

BECOMING RESILIENT: A POSITIVE DEVIANCE INQUIRY INTO THE RESILIENCE OF  
MEXICAN IMMIGRANT WOMEN

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## DEDICATION

God has a plan and a mission for me. In reaching this milestone, I have tried to follow His will and walk the path He has set before me. To Him all Honor and Glory.

My mother and father, Florentina and Juventino, taught me about sacrifice, perseverance, love and faith. To you my recognition and love.

Javier, my constant source of encouragement and support. I am certain that your prayers sustained me in achieving this goal. To you all my love and gratitude.

Ixchel and Itzá, my beautiful babies, my joy and my pride. Your sweet and cheerful encouragement nurture me to continue. This work is for and because of you.

*“I just remember their kindness and goodness to me, and their peacefulness and their utter simplicity. They inspired real reverence, and I think, in a way, they were certainly saints. And they were saints in that most effective and telling way: sanctified by leading ordinary lives in a completely supernatural manner, sanctified by obscurity, by usual skills, by common tasks, by routine, but skills, tasks, routines which received a supernatural form from grace within.”*

— Thomas Merton, *The Seven Storey Mountain*

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RESILIENCE OF MEXICAN IMMIGRANT WOMEN**

**by**

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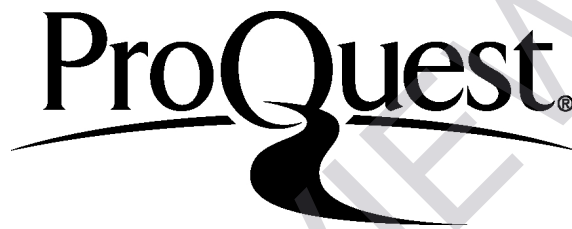
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The Mexican immigrant women participating in this study are the main contributors to this dissertation. I am reaping the benefits of a successful project, but recognize that I am a mere instrument for their voices and stories to be heard and known. I am humbled and extremely grateful for their immense generosity in sharing their lives and their struggles, and for exposing their wounds and scars for the benefit of other women. Through them I know now that struggle and faith, suffering and perseverance, courage and hope can coexist if only out of sheer love and a strong will. I thank them for allowing me to complete this project through their stories and for teaching me so much about what faith, grace, selflessness, courage, ganas, and resilience are all about. Gracias.



## **ABSTRACT**

The United States has approximately 12 million Mexican-born immigrants, almost half of which are female (Gonzalez-Barrera & Lopez, 2013). Research has determined that Mexican immigrants have the best level of mental health when compared to other ethnic groups in the U.S. (Alegria et al., 2008; Horevitz & Organista, 2012). Adverse living conditions resulting from immigration and time spent in the U.S. are believed to cause the loss of this advantage. The potential strengths or assets contributing to advantageous levels of mental health in Mexican-born immigrants have not been fully identified in research.

This exploratory and descriptive inquiry used an asset approach conceptually framed by resilience and Positive Deviance. It explored the strengths and assets associated to the resilience of Mexican women who immigrated to the U. S. as adults, have resided in the U.S. for over ten years, have low socio-economic status, and experienced significant adversity. One hundred Mexican immigrant women (MIW) were recruited and screened to select a group of fourteen Positive Deviant women who were individually interviewed and provided in-depth accounts of their adverse experiences and their understanding of resilience and wellbeing. Internal strengths, external resources, strategies and behaviors that help these women develop resilience and maintain wellbeing were identified.

Results showed that early and frequent experiences of adversity and the spiritual beliefs of participants framed their life experiences and helped them develop resilience and maintain wellbeing. For MIW, resilience is the culmination of a highly dynamic process of growth and transformation derived from experiences of adversity, mediated by spirituality, constant decision-making, and the interaction of several assets. Debriefing sessions with key informants, women in the community, member checking; and a clear audit trail were some of the strategies to establish data rigor and trustworthiness of the study. The importance of taking an asset approach to studying the health of immigrants is the main implication of this study.

