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A Culturally and Structurally Sensitive Approach to Working with Suicidal Latinx Individuals: Recommendations for Clinicians

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A Culturally and Structurally Sensitive Approach to Working with Suicidal Latinx Individuals: Recommendations for Clinicians

Abstract

Latinx individuals are the fastest growing racial/ethnic group in the U.S. and confront numerous challenges living in the U.S. that can impact their mental health. While their overall suicide rates are relatively low compared to non-Hispanic Whites, it is concerning to note suicide rates of Latinx individuals living in the U.S. are significantly higher compared to most countries in Latin America. The predominant approaches to treating suicidal individuals often fail to consider the sociopolitical climate and systemic challenges that exacerbate mental health concerns for Latinx individuals. This paper examines cultural considerations, racial and ethnic identity models, and unique protective and risk factors that should be considered when working with suicidal Latinx individuals. It also reviews emerging theory within the critical suicidology field that considers the intersection between suicide and social justice. Lastly, this paper outlines a set of recommendations for clinicians working with suicidal Latinx individuals that are tailored to meet the unique needs of this population. These recommendations address both cultural and structural considerations for working with suicidal Latinxs.

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A Culturally and Structurally Sensitive Approach to Working with
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BY
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Abstract

Latinx individuals are the fastest growing racial/ethnic group in the U.S. and confront numerous challenges living in the U.S. that can impact their mental health. While their overall suicide rates are relatively low compared to non-Hispanic Whites, it is concerning to note suicide rates of Latinx individuals living in the U.S. are significantly higher compared to most countries in Latin America. The predominant approaches to treating suicidal individuals often fail to consider the sociopolitical climate and systemic challenges that exacerbate mental health concerns for Latinx individuals. This paper examines cultural considerations, racial and ethnic identity models, and unique protective and risk factors that should be considered when working with suicidal Latinx individuals. It also reviews emerging theory within the critical suicidology field that considers the intersection between suicide and social justice. Lastly, this paper outlines a set of recommendations for clinicians working with suicidal Latinx individuals that are tailored to meet the unique needs of this population. These recommendations address both cultural and structural considerations for working with suicidal Latinxs.

A Culturally and Structurally Sensitive Approach to
Working with Suicidal Latinx Individuals: Recommendations for Clinicians
Suicide and Culture

The Cultural Meaning of Suicide

All suicide occurs within the context of culture, yet the prevailing research on suicide has often neglected the influence culture may play in the suicidal individual's decision-making process. The concept of culture is highly debated, thus presenting challenges on how to study the role it may play in suicide. Yet culture plays a pivotal role in mediating all human interactions (Colucci, 2013), and research on suicide suggests that individuals who die by suicide feel disconnected from those around them (Joiner, Van Orden, Witte, & Rudd, 2009).

Culture is dynamic - each individual within a culture has their own unique interpretation of the meaning of the ideas, beliefs, values, and perspectives predominant within their culture - all of which can be negotiated or contested (Tseng, 2001). When referring to culture throughout this paper, this author will draw from Barrett's (2001) definition that captures this complex concept which influences the individual: "Culture, although it refers to ideas and beliefs held in common by a group of people, is mediated by and manifested within individuals. One's culture becomes incorporated into one's personality, into one's fundamental way of 'being-in-the-world'" (p 7).

Suicide rates of different countries tend to be stable over time and vary greatly from one another (Colucci, 2012). This makes sense considering the reality that culture influences the nature and severity of the distress people may suffer. Further, culture also influences the meaning ascribed to the act of suicide which in turn can influence whether

individuals with distinct suicide risk profiles consider acting on suicidal thoughts (Chu et al., 2010).

One barrier to the study of cultural meanings of suicide according to Chu et al. (2017) is the tendency for people to relate to the meaning of suicide in a reflexive manner, that is, without deliberate awareness. In order to facilitate conscious, thoughtful contemplation Lester (2011) suggests studying the motives for why people engage in suicidal behavior.

Suicidality Amongst the Latinx Population

Latinx (see Appendix A for a review of the debate of the label “Latinx”) refers to individuals whose lineage can be traced to Latin America or the Spanish-speaking Caribbean Islands. While such individuals are unified by a shared language and related, but distinct cultural values, there is immense heterogeneity within this group. For example, Latinx individuals living in the U.S. may vary depending upon the following: (a) ethnic subgroup, (b) race, (c) generational status, (d) documentation status, (e) degree of integration into U.S. culture, and (f) English language proficiency. Each of these factors may influence the likelihood that an individual develops a psychiatric disorder or dies by suicide, and the common practice of aggregating ethnic subgroups masks variability in the prevalence and risk of psychiatric disorders (Alegría et al., 2008).

As of 2019, there were an estimated 60 million Latinx individuals living in the U.S. (about 18% of the total population) according to the Pew Research Institute, making them the largest ethnic minority group in the country. It is projected that by 2040 Latinx individuals will make up 40% of the U.S. population. While Latinx individuals living in the United States have relatively low suicide rates (12.1 per 100,000) compared to white individuals (30.4/100,000), these rates are strikingly high compared to the average suicide

rate amongst Latin American and Caribbean countries, with an average suicide rate of 6.88/100,000 (Macrotrends, 2016). Thus, Latinx individuals living in the U.S. are almost twice as likely to die by suicide compared to those individuals living in Latin America and Spanish-speaking Caribbean countries.

Suicidality amongst Latinx female youth has been a growing cause of concern with a 125% increase in death by suicide from 1999 to 2017 (Meza & Bath, 2021). Latina youth have higher rates of suicidal ideation and attempts than their male counterparts. Research suggests this may be linked to acculturative pressures, which may be more prominent in Latina youth due to Latinx gender roles being more limiting for women in Latinx families. Specifically, Latinas are generally expected to care for the family, while U.S. culture often privileges becoming independent from one's family of origin (Gulbas, Hausmann-Stabile, Szlyk, & Zayas, 2019). A nationwide survey of Latina girls in grades 9-12 found 26% reported seriously considering suicide in the past year and 15% reported having attempted suicide in the past year, compared with 12% and 8%, respectively, for Latino boys (Centers for Disease Control and Prevention [CDC], 2015). For Latinx youth, generational status can increase risk for suicidal behavior. Peña et al. (2008) found that U.S. born Latinx youth (e.g., second-generation) were almost three times more likely to make a suicide attempt than first-generation youth.

Key components in the study of suicide amongst the Latinx community in the United States include considering the effects of immigration and cultural assimilation. Wadsworth and Kubrin (2007) sought to examine the role these factors may play for foreign-born and native-born Latinx individuals. Their study's findings point to numerous influencers of suicide rates within Latinx individuals. While suicide rates for Latinx immigrants were lower than their U.S. born counterparts, there was one exception. In areas

with low concentrations of immigrants, Latinx immigrants had a higher rate of death by suicide. Economic factors also influenced suicide rates with geographical areas with larger concentrations of highly educated, wealthy Latinx individuals having lower suicide rates. Further, it was found that geographical areas where the economic and labor market positions of Latinx individuals were weaker relative to Whites experienced more suicide (Wadsworth & Kubrin, 2007).

