

Resilience from Childhood Stressors The Role of Cultural Resilience, Ethnic Identity, and Gender Identity

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This study examined the potential influence of cultural resilience, ethnic identity, and gender identity on resilience processes across diverse racial/ethnic groups of young women. A sample of 200 women who attended a large public university were studied, of whom 50 self-identified as White, 50 as African American, 50 as Asian or Asian American, and 50 as Latina. Results indicated significant racial/ethnic differences in childhood stressors experienced by the women such that African American, Asian/Asian American, and Latina women reported more overall childhood stressors and more stress associated with racism and sexism than their White counterparts. Furthermore, ethnic identity search and an androgynous gender identity contributed to greater resilience. Implications for research and practice are discussed.

RESILIENCE HAS BEEN DEFINED AS THE “ABILITY TO THRIVE, MATURE, and increase competence in the face of adverse circumstances or obstacles” (Gordon, 1996, p. 63). Empirical investigations of resilience

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have moved away from a traditional focus on disease to explore empirically coping mechanisms, protective factors, assets, and individual strengths (Cicchetti and Garmezy, 1993; Masten, 2001; Lopez et al., 2002). More broadly defined, resilience has been viewed as a “process, capacity or outcome of successful adaptation despite challenges or threatening circumstances . . . good outcomes despite high risk status, sustained competence under threat and recovery from trauma” (Masten, Best, and Garmezy, 1990, p. 426).

Research on resilience has explored individual factors that lend themselves to the development of resilience in individuals. In a review of individual qualities that promote resilience, Gordon (1996) identified five factors: intelligence, androgyny, independence, social skills, and internal locus of control. The character-trait approach to resilience has identified correlates of resilient people that include secure attachment, basic trust, problem-solving abilities, an internal locus of control, an active coping style, easy temperament, enlisting people to help, acquiring language and reading well, making friends, realistic self-esteem, a sense of harmony, a desire to contribute to others, and faith that one's life matters (Davis, 2001). In a comprehensive review of resilience literature, Kumpfer (1999) organizes individual character traits that contribute to resilience into five major cluster variables: (1) spiritual or motivational characteristics, (2) cognitive competence, (3) behavioral and social competencies, (4) emotional stability and emotional management, and (5) physical well-being and physical competencies. The trait-based literature suggests that children who are independent, sociable, have a good sense of their own control and are active, as well as able to act on their worlds, are more likely to be resilient individuals (Kumpfer, 1999; Davis, 2001).

As researchers began to see the limits of leaving resilience up to the individual child, studies focused on environmental factors that promote resilience began to emerge (Clauss-Ehlers and Lopez, 2002; Clauss-Ehlers, 2004). Resilience research has increasingly explored resilience as a construct that develops out of the individual's interaction with his or her environment. Werner (1985), Rak and Patterson (1996), and Pianta and Walsh (1998) have all explored how environments promote resilience, whether they be in terms of school personnel, school atmosphere, clergy, community, or mental health supports. Pianta and Walsh (1998) note that “behavior cannot be understood without reference to the context(s) in which that behavior is demanded and/or supported” (p. 410). Similarly the fact that Luthar, Doernberger, and Zigler (1993) discuss how a child may do well in one high-stress situation but poorly in another indicates that individual characteristics alone do not explain the ability to cope. Together these

findings suggest that we must look at the variable environmental factors to which children are exposed that either enhance or impede effective coping skills. Luthar et al. (1993) incorporate this approach when they define resilience as a process whereby individuals react to risk factors, or vulnerabilities, that are present in their environment.

Despite the greater focus on the child in context, it is interesting to note that few studies have looked at cross-cultural aspects of resilience. In fact, much of the samples used in resilience and positive psychology research use predominantly White subjects (Lopez et al., 2002; Clauss-Ehlers, 2003, 2004). Because of the lack of research on cultural aspects of resilience, it is difficult to state empirically how resilience processes generalize to different racial/ethnic groups of youth. Thus, interpretation of results is difficult when researchers cannot specifically demonstrate how different interpretations of stress, coping, and resilience play out for different cultural groups.

