Chapter 17
Stress and Resilience

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It has long been recognized that the experience of "stress" can have detrimental effects on both physical and mental health. Yet, only in the past several decades have models been developed to explain the pathways through which stress impacts health. More recently, these early models have been expanded to include cultural variables, including the role of culture on the experience of stress. Empirical investigations have begun to examine differences in the experience and associated outcomes of stress across racial/cultural groups, and these studies have illuminated the processes at work in the perception, experience, and impact of stress. A newly emerging body of literature has focused on resilience—that is, the successful adaptation to stressful experiences, and several culturally relevant variables have been proposed as potential protective factors that foster resilience among racial/ethnic minorities. This chapter will provide a brief overview of the major theories of stress and resilience and the impact of stress on mental health, with an emphasis on those models that incorporate culture. We will also review the major, unique contributors to stress in racial/ethnic minority populations, with a particular focus on women. Finally, the chapter will review the literature on resilience in racial/ethnic minorities, summarizing the factors that foster resilience in these groups, and conclude with recommendations for further areas of study.

Theories of Stress

Early notions of stress and its impact on humans arose from Walter Cannon (1932) and Hans Selye (1936), and their seminal works on systemic stress and adaptation. In these theories, stress was conceptualized as a response, as opposed to a stimulus event or an interaction between the stimulus and response. Selye proposed that stress occurs when the body is exposed to

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potential threats (e.g., exposure to cold temperatures, surgery) and results in a nonspecific, physiological response to these stimuli. According to Selye's theory, this response is described as nonspecific, as the physiological reaction is assumed to be consistent regardless of the stimulus. Selye suggested that, during stress, the body experiences three phases of adaptation: a "general alarm reaction", in which the body prepares itself for "fight or flight" (building upon Cannon's work), resistance to the stress, and exhaustion.

These early stress theories have been criticized for several reasons. First, these theories assume that the human response to stress is universal, without considering individual variation in response to events based on factors such as personality and appraisal (e.g., Hobfoll, 1989). Further, these frameworks do not incorporate the role of stress associated with being a member of a minority group, thereby rendering them less culturally relevant and generalizable (Hobfoll, 2001). Finally, some have argued that these theories, with a focus on stress as an outcome, lack predictive validity as it is difficult to identify predictors prospectively (Hobfoll, 1989). In response to these criticisms, newer theories have been developed that expand upon Cannon and Selye's theories to include psychological constructs such as perception, cognitive appraisal, and resources.

Psychological Theories of Stress

Lazarus and Folkman (1984) developed a cognitive transactional theory of stress, incorporating the interaction between the environment and the individual. They proposed that stress occurs when the demands of the environment exceed the resources the individual has available for coping with the stress. An important component of this theory is the notion of appraisal, which they define as "the process of categorizing an encounter, and its various facets, with respect to its significance for well-being" (Lazarus & Folkman, 1984, p.31). They suggest that there are two forms of such appraisals: *primary appraisal*, in which an individual evaluates the potential consequences of the stressor, and *secondary appraisal*, which involves identifying steps that can be taken to deal with the stressor, if any, based on one's available resources and coping abilities. Further, they proposed that this process of evaluative appraisal mediates the stress response, such that those events that are appraised as positive or challenging may not lead to a stress response, whereas those that are perceived as negative or threatening will lead to the stress response.

While clearly more nuanced than early stress theories, one criticism of appraisal models of stress is that they define stress as an outcome based only on appraisal of the stress-evoking situation without a focus on objective demands. Further, appraisal theories suggest an idiographic evaluation of potentially stressful events, which neglects the potential influence of a cultural-collectivist perspective on the experience of stress (Hobfoll, 2001). Hobfoll's (1989) Conservation of Resources (COR) theory is a model of stress

that is adaptable to considering the impact of racial/cultural factors in the experience of and response to stress. COR theory is based on the notion that loss (or threat of loss) of resources is the principal component in the stress process and that loss of resources is more powerful than resource gain. Hobfoll categorized four domains of resources: objects (e.g., home, car), personal characteristics (e.g., optimism), conditions (e.g., seniority, financial security) and energies (e.g., time, knowledge). Although COR theory does focus on individual appraisal of loss, to some degree it differs from traditional appraisal theories in that COR theory proposes that perceptions of loss are often socially learned or culturally common and based on real, objective observations of resources (Hobfoll, 2001). In the following paragraphs, we expand upon the notion that stress must be considered within a cultural context. Though not comprehensive, we hope to shed light on three significant areas of stress affecting minority mental health: acculturation, racism, and poverty.

