

Una Platica Entre Familia, But Make it Mental Health

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WRITER'S COMMENT: Although many themes were circulating as ideas for my final research project in UWP 101, I could not shake the idea of including a part of me into the piece. All quarter long, Professor Whithaus provided me with invaluable insights on my work and guided me toward better approaches in personal writing and storytelling. With his encouragement, I was able to reach for my roots within the Latinx culture, reflect on a culmination of my experiences and look toward its effects and the change I want to make for the future. I attained a greater sense of self-reflection by analyzing my upbringing, describing my parents' personal hardships and my own. This became the driving factor for my research of the intergenerational trauma present within the Latino household. Because I have endured trauma myself, I strive to work in healthcare as a physician assistant in underserved populations to inhibit the further perpetuation of this cycle. For these reasons, I felt it was imperative to raise awareness and validity of mental health disorders within the Latinx community.

INSTRUCTOR'S COMMENT: Maribel Ortega's "Una Platica Entre Familia, But Make It Mental Health" is a complex essay that balances research and the personal. Reading her essay makes me think that often we talk about studying mental health or studying cultures at a distance, from outside of them, in order to understand them better. Maribel's work gets underneath that distancing. She is not only looking at intergenerational trauma and Latinx culture, but analyzing its impact within a family. From the opening scene until the end of the essay, Maribel explores how stress, how trauma, lingers within a family and how it is passed from generation to generation. Throughout the UWP 101 course, Maribel's

writing was careful and nuanced, but also personal in a way that most writers are not willing to risk. I know that she plans to work in healthcare, and her attention to detail will serve her well there. But, for me, it's her ability to both analyze and personalize the impacts of intergenerational trauma that is remarkable.

—Carl Whithaus, University Writing Program

“¿Mami? Are you okay?”

“Por favor vete.”

“What’s going on, are you sick again?”

“No me siento bien, déjame en paz.”

“Is it your head, mami? ¿Tienes dolor de cabeza?”

“No me quiero poner ‘mal’ como las otras veces, pero estoy cansada. ¡Ya quisiera poder irme de esta vida! No hay punto en existir. Por favor déjame sola.”

“Okay . . . ya me voy.”

Instead of leaving, I sat there on the staircase as I had done many times before and listened to my mother sob loudly, scream, and hit the bathroom door out of frustration. I knew the pattern far too well. She would let it out and ignore everyone for the remainder of the day, silently still upkeeping the responsibilities of the entire household. Despite her feelings of sadness and lack of energy, she would put a load of laundry to wash, clean up the house, make dinner, and ensure my father’s plate was served first.

When I was younger, I associated my mother’s depressive symptoms with headaches or stomach aches. I never understood why my mother would get ‘sick’ so often, I just knew that she had a lot to deal with: not sleeping for days on end, having an irregular appetite—sometimes cooking for everyone else and forgetting to eat herself, sometimes sitting there for hours and eating too much. She was constantly putting herself down, unable to recognize her accomplishments and her purpose in life. As the only other female in my family growing up, I felt that it was up to me to make everyone else’s life a bit easier. To relieve them of their burdens. This was reflected early on in my responsibility to the family

as a translator and interpreter. Because my sister is fourteen years older than me, she left for college when I was about five years old. My brother helped in the ways he could, but as early as third grade I was depended on by my mother and father to ask for help at stores, translate at school meetings and open houses, talk to operators to pay bills over the phone, and so on. This parent-child dependency was established, and as a result, I lacked the necessary autonomy other children began to gain as we grew into adolescence. Garcia et al. (2010) discusses this larger influence from Latino parents onto the children to follow certain social rules and abide by Latino ideals. Even if I felt overwhelmingly affected by my father's abusive actions or my brother's behavior or upset by the way someone at school would treat me, I quickly knew it was my role to carry the burdens of everyone else and accommodate their needs. I was to fulfill my own needs and wants until the very end as I had seen my mother relentlessly do her entire life within her own capacities.

