relevant to body image concerns for the Latina population is imperative because dissatisfaction with one's body is related to poor mental health outcomes for Latinas (Ganem, de Heer, and Morera, 2009).

One purpose of this cross-cultural study was to examine the potential sociocultural factors (i.e., obesity risk-factors) and environmental factors (i.e., country of residency) that may serve as risk or protective factors to body dissatisfaction in Mexican and Mexican-American women. Thus, ethnic culture-ideal and mainstream/American culture-ideal discrepancies was explored with regard to their relation to body dissatisfaction for Mexican and Mexican-American women living in Mexico and in the United States. Second, relational factors related to family and peers have been widely researched in the literature, but romantic partner relationships have seldom been looked at with regards to body dissatisfaction. Therefore, another goal of this study was to examine romantic partner relational factors, such as perceived romantic partner support,

partner weight-related teasing, conflict in the romantic relationship, depth of the romantic relationship, and perceived partner body-ideal discrepancy, with regard to body satisfaction. Last, the third goal of this study was to explore the female gender role of *marianismo* as a cultural factor that may be a potential predictor and mediator of body dissatisfaction among Mexican and Mexican-American women, as well as potential differences in endorsement of *marianismo* and body satisfaction for these two ethnic groups. This study: 1) expands on the knowledge of the unique cultural variables that play a role in body satisfaction for Mexican and Mexican-American women, and 2) fosters an understanding of the applicability of current sociocultural models of body dissatisfaction with the goal of informing the development of culturally relevant prevention and intervention approaches.

Chapter 2

REVIEW OF THE LITERATURE

Implications of Body Dissatisfaction in Latinas

There is a dearth of research exploring the applicability of existing etiological models of body image issues to Latina women as well as research investigating potentially relevant cultural factors, both risk and protective, to body dissatisfaction. The literature calls for future research to contribute to the development of culturally relevant prevention and intervention approaches (Grabe & Hyde, 2006; Toro et al., 2006) by increasing understanding about Latina's experiences of body image. Additional focus on the applicability of current etiological models of body dissatisfaction and exploration of cultural factors relevant to body dissatisfaction for the Latina population is imperative as dissatisfaction with one's body is related to poor mental health outcomes for Latinas (Ganem, de Heer, and Morera, 2009).

Body dissatisfaction is a risk factor for chronic dieting as well as a reliable predictor of disordered eating (Stice & Whitenton, 2002; ter Borgt et al., 2006; Warren, Gleaves, Cepeda-Benito, Fernandez, & Rodriguez-Ruiz, 2005). It has also been associated with other adverse mental health outcomes such as decreased life satisfaction (Bromley, 1999), low self-esteem (Powell & Hendricks, 1999), depression (Noles et al., 1985), impaired sexual functioning, diminished quality of life, and diminished sense of personal worth (Cash, Morrow, Hrabosky, & Perry, 2004; Grogan, 1999; Smolak & Streigel-Moore, 2004).

There are also significant clinical issues related to diagnosis and treatment of body image related disorders in Latinas. For example, Becker et al. (2003) found that

Latinas were least likely to be referred for evaluation of an eating disorder despite their endorsing the most severe cognitive and behavioral eating disorder symptoms when compared to their non-Hispanic White counterparts. Furthermore, clinicians may be less likely to recognize eating disorders in ethnic minority women than in non-Hispanic White women, even after controlling for symptoms of severity (Gordon, Brattole, Wingate, & Joiner, 2006). Moreover, Latinas face additional barriers to body image related treatment, which echo the barriers related to seeking general mental health treatment among the Latino population as a whole. Such issues are lack of information about disordered eating, lack of bilingual information and treatment, challenges with relying on an interpreter (i.e., objective interpretation, privacy concerns), added stigma of seeking mental health services for disordered eating versus other emotional stressors (i.e., depression, anxiety), and lack of training or reluctance on behalf of physicians to recognize eating disorders in a Latina population (Reyes-Rodriguez et al., 2013).

The following presents a review of the literature regarding the definitions of body image and body dissatisfaction, the theoretical framework of body dissatisfaction, the enhanced effect of the theoretical framework due to unique cultural factors, the traditional female gender role of *marianismo*, and various romantic relationship factors (i.e., partner support, partner teasing, and partner ideal body discrepancy) relevant to the current study with regard to body dissatisfaction among Mexican and Mexican-American women. For the purpose of providing a detailed literature review, research is reported on Latina women in general and on Mexican or Mexican-American women when specific studies to those two ethnic groups are available. Due to the vast heterogeneity of Latinos, this cross-cultural study focused on Mexican and Mexican-American women, as this

ethnicity constitutes the largest (64% of Latino minorities) Latino subgroup and to decrease confounding variables stemming from within-group differences as well to explore potential cultural protective factors to body dissatisfaction (Center for Disease Control, 2015).

Definitions of Body Image and Body Dissatisfaction

Body image is a complex and diverse multidimensional construct (Garner & Garfinkel, 1981; Thompson, Heinberg, Altabe, & Tantleff-Dunn, 1999). The dimensions typically include affective (i.e., anxiety related to body image), cognitive (i.e., unrealistic appearance ideal, dysfunctional beliefs about one's weight and shape), behavioral (i.e., avoiding experiences related to the body, disordered eating patterns), and perceptual components (i.e., overestimating body size) (Thompson, et al., 1999). Thus, body image is defined as the mental representation of one's body that includes thoughts, feelings, and perceptions about one's sexuality, overall health, physical appearance, attractiveness, competence, and wholeness (Cash, 2004).

Body dissatisfaction is conceptualized on a continuum with experiences ranging from pathological to normative, with most people clustering in the middle (Thompson et al., 1999). At the pathological end, individuals exhibit behaviors consistent with anorexia and bulimia and endorse high levels of body dissatisfaction as well as an overestimation of body size. At the normative end, individuals exhibit concern with appearance, and the literature posits that this common concern with

body image is a normative experience for women (Cash, 2004; Smolak, 2006; Thompson, et al., 1999).

Body dissatisfaction encompasses a set of dysfunctional, negative beliefs and feelings about one's weight and shape (Garner, 2002). In particular, body dissatisfaction is the evaluation of one's body parts and judgment that certain parts of the body (such as hips or buttocks) are too large (Myers & Crowther, 2007) or perhaps too small. Body dissatisfaction is a reliable predictor of disordered eating (Stice, 2002), which encompasses an array of problematic eating behaviors ranging from dieting and extreme weight control methods such as fasting, binge eating, and purging to clinically diagnosable eating disorders such as anorexia and bulimia nervosa (Ricciardelli & McCabe, 2004). Body dissatisfaction is conceptualized as originating from multiple factors (Keel, 2005): Sociocultural Theory (i.e., sociocultural factors, social comparison, negative verbal commentary) and Female Socialization Theory were drawn upon in this study to conceptualize the cultural, relational and gender variables that may be related to body satisfaction in a cross-cultural sample of Mexican and Mexican-American women.

Theoretical Framework of Body Dissatisfaction

Sociocultural Theory. Perhaps one of the most commonly supported or cited theories explaining the etiology of body dissatisfaction is Sociocultural Theory, which is most closely associated with the work of Thompson and his associates (Thompson et al., 1999). Sociocultural Theory refers to the idea or theoretical perspective that body dissatisfaction is best understood as a consequence of multiple social and cultural factors rather than a result of individual psychopathology" (Thompson et al. 1999). According to Sociocultural Theory, there are four primary sociocultural factors that interact and contribute to the development and/or maintenance of body dissatisfaction: social comparison, early physical maturation, appearance-related feedback, and sociocultural

factors (Thompson, 1992; Thompson et al., 1999). The current study investigated whether the third (appearance-related feedback) and fourth (sociocultural factors) factors of Sociocultural Theory are related to body satisfaction in Mexican and Mexican-American women.

The first sociocultural factor of the Sociocultural Theory is social comparison. The social comparison factor highlights that individuals that frequently compare their appearance to that of other people are at a greater risk of developing body dissatisfaction (Thompson, 1992; Thompson et al., 1999), particularly because such comparisons often are made with others who are perceived to have “better” physical features (i.e., closely aligned to the ‘thin ideal’) (Arigo, Schumacher, & Martin, 2014). Thus, these ‘upward comparisons’ underline a woman’s failure to achieve the idealized and accepted standard of attractiveness while also insinuating that the achievement of that standard of beauty is feasible, even though actual achievement is unrealistic for the majority of women. The resulting negative self-evaluations contribute to body dissatisfaction and disordered eating behaviors (Arigo, Schumacher, & Martin, 2014). Recent studies corroborate this factor of the Sociocultural Theory and suggest that, in a sample of young women, comparisons of their body to that of others may serve to prompt and maintain body dissatisfaction (Leahey, Crowther, & Mickelson, 2007). In contrast, downward comparisons are arguably potentially helpful in maintaining a positive body image (Heinberg & Thompson, 1992a, 1992b, Stormer & Thompson, 1995).

The second and third sociocultural factors of the Sociocultural Theory focus on developmental factors that are part of the childhood and adolescent experience and may

be the predisposition conditions for concurrent or future body dissatisfaction (Stormer & Thompson, 1995). The second sociocultural factor of the Sociocultural Theory is early physical maturation which is generally defined as the experience of puberty prior to one's peer group or early menarche (11 years or earlier) (Thompson, 1990). There have been mixed findings for this explanation of body dissatisfaction (Thompson, 1992). This factor was not investigated in the current study.

The third sociocultural factor is referred to as appearance-related feedback or critical feedback about appearance and/or weight in the form of teasing comments and has been strongly associated with body dissatisfaction, eating disturbance, and general distress in psychological functioning (Brown, Cash, & Lewis, 1989; Cattarin & Thompson, 1994; Fabian & Thompson, 1989; Menzel et al., 2010). The literature has established that perceived pressure, explicit or implicit, to emulate the 'thin ideal' or direct criticism/comments from parents may be one of the principal sociocultural factors related to the development of body dissatisfaction and eating concerns among young adults (Ata, Ludden, & Lally, 2007; Baker, Whisman, & Brownell, 2000; Dunkley, Wertheim, & Paxton, 2001). Much of the research conducted on the impact of negative verbal commentary on body dissatisfaction has focused on the teasing comments made by parents and peers and the messages relayed by the media, particularly during childhood or adolescence, although women are more likely to report that their partner's opinion about their appearance is very important to their body image (Garner, 1997). Little is still known about the role of a romantic partner and various relational factors, such as weight-related criticism or teasing by the romantic partner, on endorsement of body dissatisfaction. Hence, this study investigated: 1) whether the discrepancy between what

Mexican and Mexican-American women perceive as the ideal female body for their romantic partner and their perceived actual self is related to body dissatisfaction; 2) whether weight related teasing by the romantic partner is related to body dissatisfaction; and 3) whether relational factors such as depth of the romantic relationship, conflict in the romantic relationship, and support in the romantic relationship are related to body dissatisfaction.

The fourth sociocultural factor of the Sociocultural Theory posits that the media plays a very powerful and significant role in the development and/or maintenance of body dissatisfaction by propagating messages and images that expose individuals to the ‘thin ideal’ and other unattainable standards of beauty; thus instilling powerful messages regarding what is acceptable and unacceptable of certain physical attributes (Heinberg, Thompson, & Stormer, 1995). The results of a meta-analysis of 25 experimental studies conducted in the United States in which women reported feeling worse after being exposed to images of thin models as compared to other images (Groez, Levine, & Murner, 2002) supported the hypothesis that the media’s powerful role in propagating the ‘thin ideal’ contributes to body dissatisfaction. In addition, a study by Posavac and Posavac (2002) found that women are likely to develop body image dissatisfaction if they encounter discrepancies between their perceived selves and the ideal images portrayed by the media. Consequently, body dissatisfaction is believed to originate from the individual’s realization of the discrepancy between the “thin ideal/ideal self” and the “perceived self.” This study investigated whether: 1) the discrepancy between what Mexican and Mexican-American women perceive as the ideal female body for the mainstream/American culture and their perceived actual self was related to body

satisfaction, and 2) whether the discrepancy between the ideal female body for their ethnic/Mexican culture and their perceived actual self was related to body satisfaction.

Enhanced Effect of Sociocultural Theory

Most of the research on body dissatisfaction among women has been conducted with non-Hispanic White women and, although there have been increased efforts to explore cultural factors related to body dissatisfaction in cross-cultural research, only a limited amount of research has tested sociocultural etiological models of body dissatisfaction and disordered eating within the Latina population (Austin & Smith, 2008). Thus, expanding on the understanding of unique sociocultural factors and the cultural heritage of diverse groups is crucial and may be additionally helpful when considering the applicability of current etiological models of body dissatisfaction to the Latina population and in understanding their relevance to the development of prevention and intervention approaches for this population (Andres-Hyman, Ortiz, Añez, Paris, & Davidson, 2006). Following are some of the unique cultural factors that may contribute to a risk for body dissatisfaction among Latinas, specifically, Mexican and Mexican-American women.

Studies supporting Sociocultural Theory have concluded that the media is a primary contributor to the creation of a discrepancy between the ‘thin ideal’ and the ‘perceived self’ that leads to body dissatisfaction (Posavac & Posavac, 2002). Sociocultural factors and pressure to attain the ‘thin ideal’ may have an enhanced effect on Latina women given that women of color or women who are ethnically diverse, particularly those living in the United States, experience sociocultural pressures to

achieve a White-American ideal of beauty. Some researchers have found that when women of color judge themselves based on White beauty standards they become at risk for developing body image dissatisfaction and eating disorders (Iijima Hall, 1995; Root, 1990). This may be due to the fact that White beauty standards and the ‘thin ideal’ are highly difficult to attain for the majority of the female population, regardless of ethnicity, but may be even more difficult to attain for women of color for reasons related to genetic predisposition and unique cultural factors such as overweight propensity. Environmental stressors, such as being a first generation college student, phase of life changes, and health issues may also compound, or enhance the effect of sociocultural factors on the development of body dissatisfaction. Therefore, this study predominantly recruited Mexican and Mexican-American women college students in an effort to capture the experience of body satisfaction in this vulnerable population.

Obesity. Obesity rates in Latina/os are among the highest of any group in the U.S. (Flegal, Margaret, Ogden, & Curtin, 2010). An estimated 29.4% of Latina women are obese in comparison to 21.8% of non-Hispanic White women (Center for Disease Control, 2010). Obesity, eating disorders, and related body dissatisfaction often co-occur and can develop as a result of each other (Haines, Kleinman, Rifas-Shinman, Field, & Austin 2010). For example, a sample of overweight adolescents were more likely to engage in unhealthy weight control practices, such as using diet pills, laxatives, and inducing vomiting, than their non-overweight counterparts (Boutelle, Neumark-Sztainer, Sotry, & Resnick, 2002). Furthermore, traditional foods consumed by Latinos have a high caloric intake and customs around social interaction while eating, as well as family emphasis on weight and food (e.g., encouragement to eat as a way of spending quality

time together or showing respect) may contribute to issues with weight gain (Rubin, Fitts, & Becker, 2003). Therefore, current problems with weight management in the population as a whole, frequency of consumption of traditional foods, cultural practices and traditions centered on food, along with exposure to environments that may increase a woman's tendency towards social comparison may contribute to sociocultural factors that place Latinas at risk for the development of body dissatisfaction.

According to longitudinal studies conducted by the Center for Disease Control (CDC, 2004), the average weight for Mexican-American women aged 20 to 29 years-old has increased from an average of 127.7 pounds from 1960 to 1962 to an average of 141.7 pounds from 1999 to 2002. The average weight for Mexican-American women aged 30 to 39 years-old has increased from an average of 138.8 pounds from 1960 to 1962 to an average of 154.4 pounds from 1999 to 2002. The average height of Mexican-American women aged 20 to 39 years-old has remained 5 feet and three inches from 1960 to 2002. In a large randomized study carried out by Mexico's National Chamber for the Clothing Industry (*Cámara Nacional de la Industria del Vestido*) from 2010 through 2011, the average height for Mexican females over 18 years-old was 5 feet and 4 inches, and the average weight for Mexican females over 18 years-old was 151 pounds. Moreover, Mexican-American women were reported to weigh an average of 5 kilograms or 11 pounds more than their Mexican counterparts. In contrast, the average weight for a female supermodel in the United States was reported to be around 107 pounds and average height was 5 feet and 10 inches (Victoria Secret blog, 2015). Thus, attaining the 'thin ideal' may be challenging for Latina women due to genetic predispositions for height as well as propensity for obesity.

Rise in college admissions for Latinos. According to the Pew Hispanic Center (2013), a record seven-in-ten (69%) Latino high school graduates in the class of 2012 enrolled in college. As the rate of Latinas entering college increases, prevalence of body dissatisfaction among Latina women may also increase due to various unique factors about the college environment that put Latina college students at risk for body dissatisfaction. For example, the competitive college environment can increase a freshman woman's tendency toward social comparison, particularly upward social comparison, in both the academic and physical appearance realms. As Striegel-Moore, Silberstein, and Rodin (1986) have pointed out, "as stressful and semiclosed environments, campuses may serve to intensify the pressures to be thin...and the competitive school environment may foster not only academic competition but also competition regarding the achievement of a beautiful (i.e., thin) body" (p.248). In addition, women may expose themselves to more social situations in which popularity and social desirability may depend considerably on physical attractiveness and thus they may be susceptible to the body dissatisfaction that may result from pursuing an "ideal of thinness" (Befort et al., 2001). Latinas exposing themselves to more social situations and who are also attending colleges with a large non-Hispanic White population are surrounded by the thin-ideal and may internalize it as they acculturate to the college culture (Cordero, 2011).