Some existing studies do begin to highlight the importance of the relationship between culture and resilience. Gonzalez and Padilla (1997) found that a sense of belonging to school as well as academic support predicted greater resilience among Mexican American students. De La Rosa (1988) studied Puerto Rican adolescents and found that having strong support systems helped Puerto Rican youth handle stressful situations. Similarly, Colomba, Santiago, and Rossello (1999) found that the greater the likelihood that Puerto Rican adolescents accessed social and family support, the less likely they were to respond to a stressful situation by getting depressed.

Strong (1984) explored how culture might relate to coping and resilience by looking at how Native American and White families dealt with taking care of aging family members. Strong found that White caregivers expressed more of a sense of control over the situation than their Native American counterparts. In addition, White caregivers were more likely to express frustration. Strong concluded that because Native Americans felt less control, they coped with their caregiving responsibilities by accepting their current situation rather than becoming frustrated by it.

Even less research exists on cross-cultural components of resilience as they relate to the experience of girls (Vasquez and De Las Fuentes, 1999). When research has considered the relationship between gender and resilience, female youth of color have seldom been included (Reid et al., 1995). In one existing study, the American Association of University Women (AAUW, 1992) found large discrepancies in self-esteem among girls from different racial/ethnic backgrounds. With regard to elementary school girls,

the study found that 55% of White, 65% of African American, and 68% of Latina girls reported "being happy as I am." Yet by high school, those percentages had dropped to include only 22% of the White girls, 58% of the African American girls, and 30% of Latinas. In their conclusion, the AAUW called for additional research to explore why Latinas experience the largest drop in self-esteem.

Belgrave and coworkers (2000) also examined the relationship between gender, racial/ethnic background, and resilience. These researchers explored how effectively a cultural- and gender-specific intervention program increased resilience in preadolescent African American girls. The intervention was targeted toward girls who faced contextual risk factors such as violence, drugs, and criminal activity. Intervention strategies included giving the girls access to new resources, supporting relationships needed for successful development, and strengthening Afrocentric values such as harmony, collective responsibility, and balance (Akbar, 1996). Results indicated that those who participated in the intervention had a greater sense of Afrocentric values, ethnic identity, and physical appearance self-concept than those who did not participate. Belgrave and coworkers (2000) concluded that their cultural- and gender-specific intervention successfully promoted resiliency among African American girls.

The present study seeks to extend these earlier studies by looking at how young women's ethnic and gender identity fosters resilience. We examined the roles of ethnic identity and gender identity in predicting the ability to be more resilient in the face of stressors. We also believe that clinicians will benefit from considering the extent to which ethnic and gender identity might contribute to developing an overall sense of resilience for diverse young women.

Hypotheses. To build on the existing literature, the current study examined ethnic identity, as measured by ethnic identity search and affirmation, belonging, commitment, and gender identity, as measured by masculine, feminine, and neutral (i.e., androgynous) attributes and how they correlate with resilience. We hypothesized that ethnic identity search would correlate with resilience. We also explored gender identity as a possible predictor of resilience. We hypothesized that neutral or androgynous attributes would be directly related to greater resilience and that strictly feminine or masculine attributes would not relate to resilience. We further hypothesized that there would be significant differences in the stressors experienced by the different racial/ethnic groups of women and that this would lead to statistically significant differences in overall resilience among them.

Method

Participants

Participants in this study were 200 female college students at a large Northeastern state university, 50 of whom self-identified as White American (25%), 50 as African American (25%), 50 as Asian or Asian American (25%), and 50 as Latinas (25%). Participants' ages ranged from 17 to 32 years ($M = 19.27$, $SD = 2.189$), and 118 (59%) stated that their parents had immigrated to the United States from another country.

All 200 participants (100%) described themselves as resilient as measured by resilience screening questions that asked about ability to negotiate life stressors and happiness with one's life. Only participants who reported feeling "okay" or "happy" about their ability to negotiate life challenges and who were moderately or very happy with their lives were included in the study. All 200 participants (100%) also reported having experienced at least one of nine stressors listed in the Cultural Resilience Survey (CRS) such as racism; sexism; trauma; being bullied; being teased; physical, verbal, or sexual abuse; or having a caregiver who was psychologically unavailable.

