

Depression, psychosocial stressors & adaptive cultural responses found among Chicanas and Latinas

By

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Relative to Chicanas and Latinas, this presentation will address:

- Selected demographics
- Depression: how common is it?
- Adolescents and young adults coming of age issues (developmental challenges)
- Psychosocial stressors
- Traditional beliefs & coping strategies
- Treatment recommendations for service providers

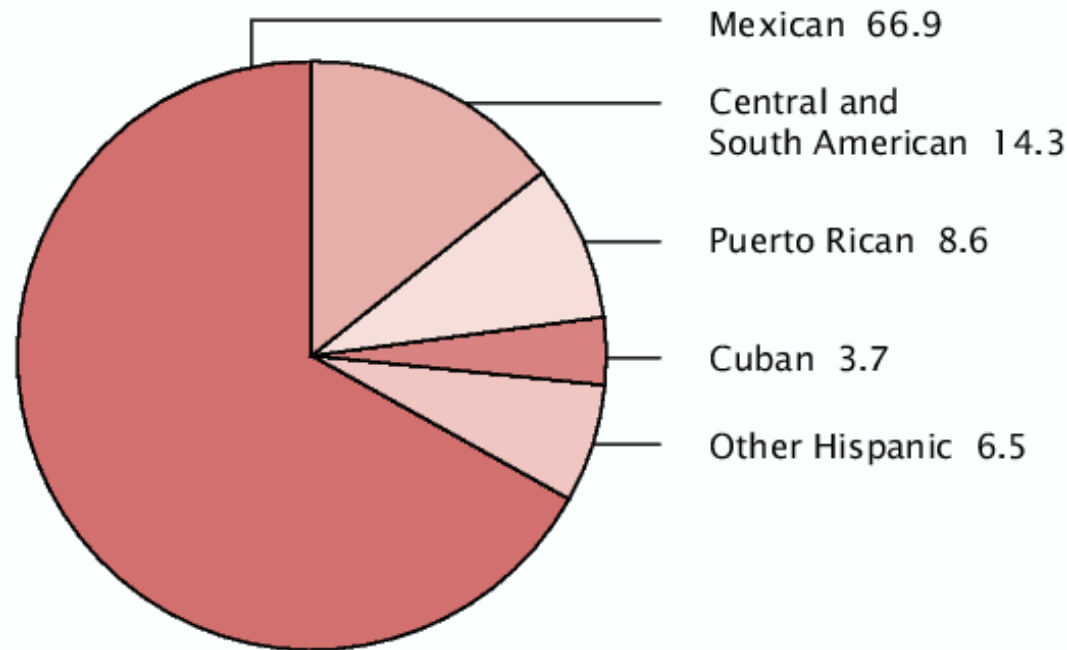
Population Size and Composition

In March 2000, 32.8 million Hispanics in the United States.

- **12% of the U.S. population is Hispanic.**
- **People of Mexican origin comprise approximately 66% of the U.S. Hispanic population.**