Moreover, contrary to previous beliefs, several studies to date have found no differences between Latina and non-Hispanic White female undergraduates in their endorsement of body-related worries (Cashel, Cunningham, Landeros, Cokley, & Muhammad, 2003; Shamaley-Kornatz, Smith, & Tomaka, 2007) and another study found

that Latina undergraduates have higher rates of body-related concerns than their non-Hispanic White counterparts (George, Erb, Harris, & Casazza, 2007). Thus, Latinas may be engaging in upward social comparisons with non-Hispanic White women who may more closely resemble the White American ‘thin ideal.’

Phase of life changes, such as transitioning to college, frequently coincide with other phase of life changes (i.e., moving away from home, taking on financial responsibilities, dating) that contribute additional stressors that place students at-risk for psychological issues and dropping out. Cultural values such as *familismo* and collectivism may pose additional challenges for Latinos going through these phase of life changes as Latino families instill a firm belief in strong family ties, with the family as the primary source of support (Halgunseth et al. 2006; Negy & Woods 1992). Consequently, Latino students “may have difficulty adjusting to life away from family, on whom they have depended as their primary source of support (Kenny and Stryker 1996).” Thus, the reality of the university experience may often be more stressful than previously anticipated and a significant number of new students experience health and emotional problems within the first few months of their freshman year (Pancer, Hunsberger, Pratt, & Alisat, 2000). The current study aimed to examine the cross-cultural differences in body satisfaction among a Mexican and Mexican-American sample of women primarily recruited from a college campus.

Gender-Role Socialization Theory. Gender-Role Socialization Theory also referred to as Female Socialization Theory can be conceptualized as part of the overarching Sociocultural Theory that aims to explain societal influences in the etiology

of body dissatisfaction. Female Socialization Theory similarly argues that society (media, parents, and peers) is an influential source that implicitly and explicitly communicates and propagates the thin ideal. However, this theory adds that society ingrains various beliefs that make up the role that women are encouraged to adopt in order to gain societal approval (Bepko, 1991; Tiggemann, 2011). Bepko and Krestan (1991) proposed the following five 'Codes of Goodness' which they believe constitutes the role that Western society values and considers to make-up a 'good woman:' 1) 'Be Attractive,' 2) 'Be Unselfish and of Service to Others,' 3) 'Be a Lady,' 4) 'Make Relationships Work,' and 5) 'Be Competent without Complaint.'

The degree to which women ascribe to the 'Codes of Goodness' may be a risk factor for body dissatisfaction as the 'Be attractive' code places value on the woman's external attributes as the basis of her worth, consequently promoting behaviors that are in line with attaining the thin ideal (Bepko & Krestan, 1991). The 'Be Unselfish and of Service to Others' encourages suppression of women's needs, thus prioritizing others' needs and well-being, and personifying a 'good woman' as one who is a nurturing and selfless giver (Bepko & Krestan, 1991). Moreover, the 'femininity hypothesis' proposes that stereotypically feminine traits such as dependence and passivity are conducive to seeking approval from others and, consequently, women may diet and place significant value on meeting society's implicit or explicit ideal of female beauty (Lakkis et al., 1999). The 'Be a Lady' code encourages women to ascribe to more traditional gender roles and the literature has shown that women's endorsement of more traditional gender roles and attitudes is associated with a greater tendency to internalize cultural ideals of beauty and invest more in physical appearance (Cash, 2011). In fact, although past

literature has produced mixed findings (Katsman & Wolchik, 1984; Srikameswaran, Honours, Leichner, & Harper, 1984), traditional gender roles of femininity and masculinity have been more recently associated with greater degrees of body dissatisfaction (Cella, Iannaccone, & Cotrufo, 2013). The ‘Make Relationships Work’ code explains that women are socialized to value interpersonal relationships and equate success in personal relationships with perceived physical attractiveness (Striegel-Moore & Marcus, 1995), hence women may place value on behaviors, such as dieting and cosmetic surgery that enhance superficial features in an effort to establish and arguably maintain ‘successful’ relationships. Last, research suggests that women associate success with thinness. For instance, high school girls who considered intelligence and professional success to be important reported a preference for a thinner ideal than their counterparts who did not place as much value on professional achievement (Tiggemann, 2001). Other studies echo this finding and report that ‘status aspiring’ women associated intelligence and professional success with a thinner figure (Chin, 2002; Jarry, Polivy, Herman, Arrowood, & Pliner, 2006). Therefore, the ‘Be Competent without Complaint’ code may inadvertently encourage women to pursue a thin ideal to reach competency or success. Gender-Role Socialization Theory, and the current literature on femininity and body image issues provides evidence to support that women’s ascription to the traditional feminine role may increase women’s vulnerabilities to society’s thin ideal of beauty. Furthermore, the literature suggests that strict conformity to the traditional feminine role may be a mediator of societal influences in the development of eating disorders (e.g. Martz et al., 1995).

Gender roles and their related behaviors and practices are clearly defined in

Latino culture (Castillo & Cano, 2007). The idealized expectations for Latina women and associated gender role are exemplified and defined by the concept of *marianismo*. The literature to date has not explored the impact, if any, of the gender role of *marianismo* on body dissatisfaction in Latina women in general. However, more endorsement of the traditional female gender role, *marianismo*, may be potentially a risk factor for body dissatisfaction in both Mexican and Mexican-American women. Moreover, Mexican-American women living in the United States or Mexican women living in Mexican states bordering the United States may be especially vulnerable to experiencing body dissatisfaction due to potentially being exposed to both mainstream/American female gender roles and gender beliefs associated with *marianismo*.

Traditional Gender Role of *Marianismo*

Arredondo (2004) defines *marianismo* as a gender-socialization construct that encompasses all of the societal rules and expectations for Latina women. Arredondo (2002) also notes that *marianismo* is a transgenerational construct that is endorsed by Latinas of all ages to varying degrees. Stevens (1973) originally coined the term *marianismo* and noted that the construct encompasses both positive and negative behavioral expectations related to family, respect, spirituality, compassion, self-sacrifice for the common good, and chastity attributed to the Virgin Mary of Catholicism. Stemming from this observation and their psychotherapeutic work with Latinas, Gil and Vasquez (1996) proposed the 10 commandments for women who subscribe to the paradigm of *marianismo*. The commandments are: 1) Do not forget a woman's place, 2) Do not forsake tradition, 3) Do not be an old maid, independent, or have your own opinions, 4) Do not put your needs first, 5) Do not wish anything but to be a house wife,

6) Do not forget sex is to make babies, not pleasure, 7) Do not be unhappy with your man, no matter what he does to you, 8) Do not ask for help, 9) Do not discuss personal problems outside the home, and 10) Do not change.

Research posits that different cultural constructs and values have psychological consequences and relevance (Cuellar, Siles, & Bracamontes, 2004). Consequently, several studies have explored the construct of *marianismo* as it relates to both physical and mental health outcomes, cultural competencies, and interventions (Arredondo, 2004; Kulis, Marsilgia, Lingard, Nieri, & Nagoshi, 2008; Moreno, 2007). Some of the findings suggest that endorsement of *marianismo* beliefs has been associated with intimate partner violence (Cianelly et al., 2008; Moracco, Hilton, Hodges, & Frasier, 2005; Mouton, 2003), increased risk of acquiring HIV (Jacobs & Thomlison, 2009), and barriers to treatment of depression (Caplan & Whittemore, 2013). Thus, research highlights significant implications of *marianismo* beliefs on well-being and emphasizes the importance of considering culture-specific phenomena in the conceptualization of various health related outcomes for the Latina population.

Perhaps due to the fact that empirically validated measures of *marianismo* beliefs have only been developed in the last six years, little research to date has explored the impact of these beliefs on a broader spectrum of psychological issues. Specifically, there is no current published research exploring the construct of *marianismo* and its potential implications on body satisfaction. Thus, there is a need in the literature for an evaluation of the role of *marianismo* on body satisfaction among Mexican and Mexican-American women. However, Castillo, Perez, Castillo, & Ghosheh (2010) created an empirically validated and theoretically sound instrument that assesses *marianismo* beliefs and defined

the construct as consisting of five main values: family, virtue and chastity, subordination to others, silencing of self to maintain harmony, and spirituality. The current study attempts to expand on the literature related to gender-role socialization in Mexican and Mexican-American and its relationship to body dissatisfaction using the Marianismo Beliefs Scale, which has been validated with a cross-cultural sample of Mexican and Mexican-American women (Castillo et al., 2010).

Moreover, since the 10 commandments in *marianismo* somewhat parallel the ideas conveyed by the ‘Codes of Goodness,’ it may be deducted that some of these commandments may similarly have a negative impact on Latina women as they emphasize self-denial, submissiveness, and objectification. As a result of ascribing to these traditional gender-role commandments and perceiving themselves as not fulfilling the cultural gender role, Latina women may be vulnerable to psychological distress. For example, a Latina woman who is avoiding being “an old maid” may have an increased preoccupation about appearance and may engage in more upward social comparison that is associated with increased body dissatisfaction per Sociocultural Theory (Thompson et al., 1999). Latina women who are taught that sex is to make babies, and not for pleasure, may view their body and, particularly their sex organs, as something shameful, and the shame may translate into dissatisfaction with their own body. Not having the right to be “unhappy with your man” may also predispose women towards choosing to be in relationships where they relinquish their power and opinion. This commandment may also predispose women to approval-seeking behaviors that may include seeking to attain the ideal of beauty propagated by their ethnic culture, mainstream culture, or their perceived partner ideal. Working towards higher education and interacting in an

academic setting may also conflict with ‘not being independent or having an opinion.’ As a result, endorsement of *marianismo* in college-aged women has been associated with a higher depression level (Cano, 2003; Vazquez; 1998). Since depression is highly correlated with body dissatisfaction, it is possible that endorsement of *marianismo* is positively correlated with body dissatisfaction; however, the literature has yet to examine this relationship. Thus, this study explored the potential relationship of endorsement of *marianismo* beliefs to body satisfaction in a cross-cultural sample of Mexican and Mexican-American women. .

In addition, ascribing to the commandments of *marianismo* may also pre-dispose Latina women to situations and romantic relationships that could increase their risk for body dissatisfaction. For example, if the romantic partner teases them about their body or provides objectifying messages, women endorsing a greater degree of *marianismo* beliefs may struggle with the commandment to “not be unhappy with her man, no matter what he does.” As a result, women may choose to overlook weight-related teasing that may lead to the continuation of the criticism. Thus, these commandments have potential implications for how women interact in their romantic relationships and how romantic relationships influence their satisfaction with their bodies. Given that *marianismo* parallels the ‘Code of Goodness,’ it was expected that traditional gender roles impact Latina women’s body ideals directly and indirectly, similar to the observed impact of traditional gender-roles on non-Hispanic White women.

Ethnic and American Ideal Discrepancies

Posavac and Posavac (2002) found that women are likely to develop body image dissatisfaction if they encounter discrepancies between their perceived selves and the

ideal images portrayed by the media. Latina women may face additional difficulties when seeking to ascribe to a particular ideal of beauty as their ethnic culture ideal and mainstream/American culture ideal offer two contrasting ideals of beauty. These conflicting messages of what constitutes beauty in Latino culture and in the mainstream/American culture may lead to cognitive dissonance as Latinas attempt to maneuver a bicultural lifestyle in which they are exposed to opposing messages about what constitutes beauty on a daily basis. The opposing messages may also add to Latinas' psychological distress thus increasing their risk for body dissatisfaction. Furthermore, Latina's perception of ideal beauty may not be identical to that of non-Hispanic White women but may be a mixture of beauty characteristics from the Latino and mainstream culture. Some evidence suggests that Latina women may experience dissatisfaction in areas not expressed by non-Hispanic White women. For example, Latina women tend to place more emphasis on other physical features besides shape and size such as skin color, hair length, hair texture, and hair color, with a preference for lighter features (Altabe, 1998; Gil-Kashiwabara, 2002; Rubin et al., 2003). Thus, the current study was designed to shed light on the relationship of the ethnic culture ideal and mainstream/American culture ideal discrepancy with body satisfaction among Mexican and Mexican-American women.

Romantic Relationship Factors

The interactions and attitudes one is exposed to through parents, siblings, and peers have been suggested to influence one's body dissatisfaction (Stice & Shaw, 2002). However, few studies have examined the role of the romantic relationship and factors related to the romantic relationship (i.e., support, conflict, teasing) in the development or

maintenance of body dissatisfaction. As women enter a relationship, the interactions the woman has with her partner similarly influence body dissatisfaction (Tantleff-Dunn & Gokee, 2002). Women are more likely to report that their partner's opinion about their appearance has been very important to their body image (Garner, 1997). This may be due to the level of intimacy and closeness that makes women in this interpersonal relationship more vulnerable to how their partners view their weight in contrast to how others view their weight. Furthermore, Smith, Waldorf, and Trembath (1990) found that although only 26.4% of women rated physical attractiveness as their top priority in seeking a male romantic partner, 56.9% of men rated physical attractiveness as the most important quality when seeking a female romantic partner, and 33.6% of men considered a thin partner as most desirable. Therefore, the message that the most important qualities men seek in a romantic partner are physical attractiveness and thinness is commonly known. This is reflected in the observations made by Harrison and Saeed (1977), in which women of all ages were more likely to report their physical attractiveness to potential partners in newspaper personal classifieds than were their male counterparts. Therefore, body image may be influenced not only by one's own perceptions and interpersonal relationships growing up (i.e., with family), but by the perceptions of and interactions with romantic partners as well. Depending on women's age and stage in life, romantic partners may be significantly influential to women's body image as a considerable amount of time is spent in the relationship.

Weight-Related Teasing. Romantic partners may knowingly or unknowingly exacerbate body dissatisfaction in their partners as a way to “maintain power, enhance self-image, encourage a partner's efforts to maintain or improve appearance, or foster

dependency” (Thompson, Heinberg, Altabe, & Tantleff-Dunn, 1999, p. 112). Moreover, a partner’s comment about his romantic partner’s physical appearance may have different outcomes depending on the woman’s pre-existing perception of her body. If the woman has pre-existing body dissatisfaction, the perception of a negative comment by the partner can aggravate body dissatisfaction. Thus, weight-related teasing from romantic partners potentially compounds the already sensitive body image of women (Befort et al., 2001), particularly if the woman views the romantic relationship as important.

Bedfort et al. (2001) were the first to examine the effect of teasing on college-aged women’s body dissatisfaction as previous research had mostly focused on women in midlife. The findings suggest that as a woman received weight-related criticism from a romantic partner, she may generalize this disapproval to her entire self, thereby experiencing more shame (Befort et al., 2001). Similarly, Bailey and Ricciardelli (2010) found that young adult women who received more negative weight-related comments or teasing were more likely to compare themselves negatively to others and consequently endorse higher body dissatisfaction and eating disturbances. Thus, many women may not feel body shame because of dissatisfaction with their bodies, but as a result of her perception of her romantic partner’s approval or disapproval of her physical appearance (Befort et al., 2001). Consequently, pressure to be thin and criticism or teasing about weight and body appearance from a romantic partner has predicted disordered eating in a sample of predominantly non-Hispanic White women (Shoemaker & Furman, 2009).

Perceived Partner-Ideal Discrepancy. Another factor influencing body image dissatisfaction is if the woman’s perception of her partner’s ideal body for a romantic

partner is appreciably different from her perceived real body (Thompson, 1990). The degree of discrepancy can impact her body satisfaction. Thus, several factors can negatively impact body satisfaction in romantic relationships such as the woman's perceived weight-related criticism or teasing by her romantic partner and the woman's perception of the discrepancy between her partner's ideal body for a partner and her actual body.

Quality of the Romantic Relationship. In contrast to the negative impact of weight-related teasing and a greater degree of perceived partner-ideal discrepancy, evidence suggests that the quality of the relationship can serve as a protective factor against the pressures to be thin (Sheets & Ajmere, 2005), concerns about weight and shape, and disordered eating (Morrison, Doss, & Perez, 2009; Whisman, Sheldon, & Goering, 2000). Moreover, constructs addressed by the Quality of the Relationship Inventory utilized in the current study, such as support and depth/commitment, have been specifically found to have a positive impact on body satisfaction. In fact, research studies propose that the best way to successfully decrease a negative body image in women is through support of a romantic partner (Pierce, Sarason, & Sarason, 1996; Weller & Dziegielewski, 2004). Conversely, low support from family and romantic partners has been found to be a predictor of unhealthy dieting behaviors in women (Juda, Campbell, & Crawford, 2004; Markey & Birch, 2001) when poor relationship quality in a marriage was present. Thus, the quality of the romantic relationship serves an important role in improving or preventing body dissatisfaction in women.

