Perception of Depression Among Latinx and Hispanic Immigrants Living in the United States

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ANTH-235: Medical Anthropology

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May 11, 2022

Depression and discussions of mental illness have been observed as stigmatized topics in many cultures, but especially within the Latinx and Hispanic cultures in the United States. In these cultures, mental illness is typically described through depiction of "crazy" people and seeking healthcare is made difficult due to the stigma of being labeled as such in conjunction with environmental and social barriers. Many anthropological studies observe and analyze these social factors and their connections to mental illness rates and methods of treatment in Latinx populations. The aim of this paper is to study a few of these factors and incorporate personal experiences through observation of ethnographic interviews from Latinx and Hispanic immigrants living in the United States. I propose that Latinx and Hispanic immigrants in the United States will experience increased rates of depressive symptoms due to perceived discrimination and social stressors which are disproportionately experienced by this population. However, I believe a reduced rate of treatment and diagnostic measures will also be observed due to healthcare barriers and cultural stigma surrounding mental health and illness.

The target population to be observed and analyzed throughout this research paper is individual immigrants within the Latinx and Hispanic communities in the United States. "Latinx" is a term commonly used when referring to all individual members of communities in which there is representation of descent from Latin American countries; the "x" serves to represent males, females, and non-binary individuals within the culture, as opposed to solely using the terms "Latina" for females and "Latino" for males. It should be noted that the Latinx population in America includes many additional native identities; in this paper we will specifically focus mostly on those immigrating from Mexico, Puerto Rico, and Cuba. Many of the individuals observed have immigrated or have immediate family members who have immigrated from these regions to states including New York, New Jersey, Florida, Arizona, and

Missouri. In addition to the use of the term "Latinx," many individuals are also observed as "Hispanics." While this term denotes an individual who is of a Spanish-speaking origin, it is typically used interchangeably with Latinx and will be used in his manner in this paper, since many participants have identities surrounding both their Latin American and linguistic identities. In order to understand the health of the Latinx community, we must first understand their cultural perception and beliefs surrounding various illnesses and pathologies; typically, we observe individuals in this population holding beliefs that mental illness is an individual illness caused by individual stressors and anxieties, and that it should be dealt with internally by working through these stressors. Thus, while we might see higher rates of depression among this community due to increased discrimination and social stressors present, we would expect low rates of official treatment and therapy due to the stigmatization that is bred through cultural values and beliefs.

Cabassa *et al.* introduces us to our first scholarly observation and analysis of the cultural perception of depression among Hispanic immigrants in the United States. Participants were classified as Hispanic immigrants originating from Mexico, Central America, Caribbean, or South America; all individuals were over the age of eighteen and were recipients of healthcare at a clinic in St. Louis, Missouri which provides healthcare primarily to this specific population (Cabassa *et al.* 2007). Participants were interviewed using analysis measures intended to collect personal information and were asked to examine a vignette describing a patient exhibiting depressive symptoms. It is important to note that the entire interview process was completed in the Spanish language using open ended questions to create subjective patient responses to understand possible display of depressive symptoms in participants as well as presentation of cultural norms which are associated with depression.

From the interviews, the authors found that 55% of participants mentioned either "*depresión* (depression) or *deprimido* (depressed)" when presented with the opportunity to describe the circumstances in the vignette (Cabassa *et al.* 2007). Through the use of these common terms in combination with recurring themes such as rejection and feelings of hopelessness and exclusion, patients displayed past and current personal connections and experiences with depression and depressive symptoms. Additionally, a significant finding was avoidance of treatment using antidepressant medications as compared to therapy or other forms of social treatments; this is likely due to cultural use of traditional healers or curanderos and a sense of mistrust in professional health providers among some Hispanics due to socioeconomic backgrounds and negative healthcare history of some patients (Cabassa *et al.* 2007). Overall, Cabassa *et al.* concluded that most Hispanic immigrants included in the study felt as if depression was considered a significant illness surrounding mostly individual factors which interrupt proper functioning of familial and cultural systems; they also note that though there is a high awareness of depression and depressive symptoms among individuals, there is hesitancy regarding treatment from professionals due to lack of proper education which is clouded by traditional cultural healing practices and possible education barriers. This paper acknowledges various limitations in their small sample size as well as possible cultural and linguistic barriers during translation of interviews and vignette details. Additionally, it includes implications for future studies and investigations into social factors including cultural myths which hinder proper mental health education, health insurance and care availability among the Hispanic immigrant population, and linguistic service availability and efficiency.