Acculturation

As opposed to early research, which assumed that acculturation occurred as a series of steps in a single direction (Gordon, 1964), Berry (1980, 1997) proposed one of the most widely utilized theories of acculturation, a bidimensional approach, which he defined as "the dual process of cultural and psychological change that takes place as a result of contact between two or more cultural groups and their individual members" (Berry, 2005, p. 698). Acculturating individuals are confronted with two central issues: their preference for preserving their culture and identity and their preference for interacting and participating within the larger, dominant society alongside other racial/ethnic cultural groups. Multiculturalism or integrating both the culture of origin and the dominant culture has been shown to be the least stressful acculturative strategy (Berry, 1997; Berry, Phinney, Sam, & Vedder, 2006). In contrast, marginalization or not taking part in the dominant culture and, simultaneously, either inability or choosing not to preserve the culture of origin has been shown to be most stressful (Berry, 1997; Berry et al., 2006).

Several studies have examined the relationship between acculturation and stress in racial/ethnic minorities. Overall, there are conflicting results: many studies have found that greater acculturation is associated with higher levels of stress (Bratter & Eschbach, 2005; Buddington, 2002; Mak, Chen, Wong, & Zane, 2005; Pillay, 2005), whereas others have found no such relationship (Castillo, Conoley, & Brossart, 2004; Franzini & Fernandez-Esquer, 2004) or actually have identified acculturation as a protective factor against stress (Cho, Hudley, & Back, 2003; Lee, Koeske, & Sales, 2004). Stress from the acculturation process has been linked to mental health outcomes including elevated levels of anxiety and depression (Crockett et al., 2007; Hwang & Ting, 2008), suicidal ideation (Hovey, 2000; Walker, Wingate, Obasi, & Joiner, 2008), vulnerability to bulimic symptoms in women (Perez, Voelz, Pettit, & Joiner, 2001), and higher overall psychological distress (Hwang & Ting, 2008).

As previously mentioned, some investigations have shown that acculturation can serve as a protective factor against stress. The more an individual engages in the dominant society, or the more acculturated they become, while retaining preferred aspects of the original culture, the lower the levels of perceived distress (Berry, 1997; Berry et al., 2006). Lee and colleagues (2004) speculate that at higher levels of acculturation, more opportunities for social support are available from the host culture and original culture, providing a stress-buffering effect. Various other studies suggest that highly acculturated individuals acclimate more successfully to the ways of the mainstream culture, which eases the day-to-day interactions thereby potentially decreasing the likelihood of psychological distress (Cho, Hudley, & Back, 2003; Kim & Omizo, 2006; LaFromboise, Coleman, & Gerton, 1993).

Perhaps the inconsistencies found across acculturation studies stem from the absence of uniform definitions of key constructs such as culture or acculturation and instruments used to measure acculturation. As Koneru, Weisman de Mamani, Flynn, and Betancourt (2007) assert in their review of the literature, studies that use a single variable (e.g. place of birth, language, length of residence) to represent acculturation fail to measure important aspects of acculturation such as "specific values, beliefs, expectations, roles, norms, or cultural practices" (p. 77). At the same time, using numerous and diverse instruments to measure acculturation can account for the discrepancies found between studies, making it difficult to glean meaning from the different findings. Additionally, results are often not generalizable because the sample size was not sufficiently large (Buddington, 2002; Lee, Koeske, & Sales, 2004) or representative (Franzini & Fernandez-Esquir, 2004; Lee, Koeske, & Sales, 2004). While the current methodology has some limitations, we may conclude that the process of acculturation does pose significant challenges but that these challenges can be successfully navigated. Optimal outcome is fostered in a culture that values diversity and fosters the minority individual's integration of cultures. By cultivating multiculturalism, the host culture enhances the mental health of its diverse members, thereby contributing to the growth of the larger society.

