

***Cambiando Ciclos: The Cultural Inadequacy of CBT for Intergenerational
Trauma in the Latine Community***

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On my honor, as a University Student, I have neither given nor received unauthorized aid on this
assignment as defined by the Honor Guideline for Thesis-Related Assignments

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Introduction

“Cambiar ciclos, romper cadenas.” Change cycles, break chains. I grew up hearing the phrase “break chains” from my mom whenever we would talk about patterns in our family repeating. My parents got in a relationship at a young age and my siblings both got married before their 22nd birthday. Seeing this pattern, my mom one day turned to me and said, “you are breaking this chain.” Another example of patterns is education: my grandparents on both sides of the family did not receive more than a 3rd grade education, my parents at most finished 9th grade of high school. Due to legal status, my siblings at the time had their high school diploma, and could not pursue a higher education—however, being the only one born here, my mom saw this as an opportunity. *“Rompe esa cadena, y sea una profesional.”* Break that chain and be a professional. That is the expectation I hold myself to; to break the chains my family has been held to for generations. With that being said, the first piece means much more than the second. Changing a cycle takes more than breaking it. Specifically, to change a generational cycle, it takes recognizing, healing, consistency, accountability, and more to heal from a trauma.

Growing up, I was the youngest. With a thirteen-year age gap between my older sister and I, and a ten-and-a-half-year age gap with my brother, I recognized from an early age that I would always be in a different phase of life than them. I took this as an opportunity to learn from the experiences and interactions my siblings had with our parents and their relationships. While I joked about psychoanalyzing my family from the beginning, I really did recognize generational patterns and beliefs my parents held from their past, which they were continuing with my siblings. I saw differences in how my sister was treated compared to my brother because she was simply the oldest sibling and a woman. She was given plenty of responsibilities while our parents worked multiple jobs to make ends meet. Among these responsibilities were preparing dinner for the family, cleaning the house, doing our laundry, working to pay bills, getting an education

through community college, while also raising me. I acknowledge and recognize that my sister is a *todera*, a woman who does it all. But eventually, she recognized that while she could be a woman who helps her family, we stunted her growth as an individual. And for this reason, she left with her now husband, at the age of twenty-one. This experience is a common one, unfortunately, of older sisters needing to put their childhood and life aside for the benefit of their family, and it is commonly seen throughout generations in Latine families. My sister is not the first iteration of this cycle in my family, but I do hope she is the last.

I grieved my sister's presence, and my mom grieved her daughter's presence. With my sister out of the house, we started to develop our own relationship. Throughout this time, I questioned every little thing my mom told me to do. And most of the responses were because she said so. Because she was my mom and I had to respect that. Because I did not know better. This experience alone speaks to social norms present in the Latine families— this is not an uncommon response to the event of a family member pursuing their own avenue in life, and neither are the expectations to put family first above everything else.

It took time to work through these expectations, and the pressure I would add to what was already expected of me. I personally found therapy in college to be an outlet to speak on all my experiences. However, no matter how much I worked on my perception of events, of myself, and unlearned bad habits, that work would go down the drain when I visited home. Being home, our household ran the same way, and I found myself easily triggered and back to the same mentality as before. I found myself frustrated at my family for not understanding that I wanted to do some things for myself, or for expecting me at a family event I could not attend due to school.

Why? If I had put in so much effort to break these chains, change the cycle, build myself up as an individual, and heal, why was it that I reverted to my old ways when I went back home? Why did these cycles begin in the first place, and why haven't they stopped despite my family

being aware of it? My life experiences and those around me led me to investigate what it is in the Latine community that leads us to continue intergenerational cycles of trauma and how we can heal from them to change the future for those that come after us.

Experts in the field of clinical therapy have described cognitive behavioral therapy (CBT) as the golden standard in individualized care. CBT has been proven to be effective for individuals with mental health disorders such as depression and anxiety (Hofmann et al., 2012). However, a population of people with intergenerational trauma, such as the Latine population, has yet to be studied with this therapeutic technique. With CBT being a kind of individualized care, and intergenerational trauma affecting generations within a family, I argue that there should be better interventions for communities of people that have endured trauma for generations. In this research paper, I investigate through autoethnography, and literature review the cultural and societal effects that influence intergenerational trauma, as well as the effectiveness of CBT therapy.

