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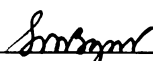
EXPLORING THE RELATIONSHIP BETWEEN SEX, SEX ROLES,
ACCULTURATION, AND ATTITUDES TOWARD MENTAL ILLNESS AMONG
PUERTO RICAN ADULTS

presented by

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has been accepted towards fulfillment
of the requirements for

M.A. degree in Psychology


Major professor

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ACCULTURATION, AND ATTITUDES TOWARD MENTAL ILLNESS AMONG
PUERTO RICAN ADULTS**

By

Diana Morrobel

A THESIS

**Submitted to
Michigan State University
in partial fulfillment of the requirements
for the degree of**

MASTER OF ARTS

Department of Psychology

1997

ABSTRACT

EXPLORING THE RELATIONSHIP BETWEEN SEX, SEX ROLES, ACCULTURATION, AND ATTITUDES TOWARD MENTAL ILLNESS AMONG PUERTO RICAN ADULTS

By

Diana Morrobel

Researchers have investigated attitudes toward mental illness in an attempt to explain the underutilization of mental health services by ethnic minorities. The literature, however, has been marked by contradictory and inconclusive findings. The present study addressed the problem of classifying many different ethnic groups under the label, Hispanics, by exclusively focusing on Puerto Ricans. This study also explored the effects of sex, sex roles, and acculturation on attitudes toward mental illness through the use of culturally appropriate constructs, instruments, and methodology. One hundred and one Puerto Ricans residing in New York City were administered the MIIAQ, Demographic Questionnaire, Sex Role Traditionalism Scale, and the Cortes, Malgady, and Rogler Biculturalism Scale. Results indicated that males and females did not differ in their attitudes toward mental illness nor did any of the variables predict individuals' attitudes toward mental illness.

To my family

ACKNOWLEDGMENTS

I want to extend my sincerest gratitude to Professor Anne Bogat for her support, guidance, kind words, and encouragement through some very difficult moments. I also want to thank the other members of my committee, Professors Robert Caldwell and Dozier Thornton for their thoughtful comments and support in the completion of this project. I owe a special thanks to Dr. Gordon Wood for his financial support and to the Puerto Ricans who participated in this study. I want to thank my family for inspiring my love of culture and belief in the power of family. Finally I want to thank Rav for his unending love and generosity.

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INTRODUCTION

The population of the United States consists of a myriad of cultural subgroups, each having distinct values, norms, and conceptual frameworks that organize their experiences and determine appropriate behavior. Thus, behavior deemed pathological in one socio-cultural group may not be evaluated the same in another (Malgady & Rodriguez, 1994). As stated in Rogler & Cortes (1993), “the experience of illness (or distress) is always a culturally shaped phenomenon” (p. 556). Hence, accuracy in conceptualizations and assessment of psychopathology among lay people requires researchers to embed their beliefs in a specific socio-cultural context (Rogler, Santana-Cooney, Constantino, Earley, Grossman, Gurak, Malgady, & Rodriguez, 1983).

The cross-cultural literature has consistently found that ethnic minorities are less likely to seek counseling than Anglo-Americans and are less likely to have a positive attitude toward counseling (Chih, 1995; Rogler & Cortes, 1993). Researchers have investigated attitudes toward mental illness in an attempt to explain the underutilization of mental health services by ethnic minorities. Investigations have focused on differences among various cultural groups while ignoring within-group comparisons. In addition, the trend in cross cultural research is to group varied cultural subgroups into global categories such as “Hispanics.” Differences among “Hispanic” subgroups are significant. The use of global terms such as “Hispanic” or “Latino” ignores the heterogeneity of each cultural subgroup

and minimizes the importance of individual subgroup differences (Amaro & Felipe Russo, 1987; Casero, 1982).

Research on individual “Hispanic” cultural subgroups, in particular Puerto Ricans, is rare. The dearth of research on Puerto Ricans is perplexing because they constitute the second largest “Hispanic” subgroup in the United States--2.5 million people (Lamberty & Garcia Coll, 1994). Furthermore, many studies of Puerto Ricans focus primarily on comparisons with other ethnic groups without closely examining the influence of culture. The present study will focus exclusively on Puerto Ricans and examine their attitudes toward mental illness, specifically as they are affected by acculturation, sex, and sex roles.

Attitudes

There are two schools of thought on how the term “attitude” should be defined. The tripartite model defines attitude as a combination of affective, behavioral, and cognitive reactions to an object (Krech, Crutchfield, & Ballachae, 1962). According to this model, to have an attitude about something is to evaluate it favorably, unfavorably, or with mixed emotions. Attitudes predispose people to behave in a particular manner toward an object, they have a strong cognitive component, and they depend partly on one’s beliefs about an object (Brehm & Kassin, 1990).

The causal chain, or unidimensional model, treats cognition, affect, and behavior as distinct antecedents or consequences of behavior. This model considers the most essential characteristic of the attitude to be its overall evaluative dimension or response (Rokeach, 1968). An individual learns or forms beliefs about objects which then influence the individual’s attitudes toward that object. An individual’s attitude is characterized as an

evaluative judgment (favorable or unfavorable, positive or negative) that relies on the individual's salient beliefs.

Social psychologists have noted that there is an inconsistency when attempting to form causal links between how individuals feel and how they think or even how they act (Brehm & Kassin, 1990). Measures have been unable to assess accurately the individual components of the tripartite model. Instruments that assess affect, cognition, and behavior as separate and distinct constructs are problematic because individual components influence each other, rendering the relationship or causal link unclear.

In a review of the literature on attitudes, Fishbein & Azjen (1972) note that assessment of attitudes is based on the unidimensional model. The majority of studies that have examined ethnic minorities' attitudes toward mental illness use the unidimensional model (Jalali, Jalali, & Turner, 1978; Karno & Edgerton, 1969), employing measures that classify attitudes on a bipolar dimension of affect (positive-negative) with respect to a given object or scenario (Rivera, 1984/1985). In accordance with the majority of research on attitudes of ethnic minorities, the present study will define attitudes using the unidimensional model.

Attitudes toward mental illness in ethnic minority groups

Studies that examine ethnic minorities' attitudes toward mental illness focus on the effects of demographic factors, such as level of acculturation, socioeconomic status, level of education, and sex (Fishbein & Azjen, 1972; Silva de Crane & Spielberger, 1981). Scholarly efforts to elucidate and generalize what effects these demographic factors have on attitudes toward mental illness have been frustrated by inconsistent and inconclusive findings across populations. Some studies have shown that attitudes toward mental illness

are affected by demographic factors (Cohen & Struening, 1962; Karno & Edgerton, 1969), while others fail to find results that demonstrate such relationships (Arenas, Cross, & Willard, 1980; Fandetti & Gelfand, 1978; Jalali et al., 1978; Sechrest, Fay, Zaidi, & Flores, 1973; Rivera, 1984/1985; Silva de Crane & Spielberger, 1981; Weiz, Suwanlert, Chaiyasit, Weiss, Walter, & Anderson, 1988). Despite the number of studies that attempt to identify factors that affect ethnic minorities' attitudes toward mental illness, few have focused exclusively on examining factors that affect the attitudes of individual cultural subgroups, such as Puerto Ricans. A study performed by Rivera (1984/1985) sheds light on the demographic factors that affect Puerto Ricans' attitudes toward mental illness.

Rivera (1984/1985) found that Puerto Ricans' attitudes toward mental illness cannot be explained by socioeconomic and educational attainment. Such results contradict the prevailing assumption that low educational attainment and socioeconomic status is causally linked to negative attitudes toward mental illness. Rivera (1984/1985) concludes that Puerto Ricans' attitudes toward mental illness are influenced by the individual's level of acculturation. Therefore, acculturation is a demographic factor that should be closely examined.

Acculturation

Acculturation is a process of change and adaptation that results from continuous first-hand contact between individuals or groups of different cultures (Berry, 1995).

Acculturation has traditionally been viewed as a unidirectional process (Berry, 1995; Cortes, Rogler, & Malgady 1994; Harwood, 1994; Szapocknik, Kurtines, & Fernandez, 1980); immigrants are engaged in adopting the host culture's values and norms, while

rejecting the values and norms of their culture of origin. For example, a person is believed to become less “Puerto Rican” in identity while becoming more “American.” From this perspective, acculturation is a continuum of assimilation and isolation (Berry, 1995). Such a view of acculturation is problematic for two reasons. First, it assumes that the immigrant’s culture and the host culture are distinct and separable. However, individuals residing in industrialized and technologically advanced countries have access to international communication, and are therefore exposed to other cultures without the need of migration. For example, as citizens of the United States, Puerto Ricans are exposed to U.S. culture at an early age--through the media and schools, which require its students to learn English.

Second, traditional theories of acculturation fail to assess “biculturalism” (Cortes, 1994; Cortes et al., 1994; Felix-Ortiz, Newcomb, & Myers, 1994; Harwood, 1994).

Biculturalism is defined as a simultaneously occurring acculturative process along both the individual’s culture of origin and the host culture (Szapocznik et al., 1980). The majority of ethnic minorities who immigrate to the United States settle in areas where they interact with members of their culture of origin and the host culture, creating a “bicultural world” (Szapocznik et al., 1980). Szapocznik et al. (1980) propose that biculturalism is a more appropriate model for the assessment of acculturation.

Biculturalism. According to Szapocznik et al. (1980) biculturalism has three premises. First, biculturalism is adaptive behavior to a “bicultural world.” Individuals who reside in a “bicultural world” need to learn to function in both worlds. Lack of biculturality is maladaptive because it makes the individual inappropriately monocultural in a bicultural

context. A well-adjusted individual is someone who possesses the skills to be effective in both cultures (Szapocznik et al., 1980).

The Puerto Rican experience is uniquely related to biculturalism. Unlike other “Hispanic” subgroups, Puerto Ricans do not need to enter the United States through illegal avenues. They have been able to travel freely to and from Puerto Rico and the U.S. mainland since they obtained U.S. citizenship in 1917 (Lamberty & Garcia Coll, 1994). This “back and forth,” or circular, style of migration often results in the experience of living “entremundos” (between worlds) (Zavala-Martinez, 1994). Puerto Ricans who are well-adjusted are able to live “entremundos,” whereas those who completely reject their culture of origin or host culture (marginalized individuals) are more likely to suffer from psychological distress (Szapocznik et al., 1980). Rodriguez (1994) stresses that such circular patterns affect the mental health of Puerto Ricans and may, in part, account for stress induced “ataques” (a term used by Puerto Ricans to refer to a wide array of mental states and mental disorders that afflict people who are facing difficulties in their everyday life), psychosomatic symptoms, and alcohol and drug use among immigrants.

Second, the biculturalism model assumes that acculturation occurs along two dimensions: Hispanicism (acculturation to the “Hispanic” or Latino culture) and Americanism (acculturation to the Anglo-American culture) (Szapocznik et al., 1980). These two dimensions may be related or independent of each other. In a review of the literature, Gomez & Fassinger (1994) found studies where Hispanicism and Americanism were negatively related; the more individuals identified with “American” culture, the less they identified with “Hispanic” culture. In contrast, some studies found that

“Hispanicism” and “Americanism” were independent dimensions (Gomez & Fassinger, 1994). Individuals adopted certain values that are “American,” such as competitiveness, while still maintaining certain “Hispanic” values, such as familism. Adopting values from one culture did not diminish individuals’ identification with the other.

Third, biculturalism can only be expressed or developed in a bicultural context. Therefore, biculturalism requires contact with other cultures besides a person’s culture of origin. According to Szapocznik et al. (1980), immigrants who are residing in a monocultural context are more likely to assimilate to the host culture and not become bicultural because there is a stronger demand to function according to the host culture’s demands.

Assessment. In addition to criticisms regarding the definition and conceptualization of the acculturation process, the measurement of acculturation is also problematic. Various authors argue that acculturation should not be measured exclusively as either the amount of years residing in the host country or knowledge of the host country’s language or customs (Cortes, 1994; Cortes et al., 1994; Harwood, 1994; Rivera 1984/1985; Rogler & Cortes, 1993). Cortes et al. (1994) propose that acculturation should be measured using a “two dimensional representation with independent scales measuring level of Hispanic involvement and level of American involvement” (p. 711). In a review of the literature on acculturation, Cortes et al. (1994) point out two problems with current acculturation scales. First, they do not allow participants to identify their level of involvement in each culture (culture of origin and host culture). For example, a participant is asked to respond to a question such as “Which language do you prefer?” This type of question implies that

one language will be preferred. It does not allow participants to express their level of involvement with each culture as experienced by the use of language. As a result, researchers are not able to differentiate individuals who are equally identified with the use of both languages from those who clearly prefer one language. Cortes et al. (1994) argue for the discontinuation of measures that force participants to choose one culture over the other, because this method fails to assess biculturalism accurately.

Second, current assessment instruments' sole reliance on items which measure language use and mastery, while ignoring values and beliefs, is problematic. Reliance on language use and mastery is particularly problematic when assessing acculturation in Puerto Ricans. Puerto Ricans are exposed to English through the school system at an early age, without having to migrate to the United States. As a result of the U.S. invasion in 1898 and ongoing political and economic influence, Puerto Ricans are required to learn English in schools. There are a number of schools in Puerto Rico whose entire curriculum is taught in English. Fluency in English is perceived as indicative of high social status and educational attainment, and Puerto Ricans who are fluent in English have greater employment opportunities than Puerto Ricans who are monolingual. Therefore, knowledge or use of English should be evaluated with caution when investigating acculturation in Puerto Ricans. In the case of Puerto Ricans, it is more informative to assess the individual's identification with the different cultures and adherence to different cultural norms and values. The present study will follow the recommendations made by Harwood (1994) and assess level of acculturation using a biculturalism model and

assessment instrument that will indicate the individual's level of biculturality without relying on the assessment of language mastery.

Acculturation and attitudes toward mental illness. Several studies have found that acculturation is significantly related to individuals' attitudes toward mental illness.

Edgerton & Karno (1971) found that Mexican-American participants who endorsed more traditional beliefs and values of the Mexican culture were less likely to view individuals presented in vignettes as mentally ill. Similar findings were reported by Fandetti & Gelfand (1978), when examining the attitudes of Irish and Polish participants. Participants who were highly acculturated to the United States were more likely to have positive attitudes toward seeking psychiatric assistance in meeting the hypothetical problems described in the vignettes.

