Exploring Human Stories of Illness
Health Humanities Portrait Project
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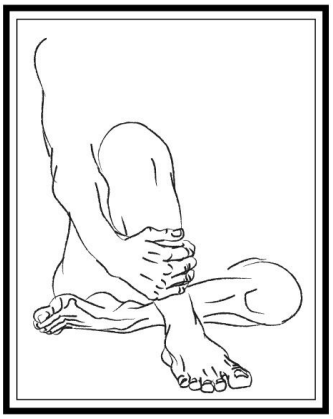

Identity at the Intersection of Gender and Religion among Mexican-American Women in Chicago

Interview Supplement

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Overview

This Health Humanities Portrait explores how individuals are expected to navigate a variety of social roles—such as their gender, age, and vocation--in their everyday lives. Individuals respond to and adjust their behavior in relation to feedback they receive from other people, which is an ongoing process that, most of the time, we enact unconsciously. Performance studies' scholars analyze these "performances of everyday life" to explore how we come to understand our own identities, create meaning out of social interactions, and change our behaviors in a variety of contexts. This Health Humanities portrait uses a "dramaturgical analysis," derived from

performance studies, to explore how social roles influence our understandings and experiences of health, well-being, and illness.

This portrait uses the basic elements of a dramaturgical analysis to analyze an interview with three women, all born in Mexico but residing in Chicago. These women share stories that illuminate the strategies they use to address health, well-being, and illness for themselves and for their families. The interview was conducted by a qualitative researcher from the University of Illinois at Chicago in the community of Little Village (LV), Chicago, Illinois. The interview was translated from Spanish into English for this portrait.

Plan for Teaching Session

1. **Introduction to Session (15 min)**. The session begins with outlining the learning objectives and the structure of the session, reviewing the basic elements of dramaturgical analysis, and reviewing the context of the Little Village Research Project.
2. **Dramaturgical Analysis of Interviews (60 min).** Students are guided through a discussion of interview excerpts using a dramaturgical lens. Questions are designed to highlight how the women navigate expected social roles in relation to health, well-being, and illness.
3. **Wrap-Up:** Students discuss how a dramaturgical analysis might be useful in a clinical context, and students are informed about tools they could use to elicit information about social roles. Facilitators may also opt for an activity that applies these tools.

A PowerPoint slide presentation (Identity at the Intersection Presentation) is included with this teaching guide to assist with discussion facilitation.

Analytical Framework: Performance of Social Roles

This portrait uses a dramaturgical analysis to frame this Health Humanities Portrait. First formulated by Erving Goffman in his 1959 book, *The Presentation of Self in Everyday Life,* a dramaturgical analysis serves as the basis of numerous sociological, health humanities, and performance studies explorations of how individuals continually perform social roles that create meaning in everyday encounters. Goffman uses theater practice as a metaphor for social interactions. For Goffman, individuals are "**actors**" who play a variety of roles for others (individuals and groups) who are the "**audience**." Performances create meaning about situations, and at the same time they confirm the

identities of those involved (gender, status, occupation, age, etc.). Individuals may or may not be conscious of performing social roles, but in most situations they are working from a social script of expectations.

Goffman draws on elements of theatrical production to extend the metaphor to individual interactions in social situations. The **frontstage** is the stage where actors perform their social roles, always adjusting to the audience members, who are also performing social roles. **Backstage** is where actors, away from the audience, perform another version of their private selves. The **setting** in which these performances occur—including props, locations, and scenery—create the context, and the actors' **appearance**—including their costumes, hair, and make-up—are crucial to communicating their status and position. The extent to which actors know their social roles, their ability to perform them to audience expectations, and the sometimes-radical change in expected social roles from context to context all affect identity, meaning, and effectiveness in social interaction.

By applying the elements of performance (**actor, audience, social role, frontstage, backstage, setting, and appearance**) to interview excerpts, students explore how expected social roles, especially those related to gender and religion, inform the women's experiences with and perceptions of well-being, health, and illness in their communities.

The Little Village Research Project

The assigned interview excerpts were conducted in the neighborhood of Little Village in Chicago. In LV, 85% of the population is Hispanic, the majority of which are of Mexican origin or Mexican-American. 32% do not have health insurance, 41% are born outside of the US and 40% speak Spanish more than English.

The interview is related to a larger community needs assessment study with Telpochcalli Community Education Project **(**TCEP**)** and the City of Chicago to understand the ways in which health decisions are made and to explore the greatest health concerns *expressed by community members.* Some of the findings of the needs assessment showed that:

- Residents do not identify with survey questions distributed by health care institutions and academia (e.g. Hospital-based Community Health Needs Assessments- CHNAs)
- Results of questionnaires typically do not reflect the needs *or strengths* of LV and do not positively impact their lived reality

- Residents feel that typical surveys reinforce power imbalances and the failures of an inequitable health system

The community needs assessment was conducted as a series of 7 focus groups with a total of 31 voluntary participants, all women, 84% from Mexico, ages 18-68. The following results provide suggestions as to culturally appropriate and community-engaged methods to assess the needs of Latino communities:

- Use of images (e.g. familiar landscapes, cultural foods) as a way to elicit dialogue – Why did you choose this image? What thoughts emerge?
- Eating together – sharing food is a way to embrace collectivism and the culture of the community
- Focus groups became *Healing Circles* wherein participants were able to identify shared lived experiences and support each other

For more information, see "ABOUT US." *TCEP: Telpochcalli Community Education Project*, 2016, www.tcepchicago.org/about-us.