Background

Cultural Considerations

The terms “Hispanic” and “Latino/Latina” may seem interchangeable to those in America, but they are not. The term Hispanic in the United States refers to a population that speaks or are descendants of people that speak Spanish. Approximately, 19.1% of people in the U.S. are of Hispanic origin as of 2023, making it the largest ethnic population in the United States (United States Census Bureau, 2023). There is little data that has a percentage that specifically addresses those that are Hispanic and of Latin American descent. With that being said, there is a difference between both terms. For example, there are countries in Latin America, such as Brazil, that do not speak Spanish; in this case, a Brazilian may be referred to as

Latino/Latina, but not Hispanic. Contrastingly, a Spaniard is considered Hispanic but not Latino/Latina. The terms to describe descendants or immigrants of Latin America and the Caribbean is very general—in actuality, every generation of this population choose to describe themselves differently, either as Hispanic, Latino/Latina, and/or by country of heritage (Cantos, 2023; Gonzalez-Barrera, 2020). Additionally, society today has looked for ways to include people of different identities into these terms that would identify an individual as a male or female. To this end, there have been terms such as “Latinx” and “Latine” that accommodate for nonbinary individuals. For the sake of consistency and awareness, I will be using Latine, a Spanish friendly and gender inclusive term for individuals of Latin American descent, and Latines for the plural unless speaking specifically to experiences of my own, in which I will say Latina, or similar circumstances. Lastly, I ask that you notice that these terms define an individual as Latine or Hispanic because of their ethnicity—this is because Latine/Hispanic identifying individuals can be of any race. In the general population of Latines, there are white Latines, Afro-Latines, and Indigenous Latines, and more. For this paper, I am generalizing with the ethnicity but do recognize that the experiences of Afro- and Indigenous-Latines are different.

Generalizing the Latine community in this case is challenging due to the complexity within each country: this includes differences within race, systems in place, politics, etc. These topics are outside the scope of this paper. However, there are broad social norms within the Latine community shared within different cultural heritage.

A brief overview of Cognitive Behavioral Therapy

Cognitive Behavioral Therapy (CBT) is an umbrella term for a variety of interventions that treat mental disorders and psychological distress by addressing factors that influence cognitive processes for an individual (Hofmann et al., 2012; David et al., 2018). In other words,

this intervention style aims to address the environments that are perceived, performed, and learned in by the individual. Once addressed, CBT focuses on questioning and providing different approaches to maladaptive perception and understanding, with the intention of helping the individual recognize these patterns and change their behavior. The goal of evolving out of negative patterns of conduct aims to lower emotional distress that may contribute to the maintenance of mental disorders (Hofmann et al., 2012). CBT is commonly considered the golden standard in therapy (David et al., 2018). However, an argument against CBT is the quality of the studies that prove its effectiveness. Studies prove the effectiveness of CBT compared to no treatment at all (David et al., 2018), yet it is argued that it cannot be the standard if there are no comparisons with other intervention methods. Although CBT has been the primary intervention method researched in academic studies, it should not be the only one measured. With a simple search on PubMed, I found there to be more than 50 times as many articles available for cognitive behavioral therapy than an alternative form of therapy called dialectical behavioral therapy (DBT) — (see Figures 1 and 2). DBT focuses on emotional regulation and behavior (Linehan & Wilks, 2015) instead of changing of thought patterns—which is what CBT focuses on (Hofmann et al., 2012).

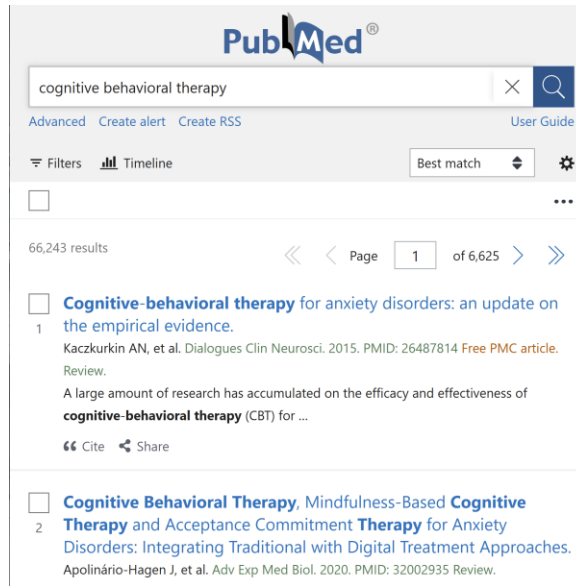


Figure 1: Cognitive Behavior Therapy, the “golden standard,” (David et al., 2018) having 66, 243 results when searched on PubMed.

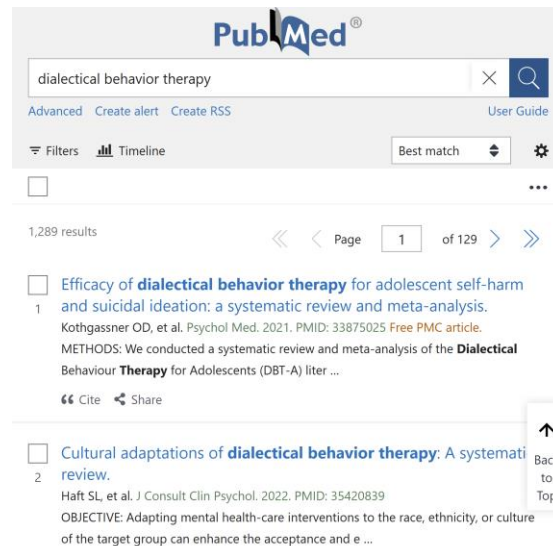


Figure 2: PubMed Search on Dialectical Behavior Therapy, alternative therapy method (Linehan & Wilks, 2015), having only 1,289 results.