Rivera (1984/1985) found that Puerto Rican participants at different levels of acculturation did not differ in their attitudes toward individuals experiencing culture bound syndromes (i.e., *ataque de nervios*). Culture bound syndromes are defined as recurring patterns of deviant behavior and distress that are not directly associated with a specific DSM-IV diagnostic category (DSM-IV, 1994). Culture bound syndromes are limited to specific cultures or societies and form part of the cultures' nosology of psychopathology (DSM-IV, 1994). However, when vignettes depicting culture bound syndromes were excluded, Puerto Rican individuals who were highly acculturated to the United States did not differ from African-American and Anglo-American participants in their mental health attitudes.

It is unclear in current literature why Puerto Rican adults who are highly acculturated to the United States do not hold similar attitudes toward individuals experiencing culture bound syndromes, as their African-American and Anglo-American counterparts. Studies that have examined acculturation among Puerto Ricans have used the unidirectional model of acculturation (Cortes et al., 1994; Felix-Ortiz et al., 1994; Szapocznik et al., 1980). Hence, Puerto Ricans who are categorized as highly acculturated to the United States are assumed to be less identified with Puerto Rican culture. Because this method has been shown to be problematic, it may be useful to examine the effects of acculturation on Puerto Ricans' attitudes toward mental illness through a biculturalism model. Perhaps individuals who were categorized as "highly acculturated" in the study performed by Rivera (1984/1985) did not identify highly only with "American" culture, but also with "Puerto Rican" or "Hispanic" culture, and, the measure used, the Acculturation Rating Scale for Mexican Americans, is not capable of making such distinctions. In addition, acculturation scales that have been used on Puerto Ricans have not been developed exclusively for Puerto Ricans, which makes culturally appropriate and valid interpretations difficult. Cultural subgroups may experience acculturation differently, and measures that are not developed for the use with individual subgroups may fail to assess such idiosyncracies (Rogler, 1989). The present study will examine acculturation in Puerto Ricans using a biculturalism model and assessment instrument to address the deficits in prior studies in order to increase our understanding of the relationship between acculturation and attitudes toward mental illness among Puerto Ricans.

Sex

In addition to examining acculturation, the present study will examine sex and introduce sex roles as a way of elucidating the factors that influence Puerto Ricans' attitudes toward mental illness. Studies examining attitudes toward mental illness have examined the effects of an individual's biological sex (Jalali et al., 1978; Rose, 1957) on their attitudes. Sex characterizes individuals as males or females according to their biological makeup.

Sex differences among Puerto Ricans. Sex differences have been observed in prevalence rates of various psychiatric disorders. Canino, Bird, Shrout, Rubio-Stipec, Bravo, Martinez, Sesman, & Guevara (1987) noted that Puerto Rican females have a significantly higher lifetime prevalence of "affective disorders, phobic disorders, and psychosexual dysfunction" (p. 731). In contrast, males were found to have higher lifetime prevalence rates of alcohol abuse/dependence. Guarnaccia, Good, and Kleinman's (1990) review of epidemiological studies of Puerto Rican mental health found that when prevalence rates were standardized to the age and sex of the population, Puerto Rican males had a significantly higher rate of psychiatric admissions than Puerto Rican females. Researchers have shown that sex is also related to individual's attitudes toward mental illness (Jalali et al. 1978; Rose, 1957).

Sex differences and attitudes toward mental illness. In a cross cultural study examining individuals' attitudes toward mental illness, Jalali et al. (1978) found that males and females significantly differed in their attitudes toward mental illness. Northern European females had the most positive attitude toward mental illness and were least

likely to deny that they had contact with mentally ill individuals. Males and females born in the U.S. were found to have less negative attitudes than Southern Europeans but more negative ones than Northern Europeans. African American females had the most negative attitudes toward the mentally ill, and they were the most likely to deny having contact with the mentally ill. In a study of adolescents' attitudes toward mental illness, Rose (1957) showed that females had greater knowledge and awareness of mental illness, and had more positive attitudes toward the mentally ill than adolescent males. Silva de Crane & Spielberger (1981) found that females had more positive attitudes than males. Females were shown to be more "benevolent" toward the mentally ill than males. However, Cohen & Struening (1962) provided evidence that sex of the participant was not related to their attitude toward mental illness.

The lack of uniformity of findings suggest that sex, alone, may not fully explicate the differences found among males' and females' attitudes (Amaro & Felipe-Russo, 1987; Canino, Rubio-Stipec, Shrout, Bravo, Stolberg, & Bird, 1987b). Findings suggest that one's sex is not experienced similarly by members of different cultural subgroups (Amaro & Felipe Russo, 1987; Brown, 1990; Canino et al., 1987b). Prescribed sex roles differ across various cultural subgroups. In addition, males and females may differentially adhere to such roles. The exclusive focus on sex differences prevents researchers from assessing the effects that sex roles have on attitudes toward mental illness. There is a need to explore the relationship among sex and sex roles and attitudes toward mental illness (Amaro & Felipe Russo, 1987). To date, no one has examined these relationships.

Sex Roles

Sex roles affect individuals' beliefs, identities, and behavior (Brown, 1990). Sex roles prescribe certain behaviors and characteristics to individuals based on the individual's sex (McCarl Nielsen, 1990). They refer to expectations based on cultural norms as well as to "actual behavioral patterned differences between women and men" (McCarl Nielsen, 1990, p. 23). According to Bem & Bem (1976) as cited in Brown (1990), such norms are often "nonconscious" to the individual, and they affect interpersonal behavior as well as the individual's intrapersonal experience (Brown, 1990).

Individuals who deviate from sex norms are often viewed as pathological (Garrison, 1978). Brown (1990) suggests that sex, as well as culturally prescribed sex roles, influence beliefs regarding deviant behavior and the evaluation of others. It is important to examine sex as well as the sex roles of Puerto Ricans in order to elucidate their respective influences on individuals' salient beliefs and attitudes toward mental illness.

Puerto Rican sex roles. Puerto Ricans' prescribed male and female sex roles have been influenced by Puerto Rico's Spanish, African, and Taino (indigenous people) ancestry. The Spanish influence, which is related to and, probably, inseparable from Catholicism, is evident in the patriarchal family structure in Puerto Rico. Males have an authoritarian role in the family and are considered the head of the household. They are the only members of the family who are allowed to make financial or social decisions without consulting the other members (Canino et al., 1987b; Rogler et al., 1983). The male's primary responsibility is as a provider for the family. This role often places the male in the workforce and contributes to the male's role of linking the family to the external world

(Rogler et al., 1983). In addition, the father is expected to discipline the children and to teach the children respect (Rogler et al., 1983; Rogler & Hollingshead, 1965).

Contemporary Puerto Rican sex roles also have their origin in African heritage. Boys are expected to be aggressive and assertive, but still must maintain a sense of respect toward others (Canino et al., 1987b). Girls, on the other hand, are expected to be quiet, docile, and charitable. Women are regarded as caretakers of the household and family and are expected to assume a passive and submissive role (Canino et al., 1987b; Soto, 1983).

Traditional female responsibilities such as attending to the needs of the children, cooking, washing, ironing, and cleaning the house require that women dedicate most of their time to household activities and little to social participation with non-family members

(Garrison, 1978; Rogler et al., 1983). As a result, females are discouraged from spending too much time outside the home. Such behavior, when it does occur, is interpreted as a failure to take care of the household and to maintain proper morals. Spanish Catholicism is also evident in the emphasis placed on the concept of marianismo (woman's virginity), protecting the family's honor, and a respect for motherhood. In contrast, the male's activities, specifically sexual ones, are not closely scrutinized (Canino et al., 1987b; Rand, 1958; Soto & Shaver, 1982). The role of the mother as the healer and caretaker can also be traced to the Tainos and their emphasis on dependence on one's family. Puerto Rican females are expected to be the physical and emotional healers of their children and family. Thus, the role of the mother is highly revered in the Puerto Rican culture. As adults, females are to be the center of the family.

The U.S. influence on Puerto Rico, however, is forcing some changes in sex roles. In recent decades, the increased industrialization of the island by the U.S. has resulted in an increased number of women joining the labor force. It is economically necessary for women to be employed outside of the home. However, because traditions persist, a woman is still expected to perform her duties at home as well as maintain a successful career.

Despite the importance of sex roles on the behavior and beliefs of Puerto Ricans, studies examining attitudes toward mental illness have failed to consider its effects. Studies have focused exclusively on the investigation of the relationship between individual's sex and their attitudes toward mental illness.

Puerto Rican sex roles and mental illness. The prevalence rate of depression among Puerto Rican females is twice the rate for males (10.7% and 4.9%, respectively); this is similar to rates found in the U.S. (Canino et al., 1987b; Weissman & Klerman, 1977). Canino et al. (1987b) argue that differences in prevalence rates are related to prescribed sex roles. Males and females are perceived and evaluated differently by society (Brown, 1990; Weissman & Klerman, 1977). Societal expectations may place women in submissive and passive roles that make them vulnerable and unable to combat depression (Canino et al., 1987b). As noted by Weissman & Klerman (1977), sex roles promote behavior in females that is similar to symptoms of depression, such as helplessness, which is often seen as a sign of femininity. In addition, similar behavior is perceived differently when expressed by males and females. It has been shown that mental health professionals as well as family members of identified depressed clients have different perceptions of

what constitutes mental health in males and females. Sex roles appear to influence the differential evaluation of identical symptoms experienced by males and females (Young, Scheftner, Fawcett, & Klerman, 1990). The Puerto Rican socialization process stresses differentiation between sexes (Canino et al., 1987b).

Another example of the effects of sex roles on attitudes toward mental illness is provided by Garrison (1978) who found that Puerto Rican females diagnosed with schizophrenia residing in New York City were more likely to have a restricted use of space (remain within the immediate area of their community/neighborhood), structuring of time with little reference to the clock, concentration of social life in the local neighborhoods, and limited variety of activities and social contacts outside of the family. Such characteristics are not great deviations from the traditional role of Puerto Rican females. The behaviors outlined by Garrison (1978) are more likely to be seen as an indication of severe psychopathology in Puerto Rican males. In Puerto Rican culture, a “man’s sense of self worth largely derives from his ability to work and provide for his family” (Swerdlow, 1992, p. 231).

Although the cross cultural literature of attitudes toward mental illness has evolved over forty years (Cohen & Struening, 1962; Rivera 1984/1985; Rose, 1957; Silva de Crane & Spielberger, 1981), researchers have not investigated the effects of sex roles on Puerto Ricans’ attitudes toward mental illness. The effects of sex roles on Puerto Ricans’ attitudes toward mental illness remain unclear.

Rationale for the present study

Ethnic minorities' attitudes toward mental illness have been studied for several decades. Emphasis is largely placed on the exploration of demographic factors that affect attitudes and can account for the variability across cultural subgroups. However, studies have failed to demonstrate which factors affect attitudes among different cultural subgroups. Such failure is due in part to the current literature's failure to examine within group differences of cultural subgroups (Rogler, Malgady, & Rodriguez, 1989). The present study will address this deficit in the field by focusing exclusively on Puerto Ricans. Such exclusivity of focus will provide the current investigation with the ability to explore thoroughly factors of the Puerto Rican culture that affect attitudes toward mental illness. The present investigation will focus on acculturation and sex roles.

Acculturation has been shown to affect Puerto Ricans' attitudes toward mental illness (Rivera, 1984/1985). Puerto Ricans at different levels of acculturation differed in their attitudes toward mental illness, except when responding to culture bound syndromes. However, such within-group differences have largely been unexplored. There are two problems that prevent researchers from understanding variation in attitudes among Puerto Ricans: the manner in which acculturation is defined and the instruments used to assess this phenomenon. The present study will address such problems by defining and assessing acculturation among Puerto Ricans using a biculturalism model and instrument.

Researchers have also examined sex as a possible factor that affects Puerto Ricans' attitudes toward mental illness. However, findings have failed to explain the effects of sex on attitudes. Perhaps such disparity across studies can be attributed to the lack of

emphasis on sex roles. Sex roles have been shown to affect individuals' beliefs and their evaluations of others. According to the unidimensional model of attitudes, such beliefs are the antecedents of attitudes. Therefore, the present study attempts to elucidate whether prescribed sex roles of the Puerto Rican culture, as evidenced by the individual's adherence to traditional roles, predispose members of this population to maintain different beliefs and attitudes regarding mental illness. Such information may help explain the sex differences that are found among Puerto Rican adults regarding both mental illness and attitudes toward mental illness.

Studies examining attitudes toward mental illness have predominantly relied on the use of vignettes. Researchers have argued for the use of vignettes when assessing individuals' attitudes toward mental illness (Jalali et al., 1978; Rivera, 1984/1985). Vignettes or case histories provide participants with concrete and detailed descriptions of individuals that resemble real life situations. The most commonly used instrument is the Starr Abstracts (Arenas et al., 1980; Dohrenwend & Chin-Shong, 1967; Edgerton & Karno, 1971; Fandetti & Gelfand, 1978; Jalali et al., 1978; Rivera, 1984/1985; Silva de Crane & Spielberger, 1981), a series of vignettes or abstracts of case histories, each describing symptoms or characteristics that meet certain psychiatric diagnostic categories [i.e., paranoid schizophrenia, simple schizophrenia, anxiety neurosis, alcoholism, compulsive-phobic behavior, and juvenile character disorder (Dohrenwend & Chin-Shong, 1967; Jalali et al., 1978)]. Respondents are asked a series of questions regarding their attitudes toward the individuals depicted in the vignettes. The Starr Abstracts have been widely used to study the attitudes of ethnic minorities toward mental illness (Rivera 1984/1985).

The Starr Abstracts does not include vignettes depicting individuals of different sex with the same symptoms or diagnosis. It illustrates “paranoid schizophrenia” in an adult male, “acute schizophrenic reaction” in an adolescent female, “anxiety neurosis” in an adult male, “compulsive-phobic” behavior in a young adult female, “alcoholism” in an adult male, and “delinquent behavior” in an adolescent male (Dohrenwend & Chin-Shong, 1967; Rivera, 1984/1985). Failure to depict individuals of different sexes with similar symptoms or diagnosis prevents researchers from examining the effects of sex on attitudes toward mental illness. Starr Abstracts assume that individuals’ attitudes toward a male with paranoid schizophrenia is similar to a female experiencing similar symptoms. The present study will examine sex and sex roles and their relationships to attitudes toward mental illness by modifying the Starr Abstracts so that it depicts the same diagnostic criteria for both males and females. For example, there will be two vignettes depicting individuals with paranoid schizophrenia; one male and one female. Individuals’ adherence to traditional sex roles will be assessed to clarify further the effects of sex roles on Puerto Ricans’ attitudes toward mental illness. The current literature has not examined the relationship between adherence to traditional sex roles and sex differences when evaluating vignettes depicting individuals that may or may not represent traditional sex roles.

