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Resilience and thriving in the Latino/a population: Intersections and discrepancies

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Abstract
A mixed methodological approach was used to explore the phenomena of resilience and thriving in 103 Latino/a community members in a west coast U.S. county. Thematic Analysis of open-ended question responses about resilience and thriving highlighted the relationship between these constructs and revealed themes of both internal and external strategies for resilience and thriving. Findings also revealed difficulty in participants’ differentiation between resilience and thriving. Multiple hierarchical regression analyses examined the predictive contributions of factors correlated with resilience for thriving. Implications, limitations, and directions for future research are discussed.

Keywords: Resilience, thriving, Latino/a, mix methods

Tenacidad y prosperidad en la población Latino/a: Intersecciones y discrepancias

Resumen
Un enfoque metodológico mixto fue utilizado para explorar los fenómenos de tenacidad y prosperidad en 103 Latino/as miembros de la comunidad en un condado de la costa oeste de los EE.UU. Un análisis temático de las respuestas a las preguntas abiertas acerca de la tenacidad y la prosperidad presentaron relevancia entre la relación de estas dos variables y revelaron los temas de las estrategias tanto internas y como externas para la tenacidad y la prosperidad. Los resultados también revelaron dificultades en los participantes en diferenciar entre la tenacidad y la prosperidad. Un análisis múltiple de regresión jerárquica examinó las contribuciones de predicción de los factores correlacionados con la tenacidad para prosperar. Implicaciones, limitaciones, y direcciones para la investigación futura también fue discutido.

Palabras clave: Tenacidad, prosperidad, Latino/a, métodos mixtos

Latino/as are a rapidly growing part of the U.S. population (Pew Hispanic Center, 2008) who face many challenges, including low-socioeconomic status, discrimination (Finch, Hummer, Kolody, & Vega, 2001), prejudice (Araujo & Borrell, 2006), acculturation stress (Finch & Vega, 2003), and access to healthcare (Heyman, Núñez, & Talavera, 2009). Nevertheless, Latino/as have reported a high level of perceived life satisfaction (Parra-Cardona et al., 2006; Stephens, Stein, & Landrine, 2010), mental health (Alegria et al., 2008), and other factors correlated with resilience.

Resilience has been defined as the ability to make normal developmental achievements despite obvious adverse social and environmental barriers (Garnezy, 1993; Rutter, 1987). It is a multidimensional phenomenon that varies with contexts (Hunter, 2001; Lothe & Heggen, 2003) and has been related to gains of improved self-efficacy, sense of mastery, more meaningful personal relationships, involvement with religion, heightened appreciation of life, increased awareness of strength, changes in life priorities, and awareness of new possibilities (O’Leary & Ickovics, 1995; Tedeschi & Calhoun, 2004). Findings on age and resilience have been mixed, with some results showing increased age as a risk factor for resilience in older adults as opposed to younger adults, particularly when combined with other risk factors (Mroczek & Almeida, 2004). However, others show age as a possible protective factor (Diehl & Hay, 2010). Adversities that have been overcome and studied in specific contexts such include: cancer (Abraido-Lainza, Guier, & Colon, 1998), immigration, language barriers, and discrimination (Parra-Cardona,
Specifically, undocumented and/or migrant workers have been found to encounter stressors such as unsafe working conditions, lack of protection, hate crimes, and abuse by employers or other individuals in positions of authority (Portes & Rumbaut, 2006), in addition to unstable living conditions and fear of deportation (Perez-Smith, Spriro, & Boergers, 2002). While adversities faced by Latino/as vary in condition and severity, what seems relevant is the individual's perception of the adversity (Metzl, 2009).