Another component of relationship quality is degree of conflict present. Although research has typically focused on evaluating the impact of a conflictive communication

style in the family setting on body dissatisfaction in adolescent girls (Byely et al., 2000), a study by Pole, Crowther, and Schell (2004) found that, consistent with previous findings on the impact of conflict in the family setting on body dissatisfaction, conflict in the romantic relationship is also positively correlated with body dissatisfaction. Hence, a romantic relationship with a lower degree of conflict and greater degrees of support and depth/commitment can be expected to serve as protective factors to body dissatisfaction among women in a romantic relationship.

Summary

The pursuit of a physically attractive body is particularly emphasized in current western society (Slater, Tiggemann, Hawkins, & Werchon, 2012) and looking attractive is highly valued (Dittmar, 2007). Moreover, the literature on the sociocultural theories of development of body dissatisfaction and disordered eating not only suggests that the pressure to be thin derives predominantly from sources such as the media, parents, and peers (Bell & Dittmar, 2011; Thompson & Stice, 2001), but few studies have focused on the romantic relationship factors that may also influence body satisfaction. Although the literature had suggested that non-Hispanic White women suffered from body dissatisfaction, anorexia nervosa, bulimia nervosa, or binge eating disorder at a higher rate compared to women of other ethnic groups (Makino, Tsuboi, & Dennerstein, 2004), recent research has unveiled the prevalence of body appearance concerns and body dissatisfaction across a wide range of ages and ethnicities. In fact, the literature offers strong epidemiologic evidence suggesting that body dissatisfaction and disordered eating are not only prevalent among Latina women (George & Franko, 2010) but occur at rates comparable to and sometimes greater than those found among non-Hispanic White

women (Alegria et al., 2007; Azarbad, Corsica, Hall, & Hood, 2010; Becker, Franko, Speck, & Herzog, 2003; Bisaga et al., 2005; Forbes & Frederick, 2008; Franko, Becker, Thomas, & Herzog, 2007; Grabe & Hyde, 2006; Hirabosky & Grilo, 2007; Reyes-Rodriguez et al., 2010).

Consequently, minority women may have become less protected from pressures to conform to the U.S. majority group's thin ideal. As the Latina population continues to increase in the United States, investigating unique cultural factors relevant to the experience of body satisfaction and exploring the applicability of existing etiological models of body satisfaction are warranted, particularly in light of the relationship between body dissatisfaction and poor mental health outcomes for Latinas (Ganem, de Heer, & Morera, 2009). Furthermore, there is also evidence to suggest that clinicians may be less likely to recognize eating disorders in ethnic minority women than in non-Hispanic White women, even after controlling for symptoms of severity (Gordon, Brattole, Wingate, & Joiner, 2006).

Purpose of the Study

Recent evidence revealing that body dissatisfaction is not a culturally bound issue calls for more research in the realm of body satisfaction among Mexican and Mexican-American women to aid in the development of culturally relevant prevention and intervention efforts. Sociocultural Theory and Gender-Role Socialization Theory provide the framework to explore the relationship between various sociocultural factors, romantic relationship factors, and gender-role to body satisfaction. However, few studies to date have explored the applicability of pre-existing etiological models of body dissatisfaction to Mexican and Mexican-American women.

The purpose of the present study was to examine differences in body satisfaction between Mexican and Mexican-American women, investigate the role of *marianismo* as a mediator between weight-related teasing and body satisfaction, and explore Ethnic Culture Ideal Discrepancy, American Culture Ideal Discrepancy, Partner Ideal Discrepancy, relationship support, relationship conflict, relationship depth, weight-related teasing, and *marianismo* as predictors of body satisfaction. Based on the review of the literature, the following questions and hypotheses were posed:

Research Questions and Hypotheses

The following questions and their corresponding hypotheses were investigated in the current study.

Q1: Are there differences in the endorsement of *marianismo* and body satisfaction between Mexican and Mexican-American women?

H1: Mexican women will endorse more affinity with *marianismo* beliefs than their Mexican-American counterparts.

H2: Mexican-American women will endorse less body satisfaction than Mexican women.

Q2: Are *marianismo* beliefs related to body satisfaction for: 1) both Mexican and Mexican-American women, 2) for Mexican women only, or 3) for Mexican-American women only?

H3: There will be a significant negative relationship between *marianismo* beliefs and body satisfaction for both Mexican and Mexican-American women.

Q3: Is perceived discrepancy between what Mexican and Mexican-American women views as their current body image (Actual Body Image) and what they perceives to be

their partner's ideal body image (Partner Ideal Discrepancy), Mexican culture's ideal body image (Ethnic Culture Ideal Discrepancy), and mainstream ideal body image (Mainstream/American Culture Ideal Discrepancy) related to body satisfaction?

H4: Partner Ideal Discrepancy, Ethnic Culture Ideal Discrepancy, and American Culture Ideal Discrepancy will negatively predict body satisfaction.

Q4: Is Perceived Weight-Related Criticism or teasing by romantic partner related to body dissatisfaction?

H5: There will be a significant negative relationship between weight-related criticism or teasing by romantic partner and body satisfaction.

Q5: Are Support, Depth, and Conflict in the romantic relationship related to body satisfaction?

H6: Support, Depth, and Conflict in the romantic relationship will predict body satisfaction.

Q6: Is *marianismo* a mediator between Perceived Partner Weight-Related Criticism/Teasing and body satisfaction?

H7: *Marianismo* will moderate the relation between Perceived Partner Weight-Related Criticism and body satisfaction.

Chapter 3

METHOD

Recruitment

After Institutional Review Board approval (See Appendix A), Mexican and Mexican-American females were recruited from a large southwestern university in the United States and a large university in northern Mexico. The recruitment letter and online questionnaire link (See Appendix B) for this study were disseminated in three ways: 1) through student listservs; 2) by e-mailing professors in Social Sciences and Latino Studies asking them to invite their students to participate through electronic correspondence or during class; and 3) by offering participants the opportunity to refer prospective participants by entering their e-mail at the completion of the survey (a generic e-mail with the link to the survey was automatically sent). Thus, recruitment primarily targeted students in a university setting but also included women in the community.

Participants

Mexican and Mexican-American heterosexual females, 18 years-old or older and currently in a romantic relationship (i.e., married, partnered, or in a long-term relationship), were invited to participate in the study. Other sexual orientations or relationship statuses were not included in the recruitment criteria. There were 306 women

who accessed the online questionnaire webpage. Out of these, 53 did not meet the eligibility criteria and another 15 submitted a questionnaire that could not be analyzed as over 50% of the questions were incomplete. Possible reasons for the lack of completion may have been computer error, internet connection issues, time needed to complete the survey, length of survey, or other interruptions. A total of 238 women completed 100% of the questionnaire (141 responded to the English questionnaire, and 97 responded to the Spanish questionnaire).

Two validity checks were interspersed among the questions to ensure that participants were reading the questions. The questions asked participants to choose a specific answer (i.e., other) to ensure the validity of their responses. Eleven participants (4.62%) were removed from the study because they did not respond to the validity questions correctly. It is believed that the final sample of 227 women read each question before responding, thus providing a more valid dataset. The final useable response rate was .74.

The final dataset included 227 heterosexual women in a romantic relationship (See Table 1 in Appendix R); 120 (52.9%) who identified as Mexican and reported growing up in Mexico, and 107 (47.1%) who identified as Mexican-American and reported growing up in the United States. The mean age of the total sample was 32.64 ($SD = 10.78$) years. The mean age for Mexican women was 31.05 ($SD = 7.87$) years, and the mean age for Mexican-American women was 34.42 ($SD = 13.11$) years. Approximately 43% ($n = 97$; 42.7%) of the total sample reported being in a relationship but not married, and 57% ($n = 130$; 57.3%) reported being married or partnered. More than a third of Mexican women ($n = 45$; 37.5%) reported being in a relationship but not married and

more half of Mexican women ($n = 75$; 62.5%) reported being married or partnered.

Approximately half of Mexican-American women ($n = 52$; 48.6%) reported being in a relationship but not married, and the other half of Mexican-American women ($n = 55$; 51.4%) reported being married or partnered.

Approximately 72 percent ($n = 163$; 71.8%) of this sample had completed a bachelor's degree or higher. Slightly over three-fourths ($n = 93$; 77.5%) of Mexican women and almost two-thirds ($n = 70$; 65.4%) of Mexican-American women had completed a bachelor's degree or higher. Participants living in Mexico were asked to convert their yearly household income from pesos to dollars based on the current currency exchange rate. Yearly household income (including everyone living with the participant) varied, with approximately a third ($n = 82$; 36.1%) of the sample reporting \$0 to \$49,999, approximately another third ($n = 89$; 39.2%) reporting \$50,000 to \$99,999, and a quarter ($n = 56$; 24.7%) reporting \$100,000 or more.

Approximately 13% ($n = 29$; 12.8%) of participants had undergone cosmetic surgery. Roughly 18% ($n = 21$; 17.5%) of Mexican women had undergone cosmetic surgery in comparison to 8% ($n = 8$; 7.5%) of Mexican-American women. For all women in the sample, rhinoplasty ($n = 11$; 40%) was the most common type of cosmetic surgery, followed by breast augmentation ($n = 5$; 17.2%) and abdominoplasty ($n = 2$; 6.9%). Other cosmetic surgeries undergone by the women in the sample were liposuction, otoplasty, fat transfer, breast reduction, chin implant, and other facial procedures. Approximately 40% ($n = 48$) of Mexican women and 45% ($n = 48$) of Mexican-American women reported wanting to undergo cosmetic surgery if money was not an issue. Breast augmentation was the most desired type of procedure ($n = 30$;

31.3%) if money was not an issue. Liposuction was the second most desired type of cosmetic surgery ($n = 14$; 14.6%) followed by both abdominoplasty ($n = 13$; 13.5%) and rhinoplasty ($n = 13$; 13.5%). Around 42% ($n = 96$; 42.3%) of participants reported wanting to undergo cosmetic surgery if money was not an issue, including 12 of the 29 participants who had reported already having undergone surgery. The mean weight for Mexican women was approximately 146 pounds ($M = 145.54$; $SD = 34.37$) and the mean weight for Mexican-American women was approximately 162 pounds ($M = 161.86$; $SD = 39.90$).

Procedure

Participants were given the option to access the questionnaire in English or Spanish. The recruitment letter (See Appendix B), informed consent letter (See Appendix C), and the study measures were provided in English (See Appendix D through Appendix I) and in Spanish (See Appendix J through Appendix Q) using psychdata.com, an online survey program. After clicking on the link to the online questionnaire, participants were asked to create a username and password to be able to save their responses and access the questionnaire at their convenience. Then, participants read the informed consent letter on the first page of the questionnaire and were able to click on a button to acknowledge their consent to participate in the study and to continue the questionnaire. The informed consent letter on the opening page of the online questionnaire stated that the purpose of the study was to understand how cultural and relationship factors contribute to body image in Mexican-American and Mexican women (See Appendix C). Participants were informed that they would be responding to questions about their personal views, feelings, and attitudes and were assured that their responses would be kept confidential.

Participants were also informed that they could address any questions and/or concerns to the researchers through e-mail.

The order of the measures was counterbalanced to control for an order effect for responses. To ensure completeness of data collection, all of the questions required a response before participants were able to move on to the next page. Participants were able to discontinue the questionnaire at any time. At the end of the survey, participants had an opportunity to enter their e-mail address requesting to be entered into a drawing for a chance to win one of four \$25 dollar amazon.com gift cards. Participants were informed (through the inform consent letter) that if they chose to provide their e-mail address to enter the drawing, researchers would keep their e-mail address until 25 participants had responded to the online questionnaire and a drawing was conducted. This procedure was repeated for each set of 25 participants. E-mail addresses were discarded after each drawing. The winners were notified and sent an Amazon gift card through e-mail delivery. Participants were also able to refer other prospective participants to the study by entering their e-mail address and had the option of personalizing the referral message. The online survey program sent an automated e-mail with the survey link to the addresses provided. The survey took approximately 10 to 20 minutes to complete.

Measurement

The questionnaire contained self-report measures of demographic information, satisfaction with various physical features, perceptions of body shape, cultural constructs about gender, and impact of romantic relationship factors on body image.

Demographic Questionnaire (See Appendix D). This brief demographic questionnaire gathered data on ethnicity, age, sex, sexual orientation, highest educational

level completed (i.e., two years of college, bachelor's degree, etc.), relationship status, household income, and country where the participants grew up. Information was also gathered about cosmetic surgery history or consideration of cosmetic surgery.

Body Parts Satisfaction Scale (BPSS; Bohrnstedt, 1977; See Appendix E). The BPSS is a 24-item scale used to assess satisfaction with 21 specific body parts such as eyes, ears, nose, mouth, complexion, breasts, buttocks, hands, and feet. It also includes one item measuring satisfaction with overall body appearance, one item measuring satisfaction with overall facial attractiveness, and one item measuring satisfaction with voice. Participants were asked to respond to items such as “In general, I feel satisfied with my overall facial attractiveness” and “In general, I feel satisfied with my weight” using a 6-point Likert-type scale (1 = “Extremely Dissatisfied” to 6 = “Extremely Satisfied”). The BPSS has been used in eating disorder and body image research (e.g., Bohrnstedt, 1977; Mintz & Kashubek, 1999) and specifically used with Mexican women (Petrie, Tripp, & Harvey, 2002). The BPSS was developed through a factor analysis ($n = 2013$) on data from a previous larger-scale study conducted by Berscheid, Walster, and Bohrnstedt (1972). The factor analysis revealed that the “body image” construct consisted of five general clusters: Face; Extremities; Lower Torso; Mid Torso; and Sex Organs. The nine item Face cluster specifically asked about satisfaction with overall facial attractiveness, hair, eyes, ears, nose, mouth, teeth, chin, and complexion. The 13 item Body cluster is comprised of satisfaction with overall body appearance, shoulders, hands, feet, chest (breasts), abdomen, buttocks, hips, legs, ankles, height, weight, and muscle tone. The BPSS yields both factor scores and a composite score (Bohrnstedt, 1977).

The current study referenced satisfaction with body parts overall and, therefore, utilized a composite score. The composite score was calculated by first determining the mean for the first item, “In general I feel satisfied with my overall body appearance,” for the sample of interest, then averaging items two through 24, and finally calculating an overall mean by averaging the mean for item one and the mean for items two through 24 for each participant. The final score could range from one to six with higher scores reflecting more body satisfaction. The measure has been reported to have internal consistency reliabilities of .90 (Body) and .72 (Face) for an international sample of Mexican women (Petrie et al., 2002). The Cronbach’s alphas for the current study sample were .91 (Body) and .84 (Face), which is consistent with the internal consistency reliabilities reported in Petrie et al. (2002). The Cronbach’s alpha for the overall measure in this study was .93.

Marianismo Beliefs Scale (MBS; Castillo, Perez, Castillo, & Ghosheh, 2010; See Appendix F). The MBS measures the extent to which a Latina believes she should practice the cultural values that comprise the multidimensional construct of *marianismo*. This 24-item multidimensional scale is available in both English and Spanish (translated and validated by the authors) and is made up of five subscales: Family Pillar (5 items); Virtuous and Chaste (5 items); Subordinate to Others (5 items); Silencing Self to Maintain Harmony (6 items); and Spiritual Pillar (3 items). Participants were asked to respond to these items using a four-point response format (1 = “Strongly Disagree, 2 = “Disagree,” 3 = “Agree,” 4 = “Strongly Agree”). The Family Pillar subscale included items such as “A Latina must be a source of strength for her family” and “A Latina should do things that make her family happy.” The Virtuous and Chaste subscale

included items such as “A Latina should (should have) remain (remained) a virgin until marriage” and “A Latina should wait until marriage to have children.” The Subordinate to Others subscale contained items such as “A Latina should satisfy her partner’s sexual needs without argument” and “A Latina should respect men’s opinions even when she does not agree.” The Silencing Self to Maintain Harmony subscale contained items such as “A Latina should always be agreeable to men’s decisions” and “A Latina should not talk about sex.” The Spiritual Pillar subscale included items such as “A Latina should be the spiritual leader of the family.”

The Marianismo Beliefs Scale yields both subscale scores and a composite score (Castillo et al., 2010). The current study utilized the composite score, which was the mean response for the scale as whole. Higher scores ($M > 2.5$) indicate “more affinity to *marianismo* beliefs (Castillo et al., 2010).” Adequate reliability and validity for this measure have been reported, with reliabilities ranging from .77 to .85 (Castillo et al., 2010). The Cronbach’s alphas for the current study were: .79 for Family Pillar; .81 for Virtuous and Chaste; .79 for Subordinate to Others; .82 for Silencing Self to Maintain Harmony; and .89 for Spiritual Pillar. The Cronbach’s alpha for the overall measure score was .90.

Contour Drawing Rating Scale (CDRS, Thompson & Gray, 1995; See Appendix G). The CDRS, which has demonstrated reliability and validity (Wertheim, Paxton, & Tilgner, 2003), consists of nine female body figures that range from very underweight (score of “1”) to very overweight (score of “9”). Participants were asked to provide ratings of “1” to “9” using the contour drawings to respond to four different questions. The questions asked participants to select the number corresponding to the participant’s

perceptions of what her romantic partner considers to be the ideal shape for a woman (Partner's Ideal), the ethnic culture's ideal body shape for Latina women (Ethnic Culture Ideal), the United States mainstream culture's ideal body shape for American women (Mainstream/American Culture Ideal), and the participant's perceived (actual) body shape (Perceived Body Shape).