Racism

The experience of racial/ethnic discrimination is a major source of stress for many racial/ethnic minority women (Borrell, Kiefe, Williams, Diez-Roux, & Gordon-Larsen, 2006; Hassouneh & Kulwiki, 2007; Murry, Brown, Brody, Cutrona, & Simons, 2001; Schulz et al., 2006; Wadsworth et al., 2006). An individual can encounter racism/discrimination in interpersonal, collective, symbolic, societal, or political contexts (Harrell, 2000), and the associated stress can be acute or chronic (Clark, Anderson, Clark, & Williams 1999). It is when race-related stressors are "perceived to tax or exceed existing individual and

collective resources or threaten well-being" (Harrell, 2000, p. 44) that negative outcomes may transpire. Psychological distress including depressive symptomatology (Brown et al., 2000; Gee, Spencer, Chen, Yip, & Takeuchi, 2007; Karlson, Nazroo, McKenzie, Bhui, & Weich, 2005; Prelow, Mosher, & Bowman, 2006; Schulz et al., 2006), symptoms of anxiety (Gee, Spencer, Chen, Yip, & Takeuchi, 2007; Karlson et al., 2005), and psychosis (Karlsen & Nazroo, 2002) have been linked to stress and racism/discrimination.

Clark and colleagues (1999) put forth a biopsychosocial model which, proposes that several factors moderate or mediate the relationship between stress and mental health outcomes. Internal mechanisms through which racism is thought to lead to stress have been explored including choice of coping techniques (Clark et al., 1999; Liang, Alvarez, Juang, & Liang, 2007; Noh & Kaspar, 2003; Thompson, 2006), level of self-esteem (Moradi, & Risco, 2006; Harrell, 2000), nature of racial identity (Jones, Cross, & DeFour, 2007), and level of cognitive ability (Utsey, Lanier, Williams, Bolden, & Lee, 2006). External mechanisms such as social isolation (Smith, 1985; Utsey et al., 2006), pressure to assume racial roles (Smith, 1985), socioeconomic status (Harrell, 2000), and past racism-related experiences can also contribute to heightened stress from racism/discrimination (Clark, Anderson, Clark, & Williams, 1999; Harrell, 2000). Racism is a significant stressor too often experienced by many racial/ethnic minority group members. While negative repercussions of racism are well established, there are important variables at social and individual levels that interact and influence how one endures and manages such stressors. It is essential that mental health endeavors focus on fostering the individual attributes that have been outlined here as mediators of outcome.

The negative psychological impact of racism warrants continued attention. As this country continues to evolve in its demographic makeup and as racism continues despite these demographic changes, it is necessary for primary mental health initiatives to focus on those individual variables that mediate between racism/discrimination and mental health outcome. That is, given what we know about individual mediators of health, early and long-term interventions that focus on adaptive coping techniques, development of racial identity, and self-esteem are likely to buffer against the ill effects of racism/discrimination. It is imperative that continued research focus on these mediating variables and that we use this data to inform and advance mental health initiatives for individuals from diverse backgrounds.

Poverty

Given that low-income neighborhoods are characterized by disproportionately high rates of minority group members, it follows that these individuals are at risk for increased stress and decreased mental health (O'Hare & Mather, 2003).

