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Becoming Resilient: A Positive Deviance Inquiry into the Resilience of Mexican Immigrant Women

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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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by

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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.

TABLE OF CONTENTS

LIST OF TABLES

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 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.,

(Alegria et al., 2007) but other positively deviant immigrant women maintain their wellbeing while sharing the same resources and facing the same risks that others face (Pascale, Sternin, & Sternin, 2010), and maintain this advantage through specific practices and behaviors not yet uncovered by research.

- Assets, resources, or strengths contributing to resilience and psychological wellbeing used by MIW can be identified through qualitative interviews with a life course perspective and participant observation with these women.
- General principles to build a theoretically-based model of assets can be identified through this study for future mental health prevention and promotion activities with the MIW population.

DEFINITION OF TERMS

Asset approaches to health: An asset approach to health focuses on resources (external) and strengths (internal), i.e. assets supporting positive health. Assets include individual, group, and institutional factors such as human abilities, social supports, education, natural resources and others (A. Morgan & Ziglio, 2007)

Key informants: Individuals working with or serving groups of or individual MIW in El Paso and/or Southern New Mexico. These individuals are not necessarily but could be associated with a community organization.

Mental health: Mental health was originally conceived, and will be considered in this research as the combination of psychological wellbeing and resilience (Vega & Rumbaut, 1991). According to the World Health Organization (2004), mental health "is a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life,

can work productively and fruitfully, and is able to make a contribution to her or his community" (P10).

Mexican immigrant women: Women who were born and raised in Mexico up to 16 years old and then immigrated to live in the United States.

Positive deviance (PD): PD is an approach, not a model (Amato & Amstrong, 2010). It is considered an asset-based approach focusing on what is working. PD assumes that in most settings, a few at-risk individuals follow uncommon, beneficial practices that derive in better outcomes than their neighbors who share similar risks. Identifying individuals who use these uncommon and beneficial practices, and helping the community find a way for replicating them is the goal of PD.

Resilience: The ability of humans exposed to the effects of adversity to overcome and even emerge stronger from the situation (Melillo, 2005).

Subjective wellbeing: Subjective wellbeing is considered as the positive point of view or estimation of a participant woman about her own social and psychological functioning. It was determined as an appropriate outcome in determining mental health. The construct will be assessed through the use of the Flourishing Scale that measures subjective wellbeing. The Mexican-Spanish translation of this scale will be used in this study (Diener & Biswas-Diener, 2009a).

LITERATURE REVIEW

THE MENTAL HEALTH OF MEXICAN IMMIGRANT WOMEN

Studies on immigrants' mental health rarely present results separated by gender. Few studies in the 1980s determined the mental health of Mexican immigrant women. These studies noted a high incidence and prevalence of depressive symptoms in this population and identified low socioeconomic status, lack of confidant support, health status, and a recent traumatic event contributing to the poor health of these women (Salgado de Snyder, 1987; Vega, Bohdan, Valle, & Hough, 1986; Vega, Kolody, & Valle, 1986, 1987). More recent studies continue reporting a high prevalence of depressive symptoms for MIW although the symptoms' rates between Mexican and White individuals although rates were marginally larger among females according to a meta-analysis completed by Mendelson, Rehkopf, & Kubzansky (2008). Other contemporary studies have submitted that the risk for depressive disorders may be high for immigrant women in their place of origin (Alegria et al., 2007) and that it should be noted that the difference is in symptom reporting and not in core symptoms of depression (Myers et al., 2002).

Research has identified factors related to immigration that may negatively affect the mental health of women. These include ethnic discrimination and anti-immigrant sentiments; constants threats of deportation; financial uncertainty; cutting ties with family and friends in home country; experiences of loss; language limitations; stress and frustration due to inability to work; feelings of not fitting in new culture; lack of familiarity with new environment; conflict between traditional and new customs and values; feelings of shame, and not participating in the decision to migrate (Breslau et al., 2006; Heilemann, Coffey-Love, & Frutos, 2004; Marsiglia, Kulis, Perez, & Bermudez-Parsai, 2011; Ornelas, Perreira, Beeber, & Maxwell, 2009; Sullivan & Rehm, 2005).

RESILIENCE AND MEXICAN IMMIGRANT WOMEN

A growing emphasis on factors contributing to health has developed within the mental health field (Tedeschi & Kilmer, 2005). This has not been the case for studies of immigrants. Although resilience is significant for the discussion of immigrant women's health because this asset can help them to overcome adversity and maintain mental health, studies of Mexican immigrant women's resilience are few. Five studies specifically studying resilience among Mexican women in the U.S. existed at the time this study was completed. Of these five studies, two identified their results as coming from Mexican American women, but all five are still included in this section.

Heilemann, Lee and Kury (2005) used data gathered from a convenience sample of 315 women to study the strengths and resilience of Mexican origin women. The study was a cross-sectional assessment of the relationships between strengths, risks, resources and perceived health and wellbeing of Mexican-origin women in the U.S. Data collection instruments used were demographic surveys, the Wagnild & Young resilience scale (personal competence and acceptance of self and life), the VAS-F Perceived Level of Energy, and the Pearlin & Schooler mastery scale (all translated into Spanish for the research), and single-item questionnaires on life satisfaction, and health status. Acculturation was proposed as a risk factor measured through birthplace, language preference and exposure to the U.S. during childhood. Additional risks explored were alcohol use, substance use, and health status. Resources assessed were education, income and adequacy of financial resources; whereas, strengths included resilience, sense of mastery, life satisfaction, and perceived level of energy (Heilemann, Lee, & Kury, 2005).

Results and conclusions in their study specific for Mexican immigrants (born and raised in Mexico up to 18 years of age) included higher scores in life satisfaction and a higher sense of energy than those of women exposed to the U.S. during childhood. The higher level of life satisfaction was associated with having adequate financial resources (i.e. women had sufficient resources to meet their monthly needs). Perceived level of energy was in turn significantly

correlated with resilience and life satisfaction. Explanations for this positive outcome was "a more consistent connection with Mexico through relatives' visits, telephone calls, or trips back and forth to Mexico and a consequent sense of personal satisfaction with their lives overall" (Heilemann et al., 2005, p. 961). Participants in their study reported length of residence in the U.S. ranging from 1 to 35 years with an average of 10.33 years.

An earlier report, using the same sample, but contrasting depressive symptoms and internal strengths was submitted by the same authors (Heilemann, Lee, & Kury, 2002). Mastery, resilience and life satisfaction were the strengths found to account for a third of the variance in depressive symptoms for both, Mexican immigrant women and Mexican American women in the 2002 study. The explanations offered for the effects of these strengths on depressive symptoms for both groups were the relative comparison of gains and deprivation of both groups. For Mexican immigrants, a higher sense of satisfaction resulting from achieving the important goal of immigrating to the United States was suggested. For Mexican-American females, their lower level of life satisfaction was the result of their perceived disadvantaged situation when comparing themselves to other women in the U.S. (Heilemann et al., 2002)

Guinn, Vincent, and Dugas (2009) studied on stress and resilience of women at the border by using discriminant analysis to determine which variables contributed to discerning between stress-resistant and stress-susceptible women. Their sample consisted of 418 Mexican-American women between the ages of 20 to 61 and they gathered data through a self-report survey instrument available in English and Spanish that had items assessing stress vulnerability, acculturation, health, physical activity, education, and marital status. The authors reported the variables that discriminated stress-resilient women from stress-vulnerable were educational attainment, perceived health, and being married. The authors also found high health status among women with moderate educational and acculturative levels and encouraged further investigation on these findings (Guinn, Vincent, & Dugas, 2009).

A 2012 study regarding the stigmatization and resilience of a female indigenous Mexican immigrant was based on interviews and an autobiography of a Mayan Mexican woman, student,

and teacher that migrated to Los Angeles, California from Yucatan, Mexico (Casanova, 2012). Reading the autobiographic report within the article allows the identification of salient themes that help one to understand the social, cultural and family experiences, and the indigenous roots of the woman studied. These include the linguistic and spiritual traditions of her Mayan community of origin, the oppressive experiences confronted by Mayans in Mexico, and the strong collective and agrarian orientation of her community of origin which contrasted with the independence, individualism, and success endorsed in American society. Risk factors for Mexican youth in the U.S. system identified in the narrative included: anti-immigrant sentiments, stigmatization, discrimination, inferiority, stress, confusion, the negotiation of multiples cultures determining identity development and influences of acculturation processes. The qualitative study provided an understanding of contextual and setting factors for the experience of resilience and explored reasons for the phenomena to occur. Factors that emerged in aiding this woman in developing resilience were "her multiple external support networks composed of familial and community support systems and high school mentors, and her own individual motivation and dedication to succeed in school" (Casanova, 2012, p. 397).

Lessons in Resilience was a 2008 qualitative study of undocumented Mexican women in South Carolina by Wendy S. Campbell and is the only recent article that categorically identified MIW as resilient. The author reported finding a great amount of strength and resilience that Mexican undocumented women use in overcoming the limitations of living in the U.S. Specific manifestations of resilience within this population included independence, ability to gain employment and access to educational opportunities, and goals for the future. This author expressed surprise about her findings, although she did not go further in her exploration of the concept of resilience as defined by the participants in her study or to assess its origins. Neither did she addressed how or if these manifestations or other practices helped the women become resilient (Campbell, 2008).

Other studies looking indirectly to the resilience of Mexican women in the U.S. offer some more insights on the topic. Salgado de Snyder (1987) explored acculturative stress and

depression among married Mexican immigrant women and claimed that research has considered these women to be industrious and very determined, with a stronger need for achievements, a tendency to plan for the future, and with a less fatalistic and submissive but more authoritarian attitude. These characteristics, the author objected, were not typical of the traditional Mexican culture, but "of women who immigrate, are less traditional, and seem self-selected for psychological strength" (Salgado de Snyder, 1987, p. 476).

Bender and Castro (2000) examined perceptions of resilience and risk with a sample of women born in Mexico but living in North Carolina, and who had immigrated to the U.S. within the past five years from the time of the study (Bender & Castro, 2000). Although the study examined the birth weight health paradox, the authors identified strong nuclear and extended family relationships, and improved economic status and access to resources as two factors related to the resilience of Mexican women (Bender & Castro, 2000). In a similar manner, Ornelas, Perreira, Beever and Maxwell (2009) explored coping strategies with a group of 20 low-income Mexico-born mothers in North Carolina. Economic and social stressors deriving from immigration were reported as challenges for emotional health. The use of social networks and community resources during and after migration were the coping strategies uncovered that helped their emotional health. Other strategies the women used to maintain emotional health included support from husbands, female friends and relatives, and access to services from various agencies and churches (Ornelas et al., 2009).

SENSITIZING CONCEPTS AND CONCEPTUAL FRAMEWORK

ASSET APPROACHES TO HEALTH

The most important characteristic of an asset approach to health is that it focuses on resources and capabilities (i.e. assets) supporting positive health (Fowles, 2007; Marsh et al.,

2004; A. Morgan & Ziglio, 2007). Assets include individual, group, and institutional factors such as human abilities, social supports, education, natural resources and others (Foot, 2010, 2012; A. Morgan & Ziglio, 2007). Assets approaches are a very viable avenue to maximize the use of local resources and implement more culturally-appropriate programs and services for people in need (Fowles, 2007; Singhal, 2010). Many assets models or approaches exist, but they all share common elements and produce constructs that guide research on positive adaptation or healthy adjustment to stress or negative conditions (Amato & Amstrong, 2010; Tedeschi & Kilmer, 2005). Two of these constructs frame this research: Resilience and Positive Deviance.

RESILIENCE

Resilience literature considers positive outcomes and processes that help individuals maintain health (Clauss-Ehlers, 2008). Resilience is the ability of humans exposed to the effects of adversity to overcome and even emerge stronger from the situation (Melillo, 2005). Resilience is derived from a dynamic process of growth and transformation (Almedom & Glandon, 2007) and is manifested as an individual response but determined by references marked by culture, society, time, and individual biological, psychological, and dispositional attributes (Fletcher & Sarkar, 2013; Herrman et al., 2011).

Because of its dynamic nature, it is believed that a person can become resilient at any stage of life or development and under any conditions (Gillespie, Chaboyer, & Wallis, 2007). As the individual responses to adversity vary in the face of the same life stressor, it is reasoned that resilience is context dependent, expressed and promoted differently across individuals and groups, and has a non-linear, bidirectional (subject-environment) nature (Davydov, Stewart, Ritchie, & Chaudieu, 2010; Gillespie et al., 2007; Ungar, 2003; Worthington, 2004).

Research has not yet agreed on a generally accepted definition of resilience which has limited its operationalization and measurement (Almedon, 2005; Almedom & Glandon, 2007;

Fletcher & Sarkar, 2013; Gillespie et al., 2007; Herrman et al., 2011). Such limitation, however, is considered not very significant as most definitions use similar domains as evidence of resilience (Herrman et al., 2011), with adversity and positive adaptation the most common domains from which resilience can be inferred (Davydov et al., 2010; Fletcher & Sarkar, 2013; Friborg, Hjemdal, Martinussen, & Rosenvinge, 2009; Luthar & Zelazo, 2003; Rutter, 2012).

Research on resilience has evolved through the decades but is derived from developmental studies in psychology, specifically from the study of the relative competence seen in children of schizophrenic individuals in the 1970s, and comparable studies of children living in adversity but rising above this condition (Garmezy, Masten, & Tellegen, 1984; Herrman et al., 2011; Luthar, Cicchetti, & Becker, 2000). Resilience studies have contributed to the shift of attention from deficits to strengths of individuals. This shift had several implications for mental health research because it allowed for the consideration of positive adaptation when confronting deleterious conditions (VanBreda, 2001).

During this evolution, resilience studies have revealed characteristics that promote resilience among various disadvantaged or vulnerable populations such as sex workers, elderly, adolescent and children groups, trauma-exposed individuals, immigrant women and pregnant adolescents (Buttram, Surratt, & Kurtz, 2013; Cheung & Kam, 2012; DiFulvio, 2011; Feder et al., 2008; Hyman & Williams, 2001; Kim & Yoo, 2010; Malindi & Theron, 2010; M. L. Morgan et al., 2011; Salazar-Pousada, Arroyo, Hidalgo, Pérez-López, & Chedraui, 2010; Shepherd, Reynolds, & Moran, 2010; Ungar, 2003, 2004). Other studies have highlighted resilience factors in relation to various conditions or situations including child maltreatment, mental illness, natural disasters, and chronic pain (Afifi & Macmillan, 2011; Edward, Welch, & Chater, 2009; Rajkumar, Premkumar, & Tharyan, 2008; West, Stewart, Foster, & Usher, 2012).

RESILIENCE IN WOMEN

Interest on women's resilience may have originated from the earlier longitudinal study by Werner and Smith (2001), two of the pioneer resilience researchers, who in their Kauai Longitudinal Study ascertained that women were more resilient than men, especially at middle age (Werner & Smith, 2001). These results may have given direction to resilience studies because it seems that there is a larger number of studies on female resilience than male. Child sexual abuse, adversity in adolescence or older age, risk factors for female sex workers, post-partum depression, and domestic violence are some topics of interest to resilience researchers explored in association with female gender and have shed light mostly on individual and familial factors associated with the resilience of women.

Two studies focusing on the resilience of African American women living through traumatic and adverse events (sexual abuse in childhood and sex work) determined that for these women, graduating from high school was a common factor contributing to resilience (Buttram et al., 2013; Hyman & Williams, 2001). For African American women who experienced sexual abuse in childhood, Hyman and Williams (2001) determined that lacking the experience of physical abuse or incest in the family, and a stable family situation were associated with resilience (Hyman & Williams, 2001). For African-American female sex-workers, resilience-promoting factors were: greater access to transportation, social support, lower odds of foster care, of homelessness, of substance dependence, of severe mental distress, of victimization and of low HIV risk (Buttram et al., 2013).

Two qualitative, exploratory studies with young women receiving a university education identified factors for resilience for this population. The first study by Shepherd, Reynolds, and Moran (2010) was completed in the UK with a group of women between the ages of 20 to 25. These women described adversity as transformative and growth promoting. Experiencing several adverse events during adolescence and conceiving them as a chain of adversities, these young women described pivotal experiences that helped them move toward recovery through the

use of short-term and long-term recovery strategies. Long-term recovery processes described by the young women had to do with perceiving themselves as capable of using their personal power, breaking emotional bonds, re-evaluating life and life goals, realizing self-worth, recognizing alternatives, establishing new relationships and receiving affirmation. This study exposed positive or desirable attitudes and behaviors of resilience for young women and short-term strategies such as the temporary use of substances (alcohol and drugs), socializing, and journal writing. An additional strategy for recovery were the long-term processes of preserving roles as students, rebuilding family relationships, reconnecting with healthy social relationships and making the most of the developmental opportunities of adolescence (Shepherd et al., 2010).

Another qualitative study on the resilience of minority women in college determined three specific factors influencing resilience: a strong sense of self-efficacy (competence and self-mastery), well-defined faith lives and a positive view of life, and the ability to reframe barriers and obstacles. Pivotal moments contributing to the resilience of these women had to do with events involving loss but that facilitated personal epiphanies (Bachay & Cingel, 1999). Interestingly, participants in this study asserted that racism and discrimination promoted the development of ethnic identity and pride; thus, these were factors that indirectly promoted resilience (Bachay & Cingel, 1999, p. 170).

Post-partum conditions and domestic violence are two other women's issues on which research has invested considerable attention. A study in rural Canada considering positive coping as an indicator of resilience allowed the identification of strength factors among women experiencing postpartum depression (Shaikh & Kauppi, 2010). These included making meaning out of suffering, seeking support, nurturing oneself and advocacy work. Specific strategies used by women were being philosophical about suffering, coming to terms with the reality of being a mother, connecting with a spiritual being, asking for help, accessing services, connecting with other mothers, nurturing directed to oneself, and activities that gave space for distraction such as work or recreation. A less conventional strategy reported but which made sense given the

geographical location of the study, was coping through connecting with nature (Shaikh & Kauppi, 2010).

Portuguese-speaking immigrant women suffering domestic violence and living in the U.S. were participants in another study exploring resilience and adaptive and maladaptive coping strategies in short-term (1-7 years) and long-term (8 – 16 years) residency groups (dos Santos Bernardes, Sukanya, & Harkins, 2009). Resilient characteristics explored included self-esteem, hope, optimism, spirituality, and religiousness. Results indicated that women with longer residency use adaptive coping more than those with short-term residency. Women with short-term residency showed the use of mental disengagement to deal with stress, which was considered non-adaptive coping. Hope and spirituality, two of the resilient characteristics explored, were predictors of adaptive coping strategies that included planning, restraining coping, positive reinterpretation, and growth (dos Santos Bernardes et al., 2009).

POSITIVE DEVIANCE (PD)

Positive Deviance (PD) is a research method that developed from nutrition sciences in the 1960's with the idea of discovering and comprehending favorable adaptations to nutritional stress (Zeitlin, Ghassemi, & Mansour, 1990). Although it originated as a research method in nutrition studies (Pascale et al., 2010; Zeitlin et al., 1990), PD has evolved to be an approach fit for organizational, social and behavioral change that is applicable to various health problems as well as to social and educational situations (Singhal, 2013a). PD focuses on what is working among the participants (assets-solutions) rather than on what is not working (deficits originating symptoms) (Singhal, 2013a; Zeitlin et al., 1990). In addition to being an asset approach (Pascale et al., 2010; Singhal, 2010), Positive Deviance is also a participative methodology believed to be sensitive to gender, socioeconomics, and ethnic differences (Fowles, 2007).

The fundamental premise of PD is "that in the most impossible of circumstances, usually someone, somewhere has figured a way to cope" (Pascale et al., 2010, p. 80). According to PD, every group or community has individuals who have devised better solutions to problems than their neighbors while sharing the same resources. Correspondingly, the adaptation that distinguishes those who do or do not fall to psychological disorders (for the case of the study proposed), are assets already available and working for individuals in the community (Zeitlin et al., 1990). PD focuses on the behaviors and practices of those who are healthy and which are associated with more desirable or successful outcomes (positive) that do not represent the norm (deviant) (Walker et al., 2007). The identification of these positive deviant behaviors and practices and how these behaviors help positive deviants to overcome or prevent [psychological] problems, is the goal of a PD inquiry (Durá, 2011).

A PD approach in research can have multiple variations: deviance-inspired techniques, questions, or smaller-scale projects that use some of its typical characteristics. Deviance-inspired techniques are as simple as asking the "PD question." A PD inquiry involves adapting the focus of a deficit based question to an asset-based question (Durá, 2011). This is to say, instead of asking about the deficits that cause problems, a question would ask about the potential for success and its causes. A PD inquiry includes at least some of PD's six distinctive steps (Positive Deviance Initiative, n.d.), which include:

1. Defining the problem and what a successful solution would look like;
2. Determining the existence of individuals who already exhibit the desired behavior or status;
3. Discovering the uncommon practices or behaviors helping successful individuals solve the problem;
4. Designing activities to enable others to access and practice the discovered behaviors;
5. Discerning effectiveness of designed activities; and
6. Disseminating successful processes

RESILIENCE AND POSITIVE DEVIANCE

Positive Deviance (PD) projects have contributed to solving intractable problems with populations in different parts of the world. For example, the Positive Deviance approach has been successfully applied in a resilience project in school settings with immigrant youth in the Netherlands (Bouman, Lubjuhn, Singhal, & Paso, n.d.). It was used for the study of child protection in a Northern Uganda project with young women living in refugee camps (Pascale et al., 2010) that indirectly produced important insights into the resilience of this group (Singhal & Durá, 2008).

The use of PD helped in the empowerment and reintegration process of vulnerable young women who suffered terrible experiences as the Liberation Resistance Army abductees, forced soldiers, and survivors in refugee camps. The study facilitated their reintegration and movement forward amidst an environment of hopelessness and despair (Pascale et al., 2010).

Following the PD premise that a solution to these problems already existed in the community because certain individuals had found better solutions than others although, with the same or more limited resources (Pascale et al., 2010), a PD inquiry helped identify young women in the community who, without any extra resources, addressed the problems derived from their experiences of abduction, early pregnancy, and motherhood. These young women were estranged and stigmatized for their involuntary participation with the guerrillas, for having carried and raised the guerrillas' children, and for the crimes they forcibly committed against their own families and communities. These factors caused their exclusion from the community, which made most of them resort to transactional sex to meet their basic needs (Pascale et al., 2010; Singhal & Durá, 2008). Nonetheless, some positive deviants existed, among this group who had devised productive activities, which helped their reintegration without recourse to transactional sex (Durá, 2011)

Following a participatory process that engaged the community allowed positive deviants to be identified and their simple, but replicable practices highlighted, which included: collecting

extra loads of firewood or selling and extra jerry can of water they filled, working in collaboration to share agricultural or babysitting tasks, selling their crops, working extra time in their gardens, saving money and reinvesting, and growing and selling multiple seasonal crops (Pascale et al., 2010; Singhal & Durá, 2008). The development of competence of the youth participating in the project and replicating these simple practices was documented. Over the course of the project with 190 vulnerable girls participating, those who cultivated agricultural products grew from 35 to 70%, 47% had purchased domestic animals, over a third became vendors in markets, and over 50% reported savings. In terms of resilience, 90% of participants reported enhanced self-esteem, improved hygiene, increased aspirations to become leaders, enhanced social engagement, and increased relationships with role models among community leaders, mentors and peers which all helped with their reintegration (Pascale et al., 2010; Singhal & Durá, 2008).

