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Autonomy in Hispanic American Female College Students: Associations with Mental Health and Culture

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in

Psychological Sciences

by

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Abstract

Autonomy in Hispanic American Female College Students: Associations with Mental Health and Culture

by Abigail Bolter for the partial satisfaction of the requirements for the degree of Doctor of Philosophy in Psychological Sciences University of California, Merced 2023
Dr. Alexandra Main, Chair

Autonomy development is a central task during early adulthood, yet autonomy development in ethnic minority groups in the U.S. remains understudied. In study 1, I explored how autonomy as independence (independent action, thinking, and/or decision making) and autonomy as volitional functioning (acting without feeling controlled by others) were associated with depressive symptoms and binge drinking behaviors in a sample of 127 female Hispanic American first year college students. Both participant levels of each type of autonomy and parental promotion of each type were measured. Parental promotion of volitional functioning predicted fewer depressive symptoms, while participant independence interacted with parental promotion of independence such that depressive symptoms were elevated only when participants reported low independence and reported low parental promotion of independence. Using the same dataset, in study 2, I tested if the cultural value of familism predicted any type of participant autonomy and if familism moderated associations between autonomy and dependent variables (depressive symptoms and binge drinking. Familism values did not predict any type of autonomy, and familism did not moderate any associations. Implications for interventions and recommendations for future research are discussed.

General Introduction

Although there is consensus that autonomy development is a central developmental task of early adulthood (e.g., Koepke & Denissen, 2012), studies differ in their definitions of autonomy, with some types of autonomy even being negatively correlated with each other (Van Petegem et al., 2013). Recent scholarship has focused on teasing apart the different types of autonomy, and many of the studies with early adults have focused on two types of autonomy: autonomy as independence, making decisions by oneself, and autonomy as volitional functioning, acting without feeling controlled (Van Petegem et al., 2013). Early adulthood can be considered a critical period for autonomy development, because early adults may be gaining more independence by making more decisions for themselves (autonomy as independence) and figuring out their true desires (autonomy as volitional functioning). Despite the salience of autonomy development during this period, to my knowledge, no studies about autonomy development in early adulthood have been conducted with a sample of primarily Hispanic young adults in the United States. The present manuscript will explore how these two types of autonomy are associated with depressive symptoms and binge drinking behaviors in Hispanic American college students. In addition, this manuscript will explore how the cultural value of familism is associated with each type of autonomy and will test if familism moderates the associations between autonomy and binge drinking or autonomy and depressive symptoms.

Autonomy as Independence

The way autonomy is defined has evolved over time. Blos (1967) described autonomy development as a separation/individuation process in which adolescents separate from their parents (Separation-Individuation Theory). Other scholars have held similar views, seeing autonomy as a process of separating the self from the other: "In recognizing other's needs for autonomy, autonomous individuals separate themselves from others..." (Hill & Holmbeck, 1986 p. 172, as cited by Sper & Kulbok, 2004). "Autonomy is attained by disengaging from infantile object relations with parents" (Grotevant & Cooper, 1985 p. 416, as cited by Sper & Kulbok, 2004). "...Key issues of adolescence, of course, are not new. The core developmental tasks remain: becoming emotionally and behaviorally autonomous..." (Elliot & Feldman, 1990, p. 12 as cited by Sper & Kulbok, 2004).

Autonomy as Agency/Volition

Although this conceptualization of autonomy as independence from others was widely accepted historically, later scholarship questioned whether autonomy is always synonymous with separation with others. Kagitcibasi (2005) proposed that autonomy actually consists of two separate dimensions: interpersonal distance and agency. Interpersonal distance is akin to separation/individuation, while agency refers to acting without feeling controlled by others. Importantly, while interpersonal distance is the opposite of relatedness, agency and relatedness are compatible, as one can choose out of one's own volition to be close to or rely on another person. Other scholars have corroborated Kagitcibasi's view. In a factor analysis of measures thought to be theoretically related to autonomy given to 14- to 20-year-olds, Van Petegem et al. (2013) found two factors that were named Volition Versus Pressure and Distance Versus Proximity. These factors emerged throughout the sample regardless of age. Volition was

associated with higher subjective higher well-being and lower problem behavior, while distance was associated with lower life satisfaction and conduct problems.

Autonomy as Independence versus Autonomy as Volitional Functioning

In the context of parent-child relationships, most scholarship has focused on two particular types of autonomy: autonomy as volitional functioning (acting without feeling controlled by others) and autonomy as independence (independent action, thinking, and/or decision making, e.g., Soenens et al., 2007). Autonomy as volitional functioning is similar to Kagitcibasi's concept of agency, and to Van Petegem's factor of volition versus pressure. In Van Petegem et al. (2013), a measure of independent decision making loaded equally strongly onto both factors, indicating that it is distinct from both. Autonomy as independence refers to if actions taken are taken independently versus with involvement from others, and therefore is an interpersonal construct (Soenens et al., 2017). By contrast, volitional functioning refers to an internal state of feeling pressured versus controlled, and therefore it has been argued that it is a more intrapersonal construct (Soenens et al., 2017). Another distinction between the two types of autonomy is that independence refers to who is acting (the individual by themself, the individual with help, or someone else), while autonomy as volitional functioning refers to why the action is taking place (due to an internal self-endorsed desire or due to external pressure). Although these two types of autonomy can be positively correlated (e.g., Van Petegem et al., 2012), they are separate dimensions, and therefore it is possible for one to have any combination of these two types of autonomy (Soenens et al., 2017). See Figure 1 for examples of each permutation.

Measuring Autonomy as Independence and Volitional Functioning

Independence can be measured by asking adolescents or young adults who in the family decides on issues such as what clothes to wear and whether to spend time with friends (the caregiver alone, the caregiver after talking to the adolescent, both together, the adolescent after talking to the caregiver, or the adolescent alone). To measure volitional functioning, adolescents or early adults are asked to reflect on why that person decides (Van Petegem et al., 2012). For example, items include: "because this is personally important to me," indicating higher levels of volitional functioning, and "because I am forced by others," indicating lower levels of volitional functioning. The level of volitional functioning for allowing others to make decisions and volitional functioning for making decisions independently are typically assessed separately. Therefore, independence is about what an individual does, while volitional functioning is about their underlying motivations.

Parenting and Autonomy Development

Role of Parents During Infancy and Childhood

Parental autonomy promotion occurs across development. Most studies of autonomy promotion in childhood focus primarily on promotion of volitional functioning. This may be due in part to the fact that historically, development of autonomy as independence was considered a task of adolescence (Blos, 1967). In contrast, autonomy as volitional functioning is considered important across the lifespan (Deci & Ryan, 2000). During infancy and early childhood, parental autonomy support is often measured using observations of parental behavior during a cooperative task with the child (e.g., Bernier et al., 2012; Distefano et al., 2018; Matte-Gagne et al., 2013). Parental behaviors such as encouragement, flexibility, positive tone, adapting the task to match the

child's level of ability, and providing choice are coded as more autonomy promoting (Whipple et al. 2011). During middle childhood, parents who take their children's perspective provide choice to children and provide reasons for rules are considered to promote more autonomy as volitional functioning (van der Kaap-Deeder et al., 2015). Autonomy support may be particularly important during the transition to formal schooling, as this is a time when children become more competent and mature, a process which can be facilitated by parental autonomy support (McCurdy et al., 2020).

Role of Parents During Adolescence

Adolescence is considered a crucial period in autonomy development (McCurdy et al., 2020). Across this period, adolescents spend an increasing amount of time with peers (Twenge et al., 2019), which offers opportunities for more development of autonomy as independence. Adolescents often report earlier age expectations for autonomy as independence than parents (Daddis & Semetana, 2005). Age expectations for adolescent autonomy as independence are similar between African American and European American adolescents (Daddis & Smetana, 2005). However, Hispanic mother-daughter dyads with a lower generation status have later age expectations than mothers from families who have been in the U.S. for more generations (Bámaca-Colbert et al., 2012).

According to Social Domain Theory, adolescents tend to desire more autonomy regarding certain types of issues (Daddis, 2011; Smetana, 2000). Adolescents tend to consider parents to have the most authority to create rules regarding moral issues (e.g., as stealing and fighting), prudential issues which involve potential harm to the actor (e.g., if it is okay to smoke), and conventional issues (e.g., using manners). Adolescents tend to report that parents have the least authority to create rules about personal issues (e.g., how to style one's hair) or multifaceted issues, which contain aspects of both the personal and other domains (e.g., when to come home at night or how clean to keep one's room). In one study including adolescents of Mexican-, Chinese-, Filipino- and European-American backgrounds, there were no statistically significant differences in adolescents' ratings of the legitimacy of parental authority to make rules regarding issues in the personal domain (Fuligni et al., 1998).

Another way to conceptualize autonomy as independence is to consider autonomy over privileges (e.g., go on dates) and responsibilities (e.g., keep their room clean) separately. Developmental timing of autonomy granting for privileges in particular predicts important developmental outcomes. When fathers from a primarily European-American sample reported they expected to grant early privileges to adolescent sons, the sons had lower academic functioning and engaged in more misconduct, but mother reports were unrelated to outcomes (Feldman, 1994). Individuals who were granted curfew autonomy between age 16-18, as opposed to before or after, had the lowest levels of externalizing behavior and highest subjective well-being as adults (Pavolva et al., 2011).

Interestingly, early, and middle adolescents tend to desire more autonomy as independence than late adolescents (Daddis, 2011). This may be due to parents being willing to grant more autonomy as independence as adolescents age, leading to a smaller gap between actual autonomy and desired autonomy. When adolescents desire more autonomy than parents are willing to grant, or when parents fail to grant autonomy in certain domains, parent-adolescent conflict can occur, and discrepancies in reports

between parents and adolescents in who makes decisions in the family are associated with higher frequency of parent-adolescent conflict (Holmbeck & O'Donnell, 1991).