Resilience has been studied relatively little in the U.S. Latino/a population. Existing studies of well-being with Latino/a participants indicate that religion or spirituality (Farley, Galves, Dickinson, & Perez, 2005), support of family members, spouses, and partners (Zambrana, Scrimshaw, Collins, & Dunkel-Schetter, 1997), and familismo, or the attitudes, beliefs, behaviors, and family structures occurring within families (Coohey, 2001), aid in coping with adversities. Qualitative studies on resilience in Mexican nationals and Mexican immigrants to the U.S. have evidenced themes of positive attitudes (such as faith, hope and optimism), and qualities (such as integrity, perseverance, ambition, and the use of entrepreneurship) related to overcoming adversity (Morgan, 2007). Similarly, in Cuban immigrants to the U.S., themes such as faith, social support, and use of resources were discussed as fostering resilience (Gonzales, 2007). Studies of poor children in Argentina have related positive attitude to dealing with poverty (Oros, L., 2009). Community support and involvement also served as protective factors contributing to the resilience of Latino/a immigrant families (Cardoso & Thompson, 2010) and Latino/a youth (Hull, Kilbourne, Reese, & Husaini, 2008). Finally, in what has been termed the “Latino Health Paradox,” or “Immigrant Paradox” (Markeides & Coreil, 1984; Suarez-Orozco, Rhodes, & Milburn, 2009), the tendency for recent Latino/a immigrants to the U.S. to have lower incidence of low birth weight than U.S. born people from the same country in subsequent generations (Bender & Castro, 2000) has been highlighted. Mexican immigrants have also been found to suffer from significantly fewer mental health disorders than U.S.- born Mexican-Americans (Escobar, Nervi, & Gara, 2000), thus suggesting the possibility of a relationship between time in the U.S. and resilience.

While resilience refers to coping in the face of adversity, thriving refers to a better-off state after the adversity. In thriving, one does not merely return to pre-level functioning, but actually surpasses it (Carver, 1998). Thriving has been found related to the ability to find meaning in adversity (Parry & Chesler, 2005), and in adolescents, to relate to developmental assets, including caring for community, academic success, recognition of diversity, and healthy lifestyles (Benson & Scales, 2009). Additionally, thriving seems to be a process which is multidimensional and non-domain specific. Specifically, a person may be flourishing in one area, while not doing well in another area. This is also exemplified by the myriad different ways that a person can do well; not all paths to thriving look the same (Benson & Scales, 2009).

Thriving has been posited as culture-bound, given that what is considered to be “doing well” in one culture may look different in another (Benson & Scales, 2009). For this reason, it is important to study thriving within the context of a certain population. Very few culture-specific thriving studies have been conducted, but in one study Latinas were found to demonstrate thriving through hope and perspective after dealing with a chronic illness (Abraido-Lanza, Guier, & Colon, 1998). Studies have called for expanding the boundaries of resilience and thriving to take into account individuals’ own definitions and have recommended qualitative research for these endeavors (Massey, Cameron, Ouellette, & Fine, 1998). The current study explores thriving in U.S. Latino/as through investigating individual’s own impressions of thriving and what it constitutes.

Mixed methodology allows for answering different types of questions (i.e., both relational and process questions) within the same study by using different methodologies. Quantitative research has traditionally been used for confirmatory questions, while qualitative has often been used for exploratory questions and theory building (Teddlie & Tashakkori, 2003). Therefore, the use of simultaneous quantitative and qualitative methodologies (QUAL + QUAN) allows for each type of finding to inform the other for purposes of data triangulation (Morse, 2003) and for both confirmatory and exploratory research questions to be answered simultaneously.

The current mixed methodological study quantitatively examines factors hypothesized to be linked to Latino/a resilience such as years in the U.S., religious beliefs, community support, friends’ support, family support, and partner support, but have not yet been explored with thriving. Additionally, through Thematic Analysis, (Boyatzis, 1998) the process through which resilience and thriving occur and their relationship were explored from the perspective of members of the Latino/a population. It is recognized that individuals identifying as “Latino/a” from various countries may have different specific coping abilities as influenced by their specific cultures. In a Mixed Methods study, it is recommended that research questions be posed to guide the research (Creswell & Plano Clark, 2011). The research questions for this study were: (1) What does thriving look like in the U.S. Latino/a population?, and (2) What variables differentially predict resilience and thriving?
Method

Researchers

As the researchers were the main information-gathering tool in this project, it is important for background and biases to be stated and acknowledged (Heppner, Kivlighan & Wampold, 1999). The primary researcher was an Assistant Professor in Counseling Psychology at a public, western U.S. university and the co-researchers were doctoral level graduate students specializing in Counseling Psychology. All researchers have immigration from Mexico to the U.S. as a part of their family histories. The researchers went into the study expecting to find resilience and thriving in most participants, as they believed that all individuals have this capacity.

Participants and Procedures

The study was conducted with the approval of an institutional Internal Review Board. There were a total of 106 participants, however, 3 were determined outliers and not included in this study. A total of 103 (54 female, 49 male) self-identified Latino/a individuals from a medium-sized county in the western U.S. were surveyed to gather information about their views and experiences with resilience and thriving. Participants’ ages ranged from 18 to 66 years (M = 33.1, SD = 9.7). 70.9% identified as immigrants. 95.1% identified as Mexican, 1.9% as Guatemalan, 1% as Salvadorian, and 1% as biracial. One percent did not respond.