The literature on poverty has established a consistent relationship between poor mental health outcomes and low socioeconomic status (SES) (Bogard, Trillo, Schwartz, & Gerstel, 2001; Chapman, Hobfoll, & Ritter, 1997; Gyamfi, Brooks-Gunn, & Jackson, 2001). Indeed, in one national study, impoverished individuals were at a three times greater risk for depression compared to nondepressed individuals (Kessler et al., 2003). While poverty has been frequently tied to depression, factors associated with poverty are frequently stressful in and of themselves. Such factors associated with impoverished neighborhoods include high rates of unemployment, crime and violence, and social isolation (Massey, 2005).

While poverty is tied to unfavorable mental health outcomes and minority group status, the relationship is not entirely clear. That is, it appears that research has not ascertained a direct relationship between minority group status, poverty, and poor mental health outcomes. Some studies have suggested that African Americans experience greater levels of stressors even after controlling for SES, suggesting that racial/ethnic minorities are at increased risk of experiencing stress despite economic status (Kessler, 1979; Kessler, Mickelson, & Williams, 1999). Leventhal, Fauth, and Brooks-Gunn (2005) conducted a randomized experiment in which children in impoverished neighborhoods were provided vouchers to move to low-poverty neighborhoods. Their findings indicated that, even after moving into low-poverty areas, children did not sustain educational improvements and they demonstrated lower engagement compared to youths in high-poverty neighborhoods (Leventhal, Fauth, & Brooks-Gunn, 2005). Leventhal and colleagues (2005) posit that this may have been due to continued poverty after the move (the families moved but did not move up in SES), which contributed to continued stress. Additionally, poor outcome despite moving to low-poverty areas may have been associated with a lack of intervention following the move, which in and of itself can sometimes be a stressor. There are important, not clearly understood factors that may influence the role of poverty on mental health for minority group members. While attempts have been made to understand what can happen when minorities are provided the opportunity to relocate to a higher SES neighborhood, it is clear that questions remain about what factors link poverty to poor outcomes.

In contrast to the research on acculturation and racism, which have included a wide range of racial/ethnic groups, most research on poverty and stress among racial/ethnic minorities has focused on African Americans. Thus, it may be difficult to generalize these findings to other minority group members. Research that explores the relationship between SES and mental health outcomes across diverse racial and ethnic groups is greatly needed to enhance our understanding in this area. Specifically, research that controls for confounding variables such as decreased access to health care, poorer quality schooling, and increased neighborhood violence may help elucidate the manner in which poverty contributes to depression and other poor mental health outcomes in minorities.

Resilience

It is critical to resist pathologizing the racial/ethnic minority experience and outcome. While there are clear and significant stressors linked to the minority experience in this country, it is simultaneously evident that most individuals survive and thrive despite these stressors. One way in which research has attempted to understand how individuals thrive despite stressful circumstances is through the study of resilience.

The study of psychological resilience has focused predominantly on youth populations and arose from a need to understand why some children demonstrate adaptation despite experiencing many risk factors associated with the development of psychopathology. Across age groups, definitions of resilience vary, yet most definitions converge on two fundamental tenets. That is, resilience occurs in the face of *heightened vulnerability*, and it involves *adaptation* or *typical development* in spite of this risk. Resilience is differentiated from recovery in that the latter denotes initial symptoms that gradually subside versus the ability to remain asymptomatic following potentially stressful circumstances or traumatic events (Bonanno, 2004). Importantly, a recent body of research emphasizes that adaptation following a highly stressful or potentially traumatic event (e.g. death of a spouse, exposure to September 11 terrorist attack) is more likely to occur than symptoms of pathology and that some individuals, in the face of these stressful events, may even demonstrate thriving or posttraumatic growth (Bonanno, Galea, Bucciarelli, & Vlahov, 2006; Bonanno et al., 2002). While resilience has been less studied with respect to minority populations, this section will provide an overview of the research, which is primarily qualitative, as it pertains to resiliency factors in different minority groups.