Martínez Pincay and Guarnaccia continue the discussion of perceptions of depression and mental health among immigrants; these authors observed 94 individuals from various focus

groups in New Jersey and New York which contain varying levels of nativity representation and include mostly female participants. Sample size, gender bias, and presence of health insurance were all recognized as possible limitations to the study due to the lack of appropriate representation among the immigrant community. The focus groups used both open ended discussion prompts and the vignette utilized in the Cabassa *et al.* interviews along with similar guided questions to analyze Latinx perception of depression based on many social factors.

Like their sister paper, this study concluded that most participants were able to identify depression and depressive symptoms and based their identifications on both psychological and somatic symptoms typically observed in patients diagnosed with a depressive disorder (Martínez Pincay & Guarnaccia 2007). Additionally, many participants recognized the importance of positive familial interactions and social environments on the mental health of Latinos. Also in agreement with Cabassa's paper, these authors found that many participants were weary of antidepressant medication use due to concerns of chronicity and addiction as well as a stigma of being labeled "crazy." Martínez Pincay and Guarnaccia note that many of the social factors affecting perception of depression were linked to lack of sufficient public health education available in properly translated materials for Latinx populations, a lingering stigma surrounding mental illness within the culture, and lack of professional health resources in conjunction with a fear of seeking out professional treatment due to threat of deportation based on immigration and citizenship status. From both the Cabassa *et al.* and Martínez Pincay and Guarnaccia papers, it is clear that the most common anthropological factors affecting the mental health of Hispanic and Latinx immigrants in the United States include cultural stigma, community understanding and integration, and lack of access to education surrounding healthcare options.

In an alternate study by Martinez Tyson *et al.*, authors observed the perception of depression among four native groups of Latinos located in Florida. They focused on Puerto Ricans, Colombians, Mexicans, and Cubans and each subgroup's perspective on causes, symptoms, and available treatments for depression. This study again saw a majority female representation and noted that many Puerto Rican participants had health insurance of some form. The authors observed quick recognition of depression among study participants consistent with symptom and illness descriptions that would be included in the DSM-IV, with an emphasis on somatic and social effects of depression rather than simply psychological or emotional effects (Martinez Tyson *et al.* 2011). Through the use of anthropological ethnography techniques, Martinez Tyson *et al.* interviewed all participants using a variety of open-ended and formulated questions to analyze perception of depression.

From these interviews, the authors noted that there were seven significant causation factors for depression noted by participants, including the following obtained from Figure 1 of Martinez Tyson *et al.*: "(1) economic strain and work-related problems, (2) interpersonal problems related to family and or relationship issues, (3) physical illness/disease related, (4) psychosocial and emotional problems, (5) bereavement, (6) immigration related, and (7) substance abuse/violence." As for symptoms, the most popular among all nativity groups included "(1) lack of interest and or anhedonia, (2) other conditions or mental illnesses, (3) emotional expressions, (4) somatic expressions, (5) behavioral, and (6) cognitive/thought-related symptoms" (Martinez Tyson *et al.* 2011). Another significant finding of this paper was that 77% of Puerto Ricans mentioned antidepressants as a main form of treatment for depression, which is inconsistent with findings from other studies that show apprehension towards medication use; as mentioned previously, 73% of Puerto Rican participants of this study had health insurance

access, which could explain their decreased apprehension towards medication over social therapeutic methods for mental illness due to possible increased education levels and adequate healthcare access (Martinez Tyson *et al.* 2011). Overall, the authors of this paper concluded that though there were slight differences between perception of causes, symptoms, and treatment options for depression between the four subgroups of the Latinx population observed, there is a general cultural understanding of depression and the social factors which play a role in disease development and treatment.

Wutich *et al.* takes a new approach to analyzing the perception of depression among Latinx immigrants in the United States by presenting observations surrounding significant life stressors such as discrimination and stigma and how they interact with perception of living spaces and neighborhoods. The authors analyze South Phoenix, a town in Arizona which has a high rate of immigration of Latinos. The town is often perceived by outsiders as crime-ridden, poor, and trashy; often, these negative connotations are delivered by outsiders of the upper class who tend to view South Phoenix as a mixing pot for "illegal" immigration and overall crime (Wutich *et al.* 2014). Wutich *et al.* concludes that the negative perspectives of outsiders and residents tend to result in high levels of constant stress for residents, thus leading to more negative health outcomes among the Latinx immigrants who reside in such stigmatized areas. The authors also analyzed social bonds within the community and found that within Latinx populations in South Phoenix, social bonds could potentially serve as protective factors against the major stressors that are present in conjunction with the negative picture painted by their neighborhood due to an increased sense of community and belonging (Wutich *et al.* 2014). This relates back to the previously discussed papers and ties in the recurring theme of the social

implications of mental illness and the roles that family and social interactions play in both physical and mental health outcomes of Latinx and Hispanic populations specifically.