The researchers recruited participants in public places including parks and soccer fields which hosted Latino/a soccer leagues. Data collection occurred on 10 weekends over a three-month period. Each data collection involved at least two researchers collecting data simultaneously. All researchers were trained in interviewing and survey administration. Individuals at the park were approached by the researchers, who explained that they were conducting a study on Latinos/as overcoming difficulties, and informed participants about the study and the criteria for participation. Criteria were that the individuals identified as Latino/a and believed that they had experienced an adverse event in their lifetime (by self-definition). Interested participants were given a consent form outlining confidentiality, participant rights, and the research project and goals. All consent forms, questionnaires, and open-ended questions were available in either English or Spanish, based on participants’ language preference (30 chose English). If preferred by the participant, researchers helped participants complete the surveys by reading them the questions. The open-ended questions were asked by the researchers after the written questionnaires were completed, and researchers took verbatim notes on responses. Upon completion of the questionnaires, participants were given a $10 gift certificate to a local store in appreciation for their time and participation. Engagement with the participants lasted approximately 35 minutes (range = 20 - 50 minutes).

Materials

Demographic questionnaire. A demographic questionnaire was created by the researchers for the purpose of this study in order to acquire information about participant characteristics to give context for interpreting results.

Thriving Scale (TS) (Abraido-Lanza, Guier, & Colón, 1998). This 20-item questionnaire was designed to evaluate growth as a result of suffering from a chronic illness and was originally used with Latinas but has been used to assess general thriving. As no other Thriving scales have been developed, directions for this scale were modified slightly to allow the participant to think of his/her own adversity when answering the questions. Answers ranged from 0 (“This did not happen to me”) to 4 (“I experienced a great deal of this”). The scale was translated into Spanish for the purposes of the study by the research team using the back translation method recommended in the literature, as no other thriving scales were available in Spanish (Martinez, Marin, & Schoua-Ginsberg, 2006). Cronbach’s alpha for this scale was .92 in the original sample (Abraido-Lanza et al., 1998). The reliability for the current sample was estimated to be .93.

Resilience Scale (RS) (Wagnild & Young, 1990). The RS is a 25-item scale that measures individual resilience by assessing positive personality characteristics which enhance individual adaptation and predict quality of life satisfaction (Wagnild & Young, 1990). Participants were asked to rate each of the 25 statements on a 7-point Likert-type scale, (1 = “disagree” and 7 = “agree”). Scores range from 25-175 with higher scores indicating higher resilience. Cronbach’s alpha for the original sample was .91 and later alphas, (Wagnild & Young, 1993). The reliability for the current sample was estimated to be .92.

Resilience Scale – Spanish Version (SVRS) – (Heilemann, Lee & Kury, 2003). Heilemann, Lee & Kury used a five-step translation process with six translators to translate the English version of the RS to Spanish. The resulting 23-item Resilience Scale Span-
ish version was used in the current study to measure resilience in participants who preferred Spanish. The Cronbach’s alpha coefficient for the modified 23-item version was .93. The reliability for the current sample was estimated to be .93.

**Social Support.** Four questions were developed by the researchers based on literature to assess social support through self-reported perceived levels of social support by family, partners, friends, and community members. They were answered on a five point Likert scale.

**Open-ended questions.** Three open-ended questions, designed for the purposes of this study and based on the elements of resilience found in the literature, explored participants’ personal accounts of thriving and resilience. Participants were asked to respond to the questions based on an adversity they had experienced in their lives. Follow up questions were used for clarification purposes.

**Analysis**

A QUAL + QUAN mixed methodological design (Morse, 2003) was used in which both quantitative and qualitative data were given equal consideration in drawing study conclusions, i.e., answers to open-ended questions about participants’ perceptions of overcoming adversity helped explicate quantitative scale rankings and the quantitative scale responses helped explicate the answers to the open-ended questions. All data was analyzed in the language used originally by the participant.

**Quantitative Analysis**

A power analysis determined that for a medium effect size of .30 a sample of 102 participants was needed to yield a power of .80 (alpha = .05). Descriptive statistics were obtained from the demographic information collected and Pearson correlations were conducted on the variables of thriving and resilience. Two hierarchical regression analyses were also performed with the thriving and resilience scales to assess which independent variables predicted the most variance.

