FAMILY EMOTIONAL LITERACY: A CRITICAL EDUCATION CURRICULUM FOR MENTAL HEALTH PROMOTION

Anna L. Dinallo
University of New Mexico

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Anna Marie Dinallo

Candidate

Language, Literacy, and Sociocultural Studies

Department

This dissertation is approved, and it is acceptable in quality and form for publication:

Approved by the Dissertation Committee:

Ruth Trinidad Galván, chair of the committee

Glenabah Martinez

Holbrook Mahn

Magdalena Avila
FAMILY EMOTIONAL LITERACY: A CRITICAL EDUCATION CURRICULUM FOR MENTAL HEALTH PROMOTION

by

ANNA MARIE DINALLO

B.A., Psychology, The University of New Mexico, 2011
M.A., Counseling, The University of New Mexico, 2014

DISSERTATION

Submitted in Partial Fulfillment of the Requirements for the Degree of

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DEDICATION

I dedicate this journey to the many children I have counseled in school and community settings. As my teachers, you have taught me resilience by laughter and play. You are my greatest source of inspiration.
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FAMILY EMOTIONAL LITERACY: A CASE FOR CRITICAL EDUCATION AS A MENTAL HEALTH PROMOTION TOOL

By
Anna Marie Dinallo

B.A., PSYCHOLOGY, THE UNIVERSITY OF NEW MEXICO, 2011
M.A., COUNSELING, THE UNIVERSITY OF NEW MEXICO, 2014
Ph.D., LANGUAGE LITERACY AND SOCIO-CULTURAL STUDIES, UNIVERSITY OF NEW MEXICO, 2017
This narrative study documents the experiences of seven Latina community educators through focus groups, interviews, and artifact data. Given the stigma of mental health (Bayer, 2005), a lack of culturally centered emotional curriculums (Boler, 1997; Boler & Zembylas, 2003) which are removed from structural oppression (Collins, 2002,1989; Crenshaw, 1991, 1993; hooks, 2014), educators, parents, and communities are in need of mental health promotion tools. According to the American Psychiatric Association (APA, 2015), approximately 70 million Americans annually are diagnosed with mental health issues that disable daily functioning. More relevant to the study population was the loss of three middle school-aged youth due to suicide where educators taught family literacy classes. Suicide is the third leading cause of death for youth ages 15-24 (National Institute of Mental Health report, 2015).

Community-centered approaches are highlighted in the Mental Health in Schools Act of 2015, H.R.1211, as a tool to promote culturally relevant health interventions. In response to H.R.1211 and a community-driven focus on “talking about emotions,” the researcher and participants developed narratives based on topics within emotional literacy models (Goleman, 2006; Steiner, 1997) and a critical education framework (Freire & Macedo, 2005; Giroux & McLaren, 1989; Lankshear, 1997, 1993; McLaren, 2000, 2001; Shor, 1992, 1993) that focuses on feminist inquiry (Luke & Gore, 1992; hooks, 2014; Richer & Weir, 1995) and emotionality (Boler, 1997, 1999; Brown, 2006; Brown, 2007; Jaggar, 1989; Jasper, 2011; McLaren, 2010). Narratives across the seven women revealed a need to focus family emotional learning by identifying interpartner violence. Additionally, findings suggest that women who participate in grassroots community organizations have improved perceived mental health as a result of identifying interpartner violence and finding resistance to oppression through critical education and emotional dialogue. The dissertation focuses on four case studies and four storybook narratives as artifacts that demonstrate stances of resistance and empowerment among community educators in New Mexico. Findings are contextualized within a local New Mexico setting, and recommendations for developing emotional literacy for mental health workers and teachers are offered.

**Key words:**
Critical family emotional literacy, family education, mental health, social and emotional development, emotionality
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Chapter 1: Introduction

Image 1. A group of community educators taking notes

Pues más que nada estar en Abriendo Puertas y las conexiones que he podido crear por medio de ellos, gracias a ti por las clases de salud emocional por ayudarnos a conocer los sentimientos y como canalizar la energía. Todo eso es importante que tengamos en cuenta que si no tenemos una salud emocional, salud mental nuestra familia tampoco la va a tener y eso siempre se me quedo muy grabado “nadie puede dar lo que no tiene”. — Community educator
Because more than anything, my presence in Opening Doors, the connections I’ve made, and thanks to you for the classes in emotional health. Getting to know our feelings and helping us learn how to channel the energy, all of that is important and should be taken into account. If we do not have an emotional health and mental health, our family is not going to have it either, that stuck with me. No one can give what they do not have. — Community educator

**Opening Doors to Community Emotional Education**

A person is not able to give to another what they do not already have within themselves. One of the key themes in the Abriendo Puertas (Opening Doors) family literacy curriculum is the concept that parents are their children’s first teachers. In this role, parents are required to learn new tools about a healthy lifestyle that they can share with their children. This healthy lifestyle includes consideration for understanding the language of one’s emotions, learning how to calm down when upset, and role-modeling healthy self-esteem. Many parents, like the community educator above, are surprised to find they do not have all of these tools, but through the act of learning in a welcoming and nurturing environment, parents are capable of building upon new tools and strengthening existing tools. Abriendo Puertas’s informal type of learning from one’s peers in a community setting outside of the university is unique, for mainstream educational curricula are political and push an agenda to reproduce dominant social values. Dominant social values include the belief that you must be licensed to be an educator. Informal pockets of knowledge sharing are key to the cultivation of learning and community support, because they remain unburdened by dominant social values and bureaucracy that often hinder the development of informal curriculum.
Knowledge is not neutral; it is political and typically created within institutions (Freire, 1970). As a result, this study, in alignment with other community researchers who seek to produce community-driven knowledge and self-defined ontology, works to achieve the goal of community-defined knowledge. Specifically, the research project has worked with a local group of cultural workers, or community educators, to explore concepts of emotional support, family literacy, and mental health. I refer the fusion of these concepts as an exploration of critical family emotional literacy. Exploring these concepts in an effort to co-develop community-based knowledge requires a deeper understanding of the community setting and organization.

To offer context, Chapter 1 describes the partnership organization that has several affiliated organizations that work under one umbrella for community action. I describe The Partnership for Community Action (PCA), the Communities for Education and Action (CEA), and their adapted family literacy curriculum known as Abriendo Puertas or Opening Doors. The Abriendo Puertas family literacy curriculum used by CEA served as an inspiration for the new curriculum titled Mindful Emotions that was developed by parents and participants during the study. Emotional education cannot be a purely teacher- or counselor-led initiative; knowledge has to come through and alongside of parents who are the gatekeepers of their own socio-cultural traditions. This research discusses the ways that power and gender shape emotional dialogue. Education is a powerful tool of social change (Nelson Mandela, n.d.) that can teach parents and their children about the gift of each emotion.

Con CEA te digo que es bueno. En ese lugar, ahora me parezco más a los que trabajan en PCA. Es como una familia, no se siente como un trabajo. Es algo
extraño porque no sientes que vas a trabajar, es como si fueras a hacer el bien.

Digo eso porque viene de lo que he visto como un voluntario, pasé muchos años como un voluntario. Fue algo que hice porque me gustaba hacerlo. — Educador comunitario

With CEA, I tell you, that it is good. In that place, I am now more like the ones that work at PCA. It’s like a family; it does not feel like a job. It is something strange because you do not feel like you’re going to work; it’s like you’re going to do good. I say that because it comes from what I have seen as a volunteer. I spent many years as a volunteer. It was something that I did because I liked to do it.

— Community educator

**History of the Partnership for Communiti Action (PCA)**

The Communities for Education and Action has the feeling of a family; the people in the organization are compassionate and always willing to help. CEA is strategy of the Partnership for Community Action, which owns a building in the South Valley of Albuquerque. From central Albuquerque, where the University of New Mexico is located, the drive to the south part of the city is marked by a bridge that crosses the Rio Grande. Once you cross the bridge, the local businesses, advertisements, and street names become more colorful. The buildings are painted in bright yellow, lime green, and hot pink. The signs read in Spanish, *El Paisa Taqueria, Abogado Elias*, and *Chavez Karate*. Though PCA is a small building, it has a strong sense of community and collaboration.

In 2014, I began spending additional time in the South Valley at South Valley Economic Development Center and PCA. As a research assistant for CEPR, I studied early childhood access to day-care centers and letter-grade improvements children whose parents
participated in CEA. In this role, I drove to the South Valley frequently and developed friendships with CEA’s parent volunteers, community educators, and staff members. I fell in love with the organization; it was an extended family. When I showed up to work, it did not feel like work. I took any measures I could to spend more time helping out or learning about upcoming projects. It was a community activist’s dream: center-motivated and organized parents who were ready and willing to make improvements in the lives of their children and community. This change was facilitated through education and political awareness.

In the summer of 2016, I asked the organization if I could conduct a doctoral dissertation study within their center, and they asked for help responding to the behavioral health issues of parents. That summer, I met with several board members, and we began to draft an emotional literacy curriculum called *Critical Family Emotional Literacy*. The curriculum was developed based on informal conversations at my UNM office and at the Barelas Coffee Shop. One board member would often bring difficult cases or topics that she encountered in the schools, such as grandparents parenting, substance abuse, and poor parent self-esteem. These informal meetings shaped the readings I chose and how we formatted the learning circles (focus groups) that we used to train the CEA facilitators who worked in Albuquerque Public Schools (APS).

The curriculum includes four two-hour sessions that address the language of emotions, critical consciousness, self-care, and empathy. In alignment with feminist emotional scholarship, I have added to existing emotional literacy models, which include naming one’s emotions, communicating, cultivating empathy, which has two necessary features, critical awareness (power discourse) and self-care. The curriculum was developed in partnership with several mothers who are also facilitators and community activists. The
curriculum was influenced by the work of mental health providers and researchers Claude Steiner, Karla McLaren, and Brene Brown. Using narrative inquiry, I conducted interviews and focus groups to learn more about the emotional struggles and strengths of Latina educators and mothers who are part of a community center that promotes family literacy. My ability to work with a group of community educators to promote mental health awareness through a critical lens is not a product of my merit as community researcher or background as a counselor. This fluid relationship between CEA and me to move toward social change is possible because of the commitment and mission statement of the organization itself. A healthy researcher-community relationship is also a product of, in my case, an already existing community culture that established mutual respect and commitment toward the betterment of families in New Mexico.

Before I fully describe my partnership organization, I invite you to call to mind the matryoshka dolls, also known as Russian nesting dolls, a set of wooden dolls of decreasing size placed one inside another. Looking down onto a set of matryoshkas, one will find thin wooden outlines that separate, top from bottom, to reveal a smaller figure of a similar makeup inside, which has, in turn, another figure inside of it, and so on. Matryoshka dolls are designed to follow a particular theme that represents Russian culture through political, religious, and traditional archetypes. Even during the 1990s when the Soviet Union collapsed, these dolls remained a source of cultural pride.

In a similar way, my partnership organization is much like a set of smaller projects that each fit under the umbrella of PCA. I think of PCA as the mother doll and the other aspects of the organization as functioning both within PCA and independent from PCA. I have created a visual that may assist you in processing the many facets of the organization. In a similar way that matryoshka dolls are representations of culture and political value,
PCA is a product of a New Mexico culture that strives to improve and better the lives of people in New Mexico communities. In a similar way that matryoshka dolls became a source of pride during political hardship, PCA has also been a source of pride for those who are part of its separate programs.

Image 2. The CEA family

**Partnership for Community Action**

The largest matryoshka doll, or mother, is the Partnership for Community Action, an organization with a long history of investment in addressing the socio-economic, education, and health issues that affect New Mexicans. Formerly known as the Albuquerque Partnership, PCA has been actively working with diverse families since 1990. The Albuquerque Partnership was initially tasked to address substance abuse prevention through community collaboration. The partnership was granted five years of funding through the city of Albuquerque to engage 17 community partnerships in the Albuquerque area to identify community needs, including responsible alcohol retailing, zoning ordinances, challenging land-use variances, and prosecuting zoning violations (PCA, 2016). The substance abuse efforts were successful, but when grant funding ended, New
Mexico Voices\(^1\) inherited the Albuquerque Partnership. Under new leadership, the Albuquerque Partnership shifted its focus to implementing education reform, narrowing the achievement gap, and working with students. In 2002, the Albuquerque Partnership once again became independent due to changes in management and formed a nonprofit organization that continued involvement throughout the state (PCA, 2016).

In 2010, the Albuquerque Partnership changed its name to The Partnership for Community Action to reflect broader partnerships in the state. As Javier Martínez the executive director explains “PCA is a community-based, non profit organization that organizes with families to improve access to quality early childhood education, economic justice, and immigrant rights. We employ a dual generation strategy, meaning that we organize with parents in ways that not only benefit the parents but also their children. We use several strategies to fulfill our mission including grassroots advocacy, leadership development, and capacity building. (Personal communication, May 17, 2017)”. The focus of the program had moved from purely educational to include other aspects of family needs, including maintaining access to drivers’ licenses for all New Mexicans, fighting for protection laws on mortgage modifications, and resisting foreclosure processes in the South Valley (PCA, 2016). The organization identified local family priorities and found that education and early childhood access to services were commonly voiced issues. In response, PCA developed the Neighborhood Collective Learning and Action Project with hopes to improve educational outcomes in three neighborhoods in Bernalillo County.

The project grew into another program called Communities for Education and Action, which I think of as the next matryoshka in the series. CEA adopted a Latino-

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\(^1\) New Mexico Voices is an organization that promotes the overall health of children, youth, and families. The organization focuses on informing the community through legislative alerts and develops anti-poverty campaigns and media resources.
parent-based curriculum to work with neighborhoods and develop strong parent advocates through a 10-week critical family literacy curriculum addressing parent leadership and family wellness (PCA, 2016). The CEA began using a family literacy curriculum and *promotoras*, or community health educators, to share social activism and literacy skills with a larger community of parents. The next matryoshka in the series is *Abriendo Puertas*.

**PCA and CEA**

The PCA’s *Abriendo Puertas* curriculum was originally developed by Sandra Gutierrez in 2007. Gutierrez co-created the 10-week curriculum in collaboration with faculty and students from the University of California at Berkeley. Prior to Gutierrez’s position as the founder and national director of *Abriendo Puertas*, she worked as an advocate for Latinos in the following areas: child welfare, Central American refugees, farm worker rights, and preschool campaigns (Ap-od.org, 2016). The curriculum was designed to produce two tiers of learners: parents who are graduates of the program and parents who are facilitators. After completing the 10-week sessions, parents can facilitate the curriculum in their neighborhood, school, church, or community (Ap-od.org, 2016). The curriculum is rooted in teaching parents the skills of advocacy that then are transferred to children to promote literacy and to address the gaps that disproportionally affect Latino families. Each of the sessions is rooted in a *dicho* (saying) and uses culturally familiar activities and information. The curriculum is available in Spanish and English and includes the following topics: “school readiness, family well-being, and advocacy by addressing best practices in brain development, key aspects of early childhood development (cognitive, language, physical, and social/emotional), early literacy, numeracy,
bilingualism, health, school attendance, civic engagement, parent leadership, goal setting, and planning for family success” (Ap-od.org, 2016).

**CEA mental health promotion tools**

The family literacy component of *Abriendo Puertas* that PCA and CEA offers covers traditional literacy and overlaps with mental health promotion tools. The curriculum teaches parents skills that are outlined in some best-practice standards for school-based mental health programs by the Center for Mental Health in Schools at the University of California at Los Angeles. Some of the resources that overlap in the *Abriendo Puertas* curriculum and the Center for Mental Health in Schools include:

- **Mental health programs school resources**
  - Enrichment and recreation
  - General health education
  - Promotion of social and emotional development
  - Parent involvement

- **Mental health community resources**
  - Youth development programs
  - Family support
  - Public health and safety information
  - Job programs

The figure below, titled *Coordinated School Mental Health*, was produced by the American Academy of Pediatrics and demonstrates the ways that mental health prevention should operate in schools (2004).
While the purpose of this chapter is to introduce PCA and its programs, CEA, and AP, it is important to note the way that literacy programs intentionally or unintentionally support child-positive development and mental illness prevention. One CEA participant explained, “We are often unsure how to explain the initiative, CEA And as you maybe predicted, my dream is for CEA to become a program or even a non-profit to work with women in their leadership and break away from any kind of abuse. CEA does not want to be one of those organizations working with women in crisis, rather we want to work with them before they entered in a situation (Personal Communication, May 17th, 2017)”. CEA though did not have a direct focus on mental health promotion with women their focus on being a parent leader transferred to how they showed up as better parents to their children.

A policy statement from the American Academy of Pediatrics (2004) outlined
various ways to address school mental health, including addressing high-risk child behaviors, school dropout rates, and family dysfunction. The academy suggests that school administrators and policymakers should adopt three tiers of action. The largest and most widespread action step is prevention. The academy suggests this can be done through an outer circle of positive development and prevention, including parent engagement, family support, general health education, social and emotional development, and conflict resolution (see chart for full list). The outer circle is relevant to curriculums like *Abriendo Puertas* and organizations like CEA that already encourage the first tier of prevention-based skills for families. The next two tiers are important school and community resources and include the system of early intervention (second circle) and system of care. The system of early intervention includes monitoring health problems and short-term counseling, while the system of care (smaller circle) includes the treatment of severe and chronic issues and should be aided with long-term therapy and disability programs. The two smaller circles are outside of the scope of this particular study yet are important to understand, given the multifaceted goals of school-based mental health programs.

**Positive child development**

Addressing positive child development and prevention in a cost effective way that engages parents is a focal point of the *Abriendo Puertas* curriculum. The curriculum is offered free of charge and can be taught by any interested organization, including nonprofits, churches, schools, and federal programs such as Head Start. As a result of the collaborative nature of the curriculum, several national partnerships have teamed up with Gutierrez, including the First Book Program, the United Way, Attendance Works, the National Head Start Association, the Latino Policy Forum, and PCA. Since 2007, *Abriendo Puertas* has educated more than 1,500 facilitators in more than 400 family-serving
organizations nationally, and the 10-week training program has been offered to more than 80,000 parents/families in more than 300 cities nationwide. The *Abriendo Puertas* curriculum was brought to New Mexico by PCA in 2008. The program was introduced in Albuquerque’s South Valley for Spanish-speaking Latino parents of young children aged 5 and younger to improve educational outcomes for children and to increase parental involvement. The curriculum became a key feature of the CEA grassroots parent program that worked to provide educational services for families across the state.

**The CEA adaptation of the *Abriendo Puertas* Curriculum**

In New Mexico, the Community for Education and Action organization allows participants to develop their skill sets as parents and community leaders. CEA has used the curriculum as a starting block for families but has added to the curriculum in several ways. After training parents for several semesters, CEA added a financial literacy block per the request of participating families. Another example that distinguishes CEA from other uses of the curriculum is the four-gradient model that makes up a parent engagement framework. The program has four gradients of participation: the *Abriendo Puertas* class, the Apprentice facilitators program, the Master Facilitator position, and the Professional Development level (See Figure 2). The *Abriendo Puertas* curriculum encourages families to create a vision for their family through advocacy, parenting skills, and community engagement. When the parents complete the *Abriendo Puertas* class, they graduate from the program and receive a certificate. Parents are then invited to take additional workshops led by CEA staff to become facilitators. Through a train-the-trainer model, interested parents become an *apprentice facilitator*, study under a *master facilitator* (who has two to three years of experience), further develop their knowledge as an early childhood educator, and work in teams that volunteer at schools or in civic engagement activities. Next, parents
can move into the role of a master facilitator where they become experts in popular education methods who coach *apprentice facilitators* and lead *Abriendo Puertas* classes. In the role of *master facilitator*, parents organize civic engagement efforts, recruit parents for classes, and pursue secondary education in early childhood education (ECE).

The next smaller matryoshka in the PCA family is Korimi, a parent co-op that oversees the finances and budget of CEA. Parents who are interested move into a professional development stage, where they share resources with parents in the schools, help pipeline parents into ECE careers, develop new projects that strengthen the community, and can become involved in Korimi. The majority of *apprentice facilitators* and *master facilitators* are women; the current ratio is two men to 40 women. The *Abriendo Puertas* curriculum is an important part of CEA, but there are other aspects of the CEA organization that allow parents to explore more avenues of leadership and community networking.

The CEA program is self-sustaining, but the organization relies on support from Korimi and relies on PCA for space. Facilitators are volunteer-based positions, yet interested parents can apply for staff positions at CEA and Korimi. These positions are part time and are sustained through PCA donations to the nonprofit CEA. The organization is sustained by parents who volunteer five to 10 hours per week at the school their children attend. In the upcoming academic school year, CEA will partner with 14 public schools across three districts in the state and will be pilot a middle school curriculum developed by parent participants. The aim of the new curriculum is to further support parents in developing knowledge around socio-emotional health, parenting tools, and general family wellness strategies. CEA uses the curriculum as a building block to address a wide range of issues that affect school and family development and family socio-emotional education.
While the term curriculum is typically defined as “the lessons and academic content taught in a school or in a specific course or program” (Great school partnership, 2014), the CEA community uses the Abriendo Puertas curriculum to refer to more than the materials and educational outcomes. In a community context, the Abriendo Puertas curriculum refers to the overall process of recruiting parents, facilitating the curriculum, engaging parents, and continuing parent education beyond the 10-week sessions (CEA added an extra week...
on financial literacy). For the purpose of this study, I have distinguished the actions of CEA as the supporting backbone to the curriculum, even though, within the community, the curriculum title is interchangeable with the organization title Communities for Education and Action. In the community, you might hear “Somos Abriendo Puertas” (We are Abriendo Puertas); parents have taken ownership of the curriculum as a teaching tool that extends beyond the learning outcomes for each week. For the purpose of clarity, I state that Abriendo Puertas is a family literacy curriculum that is critical in nature, meaning that it does not seek to erase, wash away, or minimize existing family funds of knowledge; rather, it seeks to build on existing family knowledge through culturally relevant activities and authentic dialogue (Freire, 1972). The Abriendo Puertas curriculum is utilized by CEA, which in turn is supported by other networks.

The last matryoshka in the PCA family is the current curriculum FEL, which has been developed for parents and children in middle school settings. PCA gave rise to CEA, which simultaneously gave rise to Abriendo Puertas, while the need to support and manage parent promotoras gave rise to the autonomous organization Korimi. The free-flow development of programs for parents offered parents a voice and tools to address the needs they found in their community. For CEA, this need was to build a curriculum using similar dialogue and hands-on learning like Abriendo Puertas but also to address a new set of needs as their children grew and they began to engage in middle school settings with their children. The spontaneous creation of a curriculum made by and for parents is an example of a successful community-led project and represents the highest order of learning, which is to create. If you are a teacher, you may recall the orders of learning. See Figure 3:
According to Bloom’s taxonomy, higher orders of learning take place when a learner is creating. Bloom’s Taxonomy was created in 1956 through the research of educational psychologist Dr. Benjamin Bloom. His work promoted higher forms of thinking in education, such as analyzing and evaluating concepts and procedures, instead of rote memorization of facts. His taxonomy is used when designing educational, leadership, and learning methods.

As a counselor, I often measure individual client progress when a parent or child can meet set mental health goals such as using positive self-talk or parenting when calm. However, it is in the moments when a parent teaches their child new behavioral health tools such as breathing when upset or when a parent teaches another parent strategies for positive self-talk in front of a mirror that one feels like the behavioral health is taking form. Yet, the learning is magnified when groups of parents gather to create and self-define healthy family behaviors and beliefs. I would categorize this as a higher order of learning that is currently outside of the scope for measuring parent mental health outcomes. This type of parent learning reflects a deep learning. The ability of CEA to produce a curriculum that uses existing skills learned and modeled from *Abriendo Puertas* speaks to successful community education.
Becoming affiliated with PCA

I was originally drawn to PCA because it positioned itself to attend to the heart of a school, which is the children and their parents. I had met PCA as a researcher for the Center for Education Policy Research (CEPR), an organization tasked to evaluate Abriendo Puertas’ impact on early childhood skills such as numeracy, literacy, and reading skills. Yet, in doing my initial observations, I could not help but return to my lens as a counselor with training in global perspectives. I was reminded that we need to address individual needs while resisting systemic issues for families. Working with PCA and observing parents facilitate Abriendo Puertas brought me back to being in a school setting as an educator of emotional literacy and health. It reminded me that parents are a child’s first teacher and that many parents are born into violent systems. To an outsider of mental health education, it can be difficult to explain that violence is learned. No child desires to communicate out of fear and anger; it is just that they have not been taught that there is another way. During my work at several elementary schools across the state, I could not help but think about how many students and parents in my caseload would benefit from such a program.

Background

Throughout the country, there are many low-income school districts where schools and families do not have adequate support to decrease Latino dropout rates or provide mental health support services. Imagine for a moment that you are a school-based counselor, and the students at your school are predominantly low-income and bilingual. In your role, you consistently notice a need for behavioral health intervention programs, but many families do not receive services because caseloads are full and some parents simply did not want services for their children. You attend weekly wellness meetings with several
school personnel to address a wide range of family needs, including translation services and community family resources (e.g., food services, immigration services). As a counselor, your role is that of a behavioral health educator, a clinician, and community advocate. You identify with the role of an educator, because your intention is to teach children and parents how to name, regulate, and manage their feelings in a safe place. You work your best to equip families with advocacy tools to navigate macro-level power structures, such as a lack of economic resources, employment, racism, patriarchy, and poverty, and you also work at a micro-level by validating their lived experience and their feelings and educating them about parenting strategies. Specifically with children, you work to soften disruptive and unsafe behaviors, knowing that the micro-level issues are often a result of complex meso-level issues: school neighborhood, income status, perceived race, and legalization status.

I have a diverse background in early-childhood counseling, children’s yoga, and emotional-literacy curriculum development. These areas have shaped my interest in this study and continue to inform my research agenda. I have taught workshops and classes on both mental health and social and emotional development for children at elementary schools and in community settings. My professional background in emotional studies and feminism shaped this dissertation study and my relationship with the community. During my experiences counseling families with children in elementary school, I learned that all parents need support in learning how to be their child’s first teacher (Bridges, Fuller, Cohen, & University of California at Berkeley, 2012) and that they appreciate learning more about how to deal with their child’s disruptive behaviors (e.g., temper tantrums) that are often developmentally normal (Maughan, Christiansen, Jenson, Olympia, & Clark, 2005). It is a benefit for parents to learn critical family literacy that focuses on emotional
and social learning, and this is especially true for Latino immigrant families dealing with
the stress of anti-immigration sentiments (Johnson, 1996; Murillo, E. G., 2002).

**Research Relationship with Community Organization**

How I came to CEA is intertwined with my longtime connection with community
organizations locally in New Mexico and abroad. The process of finding my path to CEA
has felt much like the life of a bamboo: while its shoot grows and matures fast (three to
five years, depending on the species), once the fungus decays, the culm becomes the
perfect material for constructing an even greater structure because it is both strong and
flexible. My travel and my academic and clinical experiences were necessary pillars to
scaffold my dissertation topic and population. Many of my first seeds and interest in
medicine come from my experiences abroad. In 2006, while working in health education in
rural Mexico, I became committed to undoing global health inequality. As I soon
discovered, many global health issues intersect macro issues of domination, including race,
poverty, genocide, and globalization. As a response, over the next three summers during
my undergraduate years, I traveled to Central America and worked in rural regions of El
Salvador with several activist groups to offer medical care in rural regions. While at the
time I thought I was healing the burden of global health by providing pharmaceuticals,
short-term medical services, and access to clean water, these communities were healing
me. I learned that providing medical services is important, but it is a superficial response to
the sea of emotional trauma that results from the genocide and political warfare that
marked El Salvador. Working along borders and in Central America had been part of my
life path that brought me to counseling and PCA. I came to understand I had more to learn
from these rural communities than I could ever teach. The drive to be a student of heart-
based medicine led me to obtain a bachelor’s degree in psychology and Spanish and a
master’s degree in mental health counseling and sent me on the path of finishing a Ph.D. in Language, Literacy, and Socio-cultural Studies.

During my masters in Clinical Mental Health Counseling program, I began seeing families at the UNM counseling center and continued to work with children and family populations in schools. In working with these families, I heard their stories: emotional struggles ranging from childhood sexual abuse to divorce. One overarching message came through in all of the stories that I heard: No matter who you are or where you come from, we all have a story, and sharing our stories creates a network of emotional support. In a relationship, counseling or otherwise, when we are witnessed and heard in a nonjudgmental space of support, we can heal reclaim an interpersonal domain of power. During my time as a behavioral health educator, I heard stories and witnessed the harsh realities of sexual violence, racism, and anti-immigrant sentiments of hate. I realized that populations in the United States faced similar traumas to populations in El Salvador because no matter where your nationality, language, and perceived racial status are, the global structures of oppression impact everyone. We all have the responsibility to dismantle the structures of slavery, conquest, imperialism, racism, and all other forms of subjugation.

After my master’s program, I began working with the Center for Education Policy Research evaluating a parent engagement program in several elementary schools in Albuquerque. My role was to assess the improvement in academic scores in literacy, counting, and letter identification for children whose parents were involved in the program and to document program interactions. This research assistant position gave me the chance to sit in and observe the Abriendo Puertas critical family literacy class twice a week for two semesters. The more I watched the classes and the more they resembled parent psycho-education, the more I became fascinated by the connection between parent empowerment
and mental well-being in adults. I enjoyed this research position because it was nostalgic as well as interesting from my behavioral health lens. My mother was a kindergarten teacher at Albuquerque’s East San Jose Elementary School during my elementary, middle, and high school years, and being in the classroom brought back feelings of being in her kindergarten classroom. It brought back memories of my high school and college years of hosting wellness health fairs, painting school murals, and advocating for bilingual education. I enjoyed working on this study and found ways to continue to work with this community, even after my contract with the Center for Education Policy Research was complete. In the spring of 2016, I conducted an internship developing research capacity and literacy at CEA. I led a biweekly education class that helped facilitators interested in learning more about how to read research. At the end of the semester, I began to volunteer with several ongoing projects with immigrant woman. The more time I spent working with immigrant women at CEA, the more I began to reflect on my own history as a multiethnic and multiracial individual. I began to reflect on the ways that my position as a granddaughter of immigrants helped me cultivate a deeper connection with CEA. My father grew up in the projects of New York City in an ethnic enclave of Italian immigrants. He grew up poor. He committed himself to school and work to climb an educational ladder to help him assimilate into mainstream White American culture, and he succeeded. He did not speak Italian, though his parents did, and he adopted conservative values and became a scientist. He lived a protestant lifestyle and worked seven days a week to provide for his family.

My mother grew up in a Hispanic family. She was warm and compassionate. She strongly embodied the attributes of marianism, where she sacrificed for her four children. She would often stay up until 1 or 2 in the morning helping us with school projects; she
worked full time as a kindergarten teacher, and she held all of the domestic obligations in the home: cooking, cleaning, and child rearing. My mother’s father spoke Spanish and was a big part of her childhood, as she lost her mother at age 9, and also of my childhood. My grandfather shared with me that he did not encourage “little Renee” to speak Spanish so she would not have to endure being made fun of at school, getting beat up, or risk unemployment due to her accent. However, he taught me Spanish and would take me to visit my aunts and uncles, who would pray with me and speak to me in Spanish. The tradition of storytelling was very strong on my mother’s side. My great aunt Emma would tell me that “if you looked too brown, you would be taken to a boarding school” (even if your siblings passed for white). Or she echoed stories of my grandfather: “If you spoke Spanish, you would be beat with rulers in school by the White nuns.” Emma always told me that “the borders crossed our Mexican and Spanish descendants.” Even though my grandfather worked to assimilate my mother by not teaching her Spanish, my mother was teased anyway. She was made fun of for being a “coconut,” or someone who betrayed her heritage, because of her English accent.

