Destigmatizing Mental Illness Among Eritrean Americans

Dr. Zemed Berhe

Biculturalism and Acculturation

Biculturalism: depicts cultural norms from two groups, involving the ability to switch between cultural norms, schemas, and behaviors in response to cultural cues.

Ex: Bicultural individuals may self-identify as "I am Bicultural" OR group self-categorization as such "I am Eritrean and I am American;" "I am Eritrean American"

Acculturation: refers to the cultural adaptation or changes individuals or groups make from one's native culture to the host/majority culture.

The Impact of Acculturation

- Within-Group Differences
    - Wave of immigration impacts each individual differently
    - Parents acculturative process ("Americanized vs Non-Americanized parents). Educated vs entering into work force to provide for family
    - 1st vs 2nd Generation adults and mental health outcomes differ
    - intergenerational differences and barriers experienced because of war and challenges upon immigrating to the states.

Bicultural Stress

- Subjective perception of stress due to everyday life stressors that result from pressure to adopt the majority culture as well as pressure to adopt the native culture.

- The experience of bicultural stress is predicted to occur at greater levels among ethnic groups (including Eritreans), 2nd generation individuals between the ages of 25-29, endorsed higher levels of bicultural stress
    - Cultural pressures to speak native language
    - Acculturation
    - Educational attainment

- Various studies have found higher bicultural stress levels to be associated with negative mental health outcomes (more depressive symptoms, low levels of self-esteem, lower optimism, increased anxiety)

Implications

■ Living in a bicultural context may affect the mental health of bicultural individuals

❖ 2nd generation individuals between the ages of 25-29, have been found to endorse higher levels of bicultural stress
- Cultural pressures to speak native language
- Acculturation (navigating career advancement)
- Educational attainment

● Within group differences, gender and generational differences should be considered in understanding one's bicultural identity development

■ Impact of bicultural experiences on educational involvement is critical to understand and recognize ****

Reducing Stigma within the Eritrean Community

➢ Understanding our Biology of Emotions

➢ Internalizing (suffering in silence) vs Externalizing behaviors ("acting out")

➢ Chronic invalidation ➡ internalized invalidation of self

➢ Shame, Guilt, social comparisons in community

  ○ Affects self-worth, confidence, self-esteem

➢ Gender differences

  ■ 'we raise our daughters but love our sons'

➢ Conflict-averse culture at large

  ● Avoidance and fear in confronting problems

Beliefs about Mental Illness

❏ Eritrean Americans may subscribe to beliefs about anxiety, depression, or severe mental illness that a person develops mental illness due to having a "weak mind, poor health, a troubled spirit, and a lack of knowing oneself."

Other beliefs may include:

❏ Being strong is a survival mechanism, vulnerability is a sign of weakness

❏ We have been conditioned to survive given our country's history of acquiring independence and overcoming the challenges of immigration in the diaspora

❏ Difficulties navigating cultural norms and narratives within Bicultural identity

❏ Balancing Familial expectations/pressures/values

❏ Resorting to faith/religion/spirituality and cultural support systems

❏ Seeking professional help viewed as a sign of weakness

❏ Issues are kept private and within the family

Mental Health Challenges

- Negative views about seeking help AND therapy

    - Culturally viewed as a sign of weakness, must be "crazy"

    - Experiencing shame and guilt as a result

- Intergenerational Trauma as a result of history of war, immigration, racism, systems of oppression that continue to contribute to mistrust of mental health system

- Gender norms/socialization within Eritrean families and greater community

- Lack of accessible and affordable mental health care

- Lack of Eritrean and/or Tigrinya speaking clinicians (Representation Matters!)

- Dispelling the Myth about being Strong to Survive, stoicism and pride

- Normalizing talking about your struggles and problems

REDEFINE the narrative

► Perpetuating Mental Health stigma serves as a barrier to our **HEALING** and overall well-being

► Normalize within our communities having discussions around **MENTAL** well-being and taking care of yourself

► It is healthy and okay to not be **OKAY**

► Strike a **BALANCE** between expectations, knowing our strengths, and allowing us to be vulnerable

► Seeking **HELP** is a sign of strength and takes **COURAGE**

► You can be **RESILIENT** and **STRESSED** at the same time

► AVOID **JUDGMENT** AND **GOSSIP**

❖ *IT IS IMPERATIVE FOR OUR HEALING TO TACKLE THESE ISSUES AS A COMMUNITY WHILE EMPOWERING ONE ANOTHER*

Mental Health is Wealth

❖   Social support + Education serve an invaluable role in promoting mental well-being in persons of African descent

❖   The coupled power in the presence of social support (family, friends, and significant other) and education uniquely influence individual's experiences of depression in bicultural persons of African descent and may buffer endorsement of bicultural stressors.

❖   Perceived social support and education serve as protective factors buffering negative mental health outcomes.

THERE IS NO HEALTH WITHOUT MENTAL HEALTH

DAVID SATCHER