Hypotheses

The present study assessed Puerto Rican adults’ attitudes toward mental illness. The purpose of the study was to investigate the effects of sex, acculturation, and sex roles on individuals’ attitudes toward mental illness. These hypotheses were posited:

1) It was expected that Puerto Rican females would show more positive attitudes toward mental illness than males.

2) A significant interaction was predicted for the type of vignette (traditional vs. non-traditional) and sex roles. Participants who had traditional or non-traditional sex roles will differ in their attitudes toward vignettes that depict persons in non-traditional sex roles. Participants who adhered to traditional sex roles were expected to have more negative attitudes toward individuals depicted in non-traditional vignettes than those participants holding non-traditional sex roles. Sex roles orientation was not expected to affect participants' attitudes toward mental illness when responding to vignettes that depicted persons in traditional sex roles.

3) It was expected that participants' attitudes toward vignettes depicting non-traditional sex roles would be predicted by participant's sex, sex roles, identification with Puerto Rican culture, identification with American culture, and the interaction of identification with Puerto Rican and American culture. These factors were expected to account for a significant portion of the variance in attitudes toward mental illness.

4) It was expected that attitudes toward vignettes depicting traditional sex roles would be predicted by participants' sex, sex roles, identification with Puerto Rican culture, identification with American culture, and the interaction of Puerto Rican and American culture identification. All of these factors except sex roles were expected to account for a significant portion of the variance in attitudes toward mental illness.

Method

Participants

Participants of this study consisted of 101 Puerto Rican adults (45 males and 56 females) residing in New York City. Participants' ages ranged from 18 to 82 ($M = 47.24$, $SD = 17.40$). Sixty percent were first generation Puerto Ricans (born in Puerto Rico) and forty percent were second generation Puerto Ricans (born in the mainland United States). More than half of the sample had a level of education of 12th grade or less. Forty five percent of the participants had an income of \$10,000 or less. Demographic information is reported in Table 1.

The participants were recruited in various community agencies (community medical center, local hospitals, social club, college library, and a senior center). The majority of the sample was recruited at a community medical center and a senior center in New York City; 44% and 29% respectively. Participants from these two sites included employees, clients, family members of clients, visitors, and residents. Sixty-five percent of participants knew someone who had sought help for emotional problems.

Materials

Demographic Information Questionnaire. Demographic information that was collected included: (a) age of participant, (b) sex of participant, (c) religion, (d) marital status, (e) level of education, (f) birthplace, (g) immigration history, and (h) knowledge of individuals who have sought help for emotional problems. The instrument was translated and backtranslated by bilingual Puerto Rican graduate students. See Appendix A.

Mental Illness Identification and Attitude Questionnaire (MIIAQ). The MIIAQ consists of eleven vignettes that were assembled by Rivera (1984/1985). Six of the vignettes were developed by Shirley A. Starr of the National Opinion Research Center of the University of Chicago (Rivera 1984/1985). One was an elaboration of a Starr vignette developed by Karno, and four were developed by Rivera. The MIIAQ has been shown to be a reliable and valid instrument to use with a Puerto Rican population (Rivera, 1984/1985). The content and face validity of the Starr vignettes have been established by Shirley Starr (Rivera, 1984/1985), and its test-retest reliability in one sample was 0.87 (Edgerton & Karno, 1971).

The present study utilized vignettes that depicted individuals experiencing symptoms of paranoid schizophrenia, anxiety disorder, alcoholism, and depression. The selection of these vignettes was based on prevalence rates of psychiatric disorders in the Puerto Rican population reported in an epidemiological survey performed by Canino et al. (1987). The prevalence rates for anxiety disorders, affective disorders, schizophrenic disorders, and alcohol/dependence are 13.6, 7.9, 1.8, and 12.6 respectively. The vignettes chosen for the study represented the four diagnoses that are most prevalent among Puerto Ricans. The MIIAQ vignettes selected for this study were as follows: paranoid schizophrenia in an adult male, anxiety disorder in an adult male, alcoholism in an adult male, and depression in an adult female. Four additional vignettes were created by the present author to represent individuals of both sexes experiencing similar symptoms and diagnoses. The vignettes that were created by the present author included vignettes depicting paranoid schizophrenia in an adult female, anxiety disorder in an adult female, alcoholism in an adult

female, and depression in an adult male. The only aspect of the MIIAQ vignette that was altered was the sex of the individual and a gender appropriate first name. All of the vignettes were translated into Spanish and back-translated into English by bilingual individuals well-versed with Puerto Rican culture. Past researchers have only used the English version of the MIIAQ vignettes. The present study utilized both English and Spanish versions of the MIIAQ. Participants selected the version (English or Spanish) they felt would be most appropriate for their language preference and ability.

There were a total of eight vignettes utilized in the present study. Four vignettes were characterized as depicting individuals in non-traditional sex roles (paranoid schizophrenia in an adult female, anxiety disorder in an adult male, alcoholism in an adult female, and depression in an adult male) and four as depicting individuals in traditional sex roles (paranoid schizophrenia in an adult male, anxiety disorder in an adult female, alcoholism in an adult male, and depression in an adult female). Vignettes were characterized as traditional or non-traditional based on prevalence of disorders by sex and literature regarding behavior and sex roles among Puerto Ricans.

Participants received either four traditional sex role vignettes or four non-traditional sex role vignettes. Participants were not asked to respond to all eight vignettes in order to avoid participants responding similarly to vignettes that were virtually identical in content. This procedure was used to decrease the effects of societal demands or demand characteristics to respond equally to males and females in the vignettes.

All vignettes were followed by eight structured questions, developed or modified by the author of the present study, that were designed to elicit participants' attitudes and

beliefs regarding mental illness. Participants' responses to questions 3-8 were characterized by minimal variance, therefore, those questions were omitted from participants' score for the MIIAQ. The present study utilized responses from questions 1 and 2. Participants were required to respond on a 5-point Likert scale (1= positive, 5= negative) to each question [e.g. "What is your overall attitude toward Victor (a character in the hypothetical vignette)]?" The seven items in question 2 were scored separately. Participants' score on those seven items and question 1 were summed to create a final score of attitudes toward mental illness. Reliability analysis of the 32 items yielded an alpha coefficient of .90 for the present sample. See Appendix B for a copy of the MIIAQ.

The Cortes, Rogler, and Malgady (1994) Biculturalism Scale. In response to the lack of appropriate instruments to measure acculturation among Puerto Ricans, Cortes et al. (1994) developed a scale to measure biculturalism. The scale items were developed through the use of cultural consultants or focus groups. Group members included an equal number of Puerto Rican men and women, equally representing first- and second-generation immigrants who resided in New York City. Members met for six, two-hour group meetings to discuss their experiences as Puerto Ricans living in New York. Discussions focused on nuestra manera de ser (our way of being). Group discussions were content analyzed, resulting in the creation of twenty items representing various themes. The major themes that arose throughout the discussions were language preference and usage, values, ethnic pride, food preferences, child rearing practices, and interpersonal relations (Cortes et al., 1994). One set of ten items assessed the degree of involvement in Puerto Rican culture, and a parallel set of ten items reflected degree of

involvement in “American” culture. For example, “How much are American values a part of your life?” versus “How much are Puerto Rican values a part of your life?”

Items related to the amount of days of the week that individuals eat Puerto Rican or American food were recorded on a scale of 1 to 7. Items regarding language, pride, and enjoyment of Spanish or American television programs required individuals to respond on a 5 point rating scale. For example, responses to the question, “How much do you enjoy speaking Spanish?,” ranged from (1) tremendous enjoyment to (5) do not speak Spanish. All of the remaining items were recorded on a 4-point rating scale.

Reliability analysis was performed for the present study. The items measuring involvement with American culture yielded an alpha coefficient of .79. The items measuring involvement in Puerto Rican culture had an alpha coefficient of .61. Reliability of the identification with Puerto Rican scale was affected by the size of the variance among participants and standard deviations. Participants’ scores on this scale resulted in a skewed distribution toward high level of identification. Scores for items were summed independently for the two individual scales. The summed score for each scale was used for all analyses. Participants’ level of acculturation was defined as their score on each scale-- their level of identification with the Puerto Rican culture and “American” culture, independently. The correlation between the two scales of involvement yielded a significant, inverse relationship ($-.33, p < .01$). See Appendix C for a copy of the Biculturalism Scale.

Sex Role Traditionalism Scale. Sex role traditionalism is defined as “attitudes concerning role appropriate behavior” (Soto, 1983, p. 349). Commonly used assessment instruments

such as the Attitudes Toward Women Scale and the Bem Sex Role Inventory were not specifically designed for use with a Puerto Rican population. It is unclear if these instruments are culturally appropriate and sensitive to assess sex roles among Puerto Ricans. The only instrument that has been developed to assess the sex roles of Puerto Ricans is the Sex-Role Traditionalism Scale (Soto & Shaver, 1982). The scale consists of 21 items. Scale items were obtained from the short version of the Attitudes Toward Women Scale, the short version of the Attitudes toward Feminism Scale, and new items that were created by Soto as appropriate for the assessment of sex role traditionalism among Puerto Ricans (Soto, 1983; Soto & Shaver, 1982). The wording of some of the Attitude Toward Women Scale items was modified to facilitate comprehension by individuals of all educational levels. Responses to items are recorded on a 5-point Likert scale ranging from (1) “agree strongly” to (5) “disagree strongly.” The original sample consisted of 278 Puerto Rican women (first- and second-generation) residing in New York City. The age range was 18 to 55, and their education ranged from less than eighth grade to a graduate degree (Soto, 1983). Internal consistency reliability was calculated using a Cronbach alpha and was .89. The mean for the sample of 278 was 77.19 (SD=17.08). Sample items include “Under modern economic conditions, with women working outside the home, men should share in household work such as washing the dishes and doing the laundry” and “There is nothing wrong with an unmarried woman leaving her parents’ home to get her own apartment.” Individuals who score above the mean (77.19) are considered non-traditional and those who score below the mean are traditional in their gender roles. Despite its previous use with only Puerto Rican females,

the present study utilized this scale for both males and females. No other scale exists that was designed to assess sex roles among Puerto Ricans. Author's coding instructions required reverse coding seven items. As a result of reliability analysis an additional item was recoded. After all items were recoded, reliability analysis of the present sample yielded an alpha coefficient of .85. Scores for all twenty-one items were summed. Individuals were categorized as adhering to traditional or non-traditional using a mean split ($M = 70.30$). Scores equal to or lower than 70 were considered indicative of traditional sex roles and scores greater than 70 were indicative of non-traditional sex roles. See Appendix D for a copy of the Sex Roles Traditionalism Scale.

Procedure

A structured interview was used as the method of data collection. All of the instruments and materials used in the study were English-Spanish bilingual instruments. Interviewers were bilingual (English-Spanish).

Interviewer Training. All of the interviews were conducted by the author (79%) and an additional interviewer (31%). The additional interviewer was a bilingual (Spanish and English) Puerto Rican female who was trained by the author of the present study and was well-versed in the Puerto Rican culture. Training sessions included discussions regarding: (a) the topic of the study, (b) the purpose, (c) the method, (d) the environment where data was collected, (e) issues of privacy and confidentiality, and (f) recommendations about how to handle hypothetical situations that may have arisen in the interview. The interviewer was kept blind to the study's hypotheses.

Participants were informed that the experiment was anonymous and that their responses would be kept confidential. Participants were advised that their participation required listening to stories about imaginary people in different scenarios and answering a series of questions relating to how they thought about these situations and the difficulties that these people experienced. Participants were also informed that the study involved answering questions about their experiences as a Puerto Rican residing in the United States. Participants were reminded that they could refuse participation or end the interview at anytime. They were presented with an Informed Consent Agreement form describing the parameters of participation. See Appendix E for a copy of the consent forms. After reading the Informed Consent Agreement form, participants were given the opportunity to ask questions or voice any concerns regarding their participation.

After obtaining informed consent, the interview began. Instruments were presented in the following order: MIIAQ, Demographic Information, Biculturalism Scale, and Sex Role Traditionalism scale. The MIIAQ was administered first as recommended by Rivera (1984/1985). Participants received either four vignettes that adhered to traditional sex roles or four vignettes that adhered to non-traditional sex roles. Instruments were arranged in a stack consisting of alternating traditional and non-traditional vignettes. Once a participant was identified the interviewer administered the packet that was on the top of the stack. Half of the participants were administered non-traditional vignettes and half received traditional vignettes.

Upon completion of the interview, participants were given the opportunity to ask questions of the interviewer and were paid \$5 in cash for their participation. They were

also provided with the primary investigator's name and telephone number if they had any further questions or concerns, or to obtain information regarding results or publications.

RESULTS

Univariate between group comparisons

Hypothesis 1:

Differences between Puerto Rican males' and females' attitudes toward mental illness were assessed by analysis of variance. Results indicated no significant difference in the attitudes of males and females toward mental illness [$F(1, 99) = 1.07, p = .30$].

Hypothesis 2:

In order to assess the relationship between the type of vignette (traditional vs. non-traditional) and sex roles (traditional vs. non-traditional) on attitudes toward mental illness, a 2 x 2 analysis of variance was performed. Findings did not reveal a significant interaction between the type of vignette and sex roles [$F(1, 97) = 1.16, p = .28$]. Means for attitudes toward mental illness when rating non-traditional vignettes were 97.40 for those who adhered to non-traditional sex roles and 91.52 for participants who adhered to traditional sex roles. Means for attitudes toward mental illness when rating traditional vignettes were 89.44 for participants who adhered to non-traditional sex roles and 92.67 for those who adhered to traditional sex roles. Results are reported in Table 2.