My generation of siblings can pass within a White American context; we all speak English and grew up in a privileged middle class environment where we had access to quality education. We were encouraged to assimilate and forget our histories of struggle, exclusion, hardship, and cultural pride. However, I have always been inspired to interrogate my life in a deeper fashion; thus, it is no surprise that I learn and embrace working with Latina immigrant women. They allowed me to see the stories of my past and stand against the policies and dominant curriculums that work to assimilate and erase their unique cultural constellation and passion for diversity.
My doctoral dissertation is focused on the lives of seven women, all of whom are educators. I take the reader through their stories of gender violence and in some cases physical abuse. I demonstrate the ways that their perpetrators are not evil or bad people; rather they are products of unhealthy environments. I work to show the ways that the women took responsibility for their lives and cultivated resistance through the form of critical education and through the support of other women to build a strong self-worth. Though I am writing about the lives of these women, many parts of their stories are also reflected in my own life journey. This project also allowed me to find parallel structures that support children in poverty who I spent time counseling. I had grown discouraged with the current structure of mental health systems, treatment plans, and providers to heal the deep-seated trauma I have witnessed. Through this dissertation, I realized that understanding my own emotions was a guiding force, and it would be the same force that would propel me to look for deeper solutions for mental health. I realized that I had not lost my interest in heart-based solutions in counseling, but, like the bamboo, I needed the time to mature structures that would support the building of a dissertation situated in parent engagement and critical-family-emotional-literacy to truly understand the complexities of these issues.

II. Statement of the problem

Disproportionately high rates of child mental health issues and academic gaps affect Latino families with children in school (Child Trends report, 2013). These disparities might be addressed in part by recent legislation known as the Mental Health in Schools Act of 2015, H.R.1211, which aims to develop “safe, happy, and healthy families” by offering financial support for mental health services in schools and for multifaceted approaches that include community partnerships. This legislation is important for existing family literacy
curricula in schools and communities that already align with positive family development. Consistent research and policy reports suggest that addressing child academic and psychological well-being must use multifaceted approaches and positive development and prevention curricula that include enrichment and recreation, general health education, promotion of social and emotional development, and parent involvement (American Academy of Pediatrics 2004). The research on multifaceted approaches to mental health conducted over the past several decades concur that mental health is a serious issue that needs more investigation into how to provide services to those in need and to prevent poor social and emotional development. Yet, too often communities that are most impacted by education gaps and a lack of mental health prevention curricula are the groups that are least engaged in finding solutions. More to the point, when marginalized groups are engaged, they have to struggle with whose knowledge counts as legitimate. Feminist scholars have consistently engaged with issues about whose knowledge counts and what worldviews remain invisible (Anzaldúa, 1987; Trinidad Galván, 2016; Harding, 1991), with very few scholars who challenge invisibility (Yosso, 2005). The problem of overlooking, minimizing, and negating the worldviews and narratives of women has been a deep-seated issue that impacts men and women across various geographies. These ideological forces are pervasive and keep sexism and the patriarchal power structure in place. Black feminist thought articulates how these pervasive ideological forces intersect with race, class, and gender oppression and are structural, institutional, and interpersonal (Boler & Zembylas, 2003; Collins, 1989; Harding, 1991; hooks, 2014). At each of these three tiers, Afrocentric feminists must reconceptualize and refute the dominant cultural stereotypes. In line with Patricia Hill Collins’s framework and Chicana Mexican feminists (Anzaldúa, 1987; Morales & Bejarano, 2008; Trinidad Galván, 2016), I argue there is a need to deconstruct
the lives of Latina women who live in border regions of the United States and to document community narratives of emotional literacy.

Having mental health professionals available within public schools does not guarantee that parents who need culturally and linguistically appropriate programs will seek services (Sentell, Shumway, & Snowden, 2007), stay in treatment, or have adequate support between treatment windows. While the Mental Health in Schools Act of 2015, H.R.1211, requires that schools offer culturally and linguistically appropriate services to families, have mental health professionals on staff, and engage in community partnerships to minimize community violence, this act is not hitting a full target audience. Latino English language learner (ELL) immigrant parents are less likely to request mental health services compared to their White counterparts (Nadeem, Lange, Edge, Fongwa, Belin, & Miranda, 2007; Sentell, Shumway, & Snowden, 2007). The stigma of mental health is shaped by distrust and negative stereotypes. The stigma of asking for psychological support is negative and culturally pervasive, as heard in cultural vernacular terms such as “crazy,” “insane,” and “psycho” (Bayer, 2005). The importance of parent engagement at school sites is often overlooked by school administration (Epstein, 2001) yet has the potential to create multifaceted change around stigma and participation.

Given adverse stereotypes and narratives of distrust, especially for Latino populations, it is important to understand existing parent engagement programs that target a wide range of topics and that address a family’s overall health and well-being, including:

**Mental health programs school resources**

- Enrichment and recreation
- General health education
- Promotion of social and emotional development
Parent involvement

**Mental health community resources**

Youth development programs

Family support

Public health and safety information

Job programs

Learning about existing community partnerships that feature high levels of involvement from Latino parents is necessary to bridge the prevention component of mental health in schools.

**III. Purpose of the study**

The purpose of this study is two-fold: first, document how Latina mothers develop emotional support systems in an otherwise isolating anti-immigrant context when participating in family literacy programs. Parent engagement programs are consistently associated with improved student academic performance (Finn, 1998) and have been shown to increase student behavioral health (Martinez & Eddy, 2005; Ryan, Stiller, & Lynch, 1994). Today, there are many genres of parent engagement programs and critical family literacy curriculums that encompass family activism and health. Many of these programs have successfully targeted LEP/immigrant Latino populations to provide culturally relevant curricula (Ada, 1993; Bridges et al., 2012) that allow parents to reflect on their life stories as sources of knowledge for their children (Ada, 1993). These types of storytelling and funds of knowledge in a community have been identified as therapeutic tools used in mental health treatment programs (Monk, 1997). Because telling our story creates vulnerability and elicits support, individuals are able to improve daily emotions and cope with daily stressors more effectively (Stroebe & Stroebe, 1996).
Second, this study aims to explore school-based and parent engagement mechanisms that promote perceived improvements to mental health for families. This has been achieved by involving mothers in interviews and by a curriculum development for emotional education and speaking to mothers about experiences that facilitate social and emotional curricula. These interactions are invaluable as they work to support culturally competent models of mental health promotion. Policymakers and school administrators need to engage parents, as they are key participants needed to identify and decide what violence and safety look like in their community. It is not simply asking parents for feedback; rather, this demands taking a community-based approach that is rooted in cultural humility, dialogue, and trust building. Models that invite parents to be equal stakeholders, decision makers, and partners for sustainable agents in their child’s development have documented successful parent engagement tools (Epstein et al. 2002, 2005, 1987). Emotional literacy models tend to exclude parents from the development of such models and tend to rely heavily on educators and school staff to teach emotional awareness (Dinallo, 2016). The topics and themes related to mental health and emotional literacy have been developed in partnership with facilitators and staff members from the CEA.

I use the term mental health in a holistic sense that addresses emotional and psychological states of well-being of an individual in their larger social context. In tandem with the American Pediatric report (2004), I assert that that mental health is a multifaceted issue that should be treated with integrative, school-based approaches that focus on prevention and on social and emotional development through parent engagement. Because the CEA has a prevention-based curriculum and encourages peer support, I aim to learn more about its community educator narratives.
IV. Rationale and Significance of the Study

The primary rationale of the study is to address the mental health crisis by exploring family emotional literacy engagement in the Latino population. According to the American Psychiatric Association (APA, 2015), approximately 70 million Americans annually are diagnosed with mental health issues that disable their daily functioning, affecting 22 percent of the population. Emotional disorders are at the root of various diagnoses, ranging from depression to anxiety. Specifically, 8-14 million Americans suffer from depression, and 20 percent of the medical complaints for which Americans seek medical services fall within the spectrum of anxiety disorders. As noted by the American Academy of Pediatrics (2015), one in five U.S. children and adolescents have a treatable mental health issue. Moreover, suicide is the third leading cause of death for youth aged 15-24 (National Institute of Mental Health report, 2015), and for children aged 10-14 years old, suicide rates have doubled in the past two decades (American Foundation for Suicide Prevention, 2015).

Prevention-based social and emotional curriculums led and adapted by Latino parents are an anomaly within mental health education. First, it is difficult to recruit Latino parents for mental health prevention programs due to the stigma attached to accessing mental health services. This is especially true for parents from immigrant backgrounds who are learning English and may not be able to access such services in the first place or for those who may fear requesting help due to their legal status. Second, it is important to look at the existing structures within a community, especially (as in the case of CEA) if they have successfully recruited and developed capacity for involving immigrant Latino and Hispanic populations.

The secondary significance of this study lies in documenting key components of a
family emotional literacy model through the creation of community storybooks. Mental health school policy has yet to deal effectively with issues of stigma, feeling of Latino parent isolation, and utilization of services by Latino families. Based on the findings, the questions changed to produce the subsequent questions.

- How does the Community for Education Action program support mental health for mothers?
- What do the narratives of Latinas’ participating in the CEA program reveal about critical education?

**Significance for knowledge**

This study offers three significant findings. First, this study demonstrates ways that family literacy education with a focus on social and emotional learning has the potential to build strong emotional support systems for Latino populations. The mothers’ storybook narratives revealed that violence was common in their lives. Another common thread in the storybooks was education as a tool to bring forth social change and intrapersonal change. The *Abriendo Puertas* curriculum, housed and adapted by CEA, is an ally service for families interested in studying social and emotional development for themselves and their children. CEA offers a supportive environment for parents to grow and learn early childhood education topics about healthy child development. The *Abriendo Puertas* curriculum covers early childhood development (e.g., cognitive, language, physical, and social/emotional), family well-being, goal setting, and planning for family success and features sessions to address participant needs with the flexibility to add learning blocks.

Because similar parent engagement programs with child development themes have shown child improvement in the areas of school adjustment, motivation, and self-esteem (Ryan, Stiller, & Lynch, 1994), these findings strengthen a body of work that shows family
literacy is more than purely educational; it is also healing.

Second, Latina mothers reported improvements in their mental well-being and the mental well-being of their children as a result of access to Community for Education and Action and the information offered within the *Abriendo Puertas* curriculum. CEA is a parent-developed organization run by parents who develop partnerships with schools and have adapted the *Abriendo Puertas* curriculum to address multiple levels of family health and wellness that are situated in community Latino funds of knowledge. As a result, more than 40 active Latino parents have moved through the four tiers of parent participation and activism. Due to a lack of parent engagement within emotional and mental health, this study documents culturally situated approaches to engage parents in school settings. This study offers insight into why Latino parents from populations with high rates of parent absenteeism in school-based mental health treatment seek out alternative mental health services. This research supports additional literature that suggests that Latino immigrant families are not likely to use counseling services due to stigma.

Lastly, the focus group content will be of benefit to the Community for Education and Action as it works to develop existing facilitator popular education resources and will be used to pilot a middle school family literacy program that CEA is currently developing. In the past year and a half, the CEA program has begun to focus on the needs of parents of middle school students. In preliminary workshops and discussions with local parents, the organization reported that several of the schools had issues with suicide of an immediate family member and of depression (personal communication, June 12, 2016). In order to respond to community needs, CEA is developing a curriculum that targets emotions and talks about feelings as a tool to prevent self-inflicted harm for youth.

I was asked to also help find ways to support this new direction of CEA. CEA is an
organization that supports early childhood development and educates diverse parents. The organization has always offered emotional support and education to families, and thus the transition into a mental health curriculum is a natural shift in direction. CEA is already meeting many of the goals of addressing high-risk child behaviors, school dropout rates, and family dysfunction outlined by the American Academy of Pediatrics (2004), as it offers the first tier of prevention-based skills for families, such as community resources, advocacy, and healthy behavioral parenting strategies.

V. Theoretical/conceptual framework

This research uses Collins’s *Matrix of Domination* to conceptualize structural, disciplinary, and interpersonal aspects of power (Collins, 2009) because current models of emotional literacy lack a focus on power discourse (Matthews, Zeidner, Roberts, 2004). I conceptualize psychological well-being as shaped by personal and social spheres of influences (i.e., gender roles and violence). I align with the perspective that gender, economic, and racial ideologies create fixed political structures that attempt to keep individuals mired in their social position (Collins, 1989, 2009). These social and political structures reinforce negative attitudes toward females, especially females with brown and black bodies, specifically with medical and mental health histories. In Chapter 2, I review Foucault’s (1961) work to understand how groups of differing mental or physical ability were inhumanely treated in the early part of the 18th century. I also refer to the work of Harriet Washington (2006) to demonstrate the way that black and brown bodies have been used as medical test models. Lastly, I look at the ways that machismo within Latino families perpetuates longstanding violence toward females and represents a larger history of learned violence. I also review counseling literature that offers suggestions for breaking systems of violence.
In the literature review, I also provide an overview of current mental health legislation in school settings and discuss emotional literacy models intended to educate children about emotion and behavior. Emotional literacy models focus on aspects of communication and empathy, yet often negate the role of power and oppression (Boler, 1997; Jaggar, 1989). Current emotional education that aligns with an emotional intelligence lacks “a heart” (Stiener, 1997) and omits cultural context and ideology that informs emotional communication. I briefly review the biology of emotional processing but focus on what is omitted from the discourse: power, self-care, and parent engagement. In line with several key critical feminist frameworks that analyze emotion, power (Boler & Zembylas, 2003; Boler, 1997; Brown, 2006; Collins, 1989,) and self-care (Lorde, 1984), I offer curricula aspects that are missing from current emotional literacy models.

I rely on Brown’s (2006, 2012) work on emotional support, vulnerability, and shame resilience to develop focus group curricula. Brown (2012) stated that listening, validation, and nonjudgment of others (and our own inner needs) allow females to strengthen their own emotional and mental well-being. In alignment with Collins’ work, I assert that resilience is possible through one’s ability to work the cracks of oppression by developing interpersonal aspects of one’s own power. These interpersonal domains of power include spaces where other females of color and allies can self-define (Lorde, 1980).

VI. Research Design Overview

Through qualitative narrative inquiry, I have used focus group data, individual interviews, and researcher observation notes to understand the parent-facilitator perspectives of seven mothers. I have been in an ongoing working relationship with CEA to understand perceptions of emotional support. Because the grassroots organization is fluid, the research took place at various sites, including the PCA office in the South Valley.
of Albuquerque. This data was collected during November and December 2016. The focus groups were held weekly throughout the duration of the research. During the focus groups, participants were invited to develop a personal story that discusses emotional support (these stories were used as artifacts). I scheduled interviews with each parent-facilitator to further understand their personal perceptions of emotional support and their perceptions of their own mental health and the health of their family.

During the course of the focus groups, each participant wrote a single story or memory that reflected the focus group lesson for that week. The four weeks touched on themes that encompassed emotional support, including emotional literacy, emotional health, emotional boundaries, and emotional witnessing. These themes were developed in collaboration with the committee advisory board and aimed to strengthen the existing capacities of parent-facilitators of the CEA program. The storybooks represented the participatory aspect of the study, as the stories were written by community members and presented to larger circles of parent-facilitators in CEA and served as a method of documenting community knowledge.

VII. Limitations of the study

Limitations

This qualitative community narrative inquiry is not without its challenges. Some of the challenges included the potential for researcher bias that is found in nearly every study (Finn, Gerber, & Boyd-Zaharias, 2005) and for not making generalizable claims. Thus, in order to minimize the potential for research bias, I included measures to mitigate this bias. I compared focus group notes, analyzed storybook artifacts, and consulted the community members for accurate representation. I spent time reflecting on my position in the group and reflected on the ways that I held the power of representation through self-reflexive
researcher memos. I wrote a total of eight reflexive memos that reflected my upbringing in a middle-class Hispanic-Italian family, memories of my mother as a kindergarten teacher, and memories of my own experiences with domestic violence, as well as being a granddaughter to immigrants. I used poetry as a tool of self-reflection (See Appendix 3 for examples). Because Clandinin and Connelly (1990) suggested that narrative is a “negotiation” of who the story belongs to and the way it is represented, I worked to make the story belong to the community by being open to feedback from participants during member checks. During the analysis of my data, I held one formal member-check meeting, individual sessions with participants, and informal communications with CEA facilitators.

VI. Key Terminology

Definitions

Affect: Affect is a broad term that covers a range of states of feeling encompassing feelings and emotions (Robbins & Judge, 2012). “An affect is a non-conscious experience of intensity; it is a moment of unformed and unstructured potential” (Shouse, 2005, p. 1).

Critical family literacy: educational practices and the development of reading and writing skills that resist the deficit stance that parents and family programs lack existing funds of knowledge (Moll, Amanti, Neff, & González, 1992).

Critical pedagogy: “Habits of thought, reading, writing, and speaking which go beneath surface meaning, first impressions, dominant myths, official pronouncements, traditional cliches, received wisdom, and mere opinions, to understand the deep meaning, root causes, social context, ideology, and personal consequences of any action, event, object, process, organization, experience, text, subject matter, policy, mass media, or discourse” (Shor, 1992, 129).

Emotional literacy: the ability to recognize and name one’s emotions and then
communicate those feelings with others in an empathic manner in order to understand the feelings of another (Steiner, 1997).

**Family emotional literacy**: family literacy skills that educate parents in recognizing and naming their emotions; recognizing emotionally manipulative behaviors; and developing emotional boundaries, empathy, and self-care through hands-on learning and power discourse with other parents.

**Family literacy**: programs that provide parents and children opportunities to co-learn in the areas of early childhood skills and cultural knowledge (Morrow, 1995; Taylor, 1983).

**Emotional support**: an expression of “care, concern, love or interest especially during times of stress or upset” (Burleson, 2003, p. 1). Often, emotional interactions are verbal in nature, building relationships that help maintain a positive sense of self (Burleson, Albrecht, & Sarason, 1994) and positively impact health status, especially among women cancer survivors (Spiegel & Kimerling, 2001). Feminist scholar and social worker Brene Brown (2007, 2010, 2012) added that emotional support requires nonjudgment, validation, and trust as a means to create personal empowerment.

**Explanatory model**: States that have different cultures and ethnic groups maintain diverse perspectives on the origins of illness, symptoms, and how these illnesses can be treated, with consideration for a client’s cultural belief of health (Vivien & Noor, 2013; Yew & Noor, 2014).

**Facilitator**: one who is open minded, nondominant, and who invites co-creation of knowledge based on lived experiences (Lankshear, 1993). In the context of CEA, the facilitator is one who teaches other parents information based on the *Abriendo Puertas* curriculum and is a participant in attending member meetings that educate parents on early childhood skills, parenting, and community leadership. I also use the term *community*
educator to refer to Lankshear’s (1993) term for facilitator.

**Literacy:** allows one to read and write within a context of language, behaviors, values, and beliefs (primary discourses) and to understand the different discourses of power within various social groups (secondary discourses) (Gee, 1986b, 1998).

**Grassroots activism:** a method of campaigning for a political or economic cause; typically, grassroots movements utilize community action from a local level to create a “sense of justice about an issue and the power of ordinary folks to influence people in powerful positions” (Poggi, 2015, p. 1).

**Machismo:** the role of traditional machismo includes: dominion and where and on whom to exert it; this simultaneously demands to be spouse and dominant father and supplier and protector of its subordinates, and therefore it implies the sufficient possession of a territory and goods that they allow to fulfill such tasks and the protection and the expansion of his material, human and symbolic possessions . . . but also to compete and to prevail in confrontations that require diverse degrees of violence (Cazés, 1994, p. 372, as translated in Reyna & Cadena, 2007).

**Mental health:** a state of psychological well-being, where an individual is functioning at a healthy level of emotional and behavioral adjustment; it is “the way your thoughts, feelings, and behaviors affect your life. Good mental health leads to positive self-image and in turn, satisfying relationships with friends and others” (APA, 2017).

**Narrative research:** a method of qualitative research that documents stories and lived experiences (Creswell, 2006); the research method in this proposal looks specifically at personal narratives.

**Empathy:** work to see the world as another person sees it. Use nonjudgment to listen to the experience of another and work to understand another person’s feelings.
**Resistance**: “a space for alternative cultural production and alternative epistemologies—different ways to thinking and knowing that were crucial to creating a counter-hegemonic worldview” (hooks, 2014, p. 171).

**Chapter Summary**

In Chapter 1, I discuss the value of informal pockets of knowledge to develop community support and education. I argue the ways that knowledge is not neutral (Freire, 1970) and often overlooks existing funds of knowledge. In this chapter, I write about my time working at the South Valley Economic Development Center and the Partnership for Community Action as a research assistant for the Center for Education Policy Research and how this eventually lead to me developing community ties with the community educators at Community for Education and Action. I draw connections from my background as a multiethnic woman and my family upbringing in a bilingual home to contextualize my position among my participants and the community organization. I use the metaphor that CEA is one of many matryoshka dolls and operates within an interconnected space to several other organizations. PCA is the largest container, with a long history of investment in addressing the socio-economic, education, and health issues that affect New Mexicans and has actively worked with diverse families since 1990. The next container is the PCA’s *Abriendo Puertas* curriculum, which was developed by Sandra Gutierrez in 2007. Gutierrez co-created the 10-week curriculum in collaboration with faculty and students from the University of California at Berkeley to address Latino family and community needs (Ap-od.org, 2016).

The next matryoshka I review is CEA, an organization that encourages participants to develop their skill sets as parents and community leaders. CEA has used the *Abriendo Puertas* curriculum as a starting block for families but adds to the curriculum in several
ways, such as a financial literacy block per the request of participating families. The next smaller matryoshka in the PCA, *Abriendo Puertas*, CEA family is Korimi, a parent co-op that oversees the finances and budget of CEA. Parents who are interested move into a professional development stage, where they share resources with other parents in the schools, help pipeline parents into ECE careers, develop new projects that strengthen the community, and can become involved in Korimi. The majority of *apprentice facilitators* and *master facilitator* are women; the current ratio is two men to 40 women. The last container is the development of family emotional literacy (FEL), which will be part of a larger curriculum that focuses on mental health and other community needs such as an expansion of financial literacy. This matryoshka doll is, however, the smallest of the containers and counterparts. Its expansion and growth is still in the process of being officially named and is currently in development. In this chapter, I also discuss the ways that *Abriendo Puertas* family literacy curriculum adapted by CEA overlaps with mental health promotion tools. These tools include enrichment and recreation, general health education, parent engagement, as well as family support and youth development opportunities, and general knowledge on public health. I also point out gaps in current emotional literacy models that focus on aspects of communication and empathy, yet often negate the role of power and oppression (Boler, 1997; Jaggar, 1989).

I also explain that the purpose of this study is two-fold: first, to document how Latino community educators develop emotional support systems in an otherwise isolating anti-immigrant context that is often marked by gender violence. Second, to study parent engagement programs, as they are consistently associated with improved student academic performance (Finn, 1998) and student behavioral health (Ryan, Stiller, & Lynch, 1994; Martinez & Eddy, 2005). The primary rationale of the study is to address the nation’s
mental health issues by exploring family emotional literacy engagement for the Latino population. Nearly 70 million Americans annually are diagnosed with mental health issues (APA, 2015), and one in five U.S. children and adolescents have a treatable mental health issue (American Academy of Pediatrics (2015), yet many Latino immigrant populations do not use existing services.

I outline my research framework using Collins’s *Matrix of Domination* to conceptualize structural, disciplinary, and interpersonal aspects of power (Collins, 2009), as current models of emotional literacy omit power discourse (Matthews, Zeidner, & Roberts, 2004). I also explain to the readership the types of critical feminist frameworks that I used to analyze emotion, power (Boler & Zembylas, 2003; Boler, 1997; Brown, 2006; Collins, 1989,) and self-care (Lorde, 1984). Additionally, I make the argument that people need to learn how to self-regulate and calm the parasympathetic nerves, yet this does not mean that students are not free to express a spectrum of emotions. Furthermore, once a student has calmed down, it does not imply that educators and parents gloss over a discussion of power relations.

I have used the narratives of seven Latina mothers through a storybook they have produced, interviews, research observation memos, and several focus groups. In the findings, I will focus on four of the women in order to give the reader an in-depth study of their context. Some of the challenges in my work included potential for researcher bias and overgeneralizing claims to all women or all Latina women. Thus, in order to minimize the potential for research bias, I include measures that I took to mitigate this bias, including data triangulation among focus group notes, artifacts, interviews, and member checks.

Lastly, I discuss key research terminology, such as critical family literacy as the
educational practices and the development of reading and writing skills that resist the
deficit stance that parents and family programs lack existing funds of knowledge (Moll,
Amanti, Neff, & González, 1992). I define *machismo* as “dominion and to have where and
on whom to exert it; this simultaneously demands to be spouse and dominant father and
supplier and protector of its subordinates . . .” (Cazés 1994, p. 372, as translated in Reyna
& Cadena, 2007), and mental health as a state of being where “the way your thoughts,
feelings, and behaviors affect your life. Good mental health leads to positive self-image
and in turn, satisfying relationships with friends and others” (APA, 2017). Lastly, I discuss
the ways the focus group curriculums would benefit the Community for Education and
Action as it works to develop existing facilitator popular education resources and how it
can be used to pilot a middle school family literacy program that focuses on mental and
emotional well-being.
Chapter 2: Reviewing the Literature

*Image 3.* A community educator offering emotional support during hard times
Antes [de participar en CEA] gritaba mucho y era muy gritona gritaba mucho mucho en mi casa pero ya no; si de repente alzo la voz porque me hacen enojar pero antes me soltaba o sea toda mi frustración siempre en todo, en lo que fuera, era como lo descargaba todo.... muchas peleas y golpes, peleas y su papa no fue a la casa por semanas llore y llores porque no sabía dónde estaba. — Community educator

Before [participation in CEA] I yelled a lot and I was very loud. I yelled a lot in my house, but not anymore. Now, if I suddenly raise my voice because they make me angry, I would release all my frustration always in everything. I was unpacking everything. . . . Various fights and punches, many fights that his dad did not go to the house for weeks, I would weep and cry because I did not know where he was — CEA community educator

Introduction

Mental health is an umbrella term that encapsulates one’s entire state of well-being. If a woman is living in a circumstance of domestic violence where she is anxious about the absence of her husband and is perpetually angry, her body is in a fight-flee-freeze response. Biologically, this means that blood from her brain and thinking mind go to her muscles so that she can fight and protect herself. This means that energy from her immune system and digestion is expended on maintaining this biologically protective mode. As a result of not having a strong immune system and a thinking mind, she is at risk of health issues that emerge from prolonged stress. Moreover, she will not be able to access a rational and fully functional brain when parenting. These stressors are harmful also for her mental health because she is involved in a situation that degrades her self-esteem and worth as a woman and mother. Her context as a recent migrant without legal papers creates additional layers
of oppression that affect her state of health and access to health care. Any intervention that aims to stop the cycle of violence and teach about her role as a parent and educate her on healthy behavioral patterns is crucial for her mental health, even if the organization does not directly promote mental health treatment or have licensed professionals on staff.

Creating a sense of community where women are valued, appreciated, and taught the value of self-worth is key for mental well-being. The Partnership for Community Action has always had a diverse focus, supporting community members’ value and self-worth by tackling issues ranging from substance abuse prevention to advocacy for protection laws on mortgage modifications and foreclosure processes in Albuquerque’s South Valley (PCA, 2016). The organization in its development identified local family priorities and found that education gaps and early childhood access to services were commonly voiced issues. In response, PCA developed the Neighborhood Collective Learning and Action Project that eventually gave rise to CEA. The Communities for Education and Action has used a Latino-parent-based curriculum called *Abriendo Puertas* to work with neighborhoods and schools to teach parents healthy behaviors, family nutrition, child development, and social-emotional parenting strategies for improved mental health. The adapted version of *Abriendo Puertas* addresses many tenets of mental health promotion as outlined by the American Academy of Pediatrics (2004), including developing parent skills and offering advocacy. CEA has always responded to the needs of the community, and as a result, CEA is currently developing a middle school curriculum that focuses on mental health promotion. As a result of this shift, I focus my literature review on the topic and origin of mental health (PCA, 2016).

Based on several key recommendations from the dissertation prospectus defense, I have updated this chapter and subsequent chapters. In my literature review, I have made
more explicit the connection between medical apartheid based on the key work of scholar Harriet Washington (2006) and focused on mental health issues as a key attribute that is responsible for a legacy of distrust for groups who have been racialized. I have also taken a deeper look into the theory of emotions and differentiate between emotions and the biology of emotions and included more literature.

I review some of Paul Eckman’s (1993, 1980) work on facial recognition and discuss the distinction between emotional literacy and intelligence. Though I intended to cover the topics of mental illness and health in the literature review, I did not intend to research domestic violence. I have added a section on domestic violence in the literature review and expanded upon machismo and marianismo. As a result of the key findings that facilitators have to navigate gender violence in a country where immigrants have little accesses to mental health, I had to go back and update this literature review to include domestic violence and machismo to discuss these themes in the findings. This literature review is framed to investigate structures of power, such as patriarchy, medicine, and gender relations. This is achieved by interrogating individual, social, and ideological lenses that look at the interlocking structures of violence (Collins, 1989, 2009) that shape one’s mental state of being and emotional states. I have also taken into consideration the comments to discuss the potential ways that the family literacy curriculum developed with parents can be applied and studied in future research projects. I expand on family literacy curriculum and future studies in the conclusion chapter.

Emotions and Affect

Various inquiries include connections between human biology (Bechara, Damasio, & Damasio, 2000; Ekman & Rosenberg, 1997), early childhood development (Shouse, 2005; Vygotsky, 1999) learning (Holbrook & Rannikmae, 2009; Mahn & John-Steiner,
2002), socialization (Boler, 1997), and emotions. From the moment they are born, children learn emotional cues through parent role-modeling and natural neurological predispositions to respond to stimuli. If babies are hungry, they cry; when they are played with by a parent, they smile. The emotional arousal can be witnessed in the way that infants respond to their caregiver’s playful interactions (Stern, 1985). Emotional cueing takes place during the zone of proximal development, and Vygotsky’s work alludes to emotional learning as part of human development that takes place in a child’s early years (Vygotsky, 1999).

The terms affect, feelings, and emotion are often used interchangeably but hold important distinctions. Affect is a neurological hardwire that results from a mammalian brain (Panksepp & Watt, p. 1, 2011) and is a broad term that covers a range of states of feeling encompassing feelings and emotions (Robbins & Judge, 2012). “An affect is a non-conscious experience of intensity; it is a moment of unformed and unstructured potential” (Shouse, 2005, p. 1). In “Relying on Brian Massumi framework in Parables for the Virtual: Movement, Affect, Sensation” (Post-Contemporary Interventions), Shouse (2005) stated, “Affect is the body’s way of preparing itself for action in a given circumstance by adding a quantitative dimension of intensity to the quality of an experience” (p. 1). He (2005) extended this to the metaphor of an infant learning the natural responses of its body even before they have developed language skills; in this way, affect leads to action.

Neuroscience professor Antonio Damasio explains feelings as mental experiences of body states that emerge when the brain is interpreting emotions that are responses to external stimuli; an example that he offers is “The order of such events is: I am threatened, experience fear, and feel horror.” Author and suicide survivor Debbie Hampton (2015) explained the fusion of feeling and emotions in her book, Beat Depression And Anxiety By Changing Your Brain.
For example, in my 18-year marriage, my ex-husband held all the power and control, was emotionally cruel, and uncaring. In the years following our divorce, he continued the treatment by harassing me legally as he drug me in and out of court for a decade with false allegations of endangering the children, cohabitation, and more. I learned to fear him and his actions. It got to the point where if I just saw an email from him in my inbox, my heart would start pounding, my breathing would become rapid and shallow, and I would actually start sweating. Then, I would soon feel dread, anxious, and worried. My body was exhibiting the instinctual emotion of fear followed by the feelings I had learned to associate with him. (p. 36)

As a counselor in the field, I have used a surface-level discourse that an emotion is a biological message from the body that prompts one to take action (Lewis, Haviland-Jones, & Barrett, 2010). Yet it is clear that in the fields of affective neuroscience, there is more deliberate discourse surrounding affect, feeling, and emotion. According to Gerrig et al. (2011) and APA guidelines, “Emotion is a complex pattern of changes, including physiological arousal of feelings, cognitive processes, and behavioral reactions, made in response to a situation perceived to be personally significant” (p. 1).