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PREVIEW

## INTRODUCTION

Research suggests that Hispanic groups in the United States, of which Mexicans are the majority, have a high risk of developing psychological problems due to the adverse conditions they confront. Women, in particular, experience a significant number of adverse situations detrimental to their health. Research focusing on internal strengths and resilience among this population is scant. The contribution of strengths and assets to the wellbeing of this group has yet to be explored.

The population of Mexican ancestry in the U.S. grew from 20.6 million in 2000 to 33.7 million in 2010, making this the largest minority group in the country (United States Census Bureau, 2011)). 11.4 million immigrants born in Mexico and 22.3 million self-identified Hispanics of Mexican origin (i.e. U.S.-born) are part of this estimate (Gonzalez-Barrera & Lopez, 2013). Among Hispanic immigrant women, six out of ten are Mexican (Gonzales, 2008). As mental problems are the second cause of disability and lost productivity worldwide (The World Health Organization, 2011), exploring the factors that contribute to preventing mental or emotional problems, and contribute to the wellbeing of this group is important to avert the huge costs associated with treatment or loss of productivity of these individuals in society. Identifying the factors that help Mexican immigrant women maintain positive health can help attain a more thorough understanding of the health of this group, which could lead to implementing inclusive, adaptable and culturally-appropriate interventions (Singhal, 2013b) for their wellbeing and emotional health.

This exploratory and descriptive Positive Deviance inquiry provides a description of the understanding that these Mexican immigrant women studied have of adversity, resilience and wellbeing, and the particular assets that promoted resilience and maintained their wellbeing. The participants in this study were selected because they were *Positive Deviant* Mexican immigrant women who have confronted significant adversity, have lived in the United States for over ten

years, are of low socioeconomic status and maintain a significantly high level of wellbeing and currently live in the U.S. part of the Southwest Mexican-U.S. border.

This study is innovative for several reasons. Methodologically it proposes the exploration of a health topic from an asset perspective instead of the deficit perspective that characterizes the medical model. By using an asset approach, it uncovered true and tried strategies that Mexican immigrants use to maintain their wellbeing with the potential not only to promote a health research paradigm shift but also to provide an avenue of empowerment for the population studied. Conceptually, this study is also innovative as it is addressed from an interdisciplinary perspective incorporating theoretical and methodological elements from health and social sciences. Lastly, it proposes the exploration of an emerging topic that will produce useful results for prevention and will expand possibilities for applied researchers working with the focus population

## **PROBLEM AND STATEMENT OF PURPOSE**

Research on immigrants in the U.S. has generated myriad reports on the health of these individuals. Many of these studies have the significant limitation of not disaggregating results by nationality or place of birth and classify immigrants within the broad census or ethnic category of Hispanics or Latinos. Similarly, research on Mexicans, tends to present generalized results for Mexican Americans and for Mexico-born individuals, failing to differentiate between people of Mexican ancestry born and raised in the United States (non-immigrant) and Mexican immigrants living in the U.S. This distinction is important, especially for health research because of the significance that historical, social, and cultural context (different for each group) have in the development and maintenance of health. This impreciseness in results continues and results in producing an inexact picture of the health of these groups that does not allow for a clear



assessment and comprehension of their health (Burnam, Hough, Karno, Escobar, & Telles, 1987; Salgado de Snyder, Gonzalez Vazquez, Bojorquez Chapela, & Infante Xibille, 2007).

Recent studies have been more specific and help to identify results for Mexican immigrants. From these studies, two divergent assessments of the mental health status of Mexican immigrants emerge. The first is a paradoxical good level relative to their low socioeconomic status, i.e. “the immigrant paradox” (Breslau et al., 2006; Breslau, Borges, Hagar, Tancredi, & Gilman, 2009; Carter-Pokras et al., 2008; Markides & Coreil, 1986). The other assessment is an inherent or explicit diagnosis for depression and anxiety suggested by the high number of symptoms that are reported, especially among women and the elderly (Breslau, Kendler, Su, Aguilar-Gaxiola, & Kessler, 2005; Casillas et al., 2012; González, Tarraf, Whitfield, & Vega, 2010; Hovey & Magana, 2000).