Hierarchical Multiple Regression Analyses

The effects of cultural factors on attitudes toward mental illness were analyzed through separate multiple hierarchical regressions for each type of vignette (traditional or non-traditional). In each of the regressions, attitude toward mental illness was the dependent variable. The independent variables were entered in the following order: age, sex, sex roles, identification with American culture (BCAMER), identification with Puerto

Rican culture (BCPR), and the product of the last two terms (BCAMER x BCPR). The criteria for significance was set at $p < .05$. Age, education, and income were significantly correlated with several independent variables (See Table 3). Education and income were categorically scored variables, therefore, they were unable to be included in the regression analysis as covariates. Age, a continuously scored variable, was chosen as a covariate.

Hypothesis 3: Cultural Factors Predicting Attitudes Toward Mental Illness in Non-Traditional Vignettes

Results of the hierarchical regression analysis are reported in Table 4. Findings indicated that age, sex, sex roles, identification with American culture, identification with Puerto Rican culture, and the interaction term (BCAMER x BCPR) did not predict individuals' attitudes toward mental illness in non-traditional vignettes. None of the variables accounted for a significant proportion of the variance.

Hypothesis 4: Cultural Factors Predicting Attitude Toward Mental Illness in Traditional Vignettes

Results of the second hierarchical regression analysis are reported in Table 5. Findings indicated that age, sex, sex roles, identification with Puerto Rican culture, identification with American culture, and the interaction term BCAMER x BCPR did not predict individuals' attitudes toward mental illness. None of the variables accounted for a significant proportion of the variance.

Post Hoc Analysis

The lack of significant findings for Hypothesis 2 led the author to examine whether or not the vignettes in the MIIAQ had been accurately characterized as traditional or non-traditional. This re-examination of the vignettes suggested that both alcoholism vignettes

included behaviors that adhered to traditional as well as non-traditional sex roles.

Therefore, the lack of significant findings may have been the result of including vignettes that depicted individuals violating both traditional and non-traditional sex roles. In an attempt to test this hypothesis and to assess the interaction between the type of vignette (traditional vs. non-traditional) and sex roles (traditional vs. non-traditional) on attitudes toward mental illness, a 2 x 2 analysis of variance which excluded the alcoholism vignettes was performed. Findings did not reveal a significant interaction between type of vignette and sex roles [$F(1, 97) = 1.35, p = .25$]. See Table 6. Means for attitudes toward mental illness when rating non-traditional vignettes were 74.76 for those who adhered to non-traditional sex roles and 68.92 for participants who adhered to traditional sex roles. Means for attitudes toward mental illness when rating traditional vignettes were 70.67 for participants who adhered to non-traditional sex roles and 72.25 for those who adhered to traditional sex roles. Refer to Table 7 and 8 for descriptive statistics of individual traditional and non-traditional vignettes.

DISCUSSION

The purpose of the current investigation was to examine the effects of sex, sex roles, and acculturation on Puerto Rican adults' attitudes toward mental illness. Research has emphasized the importance of exploring ethnic minorities' attitudes toward mental illness in an attempt to explain their underutilization of mental health services. Ethnic minorities' attitudes toward mental illness have predominantly been explored through the use of the unidimensional model (Fishbein & Azjen, 1972; Rokeach, 1968). Studies that examine ethnic minorities' attitudes toward mental illness focus on the effects of demographic variables such as level of acculturation, socioeconomic status, level of education, and sex (Fishbein & Azjen, 1972; Silva de Crane & Spielberger, 1981). However, efforts to elucidate which demographic factors affect attitudes among varied cultural subgroups have been hindered by the lack of conclusive and consistent findings across populations. Such findings may be accounted for by the use of global categories and the lack of culturally appropriate and effective assessment instruments. The trend in cross cultural research is to group different cultural subgroups into global categories such as "Hispanics." The use of global categories ignores the heterogeneity of each subgroup and minimizes the importance of individual subgroup differences (Amaro & Felipe Russo, 1987; Casero, 1982; Rogler et al., 1983). In addition to the use of global categories, researchers have failed to use a representative sample to define constructs and develop assessment instruments that are appropriate for all of the subgroups within that category. Assessment instruments are often developed based on the responses of one subgroup (i.e., Mexican-Americans). Such instruments are then utilized to assess other subgroups (i.e.,

Puerto Ricans). Inappropriate use of assessment instruments further impedes the understanding of factors that affect ethnic minorities' attitudes toward mental illness. It is unclear if the factors that have been identified by previous researchers conducting research in this area are applicable to other cultural subgroups. Hence, the goal of the current investigation was to explore demographic factors such as sex, sex roles, and acculturation through the use of culturally appropriate constructs, instruments, and methodology as they affect Puerto Rican adults' attitudes toward mental illness.

Major Findings

Sex: Differences in attitudes among males and females

The results of this study showed that Puerto Rican males and females did not differ in their attitudes toward mental illness. In contrast, results from previous studies have indicated that males and females significantly differ in their attitudes toward mental illness; females were found to have more positive attitudes than their male counterparts (Cohen & Struening, 1962; Jalali et al., 1978; Rose, 1957; Silva de Crane & Spielberger, 1981). Several important differences exist between this study and previous ones which may help to explain the inconsistencies in the findings. First, ethnicity of participants varied across the previous studies. All of the participants in the current study were Puerto Ricans. Participants in the Cohen and Struening (1962) and Rose (1957) studies were only described by gender; information related to their ethnic background was absent from participants' demographic summary. It is unclear whether Puerto Ricans were included in Silva de Crane and Spielberger's study, as an ethnic description of the sample was not provided; participants were only described as "Hispanic." Participants for the Silva de

Crane and Spielberger study were recruited from an area in Florida that has a significant Cuban population, therefore, it seems likely that the majority of Hispanics in their sample were Cubans. Hispanics are not homogeneous in their experiences and demographic factors (Aponte, Young Rivers, & Wohl, 1995; Casero, 1981; Malgady, 1994). Puerto Ricans differ from Cubans and other Hispanics subgroups. When compared to other Hispanic subgroups, Puerto Ricans are the least educated, the poorest, and the most likely to have households headed by females (Aponte et al., 1995; Malgady, 1994). Differences in attitudes between males and females belonging to varied cultural subgroups may be influenced, in part, by differences in socio-economic status, level of education, and changes in the family structure. Rivera (1984/1985) found that level of education and socio-economic status affected ethnic minorities' attitudes toward mental illness. Puerto Ricans of similar educational attainment and socio-economic did not differ in their attitudes (Rivera 1984/1985). Household income figures, however, are somewhat deceptive because, separately, male and female Puerto Rican workers have median incomes that are similar to other Hispanic subgroups (Malgady, 1994). However, the greater apparent poverty of Puerto Rican households derives largely from their lesser likelihood of having two income earners. In addition to poverty, the increased likelihood of households headed by females and the influence of U.S. industrialization has influenced the behavior of Puerto Rican males and females and the family structure. Puerto Rican females are now required not only to be the nurturer but also the provider, a role once exclusively held by males. Unlike other Hispanic subgroups, level of education and socio-economic status are not significantly different among Puerto Rican males and females

(Malgady, 1994). Comparable patterns of socioeconomic status, level of education and familial patterns may have similarly affected Puerto Rican males' and females' experiences and salient beliefs. Therefore, lack of differences in attitudes toward mental illness among males and females can be attributed to similar experiences. Hence, inconsistencies between the findings of the current study and previous studies exploring the effects of sex on attitudes may be due, in part, to the sampling of different cultural groups. The current study focused exclusively on Puerto Ricans and its findings can therefore be considered more representative of the effects of sex on Puerto Ricans' attitudes than previous studies.

In addition, site of recruitment and help seeking behavior must be considered. A significant portion of the present study's sample was recruited at a community medical center. Participants for the other studies were recruited at educational institutions (i.e., universities and high schools) and place of employment. Fewer than ten percent of participants from the current sample were recruited at such locations. Furthermore, sixty-four percent of males and sixty-four percent in females of the current study knew someone who had sought help for emotional problems. Individuals who seek medical attention may differ in their attitudes from non-help seekers (Rogler & Cortes, 1993). It may be the case that the exposure or contact with those who have sought help for emotional problems affects mental health attitudes equally among males and females, accounting for the lack of difference among males' and females' attitudes.

It appears that within the Puerto Rican population sampled, sex is not a factor that significantly affects attitudes toward mental illness. Males and females responded similarly in their attitudes toward individuals depicted in the vignettes.

Sex roles: The effects of sex roles and type of vignette

Studies examining the effects of demographic factors on ethnic minorities' attitudes toward mental illness have failed to examine sex roles (Cohen & Struening, 1962; Rivera 1984/1985; Rose, 1957; Silva de Crane & Spielberger, 1981). The unidimensional model of attitudes stresses the importance of salient beliefs in the formation of attitudes (Rokeach, 1968). Brown (1990) suggests that an individual's beliefs regarding deviant behavior and evaluation of others is affected by culturally prescribed sex roles. The current study was an attempt to explore the effects of sex roles on Puerto Rican adults' attitudes toward mental illness. It was hypothesized that individuals' sex roles would affect their attitudes toward the vignettes that were presented. Individuals who adhered to traditional Puerto Rican sex roles were expected to have more negative attitudes toward individuals depicted in the vignettes that were non-traditional in their behavior (i.e., a woman neglecting her husband and children due to alcoholism) than those vignettes that were consistent with traditional sex roles (i.e., a woman displaying melancholia). Individuals adhering to non-traditional sex roles were not expected to differ in their attitudes. The data did not, however, support this hypothesis.

As a first attempt at exploring the effects of sex roles on Puerto Rican adults' attitudes toward mental illness, the findings from the current study provide information that is particular to Puerto Rican adults. In addition, the present study contributes to the understanding of sex roles in Puerto Rican males. Previous studies examining Puerto Rican sex roles have focused exclusively on women (Soto, 1983; Soto & Shaver, 1982). The present study showed that males and females differed in their sex roles. Males' and

females' mean scores on the Sex Role Traditionalism Scale significantly differed ($M=65.02$, $SD=15.19$ and $M=74.54$, $SD=14.12$; respectively), $t(100) = 42.84$, $p < .001$. Sixty-two percent of males were characterized as adhering to traditional sex roles as opposed to thirty-eight percent of females. Thirty-eight percent of males were considered non-traditional in their sex roles compared to sixty-two percent of females. Differences between the current sample's mean ($M=70.30$, $SD=15.29$) on the Sex Role Traditionalism Scale and Soto's study ($M=77.19$, $SD=17.08$) can be accounted for by the inclusion of males in the current study's sample. As noted earlier, males adhered to traditional sex roles more than females, therefore, the mean appears lower than Soto's. Sex roles, however, were shown to account for minimal variance among males' and females' attitudes.

Problems with methodology utilized to create non-traditional and traditional vignettes were initially believed to account for current findings. However, a post hoc analysis indicated that this was not the case. Hence, these findings may be accounted for by the order in which the instruments were presented in the current study. According to the unidimensional model of attitudes, an attitude is an evaluative judgment that relies on the individual's salient beliefs (Rokeach, 1968). Individuals' beliefs about sex roles were not salient at the time participants read the vignettes. The Sex Role Traditionalism Scale was presented after the MIIAQ. Therefore, participants' were not primed to think about sex roles prior to the administration of the MIIAQ. If the Sex Role Traditionalism Scale would have been administered prior to the MIIAQ, it may have primed participants' to think about sex roles and influence their attitudes toward mental illness. In order to

explore the effects of sex roles, future studies should randomize the order in which the instruments are presented. One group should be administered the Sex Role Traditionalism Scale first; a condition which will make sex roles more salient. Another group of participants should have the MIIAQ administered before the Sex Role Traditionalism Scale. Randomization of the presentation of instruments may provide the field with information regarding the effects of sex roles on Puerto Ricans' attitudes toward mental illness.

In conclusion, future research should address these methodological flaws by having a sample of Puerto Ricans in New York City evaluate sex roles in the MIIAQ vignettes and characterize them as adhering or not adhering to traditional sex roles. Vignettes need to be further revised to reflect exclusive traditional or non-traditional behavior. In addition, researchers should randomize the order in which the instruments are presented in order to examine the effects of priming and making sex roles a salient belief for participants prior to responding to the vignettes. Once such clarifications are made, future research can further elucidate the effects of sex role on Puerto Ricans' attitudes toward mental illness.

Acculturation

Findings from the current investigation suggest that participants' level of identification with Puerto Rican culture and identification with American culture do not predict attitudes toward mental illness in either traditional or non-traditional vignettes. Rivera (1984/1985) examined the effect of acculturation on the attitudes of Puerto Rican adults using the unidirectional model of acculturation and found that Puerto Ricans who were highly acculturated to the U.S. reported attitudes similar to those of their African-American and

Anglo-American counterparts. Cortes (1994) argues that research attempting to examine acculturation among Puerto Ricans using the unidirectional model is flawed. Instruments based on the unidirectional model do not allow researchers to distinguish individuals' level of identification with the native and host culture (Cortes, 1994; Rogler et al., 1989). It is wrongly assumed that individuals' level of acculturation is indicative of their adoption of the host culture and their rejection of the native culture. However, this information does not imply that the Puerto Rican scoring high on acculturation as measured by the unidimensional model has shed important elements of the native culture (Rogler et al., 1989). Cortes (1994) advocates for the use of the biculturalism model of acculturation and instruments specifically developed for Puerto Ricans. The current investigation is the first attempt to implement both of these recommendations into the exploration of the effects of acculturation on Puerto Ricans' attitudes.

Contrary to findings reported by Rivera (1984/1985) the current findings suggest that acculturation did not have a significant effect on participants' attitudes toward mental illness. Several factors may account for the current investigation's findings. First, the current investigation utilized an acculturation assessment instrument that was based on the biculturalism model and developed exclusively for the assessment of Puerto Ricans. Therefore, findings that cite acculturation as a factor that can predict Puerto Ricans' attitudes toward mental illness may be the result of the lack of an appropriate model of acculturation and its measurement. Second, females in the Rivera study were significantly overrepresented (84%) in the sample when compared to the current sample (55%). The present study's findings appear to be more representative and provide us with more

information regarding Puerto Rican males and females residing in New York City. In addition, the current sample appeared to be highly identified with Puerto Rican culture and displayed more variance in their identification with American culture. It is unclear if Rivera's sample displayed a similar pattern, therefore, comparisons are limited.

Researchers have stressed the importance of a two-dimensional or bicultural representation of acculturation; each dimension independently measures the individual's level of identification with his/her native and host cultures (Cortes et al., 1994; Rogler et al., 1989). The current study is the first attempt in the literature to examine the interaction between cultures and its effects on attitudes toward mental illness. Findings indicated that the interaction between identification with American culture and identification with Puerto Rican culture did not predict individual's attitudes toward mental illness in non-traditional or traditional vignettes.