Theories of Resilience

Garmezy, Masten, and Tellegen (1984) identified three primary models of resilience including the compensatory model, protective factor model, and challenge model. These models overlap yet emphasize different important personal characteristics or attributes (e.g., reliance on faith, high intelligence) that may operate in adaptation to stressful circumstances. The compensatory model posits that exposure to stressors decreases competence and that certain personal attributes function additively to raise competence. The compensatory factors, or personal attributes, work independently on the outcome to bring about adaptation, and those without this personal variable will experience lower adaptation compared to those with it. The second model highlighted by Garmezy and colleagues (1984) is the protective factor model, which emphasizes the interaction between stress and personal attributes. Here a given attribute mediates as a protective effect, buffering the effects of the stress. The third model, the challenge model, is based on the notion that some stress actually augments the potential for adaptation. That is, the challenge of moderate levels

of stress, when overcome by the individual, serves to inoculate (Rutter, 1987) the individual, preparing him or her to face subsequent challenges or stressors.

It is not well-understood how these models function for racial/ethnic minorities given a dearth of research involving minorities and resilience. Since there is no cultural model that helps us understand resilience in minorities, we must do our best to extend the existing models to what we know about minority health outcomes. We may surmise, given information presented earlier in this chapter, that at least protective factors seem to function to bring about positive outcomes. That is, certain individual-level characteristics (Garmezy would deem "protective" factors) appear to buffer against the effects of racism (e.g., self-esteem, racial identity, coping strategies). It is imperative that current research efforts attempt to clarify how models of resilience function for racial/ethnic minorities. We do not intend to expand theoretically upon this topic in this chapter. We hope, rather, to shed light on the current research that examines broadly resilience in different minority groups.

As mentioned earlier in this chapter, it is well-established that the racial/ethnic minority experience in the U.S. is characterized by many stressors, including but not limited to, acculturation, discrimination, socioeconomic hardship, and marginalization. Resilience in adult racial/ethnic minorities has been examined by only a handful of investigators. Qualitative research has been used frequently to describe the experience of resilience in minority groups. A qualitative investigation conducted by Johnson (1995) studied resilience in culturally diverse families asking, "...what strengths did you feel contributed to your ability to cope with and overcome the difficulties you faced?" His findings underscore two main themes, which were consistent across families of American Indian, African American, Latino, and Asian background. These two themes were the perception of the family as a "sacred vessel" for maintenance of the culture, and acknowledgement of the importance of extended kinship as a source of emotional and economic support. These themes of family as central in terms of tradition and social support are echoed in other studies examining resiliency among diverse cultural groups. Here, resilience appears to be tied to non-Western ideals and is characterized by collectivism. While Johnson's study (1995) uniquely highlights commonality among different racial/ethnic groups, most research in this area focuses on racial/ethnic minority groups by themselves, seldom making more wide-reaching inferences across groups. Thus, following the state of literature, we will examine resilience as it pertains to individual minority groups such as African Americans, American Indians (or, Native Americans), Asians, and Latinos.

African Americans

As with empirical examinations of differences in the impact of stress on mental health, most research conducted on resilience in specific racial/ethnic minority

groups has utilized African American samples. In a study examining quality of life as a resiliency outcome, traditional and culturally specific factors associated with coping were found to predict more favorable outcome (Utsey, Bolen, Lanier, & Williams, 2007). Family cohesiveness believed to be a "traditional" protective factor (Utsey et al., 2007) positively predicted quality of life, while culture-specific factors such as spirituality and collectiveness were also positively predictive of quality of life (Utsey et al., 2007).

Somewhat in contrast, using a qualitative approach, Brodsky (2000) found that the influence of religion on resilience varied on a case-by-case basis. That is, in her interviews of 10 resilient African American single mothers living in poverty and stressful environments, some women cited religion/spirituality as a protective factor, others did not note a role of religion in their resiliency. For those expressing the importance of spirituality in their resilience, differences were found in how this influence came to be (Brodsky, 2000). While individual differences in protective factors differed among the women, Brodsky (1999) found that some commonalities emerged. Specifically, resilient individuals were able to appreciate, locate, and utilize resources from supportive domains (for some it was family, while for others a significant other or church) and reframe some stressors as contributing to their contentment with their situation and motivation (lack of economic security as a way of teaching children importance of work ethic). Brodsky's (1999, 2000) rich illustrations of resilience in urban, African American, single-mothers highlights resilience of this cultural group, while emphasizing differences in how protective factors appear and function in adaptation. This research on resilience helps us to begin to understand the importance of social resources for racial/ethnic minorities. As we continue to examine adaptive outcomes for other racial/ethnic groups, we will see further support for the importance of social resources in bringing about adaptive outcomes.