Others in the field of psychology conclude that emotions have three components and define emotions as “a complex psychological state that involves three distinct components: a subjective experience, a physiological response, and a behavioral or expressive response” (Hockenbury & Hockenbury, 2010). Despite the subjective nature of emotions and variations in physiological and behavioral responses, culturally, all humans experience emotions. Facial recognition studies suggest there are seven basic emotions: anger, contempt, fear, disgust, happiness, sadness, and shock—that are
experienced across cultures (Ekman & Rosenberg, 1997). These are not fixed traits, and others have debated that other crosscultural emotions include shame (McLaren, 2010) and even play (Pankseep, 2005). Moreover, not all emotions are registered by facial expression; they are measured through body temperature, sweat glands, voice tones, etc. Yet the seven categories emerged from Ekman’s facial recognition studies (1972-1997) and are often referenced for counseling interactions. In the 1980s, Robert Pultchik (1980) popularized an emotional classification taxonomy called the wheel of emotions.

Pultchik’s research suggested that emotions are often combined and felt at the same time, much like a color wheel. He suggested eight emotional states, including happiness versus sadness, anger versus fear, trust versus disgust, and surprise versus anticipation. Another important attribute of emotions is that they produce a physiological response. Emotions have the ability to increase heartbeat, breathing, and muscular constriction, as these functions are controlled by the autonomic nervous system (Bechara, Damasio, & Damasio, 2000). The nervous system controls the human fight or flight response and propels us into taking action (Siegel, 2009). In this biological perspective, affect is influenced by primal patterns that are inseparable from human survival and are associated with motivation and the internal signals and social cues that encourage humans to take action (Bechara, Damasio, & Damasio, 2000; Damasio & Carvalho, 2013; Panksepp & Watt, 2011). There is significant variation in the way emotion is represented and researched2 (Panksepp, 2011). Many authors adopt what many refer to as an “isolated mind” approach (Stolorow & Atwood, 2013, p.16) by focusing on the physiological basis

2 Affective neuroscientist Jaak Panksepp suggests that there are several ways to analyze the brain and mind; he articulates that evolutionary biology has three layers of analysis, including “primary (instinctual), secondary (learned), and tertiary (thought-related) (p. 1, 2011). He articulates that there are often “contentious battles between basic-emotion theorists and dimensional-constructivist approaches” that emerge due to investigators working at different levels of inquiry (2001, p. 1).
of feelings as disconnected from interpersonal interactions. Researching emotions without
acknowledgement of the developmental and neurological influences would render the
findings as limited. In the same way, exploring emotions while negating social influences
is also limiting, ignoring a bio-psycho-social perspective that is critical. Human
development and the biology of emotions are important aspects of emotional expression, in
this dissertation study that operate in the background, I have situated the study on the
socialization of emotions in the foreground of my work. I rely on Freire’s definition of
literacy as reading the word to read the world and apply this view of literacy to emotional
inquiry and self-awareness among my sample population of immigrant Mexican women.

Given the large body of research on emotions within feminist inquiry (Boler, 1997; Boler, 1999; Brown, 2006; Brown, 2007; Jasper, 2011, Jaggar, 1989; Reger, 2001) and
power (i.e., subordination and control over another person) relations that intersect
economics, class, and race (Collins, 1989; Lorde, 1980; Lorde, 2003), I foreground the
current within these frameworks of emotional manipulation related to violence
(Crenshaw, 1993) and domestic work as well as stances of resistance against patriarchal
structures. This study focuses on the ways that gender and power shape one’s ability to
recognize emotions and critical thinking about structures of oppression. Because shaming
another person is an emotional power tactic to dominate another, it becomes necessary to
study and access how power influences the ability to make meaning of our emotions and
note when interpartner violence creates unhealthy emotional responses, as noted in Debbie
Hampton’s (2017) reflection above. Because the nervous system controls the human fight
or flight response (Siegel, 2009), it is important that we calm down the body so we are not
in a constant state of over-arousal, and at the same time, women are able and have the right
to be angry and process their abuse (but this is done more effectively from a self-regulated or calm state).

I rely primarily on counseling studies produced by social worker Brene Brown, who studied women and shame (2006). I adopt McLaren’s theoretical work on emotionality as a gift (2010) and align with her suggestion that each affect, feeling, and emotional expression are opportunities to better understand our feelings and unpack our psychological needs. For example, anger teaches us to maintain and re-establish boundaries, sadness reminds us to let go and trust, and fear prompts us to pay attention and focus (McLaren, 2010). Each affective response that creates an emotion prompt to an action to support or move away from our beliefs. Power and gender are topics that are often negated within emotional literacy curriculums and educational settings (Boler, 1999). Because mental health is “the way your thoughts, feelings, and behaviors affect your life” (APA, 2017), it is key to get in touch with one’s feelings to build emotional resiliency and to advocate for community mental health needs in immigrant Latino communities, as they may resist formal treatment due to stereotypes enforced by machismo and larger structures of patriarchy. It would be more academically accurate to say parents/educators should take affective action against machismo, as affect is the experience of feeling or emotion and is the key container to how we as humans processes our surroundings (APA, 2017). Given my community setting, I worked to adopt terms that have resonance with parents/teachers. I have found that when counseling and working in family settings, the word affect is a vague reference point and the term emotion is a preferred reference point. Moreover, I use the term emotional literacy as it is a concept that already has been researched (Orbach, 2000; Steiner, 1997).

I also use Patricia Hill Collins’ Matrix of Domination as a guide to understanding
the structures that influence immigrant Latina mental health. While Collins (2002) addressed the actual experiences of females of color and used Afrocentric epistemology to create dialogues of resistance to mainstream power structures, I have extrapolated her technique for use in the analysis of immigrant Latina mothers residing in the urban Southwest. Collins argued that “domination operates by seducing, pressuring, or forcing African-American women, members of subordinate groups, and, in fact, all individuals to replace individual or cultural ways of knowing with the dominant group’s specialized thought-hegemonic ideologies that, in turn, justify practices of other domains of power” (p. 287). The study framework adapts her analytic techniques to assess ways that immigrant Latina mothers in the United States contend with systems of power when seeking mental health services.

Collins aligns with other feminists such as Audre Lorde (1984) and Toni Cade Bambara (1970) to suggest that the resistance to oppression forms within one’s self. This is especially the case when resisting social atrocities that influence the individual. Collins defines the *interpersonal domain of power* as the day-to-day practices that characterize personal interactions. Resistance to social power and control includes self-care as a tool to dismantle ideology marked by the feminist mantra: “Caring for myself is not self-indulgence, it is self-preservation, and that is an act of political warfare” (Audre Lourde, n.d.).

For Collins (1989, 2002), women of color and other marginalized groups form individual domains of power by relying on their own experiences and social interactions of support and resisting negative narratives. Collins further argued that oppression and power operate at an intermediate (i.e., meso) level that limits the impact of radical feminist ideas. This limitation stems principally from bureaucratic domains of education that aim to
maintain the status quo. Collins (2002) also explained that women and other subordinate groups have to contend with institutional norms and policies that deny knowledge produced outside of the institution. This, Collins refers to as institutional historical knowledge camouflaged to benefit hegemonic ideology. At the larger ideological level, marginalized groups have to contend with institutional racism and patriarchy as well as with subjugated history.

This literature review applies Collins’ findings to the topic of mental health and subjugated Latina knowledge. The minimized and omitted history of the mentally ill, women, and people of color shapes a legacy of distrust in mental health care, particularly in regards to the deleterious effects of an application of Eurocentric techniques in this field. Collins’ concept of the disciplinary domain is used in helping to understand domestic violence and a lack of access to mental health services. The literature review additionally discusses counter strategies that resist violent ideology through a critical family literacy model and emotional support. The literature discusses attributes of emotional support among women and builds on Collins’ concept of the personal domain of power as well as the role of women-educators in reframing violent ideology and behavior (Figure 3).

In Figure 3, I use the umbrella term interlocking oppression to encase key attributes that shape the lives of immigrant women of color. I discuss several key topics: (a) histories of violence and oppression that are unique to racialized groups of color; (b) mental health policy, or whose trauma counts, to explore subjugated histories; and (c) interpersonal domestic violence that embodies attributes of violence-gender relationships within a framework of machismo. Lastly, in Part D, I explore resistance to oppressive conditions through parent engagement programs and critical family literacy learning circles.
Figure 4. Matrix of Domination and Resistance

Often, mental health treatment plans and theoretical approaches conceptualize health as a purely individual condition, but this perspective removes mental health from its roots in de-humanization. According to the American Psychological Association, “mental health” refers to a state of psychological well-being, where an individual is functioning healthily in the areas of emotional and behavioral adjustment (APA, 2016, p. 1). Popular conceptions of mental health start with defining mental health as an individual phenomenon.
According to Jahoda (1958), “Mental health is an individual and personal matter. It involves a living human organism or, more precisely, the condition of an individual human mind. A social environment or culture may be conducive either to sickness or health, but the quality produced is characteristic only of a person; therefore, it is improper to speak of a “sick society” or of a “sick community.” (p. 1). Psychological health involves treating individuals by helping them to set and measure the achievement of behavioral goals as well as by offering validation and emotional support throughout the client/practitioner relationship (Kiresuk & Sherman, 1968). While individual approaches are a necessary starting point to mental health treatment plans, individual approaches can’t be the end goal. Seeing one’s mental health as purely a personal problem has two unintended consequences. First, it limits an understanding of why some groups are less likely to use mental health services, and second, it seeks to reaffirm violent histories by omission. 

**Figure 5.** Maslow Hierarchy of Needs

Despite the documented benefit of talk therapy, there is an inherent contradiction in offering mental health services, especially to already marginalized populations. The barrier is the trust of the medical system. Many Latinos, especially from low-income brackets
(family annual income of less than $15,000), do not seek out mental health services. Using findings from the 1990-1992 National Comorbidity Survey, Algeria and colleagues (2002) found that in a sample of 8,098 English-speaking respondents aged 15-54, African American and poor Latino populations were less likely to use mental health services. Algeria et al. (2002) asserted that variations of mental health care utilization among Latino and poor non-Latino White populations were a result of language fluency, cultural variations such as self-reliance, Medicaid and neighborhood clinic access, and variations in recognition of mental health issues. Often, solutions to Latino health inequalities are based on statistics that calculate a general population trend; however, many Latino immigrant populations do not represent general trends, and these solutions lack a critical investigation of legacies of distrust that are shaped by ideological factors such as patriarchy. For poor Latina populations, issues of language fluency, cultural variations, access, and recognition of mental health issues are important themes for addressing utilization gaps; however, this review of literature takes a critical approach, focusing on a legacy of distrust and systemic oppression caused by patriarchy.

The following section offers supporting evidence for why narratives of distrust influence contemporary issues with health utilization rates and study participation among groups of color (see Shavers, Lynch, & Burmeister, 2002; Lewis, 2002). I discuss Foucault’s book, *Madness and Civilization* (1961), which offers the reader a history of mental health care mistreatment toward women, disabled populations, and populations with differing ideologies. Additionally, topics include Harriet Washington’s perspectives in her text *Medical Apartheid*, which offers the reader an important history of Black and some Latino populations in U.S. medical research. The first section of the literature review begins by discussing topics from the uppermost tier of Collin’s *Matrix of Domination*. In
alignment with Washington (2006), I make the claim that in order to create an effective discussion of the legacy of mental health, it is necessary to understand dehumanization as a longstanding pattern that is an extension of the current medical care system.

A valuable concern is that the dissertation focuses on mental illness and that the organization does not directly recruit or promote a direct goal to improve mental health for participants. But given the new direction of the organization in the past year and a half to work toward mental health promotion, it becomes key to look at the root of why immigrant and Latino communities in New Mexico do not seek services, despite existing formal systems of mental health care. Due to legacies of distrust and negative stereotypes, some populations avoid the risk of seeking help.

Mental health is not an isolated mind, but also encapsulates the entirety of a person—human dignity, rights, and access to education. A holistic mental health treatment considers a human in their context and their entirety and offers improvement for nutrition, exercise, confidence, and healthy relationship and dialogue. As a counselor, if a parent does not have food stamps, I do not respond by saying that falls out of my jurisdiction of treating your mind; I respond by getting food for the family. Or if a child comes to our counseling session wearing wet shoes, we will begin by addressing his most immediate needs. Maslow (1943) called this addressing the Hierarchy of Needs (see below). In the same way, if a community has the goal of addressing education, if the child does not have the basic needs of rest, nutrition, and a safe and loving home environment, they will not be able to learn. In Maslow’s Hierarchy of Needs, the base of the chart is a person’s survival needs such as air, shelter, food, and water. Next are safety and security needs such as a nonviolent home and social needs such as maintaining friends and healthy family connections. Next is a person’s need to develop healthy self-esteem through confidence,
and lastly is self-actualization, where a person can grow, expand, and learn in a deeper way (see figure below). Yet, without the foundational needs, the goals to self-actualize through education will not take place.

In the case of CEA, the more community organizers have asked parents what they need to support their children in school, the more they have heard about needs within the lower levels of the hierarchy, such as emotional safety. Though mental illness treatment is not a direct goal of CEA, the program addresses attributes found in various psychologic treatment models (see Maslow’s Hierarchy of Needs). A view of a mind separated from the body and spirit comes from traditions within the medical profession to dissect, study, and research humans in separate aspects. This approach omits the reality that every part of our human experience is connected: ancestors, mind, heart, spirit, and body.

Thus, effectively treating mental health requires that we attend to all parts of one’s identity. CEA is on this journey and aims to attend to its community holistically. In the past, CEA has focused on educational endeavors and is shifting toward a focus of mental health promotion. In attempts to support this goal, I focus on a literature review that is situated in mental health. I focus on the less investigated parts of mental health, such as histories of oppression, subjugated histories, domestic violence, and resistance through parent engagement and critical family literacy.

A. History of Oppression and Violence

In Madness and Civilization (1961), Foucault described the ways in which mental illness was constructed by European culture, law, and philosophy from the Middle Ages into the 18th century in such a way as to rid society of “undesirables.” He contended that social forces (e.g., unemployment, wages, and religious dogma) drove the distinction between the constructs for those who were considered mad and those considered rational.
He also concluded that a selected definition of mental illness was used as a way to exert power over and confine groups of people who had different values, work ethics, or practices than those of mainstream Christian society. The treatment of those who were seen as mad progressed beyond confinement into an obsession on the part of medical doctors to study and fix the human “object” of madness. In some cases, the mentally ill were showcased as a spectacle, made to do tricks, and became a “public scandal for general delight” (p. 69). The treatment of mental illness was historically marked by shame, confinement, and dehumanization by medical doctors.

In addition to inhumane treatment of the mentally ill, specific laws regulated who was allowed to practice medicine. In 1540, Henry VIII of England approved the Charter for the Company of Barber Surgeons, which led to the specialization of healthcare professions and outlawed women from practicing in the healthcare field. Medical doctors had the power to declare you “insane,” and if they did, they would profit by seizing land and other valuable artifacts. The practice of using insanity as a source of profit led to the torture and murder of groups considered “subhuman” (Brooke, 1997; Minkowski, 1992). Foucault’s and others’ (Brooke, 2007; Minkowski, 1992) historical conceptualization of madness and mental illness is a valuable analysis that provides supporting evidence for the understanding of the origins of the shame, fear, and stigmatization attached to problems in poor mental health, especially as it relates to groups outside of the dominant male European classes. While Foucault developed theory in a European context, many of his ideas are necessary to understanding medical histories of oppression in the United States. Foucault’s work illuminates an important aspect of U.S. medical history: Medicine is for only an elite group of people and the undesirables of society are stepping stones for the elites. This justification is made on the basis that not every person merits human rights.
While Foucault paints an important image of how undesirable groups were treated in European society, he and others (Brooke, 1997) omit an important aspect: race.

Medical sociologist Harriet Washington adds important historical events in medical experimentation that shape legacies of distrust for people of color who are labeled as undesirables. In her book, *Medical Apartheid: The Dark History of Medical Experimentation on Black Americans from Colonial Times to the Present*, she focused on the cultural memory of medical experimentation by discussing historical and contemporary cases of medical abuse to analyze the relationship between racism and medicine in the United States. Washington outlined an appalling history in the colonial period where slave owners would sell black female slaves as medical guinea pigs. In this position, they were cut, dissected, and experimented on without sedation or consent. Later in the 19th century, black cadavers were sold to medical schools and museums for public display. Washington (2006) cited well known medical experiments such as the Tuskegee Syphilis Study (1932-1972) that intentionally recruited 600 impoverished, African America sharecroppers in Alabama. Prior to the study, 399 of the men had previously contracted syphilis, and 201 did not have syphilis. The men were left untreated by the U.S. Public Health Service to analyze the progression of the disease. Washington also exposed lesser known medical experimental violations that were performed in the past few decades: brain surgery performed by a University of Mississippi neurosurgeon on Latino and African-American boys as young as 6 who were labeled as aggressive. Again, in 1992-1997, medical researchers from the New York State Psychiatric Institute and researchers at Columbia University’s Loewenstein Center aimed to study the biological basis of violent behavior by having older brothers recruit their siblings for participation using the unregulated pharmaceutical Fenfluramine. Washington offered numerous examples of violations of
groups of color, concluding that distrust for the current medical establishment is a result of a history of dehumanization made on the basis of race.

Women are often mistreated due to the values of patriarchy. The term patriarchy describes “the society in which we live today, characterized by current and historic unequal power relations between women and men whereby women are systematically disadvantaged and oppressed” (London Feminist Network, 2017, p. 1). However, these unequal treatments are often further complicated by a woman’s racial, ethnic, and economic status (Collins, 1989). Gender disequilibrium takes place across various tiers of society and is witnessed in women’s under-representation in government positions, employment, and general industry (London Feminist Network, 2017, p. 1). Key features of patriarchy include violence against women and sexism (hooks, 2000). To assess a current woman’s mental health requires an in-depth understanding of her as part of a larger web and context that worked to exploit her. The historical actions of medical mistreatment toward women, especially women of color, reflected a larger attitude: Women are not equal to men (White men in power). Yet, the domination of women takes a different cultural expression, depending on the global context; for instance, Latina women contend with machismo, which is a type of male dominance that operates on a spectrum.

It is important to note that machismo is not limited to Mexican and Latino societies. Rather, for the purposes of this study, I focus on the ways that a Latino machismo is defined and exists within the confines of my study population. The term machismo is a key concept that describes male behaviors in patriarchal societies. It also refers to gender roles for men and women that dictate behaviors and relationship expectations. These gender roles are then reinforced by family and community societal norms. Typically, machismo refers to a negative view of hyper-masculinity and is often portrayed as an overly simplistic
stereotype (Arciniega et al., 2008). According to Arciniega et al. (2002), Latino masculinity has two key aspects—one being traditional *machismo* (aggressive) and the other, *caballerismo* (prideful) (Ingoldsby, 1985). Traditional machismo refers to the negative aspect of masculinity that is marked by hyper-sexuality and aggression (Ingoldsby, 1985). The machismo gender role encourages the man to work hard for his family and be emotionally disconnected from the socio-emotional development of his children. The role of traditional machismo includes:

Dominion and to have where and on whom to exert it; this simultaneously demands to be spouse and dominant father and supplier and protector of its subordinates, and therefore it implies the sufficient possession of a territory and goods that they allow to fulfill such tasks and the protection and the expansion of his material, human and symbolic possessions . . . but also to compete and to prevail in confrontations that require diverse degrees of violence. (Cazés, 1994, p. 372)

In the role of traditional machismo, verbal, sexual, and physical abuse are hallmarks of aggressive male behaviors. On the other hand, women in traditional Latino roles are required to focus on being a mother and have to uphold stereotypes of marianismo where childbearing and family life defines their gender role (Stevens & Pescatello, 1973). Often, the role of the martyr is prized and reinforces submissive and self-sacrificing behaviors for the family. Male dominance is pervasive within society. Wilson (1987) stated that we live in a global system where power and influence are held by men. This system controls various aspects of society, including laws, fixed wages, and economic value. The promotion of a machismo system values everything that is logical, rational, and objective and sees itself as superior (Wilson, 1987). The overarching system of male dominance is an important context when exploring tenets of traditional machismo. Within traditional
machismo, there remains a biological view of male dominance that claims that men tend to be more aggressive than females based upon a sex difference due to genetic origins and a need to reproduce themselves (Ingoldsby, 1985). Such views are detrimental and promote the genetic origins of gender and race as biological constructs, when it has been argued extensively that race/gender are socially created constructs (Anzaldúa, 1987). More widely accepted views of machismo suggest that men who display physical or verbal aggression expose the fragile quality of masculinity (Kaufman, 1987) or are the results of an inferiority complex. While postulations of an inferiority complex are important to consider, one should note that men of all classes exercise machismo or male chauvinism. However, men of lower socio-economic classes who inhabit racialized bodies may have to contend with additional inferiority and oppressive issues.

Cervantes (2006) suggested that machismo results from an inability to manage social, cultural, and gender pressures to be a man in contemporary culture. This disrespect of women and groups of color is not only harmful for groups that are receivers of this trauma but also for perpetrators (hooks, 1994).

Power occurs both on structural, intermediate, and individual levels (Collins, 1989). The above examples from Washington (2007) of the mistreatment of women and groups of color are examples of the structural levels of violence. The next section, Policy and structural violence: whose trauma counts, focuses on intermediate levels of power through policy development as related to women’s mental health. I discuss the emergence of nonpsychiatric in-patient facilities for mental health.

**B. Policy and structural violence: whose trauma counts**

Interest conversation theory explains that positive social change is often brought forth only when in benefits the elite group in power (Moscovici, 1976). I argue that in the case
of mental health treatment facilities and the development of crisis hotlines, only some
groups of the population benefited. There are two types of mental health treatment:
inpatient, when one is permanently or semi-permanently kept (often against one’s will) in a
hospital setting, or outpatient, when a person comes in for services. The advent of
outpatient crisis services coincided with a nightclub fire in a wealthy community in Boston.
In 1942, the Cocoanut Grove, a post-Prohibition nightclub, was destroyed in a fire that
killed 492 people and placed a national reform spotlight onto outpatient mental health
service and fire safety (James & Gilliand, 2013). Dr. Eric Lindemann treated many of the
burn victims and was the first medical provider to start a community mental health
program that focused on emotional trauma (James & Gilliand, 2013)—but only when it
impacted the wealthy elite.

The fire brought emotional trauma to the eye of the public and opened the door for
immediate and long-term outpatient mental health services (Kanel, 2012). Early crisis
organizations and hotlines often were supported by only minimally trained volunteers and
charity groups, but they served an important role of offering emotional support without
imposing the stigma of madness or mental illness (Kanel, 2012).
The emotional grief and trauma for survivors and family members from the Cocoanut
Grove fire made national news, yet the mental health of the survivors was not
pathologized. Wealthy upper-middle class family members and survivors were not locked
away as a spectacle, tortured, or made to feel ashamed of their emotions; they were met
with mental health response teams. While this tragedy enhanced development of the field
of psychological wellness (as well as access to treatment), its principal beneficiaries were
those of the wealthy white upper class in the United States.

Legislation followed that promoted community-focused crisis interventions that in
turn would lead to school-based mental health services. Noteworthy in this respect were the 1957 Short-Doyle Act, which encouraged the treatment of persons with a psychiatric disorder within their own home community and in conjunction with local medical resources, and the 1963 Community Mental Health Centers Act, which required the delivery of mental health services throughout the country and freed individuals in hospitals and institutional housing so they could re-enter their home communities.

The Civil Rights Act of 1964 outlawed discrimination based on race, color, religion, sex, or national origin and forbade racial and ethnic segregation in schools, workplaces, and public facilities (Kanel, 2012). The Civil Rights Act was a catalyst for grassroots movements that embodied the socially revolutionary spirit of the 1960s and focused on human rights issues in the spheres of education and health (Kanel, 2012; James & Gilliland, 2013). Yet, despite legal efforts fostered by the Civil Rights Act, the act was unable to address the ideological and dialectical narratives of power that fuel macro-level constructs of domination. Today, while the United States allocates considerable funds and resources to mental health services for children, fewer than 70,000 of the 1.3 million children eligible for publicly funded mental health services receive them (Knitzer & Copper, 2006).

In response to current needs for family and school-based school mental health programs, the Mental Health in Schools Act is intended to provide $2 million in grants (up to $1 million per individual grant) toward development of the Safe Schools/Healthy Students Program by providing on-site licensed mental health professionals at schools across the country. The Substance Abuse and Mental Health Services Administration (SAMHSA) will distribute funding, set guidelines, and measure program outcomes. The act (H.R.1211) introduced in the U.S. House of Representatives (March 3, 2015) amended
the Public Health Service Act to establish “school mental health programs that are culturally and linguistically appropriate, trauma-informed, and age appropriate” (Congress Gov., 2017). This may be an effective strategy for families, as children have shown positive outcomes after receiving mental health services. Some 16% of students report lower depression, 21% lower anxiety, and 38% have better behavior after one year of mental health services (SAMHSA report, 2015). Still, the act has shortcomings. Specifically, it lacks mechanisms that address the stigmatization attached to mental health services and fails to provide for the parent engagement necessary in culturally relevant applications, especially with respect to groups in society that are highly marginalized by either language, race, and/or citizenship status.

Although outpatient treatment centers and crisis call lines have been established, this does not ensure that diverse populations are accessing these necessary services. Just because the Civil Rights Act of 1964 promoted integration of the historically white spaces of schools, hospitals, and mental health facilities does not mean marginalized groups believed it was safe to access these spaces. More to the point, groups of diverse backgrounds do not simply forget overnight the ways in which their bodies were used as test subjects for White elite populations, nor do they forget the collective and intergenerational stories that deter them from trusting medical establishments, including the establishment of mental health services. This history of mental health is an important backdrop to understanding why some populations are fearful of the stigmas of obtaining services. Moreover, western models of treatment rarely work to challenge social determinants of one’s health. These social determinants of health are shaped by colonial and racialized histories; however, it is more convenient to treat the individual than to address the root cause.
C. Domestic violence and immigrant Latina woman

For groups of Latina women who are undocumented, mental health services are not easily obtainable because these women live between two worlds. In one of these worlds the mainstream American media casts them as lawbreakers or “illegal” in their efforts to migrate due to push and pull factors such as violence, poverty, and family ties. And in another world, they are freedom fighters, providers, and caretakers to a larger network of their children or transnational families (Anzaldúa, 1989). In a world marked by negative mainstream controlling images of welfare mamas and job snatchers (Lopez, 2003), it is necessary for marginalized groups to work the cracks (Collins, 1989). Collins’ term, working the cracks, implies to resist against narratives of disempowerment, where women unpack and disentangle the ways they are kept in their place by various intersections that are detrimental to their mental health. Kimberly Crenshaw (1993), professor of law at UCLA, stated that patriarchy and racism are often visible through interpersonal sexist interactions such as physical battery or rape, yet they are products of larger social and systemic issues. Crenshaw suggested that when exploring individual accounts of interpersonal struggle and oppression, the viewer needs an intersectional lens. Crenshaw discussed that domestic violence is a social determinant that is often portrayed as an individual issue.

Nationwide, more than 20,000 phone calls are made every day to report domestic violence. In New Mexico, one in three women has experienced domestic violence (NCADV, 2015). In 2013, New Mexico police departments responded to 18,954 domestic violence calls, of which 6,285 cases resulted in violence protective orders (NCADV, 2015). The coalition reports that domestic violence is an issue that affects individuals in various community environments, regardless of age, economic status, gender, race, or nationality.
According to the National Coalition Against Domestic Violence (NCADV), domestic violence is an intentional behavior of intimidation, physical attack, battery, sexual assault, and/or other abusive acts as part of a “systematic pattern of power and control perpetrated by one intimate partner against another” (NCADV, 2017, p. 1). The coalition states that domestic violence is characterized by one partner’s attempt to maintain power and control of the other partner. Not all domestic violence includes physical or sexual abuse; other examples include showing jealousy of the victim’s time spent away from the home; embarrassing or shaming the victim; or intimidations with guns, knives, or weapons. An anonymous survey study of 1,692 women in 1995 seeking medical services at a general practice found that the likelihood of extreme violence increased as controlling behaviors increased (Bradley, Smith, Long, & O’Dowd, 2002). In the sample, common controlling behaviors reported by participants were “being shouted or screamed at” (920 women, 54%) and feeling criticized (832, 49%) (Bradley et al., 2002).

Violence is not equally distributed. Women tend to experience partner violence at higher rates than their male counterparts. According to the federal Centers for Disease Control and Prevention (CDC, 2010), one in five women and one in seven men have had an issue with an intimate partner. An individual’s physical and mental health are harmed by persistent domestic violence (McCauley et al., 1995). Women who have experienced interpartner violence are more likely to contract sexually transmitted diseases from intimate partners, husbands, boyfriends, or relatives (Gilbert et al., 2000), and noncommunicable disease such as hypertension, cancer, and cardiovascular disease. Additional studies suggest a link between partner violence and depression (Campbell, Sullivan, & Davidson, 1995). With Crenshaw’s (1993) intersectional lens, one sees the complexity of accessing services for Latina immigrants who often have limited language
skills and varying legal statuses (Menjívar, C., & Salcido, 2002). Moreover, we have to consider the historical treatment of groups of color in the medical field.

Different cultures and ethnic groups maintain diverse perspectives on the origins of illness and symptoms and how these illnesses can be treated (Vivien & Noor, 2013; Yew & Noor, 2014). Given this diversity among various ethnic groups, it is important to consider that a client’s cultural beliefs related to health may conflict with Western healthcare values. For instance, a study conducted by the College of Nursing in Ohio State (Arcoleo, Zayas, Hawthorne, & Begay, 2015) found that a sample of Mexican American mothers reported a symptomatic perception of asthma and incomplete understanding of the disease. The mothers believed that the disease was present only when their child was symptomatic (Arcoleo et al., 2015). Another inquiry, with African American adults with a disability, found that participants did not see themselves as disabled or as participants of a disabled culture even though they were labeled so by a biomedical model (Devlieger & Albrecht, 2000).

An explanatory model works to understand how an individual understands one’s own illness. The model was influenced by psychiatrist Arthur Kleinman in his book about medical anthropology, *Patients and Healers in the Context of Culture* (1980). In this text, Kleinman distinguished between illness and disease and the explanatory construct that assessed culturally rooted conceptions of illness. Since the explanatory model, other frameworks have developed that consider context and culture (Gaines, 1995). For instance, the *Common Sense Model of Self-Regulation* is an integrated framework that considers environmental, social, and cultural influences and person-centered beliefs about one’s health (Leventhal et al., 1997). The explanatory model considers an individual’s perceived impact on family or emotion, on economic effects, and on recovery. The
differences of interpretations between an individual’s and communities’ social norms need to be taken into account when defining illness (Boruchovitch & Mednick, 2002).

It is unlikely that the sample population of immigrant Latinas in my study would attribute patriarchy as the cause of their illness or domestic violence. It is also likely that the sample population may not even consider that they have an illness, yet from a biomedical model, participants could meet the criteria for parent-child relational problems (Z62.820) and post-traumatic stress disorders due to domestic violence (314.01). Violent behaviors such as yelling and corporal punishment as in childhood, in a marriage create an environment that decreases mental health and makes some groups more susceptible to diagnosable disorders (Jongsma et al., 2014). Not all women in my study would meet the criteria for illness and treatment. Only two of the eight women in my study asked for outside mental health services during the research process. For example, Maria was beaten by her father as a child and watched her mother beaten for not cleaning the kitchen (personal communication, April 1, 2017), but she is not in current need of treatment and is not having acute episodes of anxiety. Luz, on the other hand, might be a better candidate for treatment, because she felt that her experiences as a child and the early years she spent with her son continued to cause periods of grief that interrupted her daily functioning; she could be treated under a parent-child relational problem (Z62.820).

The Latinas in the United States are not a homogenous group. Economic status, language ability, and legal status create a kaleidoscope of factors that create variation in a singular ethnic group. The lens offered is intersectional. Intersectionality refers to a person’s daily interactions and life experiences based on their perceived race, gender, and economic position (Crenshaw et al., 1993). Intersectionality also includes a careful consideration of histories of oppression (Collins, 1989). Mental health and mental illness
have been used as a power tactic to seize land and property (Brooke, 2007). Medicine has intentionally limited women as providers (Jefferson, Bloor, & Maynard, 2015). Mental health and medical experimentation were conducted on “‘undesirable’ populations to service the elites” (Foucault, 1967). Medical experimentation was conducted on the justification of race, and while we like to think about ideology as historical, into the mid-1990s, medical and psychiatric institutions targeted groups of color (Washington, 2007). The ideology of exclusion and the desire for power feed patriarchy and oppression at the individual level and impact some Latinas more than others.