Ideal Discrepancy. Discrepancy scores were calculated for Partner Ideal, Ethnic Culture Ideal, and Mainstream/American Culture Ideal by subtracting Perceived/Actual Body Shape from each of the three ideals, with a larger discrepancy score indicating more discrepancy between the Perceived Body Shape and the other three ideal scores.

Quality of Relationship Inventory (QRI, Pierce, Sarason, & Sarason, 1991; See Appendix H). The QRI consists of 29-items and assesses the perceived relationship quality within the context of a particular relationship. For this study, the designated relationship was the woman's romantic partner/spouse or current boyfriend. The QRI has three subscales: Support (seven items assessing whether one's partner can be relied upon for support), Conflict (12 items assessing whether one has anger or ambivalent feelings towards one's partner), and Depth (six items assessing commitment to and perceived value of the relationship). The Support subscale included items such as "To what extent would you turn to your romantic partner for advice about problems" and "To what extent can you count on your romantic partner to give you honest feedback, even if you might not want to hear it." The Conflict subscale included items such as "How much does your romantic partner make you feel guilty" and "How much do you have to 'give in' in your relationship with your romantic partner." The Depth subscale included items such as "To what extent can you count on your romantic partner to help if a family member very close

to you died” and “How positive a role does your romantic partner play in your life.” Items were rated on a scale ranging from 1 (*not at all*) to 4 (*very much*). Responses within each scale were summed and averaged, with higher scores reflecting greater support, greater depth, and greater conflict. Adequate reliability and validity for this measure have been reported, specifically with a Latina sample reliabilities ranged from .77 to .87 (Hassert & Robinson-Kurpius, 2011). The Cronbach’s alphas for the QRI for the current study sample were .85 (Support), .89 (Conflict), and .82 (Depth).

Weight-Related Criticism from Romantic Partner Questionnaire (Levine et al., 1994; St. Peter, 1997; See Appendix I). Weight-related criticism was measured using this 4-item scale that was adapted by St. Peter (1997) from the original scale by Levine et al. (1994). The original scale assessed parental and sibling teasing about weight and shape. St. Peter changed the four items to read: “How often does your partner tease you about your weight or shape?” “How often does your partner criticize you about your weight or shape?” “How concerned is your partner about whether you weigh too much or are too fat or might become fat?” and “How important is it to your partner that you be thin?” Each item was rated on a scale from 1 (*never*) to 6 (*all the time*). Levine et al. had reported an internal consistency of .78 for the original scale, and St. Peter reported an internal consistency of .96 for her sample of midlife women. Befort et al. (2001) also used the WRC to measure criticism by romantic partners of undergraduate women and reported an internal consistency of .71. The Cronbach’s alpha for responses for participants in this study was .88.

Instrument translation. A bilingual native Spanish speaker translated the demographic questionnaire and all measures, with the exception of the Marianismo

Beliefs Scale, as well as the informed consent letter and other relevant documents into Spanish. Before finalizing the translated measures, a second bilingual native Spanish speaker back-translated the measures and consulted with the initial translator to ensure that the translations were accurate and adhered to the original meaning. A third bilingual native Spanish speaker reviewed the finalized measures and consulted with the translator and back-translator to voice any feedback, questions, or concerns regarding comprehension of the items before the final version of the measures were employed in the study (See Appendix J through Appendix Q for Spanish documents).

Power Analyses

In order to determine the minimum number of participants needed to detect a sufficient statistical power for the analyses in this study, an *a priori* Gpower (Erdfelder, Faul, & Buchner, 2007) analysis was performed according to Cohen's (1988) recommendation for power and alpha level. Based on a power analysis for a linear multiple regression, fixed model assuming an effect size of .15, alpha set at .05, and a power of .95 with 6 predictors, approximately 146 participants were needed in the total sample for the analyses in this study. Therefore, this study had sufficient power for the linear multiple regressions. A *post hoc* Gpower analysis was conducted for a repeated measures between-factors analysis of variance (ANOVA) assuming an effect size of .15, alpha set at .05, a power of .95, with 2 groups and 2 measurements, and 227 participants. An estimated power of .74 was noted for the ANOVA test in the current study. Another *Post hoc* Gpower analysis was conducted for correlations assuming an effect size of .15, alpha set at .05, and a sample of 227. An estimated power of .74 was noted for the correlation tests in the current study as well.

Data Analyses Plan

Data management and analyses were conducted using PASW/SPSS, version 23 software (IBM SPSS Inc., 2015). According to Tabachnick and Fidell's (2007) process for data screening, the data for this study were reviewed prior to the analysis to ensure the quality of data collected and to address any data entry errors, unusual response patterns, or any other abnormalities of the data. The process included examining the data for missing data prior to testing the study hypotheses, examining descriptive statistics of the key variables, and examining how well outcomes variables met statistical assumptions for the planned analyses.

The first step was to address missing data. Of the 242 participants who met eligibility criteria and passed the two validity checks, 15 (6.2%) were missing 50% or more of the items on the online questionnaire. These 15 participants were removed from the sample. The final sample size of 227 did not have any missing items on the measures in the study. Second, descriptive statistics were examined for both continuous and categorical variables. For the continuous variables, the analysis of the descriptive statistics included means, standard deviations, minimum and maximum values, and skewness and kurtosis scores. The skewness and kurtosis z scores, as measures of normality are considered problematic when the values exceed 3.0 for regression analyses (Hamilton, 1992). All of the measures were examined to ensure that the variables were normally distributed. The Marianismo Beliefs Scale was the only measure that passed the Shapiro-Wilk test of normality, and the data for this measure were determined to be normally distributed ($S-W = .993$, $df = 213$, $p = .405$). The standardized skewness coefficients and standardized kurtosis coefficients were examined for the rest of the

measures in the study, and they were all within the range of +/- 3 (Onwuegbuzie & Daniel, 2002). With all standardized skewness and kurtosis coefficients being within the +/- 3 range, participant's responses on the study measures were determined to be approximately normally distributed. Participants with responses more than three standard deviations from the mean on one or more of the variables were identified as outliers in each of the measures required for each research question and excluded from the analysis. Third, the frequencies and percentages were calculated for each of the categorical values. Last, statistical assumptions for hypotheses tests were examined and an analysis of the inter-correlation of the predictor variables was conducted. An alpha of .05 was divided by three to test Hypothesis 4, which involved three correlations. Thus, the alpha for each individual correlation was set at .0167.

Six research questions and seven hypotheses were examined. Six analyses were conducted for the hypothesis tests: a between-subjects factors analysis of variance (ANOVA) tested Hypotheses 1 and 2; a Pearson correlation tested Hypotheses 3; a multiple regression analysis tested Hypothesis 4; a Pearson correlation tested Hypothesis 5; a multiple regression analysis tested Hypothesis 6; and an interaction through multiple regression (mediation analysis) was conducted to test Hypothesis 7. The following assumptions were met for multiple regression: continuous interval data for the outcome variable; univariate and multivariate normality; multicollinearity (and singularity); and homoscedasticity. For multivariate normality, the residuals from the prediction equation were assessed for normality.

Chapter 4

RESULTS

Preliminary Analyses

According to Tabachnick and Fidell's (2007) process for data screening, the data for this study were reviewed prior to the analysis to ensure the quality of data collected and to address any data entry errors, unusual response patterns, or any other abnormalities of the data. The process included examining the data for missing data prior to testing the study hypotheses, examining how well outcome variables met statistical assumptions for the planned analyses, and examining descriptive statistics of the key variables. See Table 1 for means and standard deviations. Boxplot graphs were used to screen the data for outliers in each of the analyses for the 12 hypotheses. Outliers found to be more than three standard deviations from the mean on one or more of the variables were excluded from the analyses. There were no missing data in this sample.

Table 1

Demographic Characteristics of Participants (N = 227)

<i>Characteristics</i>	<i>n</i>	<i>%</i>
Ethnicity		
Mexican	120	52.9
Mexican-American	107	47.1
Relationship Status		
Total Sample		
In a relationship but not married	97	42.7
Married or Partnered	130	57.3
Mexican		
In a relationship but not married	45	37.5
Married or Partnered	75	62.5
Mexican-American		
In a relationship but not married	52	48.6
Married or Partnered	55	51.4
Education Total Sample		
High School Diploma	14	6.2
Two years or less/Associate's	50	22.0

Bachelor's Degree	105	46.3
Master's Degree	51	22.5
Doctorate or Medical Degree	7	3.1

(Table 1 continued)

<i>Characteristics</i>	<i>n</i>	<i>%</i>
Education Mexican		
High School Diploma	6	5.0
Two years or less/Associate's	21	17.5
Bachelor's Degree	64	53.3
Master's Degree	27	22.5
Doctorate or Medical Degree	2	1.7
Education Mexican-American		
High School Diploma	8	7.5
Two years or less/Associate's	29	27.1
Bachelor's Degree	41	38.3
Master's Degree	24	22.4
Doctorate or Medical Degree	5	4.7
Household Income Total Sample		
\$0 to \$24, 999	38	16.7
\$25,000 to \$49, 999	44	19.4
\$50,000 to \$74,999	47	20.7

\$75,000 to \$99,999	42	18.5
\$100,000 to \$149,999	32	14.1
\$150,000 to \$174, 999	17	7.5
\$175,000 and >	7	3.1

(Table 1 continued)

<i>Characteristics</i>	<i>n</i>	<i>%</i>
Household Income Mexican		
\$0 to \$24, 999	18	15.0
\$25,000 to \$49, 999	23	19.2
\$50,000 to \$74,999	32	26.6
\$75,000 to \$99,999	17	14.2
\$100,000 to \$149,999	18	15.0
\$150,000 to \$174, 999	10	8.3
\$175,000 and >	2	1.7
Household Income Mexican-American		
\$0 to \$24, 999	20	18.7
\$25,000 to \$49, 999	21	19.6
\$50,000 to \$74,999	15	14.0
\$75,000 to \$99,999	25	23.4
\$100,000 to \$149,999	14	13.1
\$150,000 to \$174, 999	7	6.5
\$175,000 and >	5	4.7

(Table 1 continued)

<i>Characteristics</i>	<i>n</i>	<i>%</i>
Underwent Cosmetic Surgery		
Mexican	21	17.5
Mexican-American	8	7.5
Would like Cosmetic Surgery		
Mexican	48	40.0
Mexican-American	48	44.9

The two multiple regression tests were checked for violation of assumptions. All of the outcome variables in the study met the assumptions for multiple regression analyses. A visual inspection of the scatterplot of standardized residuals versus standardized predicted values confirmed the assumption of homoscedasticity because there was relatively consistent variability in residuals across the predicted variables. A visual inspection of the histograms confirmed that the residuals were approximately normally distributed, thus meeting the assumption of normality. A visual inspection of the scatter plot confirmed a linear relationship between the independent and the dependent variable. Variables were examined to determine inter-correlation, and it was determined that the three discrepancies would be analyzed in one model, due to their high inter-correlation, and the three relationship quality variables would be analyzed as a cluster in a separate model (see Table for correlations among study variables).

Marianismo Beliefs, Body Satisfaction, Perceived Partner Weight-Related Criticism/Teasing, Relationship Support, Relationship Depth, and Relationship Conflict met the assumption of continuous variables, homoscedasticity, normality of residuals, linearity, and independence of errors. Partner Ideal Discrepancy, Ethnic Culture Ideal Discrepancy, and Mainstream/American Culture Ideal Discrepancy scores were ordinal but were treated as continuous variables per recommendations of Winship and Mare (1984). Thus, discrepancy scores also met the assumption for continuous variable data,

homoscedasticity, normality of residuals, linearity, and independence of errors. See Appendix S for the figures related to these tests.

Research Question 1: *Marianismo* and Body Satisfaction Differences

The first research question was twofold and asked 1) whether there were differences between women who identified as Mexican or Mexican-American in their endorsement of *marianismo* beliefs based on the participant's responses to the Marianismo Beliefs Scale (Castillo, Perez, Castillo, & Ghosheh, 2010), and 2) whether there were differences between Mexican or Mexican-American women in their reported overall body satisfaction based on their responses to the Body Parts Satisfaction Scale (Bohrnstedt, 1977). A one-way between-subjects analysis of variance (ANOVA) was conducted to determine if there were differences in the level of endorsement of *marianismo* beliefs and overall body satisfaction. It was predicted that Mexican women would endorse more *marianismo* beliefs than would Mexican-American women and Mexican-American women would report less body satisfaction than would their Mexican counterparts. There was no significant difference, $F(1, 224) = .087; p = .77$, in *marianismo* endorsement between Mexican ($M = 2.15, SD = .39$) and Mexican-American women ($M = 2.17, SD = .42$). On average, Mexican and Mexican-American women in the current study reported "less affinity" ($M = 2.16; SD = .41$) with *marianismo* beliefs per scoring guidelines suggesting $M > 2.5$ is associated with "more affinity" with *marianismo* beliefs (Castillo et al., 2010). These results suggest that the degree of *marianismo* beliefs endorsed by Mexican and Mexican-American women do not differ based on the country the women grew up in (Mexican-American women who reported

being born in the United States and Mexican women who reported being born in Mexico) or their self-identified ethnicity. Based on these results, Hypothesis 1 was not supported.

A significant ANOVA difference, $F(1, 224) = 8.85; p = .003$, was detected in body satisfaction between Mexican ($M = 4.51, SD = .83$) and Mexican-American women ($M = 4.17, SD = .88$). Mexican women endorsed slightly higher body satisfaction when compared to their Mexican-American counterparts. Based on these results, Hypothesis 2 that predicted that Mexican-American women would endorse less body satisfaction than Mexican women was supported.

Research Question 2: *Marianismo* Beliefs and Body Satisfaction

The second research question was tripartite and asked whether *marianismo* beliefs were related to body satisfaction based on the participant's responses to the Marianismo Beliefs Scale (Castillo et al., 2010) and the Body Parts Satisfaction Scale (Bohrstedt, 1977) for 1) both Mexican and Mexican-American women, 2) for Mexican women, and 3) for Mexican-American women. Pearson correlations were conducted to examine H3 that predicted there would be a significant negative relationship between *marianismo* beliefs and body satisfaction for Mexican and Mexican-American women both as an overall sample and separately. The familywise alpha of .05 was divided by three to allow for an alpha of .0167 for each of the three correlations testing this hypothesis.

The first Pearson correlation was conducted with the total sample, both Mexican and Mexican-American women, to predict the relation between body satisfaction and *marianismo*. A significant negative correlation was found, $r = -.16, p = .015$, suggesting that endorsement of *marianismo* beliefs is negatively related to body satisfaction. The correlation coefficient indicated that there was a weak but significant negative

relationship between the endorsement of *marianismo* beliefs and body satisfaction. Based on these results, the first part of Hypothesis 3 that predicted that *marianismo* beliefs would be negatively related to body satisfaction for Mexican and Mexican-American women was supported.

Two additional Pearson correlations were performed with Mexican and Mexican-American women separately. Although the results for the Mexican ($r = -.16, p = .089$) and Mexican-American ($r = -.17, p = .089$) women were similar to each other, the correlations were no longer statistically significant. Based on these results, the second and third parts of Hypothesis 3 that predicted higher endorsement of *marianismo* beliefs would predict lower body satisfaction for the two samples independently was not supported.

Research Question 3: Discrepancies and Body Satisfaction

The third research question examined whether perceived discrepancy between what a Mexican or Mexican-American woman views as her current body image and what she perceives to be her partner's ideal body image (Partner Ideal Discrepancy), perceived discrepancy between what she views as her current body image and what she perceives to be her Mexican culture's ideal body image (Ethnic Culture Ideal Discrepancy), and perceived discrepancy between what she views as her current body image and what she perceives to be the mainstream/American culture's ideal body image (American Culture Ideal Discrepancy) were related to body satisfaction. First, the discrepancy was calculated by subtracting the perceived partner ideal body image from the perceived actual or current body image reported by participants. On average, Mexican and Mexican American women perceived their current body image to be one and a half ($M = 1.55$)

body figures or images larger, per Contour Drawing Rating Scale, than their perceived partner ideal, two ($M = 2.00$) body figures or images larger than their perceived ethnic culture's ideal, and almost four ($M = 3.83$) body figures or images larger than the mainstream/American culture's ideal. There was a strong negative correlation between Partner Ideal Discrepancy ($r = -.58$), Ethnic Culture Ideal Discrepancy ($r = -.40$), and Mainstream/American Culture Ideal Discrepancy ($r = -.49$) and body satisfaction. Larger discrepancies between perceived Partner Ideal and Actual Self were associated with lower body satisfaction, while smaller discrepancies were associated with higher body satisfaction.