METHODOLOGY

This descriptive inquiry sought to explain resilience among Mexican females who immigrated from Mexico to the United States. After a screening process consisting of the application of a demographic questionnaire and a parametric scale that lead to the identification and interviewing of resilient Mexican immigrant women using a Positive Deviance (PD) approach, this study explored how Mexican immigrant women (MIW) in the U.S. understood adversity, described and developed resilience, and what are the strategies they used to maintain emotional wellbeing.

Four questions guided the implementation of this study. The initial question that methodologically guided the design of the study as a PD inquiry was: Are there Mexican immigrant women who experience adversity, have lived more than 10 years in the U.S., are of low socioeconomic status, and maintain mental health? After a screening process was followed by the identification of a purposive sample of MIW delimited by this initial question, three additional questions helped to produce a descriptive account of the outcome of interest: (1) How do MIW understand adversity, resilience and wellbeing? (2) What are the significant life events of MIW that promote their resilience and how is resilience developed and maintained? (3) What are the specific resilient practices and behaviors of MIW and how do they contribute to wellbeing?

This section provides an overview of the various methodological steps in the study. It starts with a rationale for the theoretical orientation of the study and the methodological approach used. It continues with an explanation of the methods used to complete the study, including participant criteria, sampling strategy, data collection instruments, data analysis and interpretation, ethical considerations for the study and the establishment of trustworthiness.

RATIONALE FOR THE THEORETICAL ORIENTATION

This study used the Positive Deviant approach to study the topic of resilience and wellbeing among MIW. PD originated in nutrition sciences and since its beginnings was considered the equivalent of resilience studies as they both (PD and resilience) consider positive adaptation. For the former, it focused on understanding positive adaptations to situations of nutritional scarcity; for the later, it addresses positive adaptation to situations of adversity (Zeitlin et al., 1990).

PD includes a series of steps that encompasses the collection of quantitative and qualitative data sequentially in the order that best suits the requirements of the topic and study designed. That is to say, either datatype, quantitative or qualitative can be collected initially to meet the needs of the planned study. Standard quantitative and qualitative methods of research and data analysis are used in PD along with a purposive sample that represents high performance or success in the area or topic under investigation (Bradley et al., 2009).

This PD inquiry started with the collection of quantitative data but the qualitative portion of the study acquired prominence because it allowed determining causes of the successful outcomes explored (resilience and wellbeing). Qualitative research usually results from a combination of methods and approaches (Sandelowski, 2000). This study qualitatively explored the mental health of Mexican immigrant women to describe the strengths and assets of these women and how they contribute to their resilience and wellbeing. Given the limited practical knowledge on factors contributing to mental health prevention and promotion among MIW in the United States, a qualitative approach to the study of resilience was needed. Not only was this a necessary basic step to understand this topic, but also an endeavor that would allow the discovery of unknown processes protecting the health of this group, provide an opportunity to offer a rich

localized account of resilience contextualized in the experiences of MIW, and create an opportunity for the voices of these individuals to emerge and be heard. Michael Ungar, a very well-known resilience researcher, proposed these as some of the main contributions of qualitative studies on resilience research (Ungar, 2003), and also provided the rationale for the design and approach of this study.

A descriptive approach (Creswell, 2009) was determined to be the most suitable for the topic, as resilience among MIW is still understudied. It was also considered pertinent because qualitative description allows for rich subject information on health issues grounded in the participants' environmental and cultural context (Sullivan-Bolyai et al., 2005, p. 129). Descriptive studies are considered to have minimal theoretical and philosophical underpinning yet "no study of any kind could ever be so conceptually naked" (Sandelowski, 2010, p. 79). Sensitizing concepts gave guidance and reference to the research and the empirical observations achieved (Norum, 2008). Adversity and adverse events, resilience, and mental health as the combination of resilience and wellbeing were the basic concepts that guided this study. A conceptual framework following the premises of resilience theory and positive deviance was also used in this research.

SETTING

The study took place on the U.S. side of the Paso Del Norte Border Region (El Paso, TX and two adjacent Southern New Mexico counties). This geographical area, similar in some respects to Mexico, was thought to facilitate the identification of assets associated with Mexican culture that may help maintain good mental but also allowed for the isolation of factors

associated with restrictions and burdens imposed on immigrants that may be negative for their health.

The Paso del Norte region of the U.S.-Mexico border consists of two countries, and three states, and includes El Paso, TX, two Southern New Mexico counties, and Ciudad Juarez, Chihuahua, Mexico. This area houses around 2 million people (Regional Stakeholders Committee, 2009), with a majority (93.23%) of individuals of Mexican origin (Healthy Paso del Norte, 2016). The Paso del Norte region is considered "an interactive border" because of the commonalities shared across cities on both sides of the border (Bruhn, 2014). The research for this dissertation was implemented on the U.S. side of the Paso del Norte region and included five recruitment sites in the city of El Paso and one community in Dona Ana County, NM. Southcentral El Paso, Northcentral El Paso, Northeast El Paso, *Colonias* in Far East El Paso and one community in Dona Ana county, NM were the locations of the sites of recruitment.

RECRUITMENT PROCESS

The recruitment of participants for this study was completed with the assistance of "key informants" i.e. individuals working with the community of interest on various sites throughout the U.S. side of the Paso del Norte region. In an attempt to recruit a maximum variation sample, community workers and recruitment sites were identified throughout El Paso County in El Paso, TX and in Dona Ana County, New Mexico. The role of these community workers was referring participants according to the inclusion criteria determined for the study, and introducing the researcher to these potential participants.

Community workers in other sites allowed the researcher to participate in two different health fairs organized by community-serving organizations. An information table was set for the recruitment of women in two of these health fairs with signs advertising the study. In all cases, the initial contact with each one of the participants included a brief explanation of the study topic, its aims and inclusion criteria along with a verbal invitation to participate. All contacts and information exchange with potential and actual participants was conducted in Spanish as it was assumed that this was the primary language of MIW. IRB exemption status for the study was received from the Office of Institutional Research of the University of Texas at El Paso prior to starting recruiting participants for the study.

Besides the participation of an individual working with each group, every selected site required variations on the recruitment strategy used. Participants in Southcentral El Paso and one of the far east groups were recruited while participating in community health fairs. The northeast site recruitment required an initial canvassing by the key informant to identify women meeting the participant criteria and agreeing to participate. This was followed by house visits to confirm participation and complete surveys by the researcher and her assistant.

A second far east El Paso site required initial contact through an informant, and then canvassing, and visiting households requesting participation while being accompanied by the same informant. Coming to each household with an informant was required because individuals in this area are generally very suspicious of strangers and would not open their door to any unidentified person. A final group in far east El Paso required a community leader inviting participants to her house. Surveys were then completed with the group with the help of the main researcher and her assistant. Participants in the north central region were recruited in two different forms. One group was invited to participate while attending a training organized by a

Catholic organization; the second group was recruited through personal contacts made individually by the principal investigator.

The New Mexico group was recruited through an informant leading English as a Second Language classes in the community and an additional group with the help of a local health promoter that contacted women participating in a local food distribution group. These groups were cited to a central location where screening instruments were completed. More than two hundred women were approached to request their participation in the study. All of these individuals were readily accessible and interested in participating. Nonetheless, an important lesson acquired during this study is that MIW may express interest to participate in studies or any other activity at first contact. However, activities should be implemented immediately after agreement because scheduling activities at a later time or following up on appointments proved to be not a very successful strategy with this group.

SAMPLING

Determining the existence of individuals who already exhibit the desired behavior was in agreement with PD protocol and a purposeful sampling strategy for this study. Following these characteristics, and guided by the general topic of this investigation (MIW resilience and wellbeing), an initial sample of 100 women was recruited. Key informants were asked to refer women who met selection criteria and who they considered have suffered adversity but who appear to be resilient. To guide this referral, events related to the immigration experience of the individual plus any other significant event such as illness, bereavement, domestic violence, being themselves or having family members exposed to the violence in Mexico, unresolved grief due

to family separation, etc. that may have caused significant stress or suffering to a participant qualified as adversity.

Due to its size, the initial sample was expected to include a broad range of subjects for maximum variation and representation of the experiences of the population of interest. Those referred went through a screening process using the Flourishing Scale (Diener et al., 2009), which is a brief measure of subjective wellbeing. The Flourishing Scale has been translated into several languages and the translation used for this study was the Escala de Florecimiento translated into Mexican Spanish. Permission to use the Flourishing Scale is granted freely and noted by its authors in the article describing the creation and validation of the scale (Diener et al., 2009), as well as in the authors' website (http://internal.psychology.illinois.edu ~ediener/CIT_BIT.html). Results of this assessment determined who was a Mexican immigrant woman maintaining a high level of wellbeing. The screening was implemented in order to answer the initial PD question for this study: Are there Mexican immigrant women who experience adversity, have lived more than 10 years in the U.S., are of low socioeconomic status, and maintain mental health? It also helped to determine that this is a population at risk of developing emotional disorders because of the stressful and adverse conditions many of the participants reported.

The screening also helped guide the path that the qualitative inquiry followed. The identification of significant adverse events in the lives of these women generated questions about the experiences associated with such events. Although the study began with a collection of quantitative data, contextually, the qualitative exploration of experiences and the specific behaviors of the women observed elucidated the existence of resilience.

METHODOLOGICAL APPROACH

Positive Deviance was the chosen methodology for this study because of the correspondence between both concepts: positive deviance and resilience (Zeitlin et al., 1990). The researcher drew on PD but combined some other methods and techniques, especially at the data analysis stage. As a Positive Deviance inquiry, the first step of the research was to adapt the focus of a deficit-based question to an asset-based question (Durá, 2011). In comparison to a deficit based question that focuses on a problem and its underlying causes, a PD question pursues the analysis of demonstrably successful solutions to a situation (Durá, 2011). With this focus, and having determined that the mental health of MIW is affected by negative socioeconomic conditions, an extended stay in the U.S., and experiences of adversity, the PD question for this study was: Are there Mexican immigrant women who have experienced adversity, have lived in the U.S. for ten years of more, are of low socioeconomic status and maintain a good level of wellbeing? This asset based question guided the recruitment of participants for the research and a screening process devised for the selection of Positive Deviant immigrant females from Mexico. Once identified, these women became a purposive sub-sample from whom data were drawn in order to elicit concepts and discover sources and practices related to their resilience. The recruitment and screening processes are explained below to illustrate how the PD deviance approach developed.

DESIGN

This study explored the possibility of MIW confronting risks and overcoming them successfully and qualitatively explored the mental health of Mexican immigrant women. It describes their strengths and assets and how these contribute to their resilience and wellbeing. This study is considered exploratory (Stebbins, 2001) and descriptive (Sandelowski, 2000;

Sapsford & Abbott, 1992). This descriptive exploratory study followed a Positive Deviance (PD) approach to research. As a PD-inspired research or PD inquiry, this study drew on positive deviance concepts and ideas to some extent but combined other methodologies (Durá, 2011). The Positive Deviance approach has the following six steps:

1. **Defining** the problem prior to data collection through a related literature review, and establishing the criteria for participation. Through data collection, this step also includes the community's definition of success (i.e. what wellbeing and resilience means for these women);
2. **Determining** the existence of individuals that meet both, exposure to risk and the success criteria (i.e. screening a large number of MIW and selecting a sub-sample of resilient women with high adversity and high level of subjective wellbeing); and
3. **Discovering** what enables these individuals to succeed (i.e. discovering resilience sources and related specific practices and behaviors and how they help wellbeing) through the use of qualitative methods.
4. **Designing** activities that allow community members to access and practice the discovered behaviors
5. **Discerning** the effectiveness of activities or projects through ongoing monitoring and evaluation
6. **Disseminating** successful process to scale up discoveries to further fuel change and document improvements (Positive Deviance Initiative, n.d.).

Defining the problem PD encompassed a literature review to identify potential factors negatively impacting the mental health of Mexican immigrant women. This literature review

helped define some of the inclusion and exclusion criteria for screening participants in the study which included:

Inclusion criteria

- Female adult (18 years and older),
- Born and raised in Mexico up to 16 years of age or later,
- Identifying herself as a Mexican immigrant woman,
- Of low socioeconomic status (determined by income at or below poverty line),
- Living in the U.S. at least 10 years,
- Having experienced adverse events

Exclusion criteria

- Women who were born or raised from infancy or early childhood in the United States even if they self-identified as Mexican.
- Women who are immigrant but who report not having experienced adversity.

This PD inquiry included only the first three initial steps of PD that are illustrated in figure 1, with the expectation that the final three steps: designing interventions to allow community members to access and practice discovered behaviors, discerning the effectiveness of such interventions and disseminating successful processes will be implemented once this current study is completed.

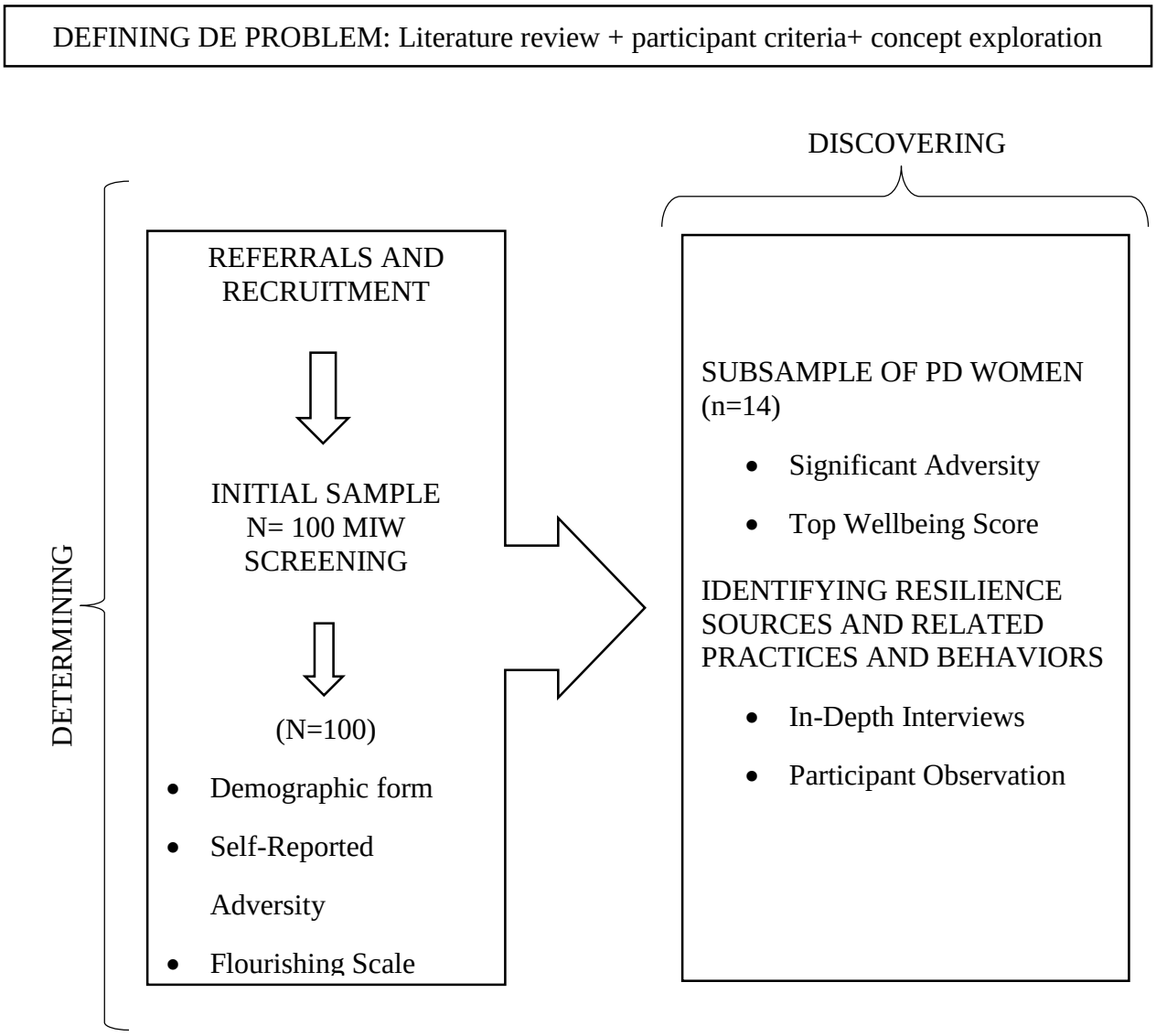

Figure 1: Research Design: Overall design of the study including the initial three steps of the PD approach: defining, determining and discovering

SAMPLING STRATEGY FIRST STAGE: SCREENING

In order to identify a purposive sample of positive deviants (women who have experienced adversity and maintained a good level of wellbeing) to be interviewed about their experiences, practices, and behaviors, a screening process for eligibility and sample selection

was designed. The screening started once the individual was contacted, expressed an interest in participating, inclusion criteria were corroborated, and the participant was invited and accepted to take part in the study. At that time, the informed consent form for the study was handed to the participant and its contents and details explained. Special emphasis was made on the voluntary nature of her participation, that participation in the study involved no risks, that participation could be withdrawn at any moment, that the participant could refuse to answer any or all of the questions, and that all information provided was confidential and anonymous. After providing answers to questions or giving clarifications if needed, the participant was asked to sign the consent form.

The initial stage continued with the completion of survey instruments which consisted of a scale measuring wellbeing and a demographic questionnaire, in that order. All women were informed that some women would be selected for a more detailed interview after completion of the initial survey. A bilingual, female college student who received training on the completion of the survey instruments assisted in collecting information. This assistant, along with the principal investigator, administered the instruments to all research participants. Although the instruments were designed to be self-administered, the researcher had them individually administered believing that the process of completing these forms would allow for a quick impression of the adversity and wellbeing of the participants and would create an opportunity for rapport and closely observing and interacting with them. This decision proved very useful, as many willing participants provided detailed information on adverse events explored in the demographic form that otherwise might not have been collected.

Completion of survey instruments was estimated to take 15 to 20 minutes, which was achieved in most of the cases. Some women, however, were eager to continue conversing with the researcher for an extended period of time. Questionnaires were completed at participants' houses or at private spaces provided within community centers. Notes were written directly on the survey form as it was completed in order to accurately take the information provided. Debriefing meetings between the researcher and her assistant were held immediately after the

completion of surveys to discuss the information obtained or important observations made. Observation notes and additional information offered by the participants were recorded after completion of each survey. All participants in the screening received a $5 incentive after completion of the survey. Of the total surveys completed, 12 of them were self-administered as a group of participants requested that the process completed in a more expedited way.

One hundred screening surveys were completed with immigrant women born in Mexico and living in the U.S. for ten years of more. The screening started with the application of the Flourishing Scale (Diener & Biswas-Diener, 2009a) used to collect information on subjective wellbeing. This scale has eight items that are answered in a Likert-type scale from complete agreement to complete disagreement (1 to 7 points each) and assesses personal functioning in areas such as positive relationships, competence and having meaning and purpose in life (Diener & Biswas-Diener, 2009a). The Flourishing scale score can be determined immediately after completion and this allowed the researchers to immediately start identifying and screening participants with the highest levels of wellbeing. As part of this stage of the screening, a demographic questionnaire was also used to procure information on place of birth, age, income, religion, family structure, schooling level, civil status, employment status, as well as information on some health related indicators. Data on immigration, adaptation to various aspects of life in the U.S. and two open questions on adversity were included in this form as well. After completing the demographic form, each participant was asked about her willingness to participate in an in-depth interview to further discuss the information collected if selected (based on her reported adversity and a high score in wellbeing). Those who gave a positive response had contact information collected to reach them in the near future in order to complete the in-depth interview.

The initial screening phase provided data seeking to ascertain that participants met the study requirements. These data also helped determine that there is a population at risk of developing emotional disorders as the result of the significant adversities they confront. In this sense, it helped complete the initial PD steps: definition and determination (Positive Deviance

Initiative, n.d.). The demographic form and the Flourishing scale produced quantitative data that also helped in selecting successful participants to be interviewed in depth about their experiences of adversity, resilience and wellbeing and the causes behind their positive mental health outcome. This was the second stage of sampling.

JUSTIFICATION OF SAMPLE AND SUBSAMPLE SIZE

The first step in the screening focused on recruiting 100 MIW. This number came from the PD strategy previously elaborated. Positive Deviants are those who statistically fall on the extreme positive side of the sample distribution corresponding to the top scores in the wellbeing scale used in this study. It was estimated that a cluster of 100 individuals would yield at least a subsample of 10 PD women, which is considered appropriate for an exploratory study. To be certain that a deep case oriented analysis and informational redundancy were possible (Sandelowski, 1995b, p. 179), the number of PD women selected went from 10 to 14 still on the basis of their wellbeing scores.

SAMPLING STRATEGY SECOND STAGE: PURPOSIVE SUB-SAMPLING

After the screening process and based on the data distribution of wellbeing scores, and following on PD, a purposeful sample of the participants with the top scores in the distribution −on the positive side, hence Positive Deviants (Singhal, 2013b)− was selected. This subsample participated for an in-depth exploration of their experiences through the use of a semi-structured life course perspective interview for a qualitative exploration of the factors that contribute to their resilience.

Given the immigrant paradox, it was expected that a high number of women would have high or very high scores in wellbeing, which in fact, happened. Nonetheless, only the 14 women

with the highest scores were interviewed. Fourteen positive deviant MIW were selected for a qualitative exploration of adversity, resilience and wellbeing, but unfortunately, one of the recordings was lost due to a technical malfunction; as a result, thirteen recorded interviews and the notes on the fourteenth one were used. To complete the selection, data was entered and analyzed using an Excel spreadsheet with a numerical code assigned to each of the 100 participants, her age, her recruitment site, her flourishing score and the adverse events reported. Wellbeing results were then sorted from highest to lowest score and then compared to the scale norms for the Flourishing scale in order to select participants with very high scores (Scores between 52 and 56). The severity of the adverse events was determined by their number and severity as reported from the information provided by the participants during the survey completion. Individuals with the highest scores in wellbeing and significant adversity confronted were deemed to be positive deviants and selected to attain the discovery step of PD, in which the possible sources of the successful outcome, (i.e. positive mental health) were established.

DATA COLLECTION

The data collection process for the screening was already described. Data collection from the chosen subsample of Positive Deviant MIW was achieved through a semi-structured interview. These interviews were completed in places according to the desire of the women selected while also considering the need to respect their privacy and their ease of access. Before completing the interviews, responses in survey instruments were verified with each participant, informed consent was revisited briefly and the assent to participate was requested verbally from each woman. A life course perspective interview was initially proposed to elicit information on the domains of interest, but that perspective changed slightly as the participants' experiences associated to resilience did not necessarily followed a chronological order or began in childhood.

After observing during the first and second interview that this approach was not completely successful, it was determined that a more effective approach was to ask women to talk about her decision to immigrate to the U.S., and from there, the interviews developed. Interviews lasted between 1.5 to 2.5 hours and were audio recorded with previous authorization of the participants.

The interviews were oriented to complete the third step in Positive Deviance: Discovering what enables these individuals to succeed. In order to discover success, three research questions were formulated (1) How do MIW understand adversity, resilience and wellbeing (2) What are the significant life events of MIW that promote these women's resilience and how resilience is developed and maintained (3) What are the specific resilient practices and behaviors of MIW and how do they contribute to wellbeing. Probes and supporting notes were used to obtain information to answer these questions. The following list includes probing questions used, and illustrates how probes correspond to each one of the research questions.