Measures

Cultural Resilience Survey (CRS). An eight-page survey was created by the primary author to explore the extent to which cultural factors influence resilience. The first part of the survey asks for demographic information such as age, racial/ethnic background, ethnicity, and social class. Resilience items assess the extent to which the participant has overcome adversity (e.g., "How do you feel about how you have negotiated the challenges you have confronted in life?" "In general are you happy with your life?"). Respondents are asked to indicate whether they have experienced one or more of the nine aforementioned stressors. Subsequent background survey questions inquire about various dimensions of support (i.e., environmental support, social support, and cultural support) and insight about life development.

An exploratory factor analysis using an ORTHOMAX rotation was conducted on the Childhood Stressor subscales of the CRS. Analysis of data for the sample yielded three factors with eigenvalues of 2.22, 1.54, and 1.26. These factors could broadly be interpreted in terms of the stressors that

subjects reported as having experienced during their lifetime. Factor 1 reflects the stressor of nonschool abuse that encompasses physical, sexual, and emotional abuse that occurred in the home. Factor 2 relates to the experience of school abuse such as being teased or bullied within a school setting. Factor 3 corresponds to the experience of being exposed to the stressor of racism, sexism, or both.

Internal consistency reliabilities were calculated for the Childhood Stressor subscales. Cronbach's alpha for the full Childhood Stressor Scale was .59. Cronbach's alpha for the Non-School Abuse Scale was .66. Cronbach's alpha for the School Abuse Scale was .51, and .58 for the Racism/Sexism Scale. Internal consistency reliability for the Resilience Scale was .65.

Multigroup Ethnic Identity Measure (MEIM). The MEIM (Phinney, 1992) is a 15-item scale designed to assess ethnic identity. Items are scored using a Likert-type scale from 1 (*strongly disagree*) to 4 (*strongly agree*). Factor analysis has demonstrated that the measure comprises two factors, ethnic identity search (i.e., I have spent time trying to find out more about my ethnic group, such as its history, traditions, and customs) and affirmation, belonging, and commitment (i.e., I have a clear sense of my ethnic background and what it means for me). Items 13, 14, and 15 are used for categorization by ethnicity. Scoring procedures involve getting the means of the 12 items for an overall score, and the mean of the 5 items for search and the 7 items for affirmation. Higher scores reflect a more achieved ethnic identity and lower scores reflect a less developed sense of identity.

Psychometric data on the MEIM exists for high school students and college students (Phinney, 1992). Overall reliability ranged from .81 for high school students to .90 for college students. The MEIM has also been used with diverse racial/ethnic groups of adolescents with reliabilities of .84 (Roberts et al., 1999).

Bem Sex-Role Inventory (BSRI). The BSRI (Bem, 1995) is a 60-item instrument designed to assess gender-role identity. There are 20 items for each scale: 20 personality traits reflect masculine attributes, 20 reflect feminine attributes, and 20 reflect neutral or androgynous attributes. All items are responded to on a 7-point scale from 7 (*always or almost always true*) to 1 (*never or almost never true*). Bem (1974) stated that the scales capture the "tendency to label oneself in accordance with sex-typed behavior or standards that are desirable for males and females in society" and "to what extent the person rejects opposite sex traits."

The measure has a reported internal consistency reliability of the BSRI scales of .86 and .80 for masculine and feminine scales, respectively. The scales have also been used with diverse racial/ethnic groups and found to be reliable (Maznah and Choo, 1986).

Procedures

Subjects were recruited through a posting that was placed on the Undergraduate Psychology Subject Pool Web site and a participation sign-up sheet that was placed on a departmental bulletin board. Participants received two credits toward their total research participation requirements for psychology coursework. Approximately 20 data-collection sessions were scheduled over the course of three semesters with an average of 10 students attending each session. Measures were presented randomly to control for order effects. Participants gave informed consent and then completed the research protocol over a 40-minute period. Participants were debriefed about the study after completing the protocol.

