Don't deny it: Cultural patterns in coping with stress

Bryan J. Jensen
Julianne Lunstad-Holt
Patrick Steffen
Bruce Brown

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Introduction

Stress is a part of everyday life. One important way that stress influences our health is by increasing blood pressure. Research has consistently reported that foreign-born Mexicans have lower blood pressure than Caucasians. This surprises many, since foreign-born Mexicans are typically more socioeconomically disadvantaged. Numerous psychosocial factors such as social support and perceived control have been shown to moderate this socioeconomic status (SES)-health gradient, but surprisingly little work has been done examining how perceived stress and coping influence foreign-born Mexican Americans and Caucasians. It is hypothesized that:

1. If foreign-born Mexican Americans have lower blood pressure, then they will perceive less stress.
2. Similarly, if foreign-born Mexican Americans have lower blood pressure and less perceived stress, then they will also use more adaptive ways of coping.

Methods

Participants

633 community dwelling adults ages 18-75 (M=36). The sample was 38.5\% Caucasian and 52.4\% foreign-born Mexican American. Participants represented a fairly well educated sample (Mexican Americans mean=12.9 years, Caucasians mean=16.1 years).

Procedure

Participants were ambulatory blood pressure monitors for 24 hours. During the 24 hour period participants were asked to complete the Perceived Stress Scale (PSS)—a 10 item measure of subjective levels of stress. They were also asked to complete the Brief COPE—composed of 12 subscales that measures one’s strategies to deal with the stress they experience.

Results

- Daytime systolic blood pressure
- Foreign-born Mexican Americans: M=123.1; Caucasians: M=118.1, p=.03
- Nighttime systolic blood pressure
- Foreign-born Mexican Americans: M=111.8; Caucasians: M=107.1, p=.001

- Principle components factor analysis was performed on the PSS results. Three factors emerged (Graph 1, 2 & 3):

  1. Coping Efficacy
  2. Overload
  3. Unexpected Circumstances

- Logistic regressions were performed for the PSS factors and COPE subscales by ethnic group to understand the strength of the emerging patterns (Tables 1 and 2).

Graph 2. Vector plot of PSS factor loadings

Correlations between the 3 PSS factors and ethnicity revealed divergent ways foreign-born Mexican Americans and Caucasians view stress. This same pattern was found in the COPE subscales correlations with ethnicity (Table 4).

Discussion

The results of the current study did not support any of our hypotheses. This is surprising since foreign-born Mexicans consistently have shown to have lower blood pressure. One likely explanation could be that the foreign-born Mexican Americans in our sample are more acculturated to Western society. Previous research has found that as Mexicans come to America and take on Western values they experience systematic increases in blood pressure.

There were also no significant differences on levels of perceived stress between ethnic groups. However, an interesting pattern emerged that indicated foreign-born Mexican Americans and Caucasians perceive opposite types of stress. Those who perceived themselves as having the ability to cope with their stress were 30 times more likely to be foreign-born Mexican Americans. This ability to perceive oneself as able to adequately manage stress could provide a meaningful explanation for the SES-health gradient. But again, the foreign-born Mexican Americans in this study had higher blood pressure; this is where the COPE findings help with interpretation of the previous findings.

Denial as a coping strategy could explain why foreign-born Mexican Americans are more likely to perceive themselves as high in coping efficacy—their confidence could simply be a result of their denial. So although denial can potentially protect oneself from perceiving stress, it may be related to increases in ambulatory blood pressure. Further research will need to examine the potential pathways between denial and reporting of perceived stress.

References