**Qualitative Analysis**

Qualitative methodology is often used to understand the meanings that individuals from marginalized stigmatized populations make of their experiences and for constructs in which the process is not easily identifiable (Morrow, 2007), making it ideal for exploring thriving and resilience in the Latino/a population. Thematic Analysis (Boyatzis, 1998), a qualitative methodology designed to reveal emergent themes in the data, was used to explore the processes of resilience and thriving in the answers to the open-ended questions. This methodology consisted of three members of the research team identifying major data themes independently, then meeting to discuss the identified themes until they reached consensus on which themes best captured the participants’ answers. An auditor, who had prior experience in Thematic Analysis, was present throughout the analysis process to offer guidance in the qualitative process, make sure members remained focused on the data at hand (rather than speculating about meaning), encourage process-note taking, and watch for “groupthink” (Boyatzis, 1998; Hill, Knox, Thompson, Williams, Hess, & Ladany, 2005). All raw data was accounted for by the themes and operational definitions for each theme, subcategory, and tertiary category were created and consolidated into a coding schema. An independent auditor, a Caucasian female psychologist with several years of experience in multicultural studies/practice and qualitative analysis, made suggestions for clarification and revision of themes, which were discussed with the research team and incorporated.

**Results**

**Quantitative Results**

Preliminary analysis. The means and standard deviations for all variables: resilience, thriving, age, years in the U.S., religious beliefs, community support, friend support, family support, and partner support, are presented in Table 1. Three cases were determined to be outliers, and not included in these analyses. An alpha level of p < 0.05 was used for all tests of significance.

To assess the relationship between the variables, Pearson correlation coefficients were calculated (also presented in Table 1). A positive relationship between resilience and thriving (r = .49, p <.0001) was found. Years in the U. S. was positively correlated with resilience (r = .31, p <.001) and thriving (r = .20, p < .05). Family support was also positively correlated with both resilience (r= .36, p = .018) and thriving (r=.24, p < .0001).
A one-way ANOVA was conducted to determine any sex differences between resilience and thriving. Prior to the analysis, a Levene test for homogeneity of variance was used to examine whether there were serious violations of the assumption of homogeneity of variance across groups. No significant violation was found for resilience. The overall F for the one-way ANOVA was statistically significant, \( F(1, 98) = 8.14, p > 0.01 \). This indicates that there were significant differences in mean scores of resilience based on sex, with females having significantly higher mean scores of resilience than males. A significant violation was found for thriving indicating the assumption of homogeneity of variance across groups was not met. Although the overall F for the one-way ANOVA was statistically significant, \( F(1, 98) = 8.14, p > 0.01 \). This indicates that there were significant differences in mean scores of resilience based on sex, with females having significantly higher mean scores of resilience than males. A significant violation was found for thriving indicating the assumption of homogeneity of variance across groups was not met.

**Primary analysis.** Two hierarchical regressions were conducted to determine what variables accounted for resilience and thriving above and beyond participant variables. The first analysis was conducted to determine the relative effect of the predictor variables on resilience. Predictor variables were: (a) age; (b) years in the U.S.; (c) religious beliefs; (d) community support; (e) friend support; (f) family support; (g) partner support; and (h) thriving. The specific order of variable entry was selected so each predictor contributed to the explanatory variance of the dependent variable (resilience) after controlling for the variance explained by the previous variables. Variables were entered in the model based on presumed causality. To control for the effects of demographic variables, age and years in the U.S. were entered into the regression equation first. Thriving was entered last to determine the amount of variance in resilience over and above that accounted for by the other predictor variables.

A total of 34% of the variance was accounted for by all the predictor variables, \( F(8, 87) = 5.54, p < .001; R^2 = .33 \), (adjusted \( R^2 = .28 \)). Participant variables accounted for 10% of the variance, \( F(2, 93) = 5.31, p < .01; R^2 = .10 \), (adjusted \( R^2 = .08 \)). After controlling for the effects of the other predictor variables, thriving accounted for a statistically significant proportion (19%) of the variance of resilience, \( \Delta R^2 = .19, \Delta F(1, 87) = 25.44, p < .001 \). See Table 2 for a summary of these results.