A multiple regression with three predictors (Partner Ideal Discrepancy, Ethnic Ideal Discrepancy, and Mainstream/American Culture Ideal Discrepancy) entered as a cluster was conducted to examine Hypothesis 4. Body satisfaction was the criterion variable. Hypothesis 4 predicted that perceived discrepancies between what a Mexican or Mexican-American woman views as her current body image and what she perceives to be her partner's ideal body image, her ethnic culture's ideal body image, and the mainstream/American culture's ideal body image would be negatively related to body satisfaction. The multiple regression model was significant, $\Delta F(3, 222) = 41.25, p = .000$, and accounted for approximately 35% of the variance (Adjusted $R^2 = .349$) in body satisfaction. The negative beta coefficient for the linear component for Partner Ideal Discrepancy, $\beta = -.507, t(222) = -6.28, p = .000$, indicates that there was a strong negative relationship between Partner Ideal Discrepancy and body satisfaction. The negative beta coefficient for the linear component for Mainstream/American Culture Ideal Discrepancy $\beta = -.204, t(222) = -2.39, p = .000$ indicates that there was also a

negative relationship between Mainstream/American Culture Ideal Discrepancy and body satisfaction. The linear regression component for Ethnic Culture Ideal Discrepancy was not significant, $\beta = -.094$, $t(222) = 1.13$, $p = .26$. Based on the results, Hypothesis 4 was supported for Partner Ideal Discrepancy and Mainstream/American Culture Ideal Discrepancy as significant predictors of body satisfaction.

Research Question 4: Perceived Partner Weight-Related Criticism and Body Satisfaction

The fourth research question asked whether Mexican and Mexican-American women's perceived weight-related criticism or teasing by romantic partner was related to body dissatisfaction. Mexican and Mexican-American women in the current study endorsed an average Perceived Partner Weight-Related Criticism/Teasing rating of 7.60 ($SD = 3.81$) out of 24, with a larger number being associated with higher levels of criticism or teasing. A Pearson correlation analysis was conducted with the total sample to examine the relationship between weight-related criticism or teasing by romantic partner and body satisfaction. A significant negative correlation was found, $r = -.204$, $p = .002$, suggesting that there is a weak but significant relationship between weight-related teasing and body satisfaction. Based on these results, Hypothesis 5 was supported.

Research Question 5: Conflict, Support, Depth and Body Satisfaction

The fifth research question asked whether factors related to the quality of the romantic relationship (i.e., Conflict, Support, Depth) were related to Body Satisfaction. A multiple regression analysis was conducted with Mexican and Mexican-American

women to examine Hypothesis 6 that predicted that Conflict in the relationship would be negatively related to body satisfaction, Perceived Support by romantic partner would be positively related to body satisfaction, and Depth of the relationship would also be positively related to body satisfaction. The multiple regression model was statistically significant, $\Delta F(3, 214) = 3.45, p = .017$, and accounted for approximately 3% of the variance (Adjusted $R^2 = .033$) in body satisfaction. However, only Conflict was a statistically significant predictor, and the negative beta coefficient for the linear component, $\beta = -.222, t(214) = -2.61, p = .010$, indicates that there was a weak negative relationship between Conflict and body satisfaction. Support ($\beta = -.053, p = .595$) and Depth ($\beta = .042, p = .647$) were not statistically significant. Based on these results, Hypothesis 6 that predicted that Conflict would be negatively related to body satisfaction and would account some of the variance of body satisfaction was supported. The two parts of Hypothesis 6 that predicted that Support and Depth would also account for some of the variance of body satisfaction were not supported.

Research Question 6: *Marianismo* as a mediator between Teasing and Body

Satisfaction

The final research question asked whether *marianismo* would act as a mediator between Perceived Partner Weight-Related Criticism/Teasing and Body Satisfaction via a multiple regression model. *Marianismo*, Perceived Partner Weight-Related Criticism/Teasing, and the interaction between the two predictors were included in the multiple regression model. The data were screened for outliers and those with three or

more standard deviations above or below the mean were excluded from the analysis. Assumptions of linearity, independence of errors, homoscedasticity, and normality of residuals were met. The regression model was statistically significant $F(2, 209) = 6.69$, $p < .001$, adjusted $R^2 = .08$. *Marianismo* and Perceived Partner Weight-Related Criticism/Teasing were statistically significant predictors and added to the accounted for variance in the overall model, $p < .05$. However, the interaction between *Marianismo* and Perceived Partner Weight-Related Criticism/Teasing was not significant and did not add to the prediction, although there was a possible trend ($\beta = -.115$, $t(209) = -1.71$, $p = .08$). Based on these findings, *marianismo* did not mediate the relation between Perceived Partner Weight-Related Criticism/Teasing and Body Satisfaction.

Chapter 5

DISCUSSION

The purpose of this dissertation was to examine the differences in body satisfaction between Mexican and Mexican-American women, to investigate the role of *marianismo* as a mediator between weight-related teasing and body satisfaction, and to explore the relationship of Ethnic Culture Ideal Discrepancy, Mainstream/American Culture Ideal Discrepancy, Partner Ideal Discrepancy, relationship support, relationship conflict, relationship depth, weight-related teasing, and *marianismo* to body satisfaction.

The aim of the dissertation was to: 1) expand on the knowledge of the unique cultural and relational variables that play a role in body satisfaction for Mexican and Mexican-American women, and 2) foster an understanding of the clinical applicability of current sociocultural models of body dissatisfaction with the goal of informing the development of culturally relevant prevention and intervention approaches.

In this chapter, the results of the study will be discussed in three sections: 1) cultural variables, 2) relationship variables and, 3) mediator effect. The cultural variables that will be discussed are differences in *marianismo* endorsement and differences in body satisfaction between Mexican and Mexican-American women, the relationship of *marianismo* affinity to body satisfaction for the sample as a whole and for the two ethnic groups separately, as well as the Ethnic Ideal Discrepancy and Mainstream/American Culture Ideal Discrepancy for Mexican and Mexican-American women. Then, the findings related to the following romantic relationship factors will be addressed: Conflict, Partner Ideal Discrepancy, Weight-Related Teasing, Support and Depth. Last, the result for *marianismo* as a mediator between Weight-Related Teasing and body satisfaction will be discussed. The chapter will conclude with a review of the study's conclusions, limitations, and implications for future research.

Cultural Variables

The literature on body satisfaction calls for research to contribute to the development of culturally relevant prevention and intervention approaches (Grabe & Hyde, 2006; Toro et al., 2006). Typically, the research on body satisfaction has focused on non-Hispanic White females and has grouped all of the various Latino ethnic subgroups into a single category: 'Latino' or 'Hispanic.' Consequently, the heterogeneity

of the Latino population has not been addressed in the current body satisfaction literature. This study aimed to examine body satisfaction experiences among a subgroup of Mexican and Mexican-American women thus addressing the gap of knowledge addressing the unique experience of this subgroup with regards to body dissatisfaction. The study also aimed to examine the relevance and applicability of current sociocultural and gender-role socialization etiological models of body image to the Latino population, specifically Mexican and Mexican-American. The exploration of cultural factors relevant to body dissatisfaction for Mexican and Mexican-American women is imperative as dissatisfaction with one's body is related to poor mental health outcomes for Latinas (Ganem, de Heer, & Morera, 2009).

Overall, *Marianismo* affinity did not differ between Mexican and Mexican-American women, but there was a significant difference in body satisfaction with Mexican-American reporting less body satisfaction than Mexican women. The cultural variables of *marianismo* affinity, ethnic culture ideal discrepancy, and mainstream culture ideal discrepancy were significant predictors of body satisfaction. Relational variables such as conflict in the relationship and partner ideal discrepancy ideal also emerged as significant predictors of body satisfaction. However, *marianismo* did not mediate the relationship between weight-related teasing and body satisfaction although it is important to note that there may be a trend. All of the hypotheses in this study were supported with the exception of two hypotheses. The following is a more in-depth discussion of the results of this study.

The first cultural variable investigated was *marianismo*. The first research question evaluated whether a cross-cultural sample of Mexican and Mexican-American

women would report differences in the endorsement of *marianismo* beliefs and body satisfaction. There were no significant differences in endorsement of *marianismo* beliefs. According to Castillo et al. (2010), a mean score of 2.5 or greater is associated with more affinity with *marianismo* beliefs. On average, both Mexican and Mexican-American women in this study scored slightly lower than 2.5 thus endorsing less affinity with *marianismo* beliefs. However, it is of interest that both subgroups of women were highly educated, with almost three quarters of them reporting having at least a bachelor's degree. Although the literature has not thoroughly explored whether one's level of education impacts the degree to which one endorses traditional values, specifically *marianismo* beliefs, Soto & Shaver (1982) found that education has an impact on the degree of endorsement of traditional values while an unpublished dissertation by Rivera Marano (2000) found the opposite. Thus, it is clearly important to further investigate whether there is a relationship between the level of education achieved and the degree of affinity with *marianismo* beliefs.

Mexican-American women in the study reported having been born in the United States or having immigrated to the United States when they were 5 years or younger, thus predominantly having lived in the United States. Acculturation is defined as the changes that occur in culture patterns when groups of individuals having different cultures come into continuous contact (Berry, 2003). By the acculturation definition, it was reasonable to assume that Mexican-American women would be 'more acculturated,' than women who currently reside in Mexico and do not come into continuous contact with the U.S. culture. Inevitably, individuals exposed to a different cultural environment and set of beliefs are likely to adopt some of those beliefs and practices. Consequently, the greater

impact of acculturation, or coming in contact with a different culture, has been reported to result in a deterioration of traditional gender roles for females as they adopt U.S. norms (Rogler, Cortes, & Malgady, 1991). Thus, the literature provides evidence to suggest that Mexican women may endorse more affinity with *marianismo* beliefs than their Mexican-American counterparts. However, contrary to what the acculturation literature may suggest, the results showed no differences in endorsement of *marianismo* beliefs among Mexican and Mexican-American women.

That no differences in endorsement of *marianismo* beliefs among Mexican and Mexican-American women were found may be explained by the transgenerational nature of *marianismo* (Arredondo, 2002). Despite not living in the ethnic country, the traditional gender-role may be instilled and passed on by the family culture. The lack of differences in *marianismo* beliefs may also imply that there are similarities between what the mainstream/American culture traditional gender-role and *marianismo* instill in women. Therefore, a woman may be exposed to traditional gender-roles regardless of where a woman grew up, and these may not differ across cultures. Furthermore, the lack of significant differences could also be due to needing a larger sample for each of the subgroups or due to the close proximity of the university in northern Mexico to the United States. Women living close to the border with the United States may be more influenced by American culture than women living in central or southern Mexico. Thus, future research may consider a larger sample for each of these subgroups and evaluate whether there are differences in affinity to *marianismo* beliefs between Mexican-American women and Mexican women residing in Mexican states that are not in close proximity to the United States. Last, both subgroups were highly educated and education

may influence a woman's affinity to *marianismo* beliefs although more research is needed in this area. Hence, research is needed to distinguish whether differences in *marianismo* can be found between groups with different educational backgrounds.

There were group differences in body satisfaction, with Mexican-American women endorsing less overall body satisfaction than did Mexican women. This result is consistent with Sociocultural Theory suggesting that constant exposure to the 'thin ideal,' upward social comparisons, and sociocultural factors such as being in a college environment in the United States, and health risk factors (i.e., obesity) has negative repercussions on body satisfaction (Thompson et al., 1999). Traditionally, Latino culture has valued a more voluptuous ideal female body (Chamorro & Flores-Ortiz, 2000; Gordon et al., 2010), hence the literature proposes that ethnic culture may serve as some degree of protection against the 'thin ideal (Gilbert, 2003).' This would provide support for the study's finding suggesting that Mexican women are more satisfied with their overall body than are their Mexican-American counterparts. However, this same protective cultural factor may have an unintended negative impact on Mexican-American women residing in the U.S., because Latina women in the U.S. may experience cognitive dissonance and added stress related to attempting to reconcile very different bicultural standards of beauty. The literature also suggests that women of color may experience even more distress related to the thin ideal because it may be unattainable to them for added reasons specific to their culture such as genetic make-up (i.e., complexion, hair texture, and height) (Altabe, 1998; Gil-Kashiwabara, 2002; Rubin et al., 2003). Thus, this study provides support for the literature suggesting that culture may serve as some degree of protection against body dissatisfaction, but perhaps not as much for Latina women

residing in the U.S. and surrounded by the mainstream/American beauty ideal that may induce cognitive dissonance as a result of being confronted with a beauty ideal that is twice as difficult to reach.

This study also examined whether *marianismo* beliefs were related to body satisfaction for the overall sample and for Mexican and Mexican-American women separately. More affinity to *marianismo* beliefs was related to less satisfaction with one's body for the entire sample, there was no relationship for each of the ethnic subgroups separately, perhaps due to sample size. Also of interest is the fact that regardless of where they grew up, body image was a concern for both Mexican and Mexican-American women, particularly as they endorsed more *marianismo* beliefs. The negative relation between *marianismo* and body satisfaction is consistent with Gender-Role Socialization Theory, which posits that society is an influential source that implicitly and explicitly communicates and propagates the thin ideal approval (Bepko, 1991). Moreover, this theory posits that society ingrains various beliefs that make up the role that women are encouraged to adopt in order to gain societal approval (Tiggemann, 2011).

Furthermore, traditional gender roles of femininity and masculinity in the majority culture have been associated with greater degrees of body dissatisfaction (Cella, Iannaccone, & Cotrufo, 2013). The 'femininity hypothesis' proposes that stereotypically feminine traits such as dependence and passivity are conducive to seeking approval from others and, consequently, women may diet and place significant value on meeting society's implicit or explicit ideal of female beauty (Lakkis et al., 1999). *Marianismo* beliefs such as 'silencing self' to avoid conflict and 'putting other needs before one's own' are similar to the passivity traits that the femininity hypothesis notes are conducive

to placing value on meeting society's ideal of beauty. Hence, the femininity hypothesis echoes the Gender-Role Socialization theory, and together they explain why there would be a negative relationship between *marianismo* and body satisfaction.

The study also examined whether discrepancies between one's perceived actual body and one's perceived Ethnic Culture ideal or Mainstream/American culture ideal would predict body satisfaction. Sociocultural Theory (Thompson et al., 1999) posits that the larger the discrepancy between one's perceived actual body and the 'thin ideal,' the less one's body satisfaction. The findings were supportive of the applicability of Sociocultural Theory for Mexican and Mexican-American women. Thus, this etiological model of body satisfaction is relevant to the experience of body satisfaction among these subgroups. Mexican and Mexican-American women rated their Perceived Actual Body as two figures larger than their perceived Ethnic Culture Ideal and almost four figures larger than the perceived Mainstream/American culture ideal. This confirms that women perceive the Mainstream/American Culture Body Ideal to be thinner than their Ethnic Culture Body Ideal. The Ethnic Culture Ideal was not a predictor of body satisfaction; however, Mainstream/American Culture Body Ideal was. This suggests that the Mainstream/American Culture Ideal and the thin ideal are internalized by these minority women, regardless of the country in which they live, this is consistent with the recent literature that has suggested that exportation of non-Hispanic Western culture to Latin America may promote a thin ideal within these cultures and subsequently lead to body dissatisfaction and/or disordered eating (Altabe & O'Garro, 2002). It also corroborates findings by Austin and Smith (2008) that noted that Mexican ethnicity alone does not appear to be protective against internalization of the thin ideal, subsequent body

dissatisfaction, or eating disorder symptoms. Thus, future research investigating ethnic culture as a protective factor to body dissatisfaction is warranted as Mexican and Mexican-American women may be aware of a more realistic body ideal in their ethnic culture, but social comparison and internalization of the thin ideal may take precedence over the internalization of the ethnic culture ideal.

Relationship Variables

This study also examined whether discrepancies between one's perceived actual body and one's Perceived Partner Ideal would predict body satisfaction. Partner Ideal Discrepancy was a significant predictor of body satisfaction. Mexican and Mexican-American women in this study rated their body as being only one and a half figures larger than their perceived partner ideal body, thus rating their partner's ideal body as closer to their actual body size than the other two discrepancies tested in this study (i.e., Mainstream/American Ideal and Ethnic Culture Ideal). Nevertheless, the perceived Partner Ideal Discrepancy was still negatively related to body satisfaction. This finding supports the literature suggesting that women are more likely to report that their partner's opinion about their appearance as very important to their body image (Garner, 1997) as well as research suggesting that most women report that members of the opposite sex impact their eating, exercise habits, and body image (Murray, Touyz, & Beaumont, 1995). This may be due to the level of intimacy and closeness that makes women in this interpersonal relationship more vulnerable to how their partners view their weight in contrast to how others view their weight. Hence, although the Partner Ideal Discrepancy was smaller in comparison to the Mainstream/American Culture Ideal, it plays a significant role in predicting body satisfaction and highlights the degree of importance

that the romantic partner plays in the development or maintenance of body dissatisfaction of women. The results are also consistent with findings by Befort et al., (2001) who reported that undergraduate women may not feel body shame because of dissatisfaction with their bodies but rather as a result of perceptions of her romantic partner's approval or disapproval of her physical appearance.

When Weight-Related Criticism/Teasing by one's romantic partner was examined, a negative relationship was found with body satisfaction. This finding is consistent with the literature that stated that young adult women who receive more negative weight-related comments or teasing are more likely to compare themselves negatively to others and consequently endorse higher body dissatisfaction and eating disturbances (Bailey & Ricciardelli, 2010). Moreover, a perceived negative evaluation by a spouse has been significantly associated with body dissatisfaction (Pole, Crowther, & Schell, 2004). Thus, this study supported the literature suggesting that weight-related teasing, in general, has a negative impact on body satisfaction. Furthermore, the impact of the criticism/teasing may have an even more detrimental impact on body satisfaction when it is being perpetrated by the romantic partner.