EXAMPLES OF PROBING QUESTIONS

Research Question 1

- Previously, you told me that you did [did not] know the word adversity. You said that it is… can you explain me more about how you understand adversity?
    - What would you call a situation like this?
- What adversities have you experienced in your life?
- As an immigrant woman (someone who left her country as an adult, even if a young adult, and arrived in this country to stay) what adverse events or situations have you experienced?
- Have you learned something about your adversity? What have you learned?

• Do you know the word resilience? What would you call a person who has this characteristic (someone who has experienced adversity but has overcome it)?
• Do you consider yourself a resilient person? How did you get to be resilient? How did you develop resilience?
• If I give you a number from 1 to 10 to estimate your level of resilience, what score would you give yourself? Why?
• Do you know what the word wellbeing means?
• Do you think that you have emotional wellbeing? How do you know this? How does your resilience help you to attain emotional wellbeing?
• Do you know some other resilient people, women? Are you different from these other people? How are you different?

Research Question 2.

• Do you think that you possess specific or special strengths or assets that have helped you overcome the adversity that you have experienced in life? How have you maintained these strengths?
• Thinking about experiences throughout your life, do you remember which ones have helped you develop resilience? What experiences, events, advice, reflections, ideas, decisions have helped you become resilient?

Research Question 3.

• Do you know what wellbeing is? Can you explain? What are the behaviors or practices that you use to be resilient? How do these help you maintain wellbeing?

All interviews were completed in Spanish and were audio recorded. Recordings were later transcribed verbatim by the researcher and compared for accuracy with the audiotapes. When completed, all transcripts were printed, page numbered, and identified for analysis according to the code assigned to each participant.

DATA PREPARATION

Data analysis procedures for this study followed the procedures outlined by Sandelowski (1995) and Sapsford and Abbott (1992) for descriptive studies (Sandelowski, 1995a; Sapsford & Abbott, 1992). Data preparation started after 25.5 hours of audiotaped interview data in Spanish were transcribed verbatim into a Microsoft text file completed by the researcher. During transcription, an index of topics mentioned by each participant with specific time location for corroboration purposes was created. After transcription, each interview text was identified with the code assigned to each participant and printed with a different color assigned to each interviewee to facilitate identification. Each interview transcript was thoroughly read in preparation for the analysis for the researcher to familiarize with the materials, obtain a general impression of the data collected, and detect possible errors.

An identification and filing system was also created to keep all relevant materials in order and facilitate their location during analysis. In order to facilitate and keep the analysis focused, the research questions were printed and posted as well as a list of initial codes was created and kept in a visible place. All data was kept in Spanish, the original language they were provided, and later translated for presentation purposes. Keeping the data and conducting the analysis in Spanish was considered a way to preserve the integrity of the data as much as possible as meaning and subtleties can be lost in translation (Bender & Castro, 2000). Several readings were needed to acquire a sense of each interview and proceed to the analysis. Each reading led to

creating reflective memos that helped in the analysis. Recruitment, data collection, and data preparation were completed between June and September 2015.

DATA ANALYSIS

Qualitative data analysis is the appropriate strategy for qualitative descriptive studies (Sandelowski, 2000) and consists of three basic steps sorting, comparing/contrasting and consolidating all data (Sapsford & Abbott, 1992). The data analysis process was iterative. It started during data collection when observation notes were recorded and memos were produced. Data analysis began by locating, and labeling/coding all text related to the three main domains of the research (adversity, resilience, and wellbeing). A second reading of the data was completed to "extract the facts" (Sandelowski, 1995a). This is to say, factual information was sought on specific behaviors and practices related to resilience and wellbeing. Behaviors and practices identified and coded helped create a list that was later corroborated with other MIW in order to appropriately identify and determine PD practices. A third reading and analysis were completed in order to create a list of all indigenous or emic expressions – In Vivo coding (Saldaña, 2013)~~,~~ that the participants used to refer to the topics of adversity, resilience and wellbeing. The identification of these factual elements was completed at the beginning of the analytic process to streamline the analysis of the remaining data. These lists were kept and used during the analysis and interpretation of results.

Data coding was completed according to the research domains probed. After the initial coding of text related to the three main domains of the study, descriptive nouns and statements within each text segment were identified and labeled accordingly. Further coding was completed with categories derived from meaning suggested by the data. The process continued iteratively with transcripts read and re-read in order to exhaust all possible descriptors and meanings. An index of descriptors was created after several readings of the data and a final reading of each

transcript was completed to corroborate that the source of all possible descriptors was correctly identified. One hundred and thirty-six strategies and behaviors were identified among the data and went through a sieving process to select those that were considered uncommon and actionable. To achieve this, an additional group of 17 women was asked to select the behaviors that fulfilled these criteria. Seven of those women completed this step individually and ten others did this as participants in a focus group.

ETHICAL CONSIDERATIONS FOR THE STUDY

The protection of human subjects in this research was regulated by the Institutional Review Board of the University of Texas at El Paso, which granted approval to the study. Mexican immigrant females are a vulnerable population due to the fact that they are part of an ethnic minority with limited resources that confront health disparities (Shivayogi, 2013). Several ethical issues should be considered when working with immigrants. One of the potential ethical issues emerging is that of their legal status in the U.S. As a precautionary and protective measure for participants in the research, migratory status in the country was not asked neither during surveys nor interviews. Those who commented on their status were acknowledged, but no specific notation was made of these occurrences. In addition, although migratory status was identified as a source of adversity for immigrants, this factor was not attributed to a single participant but generalized to all participants in the report of results.

An informed consent was provided to all participants in Spanish and every aspect of the research included was explained to each participant. Safeguards for the protection of participants included the explanation of possible minimal risks involved in participation, the anonymity and confidentiality of all information collected, the strictly voluntary nature of their participation and the offer to withdraw at any time during participation, and the clarification of erroneous assumptions about the role of the researchers. All of these aspects were discussed and clarified

at the beginning of the individual's participation and reiterated throughout the time and opportunities it took to collect the data. An informed consent form detailing survey and interviewing processes was given and explained to each participant during recruitment. Consent to participate was requested from each participant prior to completing surveys. Verbal assent to participate was requested from each participant before being interviewed.

TRUSTWORTHINESS

Suggestions to establish the worth of a qualitative study include the truthfulness of the findings, its applicability to other contexts, its consistency and potential for repeatability, and the neutrality by which its findings result from participants rather than the researcher's bias. Lincoln and Guba (1985) branded these features as credibility, transferability, dependability and confirmability (Lincoln & Guba, 1985). For an exploratory/descriptive study trustworthiness essentially entails the capacity of the researcher to attain an accurate impression of the phenomenon studied (Stebbins, 2001), and an accurate description likely to result in easier consensus among those interested in the research (Sandelowski, 2000). In order to attain an accurate impression of the phenomena studied, the first step was to verify the knowledge that participants had about the main domains in the study: adversity, resilience and wellbeing. Towards that end, participants were asked if they knew the meaning of those words which were translated to their equivalents in Spanish (*adversidad, resiliencia y bienestar*). Additionally, in order to acquire the most accurate possible definitions, an explanation was given for each one of these concepts according to the initial definition established for the study. Several words equivalents for adversity, resilience and wellbeing that are included in the results section of this report were described by participants.

The credibility of this study was sought through an extended engagement with the participants in the study. Several visits to sites and participation in various community activities

in addition to data collection were opportunities to engage with participants, understand the setting and context of the participants' experiences and create rapport. The same opportunities created the possibility for close observation of their behaviors and interactions documented through the recording of field observations that supported data analysis and findings. Member checking was part of the strategies used to promote the trustworthiness of this study. A presentation was prepared that included results, interpretations, emergent themes, and categories, in a visual form that was then explained verbally to individuals and a group of participants and key informants. These individuals asked questions and provided comments and clarifications, that helped corroborate the findings and interpretations of the study. A thick description of the research process was produced with a careful and thorough description of the research process including the context of participants for prospective transferability. Finally, an audit trail recording the details of the research process and the decisions taken at each step was also created and is available upon requested for any other researcher interested.

RESULTS

Findings in this research are reported for each question addressed in this study. Following Positive Deviance, the study was completed in two steps that required the collection of quantitative and qualitative data. Quantitative and qualitative results are provided in this section. First, descriptive data was used to answer the initial Positive Deviance question (Are there Mexican immigrant women who have experienced adversity, have lived in the United States for 10 years or more, are of low socioeconomic status, and maintain positive health?). This was used to illustrate characteristics of the participants and for the determination of risks to their mental health which are presented below. Quantitative data supporting the estimation of participants' wellbeing, self-reported health status, and self-reported level of adaptation follow in presentation. These data helped selected the Positive Deviant (PD) Mexican immigrant women (MIW) for the qualitative part of the study. This selection is discussed and supporting quantitative data is included as well.

Qualitative data on adverse events experienced by the participants is also part of the initial descriptive results in this section. The ideas and perceptions on adversity, resilience and wellbeing of a subsample of 14 Mexican immigrant women are illustrated with quotes of the accounts and are presented next. Emergent themes and categories are then offered as they relate to each one of the study questions (1) How do MIW understand adversity, resilience and wellbeing? (2) What are the strengths and assets promoting resilience and wellbeing among MIW, and (3) what are the specific strategies and behaviors associated to the resilience and wellbeing of MIW. Six primary themes were identified as they pertain to these questions. The primary domains of the study are presented and discussed with their corresponding categories and subcategories as follows:

Table 1

Emergent themes, categories, and subcategories

Adversity

- The Reality of Life
  - Awareness and acceptance
- Spirituality and Adversity
  - Providence
  - Walking with God

Resilience

- Grit
- Power
- Strength
- Love

The Origins of the Resilience of MIW

Wellbeing

- Defining Success

Assets for wellbeing and resilience among MIW: Strengths and Resources

- Strengths – Internal Assets
  - Self-transcendence
  - Courage
  - Getting the best out of the bad
  - Finding meaning and purpose
  - Self-Motivation and Self-Reliance
- Resources – External Assets
- PD Strategies and Behaviors Contributing to the Resilience and Wellbeing of MIW

SOCIO-DEMOGRAPHIC PROFILE OF THE PARTICIPANTS

One hundred MIW were surveyed and screened in this study. Participants included women in five different sites throughout the city of El Paso and one in Dona Ana County, New Mexico. A demographic form and a scale measuring subjective wellbeing produced quantitative data for screening purposes and were processed using SPSS version 22. A description of the participants was produced through the estimation of frequencies, percentages, means, standard deviations and ranges for all questions. To present data in a summarized form, some data was transformed from numeric to categorical format. Tables produced are provided to illustrate these results. Table # 2 illustrates sample characteristics.

Table 2

Sample Characteristics (N=100)

	M, S, Range	%
Site of recruitment		
Far East Colonia		32
Westcentral		19
Southcentral		18
Otero County		17
Northeast		14
Age		
Mean in years	57.74	
SD	12.25	
Range	28 - 84	
Married		
Yes		48
Age when immigrating		
Mean in years	28.32	
SD	2.33	
Range	8 - 67	
Years in the U.S.		
Mean	21.28	
SD	10.30	
Range	2 - 57	
Continuous residence in the U.S.		
Yes		90
Last time in Mexico		
Weeks-months ago		49
Years ago/Hasn't gone back		45
Number of children		
Mean	2.97	
SD	1.56	
Range	0 - 8	
Religion		
Catholic		65
Other		35
Language		
Spanish only		62

DETERMINING THERE IS A POPULATION AT RISK

Quantitative results of the screening indicated group characteristics potentially impacting the health and wellbeing of the participants in a negative way suggesting that they are a population at risk. Results showed that the majority of participants live below the poverty line, have no health coverage, are unemployed, have limited or no education, have income levels that do not support basic needs, have limited English skills and have continuously resided in the U.S. for more than 10 years. Previous studies have determined that these factors have a negative impact on the mental health of immigrants, especially women (Rios-Ellis, 2005; Vega, Kolody, et al., 1986). Data on the socioeconomic characteristics that pose a risk to the participants in this study are provided in table # 3.

Table 3.

Summary of Socio-Economic Characteristics of the Population (N=100)

Participants living below the poverty level (For a family of 3; Mean 3.27)	72%
Participants with no health coverage	59%
Participants unemployed	60%
Participants with limited or no schooling	35%
Participants whose income does not meet basic needs	63%
Participants with limited English skills	74%
Participants with no spousal support	52%
Participants who have lived in the U.S. more than 10 years	85%
Participants who have lived in the U.S. continuously 10+ years	90%

A list of specific adverse events, compiled from survey responses, was produced; this includes additional negative factors that are likely affecting the health of these individuals, and also highlights the significant odds they confront. This list is provided in table # 4.

Table 4.

Adversity Reported by Participants in the Study (N=100)

- Financial strain
- Violence (IPV, DV)
- Family separation,
- Confronting illnesses without health coverage
- Unemployment and underemployment
- Caregiving of disabled or ill family members
- Discrimination
- Housing difficulties
- Language limitations
- Exploitation
- Experiencing violence in Mexico
- No means of transportation
- Medical disability
- Divorce
- Living in fear
- Facing dangers during immigration
- Uncertain future upon arrival
- Becoming a widow with small children
- Starting her life anew upon migrating
- Not having family support
- Being homeless
- Unable to attend parents' funeral
- Unable to see her children
- Incarceration of children
- Deportation of self or children
- Limitations due to immigration status (no DL, ID, unemployment, no possibility for self-employment)
- Sexual abuse in childhood
- Extreme childhood violence and poverty
- Inability of her children to continue school
- Racism
- Loneliness
- Death of children
- Medical crises

DETERMINING A SUCCESSFUL OUTCOME

Positive Deviants are characterized for exhibiting exceptional results when compared to their peers. Research on Mexican immigrant women suggests Mexican immigrant women have poor emotional health. Evidence submitted for this fact is the very high number of depressive symptoms they report (González et al., 2010). In contrast to past studies, relatively exceptional results were found among the 100 participants in wellbeing and self-reported health status in this study. To estimate success, subjective wellbeing was measured using the Flourishing Scale (Diener & Biswas-Diener, 2009a). Participants' scores were classified according to the scale norms for this instrument as very low (8-38), low (39-43), average (44-47), high (48-51) or very high (52-56). Data on self-reported health status and level of adaptation to various aspects of life in the U.S. were also compiled through the use of the demographic form as complementary evidence to this assessment. Data determining the occurrence of success is provided in table # 5. Data collected about the perceived level of adaptation to the culture of the United States, to living in the U.S., and to the English language illustrates perceptions on levels of adaptation for the 100 women surveyed is included as well.

Table 5

Participants' Wellbeing Results and Self-Reported Health Status (N=100)

Mean wellbeing score (Flourishing score)	49.97 ± 5.15		
Participants with very high wellbeing score	47.5%		
Participants with high wellbeing score	26.3%		
Participants with very low wellbeing score	4%		
Reported mental/emotional health status			
Excellent	19.2%		
Very Good	17.2%		
Good	43.4%		
Reported physical health status			
Excellent	16.2%		
Very Good	8.1%		
Good	39.4%		
Level of Adaptation (to culture, to life, to language)	**1**	**2**	**3***
Completely Adapted	26	30	06
Very Adapted	40	30	13
Somewhat Adapted	21	32	34
Barely Adapted	09	03	22

***1= to U.S. culture 2= to life in U.S. 3= to English language**

POSITIVE DEVIANT SUBSAMPLE

The identification of positive deviants was attained on the basis of wellbeing scores. An Excel spreadsheet with results for the 100 initial participants that included ID number, recruitment site, flourishing score and the adverse events reported was used toward that end. Wellbeing results were then sorted from highest to lowest score and then compared to the scale norms for the Flourishing scale in order to select those with very high scores (Scores between 52 and 56).

The severity and number of the adverse events each woman confronted were determined during the survey completion. Thirteen women with very high and one with high wellbeing score and significant adversity confronted were selected and scheduled for an in-depth interview. Although there were other women with the highest wellbeing score of 56, undergoing medical treatment or time limitations prevented their selection. Other participants had high wellbeing but did not report experiencing adversity.

Positive Deviant women selected expressed willingness to take part in the study when contacted over the phone and all agreed to be interviewed. Women were selected from all the sites of recruitment, they were motivated, enthusiastic, and expressed the desire to share their life stories with others with the explicit desire to be helpful to other women. Most interviews took place in the participant's home, as requested by them.

Participants' ages were varied within the PD subsample which included the youngest (39) and the oldest women (84) in the sample. The qualitative sub-sample included retired, self-employed, unemployed, disabled, and some working women. Participants from different Mexican states were selected, yet most of them moved from their city of origin to Ciudad Juarez, Chihuahua prior to immigrating to the United States.

Five participants were married and living with their husbands. Three women were widows, and six were separated from their partners due to intimate partner violence. Although immigration status was not inquired from any participant, some women related difficulties ensuing from being undocumented. Some of the characteristics of Mexican Immigrant Positive Deviant women are provided in table 6.

Table 6.

Positive Deviant MIW Sample Characteristics (N=14).

Age	Range	39-84	Mean 58.23
Wellbeing Score	Range	51-56	Mean 55
Years in the U.S.	Range	12- 57	Mean 29.38
Place of Birth		**F**	
Chihuahua		9	
Jalisco		1	
Veracruz		1	
Mexico DF		1	
Zacatecas		1	
Aguascalientes		1	
Recruitment Site			
Southcentral		3	
West Central		4	
Dona Ana, NM		4	
Northeast		1	

Far East Colonia	2
Marital Status	
Married	5
Widow	3
Separated	6
Number of Children	
1	3
2	1
3	4
4	2
5	1
9	1

ADVERSITY EXPERIENCES OF MEXICAN IMMIGRANT WOMEN

Adversity is a basic element to inferring resilience (Davydov et al., 2010; Fletcher & Sarkar, 2013; Friborg et al., 2009; Luthar & Zelazo, 2003; Rutter, 2012). Adverse events were identified, and related accounts by women were investigated while screening participants. These events were more closely examined and discussed in order to select the positive deviant subsample and during interviews. Each woman reported significantly adverse events both related and unrelated to immigration. For example, P20 reported being the caregiver for her convalescent brother for two years after he was shot while living in Mexico and also losing her

house and belongings in an accidental fire. P37, P55, P33, P58, P68, and P100 all reported intimate partner and domestic physical and psychological abuse.

Caregiving responsibilities for individuals with severe medical conditions such as cancer or emotional disturbances were also reported by P21, P27, and P79. Medical disabilities, chronic pain and chronic illnesses limiting employment were reported by P45 and P58. Facing financial responsibilities, and unexpected events without support were also reported by P21, P27, P35, P58, P33, P68, P79 and P100. A medical crisis or an abusive relationship forced P35 and P55 to leave Mexico and their employment, businesses, and homes.

Other participants reported adverse events in childhood such as facing adult responsibilities as children, extreme poverty, neglect, and physical and sexual abuse. Homelessness, becoming a widow with young children, incarceration and/or deportation of children, depression, inability to work and difficulties of communication due to limited language skills were other adversities reported. Harassment, exploitation, discrimination, poverty, and stigma were experiences for most of the women interviewed.

In order to understand some of the significant odds of women in the sub-sample of positive deviants, brief accounts on the adversity they met are included. These are emblematic accounts of adversity for MIW that occur not in isolation but are combined with other difficulties resulting from immigration or associated factors such as low income, lack of health coverage, stigma and discrimination, and economic exploitation.

P68 related some of the adversities she experienced. Besides being sexually molested in childhood, having no income, lack of health coverage, and experiencing exploitation at work, she lived on the streets with her special needs child for some time and suffered depression.

> Living on the street is the most terrible thing that happened to me as an immigrant; as someone who has no documents, no work, no money, who has no way to work, thus many adversities emerge. Living on the streets, risking having my daughter taken away because people don't help, but they report you. They reported me because my daughter went a week wearing the same clothes, like me, we didn't have a place to change, to wash clothes, to take a shower.

P79 went through extreme poverty in childhood and neglect when she started taking care of her mother who was emotionally unbalanced due to the death of her oldest child. She also related being a caregiver for several members of her family including her husband which to date, make her feel nostalgic due experiencing going through the loss of many of the members of her family. She said:

> I came to the U.S. in 1977. The desire I had about progressing came tumbling down. He [her husband] was sick, shuffling his feet because he was sick, he had brain cancer. He went to have tests at Thomason hospital and they told me that he had a tumor the size of an orange or a fist. He was hospitalized for a month. At that time my daughter was 4 years old, no, not quite, she was older than three because he died on March 9 and she was going to be 4 on March 17. He died in 1990 and those were cruel years. When he died we lost all money and had nothing. I didn't have a job; can you imagine how cruel my life was upon his death? I struggled a lot, a lot, a lot but he died and it's been many years now. I raised my daughter by myself.

P20 experienced discrimination in her work and went through difficult circumstances due to living in an unhappy marriage for decades. She reported a murder attempt on her brother and losing her house and belongings to an accidental fire. P37 recounted her experiences when immigrating at a very young age and the psychological abuse she suffered that caused her depression:

> They had me like all immigrant girls, frightened, that if I looked out the window or went out, the "migra" would see me and would take me away. In other words,

> it was an ignorance I had. What I did was to stay in and not go out because of the fear. The man with whom the father of my children went to live, he wanted to take my daughter to live with them. He said they would take the girl to live with them because they would keep the girl and I would keep the boy so we were evenly matched. I said, how are you going to take my daughter away? My daughter, as soon as she saw her father, she would run because she adored him. That's the way it was and I would think, what if one day he comes and she runs and he takes her away in his car. I was still unable to move. What if he takes my son away? What would I do? So, I had this fear and because of the fear, I started having depression, everything started to complicate. I was scared and I would go into a crisis out of fear and I would run my hands through my hair and start pulling it. I lost lots of hair when the crisis started, then, when the crises were over, I didn't know what had happened.

P21 explained how living alone in the U.S has been the worst adversity she has experienced. In addition, she recounted the hardship she went through as a child due to how strict her mother was, the abuse she endured at her hands, and their extreme poverty. She also explained how difficult her life was upon arriving in the U.S. P35 described several adverse events in her life that started around the time she gave birth to her children because of medical complications with both children. Her adversities continued up to the time of the interview as she faces obstacles finding a stable employment and the frequent experiences of discrimination she has encountered. Her statement is long because she has confronted almost all possible adversities a MIW can face:

> After two or three months I started to notice my baby was not well and I started to come to El Paso for him to be checked by the pediatrician here. I began to notice many changes in my baby, he didn't evolve, just the opposite. He began to vomit, vomit and vomit. His eyes screamed at me, screamed in despair. I noticed his face reflected pain and so we began seeing the doctor and he did not say anything but we began to disburse money. A lot of money, fees and expenses. We went to the doctor, he did more tests and he saw that there was a bleeding. He said that there was very little chance for the child lo live. He thought that if the child was saved there was a 99% chance that he would stay mentally retarded.

How old was your child?

Five months. My son was left completely limp. He couldn't hold his head or extremities; he couldn't drink water or eat food.

Did you come alone or with your spouse?

I came by myself because my husband had to work and we were spending a lot of money. He had already started asking for loans, we spent our savings, our end of the year bonus, I sold my car. Because of the surgery, we had to sell our house, we recovered what we could but we spent a rather large amount of money. All that happened in Juarez. We were left with no money. We sold the furniture. We sold everything.

Our apartment here had no furniture, we had no beds, nothing, we came with no money, just the opposite, we owed money. We slept on the floor like a year, more or less, with no phone, no car, my husband traveling. It was like I was brought into an empty room with my ill child, with two children, all by myself. It was a challenge. It was the biggest challenge I ever had. Then I had to have food, I didn't have money for food. I started struggling by myself. It is difficult for me to remember it.