Research on Culture and Suicide in the Latinx Population

Cultural Concepts of Distress

The DSM-5 includes a section on “cultural concepts of distress” (CCD) which refers to “ways that cultural groups experience, understand, and communicate suffering, behavioral problems, or troubling thoughts and emotions” (p. 758). CCDs offer a means to contextualize the meaning of symptoms through shedding light on what message an individual may be communicating to those around them. Lewis-Fernández and Kirmayer (2019) assert that without understanding the social context in which symptoms of distress occur, a clinician may be more likely to pathologize a patient’s clinical presentation. A well-documented CCD occurring within Latinx communities is known as “ataque de nervios,” (e.g., a fear response similar to but distinct from a panic attack in which anxiety and fear are considered healthy responses). There is an association between treatment-seeking and community-based U.S. Latinxs with suicidal ideation experiencing “ataque de nervios.” Familiarity with this syndrome is important for identifying Latinxs at risk for suicidal ideation, as screening for this CCD may have better sensitivity than solely screening for psychiatric disorders (Lewis-Fernández & Kirmayer, 2019).

Another prominent but less studied CCD is the growing loneliness epidemic seen in Latinx immigrants who experience displacement from their social and physical environments. A meta-analytic review found loneliness to be a significant predictor of suicidal ideation and behavior (McClelland et al., 2020). In the United States there are approximately 4.9 million undocumented Mexicans living in the U.S. (Krogstad, Passel, & Cohn, 2019) who confront an indefinite separation from their family, community, and homeland. Pike and Crocker (2020) examined how loneliness manifests in a community of Mexican immigrants living in Arizona. They highlight three factors which complicate immigrants' opportunities to maintain or form social connections: (a) physical displacement from one's homeland, (b) clashes in culturally defined expectations for connection, and (c) structural barriers. Pike and Crocker (2020) assert there is a pressing need to identify loneliness early and effectively within this population. They argue that when loneliness first manifests, an individual's instincts drive them to reconnect, which is not true when it is left to fester over time. They describe taking a narrative approach to intervention, in which a clinician listens, observes, and facilitates conversation about the way culture influences how an individual integrates in their social world and the potential consequences of being excluded.

Exploring the Role of Familismo

One of the defining aspects of Latinx culture is the emphasis placed on the role of family. This has come to be defined as "familismo," and refers to the value of the central role of the family. Familismo has been identified as a protective factor for positive mental health outcomes. Kuhlberg, Peña, and Zayas (2010) found that adolescent girls who endorsed higher levels of familistic attitudes also reported lower levels of family conflict and higher levels of self-esteem. However, other studies indicate the role of familismo in

mental health outcomes could be either a protective or risk factor depending upon context. While many studies have focused solely on the daughter's level of familismo, Baumann, Kuhlberg, and Zayas (2010) measured both daughter and mother's familistic attitudes. They found that all mothers scored significantly higher on the familismo scale than their daughters. Further, greater differences in familistic attitudes between mothers and daughters were related to lower levels of mutuality, which refers to patterns of communication characterized by empathy, engagement, and authenticity. Adolescent girls who reported higher levels of Hispanic cultural involvement also reported higher levels of mutuality with their mothers. Thus, to facilitate the positive factors associated with familismo, it is important for clinicians to consider both parent and child's level of familismo, recognizing that the relationship strain of holding different values can be ameliorated through Latinx cultural involvement.

Suicidality Amongst Adolescent Latinas

Adolescent Latinas are almost twice as likely to attempt suicide compared to non-Hispanic White or African American adolescent girls. Seeking to understand the contextual factors underlying suicidal Latina girls' actions, Gulbas and Zayas (2015) analyzed qualitative interviews with Latina adolescents and their parents. They highlighted the importance of understanding the reference to culture as going beyond "things that can be seen and heard" to being shaped by interrelational processes that are behind those elements and influence a person's experience of being in the world. Three themes emerged as salient to Latina teens' decision to attempt suicide: (a) subjective distress, (b) interpersonal discord, and (c) emotional isolation. One account of subjective distress triggered by academic anxieties suggests the distress was compounded by the teen's perception that her "failures" were not just her own, but rather a reflection of her failure as a member of the

family. Interpersonal discord often stemmed from a lack of being able to relate to one another with empathic awareness and open communication. Emotional isolation was related to an adolescent teen's experience of loneliness and detachment. While many attempters were physically surrounded by family members, they felt they had no one to confide in who would be able to understand their internal world. Such findings have implications for mental health treatment. It is important clinicians assess how Latinas view their role in their family system and whether they feel they can turn to family for support when experiencing distress.

Cultural Meanings of Suicide

As previously mentioned, Lester (2011) asserted that studying the motives for suicide offers a promising opportunity to disentangle differences in the cultural meanings of suicide. While research on ethnic variations in motives for suicide has been sparse, Chu et al. (2017) conducted a study examining variations in the degree to which participants with a suicide history attributed intrapersonal, interpersonal, or environmental factors as acceptable to motivate suicide. Their study revealed that Latinx individuals endorsed distinct motives for suicide. While intrapersonal factors (i.e., feelings of hopelessness) are a prominent risk factor for suicide for White individuals, this was not the case for Latinx individuals. Instead, interpersonal and environmental factors were more commonly endorsed as sufficient reasons to motivate suicide. Latinx participants viewed suicide as a means to escape suffering caused by familial conflict, social status, poverty, and experiences of abuse and discrimination (Chu et al., 2017).

An Exploration of Racial and Ethnic Identity Theories

Race, Ethnicity, and Culture

Latinxs living in the United States face a unique developmental challenge not faced by their White counterparts – that of making meaning out of and integrating both their racial and ethnic identities. Developing a positive ethnic and racial identity is no easy feat given the historically and contemporarily oppressive U.S. culture often portrays Latinx individuals in a negative light, which inevitably impacts Latinxs views of themselves (Adames & Chavez-Dueñas, 2017). Numerous studies have pointed to the protective role identity development can play in helping Latinx individuals, especially youth, navigate cultural transitions and more broadly promote mental health (Meca et al., 2019; Perreira et al., 2019). Therefore, clinicians working with Latinx clients experiencing suicidal thoughts could benefit from assessing their clients’ racial and ethnic identities. To date only one measure, known as “Centering Racial and Ethnic Identity for Latinos/as” (C-REIL) has been developed which includes both ethnic and racial identity in the assessment. This framework will be further discussed below.

Race and ethnicity are social constructs that are distinct but related. Race often refers to how groups of people are categorized based upon similar physical traits such as skin color, physiognomy, and other hereditary traits. In contrast, ethnicity refers to an individual’s ancestral lineage. However, throughout the literature these two terms are frequently conflated, and confusion about the distinction is exacerbated by the U.S. Census Bureau’s inconsistent and unclear system of categorization. For example, Latinx individuals were classified as Spanish in the 1960s, as Hispanics in the 1980s, and as Hispanics/Latinos in the 2000s (Adames & Chavez-Dueñas, 2017).