With that said, CBT has been found to be effective in addressing cannabis dependence with multiple sessions, the hallucination/delusions of schizophrenia, depression, anger and aggression, stress, and anxiety disorders. Yet CBT has not found to be the most effective

treatment for opioid, alcohol, as well as bipolar disorder and fatigue (Hofmann et al., 2012). For cannabis dependence, CBT resulted to be effective yes, but there are alternatives that proved more effective. Additionally, CBT interventions paired with training, programs, and oftentimes pharmacotherapy are more effective in lowering emotional distress when catered to individual needs (Hofmann et al., 2012). So, is CBT generalizable within diverse populations?

It is imperative to know how Western cultural practices influenced the development of CBT, as CBT focuses on independence, primary control of situations, and thoughts influencing actions (Huey et al., 2023). CBT's application for ethnic minority clients has been put into question as the social views are not the same. While there is mixed support for CBT that is adapted culturally, clinicians are currently not adequately integrated into community beliefs and social norms to provide this treatment in the first place (Huey et al., 2023).

Provider bias, like racial bias, can be prevalent in clinicians, leading to errors in decision making. Clinicians with this bias may keep certain stereotypes when interacting with clients which can lead to under/overdiagnosis of mental health disorders. To add on, there are few providers that reflect the population of people. Contrastingly, having providers that are culturally as diverse as the population can bridge the cultural gap between patients and clinicians, leading to quality care and satisfaction (Q&A: The Importance of Having Diverse Providers That Reflect Patient Populations, 2016).

Methods & theoretical framework

I used autoethnography and meta-analysis to collect and analyze my data. I collected research for the meta-review via Google, Research Rabbit, and Elicit. I collected statistics on the Latine community, intergenerational trauma, as well as the CBT approach and its defects.

Several patterns emerged during my analysis, including the need for adaptation for language, cultural awareness from providers, and the ability to share experiences within a community. I have found that there are some studies in CBT that are working on changing this, but overall, there was a lack of research I could collect in relation to CBT therapy and the Latine community.

I investigated the social determinants of health, as well as risk factors that are causes of trauma, typically seen and passed down throughout generations. To determine what to investigate, I researched different resources available to make a diagnosis, as well as factors that influenced these traumas to occur that can lead to or trigger mental health illnesses. The Diagnostic and Statistical Manual of Mental Disorders (DSM) is a reference of various editions that lists mental health disorders distinguishable by symptoms based on predictive models. DSM serves as a resource for psychiatrists to determine what type of mental health illness an individual may have depending on their experience (Mayo Clinic, 2022). The DSM holds various different questionnaires to aid with differentiating mental health disorders, such as the Stressful Life Events Screening Questionnaire (SLESQ) and the PTSD Checklist-Specific Version (PCL-S) (Goodman et al., 1998; *PCL-S*, n.d.).

The framework of intersectionality best explains my findings. Intersectionality explores “how intersecting power relations influence social relations” (Hill Collins & Bilge, 2020, p. 2). With this definition in mind, I can conclude my research is an example of intersectionality. In my paper, I investigate the experiences of the Latine community, which may include immigration, cultural stigmas, and systemic barriers. These experiences alone are not limited to the Latine community, as victims of the Holocaust experience persecution and violence (Shrira, 2019), and families of Middle Eastern countries experienced trauma and displacement from immigration and refugee camps (Lev–Wiesel, 2007). Additionally, cultural stigmas are present in other cultures such as Asian and African cultures via ideas of communalism and filial piety (Schwartz

et al., 2010). Systemic barriers are also present to populations born and/or raised in the United States—for example, financial restrictions and access to mental health care are barriers that are also present to the Black community (Committee, 2023). Lastly, data on childhood poverty reflects that Latine children are 21% likely to be in poverty, and so are 22% of immigrant children (Medicine, 2019). With these statistics being said, there is a large variety of intersectionality in simply looking into Latines experience in America.

The style of academic writing I am using to communicate my findings is autoethnographic. An autoethnography focuses on using personal narratives as data to interpret research based on lived experience (Poulos, 2021). The purpose of my autoethnography is to use my personal experiences and perspective to help recognize thought, emotional, and behavioral patterns that influence how we, Latines, act towards future generations. For example, by questioning my experience in CBT, I have found literature that supports the theme of an approach for Latines to be lacking from this intervention. Experience influences research, and research can help change experiences in the future if and when themes are found. Below, I structure my findings into three vignettes. Each personal vignette is written in italics, followed by the meta-review analysis.

Findings

Vignette 1: Structural Causes of Trauma

In the fall semester of 2024, I had the opportunity to be part of a programming event between the sorority I am a member of, and the Women's initiative. I had not been exposed to the work of the Women's Initiative, but this programming of "La Cultura Cura: De Aquí y De Allá" or "The Culture Cures: From Here and From There" exposed me to the communal work of the program. This program works on connecting, healing

and empowering Latina focused intergenerational support groups via sisterhood, social solidarity, and healing through cultural celebration. In this event, a guest speaker came to discuss how we can heal as a collective to address challenges from our past. How are we celebrating ourselves daily? How are we intentionally acting to repair cycles of trauma? Are we reflecting on our relationships with our parents and as parents with our children? What would you do with your inner child to help her heal?