I was alone, always. My husband was out all the time. As soon as my husband arrived I would take the car and drove away, to cry, to walk into the night to relieve my anxiety and to gain strength. I couldn't understand why [I had to be] in another country, the language with the therapists, I still couldn't understand, I could not assimilate why I had to be in another country with a disabled child with all those great needs. I didn't have a phone, not even someone with whom I could talk; I was very isolated, inside those four walls. It was very hard.

How long did you live like that?

Jeez! It was five years, Maria. It was five years my struggle lasted. Five years was the length of the program.

P33 revealed that the father of her children sexually abused her oldest daughter was the main adverse event she confronted, which lead to a chain of further difficulties. She also

commented on her frustration resulting from not being able to speak English, which limited her ability to find a stable job, and on the difficulties raising her children by herself.

Experiences of exploitation, discrimination and stigma were also discussed by several participants. P37 related experiences of discrimination and exploitation while living in a shelter she entered trying to escape the abuse of the father of her children when she did not have proper documentation:

> At first, when I was in the shelter, right after I left, I had a job. I was going to work in a daycare to help the owner lady. It was from 10 am to 3 pm. At 3 o'clock, I had to run because I had to be at the shelter at 5 o'clock because there, when 5 pm strikes, you have to be inside or you'll stay out. I would run so the bus wouldn't leave me because if it left, I had to wait a long time. So, I would run in the morning and in the afternoon. Sometimes I wouldn't be on time, sometimes I would get a chance. Sometimes, I would barely make it and the woman in charge would tell me, 'get in, I would pretend I didn't notice.' Sometimes we didn't have time to eat because we had to be in at 5 in order to eat. The lady at the daycare would pay me $50 for the whole week, it was so little but it would help me a little. At the end, what she would do is to give me a bag of coins. That was my pay. I had to take it because I had no option, right? I couldn't work, I had no job, so I had to take it. So I would leave and when I arrived and counted it, it was less than $50. We struggled because we went looking for a job but since I had no papers, there was no job.

P35 worked on the streets selling food and talked about the stigma derived from this activity and the frustration it causes not being able to earn a livelihood.

> When you sell burritos people look at you like you are real low. They look at you like you are a beggar like you are asking for charity; they don't value the work, the good you are selling. Like a burrito, for example, a delicious burrito, they prefer French fries or junk instead of a delicious food. But they see the human being as very low. I experienced that a lot.

> I was caught selling burritos and the health authorities wanted to take me to jail because it was a felony, that I was going to make people sick, and who knows how many more aggravating factors they accused me of, I felt humiliated too. Why? because I come to sell a burrito. Why wouldn't they let me?

EMERGENT THEMES

The initial data analysis from interviews uncovered a large number of descriptors which were initially coded according to the three main domains of the research. Patterns and commonalities were observed resulting from recurring ideas, thoughts, and salient themes that were iteratively isolated, grouped and regrouped for the identification of emergent themes, categories, and subcategories within each account of the participants' experiences.

Adversity

The reality of life

Adversity emerged as a very evocative, encompassing theme in this study. Data associated with learnings, decisions, attitudes, and behaviors when confronting adversity were provided. Adversity was characterized as a pervasive phenomenon in the lives of MIW, framing their lives and their experiences of resilience and wellbeing.

> *Do you believe that these adversities, these difficult situations have taught you something?*
>
> Yes, I would say yes, to know what life is like, to know both success and failure.

Most of the participants had a pragmatic attitude towards adversity, as they considered it part of the reality of life. This attitude may result from the fact that many of the participants confronted difficulties at an early age. Nine of the fourteen women reported physical and verbal abuse in childhood, extreme poverty, witnessing abuse, and taking upon themselves the

responsibilities of adults, including the responsibilities of their mothers who were unable to take care of the participants or their siblings for various reasons. For example, P21 expressed:

> I struggled a lot, may God forgive me. I struggled a lot with my mom because when she was young, she was a rebellious person, no, no, I wouldn't know how to describe her, but she was very strict and she would hit me a lot, she was never happy. Anyways, can you imagine her in old age? The problem was worse, right? When I was a child, it was very difficult, very difficult because she was always sick or probably it was her character but she would always mistreat me, she would hit me a lot for no reason, whatsoever.

P79 also commented on her childhood difficulties:

> You have to see that life made us this way. When I became an orphan, my mother didn't know how to go and collect firewood because there was none. She didn't know how to go to the field and feed us. Ever since I would go out to collect firewood. Who taught you? No one taught me, I did learn myself.

Remembering her childhood experiences of adversity P27 expressed:

> I think that since then, I am a fighter. I am someone who holds on to life. Besides, everything life has given me has taught me to fight, to defend myself, to instill that in my children, more or less, values, I think.

Remarkably, and probably because they saw it as a common occurrence, adversity as an actual term appeared was uncommon in the vocabulary of the participants. Probing and providing examples of adverse events led to elicit some responses among the participants, yet instead of adversity, terms used by the participants were "challenges", "problems," "difficulties," "obstacles," "trials," or "needs." For example, P6 expressed: "Rather [than adversity] we can talk in terms of problems or obstacles because those are the things that come up on our path but they can be overcome."

P27 was questioned directly to clarify whether adversity was the name given to the experiences of MIW or not. She said "you mean to say that there are unfavorable situations that depending on the level of severity could be adversities? What other word would describe them better? Difficult situations."

Although these MIW used a vocabulary more conducing to coping when referring to adversity, adversity has clearly produced lasting effects in the lives of these women. Participants became emotional due to the strong sentiments connected to the adverse events they confronted and they cried, but they also expressed pride regarding their accomplishments and satisfaction when realizing the significant odds surmounted. P27 commented on this respect:

> The more adversities we face, we have to overcome, the more we learn to be strong. One becomes stronger, braver to face whatever comes your way. One can say: If I was able to overcome all of that, right? Then is when one learns and I think that one becomes stronger and more appreciative. After all I went through, I learned to value more. I learned to value others, to value myself first. I learned to forgive. That is important for ourselves. So I am very proud to say that I am stronger and I learned to value others.

Many participants expressed surprise when realizing the implications of adversity in their lives and stated that their resilience was unintended. Some of them said that they had not even considered they were strong. In most cases, accounts indicate adversity starting early in life and suggests participants are very aware of this "*Realidad de la Vida*" (Reality of life) and seemed to have developed a disposition to being challenged (Santos, 2014). They also acquired an acceptance that life cannot be controlled and that adversity is part of life yet is not permanent.

Figure 2, below, is a visual summary of the final emergent themes in this study.

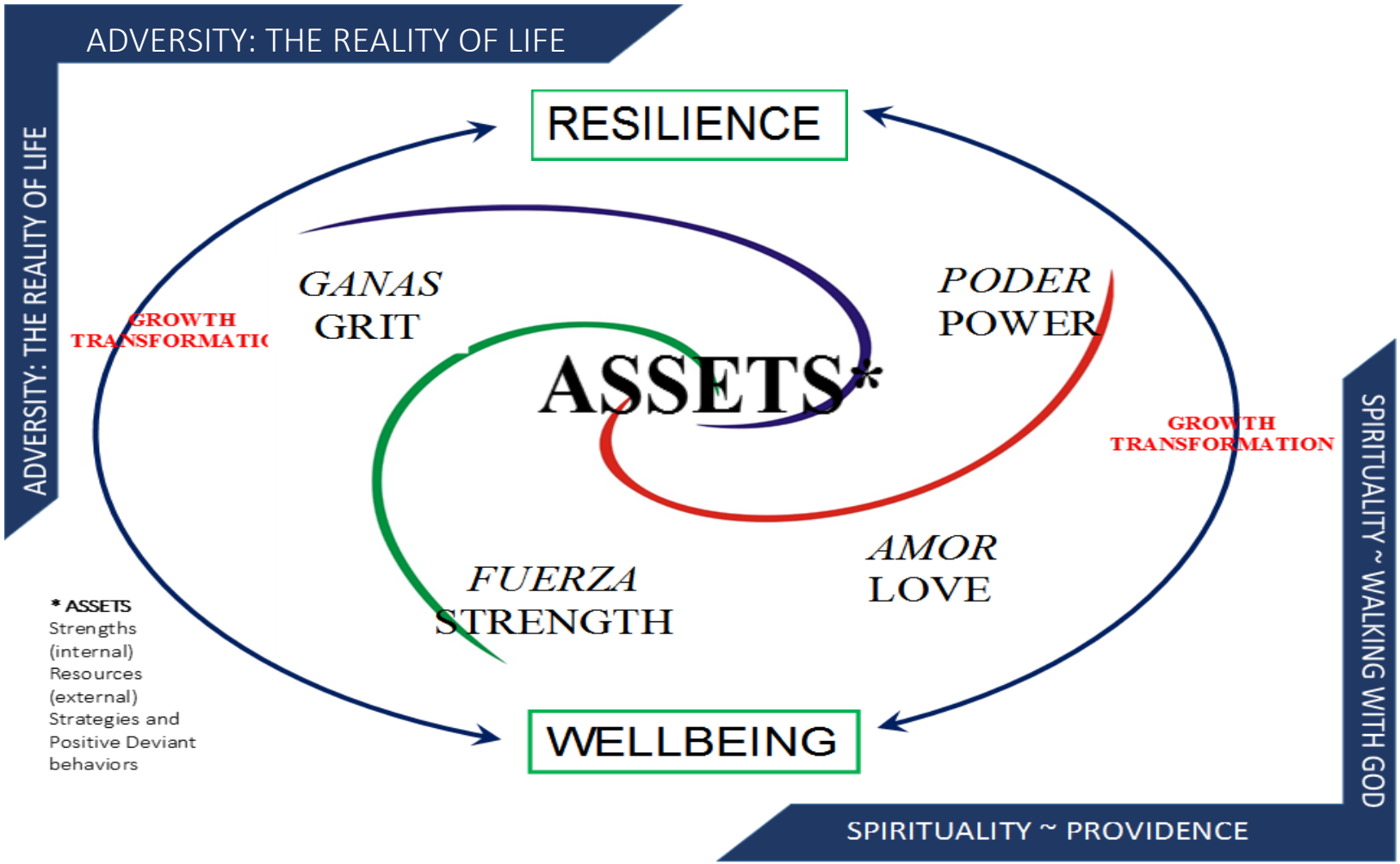

Figure 2. A visual illustration of a model of resilience for MIW

P68 commented on this:

> Now I can see that I can be well regardless of adversity because I know that adversity will go away. Before, I thought that adversity would remain, that it would take forever. Now I understand that I can be well in adversity because you can learn from it.

In addition to the acceptance of adversity as a common occurrence, most participants, as quoted above, understood adversity as an opportunity to learn. All of the women interviewed were able to list the learning that they obtained from adversity. In this regard one of the participants (P37) who experienced abuse and exploitation expressed:

> I learned to help others. I have [girl] friends who are going through the same I did. Well, [I'd tell them] go look for help. [I have learned] to help others and to not get depressed, to not stumble by myself because that is what affects us and sometimes we drag others. I learned to love myself.

Some of the many learning acquired by participants included: fighting to the very end and not giving up, valuing material property, loving herself, recognizing and differentiation of faults or responsibilities, developing a new appreciation for other people around, developing compassion for and solidarity towards the suffering of others, forgiving themselves and others and learning to be independent and self-reliant. Participants considered that they learned many valuable lessons from adversity and the reality of their lives that they considered life as a school and adversity the teacher in that school. P21 described *"la maestria de la vida:*"

> I believe that there is a "*Maestria en la vida*" (a mastery in life) because, from each thing that happens, one learns. From everything, good or bad that happens, one learns. Then, one learns to fight, to be stronger, to work, to fight for your own family.

If you try to remember, where did you learn that, to think that way?

> I believe it is from life, because, I always had to struggle for me and for my life. I struggled for everything. I married when I was very young, I never enjoyed life because my mother was very stern, she never let me go to a party, never let me do anything, later on, with my husband, it was worse.

Accounts about learning from adversity made it evident that these women felt experiencing adverse events allowed for personal growth or transformation; participants felt they achieved success and realized they went through changes in their values and in the understanding of what is significant in life. P35 expressed it eloquently:

> I feel like I grew a lot. My worries are not the same as before. I grew. That's success to me, Maria. What I want is to go to heaven, I want a hut, it doesn't matter, up there, and see my parents. Here, I am not taking it with me. When I leave on my carriage, I am not taking a house or anything. I will have nothing and it is ok, I do not worry about that.

> *What about growing related with this cycle of adversity? Facing adversity, growing, etc., etc. Do you think you have grown through the adversity in your life?*

> Very much. I am another person, completely, totally. If I go back to the type of person I was, I was a good person, but now, I am another person. First, I value life; I value to wake up; I value what I eat; I value what I have; I value what is around me, within my reach. I value every moment; I value time. In addition, all that I went through with my parents, that I took care of them. I value love very much, giving out love daily. I have really, really changed.

P58 reflected on the changes produced by her experiences of adversity and gave details:

> Coming here and facing all those adversities knocked my pride and all my arrogance over and made me who I am now. By the mercy of God not by myself. Adversity helped me become who I am now, more sensitive, more human, do you understand? So, life and adversity come hand in hand to learn.

Adversity was also denoted as a factor that enhanced participants' self-efficacy, increased their personal power, and promoted their becoming independent and self-reliant. For example, P35 continued her description:

> There are no limits for me. My strength is so big, but it came from what I accomplished with my son [overcoming his disability diagnosis], because God, through all of that, transformed me into a woman of strength, of big challenges; from here up to when God calls me and above everything, to serve him, right? Serve him.

Significant in the midst of adversity were participants' children as sources of motivation. Participants considered their children as the *"motor principal"* (their main motor) that encouraged them to overcome their difficult circumstances and move on. Thirteen of the 14 women interviewed identified their children as the main motivation they had in their struggle. Participants' love for their children and a strong desire to protect and provide for them was a powerful motive behind the women's effort to conquer adversity. P68 was a good example as she said:

> First and foremost, my daughter. She is my number one motor; I do not believe that because I went through adversity, a problem, or a situation she has to go through it too. I think that no one deserves to go through what we have gone through.

P37, who had two children expressed:

> I learned several things. I learned to get ahead not matter what, first and foremost for my children who are like they say the motor of my life.

P21, a mother of nine children stated:

> So, having children makes you fight, to see that they need something, that they don't have that, that one has to give them enough. Then one learns to take risks and to work no matter what, and I did but it is for them.

Adversity and Spirituality

Providence

Spirituality was a significant theme associated to the experience of adversity, resilience and wellbeing among MIW and to their life in general as it was a constant in the accounts of most of the participants. Despite the fact that eleven of the fourteen women interviewed identified as being Catholic, their reflections and ideas described more of a personal knowledge and experience with the divine than traditional religious practices or activities would suggest. Spirituality was characterized as prevalently and evocatively as adversity, for which it was considered as part of the same frame of reference to the life experiences of MIW. Its significance is also suggested by the fact that "God" was the most repeated word in the transcribed text, with other spirituality-related topics reflected throughout the data. Participants expressed two divergent but complementary spiritual angles related to adversity: providence and walking with God. Providence as an expression of divine care or direction allowed them to develop trust that their problems were not permanent; that God was watching over them; and that He would get them through adversity. Providence increased participants' self-confidence, self-esteem, and contentment as they developed a feeling of being privileged, blessed and loved by someone greater than them. P37 expressed:

> To me, God is the center of my life. I do not worry about anything; as material things are concerned, that became secondary. I will tell you something. If one

> trusts God, you can stumble but God will pick you up. I have felt it. When I sold burritos, I felt it more than once. At those times, on that path, I felt very blessed, very spoiled by God. I feel like I am one of his children, a favorite one because he gave me the opportunity with my son. The disability entered through the wide open door but it left through the window.
>
> That is how my life started. I walk with Him; he accompanies me throughout the alley I walk. He is with me and I don't feel alone, I am fulfilled, I feel content. Because who am I? I am a spoiled child, he pampered me and he said: I will give you this chance and that filled my life completely.

As part of providence, participants were able to perceive God's presence and action in their lives through people and situations around them. When referring to people who assisted her in her struggle for her son recovery, one of the participants expressed:

> The therapists became angels. My faith started to grow because I started feeling their support. I had someone with whom to talk, someone to whom I could ask. They would bring food, clothes, toys, they would help a lot, a lot, and my son started to evolve. God placed angels on my path. That is why I believe in angels, God puts people on your path and that is why I am a woman of faith. Because throughout my entire struggle there were people next to me, I was never alone.

P20, in reflecting in the help she received from members of her church community, stated:

> To me, it is very important that a person feels accompanied, that she can count on someone else. I have seen that as a way in which God says, here I am, in all these people is my love, my support, all that you need.

A third participant, who went through several family losses due to disease and who had to raise herself while taking care of her emotionally troubled mother stated:

> One lives from experiences, from cruel experiences that happen or don't happen because there is a God who is present, who helps. Don't I tell you that you can

> feel like a start that follows you, a star, like when you feel really bad, right there is the right person who can orient you about anything? I think that is it. You may see that scientifically, I don't know.

Walking with God

Walking with God and not letting go of his hand was another emergent angle of spirituality. Participants expressed great confidence in God but were certain that they needed to do their part in solving their own problems and developed a commitment to do so. Several of the participants expressed ideas about walking with God. P58 started with this description:

> Then, what happens to one who walks, who believes in God? One knows, one feels the certainty that he will get you through. It is the trust and the confidence that He is there and He will get you through. Then, I placed all my faith on Him. If I do my part, I will be ok, and everything will be ok. And that's the way it was. It all came to happen and I was always in church, with God, and moving forward.

P6 also recognized her walking with God:

> God puts all the means because I am being sincere, I don't walk in this life without God, that is my life, I don't walk without God.

P33 described not letting go of His hand which seems similar to walking with God:

> With God's help, with God's help, and asking him every day that he doesn't let me go off his hand. I know that there is a reason for things to happen, but I also know that I grab on to Him and that He won't let me go. I have gone through worse times, but He has always been with me and I believe that. That is what has helped me, that I don't, that morning and night, I always ask Him to not let me go off His hand.

Resilience for MIW

The term resilience (which has been literally translated as *resiliencia*, in Spanish for previous (Grotberg, 2003; Melillo, 2005; Santos, 2014) and this study), was unknown to all but one of the fourteen MIW interviewed. In order to elicit responses, a probe describing resilience was used: resilience is a person's ability to overcome difficulties or adversities, and many times, even learn and grow from those difficulties. With this prompt, participants were asked to provide a term that would describe this capacity. Participants proposed several terms in Spanish to describe resilience. Some of these terms included: *teson, persistencia tenacidad, valentia.* Descriptors for a resilient woman included: *una mujer de fuerza* (a woman of strength), *una persona valiente* (a brave person*), una mujer de fe* (a woman of faith), *una persona que no tiene miedo a los retos* (a person unafraid of challenges), *una vencedora* (a victor), *una guerrera* (a warrior), *una luchona* (a fighter), *una tesonera* (a tenacious woman), *aferrada* (stalwart), *entrona* (daring) *and a cabrona* (bitch).

Explaining the different descriptors used, P55 illustrated some of the characteristics possessed by a resilient woman: "A resilient person is someone who has a purpose and doesn't want to remain stuck. She has a strong will to go and get what she needs." The same participant said, "A resilient woman is a bitch because she demonstrates to others that she can and she never says that she can't." Another participant (P33) proposed that a resilient woman is someone who is capable of achieving what she intends to. She is "*entrona*" (someone who does not back up), who sees no difficulty in anything. A person for whom "I can't" is not an option. Still another participant (P27) gave her opinion about what a resilient woman is, with the clarification that it is not only about overcoming adversity but continuing on a positive path.

> *What would you call a person who has experienced difficulties and is able to overcome them and continue with her life, maybe even to learn from them?*
>
> Well, she would be a good example. A brave person, a fighter, brave, like… well, yes, someone who fights to continue positively with her life. Sometimes one can continue with life but not in a positive way. She would be, for example, there are words that can give a similar idea: tenacity and persistence.

The importance of having objectivity when assessing a situation and of looking for the positive amid adversity; not staying "on the tragedy" was also mentioned as part of an understanding of resilience. P20 expressed:

> That of being a resilient person, I think it has to do with the objectivity that you have, your perspective on a situation, discerning a more favorable situation to not stay on the tragedy.

An assessment of the participants' subjective level of resilience was included as part of the interview completed. After discussing resilience, the women were asked what score they would give themselves in terms of their resilience. Scores ranged between 8 to +10. Those that gave a lower score explained it resulted from their desire to be modest. Some of their reasons behind the scores were explained and illustrate more descriptors of this phenomenon: "I give me a 10 because I am brave and let's move on;" "I give me a 10 because I have kept firm;" "I give me more than 10 because such is the level of my doggedness;" "I'd say a 10 because I am very self-sufficient, wise, and I have survived;" "A 9 because occasionally I waver but I have daily strength, don't get depressed, and I wake up with a goal in mind;" "I will definitely will give me a 10 because I do not stay where I fall, I get up, continue and achieve what I want. No nonsense, I earn it lawfully."

In spite of all the women interviewed having had experienced significant adversity and currently have a high level of wellbeing, three of the 14 women interviewed said they have been depressed at some point in their lives. Two of these women returned to their everyday level of functioning through psychological assistance available through community organizations serving their areas of residence while the last one returned to her usual self without any intervention other than her own internal resources. This may signify that these women represent cases of recovery (Bonanno, 2004) rather than resilience when using very strict boundaries to define each phenomenon, but this occurrence was not explored further.

P68 gave an alternative name to designate resilience and identified how MIW would name this phenomenon: "I would call it tenacity." When asked about what she understood by this word, after a few minutes of reflection she eloquently stated*: "Fuerza, poder, ganas…* (Strength, power, grit)" Probing on her definition she was asked whether this is what has helped her to overcome adversity to what she added: "*Amor, el amor tambien*" (Love, love as well).

Reflecting on this participant's statement it was determined that she was enunciating the four signposts of resilience for Mexican immigrant women that were identified within and supported by the data collected: *fuerza* (strength) *poder* (power), *ganas* (grit), and *amor* (love).

Fuerza (Strength)

Several strengths of MIW were identified, but accounts denoted an essential strength that helped them offset the consequences of adversity. The participant who lived on the streets with her special needs child said:

> "I have the strength; I have the motor in my daughter. She is my life. The motor is my daughter, definitely, and the strength is to be better, to not live on the street. The desire to simply live."

Most of the women expressed that they felt this strength and were able to influence their situation through action and through focusing on what they could do. They mobilized this strength through a sense of responsibility, a strong will, and defining the direction to where they wanted their lives to go. For example, when asked where that strength comes from P68 responded:

> From living, from feeling alive, from not surrendering, from wanting to be better, from you not being a piece of paper that the wind can blow wherever it wants, from that essence that one has for living. I mean, we are not people who can be despised, not because someone says move over, we won't look for a solution. Why are you telling me to move over? Could it be that is convenient for me to move aside? Probably. Doesn't he want me to succeed and he is blocking me for me to not advance? Do I make sense?

P20 reflected on her sense of responsibility and in how she had to do something to help and move on, she expressed how she has always liked to do things well. She described doing things thoroughly like in the case of caring for her brother:

> About my brother, I felt that I couldn't fail him. I couldn't stop and leave him and tell him you are on your own. I brought him here, I took him out of his environment. He needed someone, the only one he had was me, Then, I had to do whatever was necessary for him to be well.