Latinx individuals often experience confusion when they are forced to identify their race and ethnicity. In the year 2000, individuals were given the choice for the first time to categorize themselves as any race; however, Latin America does not have a history of delineating race as precisely as the U.S., and race is perceived to be more fluid. Further, over the course of several centuries of colonization there has been a mixing of three racial groups: Indigenous, Black, and White. In Latin America many individuals have been socialized not to identify themselves racially. This has contributed to a phenomenon known as “Mestizaje Racial Ideologies,” in which Latinxs perceive themselves to be “mixed” regardless of how they are categorized by others and despite the structural inequities resulting from the imposed racial hierarchy (Adames et al., 2016; Chavez-Dueñas et al., 2014; Montalvo & Codina, 2001). This perception perpetuates the adoption of a “color blind” mentality, which may make it challenging for such individuals to recognize and respond when they are targets of discrimination (Adames & Chavez-Dueñas, 2017; Gallegos & Ferdman, 2012).

Racial and ethnic identity models seek to understand how an individual’s identity forms and shifts over the course of time. Phinney (2007) defines ethnic identity as a multifaceted, fluid construct that emerges from an individual’s sense of belonging to a cultural group. In contrast, racial identity emerges as an individual comes to be aware of not only how they perceive themselves racially, but also how others perceive them. It is important to note that while racial identity entails living in a racist society, this is not the case for ethnic identity. While both racial and ethnic identity development are important for People of Color living in the United States, models of racial identity development have almost exclusively focused on U.S. Blacks and Whites, while models of ethnic identity development have predominantly been applied to Latinxs. The failure to account for race in

understanding the identity development of Latinx individuals serves to perpetuate Mestizaje Racial Ideologies (MRIs), which minimizes the oppressive reality of the skin-color hierarchy within both the U.S. and Latin America (Adames & Chavez-Dueñas, 2017).

One of the few models specifically developed to understand the process of Latinx ethnic identity development is the “Ethnoracial Model of Latino/a Identity Orientations” created by Ferdman and Gallegos in 2001. Their model identifies six distinct identity orientations which influence: (a) the lens from which one views their environment, (b) identity preference, (c) perception of Latinxs, (d) perception of Whites, and (e) perception of race. Their model emphasizes the importance of considering contextual factors in understanding how an individual came to adopt their unique identity orientation. Further, it is argued that each orientation has value and benefits at meeting unique environmental demands. At the same time, distinct challenges arise in each of the identity orientations, and it is thus essential that Latinx individuals be conscious of and have tools to navigate the dilemmas associated with their identity orientation (Gallegos & Ferdman, 2012).

As previously mentioned, each of the Latinx ethnic identity orientation models described above fail to consider the role of race, thus reinforcing the idea of Mestizaje Racial Ideologies. Adames & Chavez-Dueñas (2017) argue that accounting for race is essential to understanding the Latinx experience given that colorism is both a historical and contemporary reality of Latin American and U.S. societies. As racialized beings, either consciously or unconsciously it is only a matter of time before Latinx individuals become aware of how they are perceived by U.S. society, and while this perception has shifted depending upon the sociopolitical climate, it has generally been defined by predominantly negative stereotypes (Serrano-Careaga & Huo, 2019).

Seeking to address the gap in Latinx identity theories, Adames & Chavez-Dueñas (2017) developed a framework known as “Centering Racial and Ethnic Identity for Latinos/as” (C-REIL) in which Latinx identity emerges at the intersection of race and ethnicity. Their framework is intersectional, in that it considers the varied social identities (i.e., gender, sexual orientation, religion, etc.) an individual may hold. However, the intersection between ethnic and racial identity is central to their framework, as the authors posit that race and ethnicity are the main determinants of most social inequities. Additionally, their model accounts for context, which determines which aspect of identity is most salient. The authors discuss factors that contribute to both ethnic and racial identity.

They posit that ethnic identity development is influenced by an array of social agents, the primary of which is the family. Families often serve as the primary mechanism for the passing down of cultural knowledge and traditions that reinforce a sense of belonging to one’s ethnic group. This process is known as ethnic socialization. Else-Quest & Morse (2015) assert that a key aspect of ethnic socialization involves preparing children to navigate experiences of oppression that they may confront as members of an ethnic minority group. Another key factor influencing ethnic identity development is social mirroring, which refers to how a person’s sense of self is influenced by the reflections mirrored by members of society about their ethnic group. When such reflections are negative, it may be difficult to maintain a positive sense of self. Lastly, context is a key factor influencing ethnic identity development, as it may heighten the awareness of belonging to one’s ethnic group (Adames & Chavez-Dueñas, 2017).

Ademas & Chavez-Dueñas (2017) assert that a prerequisite to the formation of a Latinx racial identity entails recognizing oneself as a racial being regardless of context. Key factors influencing the development of a Latinx racial identity include: (a) history of

colonization, (b) Mestizaje Racial Ideologies (MRIs), (c) colorism, (d) internalized colorism, and (e) nonracialism/race as nationality. While Latinx individuals have an incredibly rich history marked by thriving civilizations renowned for their contributions to engineering, astrology, mathematics, and much more, this history has been plagued by colonization which brought with it conquest and slavery. The Spaniards introduced a system of stratification based upon skin color and phenotypical characteristics in which the Spaniards (elite Whites) were strategically placed at the top of the hierarchy. The legacy of racial hierarchy established during the Spaniard's invasion and conquest continues to predominate contemporary Latin American societies (Ademas & Chavez-Dueñas, 2017).

In modern day Latin American society, the Spaniard's legacy of colorism lives on and there is little representation of people of Afro and Indigenous descent within education, media, and government. Further, internalized colorism increases the risk that Latinxs with darker skin may develop a negative self-concept. Lastly, Adames and Chavez-Dueñas (2017) identify the myth of "race as nationality" as a deterrent to the development of racial identity. In contemporary Latin America data on the racial composition of its nations is not collected, which contributes to the confusion many Latinxs experience when asked to identify themselves racially. Consequently, when required to identify their race many Latinxs report their nationality as their race. This serves to complicate and possibly impede the development of a healthy racial identity.

Unique Risk Factors Confronted by U.S. Born Latinx Individuals

Contemporary approaches to suicide intervention emphasize the importance of doing a thorough risk assessment, which includes assessing both risk and protective factors for suicide. This approach has heavily emphasized individual risk factors associated with mental health. For example, risk factors may include, but are not limited to the following

(Linehan, 2007): (a) prior suicide attempt; (b) current mental status (e.g., severe turmoil, anxiety), (c) chronic and unusual symptoms (e.g., chronic physical pain, high levels of impulsivity), and (d) recent events (e.g., the presence of precipitating events for prior episodes of self-harm). This approach fails to consider the sociopolitical context that can exacerbate mental health concerns, and increase risk for suicide (Button, 2016). Latinx individuals living in the U.S. confront an array of additional risk factors outlined below that are important for clinicians to consider including: (a) acculturation pressures, (b) generational and documentation status, (c) negative stereotypes and discrimination, (d) structural inequities, (e) gender roles, and (f) LGBTQ+ community. These risk factors are drawn from a social justice orientation to suicide prevention, which asserts that sociopolitical climates that place greater value on certain groups of individuals create hostile conditions for marginalized groups that can make life unbearable (Mills, 2020).

Acculturation Pressures

The U.S. has a history of being intolerant of differences, and ethnic and racial minority groups are often pressured to acculturate to dominant U.S. society. According to Adames and Chavez-Dueñas (2017), “Most Latinos/as are socialized to value collectivism, interdependence, and harmonious, collaborative relationships. These types of values are not entirely congruent with the dominant U.S. values that tend to foster individualism, competitiveness, and independence” (p. 123). Such conflict in values can contribute to acculturative stress for many Latinx individuals, especially immigrants as they seek to adapt to a new country.