Throughout the years, different explanations for the mental health of immigrants have been offered, but the most frequent ones are factors associated with ethnicity and culture. As an example, data from 6,776 individuals in the National Comorbidity Survey Replication and the National Latino and Asian American Studies, found the health paradox consistently holding for Mexican immigrants for depressive, anxiety and substance disorders (Alegria et al., 2008). The beneficial impact of foreign nativity, protective effects in the country of origin, and perception of neighborhood safety in the country of arrival were submitted to explain the positive health of this group (Alegria et al., 2008, p. 365).

Comparatively, a 2012 article based on data from the Multiethnic National Study of Atherosclerosis, (N= 6,813) discovered very high odds for Mexican immigrants to meet criteria for depression, anger and anxiety disorders. Authors in this study could not reach a clear conclusion on the factors negatively influencing the mental health of immigrants. They did not find evidence of a protective association between nativity and psychological outcomes. In addition, time since immigration was not found to be a significant predictor of psychological outcomes (Casillas et al., 2012, p. 1728). Nonetheless, it was reported that most study participants had 21 or more years living in the United States, for which the authors considered

them more assimilated. Thus, acculturation was then implicitly acknowledged as the cause of this outcome when the authors cited research that found an association between increased risk for mental health and time in the U.S., as a pathway linked to acculturation (Casillas et al., 2012)

Given these contrasting findings, various scholars have questioned the theoretical basis and the methodological approach of studies on immigrants. Theoretically, a major drawback in these studies, critics suggest, is the excessive focus on culture as if it is the most important determinant of health, without consideration of other contextual social and historical processes affecting individuals (Abraído-Lanza, Armbrister, Flórez, & Aguirre, 2006; Torres & Wallace, 2013; Viruell-Fuentes, Miranda, & Abdulrahim, 2012). As a result, these studies are believed to offer a limited exploration and explanation of the issue under study, while generating sweeping statements about the nature and content of alleged cultural differences (Hunt, Schneider, & Comer, 2004).

Methodologically, the epidemiological risk factor approach and its assumptions on the linear association between culture and health has generated criticism throughout the years (as an example see Palloni & Morenoff, 2001). Also, the biomedical perspective and emphasis on risk and protective factors as determinants of disease, and the lack of consideration of ecological and societal contexts of health and disease have received criticism (as an example, see Shy, 1997). In relation to the mental health of immigrants, and an example of these shortcomings still missing in many of these studies, is the consideration of the complex socio-cultural and historic processes pushing immigrants out of their countries, of the experiences and conditions during the move and their effect on individuals, and of the specific settling and living conditions of immigrants in their new place of residence that affect their health (Chirkov, 2009a; as an example, see Sajquim Torres, 1999).

In spite of the contradictory findings and methodological and theoretical critiques, immigrant studies reach agreement on at least one of the factors affecting the mental health of these individuals. Both perspectives agree that living in the U.S. for an extended period of time negatively affects the health of Mexican immigrants (Alderete, Vega, Kolody, & Aguilar-

Gaxiola, 2000; Alegria, Sribney, Woo, Torres, & Guarnaccia, 2007; Breslau et al., 2007; Casillas et al., 2012; Cook, Alegría, Lin, & Guo, 2009) and have suggested 13 years of residence as the threshold after which immigrants start losing their health (Aguilar-Gaxiola, 2011, 2014; Rios-Ellis, 2005).

These studies provide important information and fuel continuous interest in the topic. More promising yet, recent research has now begun to address the theoretical limitations already identified (Torres & Wallace, 2013; Viruell-Fuentes et al., 2012). Nonetheless, studies still implicitly neglect or disregard the likelihood of knowledge, attitudes and behaviors contributed by the immigrants themselves to maintain their positive health upon arrival, and the possibility of maintaining or strengthening these to preserve their positive level of health long term.

Given the confirmation of the positive health of Mexican immigrants and given that immigrants can spend an extended period of years without their mental health being affected, the importance of looking for the causes of the initial resilience of immigrants and for the factors that may prevent the erosion of their health, has been identified (Breslau et al., 2006; Franzini, Ribble, & Keddie, 2001; Morales, Lara, Kington, Valdez, & Escarce, 2002; Ruiz, Steffen, & Smith, 2013). Determining the causes of their initial resilience calls for the consideration of alternative perspectives that can offer additional information for a broader comprehension of the health of this group.