Probing P37 about how she was able to overcome the many difficulties she confronted when suffering psychological abuse, having to live in a shelter and facing the risk of losing custody of her children she succinctly answered to the question about whether she had done,

received advice or decided at that time of her life*: "*No. I only know that if I fall, I have to get up." In describing the specific actions that have helped her, the same participant stated: "Only being decisive about what I do. Like if I decide to do something, doing it until I achieve it." With some more probing, she added: "deciding about what one is going to do and not changing direction. Deciding and achieving it. "

Poder (Power)

Power emerged as one of the factors that allowed women to overcome adversity. Power can be considered as the individual's capacity to influence an outcome, and in this sense, it can be regarded as personal power. Personal power was evident in the women's ability to respond positively to her difficulties, and in her active search for information and help. Personal power was used to carry out concrete actions to not be defeated by her difficult circumstances. Personal power encompassed a constant decision making, and the conviction and resolve that no excuses or obstacles would deter them. P55 commented on personal power:

> There were times when I would say, "I have to raise my kids. I am not going to depend on a man, my children depend on me." That's when I started to say [think and decide], my children depend on me and this will be left in the past. That's when I started to become firm and to say [think and decide]: why are you going to mistreat me like that? I am the one who works, I am the one who supports the household and that's when I started to move on by myself. I didn't pay attention anymore to what he said. That happened up until I got tired and said [think and decide]: you know what? This is it. It was when I put a barrier because I said [think and decide]: this is too much. From then, up to this day.

Discussing her struggle with a cancer diagnosis, P58 commented on personal power:

> When my cancer appeared [I decided] and this is not going to win over me, this won't win over me. And I am going to be happy and if those living around me are very happy and I have to make happy those who live around me. I will not transmit negativity. Well, I don't know, I say that a woman has to put a 100% of her in a difficult situation because when she breaks, she will crumble down, and she will come down, she will come down.

Ganas (Grit)

Grit refers to the desire a woman has to fight, to live, to move on, and to be well. Grit encompassed future orientation and optimism, a desire to improve through planning and setting goals, conscientiously working to achieve them and the woman's internal or external motivation. Grit included believing in her capabilities and displaying tenacity and optimism (Duckworth, Peterson, Matthews, & Kelly, 2007). P33 powerfully commented on "*ganas*"

> It is having grit and not looking back. We can. It is possible to move forward with God's help and making your part because if we leave it all up to God, oh well, no. So, having grit and saying I can, I can. And being optimistic and saying I can and you can, when one says I can do this, one is able to do it. It is having grit, lots of grit.

She continued her description of "*ganas*" in relation to her learnings and the optimism that accompanies it:

> All the adversities or difficulties taught me that I should not depend on someone else. That I always have to be an optimist. That I shouldn't be thinking that I won't be able to, but that I will. As I told you, I was working and thinking: I have to finish because I have to be there for my kids. So, I always should only think positively. I shouldn't look behind. I shouldn't look behind and I should say: I can, because if I didn't have documents and could move forward, now that I have documents, I can improve myself better.

Some participants discussed the importance of "*ganas*" when finding themselves in difficult circumstances to avoid the world crumbling around them. P58 commented:

> How did I move forward? I had put on all the grit of the world. I said this is not going to annihilate me. I have to fight. How come, just because I don't have a husband, a man, is the world going to fall on top of me?

Participants' accounts contained many instances in which their determination to move on was evident. This unwavering decision to move forward is included in this category of grit and involved using any emerging opportunity in spite of its nature or level of difficulty or being humble as to working in any position available. P100 described:

> If I had said: in a bar? How am I going to work there with my child? I looked for work in houses but they wouldn't accept me, because of her. I said, anywhere a door opens [I will go]. The only thing I had left was the bar and then it was when I thought: if I sit and focus only on the problem I won't move forward. That's how we get absorbed into the problem, not the solution. When I said I have to look anywhere because I can't have my daughter here, she needs to shower and a place to sleep; that was looking for the solution, not the problem.

When P45 was asked to clarify about humility she offered this explanation*:*

> Well, for example, to not feel more than everybody else. Simply, being what you are. For example, I am told, I want you to go and clean the bathroom. I am not going to say no because I didn't come to clean bathrooms. No, that shouldn't be. If you are working, and if you are told there is no work in your department, the restrooms are dirty, well, this is what I say, well, yes. I go and do it and don't feel ashamed. I believe that is being humble, isn't it?

Amor (Love)

The final element of resilience suggested by the participants was love. Love refers to valuing or loving herself (self-esteem and self-respect), and to other qualities of connection (Ryff & Singer, 1998) to others around them, such as their children or families. In relation to love, one of the participants suggested the worst adversity, "the hammer that crushes an immigrant woman is *"el desamor"* (Lovelessness). *"El desamor"* was explained as not having the support of family, friends, and people around and it causes women to become depressed and seek for solutions where there is none. Love was thus considered critically important but it was understood as both, given and received (reciprocity). For example, P79 was asked what gives a person the grit to move on she said:

> Look, if you have a child and you love him very much, that is enough, that is enough. You will move forward from the moment she is in your belly. If you say I am going to help this child to move forward. I didn't go to school, but he will because I will do it. Yes. That is passing on to your child what you will do. There are many things.

For some women, it was evident in situations involving abuse, that they went through a process that led to awareness and then to self-esteem. Speaking about having to learn to value and love herself, P37 who experienced extreme abuse at the hands of the father of her children and of his lover expressed:

> I learned to love myself.
>
> *You didn't do that before?*

> Yes, I did, but after all I went through, it was very difficult to do. After all of that, I was finally able to realize that it wasn't my fault, it was his fault. I realized that as a woman I am worth a lot; I am a hell of a woman. He didn't see me like that and that is his problem, but I had to learn to see me in those terms. Not to learn but to re-learn to value myself. At that time, I was like a little candle that all of the sudden, fum! It was blown off.

P27, who, among other adversities, endured the infidelity of her husband expressed:

> I value myself as a woman and I know, that as women whether with or without a man, we can move forwards; we shouldn't depend on a man to move forward or feel bad without a man. You, as a woman, with or without a man are worth. You have to value yourself.

Love expressed as concern or kindness towards other going through similar situations was expressed as well by all the participants and this quote was provided by P35

> As a person, I am a better person than before because I am incapable of harming someone. I am incapable of stepping over someone else. Just the opposite. I have a big sensibility for everything. Then, this a success I have achieved. I achieved it as a result of the suffering, the way of the cross I went through with my son. But the resurrection was great. It took me to see life differently, to love others, to give a smile freely, to help anyone I can help. Not only materially. In that respect, I feel successful although I consider I am still in diapers

All respondents agreed that helping others was an important learning from experiencing adversity and a factor that contributed to their resilience. They spoke of solidarity and compassion they developed after experiencing adversity and the understanding they acquired of the suffering of other people and the importance of contributing to mitigating this suffering. Additional evidence of the importance of helping others can be deduced from the activities in which participants were involved. These included helping their communities as: an independent health promoter (with no salary), visiting other immigrant women in prison, advocating for

workmates through a position as an union representative and working on issues of social justice, advocating for children and families as PTA president, assisting counselors working with children and families in her work sites, listening and advising people she met through her work on the streets and offering assistance to others going through losses as she did.

The Origins of the Resilience of MIW

Determining the exact origin of the resilience of MIW is not a straightforward task as it varies across individuals, time, and circumstances. For the women in this study, a series of factors already discussed were identified as influencing the development of resilience. Frequent adversity and the perspective they developed towards it, as well as well as the continuous influence of spirituality framed the development of resilience and spurred their ability to bounce back from difficult life circumstances. Several assets contributing to resilience and wellbeing were previously mentioned.

Additional influences were identified when women were asked specifically about the origins of their resilience. Women highlighted the influence of parents, especially mothers, as role models, as well as the advice, examples and stories passed along from family members. Hard work and taking on responsibilities they had assigned or were taken upon themselves were mentioned as sources of resilience. Participants recalled experiences about being raised with high expectations about being responsible as they were given hard chores to accomplish. They also discussed learning to work from a very early age through receiving utensils as toys, from which they "graduated" to real, life-size working tools.

Hard work is especially important because it not only refers to the actual physical exertion of strength towards earning a livelihood but also included a moral mandate to not take

an easy way out of their problems or what the participants labeled as not looking for "*el dinero facil*" (getting by on easy money). P27 commented on getting by on easy money in these terms:

> When my mother came here, I was the only one working. I worked in a factory, I would take two buses from where I lived to downtown and the other one to the factory in Juarez. I was young. When they bring my mom with cancer, then I said, I can't continue in the factory because I was paid too little. I stayed for a while, I would be with a glass of milk and a donut for the whole day because we didn't even have money for rent. So, I had to quit my job and started working in restaurants. I would work 12 hours straight from 9 pm to 9 am or from 9 am to 9 pm they would rotate my schedule and I had to face all of that. I am grateful to my father for that, if he hadn't taught me to work, I would have gone for what was easy, I probably would have moved on but I would have looked for the easy money.

Both parents, but especially mothers provided an example and advice that the participants considered essential for how they responded to adversity. P35 commented on the example of her mother:

> My mom taught me to be a warrior because she always was one. She taught with her example, her smile, and her positivity. She had ten children and I lived with limitations in my childhood and I always saw that woman very strong, cooking with a smile. If we didn't make ends meet, she would give us what she could. She was a warrior in spite of all the obstacles she faced in her life. She faced many adversities because at the time my father was a womanizer and a drunk but my mom always had a smile. I don't forget that. That is why I always have a smile. That was a great woman, my mother was great. The strength comes from my mother.

P6 commented on the example and the teachings of her mom:

> My mom said that she was ten when she started working in the market selling food. My mom always said I am going to be strong, I am going to be strong like my aunt Cande. I am going to be strong like my mom and my grandmothers. My mom met her ancestors of great, great, great, great grandmothers. My oldest daughter says: Why don't men understand that our

> life is ruled by women? We have a strong temper but we are not abusers and to men, we give them the place that they deserve, up to what they deserve

P27 discussed how her mom was her role model although also commented on the example of her father:

> My mother fought for us to have a teacher. Even if we lived in a hut with no water or electricity. The water came from the river; light came from candles. My mother fought for us to have a teacher to teach us. He would come to our hut and teach us. Then, they moved to the city where there was a school and my mother, she was always the one who wanted us to go to school. She was a fighter. So I got it from my mother. My father was dedicated to his job, very responsible. If they asked him to be at his job at 5, at four he was already there. Very responsible and a fighter too but I think that my mom was a woman with a little more facility to talk. My father was reserved, quiet. My mother would investigate and ask.

> One has to be strong and learn from the bad, one has to take the best of what one has. In my case, I learned a lot from her (her mother). She was a strong woman. She was given radiation and chemotherapy and was hospitalized. She got tired because chemotherapy and radiation and all that stuff is really ugly, it leaves them bad. So she said, I don't want it anymore. If I am going to die, I am going to die.

Family support, or witnessing family support offered to other family members, was another foundation for the development of resilience although it was not present in all the cases. P6 commented on her capacity to rebound from adversity and its origins: "I learned it from my family too, from my ancestors, from advice and examples."

In a similar manner, P20 commented on what she witnessed among her father's family

> In my house, we lived near my father's relatives. They were five siblings and when I was around fourteen, one of them became sick with cancer. I saw how all the family was on the lookout to take care of her, to take her to have surgery and everything. I think that it is part of that experience I had with them. It was also common that if a family member was sick, we would all run

> to the side of that person, if the person was in another city, we would move there. I think it comes from there. My mom took care of her mother when she was old. She was her adoptive mother but she took on herself to take care of her adoptive mother until she passed. I think that it was that watching, to watch all that activity in the family. Maybe it was what caused me to take those decisions.

In spite of the importance of family members for their influence on resilience, some women also commented on how important it was for their wellbeing to set healthy limits with some members of their families; therefore, families were not always considered the epitome of a harmonious group, and participants assertively expressed that limits are sometimes needed. Women with no family support, or who grew up separated from their family were influenced by other individuals around them who became role models.

P68 was asked about who she believed were people who influenced her or the situations that marked the decisions she took to develop resilience:

> I believe that it was watching people around, to see how some were successful and others were apathetic, watching those two types of people and I decided, I had to take the decision that I wanted to be successful. I don't want to be down on the floor. Then, watching others. What could it be? Simply getting up. I didn't want to be lying there because for two years I only went around the same spot and when I started watching people I said: I do not want to be like this, there is a way to be successful, there is a way to get out of this and I have to take a different attitude, I can't say that just because something happened to me it affected me so that I am unable to walk. It didn't take my hand or my foot. It didn't take my tongue. I am whole.

The participants identified several specific sources of resilience. From these sources, women acquired solid moral and ethical values such as differentiating between right and wrong, the need to be strong without being abusive, the importance of searching and acquiring knowledge and the importance of insisting on what they want.

Wellbeing

Defining Success

Wellbeing, in this study, was proposed as the successful outcome achieved by women who had confronted significant odds. Most of the participants did not know the word wellbeing "*bienestar*" in Spanish but understood and discussed it in terms of being or feeling well (subjective wellbeing). P58 was asked about what wellbeing meant to her:

> Wellbeing, for me, is to be well physically, psychologically, emotionally, financially well within my earnings. That is wellbeing for me.
> Being well is like saying I don't have too much pain, I don't have too many financial problems.

Other participants described some of the elements that come with wellbeing including the expression of sadness, as it is part of the natural emotions a person can experience.

> To me wellbeing sounds as being in harmony with yourself, to have peace, to enjoy good things that come and crying with those that are not too good.

Probing further on wellbeing and determining some of the elements that contribute to it, this participant was asked whether crying was part of wellbeing

> I feel it is because that is the way that we rest our sadness. I'd say it is as important as laughing.

Trying to ascertain how P21 understood wellbeing she was asked to define her emotional state:

> I would say is well for the simple reason that everywhere there are problems. Everywhere there are family difficulties but you have to look that it doesn't affect me. I continue and continue and continue. I may get sad for a bit but everything will pass.

Confirming whether she would accept all range of emotions and expressing them as part of wellbeing, this participant was asked what she did when she became sad

> I cry for a while, that is my only consolation, to cry.

She completed her explanation by explaining her crying*:*

Is crying part of wellbeing?

> Well, yes because I don't cry every day, right? Only once in a while when something happens or I feel lonely.

P33 cried repeatedly while being interviewed. She was also asked about her emotional wellbeing to what she explained:

> I think it is good. Sometimes I feel very, very, very strong, very strong and sometimes I am very low (crying) but I think that it is as my neighbor says, I am in the life change. I don't know. Sometimes I feel very good, at times I feel like I am over what happened to my daughter but not completely, sometimes it becomes very small but at times, it is very big.

Probing to explore her repeated crying she was asked: Do you think that in order to have emotional wellbeing you need to feel strong always?

> No. One does not need to feel strong all the time. I believe that one has to get rid of all of that. It is not that one is strong or not, I believe that one needs to heal. I don't know how to say it. Yes, like letting it go, letting it go. I don't know.

Further probing included: *Can you say that to have emotional wellbeing crying is allowed?* To what she replied:

I believe, yes. No? I believe it is, yes because sometimes one cries out of joy.

Additional examining the participants' comments on being well and wellbeing produced some mentioning of types of wellbeing: physical, emotional, psychological and financial. P6 expressed:

> Wellbeing is to be well, our health, our family, being well psychologically, financially, spirituality, all of that. There are different areas of wellbeing.

Seeking clarification about her understanding of wellbeing took some paraphrasing of her ideas: You are talking to me about being well, of being at peace and having tranquility. That is a type of wellbeing, do you know other types of wellbeing?

> Different ones: 1) Financial, 2) Health, 3) Social, and the wellbeing resulting from a good job. I have everything but money, but that is unimportant because money is not something that I need to accumulate. Spiritually, I have a beautiful wellbeing.

Individually, participants discussed, although briefly, on the need for having a healthy diet, exercising and doing activities that help them relax. Two participants (P58 and P45) who lived with chronic pain,—one caused by osteoarthritis, and the other resulting from a work injury—described different exercises and activities they do to alleviate their physical pain and expressed that they try to make the best out of any resource they might find.

Throughout the interviews, women acknowledged other factors related to both, subjective and psychological wellbeing (Henderson, Knight, & Richardson, 2013). In this sense, women spoke of having harmonious relationships with their family, especially children, of feeling loved by their husbands, of getting satisfaction from their everyday activities, of the fulfillment resulting from defeating a difficulty, and of feeling at peace.

Other women's comments suggested additional elements of wellbeing that just recently are being incorporated into the discussion of wellbeing one of them, in particular, emerged within the accounts of the participants: "cultural valuations of fairness and dignity, entailing basic rights such as freedoms from discrimination and exclusion and also the positive value of respect and the sense of being treated fairly (Fisher, 2014, p. 7). In this sense, for example, participants mentioned how they have value as persons and women, they stressed the importance of not making immigrants depend on free help but of making them earn what they receive as this takes away their dignity. Their dissatisfaction about not being shown respect was also discussed. P35 gave an example of being treated with contempt to what she reacted:

> I used to sell burritos. One day I entered a business and said: Good morning, would you buy burritos? They are good and are warm. And this lady, she turns toward me and she looks down on me and says: you should be ashamed, you should go to school instead of coming here and being all ridicule. I turned and I see men all staring at me and I felt all scorned and outraged at the same time and I said: I am going to tell you something, this is a dignified labor. I am not asking to borrow money nor am I stealing anything from you. I am coming here to sell a burrito but you know something? I am well over qualified in comparison to you. What type of studies do you have? I have two bachelor degrees. I went to the University of Chihuahua and I was a manager. You are only entering data but you want to humiliate me? It is not fair. It is not fair. I turned and said, I am sorry for what I am saying to this lady but I am not less than anyone of you, I firstly, deserve respect as a human being and secondly, I may even be better than you all because I was a manager and you can't imagine how capable I am in handling a business just as I am able to sell these burritos. You may not let me sell burritos here but I will go to the next

> business and have it as certain that you are not going to cast a shadow on me, now excuse me and I left.

P79 also illustrated this sense of dignity when she expressed:

> One is very valuable. I have instilled that strength in my daughter. [I tell her] You do not need anyone; you can do things by yourself. Why would someone be manipulated if one is able to do something [about it]. It doesn't matter what it is, but one shouldn't be humiliated by someone else or be told something by somebody else. I do not like that, my daughter can defend herself, I didn't because I had nothing, nothing, nothing.
>
> *So is not a matter of schooling, is it?*
>
> I believe is not, it is a matter of strength, a matter of will, a matter of having dignity.

Despite the fact that the participants considered themselves to have limited ideas about wellbeing, they identified the satisfaction of their basic needs as a very important factor for them to achieve complete wellbeing. Although all participants' scores suggested they had a significantly high level of wellbeing, the comments on their inability to meet some of their needs emphasizes the potential risks they constantly confront. P45 commented on this:

> Well, about wellbeing, for example, here one earns more than back in our country. Money is not everything but it is indispensable. If you have the minimum required, you have wellbeing. One feels well because one has food, one has money to pay the bills, you have the minimum required, the basics. So, I think that is a form of being well. Having health and having money to pay the bills, well, yes probably health is better because with health you can do many things. Imagine, being ill and with no job, no.

Discussing wellbeing also reflected the influence of the particular adverse events women experienced, the lasting effect it had on their lives and the appreciation they developed for not

having to live in adversity, which they considered wellbeing. P68 discussed if there are different types of wellbeing by saying:

> It may be, but, no. If you have a car you are well? If you have food you are well? If you have a job you are well? Really, what is wellbeing? Wellbeing, for me, is not having to worry about where I am going to sleep. To me, this moment is wellbeing, I have a roof over my head, I have a bed, I have a man by my side who protects me. In other words, I lack nothing and I can say I have wellbeing. For me, having my health is wellbeing, being whole is wellbeing. There are many forms to be well.

P13 referred to wellbeing in these terms:

> Wellbeing is not having any worries, it is to be relaxed without grave problems. No more than getting the money to claim my residence papers. Wellbeing is the opposite of adversity, it is to be well, wellbeing, that is it for me.

P58 explained why she thought about her score in wellbeing and whether she believed it to be accurate:

> I would say yes because thank God I have what to eat, I have a car, I can drive, I can go to the doctor, I can eat. Many people can't. Many people can't eat even if they have food and many don't have food and they can eat. I mean, I feel like I have a lot. There are people who know how to drive and don't have a car. I have a lot, all of that is wellbeing

Participants described wellbeing as being influenced by resilience. From their comments, it can be implied that these MIW developed a series of positive attitudes when confronting adversity that increased their self-esteem, self-confidence, and self-efficacy. Such realization contributed to them feeling emotionally well, which in turn, created a sense of wellbeing in other

areas. Resilience and wellbeing were described as continuously going in a feedback loop. When asked how resilience can help wellbeing P35 explained:

> When you achieve something you fill with strength. Overcoming an obstacle helps you continue; that propels you forward and it helps my wellbeing because possibly in that way, I don't have any illness. It helps my wellbeing because I look for ways to continue, financially. It also helps my marriage, and in general terms, right? It helps because I instill that in my children; for them to look for the means to be well.

Seeking a clarification, she was asked: *could it be that resilience helps you being well and being well helps your resilience?*

> It is a cycle, right? It feeds on itself. like I just said, you overcome an obstacle, like reaching a goal and you say I did it, I can. You reach the goal, it makes you feel good because you succeeded and that gives you confidence for what is yet to come because you think: if I could do that, I can do anything, everything I set my mind to, right? It feeds back.

When discussing wellbeing, one of the participants summarized all of the conditions that women require to achieve this outcome by discussing how she considered herself "a wonder of a woman." Her account describes the different elements discussed on adversity and resilience at this point. It underscores the strong role of spirituality in resilience and wellbeing for this population, and the satisfaction acquired from understanding and having what is important in life that springs from positively integrating adversity. This participant described wellbeing as being happy, and her happiness resulting from her learning and transformation acquired by positively incorporating her life her experiences of adversity into her life:

> I tell my husband that I am not Wonder Woman but I am a Wonder of a Woman (laughs). You know, it's not that I am a wonder of a woman, I believe it is God.

> I can't stop saying it is God. God, I have to give the honor and glory to Him, I have to give it to Him, I can't take that away. In other words, I understood that if He put me through fire, it was to make me who I am now. I am very grateful because it taught me a lot and not everyone would have learnt and not everyone would have withstood it. I wanted to commit suicide, to kill myself in my youth. Yes, because all that went through in my mind. But that's there, behind, and this is the day that I live. That is behind. I remember it, so I won't forget where I come from. Watching people, simply looking at them smile, looking at you smile is a marvel because for many years I didn't smile. Tears were my everyday bread and look at my now, I am happy, happy.

ASSETS FOR WELLBEING AND RESILIENCE AMONG MIW

Internal Assets – Strengths

An asset approach to health, like the one taken for this study, focuses on resources and capabilities that support positive health (A. Morgan & Ziglio, 2007). Strengths are the strong internal attributes or inherent assets that individuals possess ("Merriam-Webster Dictionary," n.d.) and which help MIW overcome adverse events in their lives and contributed to their wellbeing. Strengths encompass a set of all the positive attributes that a person has, which may be expressed as dispositions, attitudes, capacities, interests, thoughts, emotions, reactions, skills, or knowledge (Simmons & Lehmann, 2013). Several strengths that foster resilience and wellbeing were identified, but only those of generalized acknowledgment by participants are presented because they were considered representative of the experiences of the group.