All Latinos: Countries of Origin

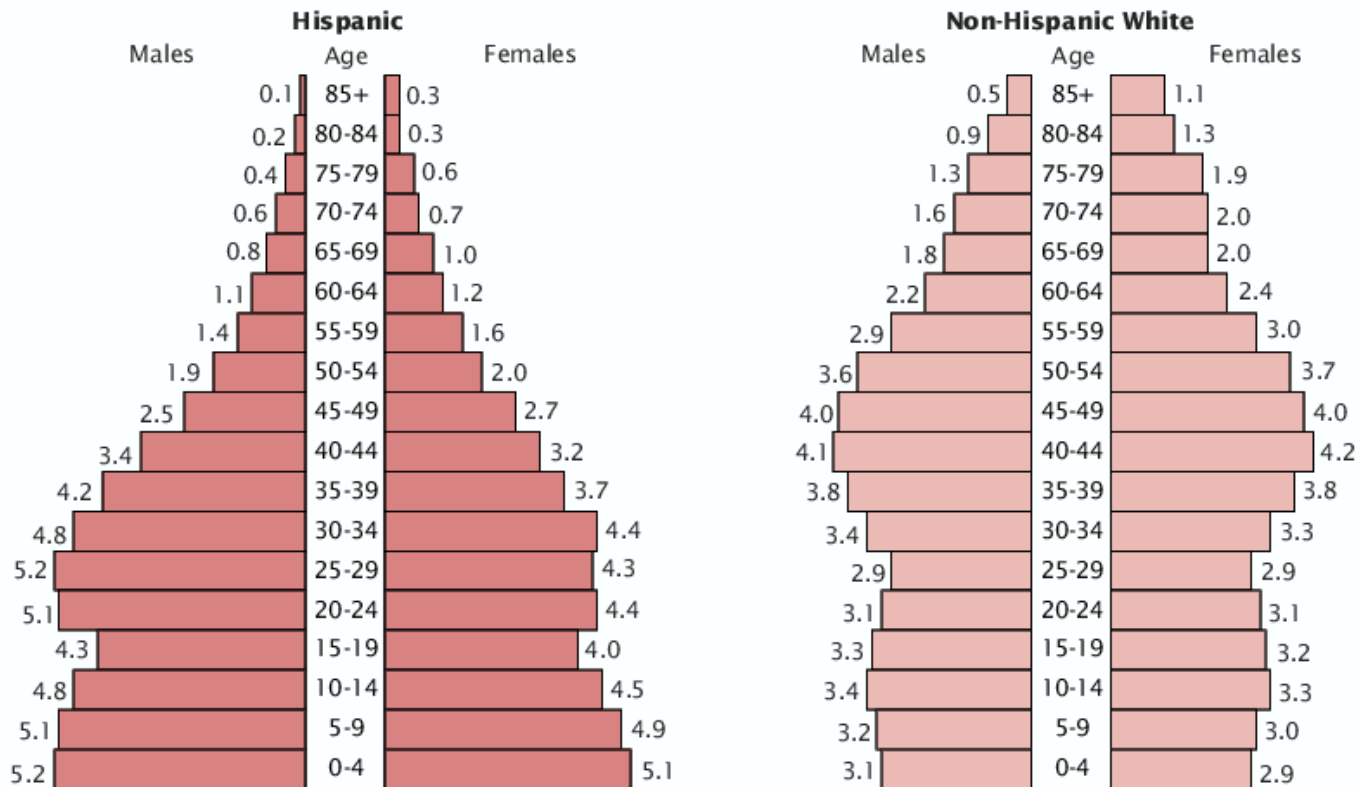
Figure 1.
Hispanics by Origin: 2002
(In percent)



Source: U.S. Census Bureau, Annual Demographic Supplement to the March 2002 Current Population Survey.

Our Numbers

Figure 4.
Population by Hispanic Origin, Age, and Sex: 2002
 (In percent)¹



¹Each bar represents the percent of the Hispanic (non-Hispanic White) population who were within the specified age group and of the specified sex.

Source: U.S. Census Bureau, Annual Demographic Supplement to the March 2002 Current Population Survey.

Local Latino Composition Estimates

■ California	32.4 %
■ San Diego County	30.1 %
■ San Francisco	14.1 %
■ Alameda	19.0 %

Source: U.S. Census, 2000

Do you realize...?

Compared to Anglos in U.S., Latinos are more likely to:

	Latinos	Anglos
never marry	33.9 %	24.4 %
be single parents		
women:	23.7%	13.0 %
men:	8.2%	4.8 %

Less likely to be widowed or divorced

Source: U.S. Census, 2000

Religion

- 60-65% of Latinos are Catholic
- 25% are Protestant, with Pentecostals rapidly growing
- Significant % is Jewish
- Latinos tend to personalize their religion
- Spiritualism often incorporated into religious beliefs and practices

Source: see, e.g., Walsh, 1999

Depression

- The most common psychiatric disorder among women
- Does it present itself in the same way with Latinas? Historical overview
- How is it defined?

Objective measures used (in Spanish) to assess depression:

- Beck Depression Inventory (BDI-II)
- Center for Epidemiological Studies—
Depression Scale (CES-D)
- Hamilton Depression (HAM-D)

Western Approaches

Standardized measures: Issues of validity for usage with Latinos

content: Do they measure the same symptoms?

translation: Does the translation capture the essence?

Genetics of depression?

- Depression tends to run in families
- Nature vs nurture debates
- Current studies investigating role of genetics in depression
- Answer is probably a combination of the above: genetic predisposition, coupled by stressors which trigger onset.

Is depression the same across cultures?

- Cross-cultural studies and theories of 70s-80s.
- DSM-III

How depressed are we?