### Table 1
**Means, Standard Deviations, and Correlations among Variables**

<table>
<thead>
<tr>
<th>Scale</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Resilience</td>
<td>_</td>
<td>.49**</td>
<td>.11</td>
<td>.31**</td>
<td>.06</td>
<td>.06</td>
<td>.18</td>
<td>.24*</td>
<td>.11</td>
</tr>
<tr>
<td>2. Thrive</td>
<td>_</td>
<td>.18</td>
<td>.20*</td>
<td>-.14</td>
<td>-.00</td>
<td>.11</td>
<td>.36**</td>
<td>.00</td>
<td></td>
</tr>
<tr>
<td>3. Age</td>
<td>_</td>
<td>.41**</td>
<td>-.30**</td>
<td>-.08</td>
<td>-.01</td>
<td>-.07</td>
<td>-.10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Years in US</td>
<td>_</td>
<td>-.05</td>
<td>.03</td>
<td>.23*</td>
<td>.21*</td>
<td>.05</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Religious</td>
<td>_</td>
<td>-.03</td>
<td>-.07</td>
<td>-.07</td>
<td>-.13</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Community Support</td>
<td>_</td>
<td>.37**</td>
<td>.27**</td>
<td>.17</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Friend Support</td>
<td>_</td>
<td>.58**</td>
<td>.26**</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Family Support</td>
<td>_</td>
<td>.38**</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Partner Support</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>M</td>
<td>135.79</td>
<td>84.59</td>
<td>33.12</td>
<td>14.98</td>
<td>1.14</td>
<td>2.23</td>
<td>3.24</td>
<td>4.02</td>
<td>3.75</td>
</tr>
<tr>
<td>SD</td>
<td>18.46</td>
<td>9.92</td>
<td>9.72</td>
<td>9.86</td>
<td>.35</td>
<td>1.32</td>
<td>1.44</td>
<td>1.38</td>
<td>1.50</td>
</tr>
</tbody>
</table>

Note: *p < .05. **p < .01
The second hierarchical regression was conducted to determine the contribution of the predictor variables on thriving. Predictor variables were as follows: (a) age; (b) years in the U.S.; (c) religious beliefs; (d) community support; (e) friend support; (f) family support; (g) partner support; and (h) resilience. The specific order of variable entry was selected so each predictor contributed to the explanatory variance of the criterion variable (thriving) after controlling for the variance explained by the previous variables. Variables were entered in the model order based on presumed causality. To control for the effects of demographic variables, age and years in the U.S. were entered into the regression equation first. Resilience was entered last into the equation to determine the amount of variance in thriving over and above that accounted for by the other predictor variables.

A total of 36% of the variance was accounted for by all the predictor variables, $F(8, 87) = 6.09, p < .001; R^2 = .36$, (adjusted $R^2 = .30$). Participant variables accounted for 8% of the variance, $F(2, 93) = 2.26, p < .10; R^2 = .10$, (adjusted $R^2 = .08$). Family support accounted for 10% of the variance of thriving, $\Delta R^2 = .10, \Delta F(1, 89) = 10.12, p < .01$. After controlling for the effects of the other predictor variables, resilience accounted for a statistically significant proportion (19%) of the variance of thriving, $\Delta R^2 = .19, \Delta F(1, 87) = 25.44, p < .001$.

Table 2

<table>
<thead>
<tr>
<th></th>
<th>B</th>
<th>SE</th>
<th>β</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>-0.03</td>
<td>0.20</td>
<td>-0.01</td>
</tr>
<tr>
<td>Years in U.S.</td>
<td>0.45</td>
<td>0.19</td>
<td>0.24*</td>
</tr>
<tr>
<td>Religious beliefs</td>
<td>8.35</td>
<td>5.11</td>
<td>0.15</td>
</tr>
<tr>
<td>Community Support</td>
<td>1.16</td>
<td>1.38</td>
<td>0.08</td>
</tr>
<tr>
<td>Friend Support</td>
<td>0.30</td>
<td>1.49</td>
<td>0.02</td>
</tr>
<tr>
<td>Family Support</td>
<td>-0.28</td>
<td>1.67</td>
<td>-0.02</td>
</tr>
<tr>
<td>Partner Support</td>
<td>0.86</td>
<td>1.24</td>
<td>0.07</td>
</tr>
<tr>
<td>Thriving</td>
<td>0.94</td>
<td>0.19</td>
<td>0.48**</td>
</tr>
</tbody>
</table>

Note: *p < .05. **p < .01.