My family, like many other Latino families, continually place a greater emphasis on authority and familism in order to uphold the traditional Latino ideals of a patriarchal household. This is further highly impacted by a major component of the Latinx culture, which is gender roles. Having personally experienced this growing up, it placed an immense pressure on me to abide by them and, to this day, gender roles are still instilled among children at an early age and in general within the Latino family dynamic as a whole. Women are expected to be soft, emotional, and submissive, while men are taught to be strong and unemotional in all that they do. Nuñez et al. (2016) discusses multiple studies that show that there is typically a trend in groups of boys and men toward ignoring or minimizing mental health problems due to this “machismo cultural value.” During family arguments, I was taught to hold my tongue, to never speak against or above my father because “calladita se ve mas bonita” [by being quiet, one is more beautiful (valued)]. On the other hand, my brother was treated completely different. He was verbally and physically abused because he could ‘handle it,’ because he was supposed to be strong and taught not to cry regardless of the circumstance. This construct of machismo influences men to assume a masculine role in society (Nuñez et al., 2016). My brother was taught to be brave, to assert dominance over women, but never over his own father.

This gendered upbringing is largely due to the internalization present that stems from intergenerational trauma. Intergenerational

trauma is the way in which trauma experienced in one generation affects the health and wellbeing of descendants of future generations (Sangalang & Vang, 2016). As a result of major trauma, there is a sense of feeling as though your own mental stressors and anxieties are forbidden from acknowledgement and future discussion to anyone. My mother, having forcefully adapted to a new language in a new country, working a new job as a housekeeper to Americans in Malibu, CA, went through many changes in a very short period of time. Some of her major traumas stem from the difficulty in acculturation, documentation status (specifically the process of becoming a U.S. citizen), and being separated from her entire family in Mexico. Garcia et al. (2010) points out that the complexities of the acculturative process vary by individual, and for that reason create intra-familial challenges when the rates of acculturation are different among the youth and their parents and, in this particular case, from immigrant parents to first-generation children. My father too had a similar experience to my mother's when first arriving in the U.S. and because of this, they both unconsciously and consciously developed an even deeper negative stigma of mental health. The reality was that they both have difficulty managing insomnia, panic and anxiety attacks, chronic depression, etc. However, rather than identify the cause for their deteriorating physical, mental, and emotional health, my parents continued to unhealthily cope. My mother dug herself deeper into serving others, working herself to the point of exhaustion and taking care of my maternal grandparents as they had become more ill over the years. Doing their laundry, doing the cooking, looking after the home and taking care of their medical expenses. My father dug himself deeper into alcohol. He began to disregard the entire family, drinking himself to a slumber every night and taking out his anger on everyone, especially my brother. This also contributed to his disregard for himself; he no longer carried the same passion he had grown over the years for his work (landscaper) and did not care to build relationships with his clients as he had done in the past. His lack of attention to his mental health and development of alcoholism led him to have many health issues such as Type II diabetes, high cholesterol and blood pressure, and sequentially cirrhosis of the liver and kidney failure. All these components and details that I have shared that make up my parents—the stress, the pressure, the mental health setbacks, the physical and emotional trauma, the burdens they carry—went unacknowledged. My siblings and I were either blind

to their trauma at a young age or told to “turn a blind eye” once we were old enough to know better. Eventually we became old enough to identify the triggers ourselves because we in turn were also experiencing the trauma. Their inability to cope transferred into our inability to cope.

Moreover, this is directly reflected in the way my sister, brother, and I have learned to respond to major life events like divorce, death, relationship dynamics and other daily life challenges. Studies have shown that Latino youth (especially first-generation individuals) in the U.S. report higher rates of mental health problems and associated negative outcomes, including anxiety, depression, suicidal ideation and suicide attempts, than non-Latino White and Black youth, and females report higher frequencies than males (Garcia et al., 2011). My sister being the first in my family to pursue higher education was deeply overwhelmed by feelings of homesickness, and she had great difficulty adapting to a new environment at a university twelve hours from home. Having switched her major multiple times, feeling misguided and lacking the necessary support from her family members, her peers, and faculty, she ultimately felt alone and like a failure. She dealt with suicidal ideation and a suicide attempt while in college—something so difficult for her to come to terms with and for my parents to understand and validate. Through intergenerational trauma, my brother also developed strong attachment issues and immense anxiety. Growing up, because my parents would ignore the cues that indicated the need for increased attention for their children, we were never taken seriously (just as they had not been by their parents). My siblings and I were always told, “aguántate porque yo pase por peor y no me miras quejar” which roughly translates to, “maintain your composure because I experienced worse and you do not see me complain.” My brother has undiagnosed ADHD (attention deficit hyperactivity disorder) but because it was neither validated at school or at home, he looked to distract himself with multiple friend groups and eventually became influenced at an early age to abuse drugs and alcohol. For this reason, he has not been able to heal from past childhood traumas or seek medical help and attention for the mental health issues he has always carried.