The influence of family and peers on the development of body dissatisfaction among children and adolescents has been well established (Cattarin & Thompson, 1994; Lunner et al., 2000). However, less focus has been placed on exploring the impact of the romantic relationship among women in their mid-twenties or older, which may also be an influential relationship with regards to body satisfaction as a comparable or greater amount of time may be spent with a romantic partner as is spent with family and peers. As a result, the quality of the romantic relationship and its impact on body image were

also explored in this study. The literature shows that factors positively related to the quality of the relationship, such as support and depth, are positively related to body satisfaction. Weller and Dziegielewski (2004) found that one of the most effective ways to successfully decrease a negative body image in women was through the support of the romantic partner. Similarly, Crawford (2004) noted that low support from romantic partners is an important factor related to unhealthy dieting behaviors in women. However, Relationship Depth and Relationship Support were not predictors of body satisfaction for the Mexican and Mexican-American women in this study. Conversely, Relationship Conflict emerged as a significant predictor of body satisfaction in this study, consistent with a study by Pole, Crowther, and Schell (2004) that found that conflict in the romantic relationship is positively correlated with body dissatisfaction similarly to conflict in the family setting which is also positively related to body dissatisfaction (Byely et al., 2000). Hence, this study corroborates findings in the literature suggesting that although Relationship Support and Depth may be helpful in preventing the development of body dissatisfaction, these two factors are not as helpful as Relationship Conflict is detrimental to body satisfaction.

Mediator Effect

Finally, whether *marianismo* mediated the relationship between weight-related criticism and body satisfaction was investigated. *Marianismo* has been defined as a gender role where a woman is expected to be passive and surrender her individualism to fulfill her duties as a spouse and mother (Orlandini, 2000), thus stressing the importance of the romantic relationship to a woman's identity. In addition, according to Gil and Vasquez (1996), women who ascribe to *marianismo* beliefs abide the commandments

which include not being unhappy with their partner even if no matter what he does. Moreover, the endorsement of *marianismo* beliefs has been associated with intimate partner violence (Cianelly et al., 2008; Moracco, Hilton, Hodges, & Frasier, 2005; Mouton, 2003). Consequently, the degree to which a woman ascribes to *marianismo* beliefs was hypothesized to mediate the relationship between weight-related criticism and body satisfaction. Although not statistically significant, there was a trend that should not be ignored. The finding may not have reached significance due to sample size and also due to the fact that the Mexican and Mexican-American women who participated in the study did not endorse high affinity with *marianismo* beliefs. In general, participants also did not endorse high levels of Partner-Weight Related Teasing. Thus, future research should explore this mediation model with a population that endorses both more Partner Weight-Related Criticism and *marianismo*.

Conclusions

The current study adds valuable information to the literature on body satisfaction among Mexican and Mexican-American women by addressing a gap in the literature related to the relationship between *marianismo* and body satisfaction and examining relational variables that have not yet been examined with this population. *Marianismo* emerged as a gender-role factor negatively related to body satisfaction for Mexican and Mexican-American women. Exploring the concept of *marianismo* is a relatively new endeavor in the research, thus there are limited measures to capture this construct and more is being learned about the complexity of this construct. The literature has predominantly examined *marianismo* as strict gender role expectations that have a

negative influence on the wellbeing of Latinas. More recently, it has been suggested that this oversimplification does not allow researchers to examine each of the different components of *marianismo* on its own merit (Rodriguez, Castillo, & Gandara, 2013) and suggests that *marianismo* may affect Latinas wellbeing in both positive and negative ways (Castillo & Cano, 2007). There is no current measure to capture separately both negative and positive aspects of *marianismo* that may influence women. Thus, more research is warranted to explore this multifaceted construct, similarl to how the male gender-role of *machismo* has been dissected to capture both the positive and negative valances of the construct (Arciniega et al., 2008).

The study also found that body image dissatisfaction is a concern for Mexican and Mexican-American women, regardless of their country of origin or residence. The Ethnic Culture Ideal Discrepancy was not related to body satisfaction, but Mainstream/American Culture Ideal Discrepancy was. This study adds to the literature that notes that Mexican ethnicity alone does not appear to be protective against internalization of the thin ideal (Austin & Smith, 2008). Thus, more research is needed to better understand the internalization of the ‘thin ideal’ in Mexican and Mexican-American women. This study also supports the applicability of Sociocultural Theory and Gender-Role Theory to Mexican and Mexican-American subgroups in understanding the experiences of body satisfaction for these subgroups.

Moreover, this study found that Mainstream/American Culture Ideal is a predictor of body dissatisfaction although Ethnic Culture Ideal was not. Furthermore, the discrepancy between Mainstream/American Culture Ideal and the participant’s perceived actual self was approximately two times greater than the discrepancy between Ethnic

Culture Ideal and the participant's perceived actual self. Partner Ideal Discrepancy was also a strong predictor of body satisfaction. Thus, this study corroborates previous findings noting that media, family, and peers are not the only influences on body image issues, but that body dissatisfaction is impacted by the negative interactions that a woman may have with her romantic partner (Nichter, 2002) or by the perceived discrepancy between what she believes is her partner's ideal body figure and what she perceives to be her actual body figure. Last, this study revealed that conflict in the romantic relationship is related to less body satisfaction, although the predicted positive relationship that support and depth of the relationship would have on body satisfaction was not supported. In conclusion, this study expands the understanding of specific cultural and relational factors that contribute to body satisfaction among Mexican and Mexican-American women and also highlights the need for continued work in this area of research due to the complexity of social, gender-role, and relational variables with regards to body satisfaction.

Limitations

There are limitations of this study that should be considered. Although the questionnaire was available online so that it could be accessed in private and thus provide the participant with assurance about the confidentiality of her responses, the measures were all self-report. Therefore, it is important to consider cultural factors such as "saving face" and *marianismo* as they both may contribute to an under-reporting of behaviors that may have been perceived as negative or shameful. An alternative approach to future data collection may be the use of semi-structured qualitative approaches (i.e., one-to-one interviews) as well as quantitative (i.e., self-report measures) methods. A multimethod

approach would allow for rapport building and the utilization of multiple data collection methods to provide rich, in-depth understanding of the role of cultural and relationship factors on body satisfaction.

Some of the recent research on body satisfaction has started to look at specific Latino subgroups, but most of the literature available to date has grouped subgroups into the broader categories of ‘Latino’ or ‘Hispanic,’ thus potentially overlooking the heterogeneity of the Latino population. The literature review predominantly references findings for the broader and heterogeneous ‘Latino’ population, and a potential limitation may be that the findings reported in the literature review may not generalize to the subgroups considered in this study. It is also worth noting that the participants for this study were Mexican and Mexican-American females, approximately in their mid-twenties to mid-thirties, in a romantic heterosexual relationship. Hence, there are limitations in the generalizability of the findings to women of other Latino subgroups and other age groups, and to those who are single or of a different sexual orientation. Moreover, Mexican and Mexican-American women in this study were recruited from a large southwestern university and a northern Mexico university. Given the geographic proximity of the women recruited in the sample, there is a need for future research to evaluate how geographic proximity and the ‘border’ culture may influence the findings in contrast to those living in central Mexico and the East Coast.

A little over 72% of the Mexican and Mexican-American women in this study had completed at least a bachelor’s degree. Thus, the population in the study is also unique in that it was highly educated, and the findings may not generalize to other women who may

have a lower level of education. In addition, the participants in the study self-selected to participate; therefore, there is self-selection bias.

Another potential shortcoming of this study is the relatively small sample size. The between-subjects ANOVA and the mediation analysis via multiple regression showed a possible trend for group differences as well as a possible trend for a mediation effect. Since the women in this study did not endorse high levels of *marianismo* affinity and the effect size of the relationship between *marianismo* and body satisfaction may be small, the study may have benefitted from a larger sample size of Mexican and Mexican-American women to increase the power. Moreover, recent research suggests that *marianismo* may be made up of attributes that may have both positive and negative outcomes. However, there is no current measure assessing both of these facets of *marianismo* and the current study did not distinguish between the attributes or beliefs that could positively or negatively impact body satisfaction, but rather assessed the relationship of overall *marianismo* affinity to body satisfaction.

Implications and Future Research

This study adds to the literature by highlighting the differences in body satisfaction among Mexican and Mexican-American women and stressing the importance of culture specific as well as romantic relationship factors. The study also provides support for the applicability of both the Sociocultural Theory and Gender-Socialization Theory as etiological models of body satisfaction relevant to the experience of body satisfaction among Mexican and Mexican-American women, thus expanding the knowledge related to how to conceptualize body image issues for this subgroup. Future research may benefit from corroborating these findings with a larger and more

demographically diverse subgroup (i.e., age, education level, ethnic subgroup) as well as exploring the potential positive impact of *marianismo* on body satisfaction.

The study's findings also have important clinical implications by reinforcing the importance of being mindful of the unique cultural factors that influence one's beliefs and behaviors when addressing mental health concerns. At the same time, this study also challenges the belief that Mexican and Mexican-American, or less-aculturated and more-aculturated Mexican women, would significantly differ in their endorsement of *marianismo*. Thus, this study has important implications for therapists working in university counseling centers when working with international female students with Mexican and Mexican-American origins as their endorsement of gender-roles or *marianismo* may not be notably different. It may also be important to consider how education, exposure to Mainstream/American culture, Mainstream/American Ideal Discrepancies, Partner Ideal Discrepancies, and conflict in the romantic relationship impact their body satisfaction.

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APPENDIX A

INSTITUTIONAL REVIEW BOARD EXEMPTION NOTIFICATION

EXEMPTION GRANTED

Sharon Kurpius
 CLS - Counseling and Counseling Psychology
 480/965-6104
 sharon.kurpius@asu.edu

Dear Sharon Kurpius:

On 12/17/2014 the ASU IRB reviewed the following protocol:

Type of Review:	Initial Study
Title:	A Cross-Cultural Study of Body Dissatisfaction among Mexican and Mexican-American Women: The role of romantic relationships and culture
Investigator:	Sharon Kurpius
IRB ID:	STUDY00001891
Funding:	None
Grant Title:	None
Grant ID:	None
Documents Reviewed:	<ul style="list-style-type: none"> • HRP-502a - TEMPLATE CONSENT SOCIAL BEHAVIORAL_12-12.pdf, Category: Consent Form; • HRP-502a - TEMPLATE CONSENT SOCIAL BEHAVIORAL_12-12_SPANISH.pdf, Category: Consent Form; • HRP-503a - TEMPLATE PROTOCOLSOCIAL BEHAVIORAL-12-12-14.docx, Category: IRB Protocol; • Body Parts Satisfaction Scale.pdf, Category: Measures (Survey questions/Interview questions /interview guides/focus group questions); • Contour Drawing Rating Scale.pdf, Category: Measures (Survey questions/Interview questions /interview guides/focus group questions); • Demographic Questionnaire.pdf, Category: Measures (Survey questions/Interview questions /interview guides/focus group questions); • MBS_ENGLISH.pdf, Category: Measures (Survey

- questions/Interview questions /interview guides/focus group questions);
- Relationship Inventory.pdf, Category: Measures (Survey questions/Interview questions /interview guides/focus group questions);
- Weight Related Criticism_Importance of Relationship.pdf, Category: Measures (Survey questions/Interview questions /interview guides/focus group questions);
- Recruitment Letter_12-9-14.pdf, Category: Recruitment Materials;
- Recruitment Letter_Spanish.docx, Category: Recruitment Materials;
- Demographic Questionnaire_Spanish.pdf, Category: Translations;
- Weight Related Criticism_Importance of Relationship_Spanish.pdf, Category: Translations;
- Relationship_Spanish.pdf, Category: Translations;
- Relationship Inventory_Spanish.pdf, Category: Translations;
- MBS_SPANISH.pdf, Category: Translations;
- Body Parts Satisfaction Scale_Spanish.pdf, Category: Translations;
- Contour Drawing Rating Scale_Spanish.pdf, Category: Translations;
- translation backtranslation form, Category: Translations;

The IRB determined that the protocol is considered exempt pursuant to Federal Regulations 45CFR46 (2) Tests, surveys, interviews, or observation on 12/17/2014. In conducting this protocol you are required to follow the requirements listed in the INVESTIGATOR MANUAL (HRP-103). Sincerely, IRB

Administrator cc: Vitae Felix

APPENDIX B
PARTICIPANT RECRUITMENT LETTER

Dear Prospective Participant,

My name is Vitae Felix, M.C. and I am a counseling psychology graduate student currently working on my dissertation project at Arizona State University. I would like to invite you to participate in my research study that explores body satisfaction among Mexican and Mexican-American women in a romantic relationship. If you are a Mexican or Mexican-American woman, older than 18 years-old, in a heterosexual romantic relationship I invite you to participate.

Participation in this study should take about 10-20 minutes of your time and I am hoping to have a minimum of 200 participants. You will be asked to complete an on line survey that includes questions about demographics, your satisfaction with your body, your perception of different body shapes, your beliefs, and your relationship.

Your participation would be greatly appreciated. If you are interested in participating in this study, please click on the following link, which will direct you to the project information page and the survey. Upon completion of the questionnaire you will be given the option to enter a drawing to win one of eight \$25 gift cards to Amazon. Participating in the drawing is optional and the e-mail you provide to be contacted with the drawing results will be kept confidential and erased after the drawing. If you know other women who may be interested in contributing to this study, please feel free to forward them the link.

Your participation is entirely voluntary and all of your responses will be kept confidential. No personally identifiable information will be used in any reports of these data. This study has been approved by the Arizona State University Institutional Review Board (Protocol approval #00001891).

To participate, please click on this link:

<https://www.psychdata.com/s.asp?SID=164261> (Survey in English)

<https://www.psychdata.com/s.asp?SID=165006> (Survey in Spanish)

If you would like to know more information about the study or have any questions, please contact me at vitae.felix@asu.edu or my thesis advisor Sharon Robinson-Kurpius, Ph.D., at sharon.kurpius@asu.edu

Thank you for your consideration,
Vitae Felix, M.C.
Doctoral Candidate
Department of Counseling and Counseling Psychology
Arizona State University

APPENDIX C
INFORMED CONSENT LETTER

INFORMED CONSENT LETTER

TITLE OF RESEARCH PROJECT

A Cross-Cultural Study of Body Dissatisfaction among Mexican and Mexican-American Women: The Role of Romantic Relationships and Culture

INTRODUCTION

One purpose of this form is to provide you with information about the research project described below. In addition, the form provides information that may affect your decision whether or not to participate in the project. Those who agree to be involved in the project may do so by clicking agree at the end of this form and responding to the online survey questions.

INVESTIGATORS

Vitae Félix, M.C. and Sharon Robinson-Kurpius, Ph.D.

WHY AM I BEING INVITED TO TAKE PART IN A RESEARCH PROJECT?

If you are a Latina woman in a heterosexual relationship, we invite you to take part in this research project. Your participation will assist in better understanding how cultural and relationship factors may contribute to Latina women's body image.

WHY IS THIS RESEARCH BEING DONE?

Understanding cultural factors and the cultural heritage of diverse groups may be helpful in informing intervention and prevention efforts. However, few research projects have focused on how cultural and relationship factors contribute to body image in Latina women. This research aims to expand on our understanding of how Latina women's body image may be uniquely shaped by cultural and relationship factors in order to inform the development of culturally appropriate intervention and prevention efforts tailored to this specific population.

HOW MANY PEOPLE WILL PARTICIPATE IN THIS STUDY?

We expect about 200 women will participate in this research project.

WHAT HAPPENS IF I SAY "YES, I WANT TO BE IN THIS RESEARCH"?

If you decide to participate in this research project, your participation will involve responding to an online questionnaire. We expect that individuals will spend approximately 10-25 minutes responding to the online questionnaire.

WHAT HAPPENS IF I SAY "YES," BUT I CHANGE MY MIND LATER?

You can choose to withdraw your participation in the research at any time and may do so by discontinuing your responses to the online questionnaire. There is no penalty to you for changing your mind or withdrawing your participation.

RISKS AND DISCOMFORT

There are no foreseeable risks however, if you decide to participate, you may experience some emotional discomfort while going through the online questionnaire. This may be offset by the knowledge that you are responding to these questions to learn more about your satisfaction with your body image.

WILL BEING IN THIS STUDY HELP ME IN ANY WAY?

Although there may be no direct benefits to you, the possible benefits of your participation in the research are that the information gained from this study may help to improve prevention and intervention programs for Latina women and improve the understanding of cultural and relational factors that shape body image satisfaction for this population. We cannot guarantee or promise that you will receive any benefits from this study.

WHAT HAPPENS TO THE INFORMATION COLLECTED FOR THE RESEARCH?

Information obtained in this study is strictly confidential, unless disclosure is required by the University board that reviews research. You will not be asked to provide any identifying information. You will only be asked to provide demographic information such as age and relationship status. The results of the research project may appear in publications or presentations, but no link will be made to your identity. In order to keep your responses confidential, Sharon Robinson-Kurpius, Ph.D. will keep all project records in locked files. Only the research project staff will have access to these files. Every precaution will be taken to protect the privacy of project participants. You will be assigned a participant code number and will not be asked to provide your name. Project records will be secured in the Counseling and Counseling Psychology Program at Arizona State University until January 2016, at which point they will be destroyed.