The feeling of being asked these questions at that moment was overwhelming, as I had not reflected on these pieces of myself outside of that environment. As I was reflecting on these questions, I felt a space of trust, openness, and sadness in the room with other women. We expressed our narratives in this space, and I found themes and commonalities in our personal experiences that were shared across generations. With conversation, I explored more into my needs as an individual and how to bring these lessons learned with my family. Once the conversation ended, facilitators guided us to engage in activities that prompted reflection and were focused on creating arts and crafts. Whether it was listening to music that we did when we were younger, meditating, journaling, or creating structures out of clay, a moment was taken by participants to focus on feelings experienced in the moment. I came out of this workshop emotionally tired, but relieved. I felt recentered in my mentality, focused on working through the feelings experienced and implementing the strategies learned. Above all, I felt a sense of comfort having shared experiences with other women that were acknowledged and validated and came out of the workshop with lessons I could, and did, share with my family.

This was my first experience in a culture centered community healing setting. Compared to CBT, this healing space provides the narratives of individuals with similar backgrounds to be part of one's own healing experience. In this setting, cycles of habits, common struggles, and areas of growth are acknowledged by members of the specific community. Not only are these experiences acknowledged but reflected upon while participating in activities that relax the individual (PTSD UK, 2025). This process is successful due to the soothing nature of the activities, as well as providers' understanding of the norms and customs of the culture community members identify which lead to effective intervention (Sue et al., 2009). With intergenerational trauma as the topic at hand, providing the space for women of any age to share their experience gave participants the opportunity to recognize that trends, specifically to Latines, are passed down. It also provides them with the perspective of the agency we must promote change in a community setting, which we find ourselves in due to our culture being familistic (Ayón et al., 2010). With targeted therapies and supportive environments, we can heal our traumas through our behaviors, providing an avenue for our future generations to heal on a genetic level as well (Idaho Youth Ranch, 2024).

A study focused on how Post Traumatic Stress Disorder (PTSD) affects Latines recognized language used that emphasized the feelings of their experiences (Eisenman et al., 2008). When interviewed, participants were provided a SLESQ that was modified based on preferred language and traumatic events that are relevant to Latines. Once this portion was complete and the researcher and the participant discussed the most “stressful” experience, participants were given the PCL-S form to fill out, which determines the PTSD symptoms present that were caused by the traumatic experience (*PCL-S*, n.d.). When reflecting on their

traumas, the feelings named by the participants were sadness, fear, anger, and nervousness. These feelings were oftentimes emphasized when asked if their trauma affected their stress (Eisenman et al., 2008). So, what are some things that are affecting their stress?

I learned from a psychology of trauma class that children with a high level of stress due to these responsibilities and lack of emotional outlets experience higher levels of cardiovascular disease, mental health disorders, and/or addiction as adults (Whitworth et al., 2005; Dziurkowska & Wesolowski, 2021; Lovallo, 2006). One example of this is my dad. He started working when he was seven years old handing out bakery orders throughout the east side of Cali, Colombia due to living in poverty. He has worked his whole life having two jobs to help raise and care for his family in Colombia and ours— which led to his alcohol use. The lack of care he gave to his health and his long-term stressors, I believe, led to his cardiovascular health declining and soon enough his heart attack in January 2023 at the age of 53.

Latine mental health and wellbeing has been affected by the structural problems they experience, such as anti-immigrant policies, discrimination, and social inequities. Research has proven poverty, work demands, and poor housing conditions can lead to depression and anxiety in Latines (Magaña & Hovey, 2003). Currently, there are budget cuts occurring to programs that support first generation and low-income communities and diversity. These budget cuts target some of the programs Latines depend on to receive care (Vergara & UnidosUS, 2025). These programs can include insurance that provides payment plans, or family assistance programs for childcare and education. It is imperative that these programs remain established and functioning, as they ease the stress of living in poverty for families. These programs directly reduce stressors that can have long-term psychological, emotional, and developmental impacts on marginalized communities.

Research from Feeding America showed that in 2023, a quarter of the Latines experience food insecurity, and they are twice as likely to experience food insecurity. Reasons for lack of food access is due to racism and discrimination Latines face when getting jobs, housing, and education. Language and cultural barriers and immigration challenges are another barrier that prevent people from accessing food assistance programs (Feeding America, 2019). Furthermore, roughly 90% of undocumented immigrants are unsure of using public assistance for food, housing, and health, as they are worried the use of public services would affect their eligibility to get a green card (Schumacher et al., 2023). This reflects a lack of resources to the immigrant community that could improve their quality of life.

