Stress, Coping, and the Hispanic Paradox: How Cultural Coping Factors May Lead to Hispanic Health Advantages

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Abstract:

Coping with psychological stress is a normal occurrence experienced by all people of all cultures, but different cultures may favor some coping methods over others. Understanding differences in stressors and coping strategies is critical to providing quality medical and mental health care to a culturally diverse population, like that found in the United States. One group of great interest to researchers is the U.S.A.'s ever-growing Hispanic population. Previous research has shown that despite their minority status, Hispanics living in the U.S. tend to have health outcomes that are similar to or better than those of Caucasians. This trend has been termed the "Hispanic paradox". The present paper reviews the literature on stress and coping preferences with a focus on how cultural coping differences may contribute to Hispanic health advantages. Findings from previous literature seem to support the notion that Hispanics tend to favor adaptive coping strategies more than their Caucasian counterparts, thereby providing an explanation for Hispanics' comparatively better physical and mental health. Increased usage of social support in particular may play a key role in promoting better health in the Hispanic population. Research on acculturation provides support for the notion that coping and Hispanic health advantages are culturally-based, for more acculturated Hispanics tend to demonstrate health outcomes more similar to Caucasians than Hispanic immigrants. Implications of these findings and directions for future research are also discussed.

Keywords: stress, coping, Hispanic paradox, health disparities, socioeconomic status, acculturation

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Psychological stress is both a common and pervasive phenomenon that has been studied across species. Both the physiological and psychological components of this stress experience are believed to be largely the same as those present in mankind's ancestors, though the events that trigger our inbuilt "fight-or-flight" response have varied considerably over the ages (Segerstrom & Miller, 2004). These modern stressors can take many forms and vary as a function of age and personal history (Aldwin, Sutton, Chiara, & Spiro, 1996). For example, a middle-aged individual may face significant financial stressors such as exorbitant bills, while an adolescent may face stressors more stressors related to school such as important exams and peer troubles.

While the experience of stress is normal and can be beneficial to one's health, the prolonged effects of stress on the mind and body can be quite maladaptive. Specifically, stress has been linked to several health problems, including worsened immune system functioning (Kiecolt-Glaser et al., 1984), rheumatoid arthritis (Straub & Kalden, 2009), coronary heart disease (Steptoe, Hamer, & Chida, 2007), higher blood glucose in diabetic individuals (Goetsch, Wiebe, Veltum, & van Dorsten, 1990), and longer healing times for wounds (Walburn, Vedhara, Hankins, Rixon, & Weinman, 2009). Frequent exposure to high levels of stress is also correlated with anxiety (Farley, Galves, Dickinson, & Perez, 2005), depression (Caspi et al., 2013), and

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increased risk of suicide (Sareen et al., 2005). As such, many people view stress as a negative occurrence that should be avoided.

Coping itself is defined as the behavioral, emotional, and/or cognitive ways people attempt to manage stressful situations (Moss-Morris & Petrie, 1997). Many coping researchers have attempted to understand the different ways in which people choose to handle their stressors whilst analyzing what strategies appear to be the most beneficial (i.e. those that best mitigate maladaptive outcomes). For example, several studies have suggested that individuals who use positive reframing, planning, and other forms of "adaptive coping" tend to have better outcomes both physically and mentally, such as lower reported depression and suicidal ideation (Basáñez, Warren, Crano, & Unger, 2014; Horwitz, Hill, & King, 2011). Contrariwise, individuals who cope using drugs/alcohol, avoidance coping, or self-blame experience significantly worse outcomes (Horwitz et al, 2011; Lemaire & Wallace, 2010; Nolen-Hoeksema & Aldao, 2011). These differences are of particular interest to mental health practitioners. In attempt to better their clients' lives, these professionals discourage coping strategies that will exacerbate negative outcomes and encourage strategies that lead to the best outcomes.