Non-Indulging Victimhood and Transcending their Selves

Each one of the MIW interviewed emphatically asserted that they do not feel helpless or see themselves as victims, which was one of the most remarkable findings in this research as it was stated by all fourteen women interviewed. This was understood as resulting from the women

not centering on their selves and being able to see beyond. Despite not specifically identifying this attitude as promoting resilience or wellbeing, it appeared as a significant contributing factor. For example, P68 expressed:

> We can't twist someone's arm to get help and a glass of water; even if we do, that person won't give it to us because he doesn't want to. There are persons who say, who make themselves victims. That is a problem. We make ourselves victims of the situation. I am not a victim of anything. I am. The situation is there. There is something to be learned and [let's] move on.

In a similar fashion, P20 explain her attitude when experiencing a dilemma when caring for her brother:

> So, when I saw my brother, when I entered through the door, they hadn't clean him, he was drenched in blood. When I entered, the aroma of blood hit me and the feeling that I am going to pass out, I want to vomit [came over me]. I saw him and I thought: how am I going to vomit here, right now? How am I going to become useless? How am I going to let my feelings control me right now if he needs support from someone? I remember that I sat on a chair and stayed there until I was well. That decision, that I had to overcome my weakness; from then on, it didn't come back. Well, I would feel like oh, they are going to do this to him and it hurts and he will have this other procedure done; but I didn't allow my ego, the feeling of me the center of everything; that feeling of how are you going to pass out? that feeling, right? And then, I found out that I had to tend to his wounds, it had to be done. It wasn't an option to indulge. I said, I need to be strong, I need to be firm. Then, I need to do what needs to be done. Then, when they taught us here everything we needed to do; that if he bled, oh well; that it was better and everything, I said, that's life, right?

P58 commenting about not feeling a victim:

> It is very painful, the death of a loved one, or a divorce, or losing your health. Those are very hard things but if I start oh, poor me, or I can't, I am impairing myself.

P100 asserted on thinking as a victim:

> Life has meaning but if we sit and watch adversity and oh, poor me and nobody loves me, you are going to see opportunity pass by.

P79 sounded uncompromising when considering a "victim" attitude:

> If someone comes and poor little you, poor little you…No. I do not like to have someone give or do for me. I can! Because if not, I will die the day that I remain in bed.

Further clarification from P68 on what she does you do to keep her attitude of not being a victim, her grit, and her strength was provided:

> Every morning, I see it as if I was born again. Every morning is a new day, is a new opportunity to live. When you don't see that, life becomes meaningless. If you get up and you didn't have the desire of seeing it as a new day, you lose. You don't have the desire to live. You are surviving, not living. So, one has to get up and see that as a new day, a new challenge, a new opportunity to achieve your goal. You can also see in a different manner. That it is another day, a day of defeat, one day of what am I going to do? A day of holding your head and saying no, I can't do anything. It is like a scorpion comes and it gets on your shoulder and ah, it is going to sting me! But what are you going to do about it? You have to shake it off, you have to take it off. That is the way life is. You cannot allow adversity to stick to you. You have to shake it off so you can get up.

Courage: Do Not Let Fear Corner You

Deciding to be unafraid when facing adversity was another common theme among participants. Several women commented on this occurrence although rather than not feeling fear, the determination of not letting fear limit them was more evident. P35 commented:

> I tell God that I am ready for anything. I feel no fear. Any moment now if I would get caught and deported, I would start here or in China. I started with illness and no money, knowing no one. What can I fear in life? I don't have fear, just the opposite.

P55 expressed her ideas about feeling afraid and living like that not being an adversity:

> No, is not an adversity. But I was afraid of being caught, of being locked up, of being thrown out…

Further clarification on fear as an adversity and specifically about staying at home due to fear of the sheriff, the same participant explained*:*

> No, no, is not [an adversity]. Because, how are you going to be paralyzed at home out of fear? NO! We have to leave the fear aside; we have to go forward. If we are afraid, we are going to be stuck. We won't move forward

P20 reflected on being afraid due to adversity:

> One is afraid of all that is going on and of everything one is doing but one has to say [decide]: no matter what, I am not going to be cornered by fear, I am not going to stop; no matter what, I am moving on; no matter what, what needs to be done will get done. There is no way to hide.

Getting the Best out of the Bad and Being Grateful

In addition to learning and growth from adversity, additional positive responses and attitudes toward adversity were described. These women used their personal freedom to respond positively to adversity. One common response participants gave was looking for something positive among all the difficulties. This attitude allowed women to remain hopeful as they

searched for even the smallest smidgen of hope to be rekindled and that could help their situation and prevent feelings of defeat or failure. P27 used this metaphor:

> Life is like cleaning beans. I think that out of the bad one always has to look for the best. As an example, you have to clean beans and there is a lot of it that is not good, you have to separate the good out of the bad. You keep the good, and the bad, you throw it in the trash.

P20 commented on seeking some good among the bad:

> In the case of my brother, I'd say, he recovered and that was the goal. He is not at 100% as he was before but I do not see it as a failure. I say, we accomplished his survival, that he has an independent life, [even if] he continues with the doctor. Those are unavoidable consequences, but I don't consider it a failure. It is ok. Like the house, the house burned down completely but I don't consider it as oh, what a miserable life I have that even my house burned. I say, it burned down and it hurt and still hurts but I still have a roof over my head, there is a better house now, so, it wasn't as bad as it could have been, no. Many people think: I have bad luck. I say, God has allowed those things to happen and he has allowed us to move forward.

Related to weighing the good among the bad, participants showed a genuine appreciation and gratefulness for all of what they have which they considered "good in their lives." This ability to be appreciative and grateful also contributed to these women remaining optimistic and hopeful. P21, for example, expressed:

> I only give thanks to God my father, I have a house, I have money for food and clothing. Then, I am not poor, right? Because one is poor when one has nothing. I thank God my father who provides. I struggled, yes, I struggled, I may even have suffered but I am here and I am well. Thank God that not everyone is well, that not everyone achieves this. Tell me, is it true or not?

P35 expressed her feeling of gratitude in this way:

> I am grateful that I have my limbs, I have legs, my arms, I can talk, I can defend myself, I have health. I am grateful for the fact that I have health, I am complete, even if I weren't, I tell God that if I were in a wheelchair I would sell burritos in a wheelchair. There are no limits to me, my strength is so big because of the accomplishment I had with my son; because it all transformed me into a woman of great strength, of great challenges; from here until God calls me. And above everything else, serving him, right?

P13 commented on how difficult her life was because her husband is in deportation proceeding but is still grateful because they have friends, her children are healthy, and she is still able to participate with other women in improving the education of their children. P68 gave a very moving account of this positive strength:

> I have had water, electric and gas services all disconnected at the same time. When my husband comes back, I don't say anything but he sees me with a big smile and he says: what happened? I say: nothing happened. But then he washes his hands and, no water? Yeah, it was disconnected. I knew something had happened! The only thing that needs to happen is to not have gas. There is none. And electricity? Neither. We burst out laughing! What would I do? I have some firewood and a pail outside [to get warm water]. We don't have TV, we go out. I call those the happy days. It's a vacation day. We go out to watch the stars, to count planes, to sing. We unite instead of complaining: oh, I had the gas disconnected, or how come don't you work? Oh, and oh…! No, you have to be happy with what you have.

Finding Meaning and Purpose

Resulting from their experiences of adversity, participants were able to identify a purpose within it that caused feelings of satisfaction in spite of the suffering. Meaning and purpose were closely related to eventual outcomes that benefited their children. P27 reflected on her adverse experiences but identified the meaning in them:

> Well, it is part of life, all those difficulties, and of being immigrants. We also have to see the difference. Starting from that [adversity], now I see my children and see that it was worth it. Even though during those times one may get desperate and suffer, now I can see that it was worthwhile.

P58 offered her thoughts on meaning by expressing:

> I didn't mind ironing all that many hours for twenty dollars to give a glass of milk to my daughter. That was my strength, that little child over there. It was worth it. When I received my first salary, the first thing I did was to look for someone who would take care of my girl and that's is how everything started to be solved.

Self-Motivation and Self-Reliance

Experiencing adversity as the result of an established relationship made some women re-evaluate the relationship and the potential dependency created through the emotional links created. Accounts suggested that after adversity, the determination of a woman to be responsible for her situation, feelings, and decisions increased or developed. P33 expressed in this regard:

> All the adversities or difficulties taught me that I should not depend on someone else. That I always have to be an optimist. That I shouldn't be thinking that I won't be able to, but that I will. As I told you, I was working and thinking: I have to finish because I have to be there for my kids. So, I always should only think positively. I shouldn't look behind. I shouldn't look behind and I should say: I can, because if I didn't have documents and could move forward, now that I have documents, I can improve myself better.

She further clarified:

> I believe it taught me that I shouldn't depend on someone else. That is what has helped me to decide that I can move ahead with help. But what for? If I did it by myself, I believe that I can make a bigger effort and get out of this memories, out of everything I went through. I believe I will overcome it.

P35 reflected on her desire to overcome adversity and on her effort to depend mainly on herself:

> I don't look for a person to encourage me. I don't because, sometimes, people around me are much worse than me. Really. I see a very tired world. Then I say, I am not going to hold on to someone who is worse off than me. That would demoralize me *(me va a apachurrar*). I lift myself up, obviously with God because He is the one who strengthens me.

External Assets – Resources

The participants in this study identified several external assets or resources that helped MIW resilience and wellbeing. These included community organizations and varied groups in addition to friends and family. These organizations or groups, their work, and activities have helped women create support networks, acquire knowledge, access material and financial resources, receive services, and create formal and informal opportunities and spaces to gather.

Local organizations through the services they provide–such as financial assistance, shelters, psychological services, medical services, housing, health fairs, community libraries and religious activities–were sought by MIW. Some of the women enumerated services provided by these organizations and the benefits they were able to achieve: assistance to pay utilities, discounted health or psychological care, providing food, toys, clothing or other materials goods. Schools were identified as places where useful information is provided, where learning was facilitated and support was found and was one of the most accessed resources by MIW. P55 was asked what helped to move on, she responded by commenting on school's services:

> What has helped me a lot are the classes that we are given in school, in the elementary school, every class they offered I went. About domestic violence, on alcoholism, on drug addiction, on diabetes, all those classes I took. I took them to know and to have more information. For example, alcoholism and drug addiction, I don't have those vices, right, but they have helped me to understand and to give advice to my daughters. That for them, not because they live by themselves they would fall into depression or into vices. No, no, that is not good. I mean, they have to move on because they have children, not because they are by themselves they would think they are stuck. For them not to fall into alcoholism, no, because you are damaging yourselves and your children. I mean, all those classes being offered, all those courses have helped me a lot. I have my diplomas and my certificates because I am committed. That is what I do. I don't know English, I tell you, but they offer classes in Spanish and that has helped me a lot.

Meeting spaces and creating opportunities for people to gather and promoting a sense of community was another asset observed. As an example, fieldwork was completed in the facilities of a community center that provided monthly food, English classes, summer classes for children, day care, exercise classes and a periodic health fair. This place has continuously open doors and a welcoming environment. During participants' recruitment, it was possible to see community workers chatting with and welcoming clients and women greeting each other, helping neighbors and friends carry their goods, chatting around, and overall, giving the impression of an informal support network. A comparable situation at a different site by another community organization was observed. This particular health fair offered not only an opportunity for people to gather and mingle, but also to receive information, material goods, and referrals. Food and entertainment in the form of Mexican music and dances were also provided as an opportunity for relaxation and family fun were also provided. Unfortunately, one of these community centers was closed sometime during conducting this study due to a financial crisis.

Another site gave the opportunity to observe women supporting each other while planning and commenting on their shared organizing efforts for church related activities,

exercising and acquiring knowledge about specific topics of interest. In one occasion, the facilitation of a health promoter providing her house and seeking resources for women to receive information or participate in different activities also was observed. It became evident that women at those sites had created informal support networks offering and receiving support, socializing and having fun, which were all promoted through these organizing efforts.

Church communities were other resources identified. Participants had role models, advice, support, organizing, and information, resulting from the efforts implemented by men and women religious at different sites. P20 commented on help received from these people:

> In church, I have found a lot of moral strength for the situations that I have confronted. People go and show offering all types of help. When my house burned down, there was an infinity of people who offered their houses for us to live indefinitely without charging us rent. People offered us money. The priest also offered money. One knows that people understand and comprehend and they are there to cry, to talk, to listen.

P100 commented on the efforts of women religious in her community:

> One of the sisters, in church, she gives the announcements at the end. She includes announcements about school, about politics, everything, everything and I think that is how there would be more information about activities.

P20 commented further on her experiences of support from her church:

> Honestly, I have never analyzed that, maybe, maybe I do, because always when crises arise I think about the good that is coming ahead. I have learned that from church, that God, sometimes the world turns black, but He is always creating something good for us, ahead, right? I don't see things as definitive, they will pass, it is like Saint Therese says: God doesn't move, everything passes.

These efforts are very important, as these men and women not only provide instrumental support, but have developed trust in the community to reach even those who seem afraid to interact in the community. The significance of the role of women religious was observed when walking in the community and having the doors either open or closed depending on whether or not being joined by one of these trusted individuals.

Bible study groups, exercise groups, and community-based support groups were other assets available. P45 commented on how these groups are a resource she uses:

> The community. Sister E… they see me and they hug me. They like me because I think that I am one of those people who if I meet you, I get to know and love you. Ever since the first time someone meets me, I think I have a gift because since people meet me, they come to my house and they visit me and I speak to them and invite them and they come. I don't know if I have something that makes them like me. I don't know. The sisters love me very, very much. I am very blessed and loved by the Lord and it is very nice that they know that I am here and that I exist. Of course, people come and see that I appreciate them and all that, in some way, this has helped me.

A contrasting situation was observed in another site of recruitment. This particular site was previously visited for another research project and an impression was formed that it was not an integrated community. Many women surveyed at that place reported the social isolation and a lack of support. A common complaint of participants was that they did not even have the opportunity to exchange a greeting with their neighbors. There was no systematic or intentional observation to determine the presence or absence of support networks in any one site, but the impression was formed that these networks were absent in this particular place. Some women at this site reported feeling depressed or having a diagnosis of depression, yet women with high wellbeing scores were also identified here as well.

Summary

A series of descriptors were identified for the experiences of adversity, resilience and wellbeing for MIW. These emerged as being closely interconnected, creating a challenge to demarcate each one of them. Adversity and spirituality framed the lives and experiences of these MIW. These two factors allowed women to develop a series of attitudes or a disposition towards life in general, and difficulties in particular, that fueled their resilience and wellbeing. Repeated experiences of adversity led these women to cope and adapt, to develop awareness, and to develop a series of specific attitudes, that interacted within a continuous decision-making process to create resilience and promote wellbeing. All of the strengths and resources described are sources of resilience. Additional factors specifically identified by the participants were the strong moral and ethical values passed on from their families mainly through examples and advice.

PD Strategies and Behaviors Contributing to the Resilience and Wellbeing of MIW

Participants in this study reported different strategies and behaviors that helped their resilience and wellbeing. Despite social and family support being an asset frequently reported, individual strategies were more salient. The strategies reported highlighting strengths were already mentioned and the creativity and resourcefulness of participants to cope and adapt to their living conditions. Several strategies were discussed by participants, among which spiritual practices were generalized. Prayer was the most common behavior mentioned and was therefore not considered a positive deviance behavior. Due to its significance, however, it is mentioned as a strategy used by most of the participants. Participants discussed the importance of prayer for

their wellbeing and described it as a continuous strategy throughout the day with gratitude, guidance, adoration and intercession as the forms of prayer they practice.

Positive Deviant strategies proposed included several behaviors. One hundred thirty-six behaviors were initially identified from the information provided by participants. In order to identify truly PD behaviors, it was considered pertinent that the women enacting the behaviors identified them according to their experiences. In order to achieve this, a sieving process was used with the initial list of one hundred thirty-six behaviors going through a process of consultation and elimination. This list was provided to several Mexican immigrant women who were asked to select from the list, those behaviors that they considered uncommon but doable (the characteristics of a Positive Deviant behavior). Initially, seven Mexican immigrant women completed this procedure and generated a shorter list of behaviors. The second list was given to another group of ten MIW who selected the doable but uncommon behaviors in the list. This second sieving allowed creating the final list of 33 behaviors that is described in this section which includes strategies and associated behaviors of positively deviant MIW.

A Positive Deviance inquiry is researcher led. Under these circumstances, the process of selection of PD behaviors could have been completed according to the judgment and experience of the researcher. Nonetheless, with the intention of making it more participative and aiming to complete all the steps required for a full Positive Deviance study, the process of consulting MIW to sieve the behaviors helped validate the findings and set up the study for completion. It allowed to explore the interest and desire to continue participation of participating and other MIW and created potential and opportunity for the community to adopt the project making it participatory.

PD Strategy #1: Being Active

A MIW gets into action when she starts to feel that her mood is getting low or when she starts thinking negatively. All of the women stressed the importance of keeping active as opposed to sitting and dwelling on their problems. This strategy may be best understood in terms of action vs. in-action. No "*enfrascarse*" and "no *aplatanarse*" as they phrased it, were two sub-strategies of being active which helped them to overcome adversity. P58 exemplified this strategy:

> I went to live in a shelter. There in the shelter, it was beautiful because I wanted to clean. I would clean the whole house but the lady [in charge] would tell me no, because it had to be done by all of us. I wanted to do it. It was a task for all of us but nobody would do it. [She told me] You do only the part that is yours, don't do anymore. I would see it as a way to repay. Besides, I needed to take the spider webs out of my mind. Many people sit weaving spider webs, weaving, weaving ideas and weaving problems instead of shaking them off and saying: No, what am I going to do?

P21 used the expression "*no aplatanarse*" and she was asked to explain: *What do you mean by aplatanarse?*

> Well, to not do anything, to stay idle, to go inwardly without fighting for what you want, not going out and do something for and by yourself.

"Enfrascarse" was another expression used by MIW, P58 explained:

> There was a time when I would only sit because I didn't know what to do. I didn't know how to look for a job so I would just stretch my hand and beg. But now, now I look for the way. I do not focus on the problem but on the solution. Because if "*me enfrasco*" (if I become absorbed on the problem), I will not solve anything and I will see the problem as a big mountain that I can't climb.

> So, I have to look for a way to get across the mountain, if possible not to get across but go around, or look for the easier way because there is one. We can't find it because adversity blinds us just as people around us do.

P79 explained being active very articulately:

> Look, I worked with the elderly. If they get up, if they can walk from here to there, why don't they continue walking at least five or six times for their body to be strong? Do you think that I feel like getting up? At this age, no, I don't want to, but I do it. One does not do things because one feels like doing it but because one ought to do it; because you have to demand your body to be agile, to be useful.

P68 graphically explained how being active helped her resilience and wellbeing:

I learned to look for the solution, not the problem. *How did you learn?*

> Well… Adversity, woman! As I said, I was sitting on, waiting for the problem to leave. It won't leave if I don't move. Looking at the mountain and telling "mountain move" No! I have to walk, to go into action and go across or around the mountain.

The women interviewed stated that the first strategy they use to avoid a depression when confronting a difficulty is to get into action. The idea behind this first line of action is to be ready and face the difficulty head on through constant and purposeful activity. Santos (2014), described this strategy, as an effective resource to strengthen the will (Santos, 2014). Although these women did not make this connection, it may be the clue to understanding its effectiveness and use.

Behaviors mentioned by participants that are applicable for this strategy include:

1. Taking a shower, getting dressed and putting on some makeup (if used) EVERY day
2. Make a list of chores to be accomplished with a timeline to complete them
3. Formulate a daily challenge and work to accomplish it

4. Create daily, monthly, annual or life goals
5. Do not leave anything half done
6. Be open and available for spontaneous activities
7. Opening doors and windows in her house
8. Go out of your house and sit outside
9. Take a walk, smile to your neighbors while doing it
10. Tend to pets, plants, or do other household chores.
11. Exercise, listen to music

PD Strategy #2: Seek Opportunities and be Open to Learning

One of the descriptions of a resilient woman was offered by P55: "someone who went deep into investigating what she needed to get out of her problems and she succeeded because she started to gather information." For these MIW, knowledge is fundamental to overcome adversity and its consequences and to be well. P58 said:

> I mean if I associate with the Sisters of Assumption, what would I learn there? Well, I would learn just positive things, things from God that can help me. What can I learn from the Dominican Sisters? The same. Then, then, I know that as long as I continue like that with those people, that they keep on orienting me, on helping me, spirituality I will be strengthened and I know that I can continue moving on.

Participants described several behaviors to accomplish this:

1. Talk to priests, women religious or other people who have experience and knowledge

2. Read on topics to clarify the problem she faces. Books on topics such as alcoholism, drug addiction, diabetes, family violence, how to exercise were suggested. Reading the Bible was another option suggested,

3. Identify the knowledge required to solve the problem at hand, what is the problem and what is needed to solve the problem, where can you find the resources to solve that problem are questions that could guide her.

4. Engage in any community group available such as churches or schools offering opportunities to learn

5. Seek to befriend an English speaker to learn and improve English competency, this person can help by conversing with her

6. Propose to learn something new every day. Seek resources and support to learn. This would depend on her interests and can be accomplished by taking classes offered, reading, listening informative radio programs and the like.

7. Select TV or radio programs that provide information or new knowledge. The catholic radio is an option and other local radio programs as well.

PD strategy # 3: Devise Activities to Meet Your Needs

Meeting their basic needs was paramount for these MIW to achieve wellbeing. The resources these women possess are very limited, but they devise strategies seeking to meet their most urgent needs. For example, P79 describes what she did:

> I would to Juarez for grocery shopping. I am a woman who moves. So, at the time, I use to live in Segundo Barrio and I would sell burritos out of my window, to the addicts, and from there I would get rent money.

P58 explained:

> I set priorities in my life. Look, since I was left by myself I said: I have to have money for my children, I have to get a house, pay for the land. Those were the first priorities that I set. That was very important to me: my children, my house because I wouldn't leave my house and be going back and forth with my children. It was too difficult for me, too difficult. I set my priorities and they came to be.

Participants suggested several behaviors associated to what can be called a financial strategy:

1. Plan your financial priorities and work towards meeting them. A priority could be to buy a piece of land followed by purchasing a trailer. This would assure a roof over her and her children's heads.
2. Pay off your debts by taking care of your money, saving as much as possible and having your expenses organized. Do not avoid this responsibility.
3. Use credit wisely if the option is present. Community organizations help by offering classes.
4. Meet your own needs before thinking about sending money to help others in your home country
5. Use alternative resources if possible: move to the least expensive area of the city, grocery shopping in Cd. Juarez, sell burritos, thrift shopping for personal use or to re-sell
6. Use unexpected money for unexpected needs when possible. For example, if you did not plan to work on a day and are unexpectedly called for a day job, try to accommodate this opportunity into your schedule and save the money for an unexpected need.
7. For prices or payments always approximate up to the nearest digit. It is better to overestimate than to underestimate. The difference can go into savings.

PD strategy # 4: Developing Introspection and Awareness

Questioning herself for introspection and awareness was another strategy described by these women. Participants illustrated with different examples how they develop introspection and awareness about conflicting situations and taking action to correct them. P79 commented about this strategy in these terms when replying to the question: How do you control your mood?

> Sometimes my daughter becomes upset with me. I don't know, things of that sort. Then, I, I get upset, but then I think how I was young once and probably, I did the same. Then I try not to judge her and that's the way I control that.