Research conducted by Chandler and Lalonde (1998) looking at indigenous communities in Canada, known to have a particularly high rate of suicide, found that suicide rates vary drastically in different communities depending on the degree to which the

community maintains a connection to their cultural past. Communities with no cultural continuity markers experienced drastically higher levels of youth suicide in comparison to indigenous communities with numerous cultural continuity markers. Their findings suggest a protective role in maintaining connection to one's cultural past for promoting mental health and reducing suicide rates.

The loss of connection to one's cultural past may be a contributing factor to the increased risk of suicide for U.S. born Latinx individuals compared to Latinxs living in Latin America. While it still remains unclear how assimilation into U.S. culture may increase risk for suicide ideation and attempts, Fortuna et al. (2007) suggested that being born in the U.S. and being English speaking as risk factors for suicidal ideation and behavior. Further, the authors also speculate that the shift in sociocultural frameworks and community supports as Latinxs integrate into the U.S. may exacerbate mental health concerns and risk for suicide.

Generational and Documentation Status

Health outcomes for Latinx individuals decline across generations and with increasing time spent in the U.S (Horevitz & Organista, 2012). This decline has often been attributed to the effects of acculturation. More recently, it has also been argued that increasing exposure to various forms of oppression including individual and systemic racism, in conjunction with the erosion of cultural protective factors, also plays a role in the decline of health outcomes amongst U.S. Latinx individuals (Horevitz & Organista, 2012). This decline in health outcomes over time has come to be known as the "immigrant paradox." With regards to mental health, it appears this paradox is most prominent for Mexican Americans with Mexican immigrants experiencing significantly lower rates of psychiatric disorders compared to U.S. born Mexicans. In contrast, there was no significant

difference in rates of mental illness between native and U.S. born Puerto Ricans (Alegría et al., 2008).

“Undocumented immigrants” refers to those individuals living in the U.S. without legal documentation. Due to their legal status and fears of deportation, they are more likely to face exploitation and abuse from their employers who often deny them basic labor rights and may expose them to dangerous work conditions (Adames & Chavez-Dueñas, 2017). Families that include members who are documented and undocumented live with the fear of separation from their loved ones. Such fear can increase the risk of developing symptoms of anxiety and feelings of isolation (Yoshikawa, Godfrey, & Rivera, 2008). Further, families who have gone through the process of deportation frequently endorse symptoms related to abandonment, trauma, and financial problems, which can each contribute to poor mental health outcomes (Yoshikawa et al., 2008). For those individuals living without documentation, it is not uncommon to live in a constant state of fear exacerbated by a history of punitive policies. Mills (2020) asserts that suicide can be a response to such hostile policies.

Negative Stereotypes & Discrimination

Latinxs living in the U.S. continue to experience discrimination targeted at their racial and ethnic identity. According to the Pew Research Center (2018), around a quarter of Latinx Americans (24%) report being discriminated against or treated unfairly because of their background in the past 12 months. Another 22% report being criticized for speaking Spanish in public. About 20% report they have been told to go back to their home country, and 16% say they have been called offensive names.

Latinx Americans have consistently been portrayed in a negative light by U.S. media, and such negative portrayals reached a peak in the era of the Trump presidency

(Serran-Careaga & Huo, 2019). During this time negative sentiments toward undocumented immigrants soared in conjunction with the newfound awareness that the U.S. is projected to be a majority-minority nation by 2050 (U.S. Census Bureau, Population Division, 2012). These negative sentiments impacted not only undocumented Latinxs, but also Latinx citizens and permanent residents, as Americans commonly conflate being undocumented with being Latinx. It is estimated that around 16% of Latinx Americans are undocumented immigrants (Pew Research Center, 2016). However, a third of Americans estimate that Latinx individuals are undocumented (Barreto, Manzano, & Segura, 2012). Serrano-Careaga and Huo (2019) argue that this conflation has consequences for all Latinxs living in the U.S. especially in the context of hostile policies seeking to identify and detain undocumented immigrants, which can lead to racial profiling. Indeed, perceived discrimination has been linked to suicidal ideation amongst Latinx individuals (Hwang & Goto, 2008).

Structural Inequities

Latinxs face a range of structural inequities linked to poor health outcomes. Latinxs are more than twice as likely compared to White individuals to live in poverty, which is associated with an increased risk for suicide (Kerr et al., 2017). Latina Americans have the lowest wages of all groups in the U.S. earning less than 45% of White men and 30% less than White women (leanin.org). While Latinas continue to attend university at higher rates, education does not eliminate this gap. Latinas with a bachelor's degree earn 37% less than White men with a bachelor's degree (leanin.org).

Access to healthcare is another structural inequality faced by Latinx individuals in the United States. According to the U.S. Census Bureau (2004), approximately 33% of Latinxs were uninsured compared to 11% of non-Latinx Whites. The rates of uninsured

Latinxs are even higher for those who are non-English speaking and immigrant Latinxs (Rios-Ellis et al., 2005). This lack of coverage is linked to poor health outcomes (Institute of Medicine, 2009). While economic factors and insurance coverage have been linked to the underutilization of mental health services by Latinx Americans (Alegría et al., 2002), even when these challenges are not present, differences in access to care persist.

When it comes to mental health care, the underutilization of services by the Latinx community is striking, with only 1 out of every 11 Latinx individuals with a mental health diagnosis seeking services. These figures are even higher among Latinx immigrants with a mental illness with less than 1 in every 20 individuals seeking mental health care. When Latinx individuals do engage in mental health services, they are more likely to drop out in comparison to White individuals (Owen et al., 2012).

Gender Roles

Machismo refers to a socially constructed set of behaviors that comprise the traditional male gender role within Latinx society (Adames & Chavez-Dueñas, 2017). Gendered roles and expectations date back to Indigenous cultures, but Adames & Chavez-Dueñas (2017) argue that the process of colonization may have exacerbated the negative aspects of *machismo* as “Indigenous men lost their identities, their self-respect, and the ability to control their own destinies” (p. 84). Thus, the negative behaviors that are commonly associated with *machismo* may be linked to the loss of power and agency Indigenous and Afro-Latino men experienced during colonization. Unfortunately, the negative aspects of *machismo* have been linked to poor mental health outcomes. Men who endorse high levels of traditional *machismo* experience higher levels of depression (Fragoso & Kashubeck, 2000), but are less likely to engage in help-seeking behaviors (Sobralke, 2006).

Marianismo refers a socially constructed set of behaviors that comprise the traditional gender roles for women in Latinx society (Adames & Chavez-Dueñas, 2017). Indigenous women also experienced major impediments on their freedom during colonization, and while women in many pre-Columbian Indigenous societies enjoyed relatively egalitarian relationships with men, this drastically shifted with the arrival of the Spaniards, and their imposition of a religious faith “that expected and enforced women’s passivity, enclosure, purity, and honor” (Adames & Chavez-Dueñas, p. 93). The adoption of these traditional gender roles has been linked to higher levels of depression among Latina women (Sanchez, 2004).