American Indians

Very few studies have investigated resilience among American Indians, and those that have, have used varying definitions of the concept. For example, one study operationalized resilience in American Indians as enrollment or graduation from college (Montgomery, Miville, Winterowd, Jeffries, & Baysden, 2000). Using qualitative methods, the participants in this study emphasized that their ability to attain a higher level of education was a function of their integration of American Indian culture and family values in their learning, in the university setting, in their self-talk, and in their perception of social support systems. For example, one participant noted that her self-talk included the following: "the important thing for me is to remember where I am from, and to remember the people who helped me." Another student described the social support she sought out from other members of the American Indian

community: “I made those connections with other tribal members, because that was my home away from home. . . .” These comments underscore an integrationist approach to acculturation while also highlighting the importance of social support in adaptation to the stress experienced as a minority.

In another study, resilience in American Indians was examined in former prison inmates and defined as no recidivism over a 3-year period following release from incarceration (Angell & Jones, 2003). Comparing outcomes of Caucasians and American Indians of the Lumbee tribe, results indicated that Lumbee individuals were resilient against recidivism in terms of violent and drug-related crimes compared to the Caucasians. This finding did not hold when looking at property and miscellaneous offenses. Angell and Jones (2003) followed up with a case presentation of a Lumbee woman who stopped abusing drugs following her release from incarceration. The authors emphasized the role of her grandmother and a large network of other Lumbee, including a healer, that helped her overcome her substance abuse. Again, the role of social support and importance of maintaining strong ties to the culture of origin is further supported as integral to adaptation. While only a couple of studies have looked at resilience in American Indians, and these studies have been qualitative in nature, we can nonetheless conclude that adaptation is cultivated for this minority group when individuals are encouraged to stay close to their cultural roots and seek out the support of friends and family.

Asian Americans

Investigations of resilience in Asian American populations are few and far between. Nonetheless, the research that does exist underscores the importance of collectivism when defining and examining resilience in this group. In a recent study conducted by Bonanno, Galea, Bucciarelli, and Vlahov (2007), ethnicity was studied as a possible predictor of resilience. After controlling for SES and prior trauma, Asians were found to be 3 times more likely to be resilient (defined as no psychopathology) compared to Caucasians. This is in contrast to other studies, which have focused more on refugee populations, demonstrating decreased resilience in Asians (Lee, Lei, & Sue, 2001). One possibility for the divergence in findings is the greater rate of prior traumas experienced by refugee populations.

Phan (2006) interviewed Vietnamese refugee mothers with resilient children (resilience was defined as academically successful children) and gathered qualitative data about what the mothers felt fostered their child’s resilience. According to the mothers, this resilience resulted from parental sacrifice for the greater good of their children. Phan (2006) posits that this notion of sacrifice for children is in line with an Eastern perspective, in which a collective view is emphasized over the individual. In this case, the child’s and family’s needs are put forth before the parents’ individual needs. While there are conflicting

findings regarding rates of resilience for Asian Americans, with some research showing decreased and other research documenting increased resilience, it appears that adaptation in this group may be best examined from a non-Western perspective. It is difficult to make broad inferences about Asian Americans based on this small amount of research. However, it appears that familial functioning may be an important aspect that future research endeavors ought to investigate further.