The development of mental health issues like depression, anxiety, attachment disorder, and substance abuse is greatly influenced by the presence of trauma and enactment of this intergenerational trauma. Both my mother and father, having immigrated to the United States

at the very early ages of fifteen and seventeen, respectively, were highly impacted by the language barrier present and the lack of support and financial stability, in addition to being undocumented at the time. All of these major factors deeply influenced how my parents navigated life amidst the obstacles, the types of coping mechanisms they developed along the way, and how they sequentially went on to raise their children. There were always so many physical problems to solve, such as devising plans to help bring more family members from Mexico to California, putting together enough money for our school uniforms and supplies, and organizing familial childcare so that my parents could work up to seven days a week. Due to these real-life stressors, my parents worked and my mother still continues to work to the extent that their mental health issues and traumas were pushed aside, went unacknowledged, and eventually never discussed. This is depicted in Makol and Polo's (2018) study on parent-child endorsement discrepancies among youth at chronic-risk for depression, which found that Latinx parents will place a greater importance over socialization goals and lack the necessary attunement (reactiveness we have to another person) for specific problems pertaining to themselves and their child.

As a result, because all that Latinx adolescents have known is to internalize the hardships that we experience, we unknowingly have also perpetuated the cycle of reserved emotions and minimizing mental health disorder consequences that result from such events or actions just as our parents have done. This intergenerational trauma Latinos carry contributes to the lack of mental health validity and awareness within Latinx communities. It is often so difficult to unpack the traumas one has experienced and, in the process, to help others as well. This is because Latinx communities lack the adequate knowledge and resources to learn the ways of self-healing and seeking mental health guidance from health professionals and therapists. When I reflect on my own journey of healing and seeking help for my mental health issues, it is still difficult even now to say out loud and admit. There is such a large negative stigma over mental health in the Latinx community that even individuals like myself, who are becoming educated, more aware and open to the healing process, have difficulty expressing this to our friends, family, and ourselves. Nuñez et al. (2016) states that given the immense vulnerability Latinos have to negative cognitions and emotions, it is crucial to examine sociocultural correlates of emotional distress—meaning we must look to

the root of the cause within the Latino culture. The barriers to open discussion about mental health must first be taken down. This begins with dismantling ideas of authority, gender roles, machismo, and most importantly allowing vulnerability to be present. Kopacz and Bryan (2016) speak on this particular idea that in order to truly understand the transmission of intergenerational trauma, we must look at the ways in which we can effectively break the cycle that is carried from one generation to the next. Although almost seemingly impossible to accomplish, by doing so we would be creating an open and comfortable space to discuss the uncomfortable. To not only express our own worries and stressors to our parents but also in turn allow them the opportunity to reflect on their own traumas and triggers. With improved parental awareness and validity of mental health there similarly would result a reduction in the stigma that surrounds mental health.

For generations, lack of mental health awareness and validity has been perpetuated within our communities and has kept Latinos from truly thriving. It is important to me and should be important to you that the Latino community and your peers receive the help they desperately need to not only be successful in life but also physically, mentally and emotionally healthy. I believe that attaining adequate guidance from mental health professionals and self-healing from past traumas is the key to ultimate growth. Hence, the healing must come from within our families and within our communities to sequentially reduce the stigma against mental health disorders and cease the ongoing transmission of intergenerational trauma.

“Mami, how are you? I can’t wait to come home and see you! ¿Estás preparada para platicarme de todo?”

“I miss you. Que bueno que vienes, no me ha sentido bien y necesito con quien platicar.”

“You know you can tell me whatever is on your mind. Aquí estoy para escucharte y apoyarte.”

“Ayer me dio ansiedad en el trabajo y no me sentía confiada en manejar. No supe qué hacer pero me acordé de ti. You told me to take my time, take deep breaths and wait until I felt relaxed. Gracias a ti, I made it home safe.”

“Que bueno mami, I’m happy to know that helped and you feel better. Thank you for telling me about your anxiety. Sobre todo, te quiero.”

“I love you more.”



*Maria de Jesus Cosio,
My mother*



*Sergio Ortega Alvarez,
My father*



*Sergio Ortega,
My brother*

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