Historical information:

- ECA studies, Lifetime prevalence rates

Chicanas:

Major Depression	6.3%
Dysthymia	7.6%

Puerto Rican women:

Major Depression	5.5%
Dysthymia	7.6%



Sources: Karno, et al (1987); Canino, et al, (1987).

Compared to Anglo women?

- ECA studies, Lifetime prevalence rates

Chicanas:

Major Depression 6.3%

Dysthymia 7.6%

Anglo Women

Major Depression 10.0%

Dysthymia 4.3%

Source: Karno, et al, (1987).

How about compared to men?

Chicanos: Lifetime prevalence rates

Major Depression 3.8%

Dysthymia 3.3%

Anglos

Major Depression 6.2%

Dysthymia 3.7%

Chicanas:

Major Depression 6.3%

Dysthymia 7.6%



Source: Karno, et al, (1987).

A decade of low rates of depression ('90s)

Literature depicted Chicanas and Latinas as being protected from depression and that the protection decreased with length of time (generational status) in the U.S.

Other explanations found in literature:

Somatic complaints for Chicanas

Alcohol abuse for Chicanos

Recent findings:

Depression among Chicanas and Latinas is more common than was realized.

Factors being studied include:

age

level of acculturation (years in US)

bicultural identity

psychosocial stressors

What is depression?

Clinically, what is looked for is:

Mood change for 2+ weeks *and* 5 from:

Decreased interest

Weight or appetite change

Sleep changes

Psychomotor agitation or retardation

Decreased energy

Feelings of worthlessness or excessive guilt

Decreased ability to concentrate

Thoughts of death, which MAY include SI

Other Common psychosocial stressors—risk factors for depression among Latinas:

- Death of loved ones
- Social isolation/loss of support system
- Medical illnesses and injuries
- Functional impairments and decline
- Changes in role functioning in the family
- Drop in SES
- Language

For Chicanos, depression is usually not related to

- Level of income
- Under employment
- Level of formal education

Identity formation tasks for young Chicanas & Latinas

- Psychological developmental theories for adolescents and young adults

Psychosocial developmental tasks

■ Adolescence:
Identity vs. Role
Confusion: sense
of self in relation
to others

■ Social identity:
Identity with a
group (or culture)

■ Personal identity:
abilities, goals,
possibilities for the
future

Erikson, E. (1980)

Psychosocial development continued

- Young adulthood: Intimacy vs. Isolation: develops the ability to give and receive love; learns to make long-term commitments to relationships

Erikson, E. (1980)



Social-emotional development for girls

- Ages 13-16 Skill building for self-esteem
 - feeling worthy
 - deserving to assert needs & wants
 - feeling confident in ability to cope with life
(in general)

Bingham & Stryker (1995)

Social-emotional development for girls, cont.

- Ages 17-22 Self-sufficiency
- Sense of responsibility of caring for self and family
- Sense of autonomy

Bingham & Stryker (1995).

Adolescent birth rates:

- Latinas 106.7 per 1000
- Af Am 99.3 per 1000
- Anglos 39.3 per 1000

Kaplan et al (2002)

Adolescent birth rates among Latinas per 1000

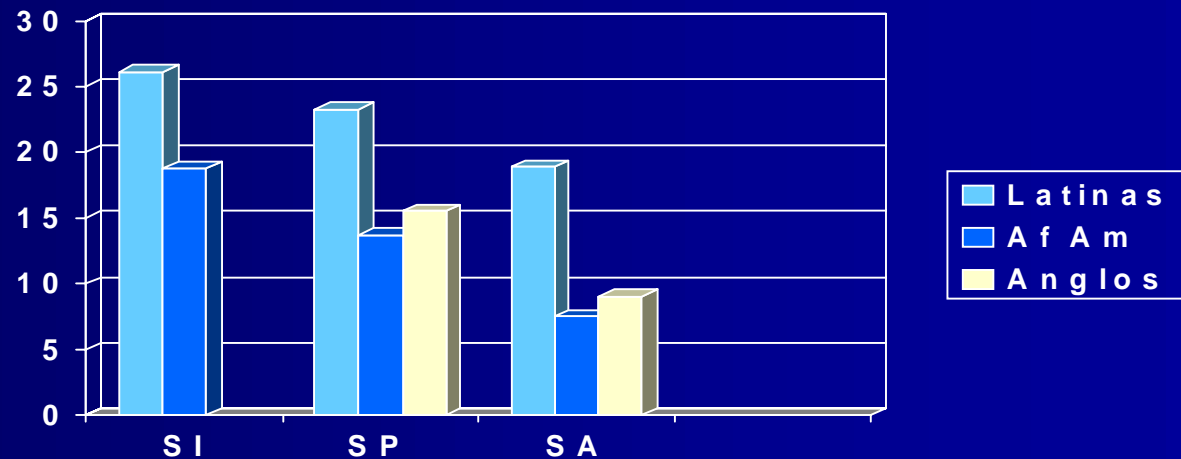
- Chicanas 124.6
- Puerto Ricans 89.0
- Cubans 29.2