Acculturation unfolds in a socioeconomic and cultural context (Rogler et al., 1989). Geographic location and cultural values may have also contributed to participants' level of identification with Puerto Rican culture and their attitudes toward mental illness. As stated previously, participants resided in communities that were populated predominantly by Puerto Ricans. Their environment is a constant reminder of their ethnicity (i.e., the use of Spanish at public and commercial establishments, Catholic churches, Puerto Rican flags portrayed in street murals, and the abundance of establishments selling Puerto Rican food). Ethnic pride is important for individuals residing in these communities (Rogler et al., 1989). It may be the case that participants were not as highly identified with American culture as with Puerto Rican culture because their environment allowed them to function

according to their native culture and values. Catholicism and the values of familism and kindness may have influenced their attitude toward mental illness despite their level of identification with American and Puerto Rican culture. Future investigations should further explore the effects of place or residence, cultural context, religion and cultural values on attitudes toward mental illness.

Conclusions and Suggestions for Future Research

The purpose of the current study was to examine the effects of sex, sex roles, and acculturation on Puerto Ricans' attitudes toward mental illness using culturally appropriate constructs and methodology. The present study provides evidence of the need to refrain from using global categories such as "Hispanics" and instead focus on individual subgroups when examining their perception and attitudes toward mental illness. In contrast to previous studies, current findings indicated that none of the variables were able to predict attitudes toward mental illness. Researchers have attempted to explain the underutilization of mental health services by Hispanics by examining their attitudes toward mental illness (Chih, 1985; Rogler & Cortes, 1993). These findings have then been generalized to all Hispanic subgroups. Hence, prevention programs and policies created to address the underutilization of mental health services using this data may be ill-informed. Replication of the current findings may help to confirm factors particular to the Puerto Rican population (i.e., sex, sex roles, and acculturation) that do not affect their attitudes toward mental illness. Future research can then focus on the exploration of new factors such as cultural values (i.e., familism and respect toward authority) and

environment (i.e., poverty, geographic location, mental health resources). Familism refers to feelings of loyalty and solidarity toward members of the family; the family is an extension of the self (Cortes, 1994). Familism and respect toward authority have been linked to Puerto Ricans' underutilization of mental health services (Rogler et al., 1983). However, no scientific exploration of the effects of Puerto Rican values on their attitudes toward mental illness has been performed. In addition, the individual's environment has been ignored as a possible factor in Puerto Ricans' attitudes toward mental illness. The stresses and characteristics of an individual's environment play a role in understanding his/her cultural context and attitudes. Rogler, Malgady, and Rodriguez (1989) warn against the generalizations of findings that ignore cultural context. An individual's context provides information regarding salient beliefs and information that may be used to form an evaluative judgment or an attitude (Malgady & Rodriguez, 1994; Rogler & Cortes, 1993; Rogler et al., 1989). The majority of Puerto Ricans in the U.S. reside in New York City neighborhoods that are plagued with poverty, crime, and unemployment (Lamberty & Garcia Coll, 1994). The effects of such environmental insults have been implicated in increased psychopathology among Puerto Ricans (Rogler & Cortes, 1993; Rogler et al., 1989). Future research needs to examine the effects of these factors on Puerto Ricans' attitudes toward mental illness. Such information will also be useful in future examinations of the provision, perception, receipt, and utilization of mental health services among Puerto Ricans. Research findings can aid in the adaptation of bureaucratic policies and mental health services for the Puerto Rican population residing in the U.S. In

addition, it can also aid in mass media decisions on the distribution of ethnically-oriented television and radio programs related to mental health and prevention.

In sum, findings of the present study suggest the importance of recognizing the influence of unique (emic) features, as well as etic features of cultural subgroups on their attitudes toward mental illness. This study further emphasizes the need to use culturally appropriate and sensitive constructs and methodology when examining cultural subgroups. Findings indicated that the use of within group comparison provides the field of psychology with specific information about a particular subgroup and helps clarify inconsistencies and contradictions within the literature. Future research should continue to identify variables that affect Puerto Ricans' attitudes toward mental illness and apply such information to the understanding of the underutilization of mental health services among ethnic minority subgroups.

Table 1

Demographic Information (N= 101)

Variables	M	SD	Min	Max
1. Age	47.24	17.41	18	82
2. Years residing in Puerto Rico	11.84	12.93	0	55
3. Years residing in the U.S.	34.90	13.05	5	63
4. Years residing in N.Y.	33.66	13.41	2	62

Variables	Percent	Variables	Percent
5. Birthplace		8. Religion	
a. Puerto Rico	60%	a. Catholic	60%
b. United States	40%	b. Pentecostal	6%
		c. Christian	5%
6. Education		d. Protestant	4%
a. no school	1%	e. Evangelist	3%
b. 1- 6th grade	13%	f. Baptist	3%
c. 7- 9th grade	9%	g. None	19%
d. 10- 12th grade	43%		
e. 1- 2 years of college	16%		
f. 3- 4 years of college	12%		
g. Graduate school	7%		
7. Income		9. Marital Status	
a. 0- 10,000	45%	a. Single	28%
b. 10,001 - 20,000	24%	b. Married	36%
c. 20,001 - 30,000	12%	c. Divorced	13%
d. 30,001 - 40,000	12%	d. Widowed	13%
e. 40,001 - 50,000	5%	e. Separated	11%
f. 50,001 or more	3%		

Table 2

Analysis of Variance for Sex Role and Type of Vignette (N= 101)

Variables	DF	MS	F	p
Sex Role	1	292.38	.65	.42
Type of Vignettes	1	44.41	.10	.75
Sex Role X Type of Vignette	1	522.72	1.16	.28

Table 3

Correlation Between Demographic Variables (N= 101)

Variables	1	2	3	4	5	6	7	8
1. Age	--	-.45**	-.39**	.02	-.59**	.16	-.34**	-.27**
2. Education	--	--	.66**	-.06	.51**	-.05	.15	.13
3. Income	--	--	--	.07	.54**	-.11	.32**	.28**
4. Attitudes toward mental illness	--	--	--	--	-.01	-.01	.15	.15
5. Sex Roles	--	--	--	--	--	-.23*	.34**	.25*
6. Identification with Puerto Rican culture--	--	--	--	--	--	--	-.33**	.16**
7. Identification with American culture	--	--	--	--	--	--	--	.87**
8. Interaction BCPR x BCAMER	--	--	--	--	--	--	--	--

Note. * $p < .05$ ** $p < .01$

Table 4

**Hierarchical Multiple Regression Analysis: Cultural Factors Predicting Attitudes
Toward Mental Illness in Non-Traditional Vignettes (n= 50).**

Predictor Variables	R²	ΔR²	t	p
<u>Block 1:</u>				
Age	.00	.00	.39	.70
<u>Block 2:</u>				
Sex	.00	.00	.09	.93
<u>Block 3:</u>				
Sex Role	.04	.04	1.37	.18
<u>Block 4:</u>				
Identification With American Culture (BCAMER)	.06	.02	.45	.65
Identification With Puerto Rican Culture (BCPR)	"	"	.97	.34
<u>Block 5:</u>				
BCAMER X BCPR	.06	.00	.25	.81

Table 5

**Hierarchical Multiple Regression Analysis: Cultural Factors Predicting Attitudes
Toward Mental Illness in Traditional Vignettes (n= 51).**

Predictor Variables	R²	ΔR²	t	p
<u>Block 1:</u>				
Age	.00	.00	-.08	.94
<u>Block 2:</u>				
Sex	.04	.04	-1.43	.16
<u>Block 3:</u>				
Sex roles	.06	.02	-.85	.40
<u>Block 4:</u>				
Identification With American Culture (BCAMER)	.09	.03	.55	.58
Identification With Puerto Rican Culture (BCPR)	"	"	1.38	.17
<u>Block 5:</u>				
BCAMER X BCPR	.10	.01	.31	.76

Table 6

Analysis of Variance for Sex Role and Type of Vignette (excluding the Alcoholism Vignettes) (N= 101)

Variables	DF	MS	F	<u>p</u>
Sex Role	1	114.17	.44	.51
Type of Vignette	1	3.67	.01	.91
Sex Role X Type of Vignette	1	347.22	1.35	.25

Table 7

Descriptive Statistics for Each Traditional Vignette by Sex Roles

	Traditional Sex Roles (n= 24)		Non-Traditional Sex Roles (n= 27)	
	M	SD	M	SD
Schizophrenia Vignette	20.58 (range: 8-36)	7.62	18.33 (range: 12-33)	5.20
Alcoholism Vignette	20.42 (range: 8-40)	9.26	20.85 (range: 12-29)	4.96
Anxiety Vignette	25.42 (range: 10-40)	8.71	25.33 (range: 11-36)	5.53
Depression Vignette	26.25 (range: 12-40)	7.88	27.00 (range: 12-36)	4.92

Table 8

Descriptive Statistics for Each Non-Traditional Vignette by Sex Roles

	Traditional Sex Roles (n= 25)		Non-Traditional Sex Roles (n= 25)	
	M	SD	M	SD
Schizophrenia Vignette	19.04 (range: 8-33)	8.44	21.12 (range: 12-36)	6.08
Alcoholism Vignette	20.52 (range: 8-34)	7.46	22.64 (range: 14-34)	4.52
Anxiety Vignette	24.52 (range: 11-35)	7.33	26.88 (range: 22-34)	3.60
Depression Vignette	25.36 (range: 10-36)	7.26	26.76 (range: 15-36)	5.07

Table 9

Descriptive Statistics for Dependent and Independent Variables

<u>Dependent Variable</u>	<u>Males (n= 45)</u>		<u>Females (n= 56)</u>	
	<u>M</u>	<u>SD</u>	<u>M</u>	<u>SD</u>
Attitudes toward mental illness	95.16 (range: 40 - 156) (Scale range: 32 - 160)	26.06	90.79 (range: 52 - 131) (Scale range: 32 - 160)	15.97
<u>Independent Variables</u>				
Sex roles	65.02 (range: 38 - 104) (Scale range: 21 - 105)	15.19	74.54 (range: 38 - 104) (Scale range: 21 - 105)	14.12
Identification with American culture	29.49 (range: 15 - 41) (Scale range: 9 - 42)	6.66	29.86 (range: 14 - 41) (Scale range: 9 - 42)	6.03
Identification with Puerto Rican culture	38.44 (range: 31 - 42) (Scale range: 9 - 42)	2.52	37.04 (range: 22 - 42) (Scale range: 9 - 42)	4.53

APPENDICES

APPENDIX A

APPENDIX A

(English)

Instructions:

Please answer the following questions about yourself.

1. Age _____

2. Sex: Male _____ Female _____

3. Religion (or none) _____

4. Marital Status

Single _____

Married _____

Divorced _____

Widowed _____

Separated _____

5. What is your average yearly income?

0 to 10,000 _____

10,001 to 20,000 _____

20,001 to 30,000 _____

30,001 to 40,000 _____

40,001 to 50,000 _____

50,001 to 60,000 _____

60,000 or more _____

6. Where were you born?

Country _____

City _____

7. How many years have you lived in the United States?

8. How many years have you lived in New York?

9. How many years have you lived in Puerto Rico?

10. What was the highest grade of education that you completed?

- 0. No school
- 1. 1-6 grade
- 2. 7-9 grade
- 3. 10-12 grade
- 4. 1-2 years of a Bachelor's Degree or Associate Degree (not completed)
- 5. Technical or Associate Degree
- 6. 3-4 years of a Bachelor's Degree program (not completed)
- 7. Bachelor Degree
- 8. Post-Graduate Master's
- 9. Post-Graduate Ph.D.
- 10. Does not know

11. How many years of schooling did you receive

in Puerto Rico? _____

in United States? _____

12. Occupation (If you have several occupations, please state only the one you spend the most time doing) _____

13. Have you ever known anyone who has sought help from someone for emotional problems?

Yes _____

No _____

If yes, who did they seek help from?

14. Could you describe someone who is

a. Mentally ill

b. Nervioso

c. Loco

(Spanish)

Instrucciones:

Favor de responder a las siguientes preguntas sobre usted.

1. Edad _____

2. Sexo: Hombre _____ Mujer _____

3. Religion (o ninguna) _____

4. Estado civil:

Solter(o)a _____

Casado(a) _____

Divorciad(o)a _____

Viudo(a) _____

Separado(a) _____

5. Cual es su ingreso anual?

0 a 10,000 _____

10,001 a 20,000 _____

20,001 a 30,000 _____

30,001 a 40,000 _____

40,001 a 50,000 _____

50,001 a 60,000 _____

60,001 o mas _____

6. Donde usted nacio?

Pais _____

Ciudad _____

7. Cuantos anos usted ha vivido en los Estados Unidos?

8. Cuantos anos usted ha vivido en Nueva York?

9. Cuantos anos usted ha vivido en Puerto Rico?

10. Anos de escuela _____

En Puerto Rico? _____

En los Estados Unidos? _____

11. Ocupacion (Si usted tiene varios trabajos, favor de indicar solo donde usted pasa la mayoria de su tiempo). _____

12. Ha usted conocido a alguien que ha buscado ayuda para problemas emocionales?

Si _____ No _____

Si esto es correcto, donde consiguio ayuda esa persona?

13. Por favor describa a alguien que sea:

a. Enfermo mental

b. Nerviosso

c. Loco

APPENDIX B

APPENDIX B

(English/Traditional)

MIIAQ

Instructions:

I am trying to understand how people think about certain problems which may take place in people's lives. You can help me by telling me what you think about some imaginary persons I am going to describe. Just listen as I tell you about these different kinds of people and then I will ask you a few questions about them.

Now here's a man-- let's call him Victor, who is very suspicious, he doesn't trust anybody and he's sure everybody is against him. Sometimes he thinks that people on the street are talking about him or following him around. A couple of times now he has beaten up men who didn't even know him. The other night he began to curse his wife terribly, then he hit her and threatened to kill her because he said, she was working against him too, just like everyone else.