Results

Preliminary Analyses

Table 1 shows the means, standard deviations, and internal consistency reliabilities for the key variables in this study. As demonstrated in Table 1, all participants tended to have high levels of resilience. They also experienced at least one of the three subscale stressors with school abuse being the most prominent, followed by nonschool abuse, and racism/sexism. Ethnic identity search and Affirmation and Belonging were both high among participants. There tended to be an equal distribution of masculine, feminine, and neutral attributes among participants.

Primary Analyses

Intercorrelations of the study variables were calculated to examine the relationships among variables. First, the total child stress score, along with the three child stress subscales, were all significantly correlated with resilience in the expected direction (see Table 2; Total Childhood Stress, $r = .93$;

Table 1
Means, Standard Deviations, and Reliability Coefficients for
Study Variables ($N = 200$ Respondents)

Study Variable ^a	M	SD	α
Resilience	24.58	15.67	.65
Child stress (total)	3.08	1.87	.59
Nonschool abuse	.80	1.09	.64
School abuse	1.55	.96	.51
Racism/sexism	.74	.81	.58
Ethnic identity search	14.54	3.26	.81
Affirmation and belonging	22.87	4.18	.79
Masculine attributes	4.78	.74	.87
Feminine attributes	5.04	.58	.78
Neutral attributes	4.60	.39	.49

^aEthnic Identity Scale = Ethnic Identity Search + Affirmation and Belonging; Bem Scale = Masculine Attributes + Feminine Attributes + Neutral Attributes; School Abuse includes being teased and bullied.

Table 2
Intercorrelations of the Study Variables ($N = 200$ Respondents)

	Res	CS	NSA	SA	R/S	EIS	AB	MA	FA	NA
Res	1									
CS	.93**	1								
NSA	.639**	.70**	1							
SA	.64**	.68**	.17*	1						
R/S	.52**	.55**	.07	.15*	1					
EIS	.18*	.18*	.03	.06	.03	1				
AB	.10	.04	-.07	-.01	.19**	.65**	1			
MA	.11	-.01	-.11	.06	.05	.06	.12	1		
FA	.04	.01	.03	-.03	.03	.20**	.13*	-.01	1	
NA	.20**	.15*	.09	.14	.06	.20**	.17*	.33**	.59**	1

Note. Res = Resilience; CS = Total Childhood Stress; NSA = Non-School Abuse; SA = School Abuse; R/S = Racism/Sexism; EIS = Ethnic Identity Search; AB = Affirmation and Belonging; MA = Masculine Attributes; FA = Feminine Attributes; NA = Neutral Attributes.

* $p < .05$. ** $p < .01$, two-tailed.

Non-School Abuse, $r = .63$; School Abuse, $r = .65$; Racism/Sexism, $r = .52$; $p < .01$). Although this was not an original hypothesis, the finding has implications for resilience that are discussed later. Second, ethnic identity search was hypothesized to be directly related to resilience. Consistent with this prediction, results revealed a significant positive relationship between scores on the Ethnic Identity Search subscale ($r = .18, p < .05$).

Third, we hypothesized that gender identity would be a predictor of resilience, more specifically, that neutral or androgynous attitudes would relate to resilience. Results supported this hypothesis; the correlation between scores on the Neutral Attributes and the Resilience subscales was in the expected direction and statistically significant ($r = .20, p < .01$).

A one-way analysis of variance (ANOVA) was conducted to test the relationships among resilience and the stressor subscales by the racial/ethnic background of participants. This analysis was conducted to test the prediction that there would be significant differences in the stressors experienced by the different racial/ethnic groups of women that would relate to differences in overall resilience. Consistent with this hypothesis, the Racism/Sexism subscale was significantly experienced by the racial/ethnic groups of women in this study with African American and Latina subjects experiencing more racism/sexism than their Asian and White American counterparts (see Table 3; $df = 3$, between-groups mean square = 5.72, $F = 9.893, p < .000$). Similarly, African American and Latina participants reported significantly more total child stress than the other women ($df = 3$, between-groups mean square = 17.37, $F = 5.32, p < .002$) as measured by a one-way ANOVA. The latter part of this hypothesis was that significant differences in the experience of childhood stress would relate to significant