Despite contributing much to the field, research on stress and coping suffers from a similar, fundamental flaw. Like many areas in the psychological sciences, stress and coping research has been developed and tested within a predominantly Western, individualistic framework (Cervantes, Padilla, & Salgado de Snyder, 2010). In countries with heterogeneous

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populations, like the United States, it is essential for both healthcare providers and researchers to have an understanding of all cultures in order to provide effective treatments to their clients/patients. Of particular interest in this text is the U.S.'s ever-growing Hispanic population, a group that tends to favor collectivistic values (Fuligni, Tseng, & Lam, 1999). By 2050, some estimate that this group will comprise roughly 25% of the entire U.S. population (U.S. Department of Health & Human Services, 2001). Thus, it is critically important to have a proper understanding of stress and coping mechanisms within this group.

Though research in this area has grown considerably in the last several decades, much about Hispanic stress and coping remains a mystery. We know, for example, that Hispanic individuals tend to reside in lower socioeconomic groups more than non-Hispanic whites, and we know low socioeconomic status has been correlated with increased stress and worsened health in the general population (Noble et al., 2015). In addition, Hispanics often have to cope with stress related to acculturation and minority status, such as language barriers, discrimination, pressures to adopt the majority culture, and the like (Kaplan & Marks, 1990).

In spite of their minority status and decreased access to healthcare, however, Hispanics living in the United States tend to be as healthy as, or even healthier than, their non-Hispanic counterparts (Morales, Lara, Kington, Valdez, & Escarce, 2002; Wei et al., 1996). This Hispanic health advantage has been termed the "immigrant paradox" or the "Hispanic paradox." While researchers have proposed several theories concerning this paradox, the underlying factors

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causing these improved health outcomes have yet to be fully understood, particularly as they relate to coping and health. Therefore, it is possible that these health disparities can be explained by differences in preferred coping strategies between Hispanics and non-Hispanic Whites.

The Hispanic Paradox: A Brief Overview

Evidence for the Hispanic paradox was first described in Markides & Coreil (1986). A synthesis of multiple epidemiological studies revealed that, despite their comparatively lower socioeconomic status, Hispanics' health was statistically similar to or better than Caucasians' health in several key dimensions: infant mortality, general life expectancy, mortality from cancer, mortality from cardiovascular disease, and functional mental health. More recent studies have also found that Hispanics living in the U.S. have similar or lower overall mortality rates than Caucasians (Elo, Turra, Kestenbaum, & Ferguson, 2004; Hummer, Rogers, Amir, Forbes, & Frisbie, 2000; Laricsy, Hummer, & Hayward, 2015; Molina et al., 2014; Sorlie, Backlund, Johnson, & Rogot, 1993). Interestingly, this Hispanic health advantage is most observable in lower socioeconomic conditions, as the effects of the Hispanic paradox tend to vanish with higher incomes and levels of education (McWilliams, Zaslavsky, Meara, & Ayanian, 2004; Turra & Goldman, 2007; Wei et al., 1996).

In addition to the aforementioned health benefits, Hispanics tend to have significantly lower prevalence rates of anxiety and depression than Caucasians, regardless of age or socioeconomic status (Asnaani, Richey, Dimaite, Hinton, & Hofmann, 2010; Farley, et al., 2005).

Thus, Hispanic health advantages have been demonstrated in both physical *and* mental health. Though many researchers believe the differences between Hispanics and Caucasians are the result of cultural factors, this position has been particularly difficult to confirm (Farley et al., 2005).

Despite these and other supporting data, some researchers do not believe that the paradox is a culturally-based phenomena. Two such perspectives include the healthy migrant hypothesis and the “salmon bias” (Abraido-Lanza, Dohrenwend, Ng-Mak, & Turner, 1999). The former view has suggested that Hispanics appear healthier than Caucasians because only the healthiest of the potential migrants are able to successfully immigrate, thus leading to the findings in support of the paradox. The salmon bias, on the other hand, has claimed that the lower rates of Hispanic mortality are due to sick Hispanic individuals returning to their home countries prior to their deaths. Others have proposed that the Hispanic paradox is little more than the result of analytical error (Smith & Bradshaw, 2006). Further research, however, demonstrated that these alternative perspectives did not adequately account for the differences in health outcomes between Hispanics and Caucasians (Abraido-Lanza et al., 1999; Hummer, Powers, Pullum, Gossman, & Frisbie, 2007). Specifically, analyses of data from both the National Longitudinal Mortality Study as well as the National Center of Health Statistics revealed that Hispanics’ lower mortality rates were not the result of any of the alternative views. Certain groups of Hispanics, such as those from Cuba, would be unable to return to their country due to poor relations between the U.S and Cuba at the time. This, in effect, would lead to their mortality