Levels of autonomy as volitional functioning are theorized to increase with age (Ryan & Deci, 2000), and therefore parental promotion of this type of autonomy may be more important during adolescence than childhood. Parents can promote autonomy as volitional functioning by engaging in perspective taking/empathy, encouraging problem solving, and providing choice when possible (Grolnick et al., 2017). In a daily diary study where adolescents reported their subjective ratings of parental promotion of autonomy of volitional functioning, greater parental autonomy promotion was associated with more positive and less negative affect in greater than 90% of families, however the strength of the association differed between families (Bülow et al., 2022). In other words, parental promotion of autonomy is almost universally beneficial, but the strength of the association can differ. Adolescents most sensitive to their environment were more likely to have a strong association between parental autonomy support and affect, while demographic and personality factors were less important (Bülow et al., 2022)

An adolescent's interpretations of a parental autonomy promoting or controlling behavior can also moderate the effects of said behavior (Soenens & Vansteenkiste, 2020). For example, adolescents differ on how strongly they rate behavior such as forcing children to comply with rules they do not agree with as controlling (Camras et al., 2012). Older adolescents (Rote & Smetana, 2017) and those from more individualistic cultures (Camras et al., 2012) tend to appraise parental behaviors as more controlling on average. These findings highlight the fact that parental behaviors interact with adolescent traits to predict developmental outcomes (Soenens & Vansteenkistke, 2020).

Higher socioeconomic status has been found to be associated with more autonomy promotion from parents of adolescents (Padilla-Walker et al., 2020; Williams et al., 2000). In their systematic review of studies examining correlates to parental promotion of autonomy as volitional functioning in infancy, childhood, and adolescence, Distefano & Meuwissen (2022) note that a handful of studies do not find an association between socioeconomic status and autonomy support, but of the ones that do find an association, all find that higher SES is correlated with higher autonomy support. Some studies have found mean level differences in promotion of volitional functioning during adolescence across countries. For example, American parents provide more autonomy support than Russian parents (Chriov & Ryan, 2001), while Danish parents provide more autonomy support than American parents (Ferguson et al., 2011). Notably, I do not know of any studies of parental autonomy promotion that include parents in Latin American countries, and none were included in Distefano and Meuwissen's 2022 review. They found only one study examined racial/ethnic differences in autonomy supportive parenting during adolescence, finding that White adolescents reported more autonomy support than other racial/ethnic groups in the study (Williams et al., 2000). Family structure was not associated with autonomy support in any studies (Distefano & Meuwissen, 2022).

There are also within-person differences in parental autonomy support. Parental autonomy support for adolescents is higher on weekends than weekdays (Mabbe et al., 2018), and parents tend to promote more autonomy for their adolescents on weeks when they report feeling more supported by their partner (Costa et al., 2019). Mothers are more autonomy supportive in discussions about everyday topics such as school or summer

vacation than when discussing sex education, a more high-stakes topic (Mauras et al., 2013).

Role of Parents During Early Adulthood

Although much of the scholarship on autonomy development has focused on adolescence, parental promotion of autonomy may be just as salient during early adulthood (ages 18-25), because this developmental period offers opportunities for the development of both autonomy as independence and autonomy as volitional functioning. For autonomy as independence, young adults may make more autonomous decisions regarding their career path, employment, and finances. Parental promotion of independence during this period may involve encouraging young adults to make decisions without parental input and to have unique ideas developed without outside influence (Soenens & Beyers, 2012). For autonomy as volitional functioning, young adults are in a critical period for their identity development, which involves discovering what one desires (Koepke & Denissen, 2012). Promotion of autonomy as volitional functioning during this period may involve parents encouraging their offspring to have beliefs they stand by, regardless of if they agree or disagree with others, and to make decisions based on personal preferences (Soenens & Beyers, 2012).

Scholarship has most often focused on either parental promotion of each type of autonomy (Soenens et al., 2007) or the extent to which individuals report each type (Van Petegem et al., 2012), without including both in the same study. Parental promotion of autonomy as volitional functioning is typically measured by taking adolescent or young adult responses to questions such as "My mother/father allows me to choose my own direction in life," and "...is usually willing to consider things from my point of view." Promotion of independence is assessed using a similar questionnaire, with items such as "My mother/father pushes me to think independently," and "...encourages me to be independent from him/her (Soenens et al., 2007)."

Associations with Psychological and Social Adjustment

Autonomy in early adulthood is associated with developmental outcomes such as internalizing and externalizing symptoms in complex ways. In a study of adolescents and young adults (ages 14-20) from Belgium, those who made independent decisions out of their own volition reported higher levels of intimacy with a friend or romantic partner, but when they made independent decisions due to external pressure (pressured independence), they reported lower levels of intimacy with a friend or partner and lower subjective well-being (Van Petegem et al., 2012). When they allowed parents to make decisions due to external pressures (pressured dependence), they reported more externalizing symptoms (such as alcohol use and rule breaking), but when they allowed parents to make decisions out of their own volition (volitional dependence), they reported fewer externalizing symptoms, demonstrating a clear pattern of volitional functioning being linked to better adolescent outcomes in multiple domains and regardless of adolescent or parental decision making (Van Petegem et al., 2012). In addition, when adolescents reported more autonomy as independence (more adolescent decision making on the Family Decision Making scale), they reported more problem behavior, demonstrating that this type of autonomy could even be detrimental for adolescents during this developmental period. Although a wide age range was sampled in this study (14-20), age did not moderate any of the above associations. Additional studies across age groups have found similar results as Van Petegem et al. (2012), who found that in

general volitional functioning was associated with fewer internalizing and externalizing symptoms. Low parental promotion of autonomy of volitional functioning has been associated with more externalizing behaviors in both community and clinical samples of adolescents (Van Petegem et al., 2015).

Autonomy Development in Hispanic Americans and The Role of Gender

Several studies have focused on autonomy development in Hispanic adolescents or children. Hispanic parents of 5th - 10th grade children with a Hispanic cultural orientation were found to have later age expectations for behavioral autonomy than those with a U.S. cultural orientation (Roche et al., 2014). Mexican American adolescent girls (7th-10th grades) were found to have earlier age expectations than their mothers regarding behavioral autonomy, and mothers born in Mexico have later age expectations for behavioral autonomy than mothers born in the U.S. (Bámaca-Colbert et al., 2012).

Investigations often find that socialization regarding independence is gendered, especially for less acculturated families. Male Hispanic adolescents report more privileges, but fewer chore responsibilities, compared with females but only when parents are less acculturated (McHale et al., 2005). In one qualitative study, female Hispanic young adults describe parents, but especially fathers, as restricting them more than their brothers (Liang et al., 2017). Independence itself also emerged as a theme, with one participant stating " …being a woman to me is being independent, and it's being able to take care of yourself" (Liang et al., 2017, 159). Taken together, these studies indicate a complex relationship between gender and development of independence, where Hispanic women may face both restrictions on independence along with expectations of having a high level of independence.

A few studies have explored how independence or volitional functioning are related to psychological well-being in Hispanic Americans, and gender differences emerge here as well. Love & Buriel (2007) tested for associations between adolescent (8th grader) reports of three different types of autonomy as independence (privileges, responsibilities, and psychological autonomy) with depressive symptoms. For boys, there was a positive association between responsibilities and depressive symptoms, a negative association between privileges and depressive symptoms, and no association between psychological autonomy and depressive symptoms. For girls, no associations were significant. These mixed findings suggest the need to assess males and females separately. A second study explored the association between parental autonomy promotion and depressive symptoms in 6th grade adolescents. Autonomy promotion was assessed using a six-items from the Child Rearing Practices Report (CRPR) such as "My father encourages me to be curious, to explore, or to question things." Both parents and adolescents were asked to report the extent to which parents promote autonomy (Sher-Censor et al., 2011). This questionnaire was not explicitly designed to measure parental promotion of autonomy as independence or volitional functioning, but it was interpreted as possibly tapping into promotion of volitional functioning by later scholars (Bentio-Gomez et al., 2020). Larger discrepancies between father (but not mother) and adolescent reports of autonomy promotion were associated with more depressive symptoms, regardless of adolescent gender (Sher-Censor et al., 2011). Bean & Northrup (2009) used a similar measure derived from the CRPR and found that higher parental autonomy promotion was associated with greater self-esteem in 9th - 12th grade adolescents. If these latter two studies indeed were measuring promotion of volitional functioning, these

findings are similar to other findings that promotion of volitional functioning is associated with positive outcomes across cultures. Missing from this literature are studies with college students, and studies that tap into individual's own levels of volitional functioning, rather than parental promotion of volitional functioning.

Scholarship about autonomy development in Hispanic Americans has primarily focused on Mexican American adolescents or children, rather than college students and/or Hispanic individuals of other nationalities. In addition, most studies have focused on autonomy as independence, rather than autonomy as volitional functioning. Many extant studies have measures that on their face measure autonomy as independence or autonomy as volitional functioning, but do not explicitly use this terminology. Due to these limitations and others, in a review Benito-Gomez et al. (2020) have called for more studies about autonomy development in ethnic minority adolescents in the U.S. using the autonomy as independence and autonomy as volitional functioning framework. Although the current literature is limited, many of the existing studies on Hispanic Americans have often found gender differences in autonomy development (e.g., Love & Buriel, 2007; McHale et al., 2005). Therefore, the present study will explore autonomy development in female Hispanic young adults only because processes may differ between males and females.