LGBTQ+ Community

As the Latinx population grows in the U.S., so does the percentage of LGBTQ+ Latinx individuals. According to the United Census Bureau (2017) 12.8% of same gender households self-identify as Latinx. Sexual minority Latinxs (e.g., those who self-identify as lesbian, gay, or bisexual) are at an increased risk for making a suicide attempt compared to LGB White individuals (O’Donnell, Meyer, & Schwartz, 2011). This finding is perplexing given it is the inverse of the pattern in the general population. O’Donnell et al. (2011) also found that this finding cannot be explained by elevated rates of mood and substance use disorders amongst LGB Latinx youth, which are typically the most robust risk factors for suicide.

Przeworski and Piedra (2020) shed some light on the role the family may play in either promoting or exacerbating stress in Latinx sexual minority individuals (LGB). Their review of the literature suggests that Latinx LGB individuals experience an elevated risk of experiencing verbal and physical abuse from family members as well as higher rates of family rejection. Family rejection is associated with an increased risk of making a suicide

attempt, experiencing depression, and substance abuse. The authors posit that lack of familial acceptance is especially detrimental for Latinx LGB individuals given the cultural emphasis of family as a source of support.

Latinx individuals in the LGBTQ+ community may experience high levels of discrimination due to their intersecting identities. A study by Morales, Corbin-Gutierrez, and Wang (2013) found that Latino gay men frequently experienced discrimination targeted at their sexual orientation, race, ethnicity, and gender expression. Participants in the study noted that context influenced which identity became more salient and caused them to be targets of discrimination. These findings point to the importance of considering how holding intersecting marginalized identities may place subpopulations (e.g., Afro-Latinx, Indigenous, immigrant status) of the Latinx LGBTQ+ community at increased risk for experiencing discrimination linked to poor mental health outcomes and increased risk for suicide (Guarnero, 2007).

Historians believe that gender nonconforming individuals were common in Indigenous societies and were known as “two-spirit.” These men endorsing a more feminine gender expression were held in high esteem, and rather than being stigmatized Indigenous cultures focused on their spiritual gifts. The Spaniards viewed two-spirit people as passive gay men, and since colonization gender nonconforming Latinxs have been subjected to incredible amounts of violence (Kellog, 2005).

Suicide and Social Justice

Psychocentrism in Suicidology

Dominant discourses in the field of suicidology, especially those drawing from the medical/psychiatric profession, view suicide as a symptom of severe mental illness. According to Rimke (2016) the tendency to frame mental and emotional distress as an

innate pathology of the individual mind and/or body can be conceptualized as “psychocentrism.” Drawing from psychocentric thought, dominant approaches to suicide intervention are targeted at an individual who is often identified as “high risk,” based upon “falling into” a predetermined set of criteria deemed to increase the likelihood that individual may attempt suicide or die by suicide. In recent years, there has been a growing movement to go beyond this risk factor approach to assessing suicide and consider the socio-political factors which may increase an individual’s risk for death by suicide. Such an approach, which views suicide through the lens of social justice, asserts that individuals do not simply “fall into” various risk categories for suicide; rather, “the risk categories have been allowed – through malign neglect, willful blindness, and thoughtlessness – to constitute the conditions of subjectivity for some so that others might be (in relative terms) more free from this anguish” (Button, 2016, p. 276).

This acknowledgement of the systemic inequities that place certain groups of individuals at an elevated risk for death by suicide inherently implies that to effectively take on suicide, or suicide prevention, there must be a collective action beyond merely treating the victims of an oppressive society. It requires political action which acknowledges the agency society has in creating conditions that make life bearable or unbearable for its citizens (Button, 2016; Mills, 2020).

Emerging and Established Best Practices for working with Suicidal Latinxs

To date there is limited evidence-based treatment for Latinxs (Huey et al., 2014). Most of the research on established evidence-based treatments (EBT) have included primarily White, middle-class participants. This underrepresentation of Latinxs raises the question of whether EBTs are the most effective treatment for this population. However, in recent years a number of studies have shown promising results for the efficacy of

“culturally enhanced” interventions. These interventions entail modifying EBTs to be more compatible with the values, beliefs, language, and context of specific minority populations (Bernal et al., 2009). In recent years there has been strong support for culturally adapted interventions which is supported by a meta-analytic review, which revealed a moderately strong benefit compared to a non-modified EBT (Griner & Smith, 2006).

Griner and Smith’s (2006) meta-analytic review also shed some light on the factors contributing to improved outcomes in culturally adapted interventions. Treatment interventions which included participants of the same race were found to be four times more effective than interventions which included mixed-race participants. Thus, adapting treatments to a specific cultural context appears to be a strong predictor of treatment efficacy. This is supported by research demonstrating that interventions that consider the client’s cultural values are linked to better treatment outcomes and increased retention (Kalibatseva & Leong, 2014). Of note, culturally adapted treatments were most strongly linked to improved outcomes with Latinx participants who were higher in chronological age, as opposed to other racial/ethnic groups, and those who were lower in chronological age. Given that older Latinx individuals are more likely to be Spanish speaking with lower levels of acculturation they may benefit more from treatments modified to meet their unique needs. Indeed, the authors found that studies in which clients were matched to therapists based on language (other than English) had outcomes that were twice as effective as those that did not (Griner & Smith, 2006).

Cultural Adaption of Treatments

As previously mentioned, culturally sensitive treatments involve modifying interventions to be tailored to specific cultural contexts. While there is limited research examining best practices for treating suicidal Latinxs, a few studies have shown promising

results. Kennard et al. (2020) adapted a group-based suicide intervention in a community mental health center to better meet the unique needs of Latinx adolescents. They interviewed Latinx suicidal youth, their parents, and clinicians to identify the treatment needs of low-income Latinx adolescents as well as barriers they may face. Common themes included parents' struggling to understand their child's depression and suicidality. Parents frequently endorsed the belief that their child chose to be depressed and could get better if they decided. They often reflected upon feeling their child had a "better life" compared to them, which made it challenging to understand their experience with depression. Clinicians spoke to the unique challenge of cultural and linguistic barriers confronted in the U.S., which they felt were one of the main contributors of conflicts between family members. Latinx adolescents spoke about feeling pressured by their parents as well as feeling invalidated when their parents cannot understand or minimize their experience with depression.

Kennard et al. (2020) incorporated these different perspectives to outline a set of recommendations for treating suicidal Latinx youth. First, they emphasize the importance of providing psychoeducation to both teens and their families to promote understanding of depression as a treatable illness by comparing it to a physical illness. Communication challenges between parents and adolescents were identified and targeted in multifamily groups through role play exercises in which Latinx adolescents and their parents practiced how to disagree while also validating the perspectives of family members. To promote ethnic identification, a well-established protective factor, participants completed a family history project to target acculturation differences within the family unit in addition to fostering familial support by embracing Latinx culture and heritage. Overall, this approach illustrates the unique challenges confronted by Latinx adolescents, which can be addressed

through treatment modifications that focus on promoting family communication, familial values and their relation to wellness, and increasing perspective taking between youth and their parents.