rates being captured by U.S. statistics, thereby undermining the assumptions of the salmon bias. Additionally, both Hispanic immigrants and U.S.-born Hispanics in these samples demonstrated lower mortality rates than both U.S.-born and foreign-born Caucasians, thereby undercutting the assumptions of the healthy migrant hypothesis (Abraido-Lanza et al., 1999; Hummer et al., 2007). As such, we have chosen to view the Hispanic paradox as a phenomenon propagated by cultural differences, and will refer to it as such for the remainder of the paper.

The Hispanic paradox in no way implies immunity to all diseases or worsened health outcomes on the basis of culture or race. In fact, for some diseases, such as rheumatoid arthritis, Hispanics actually demonstrate worse symptoms than non-Hispanics (Molina et al., 2014). Additionally, choosing to cope with stress in maladaptive ways leads to poorer outcomes in all groups, regardless of the Hispanic heritage (Basáñez et al., 2014; Brougham, Zail, Mendoza, & Miller, 2009; Crockett et al., 2007; Lemaire & Wallace, 2010; Nolen-Hoeksema & Aldao, 2011). Thus, at least in the contexts of stress and coping, it is likely that the Hispanic health advantages rely on specific, rather than broad, culturally-based coping factors.

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Stress and Coping in Hispanics and Caucasians

A Sample of Frequently Cited Stressors

Because all people experience stress, it should not be surprising that many stressors are actually cross-cultural. That is, people of all cultures and socioeconomic backgrounds are often forced to confront similar sources of stress. In regards to Hispanics and Caucasians, examples of shared stressors include: Family-related issues and conflicts (Hanline & Daley, 1992; Lee & Liu, 2001); school- or work-related issues (Anshel, Sutarso, & Jubenville, 2009; Basáñez et al., 2014; Brougham et al., 2009; Copeland & Hess, 1995); health troubles (APA Department of Public Affairs, 2006; Culver, Arena, Antoni, & Carver, 2002; Culver, Arena, Wimberly, Antoni, & Carver, 2004); financial issues (Brougham et al., 2009); stress resulting from a negative community or environment (Epstein-Ngo, Maurizi, Bregman, & Ceballo, 2013); and many others. As can be seen, many common stressors are shared across cultures, though a comprehensive review of all shared stressors is beyond the scope of this paper. As such, if stress and coping do contribute to the Hispanic paradox, one could anticipate that differences would likely be observed in the ways stressors are viewed and/or coped with, rather than types of stressors each group faces.

Coping with Stressors and Ethnic Preferences

Preliminary information on active versus avoidance coping. It is important to define two broad categories researchers use to label coping techniques. Active coping, also referred to as

approach coping or direct coping, includes strategies that involve confronting one's stressor in a more direct fashion, such as planning and taking steps to resolve the stressful situation (Anshel, 2001; Lee & Liu, 2001). Contrariwise, avoidance coping, or indirect coping, refers to strategies that remove the individual from the stressful environment, either in a physical or mental fashion (Anshel et al., 2009; Lee & Liu, 2001).

Because these categories are quite broad, they cannot be grouped further into categories such as "healthy coping techniques" or "unhealthy coping techniques" (Horwitz et al., 2011). Rather, it is best to consider the strategies within these categories "healthy" or adaptive when they provide some benefit to the person employing them. For example, though some researchers and clinicians believe avoiding one's problems is maladaptive, stress caused by violence within the community or other uncontrollable situations is best mitigated by avoidance, regardless of ethnicity (Anshel et al., 2009; Epstein-Ngo et al., 2013). However, avoidant strategies that involve substance abuse or smoking are unanimously considered maladaptive (APA Department of Public Affairs, 2006; Farley et al., 2005; Lemaire & Wallace, 2010; Nolen-Hoeksema & Aldao, 2011).