In education, 73.1% of Latines had at least a high school diploma, 20.4% had a bachelor's degree, and 6.8% held a graduate or advanced professional degree in 2022. Comparing these numbers to white individuals, the percentages are 94.2%, 39.5%, and 15.5% respectively (United States Census Bureau, 2024). The gap is fairly large. Interestingly, in 2023, 75.3% of Latines graduated from high school, 12.5% graduated with a bachelor's degree, and 3.4% received a graduate or professional degree (United States Census Bureau, 2024).

In terms of health, Latines are the ethnic group with the highest uninsured rate among other ethnic identities, with 16.8% of the population uninsured. Compared to the white population, there is only 5.3% of the population that are uninsured (United States Census Bureau, 2024). In 2023, 17% of Latines sought out mental health treatment (U.S. Department of Health and Human Services, 2024). Based on the criteria in the DSM, 47.4% of Latines that sought mental health treatment were also diagnosed with a mental illness (S. A. and M. H. S. U.S. Department of Health and Human Services, 2023).

Poverty has been found to be a cause for mental health disorders, and the cost of mental health has continued the cycle of poverty (Acri et al., 2017). Poverty is defined by how a family

compares to the national average income (Office of Disease Prevention and Health Promotion, 2024; US Census Bureau, 2019). In 2024, if a family of four with two children has a household income less than \$31,812, they are considered living under the poverty threshold (US Census Bureau, 2019b). While this may seem feasible, the poverty threshold is the same despite the cost of living in different states (University of Wisconsin-Madison, 2017). This is a discrepancy as states like California have a high cost of living, which places a higher financial burden on families (Moore, 2023). In 2021, it was found that 18% of all Latines, whether they were citizens or foreign-born, live-in poverty, with 23% of Latine children under 18 are experiencing poverty (Moslimani & Noe-Bustamante, 2023). Similarly, 22% of children immigrants experience poverty (Medicine, 2019).

As of 2021, there were more than 42 million U.S. born Latines, and nearly 20 million foreign born Latines (Moslimani & Noe-Bustamante, 2023). Additionally, nearly 6 million children have one or more parents that are undocumented (UnidosUS, n.d.). With this statistic in mind, nearly a third of the Latine population of the U.S. have experienced immigration. Individuals who immigrated to the United States decided to come to do so to improve their living conditions and provide a better future for themselves and their families (Schumacher et al., 2023). Immigrating to the United States have brought experiences that have become sources of trauma throughout its various phases. Premigration is the phase where the decision is made to migrate and due to the political and social climate, may be a forced decision (Cleary et al., 2017). At this phase, individuals or families may apply for a visa to receive permission to enter a country, yet 1 million immigrants were denied a visa due to a variety of factors (U.S. Department of State, 2018; White & Associates, 2025). Migrating is dependent on the method and distance individuals travel, and the lack of having a visa may lead to people to look to other methods to migrate (Barton et al., 2021). There are a variety of approaches to entering and staying in the

U.S., including overstaying a visa, using and/or overstaying a Border Crossing Card, or entering illegally and evading immigration checks by hiding in vehicles or crossing diverse terrains to enter (Pew Research Center, 2006). Post-migration factors in the experiences once arrived at the host country include staying in a refugee camp and/or detention center, as well as stress from adapting. Individuals have mentioned experiences in detention centers such as sleeping on concrete benches or floor due to limited space, being separated from their families, and being prompted by Immigration and Customs Enforcement (ICE) officers to sign documents that agreed to waive their rights to asylum (Bryant, 2018).

Immigrants that are people of color and/or low income are more likely to face discrimination in the workplace and are criticized for speaking a different language: 55% of Latine immigrants reported experiencing this. Roughly 33% of immigrants have experienced situations of alienation with commentary insinuating they return to “[their] country” (Schumacher et al., 2023).

In the 2024 fiscal year, there was a total of 113,431 deportations. Arrests occur due to criminal conviction, pending criminal conviction, or “other immigration violator” (ICE, 2016). This last term is interesting as this is an umbrella term for people that violate the law as an immigrant “without any known or pending criminal convictions or charges” (U.S. Department of Homeland Security, 2024). An immigration violation includes entering illegally, violating/overstaying a visa, and being labelled an “unlawful presence” or “undocumented,” meaning not having an immigration status (Moodie, 2025). Deportation is the process a state takes to remove a noncitizen from its territory to their native country, due to violating the law (Cornell Law School, 2022; Gov, 2023). Criminal activity of serious offenses is usually the reason for deportation (EMP LawFirm, 2025). Apart from the examples mentioned for “other immigration violations,” other reasons include possession of drugs, domestic violence, and

falsification of documents (Cornell Law School, 2022; [USC02] 8 USC 1227: *Deportable Aliens* (n.d.)).