1. What is your overall attitude toward Victor?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5
Positive				Negative

2. Please circle which best describes your attitude toward Victor.

Good	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bad
	1	2	3	4	5	
Friendly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Unfriendly
	1	2	3	4	5	
Unpleasant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pleasant
	1	2	3	4	5	
Wise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Foolish
	1	2	3	4	5	

Hated	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	Loved
Terrible	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	Wonderful
Dangerous	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	Harmless

3. Would you say Victor has a problem?

Yes.....1

No.....2

4. How serious is his behavior?

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
not serious at all				very serious

5. Would you say that his problem is (indicate all that apply):

Mental Illness.....1
 Nervios.....2
 Craziess.....3
 Other.....4
 Please specify_____

6. Do you think it is necessary to take this man to see a specialist for counseling for help with his problems?

Yes.....1

No.....2

7. What is your attitude regarding taking this man to receive help?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5
Favorable				Unfavorable

8. What did you find most disturbing about his behavior?

Let's talk about Hector now. He never seems to be able to hold a job very long because he drinks so much. Whenever he has money in his pocket, he goes on a spree, he stays out till all hours drinking and never seems to care what happens to his wife and children. Sometimes he feels very bad about the way he treats his family, he begs his wife to forgive him and promises to stop drinking, but he always goes off again.

1. What is your overall attitude toward Hector?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5
Positive				Negative

2. Please circle which best describes your attitude toward Hector.

Good	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bad
	1	2	3	4	5	
Friendly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Unfriendly
	1	2	3	4	5	
Unpleasant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pleasant
	1	2	3	4	5	
Wise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Foolish
	1	2	3	4	5	
Hated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Loved
	1	2	3	4	5	
Terrible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wonderful
	1	2	3	4	5	
Dangerous	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Harmless
	1	2	3	4	5	

3. Would you say Hector has a problem?

Yes.....1

No.....2

4. How serious is his behavior?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5
not serious at all				very serious

5. Would you say that his problem is (indicate all that apply):

Mental Illness.....1
 Nervios.....2
 Craziess.....3
 Other.....4
 Please specify_____

6. Do you think it is necessary to take this man to see a specialist for counseling for help with his problems?

Yes.....1

No.....2

7. What is your attitude regarding taking this man to receive help?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5
Favorable				Unfavorable

8. What did you find most disturbing about his behavior?

Now let me tell you about a different sort of woman. Helen is nearly 50, has a nice home and her husband has a good job. She used to be full of life, an active busy woman with a large family. Her children are now grown and in school. In recent months she has changed. She sits and broods for hours, blames herself for all kinds of bad things she has done and talks about what a terrible person she is. She has lost interest in all the things she used to enjoy, cannot sleep, has no appetite and paces up and down the house for hours.

1. What is your overall attitude toward Helen?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5
Positive				Negative

2. Please circle which best describes your attitude toward Helen.

Good	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bad
	1	2	3	4	5	
Friendly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Unfriendly
	1	2	3	4	5	
Unpleasant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pleasant
	1	2	3	4	5	
Wise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Foolish
	1	2	3	4	5	
Hated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Loved
	1	2	3	4	5	
Terrible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wonderful
	1	2	3	4	5	
Dangerous	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Harmless
	1	2	3	4	5	

3. Would you say Helen has a problem?

Yes.....1

No.....2

4. How serious is her behavior?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5
not serious at all			very serious	

5. Would you say that her problem is (indicate all that apply):

Mental Illness.....1
 Nervios.....2
 Craziness.....3
 Other.....4
 Please specify_____

6. Do you think it is necessary to take this woman to see a specialist for counseling for help with her problems?

Yes.....1

No.....2

7. What is your attitude regarding taking this woman to receive help?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5
Favorable			Unfavorable	

8. What did you find most disturbing about her behavior?

Here's another kind of person, let's call him Daniel. He has a good job and is doing pretty well at it. Most of the time he gets along all right with people, but he is always very touchy and he always loses his temper quickly if things aren't going his way, or if people find fault with him. He worries a lot about little things and he seems to be moody and unhappy all the time. Everything is going all right for him but he can't sleep nights brooding about the past, and worrying about things that might go wrong.

1. What is your overall attitude toward Daniel?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5
Positive				Negative

2. Please circle which best describes your attitude toward Daniel.

Good	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bad
	1	2	3	4	5	
Friendly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Unfriendly
	1	2	3	4	5	
Unpleasant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pleasant
	1	2	3	4	5	
Wise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Foolish
	1	2	3	4	5	
Hated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Loved
	1	2	3	4	5	
Terrible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wonderful
	1	2	3	4	5	
Dangerous	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Harmless
	1	2	3	4	5	

3. Would you say Daniel has a problem?

Yes.....1

No.....2

4. How serious is his behavior?

[]	[]	[]	[]	[]
1	2	3	4	5
not serious at all				very serious

5. Would you say that his problem is (indicate all that apply):

Mental Illness.....1
 Nervios.....2
 Craziess.....3
 Other.....4
 Please specify_____

6. Do you think it is necessary to take this man to see a specialist for counseling for help with his problems?

Yes.....1

No.....2

7. What is your attitude regarding taking this man to receive help?

[]	[]	[]	[]	[]
1	2	3	4	5
Favorable				Unfavorable

8. What did you find most disturbing about his behavior?

(English/Non-traditional)

MIIAQ**Instructions:**

I am trying to understand how people think about certain problems which may take place in people's lives. You can help me by telling me what you think about some imaginary persons I am going to describe. Just listen as I tell you about these different kinds of people and then I will ask you a few questions about them.

Now here's a woman-- let's call her Victoria, who is very suspicious, she doesn't trust anybody and she's sure everybody is against her. Sometimes she thinks that people on the street are talking about her or following her around. A couple of times now she has beaten up women who didn't even know her. The other night she began to curse her husband terribly, then she hit him and threatened to kill him because she said, he was working against her too, just like everyone else.

1. What is your overall attitude toward Victoria?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5
Positive			Negative	

2. Please circle which best describes your attitude toward Victoria.

Good	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bad
	1	2	3	4	5	
Friendly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Unfriendly
	1	2	3	4	5	
Unpleasant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pleasant
	1	2	3	4	5	
Wise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Foolish
	1	2	3	4	5	
Hated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Loved
	1	2	3	4	5	
Terrible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wonderful
	1	2	3	4	5	

No. 2

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1	2	3	4	5
not serious at all				very serious

Mental Illness.....	1
Nervios.....	2
Craziness.....	3
Other.....	4
Please specify	

No.....2

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1	2	3	4	5
Favorable				Unfavorable

8. What did you find most disturbing about her behavior?

Let's talk about Maria now. She never seems to be able to hold a job very long because she drinks so much. Whenever she has money in her pocket, she goes on a spree, she stays out till all hours drinking and never seems to care what happens to her husband and children. Sometimes she feels very bad about the way she treats her family, she begs her husband to forgive her and promises to stop drinking, but she always goes off again.

1. What is your overall attitude toward Maria?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5
Positive				Negative

2. Please circle which best describes your attitude toward Maria.

Good	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bad
	1	2	3	4	5	
Friendly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Unfriendly
	1	2	3	4	5	
Unpleasant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pleasant
	1	2	3	4	5	
Wise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Foolish
	1	2	3	4	5	
Hated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Loved
	1	2	3	4	5	
Terrible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wonderful
	1	2	3	4	5	
Dangerous	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Harmless
	1	2	3	4	5	

3. Would you say Maria has a problem?

Yes.....1

No.....2

4. How serious is her behavior?

[]	[]	[]	[]	[]
1	2	3	4	5
not serious at all				very serious

5. Would you say that her problem is (indicate all that apply):

Mental Illness.....1
 Nervios.....2
 Crazyiness.....3
 Other.....4
 Please specify_____

6. Do you think it is necessary to take this woman to see a specialist for counseling for help with her problems?

Yes.....1

No.....2

7. What is your attitude regarding taking this woman to receive help?

[]	[]	[]	[]	[]
1	2	3	4	5
Favorable				Unfavorable

8. What did you find most disturbing about her behavior?

Now let me tell you about a different sort of man. Jose is nearly 50, has a nice home and his wife has a good job. He used to be full of life, an active busy man with a large family. His children are now grown and in school. In recent months he has changed. He sits and broods for hours, blames himself for all kinds of bad things he has done and talks about what a terrible person he is. He has lost interest in all the things he used to enjoy, cannot sleep, has no appetite and paces up and down the house for hours.

1. What is your overall attitude toward Jose?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5
Positive				Negative

2. Please circle which best describes your attitude toward Jose.

Good	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bad
	1	2	3	4	5	
Friendly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Unfriendly
	1	2	3	4	5	
Unpleasant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pleasant
	1	2	3	4	5	
Wise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Foolish
	1	2	3	4	5	
Hated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Loved
	1	2	3	4	5	
Terrible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wonderful
	1	2	3	4	5	
Dangerous	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Harmless
	1	2	3	4	5	

3. Would you say Jose has a problem?

Yes.....1

No.....2

4. How serious is his behavior?

[]	[]	[]	[]	[]
1	2	3	4	5
not serious at all				very serious

5. Would you say that his problem is (indicate all that apply):

Mental Illness.....1
 Nervios.....2
 Craziiness.....3
 Other.....4
 Please specify_____

6. Do you think it is necessary to take this man to see a specialist for counseling for help with his problems?

Yes.....1

No.....2

7. What is your attitude regarding taking this man to receive help?

[]	[]	[]	[]	[]
1	2	3	4	5
Favorable				Unfavorable

8. What did you find most disturbing about his behavior?

Here's another kind of person, let's call her Daniela. She has a good job and is doing pretty well at it. Most of the time she gets along all right with people, but she is always very touchy and she always loses her temper quickly if things aren't going her way, or if people find fault with her. She worries a lot about little things and she seems to be moody and unhappy all the time. Everything is going all right for her but she can't sleep nights brooding about the past, and worrying about things that might go wrong.

1. What is your overall attitude toward Daniela?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5
Positive				Negative

2. Please circle which best describes your attitude toward Daniela.

Good	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bad
	1	2	3	4	5	
Friendly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Unfriendly
	1	2	3	4	5	
Unpleasant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pleasant
	1	2	3	4	5	
Wise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Foolish
	1	2	3	4	5	
Hated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Loved
	1	2	3	4	5	
Terrible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wonderful
	1	2	3	4	5	
Dangerous	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Harmless
	1	2	3	4	5	

3. Would you say Daniela has a problem?

Yes.....1

No.....2

4. How serious is her behavior?

[]	[]	[]	[]	[]
1	2	3	4	5
not serious at all				very serious

5. Would you say that her problem is (indicate all that apply):

Mental Illness.....1
 Nervios.....2
 Crazyiness.....3
 Other.....4
 Please specify _____

6. Do you think it is necessary to take this woman to see a specialist for counseling for help with her problems?

Yes.....1

No.....2

7. What is your attitude regarding taking this woman to receive help?

[]	[]	[]	[]	[]
1	2	3	4	5
Favorable				Unfavorable

8. What did you find most disturbing about her behavior?

(Spanish/Traditional)

MIIAQ**Direcciones:**

Estoy tratando de comprender como piensan las personas, cuando les suceden ciertos problemas en sus vidas. Usted puede asistirme, diciendome lo que usted cree sobre estas personas imaginarias, que le voy a describir. Escuche solamente mientras yo le digo sobre estos diversos tipos de personas y luego yo le hare unas preguntas sobre ellas.

Aqui tenemos a un hombre, llamenosle Victor, que es muy desconfiado, el no confia en nadie y esta seguro que el mundo entero esta en su contra. A veces el piensa que la gente en la calle esta hablando sobre el y que lo persiguen. Ya en un par de veces, el ha peliado con hombres que ni tan siquiera conocia. La otra noche el empezo a maldecir cruelmente a su esposa, le pego y la amenazo con matarla, porque el alego, que ella tambien estaba conspirando en contra de el, al igual que todos los demas.

1. En general, cual es su actitud hacia Victor?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5
Positiva			Negativa	

2. Por favor circule cual es la que mejor describe su actitud hacia Victor:

Buena	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mala
	1	2	3	4	5	
Amistosa	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hostil
	1	2	3	4	5	
Agradable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Desagradable
	1	2	3	4	5	
Inteligente	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tonta
	1	2	3	4	5	
Odiosa	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Estimada
	1	2	3	4	5	
Terrible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Maravillosa
	1	2	3	4	5	
Peligrosa	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Inofensiva
	1	2	3	4	5	

3. Diria usted que Victor tiene un problema? Si1 No.....2

4. Cuan serio es su comportamiento?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5
nada serio			muy serio	

5. Diria usted que su problema es (marque todas las que pertenecen):

Enfermedad mental1

Nervios2

Locura3

Otro4

Por favor especifique _____

6. Opina usted que sea necesario llevar a este hombre a consultar con un especialista para ser asistido con su problema? Si1 No2

7. Como considera usted su actitud en llevar a este hombre a recibir ayuda?

[]

[]

[]

[]

[]

1

2

3

4

5

Favorable

Desfavorable

8. Que es lo que usted encuentra mas perturbante de su comportamiento?

Ahora hablemos de Hector. Al parecer el nunca puede permanecer en un trabajo porque toma mucho. Cuando tiene dinero en los bolsillos, sale de paranda, se queda en la calle tomando hasta las altas horas de la noche y no le importan nada su esposa y sus hijos. A veces el se siente mal por la forma en que el trata a su familia, el le suplica a su esposa que lo perdone y le promete que va a dejar de tomar, pero siempre vuelve a lo mismo.

1. En general, cual es su actitud hacia Hector?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5
Positiva			Negativa	

2. Por favor circule cual es la que mejor describe su actitud hacia Hector:

Buena	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mala
	1	2	3	4	5	
Amistosa	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hostil
	1	2	3	4	5	
Agradable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Desagradable
	1	2	3	4	5	
Inteligente	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tonta
	1	2	3	4	5	
Odiosa	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Estimada
	1	2	3	4	5	
Terrible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Maravillosa
	1	2	3	4	5	
Peligrosa	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Inofensiva
	1	2	3	4	5	

3. Diria usted que Hector tiene un problema? Si1 No.....2

4. Cuan serio es su comportamiento?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5
Nada serio			Muy serio	

5. Diria usted que su problema es (marque todas las que pertenecen):

Enfermedad mental1

Nervios2

Locura3

Otro4

Por favor especifique _____

6. Opina usted que sea necesario llevar a este hombre a consultar con su especialista para ser asistido con su problema? Si1 No2

7. Como considera su actitud en llevar a este hombre a recibir ayuda?

☐

1

Favorable

☐

2

☐

3

☐

4

☐

5

Desfavorable

8. Que es lo que usted encuentra mas perturbante de su comportamiento?

Ahora dejeme contarle acerca de otra clase de mujer. Helen tiene casi 50 anos de edad, tiene una casa bonita y su esposo tiene un buen trabajo. Ella estaba llena de vida. Era una mujer muy ocupada con su familia que era numerosa. Sus hijos lla estaban criados y en la escuela. En los ultimos meses ella ha cambiado. Ella pasa horas sentada y pensando. Ella se culpa por todas las cosas malas que ella ha hecho y comenta que se considera una persona terrible. Ella ha perdido interes en todo los que ella encontraba gozoso. Ella no puede dormir, no tiene apetito y camina por horas de un lado a otro de su casa.