Group coping preferences and outcomes.

With stress being as pervasive as it is, coping preferences must be partially established at early ages and maintained as a function of culture (Copeland & Hess, 1995). That is, coping preferences in adolescents and young adults are likely to resemble those of adults within a

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particular cultural context. As such, we will begin our conversation about coping preferences by reviewing coping in academic settings.

Within academic settings, students are often forced to cope with stressors originating from both curricular and extra-curricular interaction. Studies examining how students cope with these stressors have found that Caucasian students show higher preference rates for being humorous and self-reliant compared to Hispanics (Copeland & Hess, 1995). In this same sample, Hispanics reported significantly higher preferences for religious coping and engaging in social activities, but also reported high use of self-reliance. Similarly, in a study measuring Hispanic students' response to intragroup rejection, many young Hispanics employed the use of active coping techniques such as requesting social support from friends and family or praying (Basáñez et al., 2014). Hispanics who coped in this manner had significantly less depressive symptoms and better academic performance. Other research has found that Caucasian student athletes improperly use active coping techniques when stressors are beyond their control, while Hispanics are less likely to let these stressors negatively impact future performance or lead to further distress (Anshel et al., 2009).

Research has also been conducted on the manner in which individuals cope with stressors within the family. Lee and Liu (2001), for example, found that when dealing with intergenerational family conflict, both Hispanics and Caucasians tended to cope in a more active and direct fashion, but Hispanics reported much less family conflict than Caucasians. In this

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sample, however, Caucasians who used indirect coping demonstrated higher levels of distress than Hispanics who also coped indirectly. This finding could possibly be due to the Hispanic cultures' moderately collectivistic attitude, which may lead to some Hispanics avoiding further confrontation with the family in order to preserve family harmony and solidarity (Chang, 2014). As a result, avoiding confrontation with family, in some situations, may be just as beneficial as actively working through problems for Hispanics.

Similarly, other researchers have studied the ways in which families handle more general stressors as a unit. In a study comparing families with and without disabled children, Hanline and Daley (1992) found that Caucasians and Hispanics differed in how they viewed and coped with stress faced in their daily lives. For Hispanic families, the presence of a disabled child did not seem to impact feelings of family pride or their feelings of competence when faced with stressors. Caucasian families of disabled children, on the other hand, suffered losses in both family pride and feelings of competence, despite employing a wider variety of coping strategies than Hispanic families. This trend can partially be attributed to Hispanics' higher use of reframing as a coping strategy, for the ability to redefine negative events in a positive manner has led to improved health outcomes and family unity in other studies as well (Abbott & Meredith, 1986; Farley et al., 2005). Like other studies mentioned thus far, Hispanics in this group also showed higher preferences for religious coping and social support than Caucasians in families without disabled children (Hanline & Daley, 1992).

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Researchers have also observed differences in the ways Hispanics and Caucasians cope with medical issues pertaining to themselves. According to the APA Department of Public Affairs (2006), Hispanics demonstrate more concern for the health of themselves and their family members than all other ethnic groups. Additionally, Hispanics have also reported higher use of healthy coping strategies, such as exercise and social support. Coping differences can also be observed in patients undergoing treatment for breast cancer. Even in this context, Hispanics reported higher preferences for religious coping, venting, and self-distraction compared to Caucasians (Culver et al., 2002). Interestingly, despite the use of self-distraction, particularly pre-surgery, Hispanic women actually report lower levels of pre- and post-surgery distress than Caucasians (Culver et al., 2002; Culver et al., 2004).

How the Hispanic Paradox May Be Shaped by Coping Behaviors

Overall, it would appear that Hispanics tend to favor coping strategies that lead to better outcomes than Caucasians, even when both groups face similar stressors. Because coping responses to stressful situations do not occur in a vacuum, we believe that all of the aforementioned adaptive coping preferences work in conjunction with one another to culminate into what is seen as Hispanic health advantages. However, we feel the coping tactic that may be most key in propagating said advantages is Hispanics' higher preference for, and encouragement of, handling stress through social support, a strategy that has proven to be beneficial throughout

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the literature (Basáñez et al., 2014; Chang, 2014; Crockett et al., 2007; Hanline & Daley, 1992; Padilla, Cervantes, Maldonado, & Garcia, 1988).