For instance, Latina immigrants of color who contend with limited language skills and who have an unknown legal status are more vulnerable than other Latino populations (Menjívar, C., & Salcido, 2002). Today, individuals from lower socioeconomic backgrounds and/or minority groups are the least likely to use mental health services (Johnson, 2006). Women who use English as a second language and immigrants are the least likely segment of the population in the United States to seek out services for themselves or their children. Latina women also contended with machismo. Due to the emergence of outpatient mental health services in the early 1960s, all groups, despite gender, disability, or race, have the right to services. Via the Mental Health in Schools Act of 2015 (H.R.1211), these services have become available in school settings to offer mental health care to a diverse population. Yet, the mental health promotion in school program needs a critical edge that will allow it to reach diverse populations effectively. Mental health promotion programs need to be co-led by community members and professionals, rely on community knowledge, and use parents as the experts in their child’s life. Otherwise, narratives of shame and distrust will continue to prevent women for obtaining services.
Even more difficult is the reality that asking for help is frowned upon in a culture that promotes meritocracy. Stereotypes of weakness and shame disable women from asking for support (Brown, 2007; Boler, 1997; Jaggar, 1989). Social worker Brene Brown asserts that shame is a powerful force that emerges from conflict in group membership and is attributable to competing social and community expectations: “Shame is the intensely painful feeling or experience of believing that we are somehow flawed and therefore unworthy of acceptance and belonging. . . .” She also explains that shame, like race, lives “. . . entangled in a web of layered, conflicting, and competing social and community expectations” (Brown, 2007, p. 30). Feelings of shame may be more severe for women already isolated by immigration status. Shame expounds one’s feelings of blame and disconnection, which are hallmarks of domestic violence.

To resist mental illnesses that result from sexism and domestic abuse, Brown (2007) suggested that women support each other by adopting the following attributes: a nonjudgmental attitude, being a good listener when listening to another person’s feelings, and the cultivation of courage and self-worth. While domestic violence against women occurs across diverse ages, economic status, races, and national identities, not everyone has equal access to mental health interventions. These mental health interventions work to end relationships where women are physically beaten and experience psychological stress due to controlling relationships. These interventions also give women a language to rid themselves of shame, to talk about their experiences, and to increase their self-worth.

Despite patriarchy within mental illness treatment, bell hooks reminds the reader, “Sexism has never rendered women powerless. It has either suppressed their strength or exploited it” (n.d.). Though many women have endured disproportionate rates of violence, some of them remain strong, powerful, and capable.
Summary

Solutions are needed to reframe subjugated histories and to promote mental health access for all people. Developers of mental health promotion and treatment tools need to consider approaches that focus on both the individual and the collective. Mental health promotion tools should not pathologize or make spectacles of populations in need; rather, they should recruit them as key co-creators of knowledge. Collins (2002) emphasized the interpersonal domain as a space where an individual can begin to deconstruct the *matrix of oppression* by illuminating the value of relationships between structural conditions and the actions of individuals who occupy these structures. She stated: “Dialectic approaches emphasize the significance of knowledge in developing self-defined, group-based standpoints that, in turn, can foster group solidarity necessary for resisting oppressions” (Collins, 2002, p. 293). This resistance can be facilitated by using critical-thinking skills and interrogating power and multiple levels within a society.

Parent Engagement and Resistance

Critical parent engagement challenges oppressive interlocking systems of power within Collins’s Matrix of Domination (Figure 3). In the following section, the literature moves into a discussion of critical family literacy as an offshoot of parent engagement. Emotional dialog and critical education become potential mechanisms by which a group can foster self-defined knowledge that counters dominant stereotypes. In *Pedagogy of the Oppressed* Freire (1970), reminded educators that education is not a neutral act. Education is political. He suggests that literacy is a counter tool designed to teach reading and writing in order to critically understand the world around you. Freire stated that the role of a critical educator is to “read the word” in order to “read the world” in a way that allows the educator to assess power structures to navigate the inner emotions that emerge when faced
with structural injustice (Freire & Macedo, 2005, p. 18) In alignment with Freire (1970) and other literacy scholars (Gee, 1986b, 1998; Freire & Macedo, 2005), I state that literacy is a “birthright” that allows one to read and write within a context of language, behaviors, values, and beliefs (primary discourses). In turn, this allows one to understand the different discourses of power within various social groups (secondary discourses) (Gee, 1986b). I apply the notion of literacy to a critical framework where critical family literacy combines teaching new information to families while respecting existing funds of knowledge (Moll, Amanti, Neff, & González, 1992) that do not seek to adopt a banking model of education.

**Parent engagement**

For at least 40 years, parent engagement programs have been part of school-based learning. Over the years, these programs have evolved from being initiated by the schools to being initiated by parents to becoming community-based programs featuring a combination of approaches. The widely utilized “Epstein model” represents a framework that addresses the following: parenting, communicating, volunteering for and supporting school programs, learning in the home, decision making, and community collaborations (Epstein, 1995). Since the Epstein model’s inception, other researchers have extended parent involvement more generally (Bronfenbrenner, 1979; Bronfenbrenner & Evans, 2000) and have combined parent engagement with curriculums that address family literacy. Family literacy, at its most basic level, is developing literacy, reading, and writing skills within a family (Taylor, 1983); yet, family literacy has been used in broader ways. Caspe (2003) broke down family literacy into three distinct areas of study: (a) the study of literacy in the home, (b) interventions related to early childhood literacy, and (c) programs that influence literacy skills of multiple family members (Britto & Brooks-Gunn, 2001; Handel, 1999; Wasik et al., 2001).
Family engagement through literacy

While family engagement and literacy programs have been part of schools for more than three decades (Taylor, 1983), since the passage of the No Child Left Behind Act (2001) and the publication of a large body of accompanying research, such programs have moved to the forefront of school agendas in the United States (Auerbach, 1989). Although national policies have successfully moved family literacy programs into school settings, not all family literacy programs are equally effective. Program quality and consideration for cultural sensitivity are necessary ingredients for the successful promotion of child literacy. Caspe (2003) suggested that there are four aspects of family literacy that unconsciously undermine the families they aim to help: the “deficit model,” the research vacuum, the silent-gendered discourse, and the lack of a social-constructivist approach. The “deficit perspective” aims to teach parents new skills because it is assumed they need help or do not have existing literacy practices (Moll et al., 1992). Caspe (2003), drawing on the work of Luttrell (1996) and Weiler (1991), suggested that some family literacy programs work to keep mothers in a domesticated role where there is no questioning of authority. Caspe (2003) recommended that family literacy programs should take a more transformative approach, i.e., an approach that encourages questioning existing power constructs as well as the promotion of their change (See also Freire & Macedo, 1987; Orellana, 1996).

Family Literacy as Critical or Hegemonic

Education is not neutral (Au & Apple, 2007; Freire, 1970) (also see Guix & McLaren, 1989), and in the same way, not all family literacy programs work to strengthen existing linguistic or cultural funds of knowledge. In some extreme cases, family literacy curricula have erased existing knowledge and attempted to replace it with mainstream
ideology (Ada & Zubizarreta, 2001; Panofsky, 2000). Culturally rooted family literacy programs that resisted outside practices of mainstream literacy became known as “critical” or “decolonizing” family literacy programs (Reyes & Torres, 2007). Critical family literacy programs that focus on existing family partnerships between schools and homes have boomed in the past decade, especially with respect to Latino-specific programs (Chrispeels & Rivero, 2001; Gaitan, 2004; Bridges et al., 2012) and many have used popular educational pedagogy, or “liberation-based education,” as a compass for curriculum development (Bridges et al., 2012). Many of the programs that were reviewed in the literature have been labeled as “critical” or “decolonizing” because they addressed issues that were valuable to the community without imposing a preconceived agenda. Some definitions of family literacy still hold strict interpretations of literacy as language transfers from parent to child (Taylor, 1983), while other theories see literacy in broader terms (Heath, 1983) and as context dependent (Auerbach, 1989). Auerbach (1989) defined family literacy as encompassing the “rich resources” that exist in a family’s language and cultural interactions (p. 165).

Today, a large body of critical family literacy programs incorporate topics that are culturally relevant (Ada, 1993; Bridges et al., 2012), such as the Pajaro Valley Program, which allowed parents to draw on life stories as sources of knowledge for their children, regardless of their level of education (Ada, 1993), or the Intergenerational Literacy Project, which worked with immigrants to better their skills in English and offered strategies for child advocacy (Paratore, Melzi, & Krol-Sinclair, 1999). However, respecting immigrant cultural practices and funds of knowledge has been as much the exception as the rule. Family literacy, in its early conception, ignored the issue of cultural relevance (Pushor, 2007). The context of each unique family literacy program shapes how parents interact as
facilitators with one another. Interpersonal interactions are held together by emotions (Burleson, 1985). Moreover, critical family literacy becomes a mechanism to foster community cohesion through support. At its core, this support is emotional. The role of a critical educator is to challenge the status quo and to face one’s oppression, and this process is emotional (Shor, I., & Freire, 1987).

**Emotional support within Critical Family Literacy Settings**

I primarily rely on the work of Brene Brown (2007, 2010, 2012), who suggested that emotional support requires nonjudgment, trust, and courage as means to create personal empowerment. I also rely on the work of critical scholar Paulo Freire to talk about the ways that emotions are key to transformative learning and teaching (Shor, I., & Freire, 1987). An engagement in liberatory education that promotes critical consciousness is an emotional experience (Shor, I., & Freire, 1987). Emotional dialogue and verbal support that are compassionate become the adhesive that holds together group-based standpoints of empowerment. Emotional interactions make up the fabric of daily interactions (Steiner, 2003), yet they are rarely discussed in literacy in emotional literacy curriculums (Boler, 1999) or in society at large (Jaggar, 1989). Emotional support “[is] about helping to lift someone to higher ground so he or she can see their way through the difficulty” (Goldsmith, 2015, p. 3). Burleson (1985, 2003, 2008 et al., 1994) suggested messages of support are necessary for healthy relationships. He defined emotional support as verbal messages that acknowledge, elaborate, and legitimize the upset individual’s feelings and viewpoint (Burleson et al., 1994). Emotional support takes place when someone invites a “distressed” person to share their feelings and the issue they believe to have produced their emotional state (Burleson & Goldsmith, 1998). Characteristics of emotional support include “creating a conversational environment . . . where a person feels comfortable
talking about his or her troubles” (Burleson, 2008, p. 3). Active and compassionate listening are tools that create a supportive environment that is judgment free. Because the reality, emotional experiences, and epistemologies of Latina females and other women of color have been so violently denied by men, it becomes important to understand the ways in which validating each other’s emotions creates support and fosters psychological health (Anzaldúa, 1989). It is when we validate a friend by listening with openness to how someone feels that we create networks of emotional support. To date, the majority of the literature about emotional support focuses on verbal messages, even though support is not limited to dialogue. I have summarized the work of Bent Burleson to capture some of the elements of this issue. Burleson (2008) suggested that there are several types of verbal messages that acknowledge and legitimize a person’s attempt at empathy. Burleson stated that messages that are low in effectiveness are often ones that deny the recipient’s feelings and perspective through being overly judgmental or didactic (i.e., telling the recipient how he or she should act and feel). For many women, narratives of shame are often connected to a complex web of power based on biases with respect to gender, race, class, sex, and status of citizenship (Brown, 2007; Collins, 1989; hook, 2000). Achieving this internal position of empowerment requires not only resistance but emotionally supportive circles of other women (Brown, 2007; hooks, 2000; Trinidad-Galvan, 2010). Freire and Macedo (2005) suggested that the qualities of any facilitator of social change are rooted in emotional awareness. It is important to note that support comes in many forms: It is not just verbal; it also means helping another person find solutions to their issues and encouraging them to work through barriers.

*Lo que me ha definido durante muchos años ha sido el miedo y son barreras que estoy rompiendo. He aplicado a ciertas cosas por ejemplo en FAST [Families and*
It has defined me for many years; it has been fear and its barriers I am breaking. To apply to certain things, for example, in FAST, I had not because it said I needed to be bilingual and I thought I’m going to do it and I got the job. I thought OK, it’s a barrier; maybe they can tell me no, but it will make you stronger to keep working, but the fear I’m telling you that my story is based on fear because it has defined me for many years that I am now breaking it was cost me a lot. — Community educator

Community for Education and Action

CEA is a unique organization because it provides parents support and buffers from multiple angles. The community educator above demonstrates the ways that CEA supported her in breaking down old barriers and overcoming her fears of seeking a job. The above perspective shows the way that CEA supports a stance of self-worth and empowerment that are key to good mental health as well as necessary for finding new economic employment. In the next section, I focus on CEA’s use of the curriculum *Abriendo Puertas*; however, it is important to note that CEA offers additional buffers of support that encourage active engagement in school, work, and community settings. In the next section, I focus specifically on their curriculum components that address overcoming fear and developing social and emotional skills.
Given the Community for Education and Action’s existing focus on promoting *social and emotional development* for families, this literature review has encompassed an examination of oppressive mental health systems (Foucault, 1961) and subjugated histories (Collins, 1989) as well as the role of critical education as a solution to oppression (Freire, 1998; Shor, I., & Freire, 1987; hooks, 2000). While parent engagement is an important tool for all parents, this inquiry focuses on one group of Latina mothers who are *cultural workers*. While these facilitators did not initially join CEA to seek parenting skill or emotional coaching, they found this to be an important aspect of the experience (Dinallo, 2016). Further, during research interviews with CEA facilitators, many indicated a concern over violence among program participants with respect to their children, the community, and the larger cultural context. During three years with CEA (2014-2017), I have observed the development of an “emotional scaffolding” that unfolds as the cultural workers become more critical and aware in their approach. Facilitators at CEA teach an adapted version of *Abriendo Puertas* for elementary school parents and a new curriculum for middle school parents.

The *Abriendo Puertas* curriculum states: “Every mind is a world unto itself.” Accordingly, there is not one correct manner in which to assess cultural interventions in schools any more than there is one blanket of “culturally competent” approaches to address the issues of Latino empowerment and mental health in school settings. The adapted *Abriendo Puertas* curriculum used by CEA encourages families to set goals and to use other parents as a source of validation and support. The Child Trend report found the following topics had a statistically significant positive impact on learning outcomes:

- Approaches to reading with the child
- Parent educational activities
• Library use
• Knowledge about aspects of child care quality
• Family organization and planning
• Parent role-modeling (2014, p. 84)

The same report did not find statistical significance with respect to the following variables: parent confidence, parent encouragement and appreciation of the child, knowledge about early child development, healthy habits regarding exercise and diet, parent knowledge about early language and learning, and control of emotional expression. These learning outcomes are key because they demonstrate ways that critical knowledge shifts parent behavioral health.

Two variables from the Child Trends Report (2014)—parent role-modeling and family planning (i.e., goal setting)—are tools that parents receive in conventional one-on-one talk therapy (Jongsma et al., 2014). In fact, entire branches of mental health treatment have been developed on the basis of family goal setting and role-modeling. The Abriendo Puertas curriculum offers an alternative approach to individual mental health conceptualizations. This alternative approach is needed, given the legacy of inferior mental health service for minority groups and the economically marginalized in the United States.

Facilitators in CEA

Facilitators in the Community for Education and Action are role models for their children, community, and neighborhoods. The majority of participants are Latinas who are facilitators and who work to promote community activism in their children’s school.

Facilitators are both educators and agents of social-change (Bridges et al., 2012; Reyes & Torres, 2007). While the Merriam-Webster Dictionary (2016) states that a facilitator is nothing more than one who “helps to bring about an outcome,” critical
education scholars take a more elevated opinion, suggesting that facilitators are *cultural workers* who act as conduits of empathy and resistsors of dominant ideology (Freire, 1970; Horton, Freire, Bell, & Gaventa, 1990; Shor & Freire, 1987). The role of a true educator embodies love (hooks, 2004) as well as receptivity and open-mindedness toward the views of others who, in turn, support the co-creation of knowledge based on experience (Lankshear, 1993). Latina mothers who are active members of CEA are leaders who have an internal position of empowerment (Bridges et al., 2012) and who have resisted mainstream narratives in which they are characterized as failing to meet the criteria of “good” parents (Pushor, 2007).

Resisting dominant narratives that challenge competing social community expectations is not an easy task, because it requires that women overcome intense personal shame and psychological distress (Lorde, 1984). Brown (2006) echoed this sentiment in her case studies of empathy, shame, and other behaviors that characterize resilience. Brown used her participants’ voices to illustrate this emotional distress when one such participant stated: “Shame is the feeling you get when you believe that you’re not worthy of anyone caring about you or loving you. That you’re such a bad person that you can’t even blame other people for not caring about you. You just want the flow to swallow you up” (p. 27). Dominant ideology operates at various levels in society but is most dangerous when it is internalized. “I will define who you are and then make you believe that’s your own definition” (Robin Smith, n.d.).

Thus far, the dissertation has discussed *literacy* as one’s ability to read the word to read the world, *family literacy* as the study of literacy in the home or interventions related to early childhood literacy that programs use to influence literacy skills of multiple family members (Caspe, 2003), and *critical family literacy* as the development of *literacy* that
combines teaching to families new learning skills that build upon existing funds of knowledge (Moll, Amanti, Neff, & González, 1992). While the literature review has discussed the emotional dialectic aspects of teaching and participating in liberation-based education, a new concept of literacy needs to be defined in relation to emergent forms of literacy that embody emotional dialogue and social interaction. Typically, emotional dialog within critical learning goes undocumented, despite its presence in learning. As a result, a new synthesis of these concepts is necessary within the context of mental health and wellness education.

A critical family emotional literacy approach is necessary for groups that have been excluded from the definition of a personal and community ontology of mental health. The term emotional literacy as defined by psychologist Claude Steiner and his colleagues (1997) suggested that emotional literacy is recognizing your emotions, naming your emotions, and dialoging with others about your emotions with the aim of improving social relationships. In alignment with other critical theorists, I argue that any type of emotional education must discuss power (Boler, 1995; Jaggar, 1989) as a key curricular aspect. Thus, I use the term “critical family emotional literacy” as a necessary term that encapsulates building literacy to read the world through family dialogue grounded in topics of emotions and power.

Parent engagement programs that take a critical approach to teaching family literacy and emotional awareness create opportunities for families to improve their parent-child mental health skills. Further, developing networks of support and new parenting tools can improve a child’s psychological and emotional quality of life. School settings where parents can team up to demand social change can foster the development of narratives of
empowerment that validate existing funds of knowledge, a particular need for groups that otherwise would be pushed to the fringes of the school engagement process (Pushor, 2007).

In the United States, psychologist Daniel Goleman has promoted tenets of emotional literacy through what Salovey and Myers (1990) termed emotional intelligence. Goleman has used the term “intelligence” to promote success in the domains of one’s career mobility (1998) and workplace management (2013). He and his colleagues from the Department of Organizational behavior at Case Western Reserve University developed the Emotional Competence Inventory (ECI). Goleman and colleagues articulated that the intention of an ECI is to give “structure for the organization of personality and linking it to a theory of action and job performance (Goleman, 1995). Emotional intelligence measures have been created to study job performance. The competence model that ECI developed at Case Western Reserve University (2000) focused on a person’s intelligences via self-awareness, self-management, social awareness, and a behavioral display of social skills (p. 3, 2000). The workplace-performance-focused mission of emotional intelligence models led scholars to call emotional literacy “emotional intelligence with a heart.” While emotional literacy does appear to have more of a “heart” due to its focus on buildings social relations, it is important to engage in dialogues that allow participants to self-define their lived experience. Both emotional literacy and emotional intelligence models lack a focus on power, hence the need of Collins’ work. Both models have created and set standards for emotionally literate and intelligent people within the confines of academic institutions. To date, no models have worked to develop self-defined approaches to engage in emotional dialogue and power within family literacy settings. Current emotional dialectic models based on Goleman’s work in management organization and job
performance inform the social and emotional learning initiatives in school settings. The current study is grounded in emotional literacy (see Stiener, 1997).

The research partnership

Community for Education and Action is an organization of empowerment and one that teaches facilitators to take control in defining their own identity. CEA is in the process of developing parent engagement models that intersect emotional literacy with critical family education. In years past, this was done through the Abriendo Puertas curriculum, which taught parents leadership skills and through a focus on the legal and language rights of immigrants. Taking ownership of one’s parenting skills (see Week 7 of AP curriculum in Appendix 1) and becoming a leader requires cultivation of one’s emotional and mental well-being. The exploration of this issue and others with respect to mental and emotional health is necessary, given that the CEA already uses a curriculum that focuses on a child’s emotional development. For example, during Week 7 of the curriculum, facilitators address the following topics:

Our Health is First: Part II” “Nuestra salud es primero: Parte II”

Each mind is a universe unto itself (Cada cabeza es un mundo)

In this session, parents explore ways of caring for their own mental and emotional well-being, as well as that of their child. The facilitator also introduces concepts and shares ideas related to the promotion of a child’s healthy socio-emotional development (Ap.org, p. 1). During the week, facilitators expose parents to social and emotional tools with which to engage their children in mental health promotion. Some of the activities include dialoguing about how to become an emotionally supportive parent and engagement in healthy role-modeling. Emotional and mental well-being are strengthened when families openly discuss feelings and validate their children’s emotional responses. Such parenting skills can be
enhanced through school-based parent engagement and family literacy initiatives. Since the initial use of the Abriendo Puertas curriculum, parent educators continue to adapt the program and add new learning modules. Some of these modules include financial literacy and child emotional development.

Community for Education and Action engages Latino parents to move beyond the scope of traditional literacy programs and to encourage community advocacy and social change by becoming the agent of the change. According a national Child Trends report (2013), the Abriendo Puertas critical family literacy curriculum successfully enhances the following areas of parent knowledge and behavior:

- **Parent educational activities at home**, such as reviewing the letters of the alphabet and reading to their child more frequently.

- **Approaches to reading with the child**, such as stopping from time to time to talk about a story with the child and reading with an expressive and enthusiastic voice.

- **Library use** and checking out children’s materials to take home.

- **Knowledge about aspects of quality child-care**, such as the importance of child-care providers reading to children every day, teaching children how to play with others, and providing healthy snacks.

- **Family organization and planning**, including the development of plans to reach family goals for children and allocation of time to address children’s behavior.

- **Parent role-modeling**, emphasizing cognizance of how parental behavior sets an example for their own children (2014, p. 4).

The Abriendo Puertas curriculum, originally developed and implemented in California, appears to many as a new model to address the issue of critical family literacy and parent engagement. In New Mexico, CEA has taken this curriculum a step further by offering to
parents continuing education and promoting activism that is relevant to the community’s linguistic, social, and contextual background. Some of the civic engagement projects in the past have included rallies for immigrant voting rights and the construction of a small reading room for parents in Albuquerque’s South Valley community. The added scope of CEA’s objectives affords parents the opportunity to engage in topics and issues that have particular cultural relevance. CEA has fostered the transition of program facilitators to roles as community activists, early childhood educators, and critical thinkers. Enhanced library use and improved approaches to reading and sustaining the family organization have been benefits directly attributable to CEA. Additionally, CEA has become well known in the school and community. The organization is constantly adapting its curriculums, looking for best practices and ways to best serve families. This is evident in the quote above offered by a board member that shared that CEA is tackling community issues that are relevant and necessary.

**Conclusion**

In this section, I reviewed key aspects of oppression to encase key attributes that shape the lives of immigrant women of color, including mental health policy and historic memories of medical testing on brown and black bodies. I also discussed the ways that interpersonal domestic violence embodies attributes of violence-gender relationships within a framework of machismo and domestic abuse, as it is disproportionately harmful to women. I also explored resistance of oppressive conditions through parent engagement programs and critical family literacy learning circles that encourage emotional literacy.

In Chapter 2, the research takes a bird’s eye perspective as the review of literature discusses topics of oppression and the stigma surrounding mental health. I overview the power structures that shape how and when emotions are socially acceptable and when they
are not. Stereotypes such as “boys don’t cry” and “girls are over-emotional” are products of a longstanding history of power and oppression. I discuss my framework for analyzing the experiences of my study participants using Patricia Hill Collins’s Matrix of Domination (2009), which describes the various levels of power in U.S. society. Her matrix suggested that, as critical researchers and educators, we have to assess power on a multiplicity of levels. This includes critically assessing negative media messages about a group or resisting local and state policies that continue to marginalize already impoverished groups.

In alignment with Collins’ matrix of assessing power, I review several sets of literature that discuss the history, systemic, and individual aspects of mental health and emotional literacy.

In addition, in Chapter 2, I criticize the approach to mental health as an individual problem. Mental health promotion should always involve families. I also illuminate issues with diagnostic practices and for-profit mental health models. Next, I provide a review of the literature on school-based mental health programs, family literacy (Taylor, 1983; Ramirez, 2003; Auerbach, 1989), and transformative pedagogy (Freire, 1973; hooks, 2014). In the literature review, I then move into micro-perspective to discuss the interpersonal and intrapersonal ways that we support each other through emotional dialogue and active listening to resist patterns of emotional conditioning. I discuss the research literature on emotional support because it is a proxy for mental health prevention tools on a micro level (Burleson, 1994, 2003, 2006, 2008; Burleson & Goldsmith, 1998, 2003, 2008).

I bridge three topics in the literature in Chapter 2:

a) Histories of oppression: stigma attached to seeking help for mental health issues

b) Critical family literacy in schools
c) Empathy and emotional support in communities

I use these sets of literatures to make the connection that women of color often do not have access to networks that provide emotional support in school settings. I make the point that addressing mental health issues in schools is an important step forward—yet so far these initiatives lack parent engagement. I provide the reader with a backdrop on mental health stigma for Latino populations as a necessary context to understand the need for participatory parent engagement programs that use learning opportunities to create healing spaces, storytelling, and as a source of emotional support.

In Chapter 3, I provide an explanation of narrative inquiry and my methods for data collection. To triangulate my data, the study relies on focus groups, interviews, and storybook data. In this section, I discuss the process of developing a four-session emotional literacy curricula with parents that covers emotional literacy, critical thinking, boundaries, and self-care for empathy, each of which became a separate topic each week during the study. As a reflective exercise, participants developed personal stories based on their lived experience. Based on Saldaña’s (2009) recommendations for coding, I review my process for the first cycle for affective and thematic coding, as well as the second cycle where I use analytic skills, such as classifying, emotion, value, and evaluation coding.

In Chapter 4, I introduce each of the study participants and give a brief background on their experience with the Community for Education and Action. I present evidence that suggests that participants dealt with structural oppression due to machismo. This section provides data from each participant and from the focus groups and interview discussions.

In Chapter 5, I focus on participants’ personal storybooks. I then assess the effects of machismo from across the participants’ experiences and demonstrate the ways that the women have had similar and unique experiences resisting gender stereotypes. For example,
several participants desired to get emotional support to end domestic violence but did not access mental health services due to their undocumented legal status and a fear of being stereotyped as crazy for asking for help. But not all women had experienced interpartner violence with their husbands. Two of the women struggled to heal after being abused in domestic violence altercations in their childhood. Each case of violence was unique but required that the women critically reflect on their life experiences and cultivate stances of empowerment and forgiveness.

In Chapter 6, I summarize the study findings and make recommendations for counselors and educators in public school settings. Based on the findings, I suggest that current models of emotional literacy need to discuss power and gender as a way to improve the mental health of Latino parents in school settings. I argue that emotional literacy curriculums designed to support community mental health needs to be developed in conjunction with parents, taught by parents, and to focus on power and gender. Currently, gender and power are omitted from curricula within emotional literacy, and based on the findings, these topics need to be included in school-based mental health promotion. The findings are contextualized within local New Mexico school policy, and recommendations for improved cultural competence in school settings are given.
Chapter 3: Methodology

Image 4. A researcher in search of her methodology

Te di las gracias por estas reflexiones de identificar los sentimientos y otra manera de ver los sentimientos porque como yo te dije ahorita yo lo relacione con las estaciones de clima pero tu me estas diciendo que tenemos que tener otra perspectiva como un regalo entonces cada sentimiento verdad el miedo no es que realmente tiene terror el miedo es una intuición de que estés alerta de algo lo que
At the end of my interviews, I asked participants if they had anything else to share. The participant above replied that she was grateful for the opportunity to be part of the learning circles. The learning circles were conducted as informal focus groups where participants reflected on readings and on their personal narratives. These meetings were fluid and created a safe container where women reflected on their experiences with gender and violence and discussed mental well-being.

This chapter offers a view of a narrative case study and community-based participatory research (CBPR) methods rooted in feminist epistemologies (Brown, 2007; Collins, 1979; Harding, 1991; hooks, 2014). I argue that it is important to study existing parent programs in school settings that promote overall family health and literacy, given recent mental health legislation that aims to promote culturally relevant mental health prevention tools for families. Specifically, the study aims to answer the following questions:
• How does the Community for Education Action program support mental health for mothers?3

• What do the narratives of Latinas participating in the CEA program reveal about critical education?4

Qualitative Research Design

Clandinin and Connelly (2000) suggested that the study of narrative “is the study of the ways humans experience the world” (p. 2). Moreover, constructing stories is part of daily life and social interactions: “This general notion translates into the view that education is the construction and reconstruction of personal and social stories; teachers and learners are storytellers and characters in their own and other’s stories” (p. 2). The traditions of narrative inquiry are important in this study because they allow me to focus on the story, the feelings, and lived experiences of mothers who are active participants in a parent engagement organization. Based on feminist views of epistemology, I believe that in society there are institutionalized structures, upheld by an elite group and its values, beliefs, and attitudes, where not all stratified classes of society are considered worthy (Apple, 2014; Collins, 1979, 1989; hooks, 2014; Jaggar, 1989). Miguel Ruiz (2014) illuminated the process of internalizing societal stereotypes of shame when he stated, “Domestication becomes so strong that we no longer need anyone to domesticate us because we take over the task of our domestication by punishing ourselves and occasionally by rewarding ourselves” (p. 86). This is true on some level of all of humans and is especially true for groups of mothers who hold intersecting identities of gender, race,

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3 My original research question was: How does the Community for Education Action program support school-based mental health for parents and children in the program? However, parent interviews and storybooks suggest that machismo as seen through physical violence, verbal abuse, and gender obligation was a cause of poor mental and emotional health; as such, the data did not yield substantial information to talk about child mental health outcomes.
class, and citizenship who have to navigate teacher stereotypes that Latina mothers do not care about their child’s education (Pushor, 2007) or that some immigrant groups are unworthy of asking for human rights such as citizenship, fair wages, and health services when facing domestic abuse.

My conceptual framework also includes the work of feminist scholars who have demonstrated the ways that society constructs racial relations (Collins, 1979) and knowledge (Harding, 1991). Collins (1989, 2002) asserted that understanding the world through a conceptual lens of intersectionality, such as race, class, and gender oppression, can create a humanistic vision where Afrocentric feminist knowledge can be developed to create bottom-up social change. She articulated Afrocentric feminist thought as promoting valuable contributions in understanding contemporary knowledge, consciousness, and the politics of empowerment. Black feminist thought supports a fundamental paradigmatic shift in the ways we understand the dynamics of oppression. Collins (2002) claimed that by incorporating a paradigm of race, class, and gender as interlocking systems of oppression, Black feminist thought can rebut the social relations of disempowerment that emerge from negative media representations and political treatment of people of color. Black feminist thought addresses a longstanding debate in feminist theory and in the sociology of knowledge concerning ways of assessing “truth.” Offering subordinate groups, such as Latina mothers, new knowledge about their own experiences can be empowering and healing.