1. En general, cual es su actitud hacia Helen?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5
Positiva			Negativa	

2. Por favor circule cual es la que mejor describe su acititud hacia Helen:

Buena	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mala
	1	2	3	4	5	
Amistosa	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hostil
	1	2	3	4	5	
Agradable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Desagradable
	1	2	3	4	5	
Inteligente	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tonta
	1	2	3	4	5	
Odiosa	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Estimada
	1	2	3	4	5	
Terrible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Maravillosa
	1	2	3	4	5	
Peligrosa	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Inofensiva
	1	2	3	4	5	

3. Diria usted que Helen tiene un problema? Si1 No.....2

4. Cuan serio es su comportamiento?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5
Nada serio			Muy serio	

5. Diria usted que su problema es (marque todas las que pertenecen):

Enfermedad mental1
 Nervios2
 Locura3
 Otro4
 Por favor especifique _____

6. Opina usted que sea necesario llevar a esta mujer a consultar con un especialista para ser asistido con su problema? Si1 No2

7. Como considera usted su actitud en llevar a esta mujer a recibir ayuda?

☐

1

Favorable

☐

2

☐

3

☐

4

☐

5

Desfavorable

8. Que es lo que usted encuentra mas perturbante de su comportamiento?

Ahora tenemos otro tipo de persona. Llamemosle Daniela. Ella tiene un buen trabajo y le va muy bien en el. La mayor parte del tiempo se lleva muy bien con la gente, pero ella es muy irritable y pierde muy facil su compostura cuando las cosas le salen mal, o cuando la gente lo critica. Ella se preocupa mucho por cosas pequenas y parece estar todo el tiempo con mal humor y descontento. Aunque en todo le va bien, se pasa las noches sin dormir lamentandose del pasado y preocupandose por las cosas que pudieran pasar.

1. En general, cual es su actitud hacia Daniela?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5
Positiva			Negativa	

2. Por favor circule cual es la que mejor describe su actitud hacia Daniela:

Buena	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mala
	1	2	3	4	5	
Amistosa	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hostil
	1	2	3	4	5	
Agradable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Desagradable
	1	2	3	4	5	
Inteligente	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tonta
	1	2	3	4	5	
Odiosa	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Estimada
	1	2	3	4	5	
Terrible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Maravillosa
	1	2	3	4	5	
Peligrosa	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Inofensiva
	1	2	3	4	5	

3. Diria usted que Daniela tiene un problema? Si1 No.....2

4. Cuan serio es su comportamiento?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5
Muy serio			Nada serio	

5. Diria usted que su problema es (marque todas las que pertenecen):

Enfermedad mental1

Nervios2

Locura3

Otro4

Por favor especifique _____

6. Opina usted que sea necesario llevar a esta mujer a consultar con un especialista para ser asistido con su problema? Si1 No2

7. Como considera usted su actitud en llevar a esta mujer a recibir ayuda?

☐

☐

☐

☐

☐

1

2

3

4

5

Favorable

Desfavorable

8. Que es lo que usted encuentra mas perturbante de su comportamiento?

(Spanish/Non-Traditional)

MIIAQ**Direcciones:**

Estoy tratando de comprender como piensan las personas, cuando les suceden ciertos problemas en sus vidas. Usted puede asistirme, diciendome lo que usted cree sobre estas personas imaginarias, que le voy a describir. Escuche solamente mientras yo le digo sobre estos diversos tipos de personas y luego yo le hare unas preguntas sobre ellas.

Aqui tenemos a una mujer, llamenosle Victoria, que es muy desconfiada, ella no confia en nadie y esta segura que el mundo entero esta en su contra. A veces ella piensa que la gente en la calle esta hablando sobre ella y que la persiguen. Ya en un par de veces, ella ha peliado con mujeres que ni tan siquiera conocia. La otra noche ella empezo a maldecir cruelmente a su esposo, le pego y lo amenazo con matarlo, porque ella alego, que el tambien estaba conspirando en contra de ella, al igual que todos los demas.

1. En general, cual es su actitud hacia Victoria?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5
Positiva			Negativa	

2. Por favor circule cual es la que mejor describe su actitud hacia Victoria:

Buena	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mala
	1	2	3	4	5	
Amistosa	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hostil
	1	2	3	4	5	
Agradable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Desagradable
	1	2	3	4	5	
Inteligente	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tonta
	1	2	3	4	5	
Odiosa	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Estimada
	1	2	3	4	5	
Terrible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Maravillosa
	1	2	3	4	5	
Peligrosa	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Inofensiva
	1	2	3	4	5	

3. Diria usted que Victoria tiene un problema? Si1 No.....2

4. Cuan serio es su comportamiento?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5
nada serio			muy serio	

5. Diria usted que su problema es (marque todas las que pertenecen):

Enfermedad mental1

Nervios2

Locura3

Otro4

Por favor especifique _____

6. Opina usted que sea necesario llevar a esta mujer a consultar con un especialista para ser asistida con su problema? Si1 No2

7. Como considera usted su actitud en llevar a esta mujer a recibir ayuda?

[]

[]

[]

[]

[]

1

2

3

4

5

Favorable

Desfavorable

8. Que es lo que usted encuentra mas perturbante de su comportamiento?

Ahora hablemos de Maria. Al parecer ella nunca puede permanecer en un trabajo porque toma mucho. Cuando tiene dinero en los bolsillos, sale de paranda, se queda en la calle tomando hasta las altas horas de la noche y no le importan nada su esposo y sus hijos. A veces ella se siente mal por la forma en que ella trata a su familia, ella le suplica a su esposo que la perdone y le promete que va a dejar de tomar, pero siempre vuelve a lo mismo.

1. En general, cual es su actitud hacia Maria?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5
Positiva			Negativa	

2. Por favor circule cual es la que mejor describe su actitud hacia Maria:

Buena	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mala
	1	2	3	4	5	
Amistosa	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hostil
	1	2	3	4	5	
Agradable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Desagradable
	1	2	3	4	5	
Inteligente	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tonta
	1	2	3	4	5	
Odiosa	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Estimada
	1	2	3	4	5	
Terrible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Maravillosa
	1	2	3	4	5	
Peligrosa	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Inofensiva
	1	2	3	4	5	

3. Diria usted que Maria tiene un problema? Si1 No.....2

4. Cuan serio es su comportamiento?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5
Nada serio			Muy serio	

5. Diria usted que su problema es (marque todas las que pertenecen):

Enfermedad mental1

Nervios2

Locura3

Otro4

Por favor especifique_____

6. Opina usted que sea necesario llevar a esta mujer a consultar con un especialista para ser asistida con su problema? Si1 No2

7. Como considera usted su actitud en llevar a esta mujer a recibir ayuda?

[]

[]

[]

[]

[]

1

2

3

4

5

Favorable

Desfavorable

8. Que es lo que usted encuentra mas perturbante de su comportamiento?

Ahora dejeme contarle acerca de otra clase de hombre. Jose tiene casi 50 anos de edad, tiene una casa bonita y su esposa tiene un buen trabajo. El estaba lleno de vida. Era un hombre muy ocupado con su familia que era numerosa. Sus hijos lla estaban criados y en la escuela. En los ultimos meses el ha cambiado. El pasa horas sentado y pensando. El se culpa por todas las cosas malas que el ha hecho y comenta que se considera una persona terrible. El ha perdido interes en todo los que el encontraba gozoso. El no puede dormir, no tiene apetito y camina por horas de un lado a otro de su casa.

1. En general, cual es su actitud hacia Jose?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5
Positiva			Negativa	

2. Por favor circule cual es la que mejor describe su actitud hacia Jose:

Buena	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mala
	1	2	3	4	5	
Amistosa	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hostil
	1	2	3	4	5	
Agradable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Desagradable
	1	2	3	4	5	
Inteligente	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tonta
	1	2	3	4	5	
Odiosa	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Estimada
	1	2	3	4	5	
Terrible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Maravillosa
	1	2	3	4	5	
Peligrosa	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Inofensiva
	1	2	3	4	5	

3. Diria usted que Jose tiene un problema? Si1 No.....2

4. Cuan serio es su comportamiento?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5
Nada serio			Muy serio	

5. Diria usted que su problema es (marque todas las que pertenecen):

Enfermedad mental1
 Nervios2
 Locura3
 Otro4
 Por favor especifique_____

6. Opina usted que sea necesario llevar a este hombre a consultar con su especialista para ser asistido con su problema? Si1 No2

7. Como considera usted su actitud en llevar a este hombre a recibir ayuda?

☐

☐

☐

☐

☐

1

2

3

4

5

Favorable

Desfavorable

8. Que es lo que usted encuentra mas perturbante de su comportamiento?

Ahora tenemos otro tipo de persona. Llamemosle Daniel. El tiene un buen trabajo y le va muy bien en el. La mayor parte del tiempo se lleva muy bien con la gente, pero el es muy irritable y pierde muy facil su compostura cuando las cosas le salen mal, o cuando la gente lo critica. El se preocupa mucho por cosas pequenas y parece estar todo el tiempo con mal humor y descontento. Aunque en todo le va bien, se pasa las noches sin dormir lamentandose del pasado y preocupandose por las cosas que pudieran pasar.

1. En general, cual es su actitud hacia Daniel?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5
Positiva			Negativa	

2. Por favor circule cual es la que mejor describe su actitud hacia Daniel:

Buena	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mala
	1	2	3	4	5	
Amistosa	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hostil
	1	2	3	4	5	
Agradable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Desagradable
	1	2	3	4	5	
Inteligente	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tonta
	1	2	3	4	5	
Odiosa	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Estimada
	1	2	3	4	5	
Terrible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Maravillosa
	1	2	3	4	5	
Peligrosa	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Inofensiva
	1	2	3	4	5	

3. Diria usted que Daniel tiene un problema? Si1 No.....2

4. Cuan serio es su comportamiento?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5
Nada serio			Muy serio	

5. Diria usted que su problema es (marque todas las que pertenecen):

Enfermedad mental1

Nervios2

Locura3

Otro4

Por favor especifique_____

6. Opina usted que sea necesario llevar a este hombre a consultar con su especialista para ser asistido con su problema? Si1 No2

7. Como considera usted su actitud en llevar a este hombre a recibir ayuda?

[]

[]

[]

[]

[]

1

2

3

4

5

Favorable

Desfavorable

8. Que es lo que usted encuentra mas perturbante de su comportamiento?

APPENDIX C

APPENDIX C

(English)

The Cortes, Rogler, and Malgady Biculturalism Scale

Instructions:

Please answer the following questions with the response that best describes you.

1. How much do you enjoy speaking Spanish:

- | | | |
|---------------|---------------------------------|---|
| | tremendous enjoyment..... | 1 |
| | quite a bit of enjoyment..... | 2 |
| | not too much enjoyment, or..... | 3 |
| | no enjoyment?..... | 4 |
| (DO NOT READ) | Does not speak Spanish..... | 5 |

2. How much do you enjoy speaking English:

- | | | |
|---------------|---------------------------------|---|
| | tremendous enjoyment..... | 1 |
| | quite a bit of enjoyment..... | 2 |
| | not too much enjoyment, or..... | 3 |
| | no enjoyment?..... | 4 |
| (DO NOT READ) | Does not speak English..... | 5 |

3. How much are Puerto Rican values a part of your life:

- | | | |
|--|------------------------|---|
| | very much a part..... | 1 |
| | a good part..... | 2 |
| | a small part, or | 3 |
| | no part at all?..... | 4 |

4. How much are American values a part of your life:

- | | | |
|--|-----------------------|---|
| | very much a part..... | 1 |
| | a good part..... | 2 |
| | a small part, or..... | 3 |
| | no part at all?..... | 4 |

5. How many days a week would you like to eat Puerto Rican food?

(Days per week)

6. How many days a week would you like to eat American food?

(Days per week)

7. How proud are you of being Puerto Rican:

very proud.....1
 fairly proud.....2
 not too proud.....3
 not proud at all, or.....4
 do you feel ashamed?.....5

8. How proud are you of being American:

very proud.....1
 fairly proud.....2
 not too proud.....3
 not proud at all, or4
 do you feel ashamed.....5

9. How comfortable would you be in a group of Americans who don't speak Spanish:

very comfortable.....1
 fairly comfortable.....2
 not too comfortable, or3
 not comfortable at all?.....4

10. How comfortable would you be in a group of Puerto Ricans who don't speak English:

very comfortable.....1
 fairly comfortable.....2
 not too comfortable, or.....3
 not comfortable at all?.....4

11. How important is it to you to raise your children with Puerto Rican values:

(If the participant has no children ASK) If you had children, how important would it be to you to raise them with Puerto Rican values:

very important.....1
 fairly important.....2
 not too important.....3
 not important at all.....4

12. How important is to you to raise your children with American values:
 (If participant has no children ASK) If you had children, how important would it be to
 you to raise them with American values:

very important.....1
 fairly important.....2
 not too important.....3
 not important at all?.....4

13. How much do you enjoy Spanish TV programs:

very much.....1
 quite a bit.....2
 not too much, or.....3
 not at all?.....4
 (DO NOT READ) Do not watch Spanish TV.....5

14. How much do you enjoy American TV programs:

very much.....1
 quite a bit.....2
 not too much, or.....3
 not at all?.....4
 (DO NOT READ) Do not watch American TV.....5

15. How important is it to you to celebrate holidays in the Puerto Rican way:

very important.....1
 fairly important.....2
 not too important, or3
 not important at all?.....4

16. How important is it to you to celebrate holidays in the American way:

very important.....1
 fairly important.....2
 not too important, or3
 not important at all?.....4

17. With respect to kindness and generosity, do you think Puerto Ricans are:

very kind and generous.....	1
fairly kind and generous.....	2
a little kind and generous, or.....	3
not kind and generous at all?.....	4

18. With respect to kindness and generosity, do you think Americans are:

very kind and generous.....	1
fairly kind and generous.....	2
a little kind and generous, or.....	3
not kind and generous at all?.....	4

(Spanish)

The Cortes, Rogler, and Malgady Biculturalism Scale

Instrucciones:

Por favor conteste las siguientes preguntas con la respuesta que mejor lo(a) describe a usted.