The reason for this stance is fourfold. First, social support itself is a very active coping strategy which affords the ability to use social resources to tackle stressors directly, allowing individual to reduce feelings of stress more completely than avoiding the situation (Seiffge, Weidermann, Fenter, Aegenheister, & Poeblau, 2001). Second, the Hispanics' emphasis on concepts such as *familismo*, a strong feeling of family unity, and other collectivistic values may create an environment in which social support is both readily available and highly helpful(Crockett et al., 2007). For example, helping one another cope with stressors may assist in the maintenance of family/group solidarity. Third, when social support is the chosen coping method, individuals providing the social support will not only provide direct support when possible, but also encourage other adaptive coping strategies such as positive reframing whilst discouraging maladaptive coping behaviors such as self-blame (Kim, Han, Shaw, McTavish, & Gustafson, 2010). Fourth, we believe it is possible that religious coping, a tactic used far more often by Hispanics than Caucasians, may actually be a form of social support which provides what Taylor et al. (2005) termed explicit and implicit forms of support. Religious individuals may be more likely to disclose and seek help from members of their congregation or their deity/ and/or religious texts (i.e explicit support). Alternatively, believing in an omnipresent deity may provide a sense of comfort in times of strife, even when no direct request for assistance is made (i.e implicit support).

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In addition to social support use and its affiliated behaviors, Hispanics are significantly less likely than Caucasians to cope using drugs, alcohol, or cigarettes and more likely to use exercise as a means of coping, thus further promoting physical *and* mental health functioning (APA Department of Public Affairs, 2006; Farley et al., 2005). Furthermore, because many studies control for differences in socioeconomic status, it is very likely that the observed differences in group coping preferences are, at least partially, mediated by cultural differences (Culver et al., 2002; Culver et al., 2004; Farley et al., 2005; Hanline & Daley, 1992). Thus, because proper coping is necessary for maintaining healthy functioning (Basáñez et al., 2014; Horwitz, et al., 2011; Lundman et al., 2010), and because Hispanics appear to favor proper coping strategies, it can be said that coping preferences, in part, facilitate the Hispanic Paradox. Unfortunately, however, these cultural protective factors can be undermined by the stressful occurrences many Hispanics face on a regular basis, including discrimination, pressures to acculturate, and a miscellany of other stressors unique to minority populations (Alamilla, Kim, & Lam, 2010).

The Impact of Acculturation and Acculturative Stress

Broadly, "acculturation" refers to the process of incorporating aspects of another culture into one's own life, often at the expense of their own heritage culture (Torres, 2010). Intuitively then, acculturative stress occurs when individuals face problems resulting from this process (Crockett et al., 2007). Though immigrants are traditionally considered at higher risk for this

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type of stress, research has shown that second and third generation Hispanics can also suffer from acculturation-related issues (Mena, Padilla, & Maldonado, 1987).

Research has also shown that younger family members tend to actively embrace the majority culture, often to the disdain of parents, who encourage maintenance of their heritage culture (Cervantes, Golbach, Verela, & Santisteban, 2014; Lee & Liu, 2001). This family dynamic leads to several problems, particularly among Hispanics. First, maintenance of the Hispanic culture throughout one's lifetime has been cited as a protective factor for physical and psychological health, especially in the face of discrimination (Breslau et al., 2007; Cervantes, Padilla, Napper, & Goldbach, 2013; Torres, 2010). Despite this, some Hispanics choose to reject their culture, for both Caucasians and acculturated Hispanics endorse discrimination against traditional Hispanics at comparable levels (Buriel & Vasquez, 1982).