The worry of deportation looms over 70% of immigrants. More than 32,000 arrests were made in President Trump's first 50 days back in office (Schumacher et al., 2023; Barron-Lopez, 2025). In a 2025 survey, 42% of Latines were more concerned about being or knowing someone who would be deported than white, Asian, and Black populations (Noe-Bustamante, 2025). While the rate of deportations is less than Biden's, the number of immigrants entering the U.S. has decreased due to the policies pushed by the Trump Administration. With that said, not all that have been deported have criminal charges, as individuals have expressed concerns with this practice not aligning with their constitutional rights (Barron-Lopez, 2025). Many immigrant narratives also share the circumstance of being deported to a country they are not familiar with due to immigrating at a young age, leaving their world behind (Immigrant Defense Project, n.d.). Overall, this leads to an environment of stress for those without legal documents. Research has shown that familism and support have buffered the effects of stressors caused by migration on Latine immigrant adolescents, yet in general they are less likely to search for mental health resources and support (Perreira & Ornelas, 2013; Immigrant Learning Center, 2024).

However, there are resources that show differently. Locally, there are two programs that inform and address care for Latines. The Women's Initiative offers women individual and/or group therapy that caters to their needs and background. Their providers are culturally aware and impart insight that is in a context the clients understand, removing the language and culture barriers. UVA's Latino Health Initiative focuses on training their community volunteers on medical practices and community culture. Additionally, the Initiative takes on the approach of not disrupting the community but being of support – the volunteers do not assume the help that is needed but allow community members to let them know.

Vignette 2: Intergenerational trauma

Being the youngest, I found myself being able to witness and reflect on the interactions of my older siblings and my parents. With these lessons in mind, I learned to recognize patterns that led to favorable outcomes and paths that led to outcomes I personally did not want. This influenced my behavior growing up, as I was known to be “rebellious” for not conforming to said patterns, voicing my opinions, and questioning my family and culture’s status quo - which often results due to the authoritative parenting styles (Juneja, 2024). This nature has not changed in me, but I notice this same attitude in the generation after me. Seeing patterns within my parents and theirs that have been passed down to my siblings and I, I have become hyper-aware with how my siblings raise their children. Despite us sharing our experiences and acknowledging what could have been different, I notice in moments where those patterns seep through. Instead of feeling guilty, I often bring awareness to my siblings of their actions and use this as an opportunity to bond with the little ones. While they are not my kids, I have made it a personal goal to be a support system and safe space for my nieces and nephew away from their parents. I take my role as an aunt seriously, mentoring them through strangely similar experiences in terms of communication and boundary setting. I talk with them honestly, sharing experiences like theirs and providing strategies that aid with their emotional responses, and listen to what they have to say. I say this, but I am not a healed person at all - I still experience the same situations they do at times, but it is about providing a different perspective to my nieces and nephews that they can learn from. They follow in my footsteps, so how I act and perceive life will also influence them in the long run. The intention behind my actions come from my experience being in their shoes, the perspective that they are just kids learning as well, and the education I have received in

classes that have exposed me to children's mental health and coping strategies (Komro et al., 2011).

It is worth looking into how generations of people interact with one another and learn the trauma that is passed down, as 28% of Latines live in multigenerational households and can be affected by the trauma (Moslimani & Noe-Bustamante, 2023). Intergenerational trauma is defined as trauma experienced by one generation affecting the emotional and psychological health of the following generations, even though genetics (Cerdeña et al., 2021; Valeii, 2021). Common sources of traumas experienced in the Latine community can be derived from partner violence, refugee camps, and immigration, and generational trauma risk is raised to those that experience violence and deprivation from their home country, method of immigrating to the U.S., along with acculturative stress (Cerdeña et al., 2021). Resilience can be achieved while navigating through intergenerational adversity. Adversity like stress, poverty, parental incarceration/divorce, and/or community violence, as well as childhood/adult maltreatment can lead to trauma in an individual in the Latine community. Latine children report greater poly-victimization— victimization across multiple types of traumas —than white youth and are more susceptible to premature health deterioration by intergenerational trauma. External factors, such as poverty and stress, have also perpetuated the intergenerational trauma onto parents and children. Findings found from this source include caregiver mental distress as affecting the responsive parenting to a child, which alters a child's capacity to form trust between social circles and regulate emotions (Cerdeña et al., 2021). Harsh parenting seemed to be another possible avenue of investigation, as there seemed to be somewhat of a relationship between the parents' maltreatment as a child, and their child's trauma exposure. An example of this is a study of domestic violence experienced by a mother, seen by the child, and the child later experiences

adolescent dating violence. Genetically, there was a relationship between the stress hormone cortisol and the weight of her baby, as well as the labor-inducing hormone, oxytocin, with the bonding experienced; maternal trauma experienced reflected a higher level of bonding with her child (Cerdeña et al., 2021).