The Present Studies

This dissertation has four primary aims. The first aim (study 1) is to explore how autonomy is associated with depression and binge drinking behaviors in Hispanic American college students. The second aim (study 1) is to test if caregiver promotion of autonomy and participant autonomy interact to predict depression and binge drinking. The third aim (study 2) is to explore how the cultural value of familism is associated with autonomy development for Hispanic American college students. The fourth aim (study 2) is to test if familism moderates the relationship between autonomy and outcome variables (depression and binge drinking). Specific hypotheses are discussed below in their respective studies.

Study 1: Distinct Types of Autonomy Predicting Internalizing and Externalizing Symptoms

Autonomy as Independence and Depressive Symptoms

Evidence suggests that parental promotion of independence may be linked with fewer depressive symptoms in the United States, but not be in other cultural contexts (Manzi et al., 2012). However, it remains an open question if these findings extend to all ethnic groups in the U.S. The transition to college can be a risk factor for depression, as longitudinal work has found that there is an increase in depression between the summer before college to the spring of the first year of college (Kroshus et al., 2021). Investigating potential protective factors against depression, such as parental autonomy support, during this developmental period is crucial. I hypothesize that higher autonomy as independence and parental promotion of autonomy as independence will be associated with fewer depressive symptoms in this study.

Autonomy as Independence and Binge Drinking

Longitudinal data indicate that binge drinking behaviors increase during the transition from high school to college (Fromme et al., 2008). The relationship in extant literature between autonomy and binge drinking is complex, and less consistent than the relationship between autonomy and depressive symptoms. While parental promotion of autonomy as independence has been found to be associated with fewer depressive symptoms in the United States (Manzi et al., 2012), it has also been associated with greater externalizing symptoms such as higher levels of binge drinking in a European sample (Van Petegem et al., 2012). However, to my knowledge, associations between autonomy as independence and binge drinking have not been explored in the United States. I hypothesize that more parental promotion of autonomy as independence and more participant autonomy as independence will be associated with more self-reported binge drinking behaviors.

Interactions Between Parental Promotion of Independence and Participant Independence

Parental Promotion of Independence and Participant Independence Predicting Depressive Symptoms

To my knowledge, all previous studies have included either adolescent/young adult levels of autonomy as independence or parental promotion of independence, but not both. This is a major limitation, because it does not take the bidirectional nature of parent-child relationships into account (Soenens & Vansteenkiste, 2020). In the present study, I will test if parental promotion of independence and participant independence interact to predict depressive symptoms. Autonomy as independence has been hypothesized by some to only be associated with positive developmental outcomes in particular cultural contexts (e.g., Benito-Gomez et al., 2020), and it may also be true that it is only associated with positive developmental outcomes in certain family contexts.

During adolescence, autonomy as independence and parental expectations of autonomy as independence interact in complex ways. For example, conflict tends to increase across adolescence when mothers and adolescents disagree about the level of independence adolescents should have (Holmbeck & O'Donnell, 1991). Adolescents who have more autonomy as independence report less conflict with parents, but more emotional detachment (Holmbeck & O'Donnell, 1991). These findings illustrate that both independence and parental expectations of independence are important, and that

higher adolescent independence is not always associated with more positive developmental outcomes.

Living up to parental expectations has been found to be a salient issue for college students (Hurst et al., 2013). Furthermore, not meeting parental expectations predicts higher depression in US college students (Agliata & Renk, 2008). For the present investigation, this may mean that if parents promote high levels of independence, but participants report low levels of independence, this discrepancy may predict depressive symptoms, because participants may not believe they are living up to parental expectations. I hypothesize that depressive symptoms will be highest when participants report low autonomy as independence and report that parents promote high levels of autonomy as independence.

Parental Promotion of Independence and Participant Independence Predicting Binge Drinking Behavior

According to reactance theory, when an individual perceives their freedom is being threatened, they are motivated to restore their freedom and may engage in the behavior being restricted (Steindl et al., 2015). In the context of autonomy of independence, this may mean that when parents promote a low amount of autonomy as independence, but young adults report a high level of autonomy as independence, they may rebel against parental expectations with externalizing behaviors such as binge drinking. Therefore, I hypothesize that binge drinking behavior will be highest when parents promote low levels of autonomy as independence, and participants report high levels of autonomy as independence.

Autonomy as Volitional Functioning and Depressive Symptoms

Multiple studies in diverse samples have found an association between volitional functioning, both promotion from parents and an individual's report of their own volitional functioning, and fewer internalizing symptoms (Soenens et al. 2007; Van Petegem et al., 2012). Therefore, I hypothesize that both parental promotion of volitional functioning and participant volitional functioning will be associated with fewer depressive symptoms.

Autonomy as Volitional Functioning and Binge Drinking

Compared with studies examining internalizing symptoms, fewer studies have examined how volitional functioning is related to externalizing symptoms. Silk et al. (2003) used a measure later adapted into a measure of parental promotion of volitional functioning and did not find an association with externalizing symptoms. However, Van Petegem et al. (2012) found that when adolescents depend on others out of their own volition (a measure of volitional functioning), they reported fewer problem behaviors such as rule breaking and alcohol use. Given that autonomy as volitional functioning is hypothesized to be associated with positive developmental outcomes across cultural contexts (Benito-Gomez et al., 2020), I hypothesize that autonomy as volitional functioning will be associated with lower rates of binge drinking in the present study.

Method

Participants

Data were taken from a larger dataset about mental health and autonomy development in 492 first year college students from a large public university in the California San Joaquin Valley. Only female participants between ages 18-20 age (M_{age} = 19.05 years) who responded "yes" to the question, "I would consider myself to be Hispanic/Latino/Latinx," were included in the present manuscript. Data from 157 participants who fit these criteria were collected, however 30 (19%) were dropped for failing one of two attention check questions, leaving a final sample size of 127 Hispanic[1] female participants. An example of an attention check question is, "This is an attention check. Please select '4 = Very much' for this question."

Eighty-nine percent of participants were born in the United States and 87% had at least one parent born outside the United States. Participants were asked to identify a primary caregiver for the purposes of the study from the following options: biological mother, biological father, stepmother, stepfather, adoptive mother, adoptive father, or other; 95% identified their biological mother as their primary caregiver, and 5% identified their biological father. Because all participants identified a parent as their primary caregiver, the term parent will be used to refer to the primary caregiver for the remainder of this dissertation. Half of participants had a household income (not including their own income) of under $39,000.

Procedure

All study procedures were approved by the university's institutional review board. Participants completed all questionnaires using Qualtrics XM between June 2021 and August 2022. Prior to completing questionnaires, participants electronically signed a consent form outlining the risks and benefits of participation. In order to minimize possible minor psychological risks of completing questionaries related to internalizing and externalizing symptoms, a link to campus mental health services was included in the consent form. Participants were compensated with one credit hour from the university's online study platform that can be redeemed in some courses for course credit. Participants were also invited to enter a raffle at the end of the survey for a chance to with a $25 Amazon gift card. The survey was piloted with undergraduate research assistants prior to launch and took about one hour to complete.

Measures

For all measures, scores were calculated by computing an average all items the participant completed. For example, if a three-item scale had responses of *0 = Never, 1 = Sometimes, 2 = All of the Time*, and the participant responded "*Never (0)*," "*All of the Time (2)*," and "*Sometimes (1)*" for the three respective items, they would receive a score of 1, the average of the three values. This way scores were not artificially low for participants who skipped items, as only the items that were answered were included in computations. If a participant responded to fewer than 80% of items, their score was not

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[1] Citing literature uses diverse terminology including Hispanic, Latino, and Latinx. Hispanic is used in this dissertation, because a 2020 survey with a nationally representative sample of Hispanic Americans found that a majority (61%) preferred the term Hispanic over Latino (29%), Latinx (4%), or Something Else (5%) (Noe-Bustamante, 2020).

calculated, and they were not included in analyses with that variable due to non-participation.

Autonomy

Autonomy as independence was measured using a modified version of the Family Decision Making Scale (Dornbusch et al., 1985). Participants were asked to identify who makes decisions about topics such as what clothes to wear, how to spend money, and how late to stay out. The response options in the original scale referred to mother and father, but the current study asked participants to identify a primary and secondary caregiver responsible for raising them, so questions were modified accordingly. Response options to this survey were as follows: 1. *My Caregiver(s) Alone*, 2. *My Caregiver(s), After Talking to Me*, 3. *Me and My Caregiver(s) Together*, 4. I, *After Talking to My Caregiver(s)*, 5. *I Alone*. Higher scores indicated greater autonomy as independence. Some items from the original scale were modified slightly to consider the context in which the data were collected (i.e., the COVID-19 pandemic) and the developmental stage of the participants. Specifically, a question referring to spending allowance money was broadened to "Who makes decisions on how to spend your money?" and the question "Who makes decisions on how much time to spend with friends?" was changed to "Who makes decisions on how much time to spend with friends (both online and in person)?" to be more relevant to participants during the COVID-19 pandemic. The question "Who makes decisions on whether to smoke cigarettes?" was changed to "Who makes decisions on whether to smoke cigarettes or vapes?" ($\alpha = .90$ for all items). This measure has been used studying Hispanic adolescents (e.g., Perez-Brena et al., 2012) and in European early adults (e.g., Van Petegem et al. 2012). A full list of items is available in Appendix A. All participants responded to greater than 80% of items, and therefore all participants were included in analyses.