Second, by acculturating at a faster pace than one's family, young Hispanics may cause family conflict, particularly with older adults (Lee & Liu, 2001). This conflict often disrupts the Hispanic family's strong sense of unity and group solidarity (Crockett et al., 2007; Epstein-Ngo et al., 2013). Because social support from the family, as mentioned prior, has been cited as a common means of coping with stressors in Hispanics, conflict within the family will reduce access to this coping mechanism and, by extension, lead to more distress (Crockett et al., 2007). In fact, some studies have demonstrated that "successful" acculturation impacts other coping preferences and health outcomes as well. Hispanic-Americans and other highly acculturated

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Hispanics, for example, exhibit coping preferences more similar to Caucasians than Hispanic immigrants. In particular, more acculturated Hispanics report more frequent use of substance abuse and other predominantly Caucasian coping mechanisms (Farley et al., 2005; Turra & Goldman, 2007). Additionally, studies have found that some U.S.-born Hispanics as well as Hispanics who have reported high Anglo cultural orientation also demonstrate higher levels of depression, anxiety, and physical health issues than foreign-born Hispanics and/or Hispanics who maintain strong ties to their heritage culture (Farley et al., 2005; Torres, 2010; Wei et al., 1996).

In sum, as Hispanics embrace Caucasian culture at the expense of their own, they begin to exhibit coping preferences *and* health outcomes more similar to Caucasians than traditional Hispanics. That is, it would appear that a more Caucasian-like cultural orientation leads to more Caucasian-like behaviors and health outcomes. These findings provide further support for the notion of the Hispanic paradox being both culturally-based *and* influenced by coping preferences, for more Hispanic-oriented participants have repeatedly exhibited healthier coping choices and better health outcomes.

Implications and Directions for Future Research

The information reviewed here has several key implications. Firstly, there is a wealth of evidence that appears to be in support of the notion of a Hispanic health paradox, and this paradox appears to be driven by cultural factors. Secondly, if Hispanic coping style is

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fundamentally different than that of other groups, and if this different coping approach contributes to improved health outcomes, it may be wise to actively encourage the use of coping practices found within the Hispanic community in all cultural groups. By implementing effective coping techniques such as social support and rejecting the use of maladaptive techniques, it is possible that other groups may have similar positive outcomes. Third, because coping preferences seem to be driven by one's family culture, and because Hispanic coping preferences are associated with positive health outcomes, acculturation may be more harmful to Hispanics living in the U.S. than maintaining their traditional values at the expense of acceptance by the majority culture. Though public perceptions of minority populations are unlikely to change drastically in the near future, policy makers and therapists treating Hispanic immigrants and their families could improve matters by encouraging Hispanics to maintain their heritage culture despite discrimination and acculturation pressures. Doing so would allow Hispanics to maintain the health advantages associated with their heritage culture.

Future studies would do well to further examine how Hispanic coping behaviors compare to those of other ethnic groups, especially in regards to how these coping behaviors relate to health outcomes. While many existing studies measure race/ethnicity/culture, few seem to make direct comparisons between groups. It is also necessary to provide more detailed explanations of the mechanisms by which a coping behavior leads to positive health outcomes, especially with coping behaviors such as praying. As it stands, we are able to find that certain coping styles are associated with better outcomes than others, but why these outcomes occur is a matter of debate.

Conclusion

Stress can negatively impact the health of all people of all cultures, especially when individuals are unable to cope in an adaptive manner. The Hispanic culture, however, appears to provide some form of protection to the Hispanic people in the forms of increased access to, and use of, social support and various other culture-specific coping practices. This protection, it would seem, culminates into what has been discussed as the Hispanic paradox, where individuals who adhere to their heritage culture demonstrate signs of a Hispanic health advantage. Though a complete elimination of racial discrimination is unlikely to take place in the near future, it appears that, at least for Hispanics, adherence to their heritage culture buffers the harmful effects of this discrimination and facilitates proper coping with general stress as well. Future work will need to be done to further understand all of the mechanisms within the Hispanic culture that promote the health advantages seen throughout the literature. For the time being, however, practitioners and policy makers would do well to ensure that the traditional Hispanic culture endures over current and future cycles of immigration. With this culture intact, it may be possible to gain further understanding of processes that can benefit not just the Hispanic population, but other ethnic groups as well.

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