**Narrative case-study research**

I present the narratives of participants through a series of four case studies to understand a common phenomenon occurring among individuals (Pinnegar & Daynes, 2006). There are several types of narrative inquiry: autobiographies, biographies, life
stories, narrative interviews, and personal narratives. The primary purpose of each different type of narrative inquiry is to describe the lives of people and efforts to give meaning to their experience and to learn through the telling and retelling of lived experiences (Polkinghorne, 1995). “Narrative inquiry is a means by which we systematically gather, analyze, and represent people’s stories as told by them, which challenges traditional and modernist views of truth, reality, knowledge and personhood” (author, year, p. 2). For this study, I present the lived experiences of mothers in a narrative case format where representations of their lived experiences are co-constructed and negotiated between me and my participants as a way to capture “complex, multi-layered and nuanced understandings of the work so that we can learn from it” (Etherington, 2013, p. 9). In alignment with Anderson (1996), I looked at the ways that machismo has many layers, such as physical violence, gender role obligation, and internalized disempowerment. I worked to capture complexity by telling the stories of four women who participated in all aspects of the data collection, including attending a minimum of one focus group, writing a personal narrative, and completing an interview. Of my initial seven participants four of the three women met these requirements.\(^5\)

For the purpose of this study, I align with Bernard and Ryan’s (2010) concept of narrative: “using personal narratives as windows into the lived experience of the narrators” (p. 8). In this approach, the purpose of the study is the “experience of the person telling a story,” not the end product of the story itself. With such a diverse background of narrative inquiry disciplines and types, I anchor educational qualitative inquiry in Clandinin and Connelly (2000) to develop methods that align with my main research questions.

**Narrative research within a community setting**

\(^5\) One study participant met these categories but turned in a storybook that did not follow the prompt line and therefore was not included in the case studies.
I conducted a narrative inquiry within a community context. I used the work of Guba and Lincoln (1990, 1994), Richardson, Denzin, and Lincoln (2000), and Merriam (2009) throughout the development of this qualitative study. Clandinin and Connelly (2000) suggested that narrative inquiry should (a) gather stories; (b) analyze for key themes of the story (time, place, plot, and scene); (c) rewrite the stories in chronological order, and (d) present findings in the form of a story with a plot line. I, in turn, kept these areas in mind as I guided participants to develop a personal narrative that would take the form of a children’s storybook. Clandinin (2006) suggested that findings are not helpful if they (a) are presented in a decontextualized space; (b) omit the culture, history, and people that are interwoven into findings; or (c) overstate generalizability. Thus, I worked in my coding to capture aspects of the women’s life, experiences, culture, and to use a language that perpetually reminds the reader that qualitative findings from one group should not be overgeneralized to an entire ethnic population. I also relied heavily on Saldaña’s (2009) work, which I expand upon in the next section. Lastly, I used the work of Guba and Lincoln (1990) as a guideline to check credibility in the types of data I collected (focus group, artifacts, interviews), and during my member checks, I discussed topics such as dependability and trustworthiness with my participants. Below (in Figure 6, Action Steps Taken to Complete Research Project) I outline key steps I took to complete this dissertation project.
Figure 6. Action Steps Taken to Complete Research Project

Step 1. The community advisory committee

In community-based participatory research, the researcher acts as a facilitator who meets the needs of their community advisory board (Minkler & Wallerstein, 2008). In my case, the advisory board consisted of organizational leaders and interested study participants. Based on my former interaction working with CEA as a research assistant and intern through CEPR, it became clear that I wanted to continue to understand this grassroots parent engagement organization. I met with PCA staff members, and they suggested that I begin working with community members and staff at the Community for Education and ActionAs staff members, they are tasked with offering continuing education for parents who desire to learn more about early childhood education and family development. Most boards are larger than three to five individuals, and although I had intended to have three active members, my consulting team only had two primary consultants who guided the process. One of the CEA team members approached me and
asked if I would help develop a new curriculum for middle school students and their families that would build on themes in *Abriendo Puertas*. The new curriculum has been designed to help parents and families in middle school address emotional skills, teenage developmental norms, and parenting strategies. CEA planned to prepare in April and May 2017 to train eight to 12 additional parent community educators and then five to 10 middle school youth. The middle school parent-targeted curriculum resembles this dissertation curriculum; however, it includes more opportunities for hands-on learning through activities and includes fewer focused readings.

**Step 2: Recruiting participants**

I used a purposeful sampling to speak with seven mothers who met the criteria of being facilitators of the *Abriendo Puertas* curriculum, having at least one child, and being active in the CEA advocacy projects. I recruited seven participants, and I examined the case studies of four of the women in the original sample. With the help of the community advisory committee, I recruited parents interested in sharing their experiences about CEA.

**Data Collection**

**Step 3. Focus Groups**

The focus groups were scheduled for 90 minutes on two consecutive Fridays and then on two consecutive Mondays. I intended that they would produce weekly writing samples that I would use as artifacts. Yet, participants often went over the time limit, sharing their personal stories and reflecting on the readings. Even though I had developed a focus group agenda for each week, I did not follow the prompts, because the context was fluid. The focus groups were emotive spaces and were more focused on storytelling, which I did not originally plan. I had planned that each session would have a 30-minute block of content followed by a parent writing section where the women could explore how the
topics related to their personal life experience. Yet, many of the participants preferred to write at home and take more of the 30-minute block to reflect on the writing prompts. During the four weeks, the groups touched on themes that encompassed emotional support, including emotional literacy, critical consciousness, emotional boundaries, and empathy. The women did self-reflective writing exercise at home.

These themes were developed in collaboration with the committee advisory board in the summer of 2016 and aimed to strengthen the existing capacities of parent-facilitators of the CEA program. The short storybook represented the participatory aspect of the study, as stories were written by community members and served as a method of documenting community knowledge. Two of the four research participants planned to donate their stories to UNM’s Zimmerman Library as a way to take learning and bilingual cultural engagement outside of the classroom.

In Trinidad Galván’s work on public pedagogy (2015), she described the need to take learning outside of the classroom. In this way, she asserted that knowledge should be brought forth and presented in public spaces so that nontraditional learners could grapple with gender injustice and engage in dialogues with the community at large. The focus groups offered participants an alternative space to learn, dialogue, and document their personal narratives of being Mexican immigrants and mothers. The storybooks were personal artifacts that participants could take into the larger community.

During the focus group session, I used popular education techniques to co-create knowledge (Freire, 1975) and to invite dialogue throughout the lesson. During focus group conversations, I took observation notes that I used to develop research memos. These notes were often brief comments from the participants that I jotted down. Even though these
notes were paraphrases that I translated when I took observational notes, I treated these comments as quotes to signify to the reader that they were not my words or comments.

**Step 4. Interviews**

Participants had the choice of where they would like to do the research. Of the seven interviews I conducted, two participants chose a private room in the public library; three chose to meet at my home; and one participant chose to conduct the interview from PCA, where she worked. During the interviews, I used Clandinin and Connelly’s (2000) suggestion that narrative inquiry should focus on key themes: story, time, place, plot, and scene. Additionally, when creating the narrative that arises from this type of inquiry, researchers must collect more data than they think they will use in order to create sufficient context for the narrative that emerges. With these aspects in mind, I created interviews that included open-ended questions and general prompts. I asked questions such as “Tell me about your upbringing” and “Tell me about your experiences facilitating with CEA.” The open-ended approach enabled me to achieve an adequate interweaving of people and their contexts, as suggested by Clandinin and Connelly (2000); it also allowed me to ask impromptu questions such as “Tell me more about what you mean when you’re your husband was a little machista.” Please see Appendix 2 for a list of the guiding research questions.

**Step 5. Transcribing and Translating**

The transcriptions for the research were transcribed by an external transcription service. Private contractor Darlene Castillo had experience transcribing qualitative research interviews. The interviews did not use any identifying participant information, and each participant was assigned an alias. I used the same alias for participants in their interviews and their storybooks. After each interview, I took the USB recorder and connected it to my
personal laptop computer. I then shared a secured electronic drive with Castillo. In addition to her role as a transcriber for this research project, she translated interviews from Spanish to English. All seven participants preferred to conduct their interview in Spanish. Each interview was uploaded in OneDrive.

I had initially planned to keep my all of my transcriptions in NVivo software for coding but found that using tools in Word such as different highlighter colors, search key, and computer board symbols was more effective for my coding process.

Coding

Step 6. Coding

The process of coding is both inductive and deductive, so for this process I allowed my research questions to guide the deductive process and allowed “a word or short phrase that symbolically assigns a summative, salient, essence-capturing, and/or evocative attribute for a portion of language-based or visual data” to emerge (Saldaña, 2015, p. 10). According to Saldaña (2009), there are typically two different layers to coding. The first cycle of coding is broken into seven areas: grammatical, elemental, affective, literacy and language, exploratory, procedural, and thematic coding (Saldana, 2009). For my first cycle of coding, I used thematic coding. I found the following codes across the seven interview transcripts. For the first cycle coding, I used colors to identify common themes across the interviews. The themes I found:

- Identity and family of origin (coded as yellow)
- Violence (coded as gray)
- Gender obligations (dark green)
- Emotional support (red)
- Other support (green)
Mental health (dark blue)

Children (turquoise)

During my second round of coding, I combined affective methods and elemental methods of coding because these analytic tools were germane to my research focus on Latina mothers’ networks of emotional support and mental health for parents and children. The second cycle coding processes included using analytic skills such as classifying, prioritizing, integrating, synthesizing, abstracting, conceptualizing, and theory building. What emerged as I began to classify and read transcripts again was the need to develop machismo as its own category outside of violence, because it was mentioned so often across transcripts.

Additionally, in my research, I had intended to focus on the parent-child connection of mental health; however, participants did not speak in depth about their children and instead spoke more to their lived experience navigating emotional and physical violence. The physical violence impacted their mental health negatively and became a theme I discuss in Chapters 4 and 5. For the second round of coding, I added additional categories within each theme, as suggested in elemental coding. I coded the interviews and storybooks in Spanish.

Identity and Family of Origin (yellow)

(FAM) family

(ID) identity

Violence (grey)

(PHYSI) physical

(VERBA) verbal

(MACHISMO) machismo
Gender obligations (dark green)

Emotional support (red)

(PERSPEC) perspective on their emotions

(SELF-ESTEEM) self-esteem

(COURAGE) feeling support through encouragement

Other support (green)

(ECO) economic support

(EMO) emotional support

(SALUD) support in health services

(DOC) support in obtaining documents

(EQUIP) support through a team spirit

Mental health (dark blue)

(VALOR) the value of mental health

(ACESO) access to services

Children (turquoise)

(META) goals for children

In my third round of coding, I used affective methods of coding, comprised of emotion codes and value codes.

Emotions (purple)

(VAL) Value

(EMOTION)

Sample coding with 3 cycles of coding:

Maria: Aprender más sobre la comunidad, aprender más sobre cómo ayudar a otras personas para que no les pasara lo mismo que a mí, de no quedarse en cerrados y
tener miedo porque no tienes papeles, no sabes el idioma, porque no conoces a nadie y entonces te da miedo salir y te quedas en la casa. Entonces para mí era aprender como llegar a esas personas y como traerlas a la comunidad y que vieran que no pasa nada. Sí esa era parte de mis metas.

I followed the number of recommended codes outlined by Lichtman (2010), who suggested a minimum of 20 codes. Given that the number of codes varies by participants, I was flexible with the number of codes necessary for the study. I coded the transcripts in their original language. I allowed these codes to capture the essential elements of the story and worked to develop categories that I can analyze. As Miles, Huberman, and Saldaña (2013) explained, coding is not just labeling; rather it is linking ideas from various research notes, interview data, and artifacts and understanding the context of the codes. With this in mind, I assessed which codes were most pertinent to my research questions.

- How does the Community for Education Action program support mental health for mothers?

- What do the narratives of Latinas participating in the CEA program reveal about critical education?

I used descriptive coding to summarize the primary topic and simultaneous coding to apply multiple codes to the same text or artifact. Because I aimed to understand narratives of emotional support and oppressive circumstance, I looked for correspondence to understand how things happen in relation to other life events and in sequence to notice the order of events (Hatch, 2002). I also coded for frequency to understand how often mothers develop resistance. Lofland, Snow, Anderson, and Lofland (2006) in Miles, Huberman, and Saldaña (2013) suggested there are several aspects that compose a social organization:
Cultural practices (daily routines)
Episodes (unanticipated or irregular activities such as a divorce)
Encounters (temporary interaction between two or more individuals)
Roles (student or mother) and social types (bully-geek)
Groups and cliques (communities, congregations, families)
Organizations (schools)
Settlements and habitats (neighborhoods and villages)
Subcultures and lifestyles (the homeless, etc.)

I focused on the aspects of cultural practices, episodes of emotionally supportive moments within the organization, and the roles of the participants. Additionally, I followed Auerbach and Silverstein’s (2003) suggestion to keep a copy of any research concerns, theoretical framework, and research questions open during my coding decision-making process.

**Step 7. Memos**

Throughout the research process, I developed eight research memos. The purpose of the memos was to synthesize events that had commonality, to integrate field notes, and to understand a general theme (Miles & Huberman, 1994). I made memos during the research data collection process. I included the date of contact, key meeting concepts, and observations and notes that relate to the place where the data was being recorded. My field notes also recorded interactions with participants that fell outside of the research but occurred in tandem to the data collection. During the research process, several participants and other CEA members began taking breathing and stretching classes, so I made research memos for these interactions. I also included self-reflexive poetry on my own identity to explore my “knapsack of privilege” (McIntosh, 1998); see Appendix 3.
Step 8. Storybooks

Each week, participants had the chance to develop a section of their personal narrative. Many participants choose to work on their book outside of the focus group sessions. At the end of each focus group, participants were invited to develop a drawing for their storybooks. All participants chose to have their characters drawn by an outside artist. I received a grant through the Robert Wood Johnson Foundation’s Center for Health Policy that gives participants the option to have their storybook characters drawn and printed. This grant allowed me to work with Leigh Luna Comics, a consulting firm in Los Angeles, to develop the storybooks. Leigh Luna drew the storybook images, and Lizbeth Vasquez organized the Spanish text, translated the storybooks into a bilingual format, organized pages, and printed the books. Because the publishing firm had a limit on the number of pages, we in some cases worked with participants to included less information. Storybooks were to be given to participants after the research study was completed.

Step 9. Member checks and feedback

I took the interview findings and the storybooks to the community advisory committee for feedback on representation and themes. I also held a member-check session to present final themes to participants. I presented interview findings as four studies that focused on the participants’ challenges related to family goal setting, validating language, and parenting tools to see ways they were able to seek support through the parent engagement program.

Storybook facilitation and focus group curriculum

A Community-based participatory research (CBPR) framework helped guide my focus group content and helped develop facilitator capacity for the Community of Education and Action. This approach aligned with “train the trainer” (Bridges et al., 2012)
model used by CEA and validated the context of the research by allowing the community to have a voice in the same fashion that narrative inquiry promotes participant agency in the creation of their story and reality (Denzin, 1989a, 1989b; Clandinin & Connelly, 2000). The CBPR W. K. Kellogg Foundation’s Community Health Scholar Program (2001) defined community-based research in the health fields as:

A collaborative approach to research that is equitable and involves all partners in the research process and recognizes the unique strengths that each brings. CBPR begins with a research topic of importance to the community with the aim of combining knowledge and action for social change to improve community health and eliminate health disparities. (Minkler & Wallerstein, 2008, p. 6)

CBPR intends to position power within the heart of the community by involving participants as co-researchers. The various components of the research included designing the project, identifying the study population, designing instruments and measurements, obtaining informed consent, collecting data, analyzing and interpreting data, disseminating results, and taking action steps after research (e.g., policy, project closure, etc.) (Minkler & Wallerstein, 2008). This study has aspects of a CBPR method in that I worked to develop a collaborative spirit to engage community partners as co-researchers and co-developers of a curriculum they intend to pilot with middle school parents.

The development of these themes was a collaborative feat, as all themes and topics have been revised based on committee feedback. Additionally, participants were holding their own training based on aspects discussed in the focus group circles.
Please see below (Figure 7. Focus group content for further explanation of topics.

Figure 7. Storybook Focus Group Content

After obtaining consent, participants engaged in problem-posing dialogue and one hour of activities (see Problem-Posing Education: Popular Educators Guide, Wallerstein & Auerbach, 2004). I have included a handout of the focus group session in Appendix 4. Yet, it is important to note that this handout was used as more of a guide as participants took the sessions in a unique direction that included conducting a review session of the week before, talking about topics not listed on the discussion sheets, and writing their reflections outside of the focus group settings. In December 2016, participants emailed me their stories. I received four emails and one hard copy; two participants did not turn in storybooks.

The study was inspired by CBPR goals to make research sustainable beyond the study timeline and to engage community members. I also aimed to honor the multiplicity of perspectives, as Freire (1975) suggested, and will validate community stories and perspectives through active listening (Burleson et al., 1994) and nonjudgment (Rogers, 1942, 1995, 2012). I feel that the goals of a CBPR project were met, as the research-community relationship will continue to exist after the study is complete. I also believe that the spirit of CBPR is honored as participants will be using the new information to develop
their own trainings to build a self-defined curriculum that will benefit not only the research but also the larger community. I also feel that the storybooks demonstrate multiplicity through a diversity of authorship.

**Conclusion**

In this chapter, I provided an overview of Clandinin and Connelly’s (2000) writing, which suggested that narrative inquiry “is the study of the ways humans experience the world” (p. 2). I also discussed the traditions of narrative inquiry and my conceptual framework rooted in feminist scholarship (Collins, 1989; Harding, 1991). I offered my readers an overview of key action steps that I took to complete the research process. These steps included developing an advisory board consisting of organizational leaders and two study participants. Next, I used purposeful sampling to speak with seven mothers who met the criteria of being community educators within CEA and had at least one child. Then, I held weekly focus groups where participants learned about a range of emotional literacy themes, including naming their emotions, critical thinking, healthy boundaries, and the value of empathy and self-care. Though we scheduled each session for 90 minutes, participants often went over the time limit, sharing personal stories and reflecting on the readings and thus did more writing outside of class. I received a grant through the Robert Wood Johnson Foundation’s Center for Health Policy that allowed me to print and publish the storybook characters. I worked with Leigh Luna Comics, a consulting firm in Los Angeles, to publish the storybooks.

I conducted a total of seven interviews that focused on Clandinin and Connelly’s (2000) key themes: story, time, place, plot, and scene. The transcriptions for the research were translated and transcribed by private contractor Darlene Castillo. During my coding process, I focused on Saldaña’s work (2009) to consider two layers of coding and then
primary themes across the codes. I also followed a CBPR protocol and took the interview
findings and the storybooks to the community advisory committee for feedback, in addition
to my member-check sessions. I also overviewed Trinidad Galván’s work on public
pedagogy (2015) as necessary to talk about gender power relations. Inspired by her work, I
also created an opportunity where participants could donate a copy of their storybook to
UNM’s Zimmerman Library to showcase their personal narrative.

The Community for Education and Action supports parents who are facilitating
critical family literacy through the Abriendo Puertas curriculum and is developing a
middle school curriculum that will focus on mental health and positive family
development. I chose the topic of emotional development as a way to support the existing
work in CEA and used a feminist framework developed by Collins (1991, 2002) as a
means to learn about the stories of four facilitators within CEA.
Chapter 4: Findings

Image 5. A community educator teaching family literacy to her peers
Patriarchy

Patriarchy is a social system in which men hold social privilege and power in political (Collins, 1989; Ferguson & Folbre, 1981; Walby, 1997) and moral realms (Boler, 1997). Patriarchy “is a system of social structures and practices in which men dominate, suppress and exploit women” (Walby, 1990, p. 156). The social structure of patriarchy is situated in racial and economic contexts that are shaped by a colonial history (Duran & Duran, 2006). These histories of struggle promote and maintain unequal power and status quo between men and women in social, legal, political, and economic matters (Fedwa, 2007). Some historical examples of patriarchy include the exclusion of women from religious and medical fields as well as experimentation on disabled populations and women of color (Washington, 2008). In addition to unequal treatment between women at various systemic and individual domains, patriarchy is ultimately an ideology that promotes exclusion, domination, and capital gain. This ideology of exclusion and domination for greed operates at various tiers in a society. “However, the practice of patriarchy, the subordination of women—and men—requires power, on a grand scale, and control over the nation’s institutions” (Collins, 2000, p. 155). It is necessary for the reader to keep in mind that subordination operates on various tiers of oppression: the political, economic, and in the domestic lives of women, among others. Although men of color are not often located in the upper echelons of society that determine the direction and inertia of male dominance, Collins’ work (1989) demanded that we still hold men of color accountable for keeping harmful structures of domination in place within the domestic sphere of control.

Patriarchy is harmful to both men and women; it is not simply men mistreating women. Patriarchy has complex patterns that work to normalize violent behaviors and promote unrealistic binaries that shape an individual’s social and psychological landscape.
Violent behaviors such as yelling and corporal punishment as well as the mistreatment of women against women and identities that value unhealthy masculinity through domination are not limited to men. Women are capable of being sexist and upholding negative ideologies of racial superiority, gender dominance, and power (hooks, 2014). Patriarchy works to normalize what is perverted and unnatural; thus, authenticity and a deep interrogation of masculine power is necessary to uproot the system. Male chauvinism is not homogenous with universal attributes; it looks different, depending on one’s ethnic and cultural position in a society. Walby (1997) and other feminist scholars (Anzaldúa, 1981; Davis, 2008; hooks 1982; Lorde, 1981) reminded us that patriarchy has racial dimensions that are often negated in mainstream views of the feminist movement to end patriarchy.

**Emotional Dialogs**

The women in this study shared with me that despite fear of anti-immigration policy and English language acquisition stress, patriarchy in their home was the primary form of oppression they dealt with daily. Given the women’s backgrounds as immigrants from various parts of Mexico, they culturally referenced patriarchy by describing machismo. Cazés (1994) explained that machismo is a form of dominion that demands that the spouse or father be the protector of his subordinates, who are material symbols, and compete in “confrontations that require diverse degrees of violence” to maintain control over women (Cazés, p. 372). Male dominance is omnipresent within society and is seen at various tiers, including laws, fixed wages, and economic value (Wilson, 1987). The systems of patriarchy and machismo value that which is logical, rational, and objective (Wilson, 1987) and as such, often overlook the value of emotional and subjective standpoints that impact one’s perceived mental health.
Mental health is typically defined as a state of psychological well-being, where an individual is functioning at a healthy level of emotional and behavioral adjustment; it is “the way your thoughts, feelings, and behaviors affect your life” (APA, 2017). However, only 5% of mental illnesses have a neurological origin. The primary cause of poor mental health is lived social trauma and poverty (McLoyd & Wilson, 1991). Mental health disorders, such as general anxiety disorder (F41.1), physical abuse of a child (95.54), or sexual abuse of a child (995.53), are symptoms of patriarchy.

Mental health is an industry that has been designed for a profit. In the United States, medicine and pharmaceuticals are a business, and the profit is billable disorders. In a society where one in three females has been physically beaten by an intimate partner, I argue that current mental health models are constructed; mental illness is not real but is a symptom of domination over women’s physical, sexual, and emotional body.6 This does not mean that women should not have access to psychiatry, social services, and counseling, as they is extremely vital to their survival. However, it means that a system should support women’s health by validating her physical, sexual, and emotional trauma, not as an individual diagnosis but as a collective one. A woman should not require a billable disease to obtain services. Authentic mental health support for Latinas includes validating machismo as real and pervasive force, not minimizing it and denying its existence. If patriarchy and domination continue to go unnamed as the root cause of many mental illnesses in women, mental illnesses such as nightmare disorder (F51.5) and parent-child relation problems (Z62.820) will continue to exist, and the APA will have to continue to identify and describe more disorders. This is especially true for women who are linguistically, racially, ethnically, and economically diverse.

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6 This domination equally impacts men and children, yet for the focus of this chapter, they fall outside of my study population.
It is necessary to discuss machismo and mental health so Latinas can heal the lived reality of violence that is often masked by shame. Study participants signed up for a series of four focus groups that would talk about emotions, critical thinking, boundaries, and empathy. The focus groups had two primary purposes: first, to bring women together in a space to discuss emotional literacy, and second, to develop a personal narrative that could be understood in a systemic context. For example, several of the women had the individual experience of physical violence, yet this violence is also a symptom of a sick society where in one in three women has experienced domestic violence (National Coalition against Domestic Violence, 2017). Women in the focus group were surprised to learn that their counterparts had also lived similar experiences of trauma. Vulnerability and trust were important features of the focus group discussions, because during several of the focus groups, participants cried and shared personal narratives. They discussed the weight of patriarchy. The term patriarchy describes “the society in which we live today, characterized by current and historic unequal power relations between women and men whereby women are systematically disadvantaged and oppressed” (London Feminist Network, 2017, p. 1).

For the women in the study, their oppression and experience within patriarchy was named machismo and intersected multiple oppressions such as race, class, and “legal” status, creating what Collins (1989) referred to as a matrix of oppression or what Brown (2007) referred to as the web of shame. Patriarchy was a general theme that encompasses several independent themes. Social scientist Sylvia Walby (1997) suggested that there are six interconnected attributes that characterize patriarchy across cultures:

- Formal power and representation
- Domestic work—women are more likely to be required to do housework and raise children
• Violence—women are more likely to be abused
• Economic compensation—women are paid less
• Sexuality—women are treated negatively
• Culture—women are misrepresented in the mainstream media and popular culture

In Chapter 4, I focus specifically on two aspects of Walby’s (1997) six attributes of patriarchy: violence against women and unequal domestic obligation. In Chapter 5, I focus on Collins’s outlined steps of resistance, including intrapersonal stances of ideological resistance against negative stereotypes about women of color, and describe four unique findings.

Although in Chapter 4 I focus on domestic violence and domestic work, other factors such as formal power and representation as well as economic compensation are themes that intersect and impact the oppression that women in the study experienced. Machismo took many forms in their stories; it emerged in the form of physical violence, such as being beaten by a father or sibling. Machismo took the form of verbal abuse, such as a partner telling you that you are “worthless.” Even though the six attributes of male chauvinism are interconnected, I dive deeper into specific attributes of machismo for each woman. In Chapter 4, I analyze patriarchy within the domestic sphere of power in the context of Latina culture, using the work of Anderson (1997). I worked to make the connection that Latino men are accountable for upholding patriarchy, and this behavior negatively affects the mental health of both men and women but affects Latinas at a higher rate because they are subjected to greater interpartner physical abuse. Throughout the chapter, I note that findings cannot speak to the experience of all Mexican women or all Mexican-American women or all immigrants of Latina decent; rather, findings can speak only to the participants in the study. Moreover, the mistreatment of women is kept in place by an
unhealthy view of family loyalty (Anderson, 1996), where obtaining mental health services for domestic violence would expose the family. The key themes that operated underneath patriarchy for the sample population were:

- Violence
- Domestic work
- Internalized violence
- Internalize binaries (beauty, racial hierarchy, nationalism)

These areas are not universal in the study population of women and operated uniquely for each individual.

In Chapter 5, I complicate the findings in Chapter 4 and show that each woman cultivates a unique stance of resistance against patriarchy. The four themes of resistance were:

- Husband-wife partnership
- Vulnerability
- Internalized violence
- Demystify the binary or ever-changing identity

Women in many cases are equally responsible as men for upholding the harmful effects of patriarchy (hooks, 2014) yet have to contended with augmented suffering. In the next chapter, I look at cases that show violence and domestic obligation. These experiences are unique to each woman in the study. My intent was to demonstrate that patriarchy is not just men hurting women, but rather it is a complex power dynamic that operates on various domains of society and has the momentum of centuries of oppression keeping male dominance and capital values in motion.

**Chapter Organization**
The findings in this chapter are broken into three sections. In the first section, I focus on the group’s story and encounters with machismo. During these weekly meetings, the group covered themes within emotional literacy, including naming emotions, discussing critical consciousness, setting boundaries, and cultivating empathy. Participants worked on their storybooks during each focus group session. The focus group sessions were a space for women to gather and have emotional dialogue about the matrix of oppression that defined their reality. In the focus group sessions, women cried and shared their lived experience, and each week we wrote a few sections of the book. The focus groups were fluid; the participants who showed up each week were different. Though we had a worksheet handout to follow, the sessions were organic. I allowed participants to lead and spend longer amounts of time discussing the readings and working on their stories from home if they preferred. When new participants came, we did a 10-minute session recap so they could enter the discussion with some background on the subject. This turned out to be an excellent way to check for understanding among former attendees, because it gave them the chance to share what they had learned. I emailed the participants readings so they could catch up outside of the focus group sessions and gave a sample storybook to my participants (see Appendix 4). Of the seven focus group participants, I elected four case studies. Because not all of the women submitted personal narratives at the end of the focus groups, I chose participants who had attended a focus group and completed a personal story and interview.

After discussing the four focus group sessions and the group story of machismo, I focused on four participants. During participant introductions, I provided the readers with

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7 I omitted one participant who attended the focus groups, conducted an interview, and turned in a storybook as her narrative was a poem and outside of the study’s focus. I used all participant information to discuss findings but only focused on four individuals. Two participants choose not to turn in personal narratives.
the animal they identified during the first focus group and in their storybook. I referenced the literature in each case study in an attempt to understand their experiences and demonstrate the ways that individual experiences are reflections of systemic domination.

At the end of this section, I make cross-comparisons among the Latina educators in the group. I referred to my initial research question after I summarized the four case studies. In the subsequent chapter, I focus on the personal narratives of the four women and discuss the ways that their stories demonstrate resistance to structures of patriarchy. Figure 6 (below) shows the organization of Chapters 4 and 5. In Chapter 4, I start by describing the focus group sessions that were held for four consecutive weeks and the individual case studies. In Chapter 5, I discuss the four stances of resistance and go more in depth in explaining the storybook findings.
Figure 6. Organization of focus groups, interviews, and storybook findings
The Group Story

Participants

Maria\(^8\)

I met Maria in August 2014 during my evaluation period for the Center for Education Policy Research. While I did most of the coordination for the Partnership with Community Action, I was often referred to Maria if I had questions about how the program worked; she knew who to ask, or who to call, or how to get data from parents in the organization. If you needed something done and done well, ask Maria. She was the first facilitator I watched train other parents in the fall of 2014. I was amazed by how she had authority in the room. She was a natural leader who worked for harmony among the group. Maria had big beautiful eyes, a round face, and long dark hair. She was in her early 40s and had two young boys in elementary school. She had met her husband in Mexico and married him as a teenager.

Maria was very curious intellectually and would always ask deeper questions related to the evaluation study I conducted. She was the conduit for additional workshops that I developed in my role as a research evaluator for CEPR. She helped me organize student and faculty panels to discuss topics such as: *What is research?* and *How to develop your own research study*. It was often the case that if you had buy-in from Maria, the group of 20 active facilitators would often follow. Maria was a harmonious leader among the group and was well respected by her peers. She had been one

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\(^8\) Note that these are not the participants’ real names. I assigned each a pseudonym to protect their privacy.
of my earlier study participants, and I was elated that she chose to participate again. Over the years, we had worked on several projects together and had become friends. I learned that we had a lot in common related to our relationship with our fathers. She told me about her upbringing in Juárez.

“Nací en ciudad Juárez, está en la frontera con El Paso, Texas.

Era muy chiquito cuando yo era chiquita, era un lugar, ahora que lo pienso, y [que] es muy feo a [en] comparación del resto de México, o tenía su encanto. La gente siempre se conocía, podías caminar y jugar en las calles, podías caminar a la escuela, no había problema pero ya no, cambió hace unos años. Cuando yo era pequeña era muy tranquilo. Sí que nací en el 76 y crecí en un matrimonio difícil, mi padre era alcohólico y mi madre no sé porque nunca se defendió.”

(I was born in Ciudad Juarez; it’s at the border with El Paso, Texas.

It was very small when I was younger; it was a place, now that I think about it, that is very bad in comparison to the rest of Mexico; it had its charm. The people always knew each other; you could walk and play outside; you could walk to school; there was no problem, but not anymore. It changed a few years ago. When I was young, it was peaceful. I was born in ’76 and grew up in a difficult marriage; my father was an alcoholic, and my mother, I don’t know why, she never defended herself.)

Maria felt like a mother of CEA; even during the interviews, several participants said she embodied emotional support and was always there for positive encouragement. Maria elected the monkey as her animal. I recall laughing and thinking that she could have been better suited as mama bear or as a mythical dragon for her ability to lead her community
with ferocity. Maria knew how to magically work the cracks\(^9\); she helped organize marches at the state Capitol and develop a community garden. When I asked Maria how long she had been with CEA, she laughed and stated, “From the beginning.”