Volitional independence (the extent to which participants make decisions independently out of their own volition) was measured using a procedure outlined by Van Petegem et al. (2012). Participants were asked to write down three questions that they selected "*I Alone*" or "*I, After Talking to My Caregiver(s)*" in the modified Family Decision Making Scale described in the previous section. Then, they were given the following prompt: "Now, please consider why you decide on these issues independently, and indicate to what extent you agree with the following reasons for deciding these issues independently. If you left the previous section (Question 1, Question 2, and Question 3) blank, you can leave this section blank as well." Then, participants responded to items adapted from the Self-Regulation Questionnaire (Ryan & Connell, 1989), which tap into motivation for behavior. A full list of items with response options are available in Appendix A. α for all items is .66. To my knowledge, this procedure has not been used in samples of Hispanic adolescents or young adults. For 10 participants, scores for volitional independence were not calculated because fewer than 80% of items were answered.

To measure volitional dependence (the extent to which participants let their parents make decisions for them out of the participant's own volition), this procedure was repeated for three items where participants selected "*My Caregivers Alone*," or "*My Caregivers, After Talking to Me*." The wording of questions from the Self-Regulation Questionnaire was changed slightly to be relevant to others deciding. For example, "Because I enjoy deciding for myself..." was changed to "Because I enjoy letting my

caregiver(s) decide...” (α = .89). A full list of items is available in Appendix A. 35 participants left greater than 20% of items blank, and scores for them were not computed.

Parental promotion of independence and volitional functioning were assessed using a modified version of a measure developed for use in adolescents and early adults by Soenens et al. (2007) derived from Silk et al. (2003). A full list of items for both scales are available in Appendix A. α for promotion of independence = .85, while α for promotion of volitional functioning = .88. Two participants did not respond to enough items for a score for promotion of independence to be computed. After excluding those participants, no data for promotion of independence were missing. Two participants were also excluded when computing scores for promotion of volitional functioning due to missing data.

Dependent Variables

Depressive Symptoms.

Depressive symptoms were measured using the Center for Epidemiological Studies-Depression Scale (Radloff, 1977). Respondents were asked to indicate to what extent they agreed with statements such as “I felt that everything I did was an effort,” and “I was bothered by things that usually don’t bother me,” on a scale from “*0 = Rarely or None of the Time*” to “*3 = Most or All of the time*” (α = .91). This scale was developed to assess depressive symptomology in the general population for studies examining the relationship between depressive symptoms and other variables and is not designed to be used as a diagnostic tool (Radloff, 1977). Although not designed as a diagnostic tool, traditionally, the CES-D is scored by summing all items, and a score of 16 is considered a clinical cutoff for depressive symptoms, as it represents the top 20th percentile of depressive symptoms in the community sample in which the initial scale was developed (Radloff, 1977). The scale has been validated in Hispanic American undergraduates (Gloria et al., 2012). About 30% of individuals in this population score over the cutoff of 16 as opposed to 20% that was observed by Radloff, with no observed differences by gender or socioeconomic status (Gloria et al., 2012). In the present study, scores were initially calculated by taking an average of all items, and then were multiplied by 20 (the total number of items) to calculate how many participants scored above the cutoff of 16. 61% of participants scored above the clinical cutoff of 16. No participants scores were dropped from the dataset due to missing data.

Binge Drinking.

Binge drinking behavior was measured using the following item from Bensley et al. (1999): “Think back over the last 2 weeks. How many times have you had five or more drinks in a row? A drink is a glass of wine, a bottle of beer, a shot glass of liquor, or a mixed drink,” with the following options: None, Once, Twice, Three to Five Times, Six or More Times.” The criterion of five or more drinks in a row in the past two weeks is used by the National Institute of Heath, however their criteria specify that 4 or more drinks is sufficient for women (National Institute of Heath, n.d.). The criterion of five or more drinks has been used in studies of Hispanic college students (McCabe et al., 2019). 82% of participants responded that they did not engage in binge drinking behavior, so this variable was coded as a binary, with 1 = engaged in any amount of binge drinking, 0 = no binge drinking.

Covariates

The following variables were included as covariates: age, participant dependent status parental education, generation status, and stress due to COVID-19. These variables were chosen because they were each associated with at least one autonomy measure or dependent variable (see Table 2). Major type (STEM, social science, humanities, or undeclared) and family income were considered as covariates, but they were dropped as they were not associated with any autonomy measures or dependent variables.

The question "What is your age in years?" was used to determine age. For dependent status, the question "Are you financially dependent? That is, does a family member or parent claim you in their income tax return?" was asked with the options of "yes" and "no." Parental education was measured by asking for the highest level of education completed by the participant's self-identified primary caregiver. The answers were coded as the following: *1 = Elementary School, 2 = Middle School, 3 = High School/GED, 4 = Associate's Degree or Some College, 5 = Bachelor's Degree, 6 = Master's Degree, 7 = Doctoral Degree (PhD, JD, EdD, or MD)*.

To measure generation status, participants were asked to report if they, their parents, and/or their grandparents were born in the United States. If the participant, parents, and grandparents were all born in the United States, their generation status was coded as 3. If both parents were born in the United States, but at least one grandparent was born outside the United States, generation status was coded as 2, and if the participant was born outside the United States they were coded as 1. Therefore, a higher value indicated more family generations in the US.

The COVID-19 Stress scale measured worries related to COVID-19 in three subscales: Traumatic Stress, Danger, and SES Consequences (Taylor et al., 2020). Participants indicated on a scale of *0 = Not at All* to *4 = Extremely* the extent to which they experienced worries about the virus in the past seven days. Sample items include "I am worried that basic hygiene (e.g., handwashing) is not enough to keep me safe from the virus," and "I am worried that I can't keep my family safe from the virus" ($\alpha = .90$). This scale has been used with Hispanic college students (Martínez-Taboas et al., 2021). Across all participants, no data were missing for this measure.

Analysis Plan

First, variables were assessed for normality, and all were below the cutoffs of 2 for skewness and 7 for kurtosis (West et al., 1995). Second, zero-order associations between all study variables were conducted (see Table 2). Then, hierarchical regressions were conducted to account for covariates. One hierarchical regression was conducted to determine if participant autonomy is associated with depressive symptoms after controlling for demographic variables. Step 1 of this regression included covariates (age, dependent status, parental education, generation status, and stress due to COVID-19) and Step 2 included autonomy as independence, volitional independence, and volitional dependence. A second hierarchical regression was conducted to assess how parental promotion of autonomy is associated with participant depressive symptoms. Step one included covariates (listed above), Step 2 included parental promotion of independence and parental promotion of volitional functioning.

Due to the binary nature of the outcome variable, a hierarchical logistic regression was computed to test how participant autonomy is associated with binge drinking behavior after controlling for demographic variables. Step 1 included all covariates (age, dependent status, parental education, generation status, and stress due to COVID-19),

while Step 2 included autonomy as independence, volitional independence, and volitional dependence. A second logistic regression tested how parental promotion of autonomy is associated with binge drinking behaviors. Step 1 included identical covariates to the first logistic regression, and Step 2 included parental promotion of independence and parental promotion of volitional functioning.

Participant autonomy and parental promotion of autonomy were included in separate regressions to test for the main effects each type of participant autonomy without controlling for parental promotion of autonomy and vice versa. Given that parental promotion of autonomy is likely to be associated with participant autonomy, controlling for parental promotion of autonomy when testing for the main effects of participant autonomy (and vice versa) could obscure important findings. In other words, finding the association of parental promotion of autonomy while controlling for participant autonomy obscures one of the likely pathways through which parental promotion of autonomy is associated with the dependent variables, through changing the participant's own level of autonomy. Therefore, parental promotion was kept separate from participant autonomy for this first set of analyses.

A separate set of hierarchical regressions tested for interactions between parental promotion of independence and participant independence predicting dependent variables. Step 1 included covariates (age, dependent status, parental education, generation status, and stress due to COVID-19), Step 2 included parental promotion of independence and participant independence, and Step 3 included the interaction between parental promotion of independence and participant independence. Parental promotion of independence and participant independence scores were mean centered to create interaction terms.

Results

Associations Between Autonomy (Participant Autonomy and Parental Promotion of Autonomy) and Depression

None of the correlations between participant autonomy and the depression were statistically significant. After control variables were added (age, dependent status, parental education, generation status, and stress due to COVID-19), associations between participant reports of their own autonomy (independence, volitional independence, or volitional dependence) and depressive symptoms were not statistically significant. One correlation between parental promotion of autonomy and dependent variables was statistically significant. Participants who reported that their parents promote more volitional functioning also reported fewer depressive symptoms. See Table 2 for correlations between all study variables.

The negative association between parental promotion of volitional functioning and depressive symptoms remained significant after control variables were added (see Table 3). Parental promotion of independence was not associated with depressive symptoms (see Table 3).

Associations Between Autonomy (Participant Autonomy and Parental Promotion of Autonomy) and Binge Drinking

No correlations between participant autonomy (independence, volitional independence, and volitional dependence) or parental promotion of autonomy were statistically significant (see Table 2). These associations remained nonsignificant in logistic regressions after control variables were added.

Interactions Between Autonomy and Promotion of Autonomy Predicting Depressive Symptoms and Binge Drinking

Parental promotion of independence interacted with participant independence to predict depressive symptoms, such that depressive symptoms were highest when participants reported low independence and parents promoted low independence See Table 3 for the full hierarchical regression. This interaction is graphed in Figure 2. Although not one of the hypotheses of the study, after finding this significant interaction, I tested if parental promotion of volitional functioning interacted with participant volitional independence or volitional dependence to predict depressive symptoms, and these interactions were not statistically significant.

Parental promotion of independence did not interact with participant independence to predict binge drinking behavior.