Another program known as “Life is Precious” (LIP) has been tailored to meet the unique needs of Latina adolescents, a group with a high risk for experiencing suicidal ideation and behavior. LIP is a community-based program which addresses the multifaceted risk factors confronted by Latina adolescents and their families (Humensky et al., 2017). The program operates as a supplement to ongoing mental health treatment and specifically serves Latinas who have been identified as at risk for suicidal behavior. Staff include bilingual counselors who provide supportive services ranging from counseling, supportive education, family support, and other support activities such as creative expression. Similar to Kennare et al. (2020)’s study, participants identified family conflicts, stemming from issues surrounding immigration and acculturation. Counselors taught Latinas and their mothers skills to address conflicts within the home. Additionally, mothers were actively involved in the program and could participate in a range of activities with their daughters to promote bonding. Both Latinas and their mothers also praised the academic support offered, which included liaison with school officials to resolve disputes at school such as bullying. Overall, Latinas and their mothers felt LIP helped to mitigate the suicidal risk factors of self-esteem as well as familial, academic, and peer conflicts (Humensky et al., 2017).

Recommendations for Clinicians working with Suicidal Latinxs

The critical suicidology movement has raised awareness of the limitations of psychocentric conceptualizations of suicide and points to the need to consider cultural and structural factors that place marginalized communities at an increased risk for suicide

(Bantjes & Swartz, 2017; Chu et al., 2017). Outlined below are a set of guidelines drawn from the unique risk factors that should be considered when working with suicidal Latinx clients. As previously discussed, these risk factors include: (a) acculturation pressures, (b) generational and documentation status, (c) negative stereotypes and discrimination, (d) structural inequities, (e) gender roles, and (f) LGBTQ+ community. Additionally, a set of recommendations going beyond the risk factor approach is included which emphasize the importance of going beyond traditional, contemporary approaches to working with suicidal Latinx individuals. These recommendations consider the role that pervasive forms of oppression play in making life unbearable for marginalized groups. Thus, suicide prevention work must go beyond the limitations of a narrow psychocentric focus and move towards social justice activism targeted at dismantling oppressive systems.

Considering the unique risk factors confronted by Latinxs

- 1. Acculturation: Assess for cultural orientation and incorporate traditional Latinx cultural values into treatment.*

Acculturative stress, that is, pressure to adopt traditional U.S. values, can exacerbate mental health problems. When working with Latinx individuals, it is essential that the intake process incorporates questions to assess the client's degree of acculturation in addition to their close family members. It is common that immigrant parents and their 2nd generation children may have different levels of acculturation, which has been identified as a common source of familial conflict within Latinx families. By incorporating family members into treatment and teaching skills on how to disagree while also validating the other family member's perspective, this can serve to improve familial dynamics and in turn promote the mental health of the suicidal Latinx client.

As previously mentioned, immigrant Latinxs have lower suicide rates compared to their native-born counterparts, except for those who reside in areas with low concentrations of immigrants (Wadsworth & Kubrin, 2007). The findings of Wadsworth & Kubrin's study point to a challenging contradiction: cultural assimilation is associated with an increase in suicide while economic equity for native-born Latinos and affluence for all Latinos decreases suicide. Given there is a correlation between economic equity and affluence and assimilation, to reduce suicide within the Latinx community it is important that programs target not only economic development and equal opportunity, but also promote cultural and ethnic awareness and appreciation.

Traditional Latinx values influence how Latinx clients make sense out of their experience with mental illness. It is important that a clinician be aware of these values and incorporate them into the treatment process. Those values related to interpersonal relationships: sympathy, respect, and family (e.g., *simpatía*, *respeto*, *familismo*) can play a vital role in the provision of mental health services. Interventions that consider the client's cultural values have been linked to better treatment outcomes and increased retention (Kalibatseva & Leong, 2014). *Familismo* is a key value found to be important to many Latinxs. Thus, incorporating the family into treatment may often lead to better outcomes. By promoting family unity this can also serve to promote a sense of belonging as *familismo* promotes and maintains "solidarity, family pride, and sense of belongings and obligations to one's blood ties" (Falicov, 1998, p. 163).

2. Consider generational and documentation status.

Second-generation Latinx youth have a highly elevated risk of making a suicide attempt compared to first-generation youth. Thus, suicide prevention efforts are especially needed for U.S. born Latinx adolescents. Promising results have been found by engaging family

members into the treatment process and teaching communication skills that promote harmonious familial relations (Humensky et al., 2017; Kennard et al., 2020).

As previously mentioned, Latinx immigrants living in communities with low concentrations of Latinxs are at increased risk for death by suicide (Wadsworth & Kubrin, 2007). One contributing factor may be the growing loneliness epidemic seen in undocumented Latinx immigrants experiencing displacement from their physical and social environments. Picke and Crocker (2020) identify a need to identify loneliness early and effectively, asserting that when loneliness first manifests, an individual's instincts drive them to reconnect. This could be assessed through employing the scale, "*Escala de Bienestar Subjetivo*" (Subjective Well-being Scale), which includes an instrument assessing loneliness with strong reliability and validity evidence (Calleja & Mason, 2020). Picke and Crocker also describe taking a narrative approach to intervention, in which a clinician listens, observes, and facilitates conversation about the way culture influences how an individual integrates in their social world and the potential consequence of being excluded.

3. *Consider the impact of negative stereotypes and discrimination.*

When there are racial and/or ethnic differences between the Latinx client and their mental health provider, they may be cautious about the information they initially disclose (Adames & Chavez-Dueñas, 2017). This cultural suspicion is viewed as normal and healthy and is a documented resiliency factor used by ethnic and racial minority groups to cope with a longstanding history of oppression and discrimination. It is important that clinicians working with suicidal Latinxs be aware that establishing trust will take time and patience. Adames & Chavez-Dueñas (2017) suggest engaging in *platicas* (personable small talks) with the client before and after each session as a form of building trust that aligns with the

Latinx cultural value of *simpatía*, a value which emphasizes smooth interactions while avoiding conflict or confrontation.

4. *Engage in dialogue about structural inequities and take action to reduce barriers to treatment.*

Dominant psychocentric approaches to risk assessment fail to account for the structural inequities that can lead to poor mental health outcomes and increased risk for death by suicide. As previously mentioned, within-group differences amongst the Latinx population leave some individuals at increased risk for experiencing systemic inequalities and poor mental health outcomes. While such differences, especially the impact of skin color, have historically been minimized or ignored, they have pernicious implications for Latinxs with Indigenous and African roots. For example, a study by Arce, Murguia, and Frisbie (1987) found that Latinxs with darker and more Indigenous phenotypical traits had lower levels of education and income, and higher levels of perceived discrimination in comparison to their lighter-skinned and more European-looking Latinxs counterparts. By acknowledging race and color, this can facilitate open conversation about how Latinx individuals are viewed by others, as well as how they perceive themselves. It also opens the possibility of acknowledging structural inequalities. Such acknowledgement is necessary to avoid internalizing lower income level and educational attainment as a sign of deficiency. When clinicians consider these sociopolitical risk factors, it implies moving beyond cultural competence to also being structurally competent. Structural competence entails being able to discern the downstream implications of decisions made that serve to limit access to resources for certain groups of individuals (Cameron et al., 2017).

Another structural inequity faced by Latinx is access to mental health treatment. As previously mentioned, Latinx individuals with a mental health diagnosis, especially first-

generation immigrants, have strikingly low rates of accessing mental health services. It is thus important for mental health care providers to understand and develop strategies to address the factors that contribute to the underutilization of services. Cultural and linguistic variables should be considered, as many Latinxs, especially those who are monolingual Spanish-speaking, confront the challenge of finding a bilingual, bicultural therapist. Additionally, communities of color have a long history of institutionalized discrimination. As such, many Latinx individuals are fearful of accessing health care services (Adames & Chavez-Dueñas, 2017).