Performance of Expected Social Roles

In the interview excerpts, the women from LV refer multiple times to gendered social role expectations as well as those of their husbands and children. These expectations, at times, relate to the social roles of *marianismo* for women and *machismo* for men. In the self-help book, *The Maria Paradox: How Latinas Can Merge Old World Traditions with New World Self Esteem (1996)* by Rosa Maria Gil and Carmen Inoa Vazquez, the authors describe how these roles are socially learned and reinforced, and are primarily rooted in Catholicism. This Health Humanities Portrait provides this brief excerpt on *marianismo* and *machismo* to give students some background on culturally specific social roles that the women in the interviews contend with. These social roles are, of course, stereotypes and should not be applied to the interviews as a "fact" of Mexican women's lives, but as expectations that may affect their daily lives.

Gil and Vazquez describe *marianismo* as a role centered on mothering and homemaking as sacred life duties. In this view, a woman should be self-sacrificing, chaste and reserve sex for procreative purposes, emotionally over-reactive, submissive to men, and responsible for child-rearing, including discipline. She should provide care and pleasure to others. Her reward for fulfilling this role is being protected, respected, and free from want and loneliness.

Machismo, according to Gil and Vasquez, describes the ideal for men who should be providers, protectors, emotionally reserved, and dominant over their wives and children. While women's lives are centered around domesticity, men are expected to live a public life, and their sexual desires are given more latitude. They have expanded options for living their lives beyond their roles as fathers and providers. Men's rewards for filling this role are to be cared for, respected, and revered.

In analyzing the interview excerpts, these gendered social roles emerge throughout the conversation in bits and pieces. They inform how these women navigate their social worlds—including the realms of religious life, school, work, and health care practices—and how these social roles affect their experiences of well-being, health, and illness. The women refer to these roles as rooted in traditional Mexican culture, and they experience dissonance between these roles and the roles available to them in the United States. These women's husbands and children also experience radical dissonance between gendered social roles, which the women must contend with as a stressor, but can also be a source of strength.

Background

Demographics

The population of the United States continues to diversify, and the US census projects that the Hispanic, Asian, and Black populations will surpass the white population by 2050. This predicted change will affect both our work environment and our practice of medicine. In 2015, the Hispanic population in the US was at 12%. In 2045, it is predicted that the Hispanic population will reach 25% of the US population. It is imperative that the medical needs of this community be addressed.

Mental Health in Hispanic Communities in the US

The following summary includes information drawn directly from the article "Latino Mental Health," provided by the National Alliance of Mental Health (NAMI), www.nami.org/find-support/diverse-communities/latino-mental-health.

Mental health issues are one of the most pressing unmet medical needs among Hispanic populations. Common mental health conditions in this population are generalized anxiety disorder, major depression, PTSD and excessive use of alcohol and drugs. Additionally, suicide is a concern for Hispanic youth. Suicide is more prevalent in 2nd and 3rd generations.

Approximately, 33% of Hispanic adults with mental illness receive treatment each year compared to the U.S. average of 43%. While Hispanic communities show similar susceptibility to mental illness as the general population, unfortunately, they experience disparities in access to treatment and in the quality of treatment they receive. This inequality puts them at a higher risk for more severe and persistent forms of mental health conditions.

Additionally, there is a cultural stigma associated with mental illness. Overall, the Hispanic community does not talk about mental health issues. This cultural prohibition is couched in terms of privacy with the saying, "*La ropa sucia se lava en casa*" (similar to "don't air your dirty laundry in public"). Language Barriers exist between providers and patients, and the healthcare system lacks an understanding of culturally specific issues. Culturally competent and bilingual mental health professionals are few and far between. Many Hispanic patients lack health insurance, have inadequate health insurance, or a legal status that creates barriers to services. There is a tendency for misdiagnosis.

Within Hispanic communities in the US, issues of access, stigma, and competing life priorities can impact an individual's ability to engage with mental health treatment. Many may lack access to information about mental health and therefore have difficulties recognizing incipient signs of mental illness and may describe the symptoms of depression. For instance, conditions may be described as "*nervios*" (nervousness), physical fatigue, mental exhaustion or body aches, which are perceived as short-term, easier to treat and not requiring medication. Some may have problems identifying psychiatric symptoms when the chief complaint is a somatic symptom. Counseling may be more acceptable, whereas others may choose natural medicine and home remedies, or find refuge consulting their pastor or religious leader.

Religion and Spirituality

In the United States about 55% identify themselves as Catholic, 22% as Protestant and 18% are religiously unaffiliated. ("The Shifting Religious Identity of Latinos in the United States" 2019) Additionally, Christianity is often blended with indigenous beliefs and practices. Religion is embedded within a culture and both religious and cultural values work synchronously. Positive religious coping can be used to find meaning, seek comfort and closeness to God, and achieve a transformation in life. Negative religious coping includes "redefining the stressor as an act of the Devil, wondering whether God had abandoned oneself, and feeling punished by God." (Caplan 2019)

Some religious tenets attribute mental illness to spiritual dilemmas, or moral failing.

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