Discussion

Although autonomy development is a salient developmental task across cultures (Kagitcibasi, 2005), few studies have addressed this topic with racially and ethnically minoritized populations in the United States, and even fewer employ the current understanding of autonomy as multiple constructs including independence and volitional functioning (Benito-Gomez, 2020). The present study is the first to my knowledge to explore associations between autonomy and mental health outcomes in Hispanic American college students using this framework. This is important because although autonomy development is a significant developmental process across cultures, findings about the associations between autonomy variables and mental health outcomes are not always consistent across populations, and therefore it is important to broaden the literature to include many diverse populations (Manzi et al., 2012).

Study 1 found that parental promotion of volitional functioning was associated with fewer depressive symptoms, and this association held after controlling for demographic variables. This finding is consistent with previous investigations, which have found that parental promotion of autonomy as volitional functioning is associated with fewer depressive symptoms (Soenens et al., 2007). Importantly, these findings have emerged in multiple countries, and are theorized to be universal across cultures (Grolnick et al., 2017). The present investigation was the first to find this association in Hispanic American females, adding further evidence that this association is robust across diverse populations.

Contrary to hypotheses, participants' own senses of volitional functioning were not associated with depressive symptoms, despite this finding emerging in prior investigations with other populations (e.g., Van Petegem et al., 2012). There are a few possible explanations for this discrepancy. First, many samples only include adolescents (e.g., Chen et al., 2013), or include primarily adolescents with a small number of young adults (e.g. Fousiani et al., 2013). It may be that volitional functioning is less consistently associated with fewer depressive symptoms for young adults compared to adolescents. However, volitional functioning is theorized to be consistently associated with positive outcomes across the lifespan (Deci & Ryan, 2000), meaning that it may be something other than the age of this study's participants driving findings. It may be that volitional functioning for the specific domains of independence from parents and dependence on parents is not predictive of depressive symptoms in young adults. Future investigations could ask participants about their levels of volitional functioning in other aspects of their life, which may be more predictive of depressive symptoms. In the current data, volitional independence and volitional dependence were negatively correlated, implying that volitional functioning for each individual domain should be considered separately. For young adults, volitional functioning for something like career or major choice may be more important for mental health than the items assessed by the Family Decision Making Scale (Dornbusch et al., 1985). Given that autonomy development continues into young adulthood (e.g. Koepke & Denissen, 2012), developing a scale similar to the Family Decision Making Scale specifically for tasks important during young adulthood could be a fruitful future direction.

Interestingly, although autonomy as independence and parental promotion of independence were not associated with fewer depressive symptoms on their own, they interacted to predict depressive symptoms such that depressive symptoms were highest

when both participant independence and parental promotion of independence were low. This is the first investigation to my knowledge to test if parental promotion of autonomy interacts with young adult's own autonomy. This interaction could mean that high parental promotion of independence buffers the negative effects of low independence, and that high independence buffers the negative effects of low parental promotion of independence. Previous studies have found that autonomy as independence (both an individual's own sense of independence and parental promotion of independence) are less consistently associated with internalizing symptoms than autonomy as volitional functioning (Soenens et al., 2007; Van Petegem et al., 2012). The interaction found in Study 1 could partially explain why previous findings have been inconsistent, because the interaction is more predictive than any main effect. This interaction also means that while parental promotion of volitional functioning is directly associated with fewer depressive symptoms, promotion of independence is only associated with fewer depressive symptoms in particular contexts. The fact that independence and volitional functioning appear to predict depressive symptoms in different ways underscores the importance of assessing each type of autonomy separately.

I did not find any associations between autonomy variables (volitional independence, volitional dependence, independence, parental promotion of independence, or parental promotion of volitional functioning) and binge drinking behaviors. Although autonomy as independence has been found to be associated with binge drinking behaviors in a European sample (Van Petegem et al., 2012), it may be that this association simply functions differently in the United States. No studies I am aware of have compared associations between independence and externalizing symptoms across multiple countries, but when associations between parental promotion of independence and depressive symptoms were assessed in multiple countries, these associations were only significant in the United States (Manzi et al., 2012). It is possible that associations between independence and binge drinking similarly differ across populations. The literature regarding the association between volitional functioning and externalizing symptoms is limited, and results are mixed. I am aware of two studies that explored this topic. In a European sample of 9th through 12th graders, Van Petegem et al., 2012 found that volitional dependence predicted fewer externalizing symptoms such as binge drinking and rule breaking, while in an American sample of 9th through 12th graders, Silk et al. (2003) did not find an association between parental promotion of volitional functioning and drug use. This finding along with the finding of Study 2 point to the possibility that volitional functioning is not associated with binge drinking behavior in the United States.

Unlike with depressive symptoms, parental promotion of independence and participant independence also did not interact to predict binge drinking behavior. It was hypothesized that parental promotion of independence and participant independence would interact such that binge drinking would be highest when participants reported high levels of independence, with low parental promotion of independence. This hypothesis was based on reactance theory, which proposes that when an individual perceives their freedom as threatened, they will do the opposite of what is directed in order to restore freedom (e.g., Steindl et al., 2015). In this case, it was hypothesized that when parents do not promote independent decision making, young adults who do make decisions independently would respond by deciding to drink against parental wishes. It could be

that this interaction did not appear in the data, because young adults may not perceive parents promoting low levels of independence as a threat to their freedom to drink alcohol. In the literature about adolescent autonomy development, an emphasis has been placed on how adolescents appraise parental behavior, and how those appraisals moderate how parental behavior impacts development (Soenens & Vensteenkiste, 2020). Future investigations can explore how young adults appraise parental behavior, with a particular focus on if young adults perceive behavior as a threat to their freedoms. This could be investigated by recording parent-young adult conflict discussions and interviewing young adults afterwards. This would be an especially important future direction, as most current studies focus on parent-adolescent relationships (e.g., Bülow et al., 2022).

The present methods had a number of limitations. First, these data were cross-sectional and correlational in nature, meaning that cause and effect relationships cannot be established. Although I hypothesized that parental promotion of volitional functioning would predict lower depressive symptoms, but it could be that individuals who have fewer depressive symptoms appraise their parents as more autonomy promoting, regardless of actual parental behavior. This ambiguity regarding the reason for these results can be elucidated in future intervention studies that test if interventions designed to teach parents strategies to promote volitional functioning in Hispanic American females results in fewer depressive symptoms. In addition, parental autonomy promotion was reported by the young adult, rather than the parent themself. This made reports of parental behavior subject to reporting bias by the participant. However, there are also upsides to gathering parenting data from (in this case adult) children rather than parents. Two individuals can interpret the same parental behavior as more or less controlling/autonomy promoting, and the appraisal of a parental behavior may be more indicative of the effects of the behavior than the behavior itself (Soenens & Vansteenkiste, 2020). Although data on financial dependent status (if participants were claimed on a parental tax return) were available, no data on if participants were living with parents was available. It may be that some of the nonsignificant associations in this study would be significant in a sample of only young adults living with their parents. Finally, the gendered nature of socialization for Hispanic Americans (e.g., McHale et al., 2005) means that findings may be radically different in a sample of males rather than females. Future studies with Hispanic American males can broaden the literature.

Study 1 found that both independence and volitional functioning are associated with lower depressive symptoms in Hispanic American females. However, for independence, the relationship only emerged when testing if parental promotion of independence reacts with participant independence to predict symptoms. Although there has been a call to take the bidirectionality of parent-child relationships seriously (Soenens & Vansteenkiste, 2020), this is the first study to my knowledge to test for such an interaction between parental promotion of autonomy and adolescent or young adult autonomy. Future investigations should continue to test for these interactions, and further explore if there is a particular combination of parental behavior and young-adult behavior that predict outcomes of interest.

Female college students are at a higher risk of depressive symptoms and other negative mental health outcomes compared to males (e.g. Mofattah, 2020), and in Hispanic American culture, female and male socialization differ markedly (e.g., McHale et al., 2005). Therefore, including only females in the present sample is an important

distinction that can uncover findings unique to this population, which can be used to develop mental health treatment plans. In particular, the finding that parental promotion of volitional functioning is a protective factor against depression can be used to target interventions to individuals who do not have this protective factor. Depressive symptoms were also highest when both independence and parental promotion of independence are low. The risk for depressive symptoms increases during the first year of college (Kroshus et al., 2021), and clinicians can encourage parents to keep in close contact and encourage autonomy development as a possible way to reduce this risk. When this is not possible, clinicians can promote young adult independence as a possible way to decrease risk for depressive symptoms.

Study 2: Autonomy and Familism

Role of Culture

Cultural factors such as individualism versus collectivism can influence parental socialization goals and what types of autonomy parents promote (Grolnick et al., 2017). Autonomy as volitional functioning has been associated with positive developmental outcomes across cultures, but autonomy as independence seems to be only associated with positive developmental outcomes in some cultural contexts (Chen et al., 2013; Manzi et al., 2012). For example, Manzi et al. (2012) used an autonomy promotion scale developed by Silk et al. (2003) with first year college students from the U.S., Belgium, China, and Italy, and found that promotion of independence was associated with fewer depressive symptoms in the U.S. only. Seventh and eighth grade children from the U.S. reported more increases in autonomy in decision making (autonomy as independence) over the course of a school year compared to Chinese adolescents the same age. Greater gains in this type of autonomy were related to greater emotional functioning (self-esteem, life satisfaction, experiences of positive emotion, experiences of negative emotion, and anxiety) in the U.S. adolescents, but not those from China (Qin et al., 2009). Some scholars have posited that volitional functioning is a universal human need, while independence is not (Kagitcibasi, 2017; McCurdy et al. 2020).