**Sonia**

I had not met Sonia prior to the second focus group. She had arrived slightly late for the start of the group but was very open and willing to share. She was tiny in stature and had green eyes and light brown skin. She was in her mid-50s and spoke about her son, who had serious depression, and her ex-husband, whom she had met in Mexico. She tended to speak bilingually throughout the second focus group session, weaving between Spanish and English. She felt very strongly about her religious background as a Jehovah’s Witness and reported that it was a source of strength for her. She appeared to be both humble and confident in her ability to talk about women’s rights. She had been with CEA for three years but said she was not involved as much as she would like because of the time commitment to take care of her son’s mental health needs. She grew up in Mexico and reported a humble upbringing.

**Sonia upset do to physical abuse**

“Well, my father always worked for him, and he worried about not being able to rent and we had a very small place to live. He cared about having the basics in a Mexican family: beans, tortillas, and chile. So this... so we grew up. In the mornings we had coffee and so... this, we grew up in Mexico and that’s why we grew up in Mexico and...”

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\(^9\) By “work the cracks” I am referring to Collinss’ term (1987) that stated that we work racial, ethnical, and political cracks in oppressive institutional walls.
mis papás siempre nos dieron valores de respeto, se preocuparon que tuviéramos la educación elemental... y qué más puedo decir pues.”

(My dad always worked for himself, and he worried about not renting [own their own home] and we had a place to live. It was very small for seven, but we had a place to live. He worried about having the basics in a Mexican family: beans, tortillas, and chili. So this is how we grew up. In the mornings we drank coffee.

And so my parents always gave us values of respect. And they worried whether we received an elementary education... and what else can I say.)

Sonia shared with me that she had first come to CEA because her sister had attended the 10-week *Abriendo Puertas* parenting class. Yet, for Sonia, she learned more related to her self-worth, which translated to her parenting skills. She chose the symbol of transformation, the butterfly.

**Luz**

I meet Luz in the spring of 2015 for a study on literacy and math skills of parents who had taken the parent class at CEA. She had a quiet personality and a shy nature. Luz was tall in stature and often well dressed. She had highlights in her hair and wore a big belt buckle and jewelry. Her voice was soft, and she was calm when correcting her children during our interview session. When I asked a question about her child’s reading levels or nightly routines, she was often short in her response and to the point. I recall that we finished our initial 90-minute interview in 45 minutes.

I had seen Luz from time to time at CEA and noticed that her personality was reserved. Prior to my dissertation research, we did not interact frequently, but she would
come to the workshops and educational seminars I hosted. She was very organized and prepared with notes from the previous week and asked questions. She often requested additional readings and took pictures of the PowerPoint or topics discussed on the white board. She had been a facilitator with CEA for four years and was excited to go back to school and continue to learn about early childhood education. Luz grew up in a large family that was protective of her and her sister.

“Ahí nací pero me crie en un pueblito mineral, era un pueblito bien chiquito como mencioné ahorita. Soy la más chica de una familia de siete hermanos y, desafortunadamente, se murió uno de mis hermanos, se ahogó en una sequía. A raíz de esta situación que pasó en mi familia como yo era la más chica me empezaron a sobre- proteger. Que no saliera a jugar, pensaban que me podía pasar lo mismo y pues, la hermana que estaba antes que yo es mayor ocho años que yo. Entonces crecí como si hubiera sido hija única, porque para cuando yo tenía los siete años, mi hermana ya era una teenager.”

(I was born there but I grew up in a small mineral pueblo. It was a small pueblo as I mentioned before. I am the youngest in my family of seven brothers, and unfortunately one of my brothers passed away; he drowned in a ditch. As a result of this situation that happened in my family, since I was the youngest, they began to overprotect me. I wasn’t allowed to go outside and play because they thought the same thing could happen to me. So my sister that was born before me is older by eight years, so I grew up like I was the only daughter because when I was 7 years old my sister was a teenager.)

Luz later shared with me that her protective upbringing had made her quiet in social settings. She felt that at times people misinterpreted this quietness and thought she was
standoffish, but I did not experience that in our interactions; to me she was open hearted, calm, and eager to learn.

**Ari**

I meet Ari in the spring of 2015 because I was assigned to observe her teach other parents a block about playing games for early childhood development. Ari was a great public speaker: She had parents laughing and critically thinking. She was a naturally great teacher. It was evident that she loved to learn, because she would bring in additional facts from books she was reading outside of the formal curriculum. She had helped shape the curriculum and give feedback during the initial planning phases of the curriculum for the research study.

Ari was the youngest in the group—in her mid-20s—but presented herself as more mature. It was clear that she liked to get dressed up and take care of herself; she often showed up wearing high heels and fashionable clothing. She had two young children, both in elementary school. Ari was unique in that she had green eyes, light skin, and blond highlights. To an outsider, she could be mistaken as White. She married her husband in Mexico when she was 16 and had been with him since.

“*Vengo de Ciudad Juárez, Chihuahua, México, y pues, me criaron con muchos valores pero muy diferentes porque mi mamá y mi papá tienen una diferencia de edad muy grande, bueno, tenían, porque mi papá ya falleció.*”

(I come from the city of Juarez, Chihuahua, Mexico and well, I was raised with many values but very different because my mother and father have a large age difference; well they had because my father has passed away.)
“Con mi mamá y pues, mi papá era una persona muy religiosa, de la religión católica. Este, pues no sé, me crió muy bien, siempre me inculcó la importancia de estudiar y tener un título y yo creo que es algo que siempre he traído conmigo. Aunque me casé y dejé mis estudios siempre he tenido una pasión por estudiar.”

(With my mother and well, my father was a very religious person of the catholic church. I was raised very well; they always taught me the importance of education and to have a college degree, and I think that is something I’ve always had with me. Even though I got married and left my studies, I’ve always had a passion for learning.)

Ari’s passion to study was evident; she was smart, quick to learn, and was excited to return to school for early childhood education. She had been facilitating with CEA for three years.

**The Group Story**

The four primary participants—Maria, Sonia, Luz, and Ari—attended the weekly focus groups. Maria was the only one who attended all focus groups; Sonia attended one; Luz, three; and Ari, two. All participants received electronic readings and writing exercises for their storybook development. Maria led a re-cap session for all participants to cover the focus group material after the four sessions were completed, allowing participants to ask questions and write in their book. Although three other women—Lupe, Amparo, and
Queridad—were part of these focus groups and interviews, I zoom in on the stories of these four women.

In the next section, I recount the weekly meetings that took place at my home. I shared the women’s reactions to the readings as well as let the reader in on the discussion that emerged in a woman-centered context designed to discuss emotional health and well-being. The chart above displays the four topic areas that we discussed during the meetings. I did not audio-record the focus group sessions to minimize the potential feeling that participants were being monitored, which might have limited their ability to intimately share. My research data plan emphasized the storybooks as the artifacts from the focus groups that would serve as data. Facilitating, cooking, and hosting made note-taking difficult, yet I managed to highlight key themes and document who said what. I typed research-reflexive memos after each session based on any quotes or themes I had captured.10

Lesson 1: Naming My Emotions: Readings by Karla McLaren’s Language of Emotions

In the first focus group, Focus Group One: Lesson 1 — Naming My Emotions, four participants attended and discussed the seven emotions and the language of each emotion. Luz was the first participant to arrive. As she walked in, she repeatedly asked if it was all right to bring her children. I made it clear that my home had plenty of games and that the children were welcome. I explained that whereas I did not have children of my own, nieces and nephews came over often to play. Luz was shy when I first met her in the fall of 2014, but over the next couple of years, while attending meetings and education seminars, she

10 I took notes on a sheet of paper and wrote down meaningful participant quotations and then typed the notes after the focus group sessions. Participant statements are more accurate as a paraphrase, but I treated the statement as a quote. They are more accurately paraphrased as I was often cooking or facilitating as I jotted notes. There is no English translation because I translated the statement when I wrote it into English.
had slowly opened up. Luz, her children, and I played pick-up sticks. Her children spoke to me in English, and I greeted other participants in Spanish as they arrived at my home.

Maria—the second participant to come in—walked in with a laptop in one hand, notebooks in the other, and was talking on her hands-free phone. As she set her things down, she gave me kisses on both cheeks. She walked into the kitchen and finished her conversation. Lupe followed Maria. Her face was familiar from meetings at PCA, so I greeted her with a hug. She then walked into the kitchen, made herself at home, and began helping Luz prepare lunch. I heard another knock. As I walked to the door, I greeted a woman I had not met before. Name of woman [because now as you write you know who she is] she was in her late 50s or early 60s, and she stood in the middle of the living room looking a bit lost. I put my hand out for a shake and introduced myself as I guided her into the kitchen and hung her purse on a nearby hook.

Prior to the formal curriculum, the participants and I prepared a small meal of sandwiches and a salad. As we ate, Maria introduced me to the group as the yoga teacher; I had been teaching free classes for CEA on a weekly basis, and Maria was trying to get more people to participate. During the meal, Luz and Queridad spoke about fear related to trying yoga and meditation due to their religious upbringing as Catholics. Some participants discussed that they had not tried any of the yoga classes offered due to this caveat. I transitioned the group from an informal conversation to the planned activities. At my kitchen table, I passed out handouts. One of the reading topics included the emotion of anger:

*Si yo fuera a personificar el enojo, lo describiría como una mezcla entre un centinela de castillo y un antiguo sabio. El enojo fija sus límites caminando el perímetro de su alma y guardando un ojo en usted, la gente alrededor de usted, y*
su ambiente. Si tus límites están rotos (a través de la insensibilidad de otros o de cualquier otra manera), la ira se presenta para restaurar tu sentido de fuerza y separación. Las preguntas para la ira son: “¿qué hay que proteger?” Y “¿qué hay que restaurar?” (Karla McLaren’s Language of Emotions)

If I had to personify anger, I would describe it as a mixture between a castle guard and an old wiseman. Anger sets the limits by walking the perimeter of its soul while keeping an eye on you, on the people around you, and on your environment. If your limits are broken (through others’ insensitivity or in any other way), anger presents itself to restore your sense of strength and separation. Questions for anger are: “What do we have to protect?” And “What do we need to restore?” (Karla McLaren’s Language of Emotions).

I engaged participants in collaborative learning strategies throughout the hour. I had each participant read about one of the seven emotions, underline three aspects that resonated, and then share with a partner what they had learned. Luz shared with the group: “If you are always focusing on what someone else does, then how can you see what you do have?” The group nodded, and we took turns talking about what we learned. Maria jumped in: “I often do not disentangle my emotions like that.” For example, she said, “I walked in and said I was stressed about the presentation I have to give this afternoon to the board, but really, it is that I am scared and ashamed that I might not know the answer. If I don’t know the answer, I will let the team down. I just had never thought of stress like that before.” The women agreed that self-reflection was not a part of their daily activities. Another
participant said this activity was difficult for her, “. . . You have to let grief and sadness flow through you or it gets stuck.” She said, “This is a hard exercise for me because I do not often self-reflect. I am busy with kids and life.”

Participants elected to do the reading in Spanish. The focus groups were small, but each held captive discussions that were necessary to understand the networks of emotional support for facilitators and their current mental health. During this week, participants were asked to pick an animal and to write about a constant emotion in their life. The page limit was open, but I suggested at least one paragraph.

**Lesson 2: Critical Consciousness**

The following week, the focus group brought in new participants. The group had three returning women, including Maria and Luz. As participants entered, each took on a role in helping prepare lunch. During lunch, the participants from the previous week began an informal discussion on what they had covered. The returning women each discussed the emotion worksheet they had received and what each emotional gift entailed. Sonia was the last participant to arrive; we pulled up an extra chair in our circle and handed her a plate of food. As we ate, we talked about the purpose of telling our story. I told the women that documenting our stories was a way to legitimize and give voice to experiences that are not always taken seriously or are denied. I used the example of the Argentine mothers who lost children and were denied by the federal government that their children went missing. We sat around my kitchen table and discussed topics such as the common experiences of sexual abuse or verbal abuse against women. We looked at readings by Brené Brown (2008) and from Karla McLaren’s Language of Emotions (Shame); for example, we discussed shame as a reading topic. I posed questions to the group that Brown (2008) asked her readership:
How realistic are my expectations; can I be all these things all of the time? Do the expectations conflict with each other? Am I describing who I want to be or who others want me to be? If someone perceives me as having these unwanted identities, what will happen? Can I control how others perceive me? How do I try?

Another sample reading:

*La culpa y la vergüenza son formas de enojo que surgen cuando su frontera se ha roto desde el interior por algo que ha hecho mal o se han convencido de que está mal. Mientras que la ira es el honorable centinela que mira hacia afuera y protege su frontera de daño externo, la culpa y la vergüenza son los centinelas que miran hacia adentro y protegen su frontera interna (y los límites de otros) de sus comportamientos incorrectos o mal concebidos. La culpa y la vergüenza son emociones vitales e irreemplazables que le ayudan a madurar en una persona consciente y bien regulada.*

Guilt and shame are two forms of anger that come out when one’s boundary has broken from the inside due to something being wrong or having been convinced that something is wrong. While anger is the honorable guard that looks outside and protects its boundary from any outside damage, guilt and shame are the guards that look inside and protect their inner boundary (and other people’s limits) from their incorrect or wrongly conceived behavior. Guilt and shame are vital and nonreplaceable emotions that help a conscious and balanced person mature.

During the discussion, Luz began to tear up; without offering personal details, she explained that she had a story but it would be hard to document. I offered her a tissue and a hug without inquiring for more details. As a group, we collectively agreed that the group
conversations would remain confidential. I explained that the purpose of the focus groups was to self-reflect and to document lived experience in a safe space, because what we feel personally is often a result of structural oppression and the more we document our issues we can co-document solutions. I made clear to the group that they did not have to share their narratives with the group or for the research. I reminded participants that it was my responsibility to not share or present any information that needed to remain private.

We shared a moment of silence, which was broken by Sonia. She was small in stature but had a strong presence. In response to the tears of Luz and the emotional environment held by a circle of women, Sonia began to tell her story about critical awareness related to domestic violence and machismo. She spoke in and out of Spanish. With her fiery green eyes, she made eye contact with me across the table, “You only take abuse once, and then it is over.” Sonia said her partner had physically beat her for years, which is why she was divorced. Over lunch, she made the point that she believed that women should leave abusive relationships immediately. Using the handout as a loose outline, I asked participants to read a portion of Brown’s chapter on critical consciousness that had been translated into Spanish. I asked the participants to highlight three topics from the article that resonated with them. Then each woman shared what they learned with each other and then with the larger group. Again the conversation was meaningful. Maria explained the need to think critically about how men are trained not to express their feelings; she said it is not just women who struggle to express themselves. She spoke about

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12 After the focus groups, Luz approached me and asked for additional counseling information for her children. Knowing that I was a counselor, she asked if I could work with her and her family. I knew that if I took her as client, it would compromise the research as well as be difficult due to my planned move to another state in a few months. I gave her referrals to additional centers where Spanish was spoken and that were free of cost.
a time when her husband was physically injured at work and how it was hard for him to share his feelings about shame for not being the breadwinner.

I refocused the group back to the writing prompt for their storybooks and had them write down a theme and a struggle in their life. We went around in a circle and shared our topics, which I wrote on large sheet of paper. This list included physical, emotional and/or verbal abuse; language stress; social equity; and immigration. The focus group ran 30 minutes over the scheduled 90 minutes as participants shared their perspectives. Some of the participants chose to work on their storybook from home to have more time to think and write. During the last few minutes of the session, we set a date for the next focus group.

**Lesson 3: Boundaries and Non-Blaming Behaviors**

The third focus group was the first session that Ari attended. She had been in a car crash a few weeks earlier and was unable to attend. I was excited as she showed up. As we ate, the group did a recap on information from the previous week. During the re-cap, participants discussed the value of capturing stories. In reflection about the lessons learned the previous week, one participant said, “Anger is about boundaries; fear reminds us to pay more attention, like when my son cut his finger.” They had not mentioned critical consciousness, so I prompted the group, “What about seeing the world critically?” Not clear of the topic, the women pulled out their notes. Maria read out loud, saying, “Awareness is knowing something exists; critical awareness is knowing why it exists, how it works, how our society is impacted by it and who benefits from it.”

As a group, we discussed Brown’s (2007) definition of blame as a discharge of emotions onto others to rid oneself of discomfort. Brown explained in her YouTube video that the discharge of negative emotions onto other people limits a person’s individual
power. After processing the video, we had a short discussion. Ari said she had a mixture of feelings, such as internalized negative emotions and blaming others when they had an overload of negative emotions. Maria spoke to her struggle with the video, “Well, I don’t blame others, just me.” As a mother and wife, she did not blame anyone but herself.

During the previous weeks, the focus space had been a place of critical learning. This meeting was different; there were fewer participants, and the space was intimate. With the other three women present, Maria used this space to cry and tell her story of fear, self-blame, and isolation. Ari sat next to Maria and nodded her head as she spoke. Maria said, “I feel that I am trying to reach my goal. I want to, and I have before, but I know that when I do, it is a lonely place.” She felt that as she reached her goals of higher education, she would be isolated from her family and community. Being educated would change her and place her in a social position of prestige that she feared would create isolation. Her reflection on self-blame led the conversation into a unique area that opened up a discussion about the tension of desiring a career and being a mother.

Other participants addressed these topics. Ari agreed, “When I leave the house and I get ready, my husband gets suspicious.” Maria and Ari discussed the tensions between self-blame and guilt for desiring to have a career and be a mother. Another participant, Lupe, was engaged and listened and nodded. I asked the women to focus on writing their storybook narrative.

**Lesson 4: Empathy and self-care**

I recall the last focus group vividly because it was a particularly cold and cloudy day. That day, Maria and Ari drove together with Lupe, who had attended the first three focus groups. When I asked participants to do the re-cap, they all laughed, “Well, I think

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13 We watched this video in English with Spanish subtitles.
14 We focused on just a video this week.
we all just cried” (Maria). They discussed the attributes of blame as being the discharge of emotional energy and how it becomes internalized or externalized. After the brief re-cap session, Maria pulled me aside and asked, “Anna, how are the sessions going?” She worried that more people had not come. Only three participants had come. She suggested we could hold the session again. I explained to her that the research was going great and that participants were not required to attend.

During the focus group, we read an article titled “I Thought it Was Just Me (But It Isn’t)” (2008), where Brown referenced nursing scholar Theresa Wiseman’s four characteristics of empathy: “To be able to see the world as others see it.” This requires putting your own “stuff” aside to see the situation through your loved one’s eyes.

- To be nonjudgmental: Judgment of another person’s situation discounts the experience and is an attempt to protect ourselves from the pain of the situation.

- To understand another person’s feelings: We have to be in touch with our own feelings in order to understand someone else’s. Again, this requires putting your own “stuff” aside to focus on your loved one.

- To communicate your understanding of that person’s feelings: Rather than saying, “At least you . . .” or “It could be worse . . .” try, “I’ve been there, and that really hurts,” or (to quote an example from Brown) “It sounds like you are in a hard place now. Tell me more about it.”

Then we watched a video of Brown explaining this topic. After the video, another woman began speaking as Maria and Ari listened. I paraphrase, “Due to a miscommunication between me and classmate,” the older woman began to tear up. “This was a very important day. I was graduating, and all of my family was there to see me. My
classmate did not bring my cap and gown, only the tassel.” She was embarrassed and ashamed but decided to walk on her graduation day. Instead of feeling her suffering, her husband asked her to forgive the classmate who had forgotten her robe on this important day. She sobbed as she said, “We are sometimes the hardest critiques on ourselves; we judge ourselves more than anyone else does.” Maria and Ari chimed in to tell her that she was courageous. Ari said, “We have the definition of courage wrong. It is not about [being] superheroes, but courage is the ability to listen to your heart; this makes me realize that I am courageous.”

I refocused the group on the readings and started a discussion on the topics with the handout as a guide. I gave the women time to read and write. The last writing prompts included, (a) resolve of emotional stress—finding my truth, (b) what I have learned from my struggle, and (c) what message do I want to live through my story? I brought back the group to a discussion about empathy and self-care. We developed a list of what we can do when we experience emotional tension. I took notes and had everyone add something to the list. We roared with laughter as they initially gave genuine responses. Ariel’s sense of humor shined through: “I drink and say bad words.” I agreed, saying, “OK, let’s all have a shot, then!” Maria repeated, “I wash dishes. . . . I know it is strange, but it is my personal time; no one bothers me.” I also discussed how the weekly movement and breathing classes were opportunities for self-care.

**Focus group reflection**

The topics and trust between group members created a safe space where participants gathered and spoke about their experiences. Bell hooks (2000) referred to this healing space as *consciousness-raising group therapy*. For hooks, woman-centered healing “uncovered and openly revealed the depths of . . . intimate wounds” (p. 8). This
confessional aspect served as a healing ritual. Through consciousness-raising, women gained the strength to challenge patriarchal forces at work and at home (p. 8 2000). Many of the topics discussed illuminated patriarchal beliefs that positioned the woman as housekeeper. Maria expressed her tension with gender expectations during the second lesson: “I feel that I will let down my husband and kids; it is like when you are married, you have a lot of responsibilities that are given to you, but you also have a career that you care about.” This tension was reflected by another participant, who said, “I feel that everyone blames me in my house because I am the mother, so I try to blame them so they know that they have responsibility too.” In the third week, Ari illuminated and reflected on her boundaries, “I self-blame and blame others.” In the last week, the women used humor to note that they needed to cultivate empathy within themselves. Ari joked that we can always swear and drink if we are having a bad day. Building on bell hook’s concept of confessional healing and empirical data from transmigrant communities in Mexico, Trinidad-Galván (2010) offered the concept of women’s convivencias or gatherings to suggest these healing spaces are not just consciousness-raising but are necessary for survival.

Throughout the sessions, the women often reflected on their relationships with their husbands. In the second lesson, one of them said, “We have to think about how our husbands were raised. I know that mine did not receive a lot of touch or love, so it makes sense that he does not respond that way to other people . . . . He was never taught how to love.” Maria agreed, saying, “Yes, as women we are upset at men, but we also have to think about how they also need support. Men have also lived their own hardships.” Women in the study saw their husbands as victims to the hegemonic masculine norms as well. Literature also supports this observation that men bear unnecessary emotional pain and
hardship by attempting to live up to the norms of competition and aggression (Messner, 1999; Haywood & Mac an Ghaill, 2013). Additionally, men of color and immigrant men have to contend with stereotypes produced by men of higher economic status, who often blame these groups as being a catalyst for machista behaviors, when the cause is a system of patriarchy, not of individual men (Collins, 1989; Messner, 1999).

Reyna and Humberto Garcia Cadena (2015) reminded us that, in many families, the men have no choice but to be macho if they desire to be a man. Today, some alternatives include egalitarian relationships and flexibility with men-women relationships (2015). It is important that we do not overgeneralize that all men or all Latino men display aggressive and hypersexual traits. Research studies with Latino men suggest that not all men from Latino backgrounds report beliefs and behaviors that mirror machismo (Torres, Solberg, & Carlstrom, 2002).

The focus groups were designed as a space where Latina women could come together to read, write, and develop personal narratives. During each focus group, the participants were encouraged to answer the prompts. However, many of the women preferred to write at home and answer the questions with more time than the 20-minute writing prompt. I gave this flexibility to the participants. All seven wrote stories, and two elected not to submit their stories for data analysis. The storybooks are discussed and captured in Chapter 5 in Sections 1-4. In the next section, I provide the reader with a focused view on the experiences of machismo that each participant faced. Each storybook has a character that the participants self-elected during their focus group writing sessions. I used the characteristics of the animal to situate the participant. I focused on machismo, and its physical, emotional, and sexual domination as a root cause for a woman’s poor mental

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15 In the interviews, the women also spoke about stances of empowerment, which I discuss more in depth in Chapter 6 in the section titled Resistance.
health (as well as men; however, that is not the focus of the study). This connection exists as mental health is defined by a woman’s thoughts and feelings, which ultimately reflect her behaviors and life experience. A hallmark of machismo is physical violence, and this violence is a direct correlate to several diagnosable mental health disorders for children and adults, as it makes them feel shameful, worthless, angry, and/or depressed. The focus groups and research process in general were emotionally laborious but cathartic. All participants cried at some point during the research process, either in the focus groups or during the interviews. Some did so while they were discussing parenting and their children; others, while talking about physical or domestic abuse.

While reading the interview transcripts, I also experienced strong emotions. I read each of the seven transcripts well over a dozen times, and each time my heart found solidarity with the women. I was not an outsider to domestic violence. Despite the women’s reported domestic violence, including physical and verbal abuse, many of these women did not have poor mental health, as measured by their levels of self-esteem and self-worth. These women appeared genuine in their positive conceptualizations of their self-image and mental health status.

**Individual Interviews**

In the United States, disproportionately high rates of child mental health issues and academic gaps affect Latino families with children in school (Child Trends report, 2013). These disparities might be addressed in part by recent legislation known as the Mental Health in Schools Act of 2015, H.R.1211, which aims to develop “safe, happy, and healthy families” by offering financial support for mental health services in schools and for multifaceted approaches that include community partnerships. But communities that are most affected by a lack of prevention tools for health mental illness are not invited to take
part in the solutions. Even worse, when marginalized populations are engaged, they struggle with whose knowledge counts as valid. Feminist scholars have consistently engaged with issues about whose knowledge counts and what worldviews remain invisible (Boler & Zembylas, 2003; Collins, 1989; Harding, 1991; hooks, 2014).

Researchers and clinicians need to explore the worldviews and explanatory models (Vivien & Noor, 2013; Yew & Noor, 2014) of women and children who are impacted by patriarchy (Collins, 1989; Harding, 2004; hooks, 2014). I used in-depth interviews to speak with women about their lives, their perceptions of mental health, and their process for healing when engaged in critical education and learning. Many of the women in the study did not need formal mental health services, and therefore, many of the discussions were preventive in nature. Because CEA and their community educators have had to deal with four suicides in the last academic year, they were interested in the topic of mental illness prevention and prevention based curriculums that address emotional resiliency with parents and youth. Moreover, it was necessary to gather more information about how we could engage immigrant women, who are the least likely to obtain mental health services and prevention tools (Sentell, Shumway, & Snowden, 2007).

This section presents the case studies of four women, Maria, Sonia, Luz, and Ari, who shared their intimate life experiences through story and interview. I used the umbrella term machismo to situate the experience of these four women, even though each had unique situations and experiences related to patriarchy:

- Violence
- Domestic obligation

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16 Two women asked for mental health referrals during the course of the study.
17 Though the storybooks also highlight the ways that patriarchy negatively affected their mental health, in this section I zoom in on interview data.
• Internalized violence

• Nonbinary

I work to offer evidence that shows a matrix of oppression that is layered by physical violence and gender control. Each woman had distinctive struggles that further marginalized their ability to seek help, including not knowing the English language and feeling isolation as a result of losing connections with their family of origin due to migration. In this section, I do not focus empowerment, but I illuminate the ways that the Community for Education and Action became a place of refuge for Mexican-American women who lived through the oppressive conditions of patriarchy.

I used Patricia Hill Collins’ book *Black Feminist Thought* (2002) to understand the tiers of oppression as a result of an intersectional context of gender, race, and controlling images applied to Mexican immigrant women. I used the work of Alejandra Elenes, in *Transforming Borders: Chicana/o Popular Culture and Pedagogy* (2011), to understand the ways that machismo impacts borderland epistemologies. Specifically, I used her perspective on *La Malintzin* and *La Llorona* as images that promote sacrifice and martyrdom. Self-sacrifice and martyrdom are concepts that emerged during the interviews, although the four women found stances of resistance and empowerment through emotional support. I discuss those finding in Chapter 5.

I ask the question: How does the Community for Education Action program support school-based18 mental health for parents and children in the program? According to the American Psychiatric Association, mental health issues involve “health conditions involving changes in thinking, emotion or behavior (or a combination of these). Mental illnesses are associated with distress and/or problems functioning in social, work or family

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18 The program is “school based” as parent-educators teach the parenting classes at school sites and engage the parents of other children at the school. CEA is a program in New Mexico that is offered at 14 schools.
activities.” To answer this question, on supporting parent-child mental health, I relied on a report titled *Achieving the Promise: Transforming Mental Health Care in America*, which synthesizes findings from the New Freedom Commission on Mental Health (2003).

The report was developed in conjunction with several other federal agencies at the Consensus Conference on Mental Health Recovery and Mental Health sponsored by Substance Abuse and Mental Health and Human Services administrations. The report defines recovery as “a journey of healing and transformation for a person with a mental health problem to be able to live a meaningful life in a community of his or her choice while striving to achieve maximum human potential” (SAMSA, n.d.). This “multifaceted concept base” comes from the following elements and principles: “self-direction, individualized person centeredness, empowerment, holistic, non-linear, strength-based, peer support, respect, responsibility and hope” (p. 5). This definition of recovery emerged through debates among researchers, academics, family members, and providers, and offers a holistic approach to recovering from poor mental health. Having worked as a counselor in elementary schools and community centers for several years, I relied heavily on this vision of mental health recovery. It is also found in the Child Psychotherapy Treatment Planner (Jongsma et al., 2014), which is commonly used by mental health providers. In the next section, I focus on the experiences of community educators and their behavioral influence on their children. Below is a section of Figure 1 that explains the organization of the next few pages.
Maria

During the first focus group, Maria was shocked that stress was not an emotion. She had walked in the door, and prior to the beginning of the focus groups, she said she was overwhelmed by upcoming deadlines. During our first meeting, she began to reveal that her stress had more meaning for her, and she reflected on this in the focus group sessions. “I often do not disentangle my emotions like that,” she said. For example, “I walked in and said I was stressed about the presentation I have to give this afternoon to the board, but really, it is that I am scared and ashamed that I might not know the answer. If I don’t know the answer, I will let the team down. I just had never thought of stress like that before.” In the focus group, she said she had a strong sense of commitment to the organization; it had 20-23 active facilitators. Maria had communicated with each of the facilitators and was in charge of organizing and facilitating meetings.

She and I held our interview at a public library close to where she worked. She showed up wearing business formal attire and carrying her laptop. I had secured a private room in the library, where we would often meet for community organizing meetings.
However, the librarian had accidentally given my room away, and we ended up in a huge conference room at a small table. I pulled out my two recorders, and Maria commented, “Really?” I explained that I would rather be safe than sorry, and we laughed, and joking, she said, “Do not make me cry, Anna!” The focus groups were emotional moments where participants laughed and cried. Talking about our emotions invited an authentic relationship where we spoke to the things that were most pressing in our lives.

**Physical abuse**

We sat down and started the interview, and she told me about the ways that her father’s machismo was symbolized through physical abuse. I asked Maria to tell me about her upbringing, and she shared with me the ways she had felt machismo as a young girl.

She recalled the relationship that she had growing up with her father.

*Crecí en un matrimonio difícil, mi padre era alcohólico y mi madre, no sé por qué, nunca se defendió.*

(I grew up in a difficult marriage, my father was an alcoholic, and my mother, I don’t know why, never defended herself.)

*La forma más fea que mi padre usaba era físicamente y yo nunca entendí por qué eran los abusos. Ella se podía defender con una mano en la cintura y con la otra le podía pegar, no sé por qué no lo hizo, la verdad, pero no sé. Entonces crecí así, viendo lo que pasaba entre mi papá y mi mamá.*

(The ugliest form my father used was physical, and I never understood what brought about the abuse. She could have defended herself with one hand on her hip, and with the other she could have hit him. I don’t know why she didn’t, I really don’t know. So I grew up watching what happened between my dad and mom.)
She paused and recalled a memory from her childhood in Juarez, Mexico. Her eyes gazed into the distance.

_Mi mamá me llamó y yo caminé hacia donde estaba mi mamá y recuerdo que mi mamá me abrió mi vestido porque quería que mi tía viera la marcas que me había hecho mi papá. Es algo que recuerdo en mi mente pero ya no me hace daño, lo dejé pasar cuando mi mamá decidió que ya no quería que nos golpeara a mí más que a mi hermana chiquita. Mi mamá sirvió como escudo. Ahora la ira de mi papá la recibía ella, entonces se fue como una transferencia que hicimos de niñas a ella. Es cruel, ¿no?_

(My mother called me, and I walked where my mom was, and I remember my mom opened my dress because she wanted to show my auntie the bruises my dad had made on me. It’s something I remember in my mind, but it doesn’t hurt me anymore. I let it go when my mom decided that she didn’t want him to hit us anymore, me more than my younger sister. My mom served as a shield. She would now receive my father’s fury, and so it was like a transfer that we did between the girls and her. That’s cruel, isn’t it?)