Table 3

<table>
<thead>
<tr>
<th></th>
<th>B</th>
<th>SE</th>
<th>β</th>
</tr>
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<tbody>
<tr>
<td>Age</td>
<td>0.11</td>
<td>0.10</td>
<td>0.12</td>
</tr>
<tr>
<td>Years in U.S.</td>
<td>-0.06</td>
<td>0.10</td>
<td>-0.07</td>
</tr>
<tr>
<td>Religious beliefs</td>
<td>-4.48</td>
<td>2.57</td>
<td>-0.16</td>
</tr>
<tr>
<td>Community Support</td>
<td>-0.75</td>
<td>0.70</td>
<td>-0.10</td>
</tr>
<tr>
<td>Friend Support</td>
<td>-0.48</td>
<td>0.75</td>
<td>-0.07</td>
</tr>
<tr>
<td>Family Support</td>
<td>2.34</td>
<td>0.80</td>
<td>0.33</td>
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<tr>
<td>Partner Support</td>
<td>-0.65</td>
<td>0.62</td>
<td>-0.10</td>
</tr>
</tbody>
</table>

Note: *p < .05. **p < .01.
Qualitative Results

Answers to the open-ended questions ranged from a few words to several sentences. There were no noteworthy differences in the responses based on preferred language (English or Spanish). In their responses, participants discussed multiple and varied adversities. For example: crossing the desert to come to the U.S., economic difficulties, loss of jobs, death of a loved one, having to leave one’s children, and divorce. Furthermore, some participants reported unfair, discriminatory, and racist treatment. Additionally, participants discussed their perceptions of overcoming adversity and what this means. Several themes emerged and were grouped into categories. The six categories, and in some cases subcategories, that emerged are summarized in this section. Examples of each category are given using direct quotes from participant transcripts.

Outcome of participants’ adverse experiences.
This category addressed whether the person was able to overcome, or grow, from the experienced adverse event. Most participants reported that they were able to recover from the adverse event and return to their normal state or improved state prior to the event (i.e., thriving or resilience).

Growth areas. This category pertained to participant growth as a result of overcoming adversities. Growth areas related to health, finances, intrapersonal qualities, and interpersonal relationships were reported. For example, participants reported making behavioral lifestyle changes, managing substance abuse and bettering their physical health. Participants also described that they were able to obtain economic resources from overcoming difficult situations. Furthermore, participants reported psychological improvements, such as obtaining problem solving skills, having increased feelings of gratitude, and closer interpersonal relationships. For instance, one female participant stated:

Pienso que estoy un poco mejor, en el sentido de que he aprendido a aceptar las cosas y a ser más positiva en la vida. (I think that I am a little better, in the sense that I have learned to accept things and to be more positive in life).

Another female participant stated:

Pienso que estoy súper mejor, por ejemplo, yo tuve problemas con mi esposo y, después de haber agarrado el valor, lo deje y no se nada de él. Estoy psicológicamente y emocionalmente mejor... estoy más feliz y más tranquila/relajada. (I think that I am super better, for example, I had problems with my husband and, after having gotten the strength, I left him and know nothing of him. I am psychologically and emotionally better... I am much happier and calm/relaxed).

Some participants noted that they were able to grow in their faith, hope, or spiritual beliefs as a result of the adversity, an occurrence which they believe would help them in any future situations, as in the case of this male participant:

Pienso que estoy bien porque he sabido sobrellevar la situación, porque al final de cuentas, pase lo que pase, es la voluntad de Dios. (I think I am doing well because I have known how to cope with the situation, because at the end of the day, whatever it is that happens, it is the will of God).

Nature of Ability to Overcome and Excel. Most participants stated that their ability to overcome obstacles was learned from their experience with the adverse event. For example, one female participant stated:

Creí que tenía la capacidad, pero no fue así, hasta después del evento. Después de la experiencia aprendi muchas cosas y mi capacidad de sobresalir aumento. (I believed I had the capacity, but it did not turn out that way until after the event. After the experience I learned many things and my capacity to excel increased).

A few participants noted that they believed they had the capacity to deal successfully with adversity before the event, or innately, such as in the following example from a male participant:

Yo pienso que yo tenía la capacidad de salir adelante antes del evento. Por ejemplo, yo tenía la voluntad de echarle ganas y salir adelante y también el apoyo de mi familia. (I think I had the capacity to get ahead before the event. For example, I had the will to give it my all and get ahead and I also had support from my family).