Although Manzi et al. (2012) found that parental promotion of autonomy as independence was associated with fewer depressive symptoms in the U.S. only, promotion of autonomy as volitional functioning was associated with fewer depressive symptoms in all countries surveyed (U.S., Belgium, China, and Italy). Additionally, autonomy as volitional functioning seems to be important regardless of individualist or collectivist values, as demonstrated by a study of Chinese high school students, in which autonomy as volitional functioning was associated with higher psychological well-being (self-esteem, depression, and vitality) regardless of their levels of individualism versus collectivism values (Chen et al., 2013). It remains an open question whether autonomy as independence is linked to fewer internalizing symptoms like depression for all cultural groups within the U.S., or if this association is specific to cultural groups in the U.S. who highly value individualism, such as European Americans (Benito-Gomez, 2020).

Familism

Previous scholarship exploring the role of culture in autonomy development has typically conceptualized culture in terms of individualism versus collectivism (e.g., Kagitcibasi, 2005), and has posited that autonomy as independence is only associated with positive developmental outcomes in individualistic cultures, while autonomy as volitional functioning is associated with positive outcomes regardless of cultural context. To date, I am not aware of any empirical studies that specifically explore the relationship between other cultural values, such as familism, and the development of independence or volitional functioning. Familism has been identified as a Hispanic American cultural value that encompasses emotional support/close relationships between family members, obligations to caregiving responsibilities within the family, and using the family to define oneself (Knight et al., 2010). It has been argued that higher levels of familism may be associated with less autonomy promotion (e.g., Benito-Gomez et al. 2020), although to my knowledge this has not been directly tested empirically, and it is unknown if familism values with be differentially associated with autonomy as independence versus volitional functioning.

Hypotheses

Associations Between Cultural Values and Autonomy

In a review of parental promotion of independence and promotion of volitional functioning, Benito-Gomez et al. (2020) argue that parental promotion of autonomy as volitional functioning tends to be valued and associated with positive outcomes across cultures, while autonomy as independence tends to be more highly valued and associated with positive outcomes primarily in more individualistic cultures. However, it remains unknown which specific cultural values beyond individualism and collectivism are associated with each type of autonomy. One goal of the present study is to test if familism is related to lower autonomy overall, or if it is only related to lower levels of particular types of autonomy. Autonomy as independence is theorized to be the opposite of relatedness, and therefore familism is likely to be negatively correlated to this type of autonomy (Soenens et al., 2017). However, autonomy as volitional functioning is theorized to be compatible with relatedness (e.g., Soenens et al., 2017), and therefore familism may not be related to a lower level of this type of autonomy.

I hypothesize that familism will be associated with lower levels of autonomy as independence, because familism is likely to be a type of collectivism, and collectivism is associated with lower autonomy as independence. Although volitional functioning is, unlike autonomy as independence, thought to be equally important across cultures (e.g Kagitcibasi, 2017), it may be that individuals with higher familism have more volitional functioning for relying on parents to make decisions. Therefore, I hypothesize that familism will be positively associated with volitional dependence. Conversely, individuals who value familism less may have higher levels of volitional independence. Therefore, I hypothesize that familism will predict lower volitional independence.

Familism as a Moderator

Given that the association between autonomy as independence and positive developmental outcomes differs across cultural groups (Benito-Gomez et al., 2020; Kagitcibasi, 2017), particular cultural values may moderate the relationship between autonomy as independence and outcomes of interest. I hypothesize that the association between autonomy as independence and depression will be weaker when individuals report higher levels of the Hispanic American cultural value of familism. Because the association between volitional functioning and internalizing or externalizing symptoms is not thought to differ between cultures (Kagitcibasi, 2017) I have no specific hypotheses about if familism moderates the relationship between volitional functioning and depressive symptoms or binge drinking.

Methods

Participants and procedures were identical between Study 1 and Study 2. All control variables were identical. Unlike Study 1, only participant autonomy variables (independence, volitional independence, and volitional dependence) not parental promotion of autonomy variables were used in Study 2. Participant autonomy was measured the same way in Studies 1 and 2.

The variable of familism was added in Study 2. Using the Mexican American Cultural Values Scale (Knight et al., 2010), participants were asked to indicate the extent to which they agree with statements such as "Parents should teach their children that family should always come first," on a scale from *1 = Not at all* to *5 = Completely*. There are three familism subscales: familism support (receiving support from family members), familism obligations (having an obligation to family members), and familism referent (using family to define oneself). Due to the fact that these scales were highly correlated with one another (all correlations were greater than .70), they were combined into one familism measure ($\alpha = .93$) to avoid problems with multicollinearity. The combined familism scale, which will now be referred to as familism, was assessed for skew and kurtosis and was determined to be normally distributed. Less than 1% of items were left blank across all participants, no participant scores were dropped due to missing data.

Analysis Plan

First, zero-order correlations between familism and all participant autonomy variables (independence, volitional independence, and volitional dependence) were conducted.

Then, one set of regressions was conducted to test for associations between familism and autonomy. Step 1 included covariates (age, dependent status, parental education, generation status, and stress due to COVID-19) and Step 2 included familism. Participant autonomy (autonomy as independence, volitional independence, and volitional dependence) were dependent variables.

A second set of regression was conducted to test if familism moderates the relationship between autonomy and outcome variables (depression and binge drinking). Step 1 included covariates (age, dependent status, parental education, generation status, and stress due to COVID-19), Step 2 included familism, Step 3 included each type of participant autonomy (autonomy as independence, volitional independence, volitional dependence), and Step 4 included the interactions between familism X each type of autonomy.

Results

Associations Between Familism and Autonomy Variables

All correlations are available in Table 2. Participant autonomy variables (independence, volitional independence, and volitional dependence) were not significantly correlated with familism. After control variables (age, dependent status, parental education, generation status, and stress due to COVID-19) were added, familism did not significantly predict any type of autonomy (independence, volitional independence, or volitional dependence).

Familism Moderating Associations Between Participant Autonomy Variables and Dependent Variables

No participant autonomy variables (independence, volitional independence, and volitional dependence) interacted with familism to predict either depressive symptoms or binge drinking behaviors.

Discussion

Previous investigations regarding culture and autonomy have largely focused on individualism and collectivism (e.g., Chen et al., 2013), rather than other cultural values. This is the first study to my knowledge to test if the cultural value of familism is associated with autonomy development. Familism has been associated with numerous desirable outcomes such as fewer depressive symptoms and fewer suicidal behaviors (Valdivieso-Mora et al., 2016). Study 2 aimed to test if it is also associated with autonomy development, a central task of early adulthood and desirable developmental outcome (Grolnick et al., 2017). In addition, the present study tested if familism moderates the relationship between autonomy as independence and volitional functioning and internalizing and externalizing symptoms. Exploring moderation pathways is important, because it can aid in the development and targeting of potential interventions to increase autonomy in service of decreasing internalizing and externalizing symptoms.

Contrary to hypotheses, familism was not associated with any type of participant autonomy (independence, volitional independence, or volitional dependence) either at the correlational level or after control variables were added. Furthermore, familism did not moderate any associations between autonomy variables and depressive symptoms or binge drinking behaviors. Potential explanations for these null findings are discussed below.

Independence has been found to be higher in individualistic versus collectivistic cultural contexts (Qin et al., 2009), and therefore it is surprising that familism was not associated with lower independence, given that some scholars consider familism to be a type of collectivism (Schwartz et al., 2010). If familism is indeed one aspect of collectivism, it may be that other aspects of collectivism are associated with independence. It is also possible that values related to individualism, such as valuing self-reliance or material success, would be more closely associated with autonomy as independence than values related to collectivism, such as familism. The literature on cultural values and autonomy is very limited. To my knowledge, two studies have tested the relationship between materialism and autonomy as volitional functioning, and both found that materialism is associated with lower levels of autonomy as volitional functioning (Chen et al., 2014; Nagpaul et al., 2017). I am not aware of any other studies testing for associations between autonomy and cultural values, which means this area has a high potential for future studies.

Surprisingly, familism was not associated with volitional dependence. This means that individuals who value familism more do not report feeling more self-endorsed when relying on their parents to make decisions. This finding implies valuing the idea of familism is unrelated to how one feels when actually relying on one's own family. One possible explanation for this finding is that some participants who highly value familism may also come from families who highly value familism, and therefore may feel externally pressured to rely on parents to make decisions. However, other participants who report high familism value familism out of their own volition, either from their own personal value system or by internalizing parental values. For these individuals, familism might be more likely to be associated with volitional dependence. Volitional independence was also unrelated to familism, meaning that not valuing familism is unrelated to one's feelings of self-endorsement when making decisions alone without one's family. There may be no association because there may be multiple paths to high

volitional independence, which may include high familism, low familism, or be unrelated to familism. For some individuals familism and volitional independence go hand in hand because their families encouraged volitional independence. For others, volitional independence may emerge due to not valuing familism. In a review regarding the role of familism across development, Stein et al. (2014) note that during adolescence familism can be protective by granting adolescences a sense of purpose but can also be associated with a risk of heightened levels of guilt and shame. Feelings of guilt and shame are associated with low volitional functioning (Vansteenkiste & Ryan, 2013), while acting without feeling controlled with volitional functioning may be associated with a sense of purpose. This may mean that familism can be associated with either high or low volitional functioning, depending on the individual or situation. Less is known about the possible risks and protective effects of high familism in adulthood, and future studies can explore the circumstances under which familism is a protective factor versus a risk factor. Another possibility for future investigations is to employ a person-centered approach to explore how familism or other cultural values may be related to different types of autonomy in particular subgroups of the population.