One recent study found long term effects of trauma on a family, by tracking three generations of three different families with historical backgrounds (Lev–Wiesel, 2007). The first generation to experience the trauma was interviewed about their personal and familial histories. The third generation was interviewed and asked questions about how their familial experience . The interviews were recorded, and transcripts analyzed to determine central intergenerational themes. Findings of reviewing a family that experienced the Holocaust resulted in the family having a close bond with each other due to the first generation's experience and stressed that trust can only be kept in the family. The following generations had a strong empathy for their first generation's suffering, and curiosity to learn more about their experience in the Holocaust. Across all generations the family expressed an appreciation for life, a calling to educate others on the Holocaust, and to continue to remember the genocide. The second family experienced forced displacement. This family experienced a common feeling of missing their home and preserving their community through advocating for their return. Lastly, all generations of the family that were in a transit/refugee camp had a strong sense of inferiority and feeling of discrimination (Lev–Wiesel, 2007). Family roles changed due to immigration as well. The mother, who previously took on the role as a stay-at-home spouse, became the head of the house and a provider for the family. On the other hand, the father who was supposed to be the family provider “became dependent, frustrated, and violent.” The family mission of bettering their social status was fulfilled by the third generation, who took upon herself to get a higher education and job (Lev–Wiesel, 2007; Shrira, 2019).

This study reflects themes across generations due to the impact of intergenerational trauma on the first generation. Children of the survivors took upon themselves the emotional issues of the older generations of a family to provide them with closure. These feelings, along with loyalty and trauma, cause a family to feel a need to repay and overcompensate for the loss of autonomy due to the trauma; in other words, the emotional detachment caused by trauma becomes a wound that is healed throughout generations. Studying families who experience trauma from war or violence, the trauma persists throughout generations, where the second generation have displayed a heightened awareness of the problem, overidentification with the victims' experiences, and fear and mistrust in people. The third generation of children can still experience these effects by protecting their parents from mental health disorders due to feeling like they are failing their parents in addressing their traumas (Shrira, 2019).

Vignette 3: CBT and Latine Culture

One achievement I am soon to complete is graduating college. This is a huge achievement for me, for many personal reasons—all of which are breaking what has been normal in my family. I consider myself extremely privileged: I did not struggle with immigrating here or getting my papers sorted—I simply had them. I had been made aware of my privilege at a young age, but I continue to always keep it in mind. It is what drives me to do better. I find the fact that my family did not have certain opportunities to take advantage of those opportunities and achieve them. Overall, the sacrifices my family made to get here, the least I could do to repay is achieve dreams we all have in common. My parents came to the United States on May 18th, 1999, with the goal of providing for their family a safe environment to grow up in and an education. 26 years later, I am graduating from UVA's Biomedical Engineering program as the only Latina, with a future that is bright.

All this could not have happened if my family had not left behind the home they did. My family witnessed and experienced community problems such as domestic and sexual violence, poverty, and substance abuse. As I listened to the stories my family had, I learned familial trends like the dad being the only provider, and the mom the housewife. I learned of abuse people had due to parents' ideas of acceptable consequences for their children. I learned of expectations and responsibilities held by the women in my family. For this reason, I hold myself to high expectations. With this high expectation, I have also learned to provide myself with the space to pursue things, my way. I will be an achiever, but I will challenge the norm in the places I go.

The women in my life have gone through so much, that I would find myself disgusted for not acknowledging sacrifices had and actively achieving my dreams. Part of my dream was graduating, as I want to change the future of Latine families with limited access to healthcare. My goal is to create devices that are cost efficient and still effective to reduce the cost of treatment. Just as much as I have been given, an important value my family has taught me is to always give back.

Culture is defined as, “the customary beliefs, social forms, and material traits of a racial, religious, or social group,” and as “the characteristic features of everyday existence (such as diversions or a way of life) shared by people in a place or time” (Merriam-Webster, 2019). I argue that the Latine culture can be characterized by a familistic belief system that influences social norms and cultural practices. Social norms in Latine culture also create expectations that emphasize stigma and can create more trauma. Among these social norms are machismo, familismo, and marianismo.

Machismo is the social construct of what defines masculinity in Latin America: among these traits includes courageousness, dominance, honor, respect, lack of emotional display, and

sexism. This idea of machismo tied with sexism and dominance encourages male dominance over women and perpetuate the belief of traditional roles for women within a family (Nuñez et al., 2015). Machismo's counterpart, marianismo, places a social emphasis for women to remain docile and have nurturing, calm, and submissive personalities within a household. The word marianismo is a reference to the Virgin Mary, the expectation for Latin-American women as a nurturer and spiritual pillar that arrived in Latin America once it became colonized (Sotelo, 2023; Nuñez et al., 2015). Lastly, familismo is the obligation of putting family above the needs of oneself and is vital to the essence of self as the family provides the necessary support to the individual in the Latine culture (Valdivieso-Mora et al., 2016).