One promising resource to bridge this gap may be through employing ‘paraprofessionals,’ in community mental health agencies. Such professionals may include any lay person working in the service field, without a corresponding professional degree. Many paraprofessionals share identities with the people they serve, which can help to reduce or minimize distrust. Specifically, paraprofessionals may play a role in diminishing ‘difference anxiety,’ that is, anxiety arising from cross-group encounters. Research shows that difference anxiety plays a role in healthcare provider/patient dynamics and is linked to worse health outcomes (Godsil & Richardson, 2017). Thus, peers and other non-professionals can serve to reduce one potential impediment to accessing mental health services and developing a therapeutic alliance. In order to ensure that paraprofessionals are equipped with the clinical skills necessary to provide competent services, they could benefit from understanding the unique risk and protective factors suicidal Latinx individuals confront detailed throughout this paper. Additionally, role plays may help paraprofessionals to learn skills to respond in an empathic manner to client problems that are outside of their range of experience (Sala, 1986).

5. *Examine gender roles.*

Given that gender roles within Latinx culture have been heavily influenced by a history of colonization, Adames & Chavez-Dueñas (2017) encourage clinicians to help clients place their gendered selves within a sociohistorical context. In doing so a client can begin to develop insight into whether their struggle is originating from an internal conflict, an external oppressive force, or both. Clinicians need to develop an awareness of the unique struggle Latinx individuals face navigating the gendered expectations of two distinct cultures and show their support by helping the client to identify, and affirming, their own personal values. Working from a strengths-based perspective, clinicians can draw upon the skills many Latinx individuals have acquired from having to code-switch in order to navigate two often opposing cultural terrains. The explicit acknowledgement of this strength can better equip Latinxs with tools to continue to navigate hostile environments.

Latinx women are often subjected to unrealistic gender expectations which can leave them feeling inadequate. Adames & Chavez-Dueñas recommend facilitating conversation in which Latinas develop their own conception of womanhood. When working with Latinx women who identify as religious or spiritual, it is recommended that clinicians help them to draw upon their faith to help cope with their struggles. Lastly, it is recommended that clinicians help their Latina clients develop awareness of the sociopolitical basis of gender discrimination in the U.S., which can facilitate conversation and healing from ethnosexual victimization.

Given that internalization of the negative aspects of machismo is linked to poor treatment outcomes (Fragoso & Kashubeck, 2000; Sobralske, 2006), it is highly recommended that clinicians working with Latinx men encourage them to explore their own definition of masculinity and its origin. Helping to foster an awareness of the

sociopolitical and historical origins of machismo may help to expand Latinx men's definition of what it means to be a man. Additionally, considering how Latinx men have been socialized to avoid expressing vulnerable emotions, it is recommended that clinicians use emotional literacy as part of the treatment with Latinx men. For example, Adames & Chavez-Dueñas suggest incorporating lyrics from Latin music and films which depict how Latino characters and singers express many emotions, including sadness and crying, which Latinx men often do not do in public.

6. Examine the intersecting identities of Latinx in the LGBTQ+ community.

As previously mentioned, the intersecting, marginalized identities that Latinx individuals who identify as LGBTQ+ hold puts them at an increased risk of experiencing discrimination (Rhodes et al., 2013). As such, it is especially important that queer Latinx clients have communities which support and affirm their identities. It is highly recommended that clinicians assist their queer Latinx clients in connecting with organizations in their community. It can also be beneficial for clinicians to help their queer Latinx clients to gain insight into the reality that many communities may not fully embrace their multiple identities. Through such recognition clinicians can assist their Latinx client in developing awareness that they are not to blame when people fail to affirm their various identities. Lastly, it is important that clinicians not focus on just one identity but rather consider queer Latinxs multiple intersecting identities and how they connect to the client's presenting problem (Adames & Chavez-Dueñas, 2017).

Moving beyond the risk factor approach: Additional recommendations

1. Consider the historical context.

While it is important to keep in mind the great diversity within the Latinx community, there are certain factors that unify individuals who come from Latin America and the

Caribbean Islands, most importantly their historical backgrounds. Clinicians working with Latinx individuals should be aware of the historical context of their Latinx clients in order to ensure interventions are culturally sensitive. While mental health practitioners are trained to complete thorough assessment of their clients' personal histories, they need to go beyond this and also learn and understand their clients' collective group histories. Adames and Chavez-Dueñas (2017) argue that without integrating both the personal and collective group history, clinicians will have an incomplete understanding of their clients. See Appendix B for a brief synopsis of the history of the four main Indigenous groups that flourished in the Americas: the Aztecs, Maya, Inka, and Tainos/Caribs.

2. Assess Latinx clients' cultural background and racial and ethnic identity.

As previously mentioned, in addition to doing a thorough assessment of a client's personal history, a clinician should also assess their collective group history. Bernal, Bonilla, and Bellido (1995) argue that with limited cultural knowledge clinicians may draw upon stereotypes when working with individuals from racial and ethnic minorities. By assessing a client's cultural background, the clinician will be more likely to have accurate cultural knowledge. Sue & Zane (1987) argues that accurate cultural knowledge may serve to increase a clinician's credibility with their client, which in turn is related to treatment effectiveness. In the context of working with Latinxs experiencing suicidal ideation, part of this assessment should include an assessment of the meaning of suicide as informed by that client's unique cultural background (Chu et al., 2017; Colucci, 2013).

Assessing Latinx individuals' racial and ethnic identity at the onset of treatment can augment a clinician's awareness of how their client perceives the world and engages with others who are racially or ethnically different (Adames & Chavez-Dueñas, 2017). In the context of suicide this information can be a useful way to better understand whether the

client may be experiencing *thwarted belongingness*, one of the driving factors for suicidal thoughts according to the Interpersonal Theory of Suicide (Joiner et al., 2009).

Additionally, a thorough assessment of a client's ethnic and racial identity development can result in a more nuanced understanding of what the client believes to be the etiology of their problem. Lastly, this assessment can provide information on the degree to which a client may have internalized negative stereotypes. An exploration of these negative internalized beliefs over the course of treatment can help a client adopt a more compassionate understanding of their struggle, as they shift the blame from themselves to the unjust society. Research studies have demonstrated that a strong racial and ethnic identity is a protective factor for People of Color from oppressed communities that can equip them with tools to navigate hostile and racist terrains (Ponterroto & Taylor, 2007).

3. *Opening up to new possibilities: Going beyond traditional, contemporary approaches.*

As previously discussed, the dominant approaches to working with suicidal individuals draw upon a psychocentric understanding of suicide. Such approaches were developed in the context of dominant U.S. cultural values which place an emphasis upon independence, autonomy, and self-reliance. Clinicians working with marginalized populations are especially vulnerable to vicarious trauma and burnout. In order to combat burnout, clinicians are typically told to engage in a practice of "self-care." This term is loaded with meaning that places the burden on the individual, and may not be sufficient to heal vicarious trauma, in cases in which a clinician is holding trauma that was inflicted by an oppressive system. Given that Latinx clients hold marginalized identities, it is especially likely that clinicians may be exposed to this form of trauma.

