

# Chapter 1

## Introduction to Latinx Mental Health

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### ABSTRACT

*This chapter provides an overview of what is Latinx mental health. The authors reviewed traditional definitions of mental health and offered a new conceptualization for defining mental health. They defined Latinx mental health as the ability to author a sense of self where one has critically thought about both Latinx cultural and mainstream values, beliefs, and behaviors and selectively constructs an identity that is consistent with one's beliefs and aspirations. They believe that a healthy Latinx mental health identity involves selectively valuing one's cultural and ethnic heritage with pride and valuing the cultural and ethnic heritage of others. They believe that Latinx mental health is ever evolving and involves critical reflection of traditions based in colonization, racism/colorism, prejudice, and internalized hatred and is a continual process not a static event. The associate editors of this book share their journey as Latinx individuals with mental health, psychology, and wellness. This positionality creates the context for the pillars of this book.*

### LATINX MENTAL HEALTH: FROM SURVIVING TO THRIVING

Mental health, like health in general, is much more than the absence of pathology. Mental health is a state of well-being, holistic integration, and wholeness. Although many psychologists have chosen the “self” as the unit of analysis, we believe that the self is imbedded within physical, psychological, spiritual, historical, and cultural contexts that overlap and influence each other. Thus, we believe that people strive

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to be healthy within the many contexts and intersectional identities they hold. In our work we focus on Latinx mental health as the transformation of contextualized individuals from oppression to freedom, and from surviving to thriving, all while honoring an ever-evolving cultural dynamic. In this chapter we set the stage for the rest of the book and talk about our approach to Latinx mental health.

Before beginning we acknowledge that there are many terms used to describe the people known as Hispanic or Latinx. We choose the term Latinx unless we are referring to specific groups or in specific contexts (e.g., the U.S. Census uses the term Hispanic). We use Latinx because we believe it to be the most inclusive term used in psychology now (see Salinas & Lozano, 2019), while at the same understanding that there is power in naming oneself, both individually and collectively.

The history of psychology is often told from the perspectives of the White male pioneers of the field who are often romanticized as striving to understand the human condition and motivated to cure mental illness and improve humanity. These pioneers were often unaware of their biases, prejudices and their efforts to maintain White supremacy through law, science and education. For example, for decades after its inception, psychology was dedicated to highlighting differences between White and People of Color (POC), not to understand human behavior but to legitimize violent oppression and exploitation of POC (Howard, 1986; Tomicic & Berardi, 2018). For example, Guthrie (2004) discusses several examples in which differences between White and POC across measures of motor, perception and cognitive performance were distorted to support anti-Black, anti-Latinx, and anti-Indigenous racism. Besides fomenting racist ideology and violence, this epistemic violence also helped establish White European values, knowledge, and experiences as the universal standard to understand human behavior and psychology (Gould, 1996; Tomicic & Berardi, 2018). These violent methods rejected all African and Indigenous psychology (Tomicic & Berardi, 2018). In essence early psychologists defined mental health by their own narrow standards and deviance from these standards was deemed as illness. Mental health education, practice and research focused on what Henrich (2020) termed WEIRD people; that is Western, Educated, Industrialized, Rich and Democratic. Despite the cultural, racial and economic context of their work, psychologists continued to believe that they were simply studying human nature.

Mental health in the United States was conceptualized as conformity to the social norms of the time and those people who resisted those norms were thought to be mentally ill or maladjusted. Although often scrubbed from the history books, there was a long tradition of pathologizing the experience of women, LGBTQ+ people, people with disabilities, ethnic/racial minority people and enslaved people in the U.S. For example, Guthrie (2004) wrote about disorders created by physicians to explain why enslaved people who would try to escape their captors! Clearly, mental health professionals were invested in preserving the power and humanity of some racial groups over others. As another example, cultural and religious values in the early 20<sup>th</sup> century led to the social hygiene movement that resulted in the forced sterilization of people deemed unfit to reproduce (Farreras, 2014). Latina women were particularly targeted by this sterilization campaign (Presser, 1969; Stern, 2005). The chillingly efficient social hygiene movement in the U.S., targeted towards minority or marginalized groups (Guthrie, 2004) served as an inspiration for the Holocaust in Germany during World War II (Lifton, 2000). Thus, notions of mental health and what society should do with people who were deemed ill in U.S. were often time and culture bound. As society shifted demographically, economically and technologically, the issue of mental illness was often redefined.

The early (mostly White) feminists reveled in their maladjustment and challenged society to broaden the definition of mental health as did civil rights activists, Vietnam war protesters, LGBTQ+ activists and the Movement for Black Lives. Societal forces consistently brought forth a re-examination of the

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