As we spoke more about her father, she said she had a difficult relationship with her mother because she desired to protect her and stand up for her rights.

_Fue difícil, y cuando yo cumplí dieciséis años, él se fue de la casa. Para mí, como hija, fue un alivio porque yo ya no quería ver sufrir a mi mamá. Él la insultaba, la golpeaba, entonces esas cosas ya no eran como cuando yo me estaba convirtiendo en mujer y empezaba a pelear con mi mamá y [sobre] por qué permitía que fuera abusada._
(It was difficult, and when I turned 16, he left the house, and for me, as a daughter, this was a relief, because I didn’t want to continue seeing my mother suffer. He would insult her, beat her, and those things weren’t the same as when I was growing up. I began arguing with my mom about why she allowed herself to be abused.)

Though Maria recalled her father’s physical abuse toward her and her mother, she felt that her current relationship with her father was different now that he stopped drinking. She loved her mother despite the tension she felt in wanting to protect her from the violence of her father.

Maria’s reflections on her upbringing illuminate an important memory of her mother as the victim. Her memory of physical violence includes her mother as the “escudo,” or armed defense, in her life. While Maria’s mother cultivated protection for her children, it shed light on a gender role that many Latina and Hispanic women embrace: that of the martyr who self-sacrifices. Maria posed an important question: Why did her mother not stand up for herself?

**Women as Martyrs**

The answer to Maria’s question is complex, as the response is interwoven into the way that Latina mothers are socialized to be the martyr for their family. One answer is that Latina women are taught to believe that a “good” mother sacrifices for her children, despite the cost (Gonzales, 1981). In Karen Anderson’s book, *Changing Woman* (1996), it is further argued that the female martyr archetype is connected to a large web of male dominance, where men derive their “macho maleness” from the types of jobs they work and from a dominion over their wives. In Latino culture, there is pressure to have as many children as possible and to sacrifice for these children (Anderson, 1996; Gonzales, 1980).
While this is not the case for all women, Maria’s mother may have been socialized to believe that physical abuse was acceptable if she were to be a good mother.

Maria’s racial and ethnic status adds additional layers of dominance that are tied to a larger, collective history of feminine suffering. Racial categories are socially constructed and intentionally created by colonizers in power to divide beautiful, intelligent, and strong women by making them feel weak. Male dominance is inseparable from larger contexts of oppressive acts against the minds, emotions, and physical bodies of women, especially women of color, who are interpolated into invented racial categories as “brown” and “black” and “not brown enough.” Medical sociologist Harriet Washington’s research intersects the observations of Maria with those of other feminists (Anderson, 1996; Trinidad Galvan, 2014), who collectively demand recognition for the ways that women are forced to sacrifice their bodies at the hands of the patriarchy. Women’s history is important because it offers context to why Maria and her mother, along with countless other women of color, play the role of the martyr.

Some Mexican women have been socialized to self-sacrifice and to follow the desire and wishes of their husband. Maria’s childhood narrative demonstrates what machismo feels like when it is lived; it is bitter and physically harmful. Thinking about how she and her mother lived underneath the umbrella of machismo, I think of Cazés’ accurately haunting definition of machismo as “Dominion and to have where and on whom to exert it . . . to compete and to prevail in confrontations that require diverse degrees of violence” (1994, p. 372).

**Gender expectations**
Yet Maria did not choose a partner with the same attributes as her father. During the interview, she spoke about her husband as a close friend. She described the growing pains that their relationship had as result of her position as a community organizer in CEA.

“Él se vino aquí porque aquí está su familia pero la mía estaba en Juárez, entonces, trato de no pensar mucho en eso, trato, pero pues, sí, es difícil al principio. Al principio no era tan malo, estaba bien pero fueron pasando los años cada vez [era] más difícil. Siento que mi mamá ya esta vieja, ya te dije que no me hicieras llorar.”

(He came here because it’s where his family is, but mine is in Juarez, and so I try not to think about that a lot, but it is difficult at the beginning. At first, it wasn’t that bad. I was fine, but as the years passed, every year got harder. I feel that my mom is older . . . I told you not to make me cry.)

“Sí, tienes los dos pies aquí y el corazón en otro lado, pero también pienso a veces cuando yo vine en el 2000 y en el 2001 fui y ya las cosas habían cambiado. Ya yo estaba acostumbrada a otra forma de día y era raro, me imagino que ahora [después] de tantos años va a ser totalmente diferente. No sé, pero vamos a ver.
Ahora también pienso que voy a extrañar a la gente, [a] mi trabajo, [a] mis amigos, voy a extrañar todo, entonces, ya no estoy segura de que quiero regresar.
La única razón por la que regresaría es porque mi mamá está allá pero sé que algún día...”

(Yes, you have both of your feet here and your heart somewhere else, but I also think sometimes when I came in 2000 and in 2001, I went, and things had already changed. I was already accustomed to another type of day, and it was weird, and now, I imagine that after many years, it will be completely different. I don’t know,
but we will see. Now I think that I will miss the people, my job, and my friends. I will miss everything, so now I’m not sure if I want to go back. The only reason why I would is because my mother is there, but I know that one day . . .)

She shared with me that she had been with her husband for a long time. He was a “close friend” despite his flaws and machista characteristics. She felt that they both struggled with the gender and house roles in their home.

“Tengo 18 años casada, mi esposo y yo nos conocemos desde que tenemos 6 años de edad. Entonces, antes de cualquier cosa fuimos amigos, ese amigo que te encuentras en la escuela en tu barrio y que conoces bien y sabes de lo que es capaz y no porque lo conoces de cuando está cerca de sus papás. Es diferente cuando tú conoces a una persona que trata de agradarte, que está conquistándote, pero cuando conoces a esa persona desde niño y sabes qué piensa, sabes que crees qué le gusta, qué le disgusta. Entonces teníamos ese tipo de relación. Entonces, yo decía de casarme con él. [Esta decisión] fue basada en todo eso que yo veía como él era cuando no estaba cerca de sus papás. Entonces, puedo decirte que lo conozco bien.”

(I have been married for 18 years; my husband and I know each other since we were 6 years old. So before anything, we were friends, that one friend that you run into in school, in your community and that you know well and you know what he is capable of. You know if he is close to his parents. It is different when you know a person that is trying to charm you, but when you know this person since they were a child and you know how they think, what they like or don’t like. We had that type of relationship. I chose to marry him based on all of this; I saw how he was when he wasn’t with his parents. So you could say I know him well.)
“Entonces, cuando yo empecé a trabajar en CEA, bueno, en la organización hubo un cambio que yo no sabía de donde venía. Creo que, de cierta forma, que él sentía que yo había apartado todo lo que yo era antes porque él me conoció como estudiante, yo trabajaba. Cuando nos casamos yo seguí estudiando y trabajando. Entonces era como un role que él conocía de mí y creo que era algo que le gustaba de mí, pero cuando llegamos aquí, esos diez años pues yo cambié todo y él como que se acostumbró a que yo estaba disponible para él y cuando empecé a trabajar y cambié.”

(Then when I started working at CEA, well, in the organization, there was a change that I didn’t know where it was coming from. I think that in a certain way he felt that I had saved everything that I was before because he knew me as a student, I worked. When we got married, I continued going to school and worked. So, it was a role he knew, and I think it was something he liked about me, but when we arrived here, those 10 years, well, I changed everything, and he got used to me being available at his every call, and when I started working that changed.)

I was curious what she meant by available, so I asked for detail.

Anna: Disponible para él, ¿en qué sentido?

Maria: “Un poquito machista, por ejemplo, la casa siempre estaba limpia cuando él llegaba del trabajo, ya había comida, yo lo atendía. Él no tenía que preocuparse por nada porque todo en la casa estaba bien. Obviamente, cuando empecé a trabajar las cosas cambiaron, igual cumplí con mis obligaciones de la casa pero ya no era tan detallista como antes que no tenía otra cosa más que limpiar.”

(A little machista, for example, the house was always clean when he arrived from work; there was food made I served him. He didn’t have to worry about anything
because everything in the house was good. Obviously, when I started working, things changed. I would still do my duties at home but I wasn’t as detailed like before when I didn’t have anything else other than to clean.)

“Pues al menos, para nosotros, en el ambiente que crecimos era eso. Que la mujer tiene que estar en la casa y no cuentas en la parte económica, no aportas y él tiene que ser el proveedor, traer la comida, traer la ropa, traer lo que haga falta para la renta, para el carro, todo. Entonces, todo eso para él, como adaptarse a la nueva realidad que estaba viviendo. Entonces, yo me imagino la realidad [como] imágenes de las personas y yo me lo imaginaba a él rascándose pedazos de piel como a tiras para que el nuevo él pudiera salir.

(Well, at least for us, in the environment we were raised in, that’s how it was. The woman has to be at home, and you don’t count in the financial part, and he has to be the breadwinner, bring the food, bring clothing, bring whatever is needed for the rent, for the car, everything. Everything for him, how to adapt to the new reality that we were living. I picture reality as images of the people, and I pictured him scratching pieces of skin so the new version of him could come out.)

Maria said she believed that both she and her husband were socialized to take on specific gender roles, “para nosotros en el ambiente que crecimos” (for us, in the environment we were raised in). Although Maria was in a progressive relationship with her husband, their relationship still required that she carry a heavier domestic burden. She pointed out that her house was always clean when her husband came home: “He did not worry about anything.” She was successfully able to both start a new career as the breadwinner and meet the expectations of her domestic obligations, she said. Yet doing both required that she uphold the image of being a “good mother” and an “available wife” as well as that of a strong
professional. In our first group meeting, she recalled that she feared she might let others down. “If I don’t know the answer, I will let the team down,” she said. Her perspective was also in contrast to that of some of the other participants: She said she believed she was an equal to her husband. “We are a team,” she said. But even though she felt respected, Maria said the weight of machista attitudes was present in her life. In her case, she showed the ways that “small machismo” took the form of “domestic obligation.” She pointed out that when she left her gender role, there was no longer anyone to clean the house.

With Maria, it was evident that feelings of isolation intersected with both her undocumented status and her mental well-being. If she had possessed the proper papers, she would have been free to see her family in Juarez and obtain emotional support. Maria shared with me that her reason for leaving Juarez was violence. This, however, intersected with machismo, in which case she would follow her husband to his family, not to her family. Her feelings of isolation resulted from a unique overlap of machista, immigration factors, concepts such as “the woman follows the man,” nostalgia for her former life “extrañar todo,” and the larger structures of violence that she called a disease with many names: “una enfermedad que se llama tiene muchos nombres,” “violencia,” and, most ominously, “la guerra” (the war).

As for machismo, Maria pointed out that “poquito machista” can exist, that is, small-scale and large-scale actions of gender and violence, noting that not all violence is as extreme as physical abuse. Focusing on the extreme cases or the binary transgressions limits one’s view of smaller transgressions (Keller, 1985), although these transgressions are equally important to name and resist, such as: Who is expected to do the dishes or woman’s work? Women, like Maria, are often portrayed contradictorily: first, as submissive and powerless and then as the bedrock strength of the family and community.
Such characterizations are harmful because they do not accurately reflect the tension the images produce (Gonzales, 1980).

Collins’s work (1989) reminds us that those in power use control and domination to produce stereotypical images of women, such as that of the “strong chicana” or the “perfect housewife,” to create an internalized self-image and shared social values. In this case, machismo might have used existing symbols of the “good mother” as a strategy to dump extra domestic work on to Maria. To me, the researcher with only an outside perspective of Maria’s psychology, it was unclear whether her gendered behavior as the housewife as well as a professional woman came from an internalized stereotype or from her relentless passion. Gender scholarship (hooks, 2012) suggested that gender roles and the internalized form of these roles are difficult to disentangle. Often, the question is: Is one behaving in a certain way because they have been socialized to do so, or is it from a purely self-driven desire? The answer is unique to each individual, yet critical thinking and self-reflection are tools that are used to liberate oneself from internalized oppression (hooks, 2012).

The undocumented Latina women in the study did not discuss at length or in depth the political climate in the United States during their interviews and only alluded to the topic in the focus groups. Nor was the topic prompted in survey instruments, because it fell outside of the boundaries of the research questions with respect to support and mental health. Yet, one could not help but wonder about the participants’ sentiments concerning the rhetoric of the ongoing political campaign and how such sentiments might further act to isolate and exclude them. In only one case did a participant overtly speak to her position as an immigrant and the political forces that aimed to exclude her through isolation.

Maria:
“Que cada quien ve por su propio interés de esta cultura nueva, para mí no ha sido fácil. Es una cultura muy diferente a la mía y aunque vivo en una comunidad emigrante veo las diferencias. Sabes, algo que no entiendo es por qué si venimos aquí como emigrantes sufrimos tanto, sufrimos el dolor de la separación, sufrimos porque no estamos económicamente como pensamos que íbamos a estar, porque de estrés tanto nos enfermamos, porque de alguna manera no nos quieren, y aun así aquí estamos. Es difícil de entender, es como una enfermedad. Tal vez es una enfermedad que se llama, que tiene muchos nombres, en mi caso, es la violencia que hay en mi ciudad, la que me hace aguantar todas las cosas que nos hacen aquí. Es mejor de lo que tenemos allá, me imagino que para otros tiene que ser la guerra, para otros el hambre, tiene que ser muchas otras cosas. Que todos los sufrimientos que pasamos aquí son nada comparados con aquello, ese es el tipo de enfermedad. Es raro, pero siempre te preguntas qué estás haciendo aquí, por qué no te vas y tratas de contestar, pero no es fácil.”

(That each one sees for their own interests of this new culture for me has not been easy. It’s a very different culture from my own, and even though I live in an immigrant community, I see the differences. Something that I don’t understand is why, if we live here as an immigrant, we suffer a lot. We suffer the pain of separation, because we are not economically the way we should be. We get sick a lot from stress, because they don’t want us, and even then we are still here. It’s hard to understand. It’s like a sickness. Maybe it’s a sickness of many names. In my case, it’s the violence that is in my city that makes me put up with everything that they do to us here. It’s better than what we have back home. I imagine it is war for others . . . hunger . . . It has to be a lot of things that we all suffer . . . How we live
here is nothing compared with that. That’s the type of sickness. It’s weird, but you always wonder what are you doing here and why don’t you leave. And you try to answer, but it is hard.)

Maria was able to see the bigger context that explained immigration push factors, including war and hunger. Although she fled her home due to violence, she said that all immigrants suffer. Engaged in her own self-reflexivity, she asked herself: Why do “we” as immigrants stay here if they do not want us? When she posed this question, I felt my heart drop into my belly. How could anyone not want this smart, intelligent woman who was a social activist, mother, and scholar? She was my friend, co-researcher, and co-activist, yet, as I listened, I felt incapable of answering this question. Her question was a deeper one. Why do people seek to exclude instead of include? Why do people support Donald Trump and desire a wall rather than a bridge? The only response I could think of was that people were not only uneducated but that humanity had forgotten compassion and partnership.

Maria’s life was complex. She had endured a difficult upbringing as a child and suffered from separation pains from her family of origin. During the interview, I asked her what the term mental health meant to her. She explained that it was the power to break down barriers of fear in her life. She gave the example that her mental health was finding balance between her gender role obligations and doing the things that made her happy.

“El poder ver con claridad los pasos a seguir, el poder quitar todos los límites, todos los miedos, todas las barreras que hay, poderlas quitar sin miedo, sin arrepentirte, sin culparte, o moverlas, quitarlas, saltar esas barreras. Eso, saltamos las barreras y nos queda la culpa entonces.”
(To see with clarity the steps to continue, to take away all the limits, all the fears, all the borders to take them down without fear, without regret, without blaming myself, or move them, jump those barriers. We jump the barriers, then what is left is guilt.)

I asked her for an example.

“Vamos de vuelta al matrimonio, entiendo que, como personas, como humano, tengo derecho a crecer y a hacer lo que me hace feliz. Lo que me hace feliz, tal vez no hace tan feliz a mi pareja. Entonces, para mí, saltar la barrera que se me ha sido puesta, me hace sentir culpable de tal vez abandonar a mi esposo o tal vez abandonar un poquito a mis hijos para hacer lo que me hace feliz, entonces ese es el tipo a lo que me refiero.”

(Let’s come back to marriage. I understand that as people, as a human, I have the right to grow and do what makes me happy. What makes me happy perhaps does not make my partner happy. Then, for me, to jump over the barrier put in front of me makes me feel guilty of, maybe, abandoning my husband or, maybe, abandoning my children by doing what makes me happy; that’s the type that I am referring to.)

It was clear that Maria was expressing guilt from her time away from her family, but she shared with me that her career brought her a great sense of joy. I wondered what her life was like before her career with CEA. Curious, I asked her what her mental health was like before she started her career in addition to her domestic work and raising her children. She replied that her life prior to her career as a community educator was dull and she was depressed. She explained that it was a dark time: “sí, lo oscuro como que estaba pero no

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19 I gave participants a scale, 1 as extremely terrible, 5 as OK or manageable, and 10 as extremely excellent.
estaba, no recuerdo nada especial para ponerle una calificación, pero no debe de ser muy bueno” (Yes, the dark like it was but it wasn’t there. I don’t remember anything special to place a grade but it’s probably not very good.)

Maria told me about the way that the organization helped to illuminate her current struggles that were related to fear and isolation due to her her immigrant status. She spoke about the fear she had to leave her house, especially when she did not speak the language. She also demonstrated the way that she found support at CEA to navigate the relationship problems she was having with her husband. One of her goals, she said, was to find other people in the community and bring them to CEA.

“Aprender más sobre la comunidad, aprender más a cómo ayudar a otras personas a que no les pasara lo mismo que a mí, de no quedarse encerrados y de tener miedo porque no tienes papeles, no sabes el idioma, porque no conoces a nadie. Entonces, te da miedo salir y estás en la casa. Entonces, para mí era aprender cómo llegar a esas personas y cómo traerlas a la comunidad y que vieran que no pasa nada. Sí, eso era parte de mis metas.”

(To learn more about the community, to learn more about how to help other people, that what happened to me won’t happen to them, to not stay indoors and having fear because they don’t have documents, you don’t know the language, because you don’t know anyone. You are afraid to go outside, and you are home. So to me it was learning how to get to those people and how to bring them to the community and for them to see that nothing happens. Yes, that was part of my goals.)

“Por ejemplo, hace como 2 años creo, empezamos mi esposo y yo a tener problemas porque yo estaba afuera mucho tiempo de casa haciendo cosas para CEA y para otros. Entonces para él es difícil que yo, de pronto, cambiara tanto de
que siempre cuando él llegara yo siempre estaba en casa. Si él me necesitaba yo estaba y ahora ya no y para él fue un cambio muy difícil de manejar. Empezamos a tener problemas, entonces siempre hay alguien que lo nota y pláticas y lo puedes hablar con la persona de lo que te está pasando y tal vez no te digan qué hacer pero pues, lo menos, te escuchan. Entonces, básicamente es como para que te puedas escuchar a ti mismo y puedas ver qué es lo que puedes hacer y eso me pasó, siempre encontré a alguien que me escuchara.”

(For example, about two years ago, my husband and I began to have issues because I spend a lot of time out of the house doing things for CEA and for other people. So then for him it was difficult that I, all of a sudden, changed so much from how I would always be home when he arrived. If he needed me, I was there and now, not anymore, and for him this was a very difficult change to manage. We began to have problems; there is someone that always notices, and you talk about it, and you can talk with another person about what is happening, and maybe they won’t tell you what to do, but at least they listen to you. So basically, it’s a way for you to listen to yourself and you can see what you can do, and that’s what happened to me, I always found someone to listen to me.)

The two perspectives above show the way that CEA created a supportive environment where she could find other people who would listen to her struggle and help identify solutions. The most significant aspect of the organization, she explained, was finding someone who would listen to her problems. CEA, though it may not have been the initial intention of the organization, became a place where women found emotional support and social services that allowed them to improve their mental health and by extension the health of their family.
According to Burleson (1985, 1994, 2003, 2008) messages of support are necessary for healthy relationships and are defined as verbal messages that acknowledge, elaborate upon, and legitimize the affected individual’s feelings and viewpoint (Burleson et al., 1994). The field of personal improvement counseling has long used the tool of emotional support to guide clients into greater self-awareness. Active listening and nonjudgment are aspects of an effective therapeutic relationship, and Maria was able to find this validation through her peer support network at CEA.

I inquired about her current perceived health and the health of her little boys. She responded to the scaling questions by using 10 as extremely excellent and 0 as terrible.

“Espero que también un nueve, fíjate que les pregunto a mis hijos, no todos los días, pero de vez en cuando, que si son felices y ellos dicen que sí y les pregunto por qué y ya cada vez tienen algo [alguna respuesta] diferente pero todavía están chiquitos, pero creo que puede cambiar ya cuando estén en la adolescencia.”

(I hope that a 9 as well; I ask my children not every day but every once in a while if they are happy, and they say that they are, and I ask them why, and every time, they say something different, but they are still young; however, I think it could change once they are in adolescence.)

“Voy a decir que ellos han crecido conmigo en CEA. Entonces no ha habido un cambio drástico porque crecimos todos ahí. Entonces, para ellos no hay un antes o después de CEA, siempre ha estado.”

(I’m going to say that they have grown with me in CEA. So then there hasn’t been a drastic change because we have all grown there. For them, there is no before or after CEA; it has always been there.)
Maria said she asked her children on a daily basis how they felt. She also found that CEA had affected the lives of her children drastically. Though the scaling question is subjective, it gives a sense of change in one’s perceived mental health. Maria’s definition of mental health does not pathologize her life; rather, it seeks to find balance. For Maria, she was able to find empowerment through her responsibility to bring other members to CEA. She did not want the same fear that she experienced to be lived by her community, “no les pasara lo mismo que a mí, de no quedarse encerrados y de tener miedo porque no tienes papeles, no sabes el idioma, porque no conoces a nadie, entonces te da miedo salir” ([I didn’t want them to] go through what happened to me, to not stay indoors and having fear because they don’t have documents; you don’t know the language, because you don’t know anyone. You are afraid to go outside.) It was evident in Maria’s life that she struggled with interlocking systems of oppression, including feeling isolated from her family of origin, a difficult childhood that was marked by alcoholism and violence “Crecí en un matrimonio difícil, mi padre era alcoholic.”

(I grew up in a difficult marriage; my father was an alcoholic) as well as gender role expectations between her husband, who was “a little machista.” A strand that worked throughout Maria’s story was overcoming fear. Despite these interlocking conditions, Maria found peer support and responsibility within CEA. According to the Consensus Conference on Mental Health Recovery, the definition of recovery is “a journey of healing and transformation for a person with a mental health problem to be able to live a meaningful life in a community of his or her choice while striving to achieve maximum human potential.”

Summary
During Maria’s interview, she shared with me that her father beat her mother and her during her childhood. She, however, had married a Mexican man with whom she had a healthy rapport. Maria pointed out that she still noticed that her husband was “poquito machista” and that she felt pressure to attend to domestic obligations. Based on her interview, I explored themes on women in Mexican culture who are often socialized to be the martyr for their family (Anderson, 1996; Anzaldúa, 1987). They are taught to believe that a “good” mother sacrifices for her children, despite the cost (Anderson, 1996; Gonzales, 1980), even if that cost is physical and psychological pain. I also reviewed the topics of gender expectations that demand that women are responsible for the child-rearing and food preparation (Walby, 1997). I explored in the interview the way that CEA impacted her life. Teaching the *Abriendo Puertas* curriculum to others influenced how she raised her children. Maria said that various factors caused her emotional strain, including language appropriation, missing her family in Mexico, and being unable to visit, as well as feeling unwanted by the larger U.S. culture. Maria reported that CEA became a mechanism that gave her support in feeling connected with Mexican peers. She said these support networks improved her levels of motivation and improved her perceived psychological health. As an audience, we cannot generalize Maria’s experiences to all Latina women; rather, we can look at the depth of her experience.

**SONIA the butterfly**

Introduction

Sonia chose the butterfly because it was a symbol of transformation after seeing herself as “worthless to valuable.” She appreciated her ability to learn and
enjoyed taking care of her children.

“Me gusta eso [de] que pueda aprender y [de saber] que probablemente sí soy fuerte, y a veces me gusta y en veces no me gusta que primero soy mamá, yo, para mí, prefiero el bienestar de mis hijos que el mío.”

(I like that I can learn and that I am probably strong and sometimes I like and sometimes I don’t like that first I am a mother. I prefer my children’s well-being before my own.)

Unlike some of the participants, I had not met Sonia prior to the first focus group. Though we were strangers, she was very open and willing to discuss her lived experience as an immigrant Mexican woman who had left a physically violent marriage. She emulated the adage a ball of fire. Though she arrived a few minutes late to lunch during our second focus group (critical education), she walked in with a message to share and a strong attitude. She reminded me of pictures I had seen of my grandmother: a tiny woman with green eyes. Though I had never met my grandmother, I felt that Sonia was the closest person to fit her description: tiny, not scared of anyone, and powerful with her word and faith. She was a Jehovah’s Witness and believed that through faith and learning, she could transform the negative aspects of her life.

She was very talkative, and the group listened. It had been a few years since she divorced her husband. They were married in Mexico, and she immigrated to the United States to follow him for work. For most of her adult life she had lived in New Mexico: “yo me casé cuando tenía diecinueve años y no vivía en México, nos vinimos para acá a Albuquerque. Mi hija nació en el 79, so tiene como 35 años, es el tiempo que yo tengo aquí. [I got married when I was 19 years old, and we lived in Mexico; we came to Albuquerque. My daughter was born in ’79 so she is around 35 years old. That’s how many years I have been here.]"
Although we were casually talking as a group about emotions in a general context, she was the first woman to jump in and share her story of violence and the emotions it generated: “I have to say, I have been through divorce, and it is not easy, but we as women can’t accept abusive relationship, even if it hurts us emotionally.”\textsuperscript{20} She repeatedly said she was thankful for the group, saying she wished she could attend all of our sessions but that she could not. Because of special care needs for her son with mental disabilities, Sonia attended only one of the four focus groups.

She elected to conduct the interview at my home. We sat in my living room, and I turned on my two recorders and offered her tea and water. She asked for tea, and from my sofa we began a conversation about her life. She shared with me her humble upbringing in Mexico and her life working in a clothing factory.

“Yo tenía como diecisésis, es que entré a trabajar pero no tenía la edad, entonces alteramos mi acta. Es lo que hicimos mucha muchachas en ese tiempo porque era un súper trabajo en Juárez, empezaron a llegar las maquinadoras, la RCA, la GE así, todas esas fábricas. Entonces yo entré cuando tenía catorce, creo quince por ahí y era un año antes que yo pudiera entrar. Entonces, cuando fuimos a ese lugar tenía como diecisésis años de chica pero no lo hice muchas veces porque no me dejaban no, para qué trataba y luego mi papá salía y luego las familias que ellos que decían yo soy el hombre, tú, mujer te quedas, yo me voy.”

(I was around 16; it’s because I started working but I didn’t have the age. So we forged my birth certificate; that’s what a lot of girls did in that time because it was a super job in Juarez. Factories began to arrive, the RCA, GE, like that, all those factories. So I started when I was 14, maybe 15, around there, a year before I could

\textsuperscript{20} When participants spoke in English, I did not provide translations. In addition, my focus group notes were written in English, as were participant comments so recorded.
actually start working. So when we went to that place I was around 16 years of age, but I didn’t do it that many times; they wouldn’t let me, so why try, and then my dad would go out. Their families would say I am the man and you are a woman; you stay and I go.)

Sonia said factory life was difficult due to the long hours making clothing. She, however, enjoyed the work because it offered her a sense of freedom away from her family. Her father was an alcoholic, and her mother took much of the physical abuse from her father.

“When trabajan por sí solos que aprenden a hacer cualquier cosa, mi papá trabajaba en la casa, trabajaba las horas que él quería, a veces desde las ocho, desde las siete hasta oscuro. Entonces, mi mamá no tuvo una vida buena, él salía, se divertía y venía; todo tenía, tomaba, se emborrachaba y era muy feo cuando se emborrachaba, era muy fea persona con mi mamá. Obviamente, yo no sé si mis hermanos oían o si casualmente o porque yo sabía que eso iba a pasar siempre despertaba cuando él llegaba y yo siempre escuché todo lo que le decía a mi mamá, todo lo que hacía, no me gusta ahora, a mí me ha afectado eso, siempre me afectó porque yo no digo que no me guste totalmente tomar alguna bebida alcohólica pero yo nunca voy a agarrar una cerveza y la voy a tener conmigo, y cuando es feo esta manera aunque no nos emborrachamos.... eso no me gusta porque ahí, inmediatamente, miro en mi mente escenas de cuando yo era niña.”

(When they work for themselves, they learn to do anything; my dad worked at home, worked the hours he wanted, sometimes from 8, from 7 until dark. My mother didn’t have a good life. He would go out to have fun and come back drunk; he was bad when he was drunk; he was a very ugly person when he got drunk; he was an ugly person with my mother. Obviously, I don’t know if my brothers heard
or occasionally or because I knew that that was going to happen, I always woke up
when he would come home. I always heard everything he would tell my mother; I
didn’t like what he would tell her, and it has affected me because I’m not saying
that I totally don’t like to have the occasional drink, but I will never grab a beer and
have it with me, and this is ugly even when we don’t get drunk…. . . . I don’t like
that [it] because I immediately remember memories of when I was a child.)

Sonia said her father was an alcoholic as was her husband. Her husband’s drinking habits
were worse when they migrated north, she said. Alcoholism21 is a cross-national issue that
impacts various ethnic groups. For instance, an estimated 22.2 million individuals in the
United States were identified with substance dependence and/or abuse (Substance Abuse
and Mental Health Services, 2013). In the United States, alcohol is linked to an estimated
85,000 to 90,000 annual deaths (Myrick & Wright, 2008). Moreover, heavy drinking and
other high-risk consumption patterns contribute to a vast amount of alcohol-related social,
interpersonal, and health problems (Naimi, Brewer, & Mokdad, 2003). This pattern created
an environment that promoted domestic violence for Sonia.

**Physical violence**

During our discussions during the second week, Sonia alluded to her husband as
being machista and verbally aggressive. I learned more about how she understood the
oppressive force of machismo in her life. Her husband was not only physically abusive but
would bring down her confidence with hurtful comments. The abuse occurred while she
was pregnant, and often while her husband was drinking, she said, and continued for
several years.

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21 Alcohol is a lethal substance when consumed in high volumes and is a toxin that harms nearly every organ
in the body. Persons with an alcohol use disorder incur damage to the central nervous system, cardiovascular
system, pulmonary system, and liver (Doweiko, 2012). Some groups are more impacted by alcoholism than
others.
“Empezó cuando yo estaba embarazada de mi hija, porque una vez me pegó y yo tenía miedo de quedarme sola y le dije no te vayas. So, andaba borracho y me pegó, me golpeó y se fue y tapé mi panza, tenía como siete meses y desde ese tiempo yo perdí todo mi interés en él. Pero yo no dije nada y me quedé ahí, porque yo no quería volver a Juárez. Entonces nada más me quedé ahí, pero la vida personal de la pareja se acabó (p. 4).”

(It began when I was pregnant with my daughter, because one time he hit me, and I was afraid of ending up alone, and I told him, “Don’t leave.” So he was drunk, and he hit me, he beat me, and he left, and I covered my stomach. I was seven months [pregnant], and since then, I lost all my interest in him. But I didn’t say anything, and I stayed there because I didn’t want to go back to Juarez. So I just stayed there. But our personal life as a couple was over.)

I asked Sonia to tell me more about this relationship, and like Maria, she said that machismo operates on a spectrum of violence. For Sonia, physical abuse was the most pronounced act of violence, but another attribute of violence was that he stole her money.