The women had several suggestions that encompassed several areas of behavior and a few central questions.

1. Ask and respond: what do you want for your future?
2. Ask when in a difficult situation: "what do I need to learn from here?"
3. Why? Ask and answer this question every time you have doubts about your feelings or thoughts
4. Ask about the "logic" of your thoughts, emotions, beliefs or motives
5. Ask what you are doing with your life
6. Ask if the action or motives of the person you have a conflict reflect your own actions and motives (is she projecting hers on the other person?)
7. Step into the other person's shoes

DISCUSSION

This study explored the experiences of adversity, resilience and wellbeing of a group of Mexican immigrant women (MIW) living in the U.S.−Mexico Border. Using an asset approach framed by Resilience and Positive Deviance perspectives and an exploratory and descriptive design, this study was completed with a purposive sample of MIW who have confronted numerous socio-economic risk factors, recurrent adversity, and who still maintain high levels of wellbeing. Adversity, resilience and wellbeing as understood by MIW were elucidated allowing a constructivist characterization of these phenomena, and a contextual identification of the solutions of this group to cope with the multiple difficulties in their lives.

Research on minority groups in the U.S. continues to generalize results for Mexicans ancestry individuals (McLaughlin et al., 2016). U.S. birth and rearing practices have a differential effect on the health of individuals in spite of shared ancestry, research has suggested (Heilemann et al., 2005). As research on minority groups in the U.S. continues to generalize results for Mexicans-ancestry individuals, this study, by focusing on women born and raised in Mexico who immigrated to the U.S. as adults, and who were identified as immigrant (i.e. Mexican immigrant women), offers some elements to tease apart factors influencing the health of this group. Moreover, this offers a point of comparison for future research with other individuals of Mexican ancestry in the U.S. By identifying some of the assets that facilitate this positive outcome and the specific strategies and behaviors that enable this vulnerable population to sustain positive health, the results of this study are of relevance to researchers, practitioners, policymakers, and students interested in the emotional health of this population.

Several insights were obtained in this study regarding the understanding that MIW have of adversity. Data suggest that the MIW frame of reference to develop resilience comes from their frequent experiences of adversity and from their spiritual beliefs. Frequent experiences of adversity throughout the lives of MIW make them comprehend adversity as an unavoidable reality of life and be aware of this. This understanding, and the help of their spiritual beliefs helps MIW accept this reality and develop hope, meaning, purpose, relief, confidence and contentment, all of which are indicators of wellbeing. One main finding in this study is that MIW appear to consider most adversities as challenges to be surmounted and as opportunities to learn and to grow.

Resilience is a complex phenomenon that has experienced definition and measurement issues for decades (Almedom & Glandon, 2007; Davydov et al., 2010). Critics have suggested that the construct may mean different things to different researchers and that it defies simple definitions and measurements (Almedom & Glandon, 2007). Most studies of resilience explore this construct in terms of risk and protective factors. Few theorists have proposed that resilience is not the result of protective factors, but of the ability of the individual to integrate and represent risk and protective factors within his or her experience (Cyrulnik, 2009; Ospina Muñoz, Vélez Jaramillo, & Vélez Uribe, 2005). This proposition seems to be applicable to the findings in this study by which MIW appear to have successfully integrated the adverse events they have experienced and the protective assets accessible to them in order to develop resilience and achieve wellbeing.

Several years of accumulated research have come to suggest that resilience is context dependent, expressed and promoted differently across individuals and groups and that an alternative discourse on resilience recognizing contextual specificity is required (Davydov et al.,

2010; Gillespie et al., 2007; Ungar, 2004; Worthington, 2004). For MIW in the U.S., the contextual understanding of resilience was still missing in prior research. Thus, this study, took the exploration of resilience among MIW one step further, by offering a constructivist understanding of resilience and wellbeing for this group. This understanding may not be supported by other existing conceptualizations of the phenomenon, but reflects the discourse and the contextual determinants of the success of MIW in maintaining their mental health. The accounts provided by MIW suggests resilience as 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. From the existing definitions of resilience available, the one identified to fit the findings in this study is the one proposed by Yehuda, when discussing the topic in Southwick, et al, (2011): "[...] A conscious effort to move forward in an insightful integrated positive manner as a result of lessons learned from an adverse experience. […] Resilience involves an active decision, that must be frequently reconfirmed. That decision is to keep moving forward" (Southwick, Bonanno, Masten, Panter-Brick, & Yehuda, 2011, p. 3).

Although participants in this study were unfamiliar with the term resilience, they identified several nouns in the Spanish language to designate this response. All of these nouns and the explanations about how participants overcome life's difficulties suggested four signposts (Grotberg, 2003; Santos, 2014) for the resilience of MIW: *Poder* (personal power), *Fuerza* (strength), *Gana*s (grit), and *Amor* (love), which were described in detail by the participants. The internal assets of a resilient MIW elicited from the findings of this study are (1) her determination to not let fear deter her efforts, (2) her ability to not be self-centered, (3) the meaning and purpose she has found for her life, (4) her weighing of the good and the bad in her

life and the gratefulness she has derived from it, (5) her eagerness to look for information and help to solve her problems, and (6) her self-motivation and self-reliance.

The findings of this study are in agreement with other studies about the adverse events confronted by immigrant women in the U.S. and some of the external factors beneficial to their health (Ornelas et al., 2009; Parra-Cardona et al., 2012; Raffaelli & Wiley, 2013). Socioeconomic status, immigration laws and resident status and their many implications, and experiences of stigmatization and discrimination associated to ethnicity were discussed as the four main causes of adversity for women who are immigrant in the Paso del Norte region of the U.S.-Mexican border; this parallels the findings of other studies with other groups of immigrant women in other parts of the U.S. (Ornelas et al., 2009; Raffaelli & Wiley, 2013). Among the participants in the current study, additional discrete adverse events (non-chronic) were identified that are not directly related to immigration but still negatively influence their emotional health and their wellbeing (bereavement, intimate partner violence, and health issues). The main conclusion that can be derived from this finding is that MIW are exposed to the same adverse events of other groups but these are exacerbated due to the significant challenges and uncertainties brought about by immigrating to the U.S. (a chronic event) which creates extreme duress on this population and confirms that this is a population at risk.

Access to services was one of the external factors that contributed to the resilience and wellbeing of participants in this study which is in agreement with Ornelas and colleagues' findings of access to community programs, schools, and churches as coping factors for Mexican mothers (Ornelas et al., 2009). Raffaelli and Willey (2013) also reported the use of these resources but remarked that a lack of trust by immigrants prevents their use of governmental organizations (Raffaelli & Wiley, 2013). The findings in that study are consistent with the

results of the present study, which showed that MIW regularly uses community organizations and their services as support and sources of information while at the same time reporting negative experiences that make them avoid governmental agencies. Although women in the present study commented on the importance of not depending on welfare as a reason not to approach governmental agencies, like some of the participants in Raffaelli and Wiley's study (2013), it was mostly their experiences of being threatened to have their children taken away that were the main reasons for avoiding these agencies. This is a novel finding in the immigrant literature that highlights the importance of considering the barriers that limit the use of some resources by immigrants that may be helpful to those interested in serving this group.

Although this study did not focus on cultural explanations for the resilience of Mexican immigrant women, some cultural values were suggested by the findings. The parental concern for the wellbeing of children and the importance of advice, stories, and familial role models as a source of resilience were uncovered in this study and seemed to be apparently related to familism. Familism is a cultural factor frequently discussed as contributing to the physical and emotional health outcomes of Hispanic immigrants (Cardoso & Thompson, 2010; Katiria Perez & Cruess, 2014; Rodriguez, Mira, Paez, & Myers, 2007).

Parra-Cardona and colleagues found and discussed this parental concern among Mexican immigrants living in Michigan and proposed that children inspired their parents to rise above adversity and reflected the significance of family for this group and a facet of familism (Parra-Cardona et al., 2012). Contrastingly, findings from the current study uncovered children were sources of motivation for the participants to rise above adversity, yet these women asserted their motivation arose simply from their love for their children. Maternal love has been described and studied as the most powerful motivation to human action and a general manifestation of human

and animal behavior (Bartels & Zeki, 2004; Kinsley Howard & Lambert, 2006) and is not particularly associated to ethnicity or culture. Another likely explanation about the motivation of mothers to overcome adversity for the wellbeing of their children besides maternal love is the role of spirituality which in this study, is a very important element identified. Participants discussed love in reference to the care, concern and the filial relationship they have with their children, other family members, friends, and neighbors; which, taking account of spirituality, may be representing the "Loving thy neighbor as you love thyself" mandate of Catholicism. This may highlight how traditional considerations of familism, not based on contextual and qualitative data may obscure alternative explanations as argued by Smith-Morris, Morales-Campos, Castaneda Alvarez and Turner (2012).

The perception of support received from friends, family, other community members or groups emerged as the other significant external resource helping the resilience and wellbeing of the population in this study. Although this finding evokes, again, another instance of familism, participants' comments about support and relationships highlighted more of a need to connect with others in order to avoid loneliness and isolation (Smith-Morris, Morales-Campos, Castaneda Alvarez, & Turner, 2012) and ease the many losses and adversities they endured. The need to consider this need for connection has been explored among minority youth and was deemed important for the development of resilience (DiFulvio, 2011). Smith-Morris et al, (2012) differentiated this sense of connectedness and nostalgia and discussed how it differs from familism which in some occasions, tends to neglect the significance of the immigrants' longing for connectedness and nostalgia for what they had to leave behind (Smith-Morris et al., 2012, p. 18).

Advice, stories, and familial role models promoting resilience among immigrants found in the present study were also described in Casanova's (2012) study on the resilience of a Mayan Mexican woman in the U.S. (Casanova, 2012). That author found that family support and role models played a role in the development of an ethnic identity for the subject of her study. This identity, rooted in the participant's Mexican and Mayan origins helped her overcome her experiences of adversity within the American school system (Casanova, 2012). In the current study, the importance of the participants' sense of identity strengthened through family stories was suggested. Family stories are considered important for the development of resilience because they provide elements that define identity (O'Gorman, 2013). Women in this study very proudly related family tales of hard work, resourcefulness, bravery, humility, and hardship that helped them develop a sense of who they are, and the importance of family values that helped them maintain a sense of connectedness between generations, as they are in turn transmitted to their children. Parra-Cardona et al, (2012) discussed the value of "*trabajando duro*" (hard work) and the cultural meaning it conveyed to their participants. This cultural value, it was argued, reflects cultural values of commitment, community, and solidarity (Parra-Cardona et al., 2012). For the participants in the current study, examples of and advice about "*trabajando duro*" fashioned a life style and a commitment to move on in spite of the difficulties participants met throughout their lives.

Collectivism was another cultural factor suggested by the findings of this study that seems to be associated to familism but is described independently. Although not explicitly discussed by participants, their ability to transcend their ego when confronting adversity is believed to reflect collectivism, as participants discussed the need to see beyond their own needs or wants in order to consider those of others around. Collectivism is not unequivocally a

Hispanic or Mexican value, but is commonly associated to non-Western cultures and contrasted to the individualism of American culture (Ai, Aisenberg, Weiss, & Salazar, 2014). Although acculturation was never the focus of this study, the emergence of collectivism as an explanation for one of the strengths of MIW may suggest participants maintained this cultural orientation, which may be a core cultural value for them, in spite of the several years they have lived in the U.S.

The findings on spirituality in this study are consistent with the literature on immigrants and other groups in the United States and other countries (Braxton et al., 2007; Connor, 2012; Koenig, 2012; Lake, 2012; Rosmarin, Wachholtz, & Ai, 2011; Smith, Webber, & DeFrain, 2013; Temane & Wissing, 2006). These authors proposed that the beneficial role of spirituality and religion in mental health (resilience and wellbeing) is produced through strong values and beliefs that enhance meaning of life, increase social support, and promote acceptance of difficulties (Shaw, Joseph, & Linley, 2005). Findings in various studies have led authors to conclude that spirituality is important to resilience as a coping resource and that it has beneficial effects on wellbeing as a source of meaning-making and cognitive reinterpretation (Beagan, Etowa, & Thomas, 2012; Viladrich & Abraıdo Lanza, 2009). The role of spirituality in resilience seems to be a generalized finding that gathers more support as research develops (Rosmarin et al., 2011; Smith et al., 2013).

Women's spirituality has been explored often in association to resilience (Beagan et al., 2012; Broussard, Joseph, & Thompson, 2012; dos Santos Bernardes et al., 2009; Vahia et al., 2011) and consistently has emerged as an important contributive factor to resilience among female groups (Bachay & Cingel, 1999; Banerjee & Pyles, 2004; dos Santos Bernardes et al., 2009; Shaikh & Kauppi, 2010). Spirituality is one of the most important factors identified for

the resilience and wellbeing of Mexican immigrant women in this study. Spirituality provides a frame of reference to the life of MIW that in addition to acceptance of adversity as part of everyday life, helps MIW develop resilience and maintain wellbeing. Although there is a dearth of studies looking at the role of spirituality or religion among immigrant females from Mexico and how it is a frame of reference for their everyday activities and decisions, the general agreement between the current and other studies about the role of spirituality in resilience points to the importance of spirituality as an important factor for the resilience of women and seems to suggest that spirituality is more of a gender than a culturally related factor for resilience, which deserves further investigation.

This study uncovered a series of strengths in the form of positive attitudes developed by MIW as the result of experiences of adversity that had not been previously identified in research with Mexican immigrants. Studies of Mexican origin women in the U.S. have identified life satisfaction as the one strength that MIW exhibit despite the numerous difficulties they confront (Heilemann, Coffey-Love, et al., 2004; Parra-Cardona et al., 2012; Raffaelli & Wiley, 2013). This life satisfaction, past authors proposed, derives from the advantage these women perceive when they compare their life in the U.S. to their previous life in Mexico and are able to discern the difference. It also comes, those authors proposed, from the satisfaction produced by achieving the important goal of immigrating to the U.S. (Heilemann, Frutos, Lee, & Kury, 2004). In comparison, women in the current study also expressed having a sense of life satisfaction. Participants described positive relationships, appreciation and gratefulness for what they have, and a favorable attitude and satisfaction to life in general, not in comparison to their prior circumstances but because of the learning and growth resulting from their adverse experiences

which qualitatively differs from the comparative advantage previously mentioned in other studies.

Learning, growth, and transformation derived from suffering have been at the center of humanistic, existentialist and psychological theories for several decades and of various religions, probably for centuries (Joseph & Linley, 2005). Most recently, positive psychology has begun to focus its attention on positive human functioning and the possibility that personal gain can be found in suffering (Joseph & Linley, 2005, 2006). Within this field, Joseph and Linley (2005) developed the Organismic Valuing Theory of Growth through Adversity that explains three dimensions of growth after adversity that closely resembles the descriptions and experiences of participants in the current study:

> (1) enhanced relationships where friends and family are valued further and there is an increase in compassion and altruism towards others; (2) change of perception of self with increase of resiliency, wisdom and strength and a potential increase of acceptance of weaknesses or limitations; and (3) changes in life philosophy with a new appreciation for each new day, renegotiation of what is significant in life and a realization about life's finitude (Joseph & Linley, 2005, p. 263).

The Organismic Valuing Theory of Growth through Adversity explains the reasons for an individual's emotional growth and achievement of wellbeing supplementing the findings of this study. The theory was based on the concept of the organismic value process that refers to the innate ability of individuals to know what is important to them, and the best route that will take them to wellbeing and a more satisfying existence (Joseph & Linley, 2005, p. 271). According to these authors, an adverse event may shatter an individual's worldview and brings to light her or his fragility, and the unpredictability and uncertainty of her life. When this happens, a need

arises in the individual to integrate new trauma-related information because of the natural tendency in all humans to reorganize their perspective to accommodate such information.

Because of the existential challenges brought about by adversity, the individual strives to integrate the experience into her or his self-structure making he or she go through a series of oscillating phases of intrusion and avoidance while the new trauma-related information is processed. When baseline is reached, intrusive and avoidant states cease to exist because cognitive assimilation of the traumatic memory or a revision of existing schemas to accommodate the new information has occurred. The process is challenging and requires social support to facilitate basic needs of autonomy, competence, and relatedness. Whether these needs have been met in the past (i.e. factors of resilience) or occurred after the trauma occurred (i.e. factors of vulnerability), the organismic valuing process will be facilitated, and the person will tend toward growth which basically is the positive accommodation of the traumatic material (Joseph & Linley, 2005).

The process of accommodation is the central piece to understand growth. When the individual is unable to find meaning to the event and attempts to maintain her worldview intact, the organismic value process is suppressed and she tends toward assimilation. The individual thus becomes fragile and vulnerable to further traumatization. Joseph and Linley (2005) stated:

> In the early stages following a traumatic event, there is a search for meaning: What happened, how, and why it happened. If the organismic valuing process is given voice, and the individual is open to the existential issues raised by the event, she will begin to search for meaning as significance: What are the implications of this event for the way they lead their lives, for their worldviews, and for their life philosophy? Such questions demand accommodation of the traumatic material as they seek to fully integrate it into their psyche. When accommodated negatively, these questions of significance lead to reactions of hopelessness and helplessness (e.g., "The world is a bad place where random bad things happen and there is nothing I can do about

> it"). When accommodated positively, these questions of significance lead to growth as people reevaluate and more fully appreciate their relationships, their strength and resilience, and their philosophy of life. Positive accommodation of the traumatic material and development of meaning as significance may not make people "happier" in terms of their subjective wellbeing. Indeed, a depressogenic reaction may be more realistic and appropriate. Growth may leave them sadder, but almost inevitably wiser, in recognition of the vicissitudes of the human condition. The characteristics of growth are very much those of Psychological wellbeing: closer relationships, greater self-acceptance, and deeper spirituality" (Joseph & Linley, 2005, p. 273)

The agreement between the present study findings on growth derived from experiences of adversity of MIW and the process described by Joseph and Linley suggests it is an appropriate theoretical framework to explain the wellbeing of MIW in which resilience plays a role. This points to future studies to corroborate the applicability of this theory to the experiences of MIW or similar groups, and to the importance of the use of supplemental theories to explain findings in resilience studies.

According to Joseph and Linley (2005) "The organismic valuing theory of growth is first and foremost a theory of Psychological wellbeing" (p. 275). It explains growth through adversity as a process that starts from an existential crisis brought about by adversity that, when positively resolved, culminates in wellbeing. The participants in this study showed through their accounts that they have positively accommodated the adversity they experienced, have grown, and have achieved psychological and subjective wellbeing. They have access and use several resources that have contributed to these positive outcomes and possess many strengths that they contribute for maintaining their mental health.

Constant activity emerged at the forefront of the strategies that help MIW maintain resilience. These women described specifically how this strategy helped them prevent feelings of sadness and despair and allowed them a sense of accountability. The importance of not

remaining idle but "moving" to avoid depression became evident as a useful tool for these women. Theoretically, this strategy has been suggested as an effective way to strengthen an individual's will (Santos, 2014), and to activate specific brain circuits that alleviate depression (Lambert, 2008), which may explain its effectiveness and use among these MIW. Abraido-Lanza and colleagues described being active as one of the findings in their study of coping strategies among Latinas with arthritis. In that study, engaging in activities, was the most reported coping strategy by women from different Latin American countries that did not include Mexicans (Abraído-Lanza, Guier, & Revenson, 1996). The authors identified this strategy but were unable to determine whether this report reflected cultural ideology or actual behavior. The current study confirmed this finding and furthered it by determining that being active denotes actual behavior in which women engage in in order to avoid depression or sadness due to adversity. These women also explained the reasons for this strategy and the actual positive deviant behaviors this strategy encompasses. The cultural ideology behind the strategy involves the subject's agency. It is about the belief that an individual can actually "do something" to change a situation or circumstance through the purposeful action of avoiding or preventing idleness. Additional tactics and behaviors discussed with participants included mainly cognitive strategies through which these women explored their own motives, strategized for solving a problem and formulated goals.

Taken together, the results of this study represent another instance of the Immigrant Health Paradox in mental health among a Mexican sample of individuals. The Mexican immigrant women in this study were found to be highly functional (i.e. they have high levels of psychological and subjective wellbeing) in spite of confronting many of the risk factors identified in the literature: low socio-economic status, limited access to health services, language

and employment difficulties, experiences of discrimination and exclusion, and 13 years or more of residence in the United States (PD range of years living in the U.S. = 12 – 57, mean 29.38 years). Although the reasons for this paradox were not openly asked from participants, the reasons behind this paradox in the mental health of this sample are suggested by their accounts. Participants experienced different events known to influence the development of depression or anxiety but they chose to respond in a positive manner and proactively implement strategies to counteract those disorders.

The results of this study highlighted the positive health of MIW in the Paso del Norte region of the U.S. – Mexico Border. These results, however, do not constitute an apology for the distressing conditions these women confront in their everyday life and in any way imply to ignore the inequalities they confront or justify not taking action to correct them. The participants in this study are considered to be resilient and have a positive level of wellbeing but that should not take away from the fact that these women did in fact experienced pain and suffering. They not only described their adversity but talked about their scars and their wounds. This leads to the obvious conclusion that conditions for MIW to develop depression or anxiety are present and that the development of these conditions is plausible. Understanding this risk and preventing it, and the promotion of resources that sustain positive health are a clear necessity.

It is believed that the approach used to complete this study allowed for identifying some of the reasons for the paradoxical health of Mexican immigrants. The use of the Positive Deviance approach helped uncover wisdom, agency, and solutions (Singhal, 2013b) of Mexican immigrants in the United States that support their positive outcomes in mental health and may at least be part of the explanation for the immigrant paradox in mental health. Most research on immigrants uses a deficit approach and the acculturation paradigm to explain results. Through

these lenses, research has contributed to forming a negative image of immigrants, who they are and how they are affected by inequalities and disparities, which although true, further negative expectations of researchers about their health. The paradox, it is important to keep in mind, is mostly based on expectations (Palloni & Morenoff, 2001). Because of this emphasis on the negative, we may doubt the immigrants' abilities and see nothing extraordinary or powerful about them. By shifting the approach to the health of immigrants away from cultural explanations and deficits this study evidenced many external resources they seek, suggested the possibility that they adapt, and highlighted their contributions: their aspirations to improve by acquiring knowledge, maintaining motivation and their positive attitudes, developing and expressing their self-worth and self-esteem, using their sense of connectedness, their internal freedom, and their relationships skills. When explaining the need to look at the assets of impoverished communities and their inhabitants, some of the authors that champion this approach have furthered its importance:

"Any marginalized community has social, cultural and material assets. Identifying and mobilizing these can help them overcome the health challenges they face. A growing body of evidence shows that a community efficacy increases when projects start with a focus on what communities have -assets as opposed in what they don't have -needs" (Foot, 2010, p. 6). Focusing on the deficits disempowers and takes away the agency and dignity of individuals. "An asset approach accommodates for dignity and agency, based on awareness of capacity" (Kretzman & McKnight, 1993). The identification of assets of MIW provides a point of departure for future work and inclusion on these women.

RECOMMENDATIONS, FUTURE DIRECTIONS, AND IMPLICATIONS

This study adds to the literature on the mental health of immigrants in the United States. It found a "paradoxical" good level of mental health among Mexican immigrants uncovering significant amounts of resilience and wellbeing in these individuals. The innovative use of the Positive Deviance approach in this study allowed the identification of several assets contributing to resilience and wellbeing; it helped in determining that participants in this study possess useful knowledge that may be invisible to technical experts but which they contribute to their positive health (Durá, 2011, p. 55).