Table 3

One-Way Analysis of Variance: Summary of Means and Standard Deviations for Resilience, Total Childhood Stressors, and Racism/Sexism Subscale by Racial/Ethnic Background ($n = 50$ in each group)

	Asian American		African American		White American		Latina American		F
	M	SD	M	SD	M	SD	M	SD	
Res	23.22	18.03	27.72	13.48	18.22	10.64	29.14	17.40	.002
CS	3.10	2.23	3.48	1.66	2.24	1.34	3.50	1.88	.002
R/S	.90	.86	.98	.82	.24	.48	.84	.82	.000

Note. Res = Resilience; CS = Total Childhood Stress; R/S = Racism/Sexism.

differences in resilience. This part of the hypothesis proved to be correct as measured by a one-way ANOVA that demonstrated significant differences in resilience with Latina and African American participants being more resilient than their Asian and White American counterparts ($df = 3$, between-groups mean square = 1215.87, $F = 5.27, p < .002$). In looking at a post hoc analysis using Tukey honestly significant difference test with significant criteria at .05, we found that the African American and Latina youth differed from the White American youth.

Discussion

Analysis of the data illustrated the significant possible influence of ethnic identity, gender identity, and culture on the individual's ability to be resilient in the face of adversity. As hypothesized, we found a significant positive relationship between ethnic identity search and resilience. Ethnic identity search refers to the individual's willingness to engage in a process of learning more about his or her ethnicity. This can involve taking time to learn about the history, traditions, and customs of one's group; being active in social groups that include members of one's ethnic group; talking to others about one's ethnic group; and participating in cultural practices of one's ethnic group. It is thought that ethnic identity search is significantly related to resilience in a positive direction because the above activities suggest that the individual is actively involved in a community of people that further his or her understanding and, as such, act as buffers against stress. Thus, not only does the individual benefit from greater learning about one's ethnic identity, he or she is surrounded by a support network that is likely to also promote resilience. This finding is similar to research that has found how ties to homelands and neighborhoods act as buffers against exhaustion and despair for diverse families dealing with stressful living situations (Brodsky, 1999; Ortiz, Simmons, and Hinton, 1999).

As hypothesized, Neutral/Androgynous Attributes were significantly related to resilience in a positive direction. Having high levels of neutral attributes suggests that an individual possesses a combination of masculine and feminine characteristics rather than solely identifying with masculine or feminine characteristics. Perhaps those individuals who have more neutral attributes with regard to their gender identity bring a more complex set of characteristics to grapple with and overcome adverse situations. Much research, for instance, has found that gender-role identity was significantly associated with anger expression (Kopper, 1993). These studies found that

masculine sex-role types were more prone to anger, more likely to express it, less likely to suppress it, and less likely to control its expression. In contrast, feminine sex-role types were least likely to express anger and most likely in attempts to suppress and control it (Kopper, 1993). Rather than merely presenting traditional masculine characteristics such as expression of anger, for instance, or traditional feminine characteristics such as controlling anger, the resilient individuals in this sample may be more skilled at managing the subtle influences associated with negotiating challenges such as racism/sexism. Results from the present study suggest that this ability to bridge two worlds, the masculine and the feminine, helps women across racial/ethnic groups to be resilient in the face of adversity.

It was hypothesized that there would be significant differences in the stressors experienced by the diverse racial/ethnic groups of women in the sample. Results supported this hypothesis in that the racism/sexism subscale indicated that African American and Latina women experienced more racism than their Asian/Asian American and White counterparts. A related finding was that, although having experienced greater stress in this area, both African American and Latina women were found to be more resilient. This also relates to the unexpected finding that total child stress was statistically significant with greater resilience. Together these findings suggest that those students who are more attuned to racism and sexism may be more likely to report such incidences and hence more likely to get help.

