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On fatalism, pessimism, and depressive symptoms among Mexican-American and other adolescents attending an obstetrics-gynecology clinic

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Abstract

There is growing evidence that Mexican-American adolescents may be at increased risk for depressive symptoms. We sought to replicate and explain this result in a study of adolescent girls attending an obstetric-gynecologic clinic. Three hundred and four girls of diverse ethnic backgrounds completed measures of depressive symptoms, negative attributional style, and locus of control. Consistent with predictions, we found that Mexican-American adolescent girls reported more depressive symptoms than adolescent girls from other ethnic backgrounds, and that Mexican-American adolescent girls displayed more negative cognitive styles than girls from other ethnic backgrounds. Depression differences appeared to be partly explained by differences in negative cognitive style. Implications of the results for a theory of increased Mexican-American adolescent depression, and for applied work, were discussed. © 2001 Elsevier Science Ltd. All rights reserved.

“The people of the United States like to believe that political will and good intentions can solve most human dilemmas. They often find it hard to understand Mexicans, who know better.”
(Fehrenbach, 1995, p. xi)

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As compared to other adolescents, Mexican-American adolescents appear to be at particular risk for depression. In perhaps the most compelling study on this issue, Roberts, Roberts and Chen, (1997) assessed major depression in several thousand 10–17 year olds from diverse ethnic backgrounds (e.g., African-American; Anglo-American; Asian-American; Native-American). Only Mexican-American youths displayed elevated rates of major depression, and this was true even when socioeconomic status, gender, and age were statistically controlled (Roberts & Chen, 1995 reported similar findings). In a study of over 2000 African-American, Anglo-American, and Mexican-American 12–17 year olds, Roberts and Sobhan (1992) reported the same finding regarding self-reported depressive symptoms, now controlling for age, gender, perceived health, and occupation level of the family's primary wage earner (Worchel, Hughes, Hall, & Stanton, 1990; Lester & Anderson, 1992 provided similar findings). To our knowledge, there exists only one dissenting study: Roberts, Chen, and Solovitz (1995) examined a relatively small sample of African-, Anglo-, and Mexican-American 12–17 year olds, and detected no ethnic differences regarding the symptoms of major depression.

There is thus persuasive evidence that Mexican-American adolescents, as compared to other US adolescents, experience higher rates of depressive symptoms; yet, the one dissenting study encourages further documentation of the effect's existence. Furthermore, assuming the effect is real, an explanation is needed as to *why* Mexican-American adolescents, among all others, experience heightened depression (previous work suggests that this effect is *not* due to lower socioeconomic status; e.g., Roberts et al., 1997). Therefore, the purpose of the present study was to provide further documentation of Mexican-American adolescents' increased depression risk, and to test a potential explanation of the effect.

Regarding the effect's explanation, acculturative stress (i.e., the strain of leaving behind a first culture and adapting to another) has been suggested as a reason that Mexican-American adolescents experience heightened depression. Although there does appear to be a positive relation between acculturative stress and depressive symptoms among Mexican-American adolescents (Hovey & King, 1996), there are at least two reasons why it may not comprise a complete explanation. First, many of the ethnic groups in Roberts et al.'s (1997) study experienced acculturative challenges, yet some of these (e.g., Chinese-Americans) had very low rates of depression. Second, the research base regarding acculturation in Mexican-American adolescents is very small, and research on acculturation in Mexican-American adults is contradictory: Some studies find that high assimilation into a new culture is related to more depression (Golding, Karno, & Rutter, 1990), whereas others find that high assimilation relates to less depression (e.g., Garcia & Marks, 1989; Neff & Hoppe, 1993 provided an excellent summary of this complex and contradictory literature). Although more research on the question is needed, acculturation, in itself, appears unlikely to explain elevated depression levels among Mexican-American adolescents.

Another potential explanation is genetic: people of Mexican descent may have a higher genetic risk for depression than those of other ethnicities. Two lines of evidence contradict this possibility. First, among adults, depression rates vary *within* people of Mexican descent depending on country of birth, with depressive symptoms among US-born Mexicans higher than for those born in Mexico (Golding et al., 1990; Golding & Burnam, 1990). *If* US-born Mexicans and those born in Mexico have similar genetic makeups, depression differences *within* this group are difficult to explain from a genetic perspective. Second, in contrast to the finding that Mexican-American adolescents have *higher* depression rates than their Anglo counterparts (e.g., Roberts et al., 1997),

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