The study describes how these positive traits are promoted and maintained in spite of the many risks that this population confronts. A suggestion for research addressing health topics among immigrants and other vulnerable populations derived from this finding is to consider the usefulness of the many available salutogenic constructs and theories to better explain health outcomes of these groups. Adjusting the lenses from deficits to assets may enable research to be more fruitful or produce results that can supplement existing literature to better explain health outcomes.

Further investigation of the strategies or behaviors identified in this study to determine their effectiveness in preventing or overcoming depression or other emotional disorders is suggested. Given the high incidence of depressive symptoms reported by MIW in other U.S. geographical area, this determination may enable the development of low-cost, targeted interventions for other groups of Mexican ancestry in the United States.

The future direction of this study is already defined. Future steps determined by the Positive Deviance approach will be completed. These include the design of activities to allow other community members to access and practice the discovered strategies and behaviors; discern the effectiveness of these activities through ongoing monitoring and evaluation, and the future dissemination of successful processes. PD women interviewed in this study asked to participate in the completion of the study have already agreed to participate. Various groups of MIW with whom the results of the study were shared when completing member checking and

with key informants that participated in recruitment and who demonstrated an interest in the final steps of the PD approach to be completed expressed willingness to participate. Given that some of the participants are already participating in community groups and some of them have leading roles and given that the researcher has extensive experience as facilitator and in program design and implementation, the potential to complete the project is present. This sets an avenue for the community to take ownership of the project and make this project participatory as a Positive Deviance project is intended to be.

MENTAL HEALTH PROMOTION IMPLICATIONS

One of the main findings of this study is that MIW confront several risks to their mental health. Given this fact, mental health promotion interventions with this group are a felt need. Meeting these needs could be enabled through the use of the several assets and local beneficial practices (Walker et al., 2007) uncovered in this research which will allow for the design promotion of inclusive, adaptable and culturally appropriate interventions.

Findings in this study can inform mental health professionals and institutions working with MIW and maximize understanding and communication of their effective, self-help strategies for the enhancement of the mental health of other women of Mexican heritage in the community or in other geographical regions in the United States.

Internal strengths, community resources accessed, and strategies and behaviors identified are all meaningful and proved contributions that MIW make to their health. All these assets are available and accessible to practitioners and other community members and can enhance present efforts and promote community-specific solutions to the mental health issues of other women in the community.

The health promoter model is well established at the U.S.-Mexico border as a culturally effective strategy for health promotion. Given that available resources in the Paso del Norte region exist for the formation and training of health promoters, a future opportunity for organizations interested in the mental health of MIW is the training of the PD participants in this study as health promoters to facilitate an intervention based on their own practices that is affordable and culturally relevant to members of the community.

POLICY IMPLICATIONS

This study briefly explored the socio-economic determinants of the mental health of Mexican immigrant women living in the El Paso del Norte region of the U.S.-Mexico border and was able to determine the significant risks that this population confronts. These findings allow proposing evidence-based policy making that may help alleviate some of the difficulties that MIW in the Paso del Norte region confronts.

Limited employment opportunities available to MIW, significant limitations for them to enhance their English skills and further their education, and big limitations derived from being the sole caregivers of special needs children and diseased family members were identified through data collected among 100 MIW in different sites throughout this region. In light of this findings, policies should be directed to promote and support self-employment and micro-credits for MIW that can enhance income generation possibilities for these women.

The enhancement of assistive services provided by community organizations already working in the community, the redirection of existing services that may not be completely meeting the needs of this population and their special needs children or diseased family

members, and the creation of other culturally appropriate, financially accessible alternatives to a population of limited means are also needed.

Even though some researchers have suggested that the Border region offers the paradox of medical services accessible to inhabitants in the region through visits to doctors on the Mexican side of the border (Staudt, Dane'el, & Márquez-Velarde, 2015), this was not the case for the participants in the study. This situation calls for the implementation of policies that allow the creation of affordable medical services that can meet the needs of Border residents, especially women, and children.

STRENGTHS OF THE STUDY

The PD approach integrates steps for the community to design and develop activities to expand the strategies and behaviors identified (Marsh et al., 2004). This suggests a concrete follow-up and application of the findings of this study.

The PD approach taken in this study and the purposive sample strategy used, allowed for an understanding of resilience and wellbeing of women who are resilient and maintain a positive level of wellbeing which provides a clear point of comparison or departure for future studies on the mental health of the general population of Mexican immigrant women.

LIMITATIONS OF THE STUDY

The participants in this study were a purposively selected group of women who positively deviate from the expected negative outcomes of immigrant women that research has identified. The results of this study, therefore, cannot be generalized to other groups.

Resilience theory purports studies of resilience need to be contextualized. The location of the research marks the context in which the experiences of the participants developed. Caution is recommended when using the results of this study because the context in which this study was implemented may be significantly different from that of other regions of the U.S.

The weakness of this study may constitute its strength. Its results are not generalizable, but the specificity of its population is a clear point of comparison and reference to other studies. By focusing on resilient women with a high level of wellbeing and their strategies to achieve these outcomes, it has identified effective, local resources used and proven effective by these women that may be useful to other women with shared ancestry.

CONCLUSION

This study explored the mental health of Mexican immigrant women living in the U.S. side of the U.S.-Mexico Border by examining the resilience and wellbeing of these individuals. The main conclusion to which this dissertation research arrives at is that MIW poses a significant number of assets that help them remain highly functional in spite of the extensive array of chronic and acute adversities they confront. This research establishes that immigrant women of Mexican origin who have lived for an extended period of time in the U.S., who confront significant health disparities, who live in a very disadvantaged socioeconomic condition, and who experience significant adversities derived from their condition as immigrants can deviate positively from the negative expected outcome of poor psychological health that research has identified for this and other similar groups. Explaining what can be considered a paradoxical finding, are a series of internal strengths, external resources, and specific strategies and micro behaviors that the participants in this study have devised and which allows them not only to

develop resilience but to maintain an extraordinary level of both, psychological and subjective wellbeing. The Positive Deviant approach used for the implementation of this study helped in determining that there is a number of women who are able to defy the odds of suffering some of the most prevalent mental disorders in the contemporary society of the United States: depression and anxiety. This positive outcome was uncovered among members of this marginalized and vulnerable population attesting that they are reservoirs of wisdom and agency (Singhal, 2013b) and that they can meaningfully contribute to their own health.

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APPENDIX 1

THE UNIVERSITY OF TEXAS AT EL PASO
Office of the Vice President for Research and Sponsored Projects
Institutional Review Board
El Paso, Texas 79968-0587
phone: 915 747-8841 fax: 915 747-5931
FWA No: 00001224

DATE: June 9, 2015

TO: Maria Torres, MA

FROM: University of Texas at El Paso IRB

STUDY TITLE: [762673-1] An exploratory descriptive inquiry into the resilience and wellbeing of Mexican immigrant women

IRB REFERENCE #: 762673-1

SUBMISSION TYPE: New Project

ACTION: DETERMINATION OF EXEMPT STATUS

DECISION DATE: June 9, 2015

Thank you for your submission of New Project materials for this research study. University of Texas at El Paso IRB has determined this project is EXEMPT FROM IRB REVIEW according to federal regulation **[45CFR 46.101(b)(2)]:**

> • Research involving the use of educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures or observation of public behavior

Exempt protocols do not need to be renewed. Please note that it is the Principal Investigator's responsibility to resubmit the proposal for review if there are any modifications made to the originally submitted proposal. This review is required in order to determine if "Exemption" status remains.

We will put a copy of this correspondence on file in our office.

If you have any questions, please contact Christina Ramirez at (915) 747-7693 or cramirez22@utep.edu. Please include your study title and reference number in all correspondence with this office.

cc:

APPENDIX 2

FICHA DEMOGRAFICA

Nombre del proyecto: Una investigación exploratoria y descriptiva de la resiliencia y bienestar de las mujeres inmigrantes mexicanas.

Investigadora Principal: María Torres

Este estudio busca investigar los factores que ayudan a las mujeres que emigraron de México a los Estados Unidos a sobreponerse a las situaciones adversas que han encontrado en su vida. No hay respuestas correctas o incorrectas, solo me interesa conocer más sobre usted y sus experiencias.

INSTRUCCIONES

Gracias por aceptar participar en este estudio. Este cuestionario me permitirá conocer algunas de las condiciones en que usted vive o ha vivido como inmigrante en los Estados Unidos. Marque en el espacio apropiado según su situación. Si no puede contestar marque NC. Si algo no está claro, por favor, pregunte.

I. DATOS GENERALES Y SOCIOECONOMICOS

1. ¿Nació usted en México? SI☐ NO☐ NC☐
2. ¿Dónde en México nació usted (estado y ciudad)?
   _____
3. Edad (en años cumplidos) _____
4. Estado civil: Soltera ☐ Casada ☐ Divorciada ☐ Separada ☐ Viuda ☐ Unión libre ☐ NC ☐
5. ¿Tiene usted hijos (as)? SI ☐ NO ☐ NC ☐
6. ¿Cuántos hijos (as) tiene? _____
7. ¿Qué edad tienen sus hijos (as)? _____
8. ¿Viven sus hijos (as) con usted? SI ☐ NO ☐ NC ☐
9. ¿Tiene hijos (as) en México? SI ☐ NO ☐ NC ☐
10. ¿Por qué están en México?
    _____
11. ¿Cuál fue el último nivel de escuela que usted completo? Ninguno ☐ Primaria ☐ Secundaria ☐ Preparatoria ☐ GED ☐ Universitaria ☐ Maestría ☐ Doctorado ☐ NC ☐
12. ¿Cuál es su ocupación? _____
13. ¿Está usted empleada? SI ☐ NO ☐ NC ☐
14. Si usted no está empleada, ¿tiene usted algún ingreso económico? SI ☐ NO ☐
15. ¿De dónde viene ese ingreso?
    _____

16. ¿Cuál es su ingreso actual en dólares? _____ Mensual ☐ Quincenal ☐ Semanal ☐ Diario ☐ Otro ☐
17. ¿Este ingreso, cubre los gastos de cuantas personas? _____
18. ¿Considera su ingreso suficiente para satisfacer sus necesidades básicas (alimentación, vivienda, vestuario, transporte, educación, medicina)? SI ☐ NO ☐ NC ☐
19. ¿Sigue o practica usted una religión? SI ☐ NO ☐ NC ☐
    Cuál_____
20. Habla usted: INGLES ☐ ESPANOL ☐ AMBOS ☐ NC ☐

II. SALUD

21. Tiene usted aseguranza médica: SI ☐ NO ☐ ¿De qué tipo? _____
22. Si no, ¿cómo atiende su salud cuando lo necesita?
    _____
23. ¿Cómo considera su estado de salud física? Excelente ☐ Muy bueno ☐ Bueno ☐ Aceptable ☐ Pobre ☐
24. ¿Cómo considera su estado de salud mental? Excelente ☐ Muy bueno ☐ Bueno ☐ Aceptable ☐ Pobre ☐

III. MIGRACION

25. ¿Cuantos años tenía cuando emigro a los Estados Unidos? _____
26. ¿Cuantos años ha vivido en los Estados Unidos? ___
27. ¿Ha sido de forma continua? SI ☐ NO ☐ NC ☐
28. ¿Cuándo fue la última vez que volvió a México? _____
29. ¿Qué tan bien adaptada se siente usted a (la cultura, la lengua, el país, la vida en) los Estados Unidos?
    Totalmente adaptada ☐ Bastante adaptada ☐ Algo adaptada ☐ Poco adaptada ☐ Nada adaptada ☐

IV. ADVERSIDAD

30. ¿Puede usted darme uno o dos ejemplos de los sucesos adversos en su vida?

31. ¿Cómo ha superado usted está adversidad?

32. ¿Cómo cree usted que podría identificar o encontrar con otras mujeres como usted?

¡Gracias por su participación!

Como parte de esta investigación, usted podría ser seleccionada para una entrevista de 1.5 a 2 horas de duración. Podría contactarla para esta entrevista

Si_____ No _____ Número de teléfono _____

Primer Nombre _____

DEMOGRAPHIC FORM

INSTRUCTIONS

Thanks for accepting to participate in this study. This questionnaire will allow us to know some of the conditions in which you live or have lived. Mark in the appropriate space according to your situation. If there is anything that is not clear to you, please, ask.

I. GENERAL AND SOCIOECONOMIC DATA

1. Where you born in Mexico? YES ☐ NO ☐ NC ☐

2. Where in Mexico were you born (city and state)? _____

3. How old are you (actual years)? _____

4. Are you? Single ☐ Married ☐ Divorced ☐ Separated ☐ Widow ☐ Common law marriage ☐

NC ☐

5. Do you have children? YES ☐ NO ☐ NC ☐

6. How many children do you have? _____

7. What is the age of your children? _____

8. Do your children live with you? YES ☐ NO ☐ NC ☐

9. Do you have children in Mexico? YES ☐ NO ☐ NC ☐

10. Why are they in Mexico? _____

11. What is the last level of school you completed? None ☐ Elementary School ☐ Middle School ☐ High School ☐ GED ☐ College ☐ Masters ☐ Doctorate ☐

12. What is your occupation? _____

13. Are you employed? YES ☐ NO ☐ NC ☐

14. If you are not employed, do you have an income? YES ☐ NO ☐ NC ☐

15. What is the origin of that income? _____

16. What is your actual income in dollars? _____ Monthly ☐ Bi-Weekly ☐ Weekly ☐ Daily ☐ Other ☐ NC ☐

17. How many people live on that income? _____

18. Do you consider your income enough to meet your basic needs (food, housing, clothing, transportation, education, medical)? YES ☐ NO ☐ NC ☐

19. Do you follow or practice a religion? YES ☐ NO ☐ NC ☐

Which religion? _____

20. Do you speak? English ☐ Spanish ☐Both ☐ NC ☐

II. HEALTH

21. Do you have medical insurance? YES ☐ NO ☐ NC ☐ what type?

_____

22. If you do not have medical insurance, how do you take care of your health if you need it?

_____

23. How do you consider the status of your physical health? Excellent ☐ Very good ☐

Acceptable ☐ Poor ☐

Bad ☐

24. How do you consider the status of your mental health? Excellent ☐ Very good ☐

Acceptable ☐ Poor ☐ Bad ☐

III. MIGRATION

25. How old were you when immigrated to the United States? _____

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

27. Have you lived continuously in the United States? YES ☐ NO ☐ NC ☐

28. When was the last time you went back to Mexico? _____

29. How well adapted do you consider yourself to (culture, language, life in the United States?

Completely adapted ☐ Very well adapted ☐Somewhat adapted ☐Poorly adapted ☐Not adapted at all ☐

IV. ADVERSITY

30. Can you give one or two examples of the adverse events in your life?

31. How did you overcome this adversity?

32. How do you think I could identify or find other women like you?

Thank you for participating in this study!

As part of this study, you may be selected to be interviewed. May I contact you for this interview?

YES_____ NO _____ PHONE NUMBER _____

YOUR FIRST NAME_____

APPENDIX 3

FLOURISHING SCALE

A continuación encontrará 8 afirmaciones con las cuales usted puede o no estar de acuerdo. Usando la escala de 1 a 7 más abajo, indique su grado de acuerdo con cada ítem, indicando dicha respuesta para cada afirmación.

- 7 – Muy de acuerdo
- 6 – De acuerdo
- 5 – Algo de acuerdo
- 4 – Ni de acuerdo ni en desacuerdo
- 3 – Algo en desacuerdo
- 2 – En desacuerdo
- 1 – Muy en desacuerdo

___ Llevo una vida significativa y con propósito
___ Mis relaciones sociales me apoyan y son reconfortantes
___ Me intereso y me involucro en mis actividades diarias
___ Contribuyo activamente a la felicidad y al bien-estar de otros
___ Soy competente y capaz en las actividades que son importantes para mi
___ Soy una buena persona y vivo una buena vida
___ Soy optimista acerca de mi futuro
___ La gente me respeta

Puntuación:

Sume las respuestas, variando de 1 a 7, para los 8 ítems. El rango posible de puntajes es desde 8 (menor posible) a 56 (mayor posible). Un puntaje alto representa una persona con muchas fortalezas y recursos psicológicos.

FLOURISHING SCALE

Below are 8 statements with which you may agree or disagree. Using the 1–7 scale below, indicate your agreement with each item by indicating that response for each statement.

- 7 - Strongly agree
- 6 - Agree
- 5 - Slightly agree
- 4 - Neither agree nor disagree
- 3 - Slightly disagree
- 2 - Disagree
- 1 - Strongly disagree

____ I lead a purposeful and meaningful life

____ My social relationships are supportive and rewarding

____ I am engaged and interested in my daily activities

____ I actively contribute to the happiness and well-being of others

____ I am competent and capable in the activities that are important to me

____ I am a good person and live a good life

____ I am optimistic about my future

____ People respect me

Scoring:

Add the responses, varying from 1 to 7, for all eight items. The possible range of scores is from 8 (lowest possible) to 56 (highest PWB possible). A high score represents a person with many psychological resources and strengths

APPENDIX 4

EXPRESIONES CULTURALES/EMIC EXPRESSIONS

"Emic expressions" refer to the idiosyncratic expressions used by the participants when discussing the topics of adversity, resilience and wellbeing in this study.

SPANISH EXPRESSION	ENGLISH TRANSLATION
Ya estoy salada	I am doomed
Tengo una concha muy grande	I have a very thick skin
Lo que vale la pena cuesta	Achieving what is valuable requires work
No estar deokis	Do not remain idle, inactive
Soy bien aferrada	I am very tenacious
Voy a luchar y ponerle ganas	I will fight with grit
A mí el hambre me tumba pero el orgullo me levanta	Hunger may knock me down but pride makes me get up
La vida es una escuela, es la maestría de la vida	Life is a school, there is a mastery in life
Siempre hay algo bueno por venir	There is always something good coming
No te enfrasques	Do not get fixed on the problem or the situation, do not ruminate your problems
No decir ay, lo que me paso me afecto tanto que no me deja caminar. ¿Me dejo manca? ¿Me dejo coja? ¿Me quito la ¿lengua? ¿Estoy completa?	I shouldn't be saying: oh, what happened to me was so bad it does not let me walk. Did it take my hand? Do I hobble? Did it take my tongue? Am I whole?
No pido más, pido fuerza	I do not ask for more; I ask for strength
La que quiere puede, nada más.	She who wants, can. Nothing more
Dignidad es no molestar a nadie, uno tiene que tener dignidad, tener orgullo de decir yo puedo sola	Having dignity is to not bother anyone, one has to have dignity, the pride of saying I can do it myself.
Uno no debe ser atenido, debe hacer uno sus cosas	One should not depend from others; you must do your own
Ay Chihuahua, ¿si otros pueden, por qué yo no	Oh gosh! If others can, why couldn't I?
Hay que discernir las cosas de una manera positiva	We must discern things in a positive way to not stay in the tragedy mood
Yo soy una de esas personas que son lo que sienten ser	I am one of those people who is whatever she feels she is
Tiene que exigir a su cuerpo a que este ágil, a que este útil	You have to demand your body to be agile, to be useful

UNA MUJER RESILIENTE ES…

- Una luchona
- Una persona que no se doblega
- Lo que siente ser
- Alguien que tú no esperas
- Alguien que tiene agallas
- Alguien con ganas de salir adelante
- Una persona que lucha por seguir positivamente
- Alguien que no se conforma
- Alguien que no tiene miedo a los retos
- Alguien muy terca
- Aferrada
- No se deja caer por las circunstancias de la vida
- Una mujer luchadora
- Que sabe qué hacer y cómo hacerlo
- Autosuficiente
- Independiente
- Una mujer de acción
- Una mujer de fe
- Una cabrona
- Alguien que demuestra que si puede
- Alguien que le toca luchar por la vida y por todo lo que desea tener
- Tesonera
- Alguien que no sabe odiar a la gente
- Alguien que no le tiene rencor a nadie
- Una mujer positiva
- Una persona moralmente fuerte
- Una persona que se metió a fondo a investigar
- Alguien que empezó a pedir información
- Una mujer de armas tomar
- Una mujer que no es mansita
- Una mujer de fuerza
- Una mujer de retos
- Una mujer que es aventada
- Una mujer que no se aplatana
- Una mujer valiente
- Alguien que discierne las cosas de una manera positiva
- Una mujer que el hambre la tumba, pero el orgullo la levanta
- Una persona que se pone al nivel de cualquier otra en una platica
- Un buen ejemplo
- Una mujer que creció mentalmente
- Una persona firme en sus bases
- Una mujer de acción
- Una persona que ha sobrevivido
- Una persona autosuficiente
- Una mujer trabajadora
- Una mujer fuerte
- Una mujer de carácter
- Una persona con ganas de luchar
- Una mujer que se aferra a la vida
- Una conchuda
- Una mujer que no está diokis
- Alguien que tiene cojones

A RESILIENT WOMAN IS…

- A fighter
- A person who does not give up
- Whatever she feels she is
- Someone you don't expect
- A woman with guts
- A woman with the desire to move on
- A person who fights to continue in a positive way
- Someone who doesn't settle
- Someone who is unafraid of challenges
- Someone who is very stubborn
- Very persistent
- Someone who is not defeated by life circumstances
- A woman who fights
- Someone who know what to do and how to do it
- An independent woman
- A woman of action
- A woman of faith
- Someone who can show that she can
- Someone who has struggled in life to achieve what she wants
- A very tenacious woman
- Someone who does know how to hate
- Someone who doesn't keep grudges
- A positive woman
- A person who is morally strong
- A woman who went deep in to investigate
- Someone who started to ask for information
- She's not someone you mess around with
- A non-submissive woman
- A woman of strength
- A challenging woman
- A daring woman
- She is not a withdrawn woman
- A brave woman
- Someone who discerns situations positively
- A woman whom hunger may knock down but who gets up out of pride
- A person who puts herself upon the level of any other person in a conversation
- She is a good example
- She is a mentally grown up woman
- A person firm in her beliefs and values
- A woman of action
- A person who has survived
- A self-sufficient woman
- A hard working woman
- A strong woman
- A woman of character
- A woman with the desire to fight
- A woman who clings to life
- A woman with a thick skin
- A woman who does not remain inactive
- Someone with balls

VITA

Dr. Maria del Carmen Sajquim de Torres earned her bachelor degree equivalent in Clinical Psychology from the National University of San Carlos in Guatemala. She earned a Fulbright scholarship to come to the United States and complete her Master of Arts degree in Applied Anthropology from Northern Arizona University. Her master thesis, conducted with a group of Mayan immigrants in the U.S., determined the influence that poverty, violence, immigration and acculturation had on the stress and trauma experiences of this group and identified the cultural strategies supporting the mental health of this group. In 2011, she joined the doctoral program in Interdisciplinary Health Sciences at the University of Texas at El Paso.

While pursuing her degree, Dr. Sajquim de Torres worked as a research associate for the College of Health Sciences, School of Nursing, and the Center for Interdisciplinary Health Research and Evaluation (CIHRE). She has extensive experience with nonprofit organizations working with women, and in the areas of cultural competent mental health, community development and spiritual advising. Dr. Sajquim de Torres also possesses extensive experience in institutional planning and evaluation, and program development, implementation and facilitation.

Dr. Sajquim de Torres' dissertation, *"Becoming Resilient: A Positive Deviance Inquiry into the Resilience of Mexican Immigrant Women*" was supervised by Dr. Elias Provencio-Vasquez, Dean of Nursing at UTEP.

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This thesis/dissertation was typed by the author.