Latinos

Given the high rate of growth and large numbers of Latinos in this country, it is surprising that adaptation is understudied for this ethnic group. The small body of research that does exist makes it difficult to derive inferences, yet helps provide the beginnings of, hopefully, a growing literature. Research on exposure to stress and trauma documents lower resilience, or greater likelihood of development of PTSD, among Latinos (Perilla, Norris, & Lavizzo, 2002). However, in one recent study, when SES was controlled, Latino ethnicity was not predictive of decreased resiliency (Bonanno et al., 2007). Spencer-Rodgers and Collins (2006) examined resilience among Latino adults, operationalized as high self-esteem and found that, overall, high levels of global self-esteem were evident. A primary objective of this study was to examine the influence of perceived group (Latino) disadvantage on lower self-esteem. Contrary to hypotheses, perceived group disadvantage had only indirect effects on self-esteem outcome and was buffered by self-protective processes. These self-protective processes such as attachment to group and holding a personal high regard for one's group were more strongly related to higher self-esteem than was perceived disadvantage.

These findings highlight that affiliation with one's cultural group can foster resilient outcome. Though studied among Latin Americans living in violence-stricken areas of Colombia, the value of cultural solidarity was echoed in accounts of resilient coping in the face of political upheaval (Hernandez, 2002). While there is a dearth of research examining resilience in Latinos, the existing qualitative accounts point to the importance of cultural ties and valuing one's culture of origin in adaptation.

Summary

This chapter focused on the notion that stress and resilience must be considered within a cultural context. Until recently, theories of stress and its impact have not incorporated cultural factors potentially important to mental health in racial/ethnic minorities. We focused on three significant areas of stress particularly relevant to minority mental health – acculturation, racism, and poverty.

Each of these factors in and of themselves is associated, in varying degrees, with negative mental health outcomes in minorities.

It is also the case that both individual and broader cultural factors can help mitigate their negative impact. Within the context of the broader culture, the sometimes stressful process of acculturation and its negative impact can be lessened by a "multicultural" stance, that is, one that accepts and values the richness and diversity brought by all of its members. Similarly, at the individual level, outcomes for racial/ethnic minorities can be maximized by establishing connections to the dominant culture, while maintaining the traditions, values, and supports of the culture of origin.

With regard to racism, there is a well-established association with a range of mental health difficulties among minorities. However, we are just beginning to understand factors that may mediate the negative impact of racism, including such things as racial identity, self-esteem, and coping skills. Of course, ultimately, the goal is to eliminate racist attitudes and behaviors. Until then, we should devote considerable work to better understanding factors that buffer the impact of racism.

Lastly, while poverty has been consistently linked to poor mental health outcomes, and racial/ethnic minorities experience poverty at disproportionately high rates, the relationship between poverty, minority status, and mental health problems warrants further attention. Indeed, it is unclear if specific stressors (e.g., exposure to crime/violence, social isolation) are confounding the relationship between poverty and mental health problems and whether certain individual-level protective factors may shield the ill-effects of poverty. Clearly, there are many significant stressors contributing to poor mental health faced by racial/ethnic minorities, a few of which we touched upon above. It is imperative, however, that we recognize that most individuals do persevere despite these significant stressors.

In addition to the impact of stress on ethnic and racial minorities, the lens has recently begun to shift toward examining resilience among such populations. Overall, this area of research is in its early stage and thus far relies primarily on qualitative accounts of protective factors associated with resiliency. Though differences exist among the diverse racial/ethnic minority groups, a few common themes emerge, including the essential role of social support in bringing about adaptation in the face of significant stressors. Another theme that can be discerned from this research is the utility of reframing stressful events and circumstances (demonstrated in the Lumbee and African American accounts of their protective factors). Armed with knowledge of the individual experience of the members of minority groups provided by the rich accounts highlighted above, research endeavors can aim to address important yet understudied areas. Specifically, the need for continued research with larger groups is needed so that qualitative views of individual experiences may be supplemented by an understanding for group differences and factors associated with resilience. Large-scale investigations examining the role of social support and culturally specific cognitive reframing could greatly enhance the development of culturally

relevant and sensitive interventions. Clearly the qualitative research provides great depth of study, while highlighting the need for continued research examining resilience in minority populations.

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