These findings have implications for young women who seek therapy after they have faced a significant stressor in their lives. Clinicians would benefit from exploring the support the woman has in terms of her own ethnic identity development. For instance, if the stressor presented is one of having to deal with a racist incident on campus, does the client report that her social network acknowledges this incident as being race based, or does the network say the client is making excuses for something that is really her fault? Clinicians would also do well by exploring how the client has negotiated the stressors previously confronted. Does the client take a more passive approach and accept others' interpretations of the stressful event as indicated by a more traditional feminine gender identity, or does the client perhaps lose opportunities for support through belligerence and being overcontrolling as the masculine outlook suggests? Here the clinician can help the client find a middle ground between the outrage she feels about the incident along with possible feelings of self-doubt. Through exploration of this continuum of emotional experience, the clinician may help the client learn how to negotiate stressors such as racism and sexism using a combination of masculine and feminine attributes.

Limitations of the Study

The current study has several limitations that must be taken into account when interpreting findings. First, incorporating culture and diversity into resilience research is a relatively new undertaking. As discussed in this study, the CRS measure was developed to begin to address the question of cross-cultural aspects of resilience because there were no existing measures that did so. Although analyses of this measure demonstrate solid psychometric properties such as strong reliability and a sound factor structure, this is only a first study that has used such a survey measure. As a result, any findings should be interpreted with caution.

Generalizability of results is a second study limitation. As mentioned earlier, only those participants who reported having successfully negotiated the stressors they faced were included in the study. Thus, this study examined the role of ethnic and gender identity in participants who already met some criterion for being resilient. Although the purpose of the study was to look at coping processes among diverse groups of resilient woman, there is no control group to say what these findings would look like for those who report not being so resilient. A strength of the sample, however, is its representation of diverse groups of women. Nevertheless, the sample is made up of college students and thus cannot be generalized to adolescents or adults.

Implications for Future Research

This study suggests that culture and diversity do have an impact on resilience, particularly for those who are actively learning about their ethnic identity, exploring ways in which to find a middle ground between feminine and masculine gender identities, and have experienced racism/sexism as a stressor in their everyday lives. Because much of the resilience research has studied samples with predominantly White participants, future research would benefit from exploring how resilience processes such as those described here play out for diverse racial/ethnic people (Arrington and Wilson, 2000). In addition to broadening the demographics of study samples, future research would benefit from exploring other variables that might provide insight into "what works for different people" (Lopez et al., 2002). The question here concerns variables in addition to ethnic and gender identity that promote resilience among diverse youth. Areas to explore include the role of cultural values and social support, to name two. Such areas of inquiry

will exponentially add to our ability to incorporate culture and diversity into the resilience equation.

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Frozen Dreams

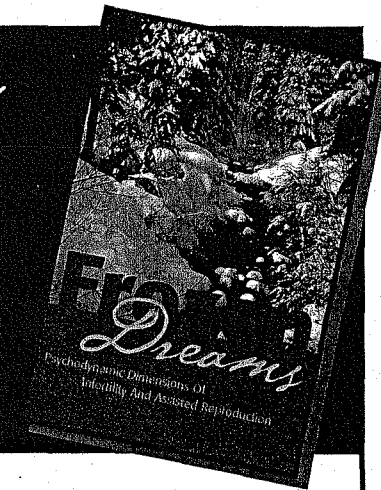
Psychodynamic Dimensions of Infertility and Assisted Reproduction

edited by

Allison Rosen and Jay Rosen

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Combining up-to-date scientific information with an understanding of the emotional burdens and ethical dilemmas that inhere in reproductive medicine, *Frozen Dreams: Psychodynamic Dimensions of Infertility and Assisted Reproduction* provides an overview of the psychology of infertility patients and of the evaluative, administrative, and especially psychotherapeutic issues involved in helping them. The contributors to this volume, who include professionals from nationally prestigious reproductive programs and psychotherapists who work clinically with infertility patients, explore the complex choices about life and death that are the daily experience of infertility specialists. In voices both authoritative and intimate, psychotherapists and other health professionals explore the therapeutic process with patients and couples struggling with miscarriage, infertility, childlessness, the possibility of adoption, and the promise of assisted pregnancy.

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