Another culturally accepted practice is harsh parenting. Harsh parenting, which is a cause of childhood trauma, has direct ties to the relationship between the parent's maltreatment as a child with their parents. An example of this is a study of domestic violence experienced by a mother, seen by the child, and the child later experiences adolescent dating violence. Genetically there was a relationship between the stress hormone, cortisol, with the weight of her baby, and the labor inducing hormone, oxytocin, with the bonding experienced; maternal trauma experienced reflected a higher level of bonding with her child (Cerdeña et al., 2021)

Generational trauma is trauma that has occurred in a household with relatives in various stages of life. This trauma can be perpetrated by the family or to communities the family belongs to— influencing both these sources of trauma are social norms present in the culture they are rooted in. A common source of intergenerational trauma in Latin America is colonialism. Colonization and colonial expansion cause mass traumas in marginalized communities, due to slavery, genocide, sexual violence, and displacement/immigration. Colonization also caused harm by establishing a power structure in Latin American government and the psyche of the Latine community that are based on racism. The Latine community continues to experience

cycles of racialized violence and colonization through the maintenance of white supremacist structures of power and discrimination. Latine children report greater poly-victimization, victimization across multiple types of traumas, than white youth, and are more susceptible to premature health deterioration by intergenerational trauma (Andrews et al., 2015). External factors, such as poverty and stress, have also perpetuated the intergenerational trauma onto parents and children.

Social norms significantly shape an individual's lived experience by influencing behaviors, stress levels, and access to resources, which in turn can lead to epigenetic modifications such as DNA methylation that affect gene expression (Bateson, 2021; McEwen & Getz, 2013). If not those who directly suffered the trauma, it is worth introducing a culturally approached therapy to children who may be experiencing the epigenetic consequences (Yehuda, 2022). My mental health and self-esteem have been much better than before due to receiving care from a mental health provider that understands my background. Not to say I am “cured”—no one is ever fully cured, and that is something we as a community should realize. I believe it is because of the protective mechanism of portraying a strong and emotionless exterior, we do not give ourselves grace or allow our feelings to take up space. Realizing this has helped me feel my emotions regarding different experiences, now where I can identify patterns within myself and my environment and work on addressing how I can respond. However, my progress does not reflect adequately on my family’s progress. So, is CBT therapy ineffective for Latine community?

One study compared different strategies within a program aiming to reduce stress and depression (CERED) in the Latine community (Alegría et al., 2014). This program, the Engagement and Counseling for Latinos (ECLA) program, focused on the engagement through the telephone (ECLA-T) and a face to face (ECLA-F) to address disparities in depression and

stress treatment in Latines by supporting improvements in depression care for Latines. ECLA-T is based on 6-8 CBT telephone sessions, which have helped in correlating depressive symptoms. ECLA-F involves the same, just face to face. The methods used by ECLA involve visual aids, culturally relevant metaphors, and lower literacy requirements to accommodate for the demographic. To measure the scale of depression of an individual, the Patient Health Questionnaire (PHQ-9) was used in both methods (Patient Health Questionnaire (PHQ-9), n.d.). This study identified barriers that add to disparities in depression treatment, including but not limited to the lack of language matching, challenges in accessing care, and high rates of missed follow up appointments. By the end of the study, ECLA-T proved to improve depression care for Latines, as 44% of Latines were more likely to complete the six-session treatment plan compared to those who had to care in person, when the study was conducted in rural Washington. Findings of this study lead to ECLA, both telephone and face-to-face, being effective as depression reduction care treatment (Alegría et al., 2014). So, I conclude that CBT is still effective as a therapy as long as it is adapted to the culture of the patients and reduces the barriers put in place by social determinants.

Conclusion

In this paper, I focused on providing cultural context to understanding the promises and limitations of CBT for treating the Latine community. Intergenerational trauma is deeply rooted in the Latine community, and combined with other experiences/cycles, it can have long-term psychological, emotional, and developmental impacts on marginalized. I used my personal experiences and supporting literary research to criticize CBT as it falls short in addressing Latine needs. While some CBT approaches addressed the systemic barriers, there is little research available on programs that are culturally catered to the Latine Community.

So, what alternatives are available instead of the traditional CBT? Locally, The Women's Initiative and UVA's Latino Health Initiative provide culturally informed and community-based care that removes social barriers from preventing people from getting help. It is worth studying organizations like these for long periods of time to determine their efficacy on the Latine community. More research should be conducted regarding the types of therapies available, and themes already noticed. For example, opening to others in a transgenerational Latina community to heal with therapeutic guidance—how is this effective?

Furthermore, there are programs that offer family assistance and support to diverse, first generation, and/or low-income communities in need that are currently undergoing budget cuts. These programs directly reduce stressors that can have long-term psychological, emotional, and developmental impacts on marginalized communities. As a society, we should continue to support these programs and focus our attention here – by turning a blind eye, future generations are exposed to more stressors that will impact their development. We should not allow these cycles to continue for the sake of the future children and families that are going to follow in our footsteps.

Overall, these patterns of intersecting identities should not be simply acknowledged within research. I kindly ask of my community, Latines, to name and validate the patterns within their lives in their behavior, thoughts, and emotions. I ask you to reflect on these patterns and how they manifest in your relationships—you may find yourself repeating cycles. And if you are, I suggest you give yourself grace, because you now acknowledge it—that is growth to where you were before. It is great that you acknowledge it – however, I challenge you to change the cycle and try something different. See what results.

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