1. Cuanto usted disfruta el hablar español:

- | | | |
|---------------|-------------------------|---|
| | un placer inmenso..... | 1 |
| | mucho placer | 2 |
| | no mucho placer, o..... | 3 |
| | ningun placer..... | 4 |
| (NO LEA ESTO) | No habla español..... | 5 |

2. Cuanto usted disfruta el hablar inglés:

- | | | |
|---------------|-------------------------|---|
| | un placer inmenso..... | 1 |
| | mucho placer | 2 |
| | no mucho placer, o..... | 3 |
| | ningun placer..... | 4 |
| (NO LEA ESTO) | No habla inglés..... | 5 |

3. Cuanto forman los valores Puertorriqueños parte de su vida:

- | | |
|------------------------|---|
| gran parte..... | 1 |
| una buena parte..... | 2 |
| una pequeña parte..... | 3 |
| ninguna parte?..... | 4 |

4. Cuanto forman los valores Americanos parte de su vida:

- | | |
|------------------------|---|
| gran parte..... | 1 |
| una buena parte..... | 2 |
| una pequeña parte..... | 3 |
| ninguna parte?..... | 4 |

5. Cuantos días a la semana a usted le gusta comer comida Puertorriqueña?

 (Días a la semana)

6. Cuantos días a la semana le gusta comer comida Americana?

(Días a la semana)

7. Cuan orgulloso(a) se siente de ser Puertorriqueno(a):

muy orgulloso(a).....1
 bastante orgulloso(a).....2
 no muy orgulloso(a).....3
 se siente avergonzado(a).....4

8. Cuan orgulloso(a) se siente de ser Americano(a):

muy orgulloso(a).....1
 bastante orgulloso(a).....2
 no muy orgulloso(a).....3
 se siente avergonzado(a).....4

9. Cuan comodo(a) se sentiria usted entre un grupo de americansos que no hablan espanol:

muy comodo(a).....1
 bastante comodo(a).....2
 no muy comodo(a).....3
 totalmente incomodo(a).....4

10. Cuan comodo(a) se sentiria usted entre un grupo de puertorriquenos que no hablan ingles:

muy comodo(a).....1
 bastante comodo(a).....2
 no muy comodo(a).....3
 totalmente incomodo(a).....4

11. Cuan importante es para usted criar a sus hijos con valores puertorriquenos:
 (Si el participante no tiene hijos PREGUNTE: Si tuviera hijos, cuan importante para usted seria criarlos con valores puertorriquenos:

muy importante.....1
 bastante importante.....2
 no muy importante, o.....3
 no importante en absoluto?.....4

12. Cuan importante es para usted criar a sus hijos con valores americanos:

(Si el participante no tiene hijos PREGUNTE: Si tuviera hijos, cuan importante para usted seria criarlos con valores americanos:

muy importante.....1
 bastante importante.....2
 no muy importante, o.....3
 no importante en absoluto?.....4

13. Cuanto disfruta usted de los programas de la television hispana:

mucho.....1
 bastante.....2
 no tanto, o.....3
 nada?.....4

(NO LEA ESTO) No mira la television en espanol.....5

14. Cuanto disfruta usted de los programas de la television americana:

mucho.....1
 bastante.....2
 no tanto, o.....3
 nada?.....4

(NO LEA ESTO) No mira la television en ingles.....5

15. Cuan importante es para usted celebrar los dias festivos de la manera puertorriquena:

muy importante.....1
 bastante importante.....2
 no tanto, o.....3
 no importante en absoluto?.....4

16. Cuan importante es para usted celebrar los dias festivos de la manera americana:

muy importante.....1
 bastante importante.....2
 no tanto, o.....3
 no importante en absoluto?.....4

17. Con respecto a la bondad y la generosidad, piensa usted que los puertorriqueños son:

muy bondadosos y generosos.....1
bastante bondadosos y generosos.....2
poco bondadosos y generosos, o.....3
ni bondadosos ni generosos?.....4

18. Con respecto a la bondad y la generosidad, piensa usted que los americanos son:

muy bondadosos y generosos.....1
bastante bondadosos y generosos.....2
poco bondadosos y generosos, o.....3
ni bondadosos ni generosos?.....4

APPENDIX D

APPENDIX D

Sex Role Traditionalism Scale

(English)

Circle the number which best states how you feel about each of the following statements:

1= Agree Strongly 2= Agree Mildly 3= Neither Agree Nor Disagree
4= Disagree Mildly 5= Disagree Strongly

1. **Cursing and using bad words are worse in the speech of a woman than in the speech of a man.**
[1] [2] [3] [4] [5]
2. **Under modern economic conditions, with women working outside the home, men should share in household work such as washing the dishes and doing the laundry**
[1] [2] [3] [4] [5]
3. **It is insulting to women to have to agree, during the marriage ceremony, to “obey” their husbands for the rest of their lives.**
[1] [2] [3] [4] [5]
4. **Women should take their rightful place in business and the professions along with men.**
[1] [2] [3] [4] [5]
5. **A woman should not expect to go to exactly the same places or to have quite the same freedom of action as a man.**
[1] [2] [3] [4] [5]
6. **Women should be given equal opportunity with men to learn the various trades.**
[1] [2] [3] [4] [5]
7. **Women earning as much as their dates should share the expense equally when they go out together.**
[1] [2] [3] [4] [5]
8. **Sons in a family should be given more encouragement to go to college than daughters.**
[1] [2] [3] [4] [5]
9. **A woman who refuses to bear children has failed in her duty to her husband.**
[1] [2] [3] [4] [5]

10. **Women should not be allowed to hold political offices that involve great responsibility.**
 [1] [2] [3] [4] [5]
11. **It is all right for women to work, but men will always be the basic breadwinners.**
 [1] [2] [3] [4] [5]
12. **A woman should be expected to change her name when she gets married.**
 [1] [2] [3] [4] [5]
13. **It is not important for a woman to be a virgin when she gets married.**
 [1] [2] [3] [4] [5]
14. **Sex is all right as long as the woman is married to the man.**
 [1] [2] [3] [4] [5]
15. **There is nothing wrong with an unmarried woman leaving her parents' home to get her own apartment.**
 [1] [2] [3] [4] [5]
16. **A woman should be careful about what she does in public because people will talk about her and this will bring shame on her and her family.**
 [1] [2] [3] [4] [5]
17. **It is the job of the man to protect and take care of his woman.**
 [1] [2] [3] [4] [5]
18. **A good mother may have to sacrifice most of her life for her children.**
 [1] [2] [3] [4] [5]
19. **Women have just as much right to show their anger as men.**
 [1] [2] [3] [4] [5]
20. **A married woman should not participate in activities outside of her home; her only job is to take care of her husband, home, and children.**
 [1] [2] [3] [4] [5]
21. **Daughters have to be more protected sexually than sons.**
 [1] [2] [3] [4] [5]

Comments:

Sex Role Traditionalism Scale

(Spanish)

Circule el numero que corresponde a como usted opina acerca de los siguientes:

- | | |
|---|--------------------------------|
| 1= Estoy muy de acuerdo | 2= Estoy un poco de acuerdo |
| 3= No estoy de acuerdo ni en desacuerdo | 4= Estoy un poco en desacuerdo |
| 5= Positivamente no estoy de acuerdo | |

1. Maldecir y usar malas palabras luce peor en el lenguaje de la mujer que en el lenguaje del hombre.
[1] [2] [3] [4] [5]
2. En esta vida moderna y economica con la mujer trabajando afuera del hogar, el hombre debe ayudar en los trabajos de la casa, tales como lavar los trastes y la ropa.
[1] [2] [3] [4] [5]
3. Es un insulto a la mujer tener que ponerse de acuerdo a "obedecer" a su marido por el resto de su vida en la ceremonia del matrimonio.
[1] [2] [3] [4] [5]
4. Las mujeres deben tener igual derecho que el hombre en el negocio y las profesiones.
[1] [2] [3] [4] [5]
5. La mujer no debe esperar ir a los mismos lugares y tener la misma libertad de accion que el hombre.
[1] [2] [3] [4] [5]
6. A la mujer se le debe dar igual oportunidad que al hombre para aprender varios oficios.
[1] [2] [3] [4] [5]
7. La mujer que gana un salario igual a su companero debe cooperar igualmente con los gastos cuando salen juntos.
[1] [2] [3] [4] [5]
8. Los hijos en la familia se deben aconsejar mas que vayan a la universidad que a las hijas.
[1] [2] [3] [4] [5]
9. Una mujer que se niega a tener hijos ha fallado en su deber con su esposo.
[1] [2] [3] [4] [5]

10. A la mujer no se le debe permitir tomar puestos politicos que envuelvan grandes responsabilidades.
[1] [2] [3] [4] [5]
11. Esta bien que la mujer trabaje pero el hombre debe siempre ser el ganador del pan de la familia.
[1] [2] [3] [4] [5]
12. La mujer debe cambiarse el apellido cuando se casa.
[1] [2] [3] [4] [5]
13. No es importante que la mujer sea virgen/senorita cuando se casa.
[1] [2] [3] [4] [5]
14. El acto sexual es correcto siempre y cuando la mujer este casada con el hombre.
[1] [2] [3] [4] [5]
15. Esta correcto que una muchacha soltera deje el hogar de sus padres, y se mude a un apartamento sola.
[1] [2] [3] [4] [5]
16. Una mujer debe tener cuidado con su comportamiento en publico, porque la gente la desacreditan y avergüenzan a su familia.
[1] [2] [3] [4] [5]
17. Es el deber de un hombre proteger a su mujer.
[1] [2] [3] [4] [5]
18. Una buena madre a veces tiene que sacrificar una gran parte de su vida por sus hijos.
[1] [2] [3] [4] [5]
19. La mujer tiene el mismo derecho que el hombre a demostrar su enojo.
[1] [2] [3] [4] [5]
20. La mujer casada no debe tomar parte en ninguna actividad fuera del hogar; su deber es solamente atender su hogar, esposo e hijos.
[1] [2] [3] [4] [5]
21. Se debe proteger mas la virginidad de las hijas que la de los hijos.
[1] [2] [3] [4] [5]

Comentarios:

APPENDIX E

APPENDIX E

Informed Consent Agreement

This project is interested in understanding individuals' attitudes toward certain problems that people may encounter in their lives. Participation in the study will involve listening to stories about imaginary people in different situations, and answering a number of questions relating to how they think about certain situations that some people may experience. This study will also focus on your experience as a Puerto Rican residing in the U.S. and gender roles. This study is being conducted by Diana Morrobel, as part of her master's thesis research under the supervision of Anne Bogat Ph.D., Professor of Psychology at Michigan State University. As a participant, you will be asked to complete several questionnaires which will take 35 to 45 minutes to complete. Your answers will be totally anonymous and confidential. PLEASE DO NOT PUT YOUR NAME ON THE QUESTIONNAIRE.

- 1. The study has been thoroughly explained to me. I understand the explanation that has been provided to me and what my participation involves.**
- 2. I am aware that my participation is voluntary and am aware that I may withdraw from participating at any time without penalty.**
- 3. I understand that my answers to the questionnaires will be strictly confidential and anonymous. On request and within these restrictions results of the overall study may be available to me.**
- 4. I understand that my participation in the study does not guarantee any beneficial results to me.**
- 5. I understand that I will be paid \$5 for my participation in the study at the completion of the questionnaires or interview.**
- 6. I am at least 18 years of age.**
- 7. I have read the material above, and any questions I may have asked have been answered to my satisfaction. If I have questions or want to discuss any feelings about my participation in this study, I can contact Diana Morrobel (129 Psychology Research Bldg. East Lansing, Michigan 48824 (517) 333-9323 or in New York at (212) 252-3558).**
- 8. I understand that by completing and returning this questionnaire or interview I am indicating my voluntary agreement to participate in this research project.**

Hoja de Consentimiento

Este proyecto esta interesado en entender las actitudes de las personas acerca algunos problemas que algunos atraviesan en su vida. Participacion en este estudio requiere que usted preste atencion a unos cuentos acerca persona imaginarias y contestar una serie de preguntas relacionadas con como la gente piensa acerca algunas situaciones. Este estudio tambien se enfocara en su experiencia como un Puertorriqueno(a) que vive en los Estados Unidos y los roles de genero. Este estudio es conducido por Diana Morrobel bajo la supervicion de Anne Bogat, Ph.D., Profesora de Psicologia en Michigan State University, como parte de su investigacion para su tesis para la maestria. Como participante, se le solicita sus respuestas a una serie de cuestionarios que tomaran 35-45 minutos para completar. Sus respuestas seran totalmente anonimas y confidenciales. **POR FAVOR NO PONGA SU NOMBRE EN NINGUNO DE LOS CUESTIONARIOS.**

1. Este estudio se me ha sido explicado detalladamente.
2. Yo estoy consiente de que mi participacion es voluntaria y tambien estoy consiente de que puedo terminar mi participacion en cualquier momento sin ninguna penalidad.
3. Yo entiendo que mis respuestas a los cuestionarios seran completamente confidenciales y anonimas. Los resultados generales del estudio que obedezan las restricciones y reglas de confidencialidad se me seran proporcionados si lo deseo.
4. Yo entiendo que mi participacion en este estudio no garantiza ningun resultado beneficioso para mi.
5. Yo entiendo que recibire \$5 por mi participacion al final de la entrevista.
6. Yo tengo por lo menos 18 anos de edad.
7. Yo he leído el material que aqui ha sido presentado y cualquier pregunta que yo he tenido ha sido contestada satisfactoriamente. Si yo tengo alguna pregunta o deseo hablar con alguien acerca mis sentimientos relacionados con mi participacion en este estudio puedo contactar a Diana Morrobel (129 Psychology Research Building, East Lansing MI 48824 (517) 333-9323 o en Nueva York al (212) 252-3558.
8. Yo comprendo que al responder a todos los cuestionarios o entrevista yo estoy indicando mi consentimiento voluntario para participar en este proyecto.

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