## **AIMS OF THE STUDY AND RESEARCH QUESTIONS**

This study aimed to investigate the assets (internal strengths and external resources) that helped Mexican immigrant women (MIW) develop resilience, and maintain their emotional wellbeing while living in the U.S. long term. Following on an exploration of adverse events and subjective wellbeing for this group, this study sought to identify MIW who maintain a positive level of mental health (i.e. subjective wellbeing) after ten or more years of living in the U.S.

Among this group, the study aimed to uncover the strengths and assets behind their resilience and their specific resilient practices and behavior, and how these are acquired and used to prevent the deterioration of their psychological health.

Most immigrant studies in the U.S. are rooted in the medical model (Fabrega, 1990; Middleton, 2014), are quantitative, and report results that appear inconsistent. On the one hand, they have identified a paradoxical level of positive mental health relative to their socioeconomic situation, especially among Mexican immigrants (Argeseanu Cunningham, Ruben, & Narayan, 2008) which is termed an “immigrant paradox” (Markides & Coreil, 1986). On the other hand, other studies report a high prevalence of depression and anxiety symptoms with an inherent or explicit diagnosis for the same group, especially among women (Mendelson, Rehkopf, & Kubzansky, 2008). Using an asset approach to mental health, this study sought to elucidate the factors that help adult MIW with 10 years or more living in the U.S. develop resilience and maintain a high state of wellbeing. In this way, the study sought to contribute information for a more thorough understanding of the mental health of this group.

Women belonging to minority groups in the United States confront health inequalities. Some immigrant women living in economically disadvantaged situations can withstand adversity and maintain psychological wellbeing by becoming resilient through assets available to them. This study uncovered how these assets contribute to resilience and help women maintain wellbeing. This information can help future health promotion and prevention activities with groups of immigrant women. In this way, this research will contribute in reducing minority women’s health inequalities.

Questions of this study are:

1. How do MIW understand adversity, resilience and wellbeing?

2. What are the strengths and assets of MIW that promote resilience and how are they developed and maintained?
3. What are the specific resilient practices and behaviors of MIW and how do they contribute to wellbeing?

## **OVERVIEW OF METHODOLOGY**

Few studies have addressed the mental health of Mexican immigrant women in the U.S. and still fewer have explored the resilience of this group. Thus, the purpose of this study is to be an exploratory and descriptive inquiry on the topic. An exploratory and descriptive inquiry is an initial approach to a still poorly understood phenomenon with the aim of determining generalities leading to description and understanding of such phenomenon (Stebbins, 2001). Through an exploratory and descriptive study, it is possible to attain an understanding of complex experiences, events, or processes of individuals, to produce a rich description of the experience in the every-day language they use (Sullivan-Bolyai, Bova, & Harper, 2005).

Positive Deviance methodology was used for the completion of the study. Positive Deviance (PD) is an asset approach that seeks to find solutions to intractable problems in low-resources communities (Marsh, Schroeder, Dearden, Sternin, & Sternin, 2004). PD projects are created and implemented to discover unordinary practices and behaviors of individuals that differ positively of the normative or the expected (Walker, Sterling, Hoke, & Dearden, 2007). PD avows that these individuals have found a solution to the problem under investigation which is pertinent, cost effective, and easy to adapt to others in the same group. For the case of this study, positive deviant women are those who maintain wellbeing although confronting several risks and adversities.

The study took place on the U.S. side of the El Paso del Norte Border Region, with a recruited group of 100 MIW who were then screened for the selected subsample of positive deviant women. The Flourishing Scale – Escala de Florecimiento – (Diener & Biswas-Diener, 2009b), and a demographic form were used for the collection of data, to screen participants and to select a subsample of positive deviant MIW. These data were processed and analyzed to create a description of the participants. An in-depth interview using a life perspective was used with the subsample of positive deviant MIW to explore the understanding of adversity, resilience, and wellbeing and to identify the assets, practices and behaviors that helped these women develop resilience and maintain wellbeing.