Through analysis of each of the previous research studies, there is a clear conclusion that cultural values and beliefs have strong impacts on the perception of various health concepts and illness structures. This concept is also mentioned in *The Spirit Catches You and You Fall Down* by Anne Fadiman. Fadiman is an anthropologist who recounts the story of a Hmong family—the Lee's—who have been forced to immigrate from Laos to California. The family has a toddler, Lia, who begins experiencing seizures at a young age, which are initially attributed to spiritual origins (Fadiman 1997). As the book proceeds, Fadiman along with the Lee family teach us about the cultural perception of seizures in the Hmong culture and explore their belief that these serious health episodes are similar to spiritual trances which are congruent with traditional spiritual healing. Spiritual healing plays a main role in healthcare for many Hmong populations due to lack of professional resources in their home countries along with much distrust of professionals among immigrants who have been forced into a country where they represent outcasts; this belief demonstrates the importance of spirituality in health and partially explains why the Lee family had much difficulty receiving appropriate care for their daughter (Fadiman 1997). An additional factor includes linguistic barriers; the Lee family had a poor linguistic background in their native tongue, which made learning an entirely new language that much more difficult when they were forced out of their home. This linguistic barrier resulted in inefficient and insufficient communication with healthcare providers and ultimately lead to the rapid decline in Lia's health.

These concepts are also touched upon in a chapter of the book *Life Beside Itself: Imagining Care in the Canadian Arctic* by Lisa Stevenson. The chapter is titled "The Suicidal

Wound and Fieldwork among Canadian Inuit" and discusses ethnographic observations and interviews with youth Inuit who are constantly and shamelessly exposed to suicide in their everyday lives. Stevenson emphasizes the principle role that suicide plays in these young lives, stating, "Rather than being a philosophical decision or a liminal act, suicide had become part of their everyday fabric of life, and death was something that had to be attended to—again and again." The discussion of suicide continues and is put into cultural perspective through one important question—"'How do we know that suicide is not the answer?'" (Stevenson 2014). This question would prove almost astounding to most individuals who have lived their entire lives immersed in American culture; although there continues to be a lingering stigma surrounding mental health and suicide, there is also a large portion of United States citizens who are powerful advocates for mental illness education and suicide prevention. It seems obvious to many Americans that we should do everything to save the lives of those around us, especially those who feel unworthy or undesiring of such lives. Yet, Stevenson's anthropological perspective of suicide among Inuit youth asks us why we do such a thing when we genuinely cannot understand how we are helping individuals, when we can never walk in another's shoes and can never understand what they want from their own life and what they experience on their personal journeys. Stevenson's analysis assists readers further in understanding how perspectives on health and illnesses greatly affect social aspects of disease and treatment options for individuals affected by such, further emphasizing the importance of understanding perception of depression and mental illness among certain minority populations in our country.

Throughout this course, there has been a recurring theme surrounding the implications of cultural perspectives on the outcomes of community and individual health. Each paper and reading discussed in class along with this paper emphasize how various cultures and subgroups

within cultures have unique experiences that impact how each individual within the community views health and illness and how they seek care. This is often impacted by linguistic access to education as well as access to adequate healthcare. Latinx and Hispanic individuals who have immigrated to the United States often have very little functioning knowledge of the English language, and even if they are able to speak some of the language, there are often no clear translations in the health field; this means that these individuals are unable to fully grasp the concepts of their health statuses. Additionally, they often lack health insurance, meaning that they must seek care at crowded, understaffed, and underfunded public health centers that have little time and resources to accommodate their serious health demands. These factors are important in understanding how we as an overall American society can improve and alter our healthcare system to ensure that everyone in our country is receiving adequate and effective healthcare; it is also important to understanding why certain representative populations experience varying rates of certain illnesses, such as depression. Public health is an up-and-coming field, especially following the Covid pandemic, that should continue to be studied in collaboration with representative cultures in America to ensure that every individual, regardless of cultural or citizenship status, is able to receive a basic human right and live a healthy life free of anxiety surrounding individual and community health.

As immigrants, the populations studied in the papers discussed previously have experienced various life experiences and stressors that are uncommon among most individuals who were born and raised in the United States. Immigration status of most participants in all four studies cited above greatly affected individual's ability to obtain health insurance, ability to receive proper health education regarding mental illness, and ability to receive proper education on treatment options as well as identifying medical myths embedded in the Latinx and Hispanic

cultures. Each study also helped to disprove half of my hypothesis, which stated that Latinx and Hispanic immigrants living in the United States would observe higher rates of depression but would see lower rates of treatment based on cultural stigma and medical myths. Based on the study results, many immigrants actually display lower levels of diagnosed depression due to lack of healthcare access and are thus also receiving less professional treatment.

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