Mathews, T.J., Ventura, S.J., Curtin, S.C., & Marin, J.A. (1998)
Births of Hispanic Origin, 1989-1995. *Monthly Vital Statistics Report*,
46(6), 1-28.

Compared to their Af Am & Anglo counterparts, Latina adolescents have low usage rates of:

- Family planning clinics
- Contraception before first pregnancy
- Abortion
(Identified by several sources—see bibliography in handouts)

Suicidal concerns among girls, ages 14-17 years



CDC, 2000

Psychosocial stressors commonly faced by Chicana & Latina adolescent mothers

- Violence (DV and gangs)
- Pregnancy
- Unstable housing
- Intergenerational differences in values;
- Family's response to pregnancy
- Drug & alcohol use
- Low SES/poverty
- Attachment issues

Summary of psychosocial correlates of depression

- Socio-political (immigration, drop in SES, language, fears of deportation, health)
- Familial stressors (violence, role changes)

Length of time in US & depression

- It is generally found that rates of depression increase with length of residency in US
- What traditional cultural values and norms seem to be protective against onset of depression?

Immigrants

In 2000, approximate 51% of the 14.5 million "foreign born" in the U.S. was Latino.

Most came from Mexico or Central America.

Source: U.S. Census, 2000.

Traditional beliefs and coping strategies

- Sense of community
- Reliance on church and spiritual beliefs
- Establishment of new relationships
- Expansion of support system
- Attributions of symptoms

Traditional cultural beliefs regarding health and illness:

- DSM-IV recognizes culture-bound syndromes. Common ones are:
 - Mal de ojo evil eye
 - Susto (espanto) fright
 - Nervios nerves
 - Empacho G.I. Problems
- May be viewed as the cause of many physical and psychological conditions.

Traditional Beliefs in healing:

- *Brujos/as* can do good or evil
- *Curanderos* treat symptoms with traditional medicines or rituals
- *Espiritistas* talk to spirits to heal
- All may perform *limpias*
- *Yerberos* treat symptoms with herbs and plants

Source: see e.g., Falicov, 1999

Beyond the supernatural, Latinos may:

- Place family needs over individual wants
- Value interdependence, connectedness and sharing
- Believe problems should be handled within natural support systems (family, church, etc.)
- Attribute life events or symptoms to external forces

Source: see, e.g., Casas & Vasquez, 1996

What have we learned about the impact of depression on Chicanas and Latinas?

- There is conflicting evidence about the rates of depression
- BUT, depression is a prominent problem in our community
- Expressions of depression may be manifested by somatic concerns.

Message for counselors

Re: depression & Latinas

- Ask about pt's beliefs regarding etiology of condition or symptoms.
- Psychoeducation re: Western medicine's perspective
- Integrate dual approaches, if not medically contra-indicated
- Ask about domestic violence and other stressors
- Do all the above with *respeto*

Treating depression may entail:

- Examining one's beliefs system will help generate a solution that makes sense to the individual (spiritual guidance, meditation techniques, etc).
- Using traditional support systems may bring comfort
- Medications!
- Case management to help with stressors

Our greatest defense is to find purpose and passion

Purpose: What is your role, goal in life?

(This will change over the life-span)

Parent, community activist, etc.

Passion: Find the inspiration that gives each of us strength.

In summary, this talk

- Defined depression
- Addressed how common it is found among Chicanas & Latinas
- Emphasized the vulnerability of young Chicanas being affected
- Identified traditional cultural beliefs & practices that seem to ward off depression
- Provided treatment recommendations for service providers

Y la lucha continua...

- Muchas gracias

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