In order to promote the well-being of clinicians working with suicidal Latinx individuals, or marginalized populations in general, Reynolds (2010) proposed a practice of community care known as a “Supervision of Solidarity.” This practice is rooted in the idea that our well-being and path to liberation are woven together. Reynolds claims that “many therapists suffer from a cold fear in the belly that incompetence or a lack of knowing on their part may result in devastating consequences for clients” (p. 247). Bearing such insecurities in isolation can invite stories of being incompetent, disconnected, and ineffective. In contrast, when frustrations and dilemmas are brought to light in the context of a solidarity group, community-making dialogue is fostered. Such dialogue can promote a sense of aliveness and engage a spirit of solidarity that promotes sustainability within clinical practices (Reynolds, 2010).

Conclusion: A Call to Action

In recognizing the structural forms of oppression that can serve to exacerbate suicidal despair in Latinx clients, it becomes readily evident that in order to reduce the likelihood Latinxs experience suicidal thoughts in the first place, the society in which we live must change. By politicizing suicide prevention work White (2020) argues that individually focused psychological interventions are not always sufficient to remediate psychological suffering. While a recognition of the relational entanglements contributing to suicidal thoughts can open new conversations and illuminate new meanings in work with suicidal Latinx clients, this is just one step towards addressing the intricate complexities of suicidality within marginalized communities. Social justice activism on an individual, group, and political scale, is necessary to begin to take on the pervasive forms of oppression that impact the Latinx community. Suicide prevention will never reach its goal so long as society continues to oppress – this work can go beyond the limiting scope of

psychocentric thought by beginning with re-imagining the world in which we live. What steps can we take to create a world worth living in?

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Appendix A

Current Debates about the Label “Latinx”

The use of the term “Latinx” has gained popularity in Academia in recent years, but often sparks confusion when used outside of this privileged context (Salinas, 2020). The term emerged as an attempt to disrupt the gender-binary of the colonial Spanish language. In the context of Academia it is often perceived as an inclusive term that recognizes intersectional identities. At the same time, varied arguments have been made acknowledging the ways in which the term Latinx is also exclusive. One such argument points to the fact that the letter “x” is virtually unpronounceable in the Spanish language. It has also been argued that while the term Latinx seeks to be inclusive of all genders, neutralizing gender could inadvertently serve to ignore the oppression faced by transgender people who do identify with a gender (Contreras, 2017). Lastly, the term Latinx is a panethnic label (e.g., a racialized ethnicity) which can lead to the problematic yet widespread practice of conflating race with ethnicity. As outlined throughout this paper, race and colorism are linked to disparities in both physical and mental health outcomes. A meta-analytic review of the literature revealed a stark omission of AfroLatinxs (Mazzula & Sanchez, 2021), a concerning finding given this group is at an elevated risk of experiencing discrimination.

Appendix B

Considering the Historical Context:

A Brief History of Latin American Indigenous Groups

The Aztecs

The Aztecs were one of the most advanced Indigenous civilizations, which thrived and prospered in the central Valley of Mexico. This empire was known for its remarkable advances in technology, architecture, farming, and medicine. They also developed systems of public health, sanitation, and sewage disposal unmatched by any other civilization of that time. Aztecs were deeply religious and worshipped a number of deities including three main Gods: *Quetzalcoatl* (The Creator), *Huitzilopochtli* (Sun God), and *Tezcatlipoca* (The Chief God). One of the primary objectives of Aztec spirituality was to maintain balance in nature in order to prevent its destructive forces from ending the world. They also believed that the Gods needed human blood to maintain this equilibrium and win the battle against darkness. As such, human sacrifices were made to the Gods, and were considered the most sacred gift that could be offered. The Aztecs did not believe death was an endpoint, but rather a transition into a different sphere of the universe. Death was celebrated rather than feared, and the Aztecs honored their dead with a series of rituals lasting a full month. While these traditions were modified when the Spaniards arrived, and Catholic elements such as prayers and masses have been added, this celebration still continues primarily in Mexico in addition to other central American countries and is known as Day of the Dead (Adames & Chavez-Dueñas, 2017).

The Maya

The Maya established their empire in parts of Mexico, Guatemala, Belize, and Honduras; interestingly, the geographical areas of this empire included tropical rain forests,

which are not conducive to managing natural resources. Nonetheless, the Maya exhibited remarkable creativity and innovation and learned how to master the challenging physical environment. Additionally, the Maya are known for their advances in mathematics, astrology, astronomy, and architecture. They are thought to be the first civilization to employ the concept of zero. The Maya worshiped Gods associated with nature such as *Kinich Ahau*, Deity of the Sun and *Ix Chel*, the Goddess of the Moon. They also exhibited high reverence for their ancestors, which is exemplified by prominent Maya cities such as Tikal and Palenque that built several pyramids over the burials of rulers. Another important value influencing Maya society was their belief that humans and animals were equally sacred and deserving of respect and dignity. These cultural values of respect and dignity can be observed among their descendants in Central America who have a strong connection and respect for all animals, as well as their ancestors and elders (Adames & Chavez-Dueñas, 2017).

The Inka

The Inka formed an extraordinary empire ruling sizable portions of South America throughout specific areas in Peru, Ecuador, Bolivia, Argentina, Chile, and Colombia. Cuzco, the empire's capital, flourished and became the richest city in the Americas. Religion played an integral role in the lives of the Inka who practiced several different polytheistic religions that each worshipped *Pachamama* (the Earth Goddess) and *Viracocha* (the "teacher of the world"). They believed in reincarnation and would save hair, nail clippings, and teeth for their return to Earth. The Inka also believed that some inanimate objects and natural places held divine energy, which they perceived to be deities called *Huacas*. In addition to their Gods the Inka also worshipped *Huacas*, which included but were not limited to mountaintops, caves, and springs. The biggest celebration for the

Inka was a holiday called *Inti Raymi*, which was dedicated to *Inti* (the Sun God). *Inti Raymi* was one of the few holidays that survived colonization, and is still celebrated each year in Cuzco, Peru. The Inka were renowned for their architectural and engineering skills and built extravagant cities, fortresses, bridges, aqueducts, and a 14,000-mile system of roads (Adames & Chavez-Duenas, (2017).

The Tainos and Caribs

The Tainos and Caribs were Indigenous people from the Caribbean who developed a civilization with a matrilineal descent system. Like other Indigenous civilizations from the Americas, the Tainos and Caribs were deeply religious and worshipped a number of Gods and Spirits. *Atabey*, the Goddess of fresh water and human fertility, was considered the supreme God, and was honored at lavish festivals every year. During these festivals attendees would engage in various ritual practices to purify their bodies, for example using a stick to induce vomiting to clear the body. The passing down of history was very important and new generations would learn about their history through songs, with lyrics about their village's collective narrative. Like other Indigenous groups, the Tainos did not view death as an end but as a transition from one form of existence to another. After death they believed the deceased would go to *Coabay* where they would be reunited with their deceased loved one and experience eternal joy. They believed the living and the dead were in constant connection with one another. These beliefs continue to be seen in the descendent of the Tainos and Caribs who frequently describe feeling the presence of deceased loved ones and at times report seeing them (Adames & Chavez-Duenas, (2017).