Internal sources of strength aiding ability to handle event. Most participants reported that internal, personal attributes (such as appreciation and coping skills) and positive characteristics (such as confidence, perseverance, self-capacity, hopefulness, and willpower) helped them to overcome difficult experiences. For example, one male participant stated:

La fuerza de voluntad. Pensar de una manera positiva. Se que todo lo puedo resolver sabiendo a organizarme. (Will power. Thinking in a posi-
tive way. I know that I can resolve everything knowing how to organize myself).

Participants who expressed having coping skills to successfully deal with difficult situations often reported that their cultural beliefs in particular helped them overcome adverse experiences. For example, one male participant stated:

Parte de Dios y dos amigos y me ayudaron a resolverlo. Dios rezando más de que nada y por medio de fe uno sale adelante. “La Guadalupe” (virgen) me ayuda, y en realidad no hice nada y me ayuda. (From God and two friends helped me solve it. God, praying above all, and through faith one comes forward. The “Guadalupe” (virgin) helps me, and really I did nothing and it helped me).

It should be noted that while this example is religious in nature, it was determined to be more specifically cultural because of the reference to “La Guadalupe.”

Another male participant stated that “El ánimo - seguir adelante,” (Encouragement - to get ahead) helped him overcome the adversity.

External sources of strength aiding ability to handle the event. External sources of strength such as relationships, involvement in activities, life experiences, and resources were frequently mentioned as aids to overcoming adversities. Relationships ranged from personal relationships with family, friends, and significant others to spiritual relationships with a higher being. For instance, one female participant stated the following about her faith:

La fe en Dios y la fortaleza que él nos da. Todo viene gracias a Dios. Uno tiene que confiar en Dios, porque él nos da la fuerza para salir adelante y es no caer en el alcohol o en lo fácil. Dios sabe por qué hace las cosas y uno tiene que crecer en el y es su voluntad. (Faith in God and the strength he gives us. Everything comes thanks to God. One has to confide in God, because he gives us the strength to get ahead and it is not to fall into alcohol or the easy way out. God knows why he makes things and one has to grow in it and it is His will).

And another spoke of family as motivating her through the adversity:

Piensó que estoy mejor en de que pude superar todo eso y le dedico más tiempo a mi familia que
ter off” after the adversity. Even with continued probing by the interviewer, the answers to the open-ended questions seemed to combine the two constructs in a way which indicated that the participants themselves saw little difference between them: they were simply “doing better.” Perhaps this is because when one overcomes an adversity, one is necessarily “better” from simply having survived it, and it may be hard to differentiate this from how one was before the event. Additionally, there may be cultural values involved in “surviving” and continuing to persevere no matter what, such as the traditional Mexican value of aguantar (Shorris, 2001). At the least, it may point to some cultural differences in the definitions/conceptualizations of terms such as thriving and resilience.

The results of this study also confirmed the use of several “strategies” for overcoming perceived adversities that have been previously suggested in the literature and that further illuminate the processes of thriving and resilience. Family support was found to predict thriving, suggesting that it is an important factor not only in overcoming an obstacle or difficult situation but also in rising above such difficulty, resulting in the “better off” experience. This is also supported by the fact that the majority of Latino/a participants in our study reported receiving support from personal relationships with family, friends, and significant others to help overcome adverse events, resulting in the emergent qualitative subcategory of Relationships as external support for overcoming adversities. Furthermore, the participants in our study reported experiencing growth in their interpersonal relationships with family members as a result of having experienced an adverse event. Not only did a majority of the participants state that family support served as protective, but some described an adverse event as being separated from their family members, for example a participant described having to leave his children in his home country when he immigrated to the U.S. These findings are consistent with previous findings on familismo as protective in Latino/a families (Zambrana et al., 1997; Coohey, 2001). Community support seemed to be an extension of this while friend and significant other support were qualitatively mentioned less. Perhaps this is reflective of priority placed on family.

The presence of familial support may not be a “make or break” factor of resilience, as many participants described experiences of resilience and thriving without it, but the predictive capabilities and frequency of discussion would seem to indicate that its presence greatly enhances the capacity for overcoming adversity and being “better off” afterwards. It is of note that in our study family support was not found to be predictive of resilience (only of thriving). It is possible that family support may help to determine whether or not an individual is able to achieve that extra step of being “better off” after an adversity (i.e., thriving) rather than simply surviving it; further research is needed to further illuminate this finding.

While endorsement of having religious beliefs was not a significant predictor of resilience or thriving quantitatively, participants often reported during the qualitative interviews that their religion or spirituality helped them overcome their problems. Many stated that feeling a sense of support from a higher being was a contributing factor to overcoming their problem. This is consistent with previous research, in both general and Latino/a specific population studies (Farley, Galves, Dickinson, & Perez, 2005), as the questionnaire did not ask about adherence to religious beliefs, but only about their existence, it is possible that this variable was not adequately captured in the survey.