Familism did not moderate the relationship between any type of autonomy and either depressive symptoms or binge drinking behavior. This finding is especially surprising for autonomy as independence, which has been theorized to be only associated with more positive outcomes in individualistic cultures more than collectivistic ones (Benito-Gomez et al., 2020; Kagitcibasi, 2005). It may be that other aspects of individualism/collectivism would moderate relationships between independence and mental health outcomes. Volitional functioning is thought to be associated with positive developmental outcomes in all cultural contexts (e.g. Kagitcibasi, 2017), which may be why familism does not moderate any associations between autonomy as volitional functioning and mental health outcomes, as volitional functioning may be protective regardless of cultural values.

One limitation of Study 2 is that only participant cultural values were measured, not parental cultural values. It has been theorized that parents who value familism may promote less autonomy as independence (Benito-Gomez et al., 2020), but this has not been tested empirically. It may be that parental cultural values are more important for autonomy development than young adults' cultural values, and this question remains unanswered with the present dataset.

Although this is the only, and therefore largest, study I am aware of regarding independence and volitional functioning in Hispanic American females, the sample size of 127 was relatively small, and results may have been statistically significant with a larger sample size. In addition, although participants were asked to indicate a primary caregiver and could designate anyone regardless of relationship, 95% chose their mother. This means that the findings of the present study may have been different if asking about father behavior or the behavior of another caregiver. Although this sample was socioeconomically diverse, with a median family income of $30,000 - $39,000 and a range of less than $10,000 to more than $150,000, the participants were limited to college students, which may limit the generalizability to other socioeconomic groups. Finally, about 20% of collected data were not useable due to participants failing simple attention check questions such as, "This is an attention check. Please select "*4 = Very much*" for this question." This issue with data quality from online surveys of college students should

be noted by future researchers and can be addressed by collecting a much larger sample than needed or by using face-to-face interviews and other methods that may yield more participant engagement.

Although it has been theorized that values promoting interdependence such as familism are associated with lower parental promotion of autonomy as independence in Hispanic Americans (Benito-Gomez, 2020), Study 2 is the first I am aware of to empirically test if familism is associated with any type of autonomy in Hispanic American adolescents or young adults. Study 2 found that, contrary to hypotheses, familism does not predict any type of autonomy in young adult Hispanic females and does not moderate any associations between autonomy and mental health outcomes. These results demonstrate the importance of testing associations empirically, even if they seem intuitive. Future studies can continue to explore how other cultural values likely related to individualism/collectivism, such as fetial piety, materialism, and self-reliance are related to autonomy development. One implication of the null results of the present study are that results from other studies about autonomy development can likely be generalize to populations with diverse levels of familism.

General Discussion

This dissertation is the first scholarly work to my knowledge to explore autonomy development in female Hispanic American young adults explicitly using the framework of autonomy as independence versus autonomy as volitional functioning. The distinction between types of autonomy is important because autonomy as independence and autonomy as volitional functioning have differing associations with both internalizing and externalizing symptoms in prior literature, such that autonomy as volitional functioning more consistently predicts desired outcomes such as fewer internalizing and externalizing symptoms than autonomy as independence (Van Petegem, 2012). Studying Hispanic Americans in particular is important, as autonomy development is thought to function differently in different ethnic groups, yet ethnic minorities in the United States remain understudied (Benito-Gomez, 2020).

Study 1 is the first study to my knowledge to test for interactions between parental promotion of autonomy with an adolescent or young adult's own autonomy. This gap is noteworthy, because in the adolescent literature parental behaviors can have differing effects due to factors such as the adolescent's sensitivity to the environment (Bülow et al., 2022), level of collectivism (Soenens et al., 2018), and whether parental behavior is appraised as benign or hostile (Camras et al., 2017), yet the autonomy literature has previously largely neglected parent child interactions.

Study 2 is the first study to my knowledge to explore the role of familism in autonomy development using the framework of independence and volitional functioning. Scholars have speculated that familism may be important for autonomy development (e.g., Benito-Gomez, 2020), however this has never been tested empirically. Previous investigations have found that certain types of autonomy, such as autonomy as independence, are more prevalent in individualistic than collectivistic cultures, but the reasons for this association are unknown. Familism has been considered by some to be an aspect of collectivism (e.g., Schwartz et al., 2010), and exploring its relationship with autonomy development is a step towards understanding which aspects of collectivism are relevant to for autonomy development.

In Study 1, both parental promotion of autonomy and participant's own autonomy predicted depressive symptoms in complex ways. When parents promoted more autonomy as volitional functioning, participants reported fewer depressive symptoms. This is consistent with prior studies, that have found parental promotion of volitional functioning to be a protective factor (see Benito-Gomez (2020) for a review about ethnic minorities in the United States). Promotion of independence and autonomy as independence did not independently predict depressive symptoms. However, they did interact to predict depressive symptoms such that symptoms were highest for individuals with parents who promoted low autonomy as independence and themselves reported low autonomy as independence. Previous studies have found that independence and promotion of independence are less consistently associated with depressive symptoms compared to volitional functioning (e.g. Chen et al., 2013; Silk et al., 2003), which may explain why main effects were not found. Previous investigations have not explored interactions between parental promotion of independence and young adult or adolescent independence, and this finding underscores the importance of taking both parental promotion of autonomy and young adult's autonomy into account. Young adults' levels of both volitional independence and volitional dependence were not associated with

depressive symptoms. This may be because the scales used to measure independence (Dornbusch et al., 1985) and volitional functioning (Van Petegem et al. 2012) have been used primarily with adolescents, and future studies can develop scales for use with early adults. No autonomy variables were associated with binge drinking behavior, which is somewhat consistent with previous null findings regarding the relationship between autonomy and binge drinking in the United States (e.g., Silk et al., 2003). Future investigations should test if these null results represent a true lack of association, or if this was specific to the current sample.

In Study 2, contrary to hypotheses, familism was not associated with any type of autonomy, and did not moderate any associations between autonomy and depressive symptoms or binge drinking. This is surprising, given that cultural factors such as individualism and collectivism are thought to play an important role in for autonomy development in adolescents (Grolnick et al., 2017; Kagitcibasi, 2017; McCurdy et al. 2020). The current literature about the relationship between cultural values outside of individualism and collectivism in both adolescents and adults and autonomy development is limited. It is imperative that researchers continue to test which cultural values, if any, are important for autonomy development.

The present results have multiple implications for future research. Results suggest that higher parental promotion of volitional functioning is associated with fewer young adult depressive symptoms, which college students are at an elevated risk for (Kroshus et al., 2021). Future investigations should dig deeper into the construct of parental promotion of volitional functioning. Projects can zoom in on what methods parents use to promote volitional functioning and how promotion changes from adolescence to adulthood. Investigations with adolescents find that parental promotion of volitional functioning is universally related to positive developmental outcomes, but that the magnitude of effects can vary between families (Bülow et al., 2022). This study demonstrates that promotion of volitional functioning continues to be important during early adulthood, but future studies can test which young adult variables predict a stronger relationship between promotion of volitional functioning and young adult depressive symptoms.

Future investigations can also explore culturally specific modes of autonomy development. In one qualitative study of Hispanic American college students, a theme of "Hembrismo" or "Superwoman" emerged, which described women who successfully navigated multiple roles. One participant described it this way: "My mom took care of us: took us to school, picked us up, took us to practice, cooked dinner, helped us with homework, did everything that two parents usually do, she did all by herself" (Liang et al., 2017, p. 158). Future investigations can explore how Herbrismo is promoted by parents and how this construct is associated with internalizing and externalizing symptoms.

These findings have implications for interventions. The fact that depressive symptoms were only elevated for individuals who had both low independence with parents who promote low independence indicates that interventions at the family level, rather than the individual level, could be beneficial. Practitioners can counsel both parents and young adults to discuss changes in expectations for independence during the transition from high school to college and negotiate new family norms where applicable. Practitioners should be mindful that parents and young adults may have differing

expectations for autonomy as independence due to acculturation gaps (see Bámaca-Colbert, 2019 for a review).

When family level interventions are not possible, such as when college students receive on campus counseling, interventions targeting only the young adult can be developed. Findings indicate that higher levels of volitional functioning are associated with fewer depressive symptoms, so practitioners can promote volitional functioning. Importantly, the Study 2 finding that familism does not moderate associations between autonomy and depressive symptoms implies these interventions would be generalizable to populations with diverse familism values.

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Table 1
Means and Standard Deviations for Study Variables

Variable	*Mean (SD)*
Age	19.04 (.88)
Parental Education	2.74 (1.45)
Generation Status	1.09 (.63)
Dependent Status	.80 (.41)
COVID Stress	2.10 (.75)
Promotion of Independence	3.57 (.82)
Promotion of Volitional Functioning	3.51 (.89)
Independence	4.08 (.76)
Volitional Independence	4.03 (.99)
Volitional Dependence	2.10 (1.03)
Familism	3.15 (.82)
Depression	2.05 (.56)
Binge Drinking	.18 (.39)

Note: Dependant Status Scores: 0 = Not Financailly Dependent, 1 = Financially Dependent; Parental Education Scores: 1 = Elementary School, 2 = Middle School, 3 = High School/GED, 4 = Associate's Degree or Some College, 5 = Bachelor's Degree, 6 = Master's Degree, 7 = Doctoral Degree (PhD, JD, EdD, or MD)

Table 2

Correlations Between Study Variables

	1	2	3	4	5	6	7	8	9	10	11	12	13
1. Age	-												
2. Parental Education	-.04	-											
3. Generation Status	.21*	.40**	-										
4. Dependent Status	.12	-.05	.10	-									
5. COVID Stress	.20*	-.07	-.09	-.01	-								
6. PI	.01	.23**	.06	.16	.04	-							
7. PVF	.05	.07	-.07	.19*	.04	.60**	-						
8. Independence	.04	-.01	-.09	-.10	-.09	.05	.21*	-					
9. Volitional Independence	.02	.19*	.21*	-.06	.20*	-.06	-.05	.16	-				
10. Volitional Dependence	-.12	-.06	-.11	.12	.22*	.31**	.25*	-.13	-.25*	-			
11. Familism	.03	.31**	.04	-.09	.04	.41**	.27**	-.14	.01	.16	-		
12. Depression	.07	.10	.03	-.01	.07	-.13	-.29**	-.09	.10	-.09	-.27**	-	
13. Binge Drinking	.23**	-.04	.10	.09	.01	-.06	-.09	.07	.11	-.17	-.06	.09	-