#### **SIGNIFICANCE AND RATIONALE OF THE STUDY**

In spite of the mental health advantage identified for Mexican immigrants in the U.S., limited research from an asset perspective on their mental health is available. This means that few studies have addressed the positive factors behind the mental health advantage of MIW. The resources these women possess are already in use, and are effective in maintaining their psychological health, but are still unknown to academics and clinicians. Therefore, this study is important because it adds new knowledge to an understudied topic, and uncovers resources and strategies already in use for the design of inclusive, adaptable and culturally appropriate services for this population. The significance of this study is also underscored by the fact that MIW are mothers of a great number of U.S.-born children (Leite & Castaneda, 2010). Given women's role as household producers of health (Inhorn, 2006), a study of factors that positively impact their mental health can have important repercussions on the health of future generations in the U.S.

Most health research follows a pathogenic orientation focusing on causes and treatment of disease. An alternative approach concerning the causes of positive health can be a more viable

paradigm for a thorough comprehension of the health of Mexican immigrants, especially women. It can help uncover useful resources for health promotion and prevention among this group.

## **ROLE OF THE RESEARCHER**

In qualitative research, the researcher is the main instrument of data collection (Creswell, 2009) which means any preconceived notions, values, personal background and other information that may affect the interpretation of study results need to be disclosed beforehand. The qualitative portion of this study thus, requires the disclosure of the investigator. The researcher is a Mayan woman, a native speaker of Spanish, who was born, raised and educated in Guatemala. She is a trained psychotherapist who earned a college degree in clinical psychology while in her country of origin. Given her upbringing and personal experiences as an indigenous woman living in a country with a majoritarian indigenous population, and realizing that Western concepts were not necessarily applicable to individuals of indigenous origin, she developed an interest in understanding the relationship between culture and mental health which lead her to pursuing studies in Anthropology at the national Guatemalan university. In addition, and toward that same end, she applied and won a prestigious scholarship that brought her to the U.S., where she earned a master's degree in applied anthropology. Her master's thesis was an ethnographic study on the mental health of Mayan immigrants in the United States.

The researcher shares some of the immigrant experiences of the participants, as she immigrated to the United States 19 years ago. Nonetheless, coming on a full scholarship to pursue graduate studies, she did not go through many of the known difficulties associated with forced migration but did experience cultural shock and the separation from her immediate family. She was also able to experience firsthand, the difficulties created by the lack of a support network and at times, the hostile attitude of some individuals that immigrants confront.

As part of her professional experience, she has worked with groups of women and health promoters in rural Mayan communities in Guatemala. She worked for non-governmental Guatemalan organizations addressing mental health issues and community development of the Guatemalan indigenous population. Upon her immigration to the U.S., she has acquired over 15 years of experience working with groups of women in the Paso del Norte region (El Paso, Texas, the cities of Sunland Park, Chaparral and Las Cruces, New Mexico and Ciudad Juarez, Chihuahua, Mexico) and has achieved a great degree of comfort to move around and interact with Mexican women. The researcher also possesses experiences as a student in an interdisciplinary health sciences Ph.D. program and a volunteer spiritual advisor for women, for which she received appropriate training.

## **WORKING ASSUMPTIONS**

Various assumptions guided this study. They come from research on immigrants in the United States, from the literature and approaches framing this study and from the work and personal experience of the researcher. These assumptions include:

- Immigration may be a stressful and even traumatic experience that can cause women to experience significant adversity. Adverse events resulting from immigrating to and living in the U.S., coupled with other circumstances in the lives of MIW may cause their psychological health to decline.
- If the immigrant paradox in mental health is true and acculturation explains it, it should be found that those who have lived in the U.S. longest have mental health problems (Palloni & Morenoff, 2001).
- If the immigrant paradox is true, Mexican immigrants have an advantageous level of mental health at least during the initial years of resettlement. Therefore, it is believed that MIW are resilient upon arrival. Some women lose this advantage with time spent in the U.S.,