PAYMENT

There is no cost to you for your participation in this research project. The researchers want your decision about participating in the project to be absolutely voluntary. Yet, they recognize that your participation may pose some inconvenience. You may choose to provide your e-mail address if you wish to enter a drawing for the opportunity to win one of eight \$25 amazon.com gift cards. If you choose to provide your e-mail address, researchers will keep your e-mail address until 25 participants have responded to the online questionnaire. Once the drawing is held, researchers will contact the winner and delete the e-mail addresses that participated in the drawing.

WHO CAN I TALK TO?

If you have any questions or concerns please contact: Vitae Felix, M.C. at vitae.felix@asu.edu or Sharon Robinson-Kurpius at sharon.kurpius@asu.edu

This research has been reviewed and approved by the Social Behavioral IRB. You may talk to them at (480) 965-6788 or by email at research.integrity@asu.edu if:

- Your questions, concerns, or complaints are not being answered by the research team.
- You cannot reach the research team.
- You want to talk to someone besides the research team.
- You have questions about your rights as a research participant.
- You want to get information or provide input about this research.

APPENDIX D
DEMOGRAPHIC INFORMATION

Thank you for your participation in this study! The following questions will help us to better understand your background information.

1. What is your sex?

- Female Male

2. How old are you?

3. What is your relationship status?

- In a relationship, but not married
 Married or partnered
 Other (please specify) : _____
 Not in a relationship (if not in a relationship please discontinue survey)

4. What is your sexual orientation?

- Heterosexual
 If other, please discontinue survey

5. What is your ethnicity?

- Central American
 Cuban
 Cuban-American
 Mexican
 Mexican-American
 Puerto-Rican
 South American
 Spanish
 Other (please

specify)

6. What is the highest level of education that you have completed?

- Elementary Education (completed 5th grade)
- Middle School (completed 8th grade)
- High School (completed 9th grade)
- Some college (2 years or less)
- Bachelor's degree
- Master's degree
- Doctoral degree or M.D.

7. What is your estimated average household income? (if you're a student, report family household income)

- \$0-\$24,999
- \$25,000-\$49,999
- \$50,000-\$74,999
- \$75,000-\$99,999
- \$100,000-\$149,999
- \$150,000-\$174,999
- \$175,000 and up

8. Have you had cosmetic surgery?

- Yes No If yes, please specify what kind of surgery:

9. If money was not an issue, would you like to get cosmetic surgery?

- Yes No If yes, please specify what kind of surgery:

10. What country did you grow up in?

United States Mexico Other (please specify)

APPENDIX E
BODY PARTS SATISFACTION SCALE

Please rate how satisfied you are with each of your body parts listed below. Some questions may ask you to identify what changes you would like to make to a certain body part in order for you to be more satisfied. Please write in the changes you would like.

In general I feel satisfied with:	Extremely Dissatisfied					Extremely Satisfied
1. My overall body appearance	1	2	3	4	5	6
2. My overall facial attractiveness	1	2	3	4	5	6
3. My hair	1	2	3	4	5	6
4. My eye color	1	2	3	4	5	6
5. My ears	1	2	3	4	5	6
6. My nose	1	2	3	4	5	6
7. My mouth	1	2	3	4	5	6
8. My teeth	1	2	3	4	5	6
9. My voice	1	2	3	4	5	6
10. My chin	1	2	3	4	5	6
11. My complexion	1	2	3	4	5	6
12. My skin color	1	2	3	4	5	6
13. My shoulders	1	2	3	4	5	6
14. My hands	1	2	3	4	5	6
15. My feet	1	2	3	4	5	6
16. My chest (breasts)	1	2	3	4	5	6
17. My abdomen	1	2	3	4	5	6

18. My buttocks	1	2	3	4	5	6
19. My hips	1	2	3	4	5	6
20. My legs	1	2	3	4	5	6
21. My ankles	1	2	3	4	5	6
22. My height	1	2	3	4	5	6
23. My weight	1	2	3	4	5	6
24. My muscle tone.	1	2	3	4	5	6

APPENDIX F
MARIANISMO BELIEFS SCALE

Instructions: The statements below represent some of the different expectations for Latinas. For each statement, please mark the answer that best describes what you **believe** rather than what you were taught or what you actually practice.

A Latina...	Strongly Disagree	Disagree	Agree	Strongly Agree
1. must be a source of strength for her family.	1	2	3	4
2. is considered the main source of strength for her family.	1	2	3	4
3. mother must keep the family unified.	1	2	3	4
4. should teach her children to be loyal to the family.	1	2	3	4
5. should do things that make her family happy.	1	2	3	4
6. should (should have) remain(ed) a virgin until marriage.	1	2	3	4
7. should wait until after marriage to have children.	1	2	3	4
8. should be pure.	1	2	3	4
9. should adopt the values taught by her religion.	1	2	3	4
10. should be faithful to her partner.	1	2	3	4

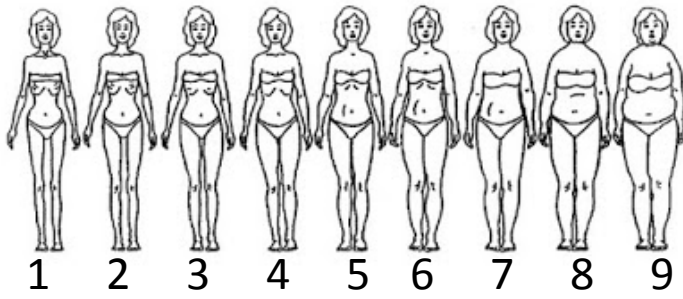
11. should satisfy her partner's sexual needs without argument.	1	2	3	4
12. should not speak out against men.	1	2	3	4
13. should respect men's opinions even when she does not agree.	1	2	3	4
14. should avoid saying "no" to people.	1	2	3	4
15. should do anything a male in the family asks her to do.	1	2	3	4
16. should not discuss birth control.	1	2	3	4
17. should not express her needs to her partner.	1	2	3	4
18. should feel guilty about telling people what she needs.	1	2	3	4
19. should not talk about sex.	1	2	3	4
20. should be forgiving in all aspects.	1	2	3	4
21. should always be agreeable to men's decisions.	1	2	3	4
22. should be the spiritual leader of the family.	1	2	3	4

23. is responsible for taking family to religious services.	1	2	3	4
24. is responsible for the spiritual growth of the family.	1	2	3	4

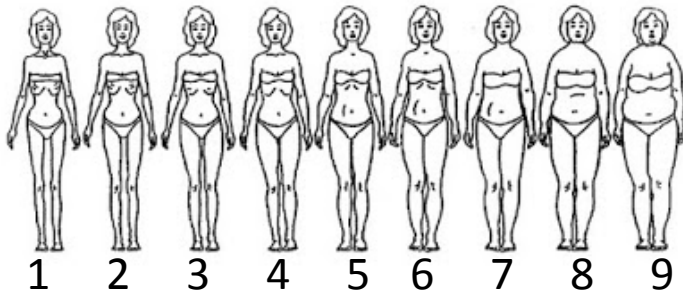
APPENDIX G
CONTOUR DRAWING RATING SCALE

Respond to the following questions by choosing the number that corresponds to the body shape illustration that best corresponds to your response.

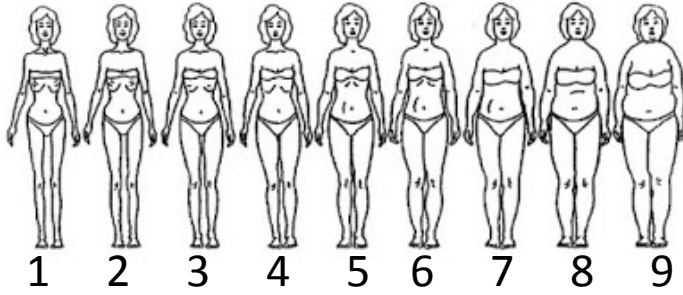
What number corresponds to the body shape you think you have (currently):



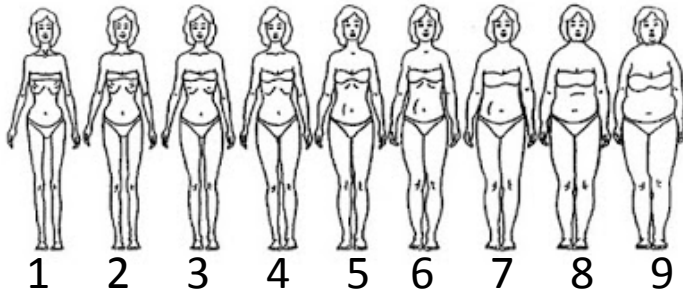
What number corresponds to the body shape you think your romantic partner prefers (his ideal female body shape):



What number corresponds to the body shape you think your ethnic culture (Mexican/Latino) prefers:



What number corresponds to the body shape you think the American/mainstream culture prefers:



APPENDIX H
QUALITY OF RELATIONSHIP INVENTORY

Please use the scale below to answer the following questions regarding your relationship with your husband/partner

1 **2** **3** **4**
Not at all **A little** **Quite a bit** **Very much**

- ___ 1. To what extent would you turn to your husband/partner for advice about problems?
- ___ 2. How often do you need to work hard to avoid conflict with your husband/partner?
- ___ 3. To what extent could you count on your husband/partner to help with a problem?
- ___ 4. How upset does your husband/ partner sometimes make you feel?
- ___ 5. To what extent can you count on your husband/partner to give you honest feedback, even if you might not want to hear it?
- ___ 6. How much does your husband/partner like you?
- ___ 7. How much does your husband/partner make you feel guilty?
- ___ 8. How important a role do you play in your husband/partner's life?
- ___ 9. How much do you have to "give in" in your relationship with your husband/partner?
- ___ 10. To what extent can you count on your husband/partner to help if a family member very close to you died?
- ___ 11. How much better would your life be if you no longer had a relationship with your husband/partner?
- ___ 12. How much does your husband/partner want you to change?
- ___ 13. To what extent could you count on your husband/partner for help if you were in a crisis situation, even if he had to go out of his way to help you?
- ___ 14. How much more do you give than you get from your relationship with your husband/partner?
- ___ 15. How upset do you think your husband/partner would be if he could not continue the relationship with you?
- ___ 16. How positive a role does your husband/partner play in your life?
- ___ 17. How significant is your relationship with your husband/partner in your life?
- ___ 18. To what extent can you trust your husband/partner to not hurt your feelings?

- ___ 19. How confident are you that your husband/partner really cares about you?
- ___ 20. How close do you think your relationship with your husband/partner will be in 10 years?
- ___ 21. How much would you miss your husband/partner if the two of you could not see or talk with each other for a month?
- ___ 22. How often do problems that occur in your relationship with your husband/partner get resolved?
- ___ 23. How critical are you of your husband/partner?
- ___ 24. If you could only have a very small amount of social relationships, how much would you want your contact with your husband/partner to be among them?
- ___ 25. If you wanted to go out and do something this evening, how confident are you that your husband/partner would be willing to do something with you?
- ___ 26. How responsible do you feel for your husband/partner's well-being?
- ___ 27. How obligated would you feel to help your husband/partner?
- ___ 28. How much do you depend on your husband/partner?
- ___ 29. How considerate is your partner/husband of your needs?
- ___ 30. To what extent can you count on your husband/partner to listen to you when you are very angry at someone else?
- ___ 31. How much would you like your husband/partner to change?
- ___ 32. How angry does your husband/partner make you feel?
- ___ 33. If this person could afford to, how confident are you that he would loan you money if you needed it?
- ___ 34. How much do you argue with your husband/partner?
- ___ 35. If you were sick, how confident are you that your husband/partner would loan you money if you needed it?
- ___ 36. How upset would you be if your relationship with your husband/partner ended?

___ 37. To what extent can you really count on this person to distract you from your worries when you feel under stress?

___ 38. How often does your husband/partner make you feel angry?

___ 39. How often does your husband/partner try to control or influence your life?

APPENDIX I

WEIGHT-RELATED CRITICISM FROM ROMANTIC PARTNER

	Never 1	Almost Never 2	Rarely 3	Occasion- ally Sometimes 4	Almost all the time 5	All the time 6
1) How often does your partner tease you about your weight or shape?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) How often does your partner criticize you about your weight or shape?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) How concerned is your partner about whether you weigh too much or are too fat or might become fat?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) How important is it to your partner that you be thin?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

APPENDIX J
PARTICIPANT RECRUITMENT LETTER (SPANISH)

Estimado participante,

Mi nombre es Vitae Félix, M.C., y soy estudiante de doctorado trabajando en mi tesis en la Universidad Estatal de Arizona (Arizona State University). Quisiera extenderle una cordial invitación a participar en mi proyecto de investigación relacionado a la satisfacción de las mujeres latinas con su figura. Le invito a participar si usted es una mujer Mexicana o México-Americana mayor de 18 años y se encuentra actualmente en una relación romántica heterosexual.

Su participación en este estudio tomará aproximadamente entre 10 y 20 minutos de su tiempo y espero reclutar 200 participantes como mínimo. Se le pedirá que llene un cuestionario electrónico que incluye preguntas demográficas como también preguntas sobre su satisfacción con su figura, su percepción de diferentes tipos de figuras, sus creencias, y su relación con su pareja.

Si está interesada en participar en este proyecto, por favor haga clic en el siguiente link que la dirigirá a la página de información del proyecto y al cuestionario. Al terminar de llenar el cuestionario, tendrá la opción de participar en un sorteo para ganar una de ocho tarjetas de \$25 dólares de amazon. Su participación en el sorteo es opcional y el correo que proporcionara para ser contactada con los resultados del sorteo será mantenido confidencial y borrado a la conclusión del sorteo. Si conocer otras mujeres que pudieran estar interesadas en participar en este estudio, por favor siéntase con la libertad de proporcionarle esta información.

Su participación es completamente voluntaria y todas sus respuestas serán confidenciales. Ninguna información que pueda identificarla personalmente será usada en reportes de este proyecto. Este proyecto ha sido aprobado por la institución a cargo de aprobar proyectos de investigación de la Universidad Estatal de Arizona (protocolo # 00001891).

Para participar, por favor haga clic en el siguiente link:

<https://www.psychdata.com/s.asp?SID=164261> (Cuestionario en Inglés)

<https://www.psychdata.com/s.asp?SID=165006> (Cuestionario en Español)

Si desea más información sobre este proyecto o si tiene alguna pregunta por favor contácteme, Vitae Felix, al correo electrónico vitae.felix@asu.edu o también puede contactar a mi consejera de tesis Sharon Robinson-Kurpius, Ph.D., al correo electrónico sharon.kurpius@asu.edu

Gracias por su consideración y de antemano le agradezco su participación,

Vitae Felix, M.C.

Candidata de doctorado

Departamento de Consejería y Psicología

Universidad Estatal de Arizona

APPENDIX K
INFORMED CONSENT LETTER (SPANISH)

Consentimiento Informado

Título del Proyecto de investigación

Estudio intercultural sobre la satisfacción del cuerpo en mujeres Mexicanas y Mexico-Americanas: El papel de las relaciones románticas y la cultura

Introducción

El propósito de esta forma es proveerle información sobre el proyecto de investigación descrito a continuación. Además, esta forma le proporciona información que pudiera influenciar su decisión de participar en este proyecto. Las personas que consientan a participar en este proyecto pueden hacerlo al hacer clic en el botón al final de esta forma y al responder a las preguntas del cuestionario electrónico.

Investigadores

Vitae Félix, M.C. and Sharon Robinson-Kurpius, Ph.D.

¿Por qué se me invita a participar en este proyecto de investigación?

Si es usted una mujer Latina (mexicana o mexico-americana) en una relación heterosexual, le invitamos a participar en este proyecto de investigación. Su participación ayudará a un mejor entendimiento de cómo factores culturales y relacionales pueden contribuir a la imagen corporal que tienen las mujeres Latinas sobre sí mismas.

¿Por qué se está haciendo este tipo de investigación?

Entender factores culturales y la herencia cultural de grupos diversos puede ser útil para informar y diseñar programas de intervención y prevención. Sin embargo, pocos proyectos de investigación se han enfocado en entender cómo factores culturales y relacionales contribuyen a la imagen corporal de las mujeres Latinas. El propósito de este proyecto de investigación es expandir el conocimiento sobre este tema a fin de apoyar el desarrollo de programas de intervención y prevención que sean culturalmente apropiados y específicos para esta población

¿Cuántas personas participaran en este proyecto?

Anticipamos la participación de aproximadamente 200 mujeres.

¿Qué pasa si consiento a participar en este proyecto?

Si decide participar en este proyecto de investigación, su participación involucrará responder a un cuestionario electrónico. Anticipamos que cada persona tomara entre 10 y 25 minutos para responder al cuestionario electrónico.

¿Qué pasa si digo “Si,” pero después cambio de parecer?

Puede retirar su participación en este proyecto en cualquier momento al discontinuar sus respuestas al cuestionario electrónico. No hay ninguna penalización por discontinuar sus respuestas al cuestionario electrónico o por cambiar de parecer sobre su participación en este proyecto.

Riesgos e incomodidades

No hay ningún riesgo previsible, sin embargo si decide participar pudiera experimentar un poco de incomodidad emocional al responder al cuestionario electrónico. Esta incomodidad pudiera compensarse al saber que está respondiendo a preguntas para aprender más sobre su satisfacción con su imagen corporal.