Notes: PI = promotion of independence, PVF = promotion of volitional functioning, Dependant Status Scores: 0 = Not Financailly Dependent, Parental Education Scores: 1 = Elementary School, 2 = Middle School, 3 = High School/GED, 4 = Associate's Degree or Some College, 5 = Bachelor's Degree, 6 = Master's Degree, 7 = Doctoral Degree (PhD, JD, EdD, or MD) * = $p < .05$, ** = $p <$

Table 3

Hierarchical Regressions Predicting Depressive Symptoms from Participant Autonomy and Parental Promotion of Autonomy

	DV: Depressive Symptoms		95% CI	
			Lower Limit	*Upper Limit*
Regressions Using Participant Autonomy as Predictors				
	β	ΔR^2		
Step 1		.03		
Participant Age	.00		-.15	.15
Dependent Status	.06		-.22	.38
Caregiver Education	.10		.05	.12
Generation Status	.01		-.20	.22
COVID-19 Stress	.14		-.06	.25
Step 2		.04		
Independence	-.07		-.20	.11
Voilitional Independence	.16		-.04	.21
Voilitional Dependence	-.10		-.17	.07
Regressions Using Parental Promotion of Autonomy as Predictors				
	β	ΔR^2		
Step 1		.02		
Step 2		.10		
PI	.04		-.13	.17
PVF	-.34**		-.34	-.07
Interaction Between Participant Independence and PI				
	β	ΔR^2		
Step 1				
Step 2				
Independence	-.09			
PI	-.17			
Step 3				

Note: PI = Promotion of Independence; PVF = Promotion of Volitional Functioning; Dependant Status Scores: 0 = Not Financailly Dependent, 1 = Financially Dependent; Parental Education Scores: 1 = Elementary School, 2 = Middle School, 3 = High School/GED, 4 = Associate's Degree or Some College, 5 = Bachelor's Degree, 6 = Master's Degree, 7 = Doctoral Degree (PhD, JD, EdD, or MD); Control variables were included in Step 1 of all models, * = $p < .05$, ** = $p < .01$

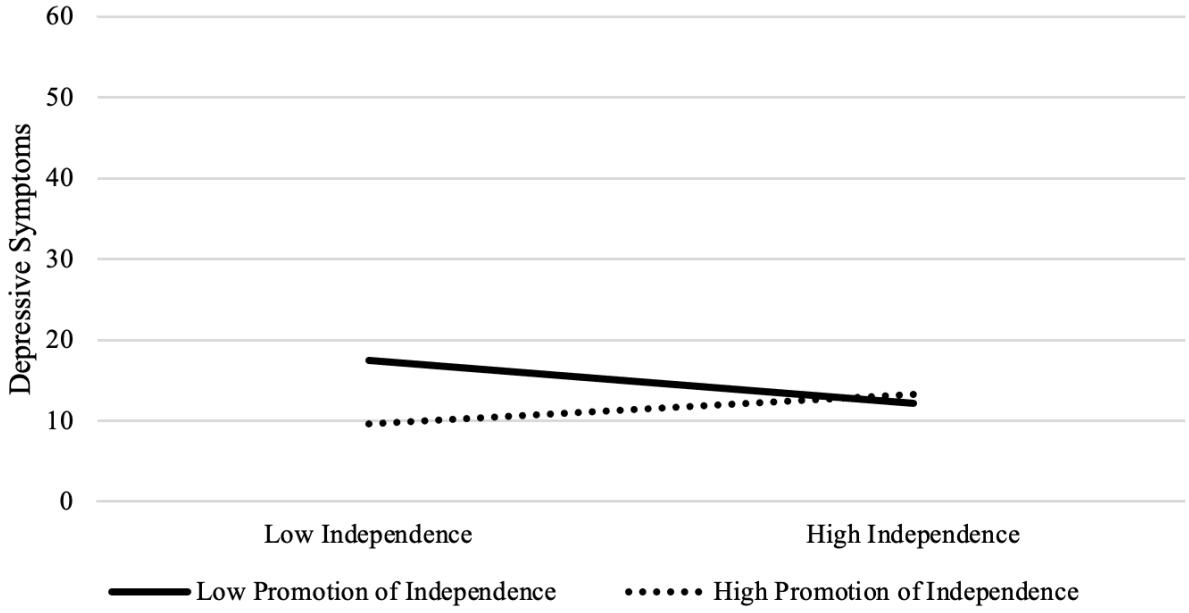
Figure 1

Types of Autonomy Matrix

	High Independence	**Low Independence**
High Volitional Functioning	Young adult decides to go to a particular college without parental input, because they want to make their own choices.	Young adult relies on parents to decide where they will go to school, because they want parents to decide.
Low Volitional Functioning	Young adult decides to go to a particular college without parental input despite asking because parents refuse to help.	Young adult relies on parents to decide which college they will go to, because they feel pressured by the parents.

Figure 2

Study 1: Interaction Between Participant Independence and Parental Promotion of Independence Predicting Depressive Symptoms



Note: Depressive symptoms scores were calculated by averaging all items for the Center for Epidemiological Studies-Depression Scale with a range of 0-60; Simple slope tests: Low PI: $t(125) = -2.99^{**}$; High PI: $t(126) = 1.66$ n.s

Appendix A

Autonomy Measures

Autonomy Ads Independence Scale

Questions:
Who makes decisions about whether to do your assigned chores?
Who makes decisions on how to talk to parents?
Who makes decisions on whether to use manners?
Who makes decisions on what type of language to use?
Who makes decisions on whether to smoke cigarettes or vapes?
Who makes decisions on whether to drink alcohol?
Who makes decisions on whether to do drugs?
Who makes decisions on whether to have sex?
Who makes decisions on what time to get up?
Who makes decisions on what clothes to wear?
Who makes decisions on how to spend free time?
Who makes decisions on how to spend your money?
Who makes decisions on choosing whether to clean your bedroom?
Who makes decisions on what TV shows to watch?
Who makes decisions on what music to listen to?
Who makes decisions on how late to stay out?
Who makes decisions on how much time to spend with friends (both online and in person)?
Who makes decisions on when to start dating?

Response Options:
My Caregiver(s) Alone
My Caregiver(s), After Talking to Me
Me and My Caregiver(s) Together
I, After Talking to My Caregiver(s)
I Alone
Note: Items from Family Decision Making Scale (Dornbusch et al., 1985). Some items modified for present study population (see methods).

Volitional Independence Scale

Participants are asked to write down three questions that they responded "I Alone" or "I, After Talking to My Caregivers" on the Autonomy as Independence scale. Then, they are given the following prompt: "Now, please consider why you decide on these issues independently, and indicate to what extent you agree with the following reasons for deciding these issues independently. If you left the previous section (Question 1, Question 2, and Question 3) blank, you can leave this section blank as well." Participants were then asked to rate to what extent they agreed with the following reasons for deciding on these issues independently.

Questions:
Because I want to make my own choices…
Because I think it's important to decide myself…
Because I wouldn't want to let others decide…
Because I enjoy deciding myself…

Response Options:
1 = Completely Untrue
2 = Somewhat Untrue
3 = Neutral
4 = Somewhat True
5 = Completely True
Note: Procedure for measuring volitional independence from Van Petegem et al. (2012).

Volitional Dependence Scale

The procedure was identical for the volitional independence scale, except that participants were asked to identify three items when they chose My Caregiver(s) Alone or My Caregiver(s), After Talking to Me rather than I, Alone or I, After Talking to My Caregiver(s).
Note: Procedure for measuring volitional dependence from Van Petegem et al. (2012).

Promotion of Independence Scale

Questions:
My PRIMARY caregiver emphasizes that every family member should have some say in family decisions.
My PRIMARY caregiver emphasizes that it is important to get my ideas across even if others don't like it.
My PRIMARY caregiver says that you should always look at both sides of the issue.
My PRIMARY caregiver talks at home about things like politics or religion, taking a different side from others.
My PRIMARY caregiver pushes me to think independently.
My PRIMARY caregiver admits that I know more about some things than people other than I am.
My PRIMARY caregiver often says I have to think about life myself.
My PRIMARY caregiver encourages me to think independent from him/her.
Note: Items from Soenens et al. (2007). Item "...admits that I know more about some things than adults do," modified to "...caregiver admits that I know more about some things than people other than I am," for the present study.

Response Options:
1 = Strongly Disagree
2 = Disagree
3 = Neutral
4 = Agree
5 = Strongly Agree

Promotion of Volitional Functioning Scale

Questions:
My PRIMARY caregiver lets me make my own plans for things I want to do.
My PRIMARY caregiver is usually willing to consider things from my point of view.
My PRIMARY caregiver isn't very sensitive to many of my needs. (Reverse Coded)
My PRIMARY caregiver whenever possible, allows me to choose what to do.
My PRIMARY caregiver allows me to decide things for myself.
My PRIMARY caregiver insists upon doing things her/his way. (Reverse Coded)
My PRIMARY caregiver allows me to choose my won direction in life.
Note: Items from Soenens et al. (2007).

Response Options:
1 = Strongly Disagree
2 = Disagree
3 = Neutral
4 = Agree
5 = Strongly Agree