Length of time in the U.S. also appeared to play a role in the participants’ resilience and thriving. Interestingly, longer time in the U.S. predicted higher resilience, but it did not predict higher thriving. This is contrary to the findings contributing to the “Immigrant Paradox” (see literature review), which would expect that immigrants in the U.S. a shorter time would have less health and mental health difficulties. A possible explanation for this might be that the longer time that Latino/a individuals are in the U.S., the more time they have had to increase their social connections, socioeconomic status, and become aware of resources. Perhaps they were able to develop “just enough” resources to survive, but not enough to actually be better off after the adversity. This finding is supported by studies that showed a positive association between resilience, community and religious involvement (Benard, 2006), education level, and time in the U.S. (Chavkin & Gonzalez, 2000), highlighting the importance of increasing social connections and access to resources in this population soon after Latino/as arrive in the U.S. Future exploration is called for to look at a possible mediating factor of family support for years in the U.S. and Thriving.

Interestingly, many participants discussed positive, internal aids to resilience and thriving as opposed to external. For example, positive thinking and internal strength were frequently cited as helpful strategies for overcoming adversity. This is consistent with existing research on resilience in Latino/as (Morgan, 2007), and is also consistent with the huge body of research on cognitive framing affecting behavior and outcomes. Therefore, the importance of teaching and fostering positive thinking frameworks in individuals is underscored and would seem to serve well in times of adversity.

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**Implications**

In general, this study gives us a more clear understanding of the relationship between resilience and thriving, and how these phenomena are perceived by U.S. Latino/a individuals experiencing them. From this study, we conclude that resilience and thriving are related and overlapping constructs, whose finer differences, if present, may be culturally dependent and remain to be teased apart.

Almost all participants experienced adversity and the majority felt they have survived it. Of course, the ones who did not would not likely be available for participation or may not choose to participate. This highlights the prevalence of adversities as well as strengths in individuals. Focusing on and fostering such strengths in those experiencing adversity may be particularly useful in therapeutic situations. For example, family support was discussed frequently by participants and found to correlate with both resilience and thriving and to be predictive of thriving. Obviously, not everyone has the same strengths, as resilience has been linked to greater mental health. What is important is for therapists and other helping professionals to determine, along with the individual, what particular strengths that individual has that correlate with thriving, and help them to focus energy in these areas to maximize the chance of being “better off” after the adversity. Similarly, children can be taught to practice certain skills or recognize certain areas of strength which will serve them into adulthood when dealing with adversity. Some of these areas occur naturally in some societies, for example, religious beliefs, but others may need to be fostered more intentionally (i.e., positive thinking). It seems particularly important for the strength areas to be culturally congruent, as in the case of faith in God and thriving, and remains to be teased apart.

**Limitations and Future Directions**

Our findings provide more insight into the process and understanding of resilience and thriving for Latino/as, however more research needs to be done to help delineate the difference between the process of resilience and thriving. Perhaps a longer or more targeted interview protocol would provide more detail useful in this potential differentiation.

Instrument back-translation procedures for translating the Thriving Scale from English to Spanish were utilized to create a Spanish thriving instrument as one did not exist. It is possible that translation may have introduced non-equivalence testing issues.

Social Support in this study was measured quantitatively through a series of questions in the demographic questionnaire. Future studies might include more specific social support scales.

Participants were recruited in public parks and soccer fields in an attempt to recruit community members in public places frequented by individuals identifying as Latino/a. The potential drawback of this recruiting approach was, that members of the community who did not go to the parks were not reached. Additionally, the fact that participants were recruited from a recreational space may also have created a select group in that these were individuals who were out being active and interacting socially.

Adversities in this study were defined by the participants, based on the idea that perception of adversity is the relevant construct in resilience. Future studies might include specific measures of this construct in relation to resilience.

Despite these limitations, our study provides support for the relationship between resilience and thriving, further illuminates the factors that predict resilience and thriving, and provides detailed exploration of these processes with the direct words of the participants. The study also raises many further questions, such as: What specifically might participants’ perceive as being “better off”? How do individuals define “overcoming” an adversity? Does it matter to the participants which adversity they overcame when describing how they coped? Further qualitative inquiry might help to shed light on some of these questions.

**References**


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