¿Me ayudará de alguna manera participar en este proyecto?

Aunque no hay ningún beneficio directo por su participación, un beneficio potencial de su participación en este proyecto es que la información derivada podría ayudar a mejorar programas de intervención y prevención para mujeres Latinas y asimismo pudiera mejorar nuestro conocimiento de factores culturales y relacionales que impactan la satisfacción corporal de esta población. No podemos garantizarle o prometerle que recibirá algún beneficio de este proyecto.

¿Qué pasa con la información recaudada para este proyecto?

La información obtenida para este proyecto es estrictamente confidencial, al menos de que la institución universitaria que aprueba proyectos de investigación requiera que se revele.

No se le pedirá que provea ninguna información que la identifique. Solo se le pedirá que provea información demográfica como su edad y estatus en una relación romántica. Los resultados de la investigación pudieran aparecer en publicaciones o presentaciones, pero no se relacionara a su identidad. Para poder mantener sus respuestas confidenciales, Sharon Robinson-Kurpius, Ph.D. guardará los records del proyecto bajo llave. Solo el personal de investigación tendrá acceso a estos records. Precauciones serán tomadas para proteger la privacidad de las participantes de este proyecto. Se le asignara un numero clave y no se le pedirá que provea su nombre. Los records del proyecto se guardaran en el Programa de Consejería y Psicología en la Universidad Estatal de Arizona (Arizona State University) hasta Enero del 2016, cuando serán destruidos.

Pago

No hay ningún costo asociado con su participación en este proyecto de investigación. Los investigadores quieren que su decisión de participar en este proyecto sea absolutamente voluntaria y a la vez reconocen que su participación quizás le brinde alguna inconveniencia. Puede optar por proveer su correo electrónico si gusta participar en un sorteo para ganar una de ocho tarjetas de \$25 dólares de amazon. Si decide participar y proveer su correo electrónico, los investigadores guardaran su correo hasta que 25 personas entren al sorteo y respondan al cuestionario electrónico. Ya que el sorteo se lleve a cabo, los investigadores contactaran al ganador y borrarán los correos electrónicos que ya participaron en el sorteo.

¿Con quien puedo hablar?

Si tiene alguna pregunta, comentario o preocupación favor de contactar a:
Vitae Felix, M.C. al correo vitae.felix@asu.edu o Sharon Robinson-Kurpius al correo sharon.kurpius@asu.edu

Esta investigación ha sido revisada y aprobada por la institución de investigación de la universidad estatal de Arizona. Puede contactarlos al (480) 965-6788 o por correo electrónico al research.integrity@asu.edu si:

- Sus preguntas, preocupaciones o quejas no han sido respondidas por el equipo de investigación.
 - No puede comunicarse con el equipo de investigación.
 - Quiere hablar con alguien además del equipo de investigación.
 - Tiene preguntas sobre sus derechos como participante de un estudio.
 - Desea más información o desea contribuir algún comentario sobre el proyecto.

APPENDIX L
DEMOGRAPHIC QUESTIONNAIRE (SPANISH)

Información Demográfica: ¡Gracias por su participación en este estudio! La siguiente información nos permitirá conocer más sobre su perfil.

1. ¿.Cuál es su sexo?

Femenino Masculino

2. ¿Cuántos años tiene?

3. ¿Cuál es su estatus?

En una relación romántica, pero no casada

Casada o viviendo en pareja

Otro (favor de especificar) : _____

No en una relación (si no está en una relación, favor de discontinuar este cuestionario)

4. ¿Cuál es su orientación sexual?

Heterosexual

(Si otra favor de discontinuar este cuestionario)

5. ¿Cuál es su etnicidad?

Cubana

Centro- Americana

Mexicana

Mexicana-Americana

Puerto-Riqueña

Sud- Americana (por favor especifique _____)

Española

Otra (favor de

especificar)

6. ¿Cuál es su nivel más alto de educación?

- Primaria
- Secundaria
- Preparatoria
- Algunos años de carrera
- Licenciatura
- Maestría
- Doctorado o Título Medico

7. ¿Cuál es el sueldo anual de su hogar? (Incluya el sueldo de todas las personas que viven en el hogar con usted)

- \$0-\$24,999
- \$25,000-\$49,999
- \$50,000-\$74,999
- \$75,000-\$99,999
- \$100,000-\$149,999
- \$150,000-\$174,999
- \$175,000 and up

8. ¿Se ha hecho cirugía cosmética?

- Si No Si sí, favor de especificar que tipo de cirugía: _____

9. Si el dinero no fuera una limitante, le gustaría hacerse cirugía cosmética?

- Si No Si sí, favor de especificar que tipo de cirugía: _____

10. ¿en qué país creció ?

- Estados Unidos México Otro (favor de especificar)

APPENDIX M
BODY PARTS SATISFACTION SCALE (SPANISH)

Por favor especifique que tan satisfecha está con cada una de las partes de su cuerpo enumeradas a continuación. Algunas de las preguntas le pedirán que especifique que cambios le quisiera hacer a ciertas partes de su cuerpo para sentirse más satisfecha. Por favor escriba los cambios que quisiera en el espacio que esta proveído.

En general me siento satisfecha con:	Extre mada mente In- Satis fecha					Extre mada mente Satis fecha
1. La apariencia de mi cuerpo en general	1	2	3	4	5	6
2. Lo atractivo de mi cara en general	1	2	3	4	5	6
3. Mi cabello	1	2	3	4	5	6
4. El color de mis ojos	1	2	3	4	5	6
5. Mis orejas	1	2	3	4	5	6
6. Mi nariz	1	2	3	4	5	6
7. Mis labios/boca	1	2	3	4	5	6
8. Mis dientes	1	2	3	4	5	6
9. Mi voz	1	2	3	4	5	6
10. Mi barbilla/mentón	1	2	3	4	5	6
11. La tez de mi cutis	1	2	3	4	5	6
12. El color de mi piel	1	2	3	4	5	6
13. Mis hombros	1	2	3	4	5	6
14. Mis manos	1	2	3	4	5	6

15.Mis pies	1	2	3	4	5	6
16.Mi pecho (los senos)	1	2	3	4	5	6
17.Mi abdomen	1	2	3	4	5	6
18. Mis gluteos	1	2	3	4	5	6
19. Mis caderas	1	2	3	4	5	6
20. Mis piernas	1	2	3	4	5	6
21. Mis tobillos	1	2	3	4	5	6
22. Mi altura	1	2	3	4	5	6
23. Mi peso	1	2	3	4	5	6
24.Mi tono muscular	1	2	3	4	5	6

APPENDIX N

MARIANISMO BELIEFS SCALE (SPANISH)

Instrucciones: Las declaraciones abajo representan algunas de las diversas expectativas para Latinas. Para cada declaración, por favor marque la respuesta que describe mejor lo que usted cree más bien qué lo que le enseñaron o lo que usted practica realmente.

Una Latina...	Fuertemente No De Acuerdo	No De Acuerdo	De Acuerdo	Fuertemente De Acuerdo
1. debería de ser una fuente de fortaleza para la familia.	1	2	3	4
2. es considerada la fuente principal de fuerza para su familia.	1	2	3	4
3. madre debería de mantener a su familia unida.	1	2	3	4
4. debería de enseñarles a su niños ser leales a su familia.	1	2	3	4
5. debería de hacer cosas que hagan feliz a su familia.	1	2	3	4
6. debería (hubiera) permanecer/perm anecido virgen hasta el matrimonio.	1	2	3	4
7. debe de esperar hasta después del matrimonio para tener hijos.	1	2	3	4

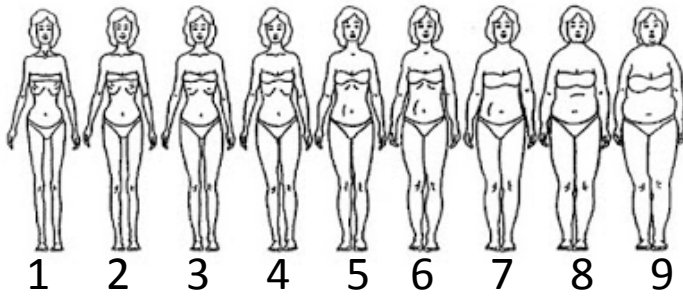
8. debería de ser pura.	1	2	3	4
9. debería de adoptar los valores inculcados por su religión	1	2	3	4
10. debería serle fiel a mi pareja.	1	2	3	4
11. debería satisfacer las necesidades sexuales de mi pareja sin quejarme.	1	2	3	4
12. no debería alzar su voz contra los hombres.	1	2	3	4
13. debería respetar las opiniones de los hombres aunque no esté de acuerdo.	1	2	3	4
14. debe de evitar decirles “no” a la gente.	1	2	3	4
15. debería hacer cualquier cosa que le pida un hombre de la familia.	1	2	3	4
16. no debe de hablar de métodos anticonceptivos.	1	2	3	4
17. no debe expresar sus necesidades a su pareja.	1	2	3	4

18. debe de sentirse culpable por decirle a la gente sus necesidades.	1	2	3	4
19. no debe de hablar del sexo.	1	2	3	4
20. debe perdonar en todos aspectos.	1	2	3	4
21. siempre debería estar de acuerdo con las decisiones de los hombres.	1	2	3	4
22. debería de ser el líder espiritual de la familia.	1	2	3	4
23. es responsable de llevar a su familia a servicios religiosos.	1	2	3	4
24. es responsable del crecimiento espiritual de su familia.	1	2	3	4

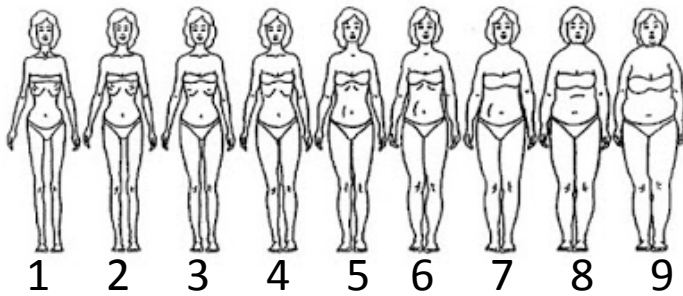
APPENDIX O
CONTOUR DRAWING RATING SCALE (SPANISH)

Favor de responder a las siguientes preguntas escogiendo el número que corresponde a la figura o ilustración que mejor corresponde a su respuesta.

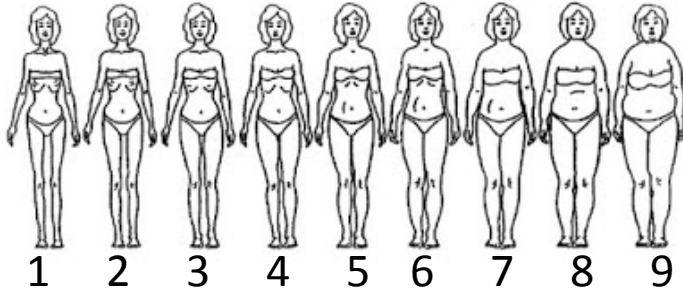
Escoja el número que corresponde a la figura de cuerpo que usted piensa que tiene (en este momento):



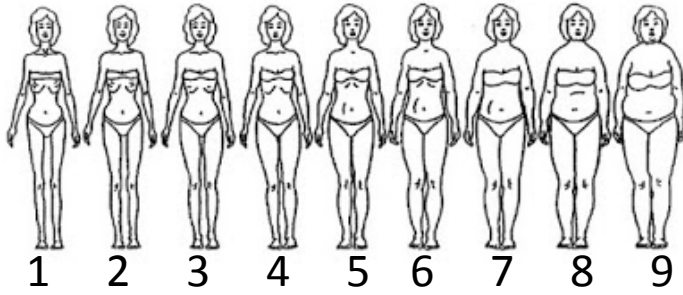
Escoja el número que corresponde a la figura de cuerpo que usted piensa que su pareja romántica prefiere (su figura de cuerpo femenino ideal)



Escoja el número que corresponde a la figura de cuerpo que usted piensa que su cultural étnica (Mexicana/Latina) prefiere:



Escoja el número que corresponde a la figura de cuerpo que usted piensa que la cultural Americana prefiere:



APPENDIX P
QUALITY OF RELATIONSHIP (SPANISH)

Por favor use la escala a continuación para responder a las siguientes preguntas sobre su relación con su esposo/pareja

1 2 3 4
Para nada Un poco Bastante Muchísimo

- ___ 1. ¿Hasta qué grado buscaría a su esposo/pareja para consejos sobre problemas?
- ___ 2. ¿Qué tan seguido necesita esforzarse para evitar conflicto con su esposo/pareja?
- ___ 3. ¿Hasta qué grado cuenta con su esposo/pareja para ayudarle con un problema?
- ___ 4. ¿En ocasiones, qué tan molesta la hace sentir su esposo/pareja?
- ___ 5. ¿Hasta qué grado puede contar con su esposo/pareja para darle su reacción honesta, aunque usted quizá no quiera escucharla?
- ___ 6. ¿Qué tanto la quiere su esposo/pareja?
- ___ 7. ¿Qué tanto la hace sentirse culpable su esposo/pareja?
- ___ 8. ¿Qué tan importante es el papel que usted tiene en la vida de su esposo/pareja?
- ___ 9. ¿Qué tanto tiene que “ceder” en su relación con su esposo/pareja?
- ___ 10. ¿Hasta qué grado puede contar con su esposo/pareja para ayudarle si un miembro de la familia muy cercano a usted muriera?
- ___ 11. ¿Fuera mejor su vida si usted ya no tuviera una relación con su esposo/pareja?
- ___ 12. ¿Qué tanto quiere su esposo/pareja que usted cambie?
- ___ 13. ¿Hasta qué grado pudiera contar con su esposo/pareja para ayudarle si usted estuviera en una situación de crisis, aunque él tuviera que hacer bastante para ayudarle?
- ___ 14. ¿Qué tanto más invierte o da más usted de lo que recibe de su relación con su esposo/pareja?
- ___ 15. ¿Qué tan molesto piensa usted que estuviera su esposo/pareja si el ya no pudiera tener una relación con usted?
- ___ 16. ¿Qué tan positive es el papel que su esposo/pareja tiene en su vida?
- ___ 17. ¿Qué tan importante es su relación con su esposo/pareja en su vida?
- ___ 18. ¿A qué grado puede confiar en su esposo/pareja para no lastimarle sus sentimientos?
- ___ 19. ¿Qué tan segura está usted de que su esposo/pareja realmente se preocupa por usted/la quiere?
- ___ 20. ¿Qué tan cercana piensa que será su relación con su esposo/pareja en 10 años?

- ___ 21. ¿Qué tanto extrañaría a su esposo/pareja si ustedes dos no pudieran verse o hablarse por un mes?
- ___ 22. ¿Qué tan seguido se resuelven los problemas que suceden en su relación con su esposo/pareja?
- ___ 23. ¿Qué tan crítica es usted de su esposo/pareja?
- ___ 24. ¿Si solo pudiera tener un número pequeño de relaciones/contactos sociales, que tanto quisiera que su relación/contacto con su esposo fuera una de ellas?
- ___ 25. ¿Si usted quisiera salir y hacer algo esta tarde, que tan segura esta de que su esposo/pareja estuviera dispuesto para hacer algo con usted?
- ___ 26. ¿Qué tan responsable se siente por el bien estar de su esposo/pareja?
- ___ 27. ¿Qué tan obligada se siente a ayudar a su esposo/pareja?
- ___ 28. ¿Qué tanto depende de su esposo/pareja?
- ___ 29. ¿Qué tan considerado es su esposo/pareja de sus necesidades?
- ___ 30. ¿Hasta qué grado puede contar con su esposo/pareja para escucharla cuando usted se siente enojada con alguien más?
- ___ 31. ¿Qué tanto quisiera que su esposo/pareja cambiara?
- ___ 32. ¿Qué tan enojada la hace sentir su esposo/pareja?
- ___ 33. ¿Si su esposo/pareja tuviera la manera o pudiera permitirse ese gasto, que tan segura esta de que el le prestara dinero si lo necesitara?
- ___ 34. ¿Qué tanto discute con su esposo/pareja?
- ___ 35. ¿Si usted estuviera enferma, que tan segura se siente de que su esposo/pareja le prestara dinero si lo necesitara?
- ___ 36. ¿Qué tan molesta se sintiera su relacion con su esposo/pareja terminara?
- ___ 37. ¿Hasta qué grado puede contar con su esposo/pareja para distraerla de sus preocupaciones cuando se siente estresada?
- ___ 38. ¿Qué tan seguido la hace enojar su esposo/pareja?
- ___ 39. ¿Qué tan seguido trata de controlar o influenciar su vida su esposo/pareja?

APPENDIX Q

WEIGHT-RELATED CRITICISM FROM ROMANTIC PARTNER

	Nunca	Casi nunca	Raramente	Ocasional- mente A veces	Casi todo el tiempo	Todo el tiempo
	1	2	3	4	5	6
1) ¿Qué tan seguido le da carrilla o la fastidia su pareja sobre su peso o forma/talla de su cuerpo?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) ¿Qué tan seguido le critica su pareja su peso o su talla?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) ¿Qué tan preocupado esta su pareja de que usted pese mucho o esté demasiado gorda o de que vaya a engordar?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) ¿Qué tan importante es para su pareja que usted esté delgada?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>