“Por ejemplo, lo que yo más he visto es, pues tú vas a estar sometida porque ‘yo soy el hombre de la casa, porque yo puedo hacer esto, a mí no me importa si tienes o no tienes o quieres’. Como en mi caso tienes que trabajar, yo trabajaba y el cheque se iba al banco. Yo nunca veía nada, entonces es diferente tipo de machismo (p.11).”

(For example, what I have seen the most is that you are going to be submissive because, “I am the man of the house because I can do this; I don’t care if you have or don’t have or if you want. Like in my case, I had to work; I worked, and my
check went straight to the bank. I never saw anything. So it’s a different type of machismo.)

Sadly, Sonia’s experience of being beaten by her husband was systemic and reflected part of a larger social pattern of domestic violence. Approximately 2,000 phone calls are made to police in the United States each day reporting domestic violence. Sonia’s position as a woman without proper documentation placed limits on her ability to resist the violence she experienced on a daily basis as well as on her power to report the abuse to authorities.

Crenshaw’s (1993) research reminds us that as social scholars and activists, we must adopt an intersectional lens that assesses violence as both interpersonal and structural. The interpersonal factors that shape violence are easily visible: For example, Sonia experienced domestic violence from a partner. Yet, on a structural level, her inability to leave the relationship and its associated inter-partner violence required an in-depth examination of the socio-political climate incumbent to a state that borders Mexico as well as the oppressive forces that shape the behavior of many men.

Sonia’s comment reflects how violence operates on a spectrum, including negative comments such as, “You are worthless.” Her accounts of interpartner violence mirror the National Coalition Against Domestic Violence’s (2017) concept of domestic violence, which suggests that violence is when one partner exercises power and control over the other through shaming, or, in the case of Sonia, by taking her money and attempting to control her self-image. Extreme violence is associated with the need of one party to control the other (Bradley, Smith, Long, & O’Dowd, 2002). Gender and violence impact men in negative ways, yet it must be noted that the impacts are stacked against females statistically: One in five women has experienced domestic violence versus only one in
seven men. Moreover, women are more likely to contract sexually transmitted diseases through intimate partner violence than are men (Martin, 1999; Gilbert, 2000).

As both Sonia and her partner struggled, she was aware of her gender role expectation to work both within and outside of the home, at the same time remaining submissive to “the man.” It is important to note that men of color who are from diverse backgrounds must contend with additional emotional stress, political tension, and structural violence. Gender violence is not a simple binary behavior in which men abuse women. Rather, it results from the interplay of intersecting factors, such as race, gender, economics, and the environment (Crenshaw, 1993). For men, to be valued in a patriarchal culture often demands the enactment of violence. This phenomenon of socialization takes place across borders (Haywood, Mac, & Ghaill, 2013) yet is often worse in regions adjoining political borders that are themselves to some degree unnatural (Anzaldúa, 1987). Immigration policies create emotional stress and poor mental health outcomes for migrant populations, as seen in Sonia’s case. Fear and isolation are hallmarks of the experiences of many undocumented Mexican migrants because they are exposed to discrimination from border officials, both in the United States and in Mexico (Escobar-Latapi, 1999). Moreover, Mexican borderland populations are often exposed to poor working conditions that fall outside of labor regulations with respect to safety, health, and minimum wage. To many employers, such workers are considered simply disposable (Taran, 2001). An attempt to exercise male dominance and exhibit power can often result when a person’s ego is deflated; feeling better about oneself is afforded by dominating those around the individual (Dutton, 2006). Moreover, the labor sector for immigrants supports strident masculinity (Hearn, 1987). Men who immigrate also suffer pressure from gender role expectations in which the man is required to be the “breadwinner,” all the
while the victim of racist attitudes and inadequate legislative labor protections in the United States (Taran, 2001).

**Mental health stigma and family loyalty**

I asked Sonia why she did not leave her former relationship sooner to find help:

Sonia:

“La verdad no sé. Antes pensaba que los psicólogos eran para la gente loca, pero aprendí que no, es para gente que tiene problemas o enfermedades mentales. Sí, porque ¿adónde va uno cuando tiene el estrés? Pues, a la iglesia es un lugar y una hermana o una hija es un lugar, pero si hay más lugares para venir, como [las] clases para respirar, para calmar su cuerpo, hay clases para decrease your stress, hay varios tipos de clases que uno puede venir. Es una idea que no tenemos acceso o tenemos estereotipos en nuestra mente que los psicólogos solo son para la gente que son locos, porque hay estereotipos.”

(The truth is, I don’t know. Before, I used to think that psychologists were for crazy people, but I have learned that it’s for people that have problems or a mental sickness.

Yes, because where does someone go when they have stress? Well, church is one place, or a sister or a daughter, that’s a place, but there are other places to go, like classes to breathe to calm the body. There are classes to decrease your stress; there are different types of classes that one can go to. It’s an idea that we don’t access or we have stereotypes in our minds about psychologists that they are only for people that are crazy because there are stereotypes.)

Sonia’s perspectives on stereotypes and mental health stigma support research that suggests women from ethnic minority groups do not trust mental health providers for fear
of being labeled “crazy.” The origins of these stereotypes of the “crazy woman” and the overly emotional woman emerged during the Age of Reason and from untested “scientific” dogma (Boler, 1999). Also responsible are binary images that suggest emotion and logic cannot be married or balanced (Halpin, 1989). Elite groups in power have traditionally defined other groups as “crazy” as a form of emotional, social, and financial manipulation (Washington, 2007). The terms “crazy” and “psycho” were historically words of power; if the authorities determined that you were not fit to make rational decisions, they could seize your property and place you in prisonlike conditions (Brookes, 1997). Once locked away, people were no longer afforded the basic rights of their humanity but were subject to becoming spectacles and subjects for medical test (Foucault, 1961).

Sonia recapped a common saying in her community: “Los psicólogos eran para la gente loca [“Psychologists were for crazy people”].] Yet, it is important to note that being crazy is a lonely place for a woman because she is made to feel alone in her struggle. Isolation takes many forms but always thrives on the politics of exclusion.22 In the study, participants described different types of isolation that intersected gender and violence through domestic abuse. “I thought I was the only one,” Sonia noted. This section offers in-depth viewpoints on the ways that immigrant women are isolated while trying to cultivate their mental health and emotional resilience. Two types of exclusion that breed isolation are examined: exclusion attributable to mental health stereotyping and exclusion arising from isolation from one’s own family.

I asked Sonia to explain what mental health meant to her. It was someone who could help her find a rational response and find solutions, she said.

22 By “politics of exclusion,” I refer to social exclusion where people are systemically denied access to resources, human rights, or basic human needs that include housing, employment, healthcare, and civic participation.
“Que será, bueno, salud mental, bueno, que uno puede razonar, que puede hallar soluciones o distinguir respuestas no sé, algo así.”

“Bueno, podían hacer sí, para mi sí ha sido verdad, pero también, yo digo que pudiera también ayudar en crisis personales o en mentalidad personal, porque cuando uno puede solucionar un problema, o vamos a decir la depresión, no se puede solucionar porque es una enfermedad mental, pero si uno puede solucionar un problema que viene a partir de la depresión como en mi casa, yo digo que ayuda a uno porque la mente de uno se transforma a poder hacer cosas diferentes para solucionar eso.”

(What could it be, well, mental health, well, that one can reason, that one that finds solutions or distinguish answers. I don’t know, something like that.)
(Well, they could be, yes; for me, it has been real, but I also think that it can help someone in a personal crisis or for personal mentality, because when someone can solve a problem or let’s say, depression, you can’t solve it because it is a mental disorder, but you can fix a problem that comes from depression; like in my house, it helps because one’s mind is transformed to do different things to solve that.)

I asked Sonia about her perceived mental health prior to becoming active in CEA. She explained that she was not well and was often isolated “nada, estaba en mi casa.”
(Nothing, I was in my home) Her eyes teared up, and she said that her faith gave her strength and that ultimately it was a culmination of faith and her participation in CEA.

Para mi familia, yo pienso que ahorita ya está tomando buen rumbo. Entonces vamos a tener un 8. Por ahorita estaríamos como seis, y si todo sigue bien, podemos alcanzar el nueve o un diez.
Muchas veces, le decía a Jehová, Dios yo no quiero vivir, pero nunca intenté contra mí nada. No lo voy hacer dramático, pero sí le dije: es que no le hallo sentido, yo no quiero la vida que me has dado, yo sé que voy en contra de tu voluntad, pero perdóname, es lo que yo siento y ni para mí, ni para mi hijo, mi hija es más o menos exitosa en su trabajo, en lo que hace pero yo pienso mucho en mi hijo y digo, qué va pasar con él cuando yo parta.”

For my family, I think it is taking a good route. Then we will have an 8 for now; we would be at a 6, but if everything goes well, we can be at a 9 or 10. Many times, I told God I don’t want to live, but I never tried anything against myself. I don’t want to make it dramatic, but I did tell him that I didn’t find the purpose of living the life I was given; I know this is against your will, but forgive me, it’s what I feel, and neither for me nor my son; my daughter is somewhat successful in her job in what she does, but I think a lot about my son and I think what is going to happen to him when I leave.)

Sonia told me that she felt her family had been on a good path since she left her former husband. She felt that her faith gave her a better outlook on her mental well-being, saying it was “because of faith it is [my mental health] higher than what do you think, a 5 or 7,8, for my family. For my family, I think it (the family) is taking a good route.”

Considering her experience with abuse and for being in a position with limited resources to obtain social services, Sonia’s outlook on her mental wellness was positive. She attributed much of the shift in her life course to her involvement in CEA. Under the train-the-trainer model, she first took the 10-week *Abriendo Puertas* class and then over time facilitated the class.
If you recall, CEA is an organization of empowerment and one that teaches facilitators to take control in defining their own identity and how to take ownership of one’s parenting skills by becoming a leader. CEA’s curriculum focuses on a child-parent emotional development and invites the parents to build up their self-esteem. During the process of building Sonia’s self-esteem, she was better able to stand up for herself against her former husband and to articulate her rights as an individual. She also learned skills from other parents who helped her manage her son’s depression.

“OK, yo tomé la clase ‘abiendo puertas’ hace como, no me acuerdo, como hace tres años, algo así y los volví a encontrar en la escuela del niño, de mi nieto y como me conocen me invitaron, “ven vamos a la clase.” OK, estuve ahí, pero estuve como los demás participantes, pero obviamente ya no iba a obtener el certificado sin el reconocimiento, pero la volví a tomar y la primera vez que yo la tomé no sabía de la depresión de mi hijo, él ya la tenía pero yo veía su actitud como rebeldía, pero igual nunca tuve éxito tratando de sacar qué era lo que pasaba porque ni él lo sabía. So, en esta clase ya sabía que tenía la depresión y muchas veces me ganó el sentimiento por ejemplos que ponían los padres.”

“Por [siguiendo el] ejemplo de la facilitadora, entonces, uno se da cuenta [de] qué le pasa a un padre, [de] qué le pasa a otro. Entonces aprendí a admirar cómo el apoyo de lo que se habló ahí, sí, el apoyo, a mí me ayudó a poder sobrellevar una plática mejor con mi hijo cuando estaba en una crisis. A veces se enojaba él y me gritaba por ansiedad y todo y me sentía muy desesperada, no hallaba qué hacer. Y ahora que tomé la clase, entró una señora, no me acuerdo cómo se llama, pero también tomé muchos puntos [notas].”
(OK, I took the class of *Abriendo Puertas* around three years ago, something like that, and I ran into them (the organization) again in the boy’s school, my grandchild, and since they knew me, they invited me to come to the class. OK, I was there like the other participants, but obviously I wasn’t going to get another certificate without the recognition, but I retook it, and the first time I took it, I didn’t know about my son’s depression; he already had it, but I saw his attitude as rebellion, and I never had success when trying to get it out what was happening because he didn’t even know. So in this class, I knew he had depression, and many times my feelings were impacted by the examples the parents shared.

(For example of the facilitators one notices what happens to one parent, or another. So then I learned to admire how the support of what is talked about there, helped me to carry a better conversation with him when he is in a crisis. Sometimes he would get mad, and he would yell at me because of his anxiety, and I felt very frustrated; I didn’t know what to do. And now that I took the class, there was a lady, I don’t remember her name, but I took many points.)

In Sonia’s interview, she said she learned her greatest lessons during Week 7 of the curriculum “Our Health is First: Part II” “Nuestra salud es primero: Parte II,” *Each mind is a universe unto itself (Cada cabeza es un mundo).* As a facilitator, she introduces concepts and shares ideas related to the promotion of a child’s healthy socio-emotional development with her peers (Ap.org, p. 1). The course teaches emotional and mental well-being and is strengthened when families openly discuss feelings and validate their children’s emotional responses. Having to learn these skills and then teach them to her peers affected how Sonia dealt with her former husband and how she parented her son.
“Yo aprendí, yo decía: ‘lo voy a dejar para que se desahogue, que grite para lo que sea’, pero no es el punto, porque entre más gritan, más se va acelerando, porque yo aprendí a controlarlo, a decirle: ‘cálmate,’ cosas sencillas, pero si no sabes, no las puedes poner en práctica.”

(I learned, I thought I’m going to leave him so he would let it out by screaming for whatever, but that’s not the point because the more he screams, the more he gets accelerated, because I learned to control him to tell him to calm down; simple things, but if you don’t know, you can’t put them to practice.)

Sonia explained that through her participant in the CEA-offered program, she was able to find a community of support where she no longer felt desperate, “me sentía muy desesperada” (felt very frustrated). Through emotional support of other parents, she was able to identify how she could be a better parent, such as not being “angry” or “critical” toward her children. She learned self-regulation tools that helped her self-regulate —“yo aprendí a controlarlo, a decirle cálmate” —— as well as simple parenting strategies that she could adopt. Sonia’s definition of mental health was simple: someone who could offer solutions. In her case, many of the issues that she experienced emerged from her context of living in an abusive relationship and feeling isolated by her documentation status. Her response demonstrated an improvement in her perceived mental health. Her participation in the parenting classes at CEA allowed her the chance to find a sense of agency; she said that she gained simple parenting tools that she could put into practice. She told me that the tools taught in the Abriendo Puertas curriculum allowed her to take issue with how her partner had been treating and abusing her. One of those tools was to end the cycle of violence, and she decided to leave her husband. Again, if we use the attributes for mental health problems and recovery, it is clear that Sonia found self-direction and empowerment
through her interactions at CEA. It is also the case that on a national level, the *Abriendo Puertas* critical family literacy curriculum has successfully enhanced parent role-modeling and participant levels of self-worth (Child Trends Report, 2014, p. 4).

**Summary**

According to Walby’s (1997) six characteristic of patriarchy, Sonia’s experiences intersected the areas of economic control, domestic abuse, as well as informal control. It had been a few years since Sonia divorced her husband. The abuse spanned several years and began when she first migrated from Mexico to the United States with her husband. She worked in a factory making clothing and was excited to find new employment in America. Sonia, however, experienced patriarchy in ways different from Maria. Sonia was not in control of her bank accounts and checks. Due to the belief that men conduct the finances, she often would work for weeks and not see her paycheck because her husband spent the money on alcohol. She wanted to leave her relationship but struggled finding resources in Spanish. Sonia’s story is part of a larger issue of interpartner violence that mirrors the National Coalition Against Domestic Violence’s (2017) statement on interpartner domestic violence, which suggested that violence is when one partner exercises power and control over the other. Sonia said, “*Los psicólogos eran para la gente loca*” [“Psychologists were for crazy people”]. Sonia felt that her religious beliefs and her participation in CEA allowed her to leave her husband. She never found formal mental health services but used alternative therapies such as acupuncture and emotional support from her church.

**LUZ the eagle**

**Introduction**

Luz chose the eagle because it was a symbol of leadership. I later learned from Luz something I had not known about the eagle when she explained that in the midpoint of their
lives, eagles fly to the top of a cliff or tall tree and peel off their beak, allowing a new one to regenerate. This process is painful but increases the bird’s lifespan. This metaphor was important for Luz, because it displayed the authentic struggle of motherhood and transforming machismo and physical violence.

Luz, by nature, had a quiet personality; in a group setting, she often took notes and nodded but did not verbally share. Rather, she was an active listener. Though she had emoted during the second focus group, she did not share with the group what had been in her heart. I was looking forward to speaking with her in a one-on-one setting and getting to know her better. Our interview took place in my house. I made tea, and she began to tell me about her childhood.

Luz spoke from her heart about the struggles of where she grew up and her experience immigrating to the United States with her husband and son, who was 4 at the time. The violence in Chihuahua, México, was the primary reason she left. Her husband was a lawyer, and he did not feel safe with the social and political issues in Chihuahua at the time.

“Como terminando la universidad yo me casé con mi esposo pero no había la situación económica, para nosotros, era un poco difícil. Había un poco de violencia en el lugar donde vivíamos. Por ejemplo, mi esposo es abogado, entonces esa carrera se prestaba para sobornar, no sé si me entiendes ese concepto. Pero, por ejemplo, si defendía a alguien la otra persona podía venir a matarlo.”

(Like when I finished college, I got married to my husband, but the economy was bad, so it was difficult. There was some violence where we lived. For example, my husband is a lawyer so that career lent itself to bribe; not sure if you understand that
concept. For example, if you defended someone, the other person could come kill you.)

She explained that coming to the United States was not an easy move for her. She had left her country due to the violence she had experienced. Moreover, upon her arrival in America, she and her husband struggled to find work. She felt stressed and found herself often spanking her son when she was upset.

“No era un lugar seguro para nosotros y yo también estaba teniendo problemas para buscar trabajo, para encontrar algo para mí y ya tenía en ese entonces a mi hijo pequeño, a mi primer hijo. Un niño tenía y llegamos aquí cuando él ya tenía cuatro años, tomamos la decisión de emigrar para acá. Y cuando el niño se portaba mal, yo hacía lo mismo, le daba unas nalgadas, como lo regañaba feo.” (It wasn’t a safe place for us. I was also having problems trying to find employment for myself, and at that time, I already had my son, my first child. We had one child when we arrived; he was 4 when we made the decision to migrate here. When my boy misbehaved, I would do the same thing; I spanked him, I yelled at him badly).

This was a common theme throughout Luz’s interview; being a mother was stressful, and she often took it out on her children, especially her oldest. She was aware that there was another way but was not sure how to find it.

**Physical violence**

All accounts of violence are difficult to listen to as they expose how men of different ages, family position, and backgrounds use physical violence to assert their anger against women. With Luz, she experienced machismo and physical aggression from an older brother. He used physical punishment as a means of control and power. For young boys and girls, gender socialization begins at a very young age. Men are often socialized
into roles that produce violence. Women are positioned as the receptacle for suffering, and men are trained as the dominators who express control through physical violence. Often, men use violence as a means to act “manly” and show domination through behavior that has been socialized. Luz shared examples of her brother using physical punishment to control her behavior.

Luz:

“Mi hermano . . . pues, lo único que hacía era si yo me portaba mal . . . no me quería comer los vegetales, por ejemplo, o si no quería hacer la tarea, pues yo tenía que ir por una barita para que me pegara.”

(My brother . . . well, the only thing he did was if I acted poorly . . . if I didn’t want to eat my vegetables, for example, or if I didn’t want to do my homework, then I would have to go pick a stick so he could hit me with it.)

Physical violence is an attribute of masculinity that young boys are taught. It is a rite of passage, often witnessed in the United States, as well as countries around the world. Across all cultures, men show power through physical aggression toward women (Haywood, & Mac an Ghaill, 2003). Judith Butler (1990) stated that masculinity is not a radical choice but rather is a reflection of social manipulation and molding that reaffirms a gender dichotomy. She revised Freud’s theory to suggest that gender norms are imposed onto the psyches of individuals on an unconscious level. Through collective modeling and unconscious example, formulating the concept of a dominant gender harms those who have been socialized to believe in established gendered norms. Violence and gender norms harm all of us. Gender justice and race collide into longstanding battles for liberation (hooks, 2014) that require multiple viewpoints from those affected. These viewpoints may include both Luz and her brother as victims of masculinity. It would be easy to cast blame on Luz’s
brother, but he also was part of a complex web of socialization that taught him how to be a man. As Butler stated, “Becoming a gender is a laborious process” (Butler, 1990, p. 95) that does not give young people an alternative choice.

**Violence and parenting**

Luz grew up with physical violence as a part of her development. When speaking about her three children, she described the ways that she also used corporal punishment on her children to correct them. Because Luz grew up with these parenting tools, it is no surprise that she did not have a different tool in her toolbox. As she told me about spanking her children, I could see that she was remorseful. I wish I could have paused the interview and explained to her that she should not feel guilty, that she was parenting with the best tools she had and that she had improved by leaps and bounds since that time. The mere fact that she was concerned about her former behavior showed what a good mother she was; she wanted to be the best. She reflected on her past,

“Pues en la manera de reconocer, saber reconocer mis errores, quizás estoy triste o estoy muy enojada, pero ya no voy hacer lo que hacía antes. Quizás, si estaba muy enojada podría pegarle a alguien, así fuera un mismo adulto. Si alguien me hiciera enojar yo podría golpearlo y entonces ahora ese enojo yo no lo transfiero para golpes si no que sé que tengo que tomar aire, tengo que relajarme y no tengo que lastimar a nadie para sacar mi enojo, porque antes tendía a mucho eso, antes le pegaba al niño si me hacía enojar y, en un principio, también a mi esposo, porque yo no, a veces, [no] empezaba si me hacía enojar, yo buscaba pegarle.”

(Well, in the way of recognizing to know how to recognize my mistakes, maybe I’m sad or I’m angry, but I will not do what I was doing before. Maybe before if I was angry I would hit someone, even if it was an adult. If someone made me angry,
I would hit them, and now that anger, I don’t transfer it to blows now. I know that I need to breath, I have to relax, and I don’t need to hurt anyone to get my anger out because I used to do that a lot. I used to hit my boy if he made me angry and at the beginning my husband as well because I sometimes did not start if he made me angry I would try and hit him.)

Luz continued to explain that she was often angry and would release energy by hitting her children. Her story demonstrates that there can be another way to discharge emotional energy that does not include violent parenting. To explain her behavior, it is important to look at how violence is learned socially. Research that spans several decades suggests that violence is a learned behavior, often modeled in one’s family environment. When children are parented with physical abuse or with negative verbal comments hurled at them by their parents to get them to listen, when the children grow up, they often use similar parenting techniques. Failing to eat one’s vegetables, for example, should not warrant extreme punishment, but in Luz’s case it did, as her brother re-enacted violence he had seen.

This form of violence is generally internalized and requires critical education for its examination, analysis, and eventual resistance. Oppression is not a black and white issue but rather is one with nuances, sometimes even involving role reversals. Whereas the four women I interviewed had been victims of violence themselves, some indicated they too had resorted to violence. Despite her struggle, Luz was an exceptional mother, and she shared how the CEA community taught her new skills. She explained to me the difficulty of asking for parenting help and in finding a mental health support system in her cultural context.

Luz:
“Pues decimos: ‘o no, no está bien de la mente. Tiene que ver un loquero ¿para qué va ir?’ o ‘no, no necesitas ayuda ¿para qué vas a ver a alguien? así estás bien’ pero realmente un profesional nos puede ayudar a sanar. Nos puede ayudar a renovarnos.”

(Well, we say, “Oh, no, he/she is not right in the mind. They have to go see a shrink for what they are doing” or “no, you don’t need help. Why are you going to see someone? You are good like that” but in reality, a professional can help us heal. They can help us to renew ourselves.)

Despite the stereotypes that Luz mentioned within her Latino community, she joined a parenting class offered at CEA. Yet, the reality that a stigma of a mental illness was a barrier to her getting help for navigating her anger shows the ways that emotional knowledge and mental wellness are often shamed in Latino communities. Luz’s comment highlights the contradiction of the need for accessing mental health care: ‘It is probably good for us [Latina women].’ “Nos puede ayudar a renovarnos” (“They can help us to renew ourselves”) but still struggling with the cultural stereotype of being “crazy” (“pues decimos o no no esta bien de la mente tiene que ver un loquero”), as Sonia pointed out.

Relevant to Luz’s situation, Allison Jaggar (1987) suggested that emotional knowledge is intentionally devalued and stereotyped because it is a potential source of empowerment, especially for groups of color. Emotions are consistently “shamed” and “omitted” as an intentional power move against others, especially women from diverse backgrounds who work in institutional settings (Anzaldúa, 1990; Boler, 1995; Jaggar, 1996). Allison Jaggar (1996), a scholar in the field of emotions, described many of our human emotions as “outlaw emotions.” Anger and grief, for instance, are not welcome, and
if an individual displays emotions, they are labeled as “crazy” or overemotional, especially with topics of a racial nature.

During the interview, I asked Luz to tell me how she defined mental health. She gave an eloquent definition that showed an appreciation for all of her emotions. This appreciation for a range of emotional expression is important, because women often shame the emotions that are not thought of as pretty; emotions such as anger and jealousy are not given a good place in society (McLaren, 2010). In a poetic manner, Luz compared her emotions to the seasons of the year.

“Significa el reconocer, te dije ahorita, mis emociones y disfrutarlas. Si yo me siento triste, saber que eso, estoy triste, reconocer [lo], pero que no me voy hacer daño yo misma ni voy hacer daño a los demás y que es un sentimiento que va a pasar. Así como unas veces estoy muy feliz o muy alegre, todo es temporal. La tristeza no tiene por qué quedarse ni por qué tiene que quedarse el enojo toda la vida, es algo momentáneo. Es algo de momento, los sentimentos que van pasando, es como las estaciones del año, van pasando; a veces va a ver frío, a veces va a haber calor, a veces va a haber mucho viento, pero con el tiempo va a pasar y luego va a venir algo bonito de estación. Asimilo estaciones del año con la forma de la vida, es lo que le digo a mis hijos porque dicen “no me gusta el frío” y les digo [que] en nuestra vida, en veces vamos a tener frío, o sea, van a haber problemas, va a haber algo que no nos gusta, pero después del frío, viene algo bonito. Entonces, el frío no se queda para siempre, el miedo o la tristeza, ese problema no tiene que quedarse para siempre, eso pasa y luego viene la primavera.”
(It means to recognize, as I told you before, my emotions and to enjoy them. If I feel sad knowing that is what I am: sad. Recognizing it but I’m not going to cause myself harm nor am I going to hurt others and that this feeling is going to pass. Sometimes I am very happy everything is temporary; sadness doesn’t have to stay; anger doesn’t have to stay either for your whole life it is something momentary. It is something of a moment your feelings are going to pass; it’s like the seasons of the year, they pass by like the cold; sometimes it will be hot or it may be very windy, but with time it will pass, and then something good will come of season. I assimilate the seasons of the year with the way life is; that’s what I tell my kids because they say they don’t like the cold, and I tell them in our lives sometimes we will be cold, meaning we will have problems, there will be something we don’t like, but after the cold comes something pretty. So then the cold doesn’t stay forever; fear or sadness, that problem doesn’t always have to stay; it passes, then comes the spring.)

Luz’s definition also illuminated an important aspect about emotions: They are temporary (Adolphs, Tranel, & Damasio, 2003). I would add that in addition to emotions being temporary, they emerge as an action potential that prompts us to take action and make decisions as a result of a social cue (Bechara, Damasio, & Damasio, 2000). Using the metaphor of her emotions as an expression similar to nature illuminates how a person can feel distress yet not become stuck in an emotional experience.

I asked Luz to gauge her own mental health status. She gave it a 9, which was the highest number that any of the participants had given themselves. Given that Luz is an immigrant woman who left her country due to violence who feared her husband would be murdered and who grew up in a violent context created by a controlling older sibling, a 9 is
an incredible level of perceived wellness and reflects an emotional maturity and triumph. I asked her what she felt like her perceived mental health was before she was involved in CEA. It was a 5, she said, or mediocre.

“Como 9, 9 porque”
(Like 9, 9 because)

“Sí, por la situación que te estaba contando ahorita, a veces me siento bien y a veces mal entonces ahorita estoy como en un 9.”
(Yes, because of the situation I was just telling you, sometimes I feel good and sometimes bad, so then right now I am at a 9.)

Anna: ¿Antes?

“Como un seis o cinco a la mitad”

Anna: before?

(Like a 6 or 5 about half)

Luz emphasized the importance of reclaiming her anger and channeling it in a more positive direction. She evaluated her options in dealing with anger: She could transfer it to someone else by physically striking them or she could take a “time out” away from the situation and contemplate quietly.

[Apoyo emocional] “La manera de reconocer saber reconocer mis errores, quizás estoy triste o estoy muy enojada, pero ya no voy a hacer lo que hacía antes, quizás si estaba muy enojada podía pegarle a alguien, así fuera un mismo adulto, si alguien me hiciera enojar, yo podría golpearla y entonces, ahora, ese enojo yo no lo transfiero para golpes, si no que sé que tengo que tomar aire, tengo que relajarme y no tengo que lastimar a nadie para sacar mi enojo.” (p. 4)
[Emotional support] (The way to recognize to know how to recognize my mistakes maybe I’m sad or I’m very angry but I’m not going to do what I did before; maybe if I was very angry, I could hit someone even an adult. If someone made me angry, I could hit them, and now that anger I do not transfer it for blows, but I know that I have to take a breath, I have to relax, and I do not have to hurt anyone to get my anger out. (p. 4)]

El programa también me ayudó a hablar, a dar mi testimonio en sentirme más confiada en mí misma para hacer más cosas, porque, quizás, pues llegue hasta la universidad y hago muchas cosas, escritos, todo lo relacionado con la escuela, pero al momento de hablar yo no podía expresar mis conocimientos, me temblaba mucho la voz y no podía hablar. Entonces Luz me dio mucho apoyo, mucha confianza en mí misma, aumentó mi autoestima, a elevarme y a decir tu puedes Luz, yo confió en ti y yo sé que lo puedes hacer y fue una persona que me dio mucha confianza, mucho apoyo emocional.

(The program also helped me speak, to give my testimony to feel more confident about myself to do more things because maybe I’ll make it to college and do many things, writings, everything in relation to school, but in the moment of public speaking I couldn’t express my thoughts; my voice would shake, and I couldn’t speak. Then Luz gave me a lot of support, a lot of confidence in myself; my self-esteem increased, to stand up and say you can do it, Luz, I trust you, and I know you can do it, and it was a person that gave me a lot of confidence a lot of emotional support.)

She had gained new skills that allowed her to calm herself down by simply “getting some fresh air.” It is important to note that anger teaches us about boundaries. Anger is often the
response to an injustice or the sense that one has been violated. Rather than concentrate on “ridding” oneself of the anger, a superior approach is often to channel it toward a healing space, becoming a role model for one’s children in the process. Becoming a role model for others, however, demands self-care, because healing and resistance to oppression is a process. An individual does not suddenly overcome internalized oppression any more than they suddenly dismantle the institutional constructs of racism and violent behaviors. Luz’s ability to recognize her anger and violence allowed her to create a healing context for her children. In this study, however, I did not speak with the children of the mothers involved, based on studies conducted on parent behavioral health and role-modeling (Ginsburg, 2007). I extrapolate that this also affected her children. If a child is accustomed to being spanked or yelled at, they tend to display aggression toward their peers (Strassberg, Dodge, Pettit, & Bates 1994). Spanking and other forms of physical punishment are not recommended by the American Academy of Pediatrics due to adverse effects on child development (Committee on Psychosocial Aspects of Child and Family Health, 1998).

When a person can examine and modify their behavior with the intention of becoming a better communicator, mother, and more self-actualized individual, they can, in turn, inspire people around them to embrace the same congruency. This inspires a larger network of resistance that is concerned for the whole, not merely for the individual. Self-care is by definition individual in approach and depends on the needs and circumstances of the individual who employs it. Pate (2015) shared her attitude toward resistance in the article, “The Radical Politics of Self-Love and Self-Care”:

As a woman of color professor, I have been “presumed incompetent” by administration, staff, faculty, and students over the years simply because of the body I inhabit. To resist internalizing this message, I created an affirmation to stop
the process of internalized oppression in its tracks: “I am worthy of speaking my truth.” Here’s another one I created that helps me endure the daily cuts and bruises from institutional racism and sexism: “I don’t need the system to validate me anymore. I can validate my own self.” (2015)

Whereas Pate’s method for combatting external oppression involved the use of an internal dialogue, for other women, self-care might take the form of meditation, movement, or laughter. Academic parameters for self-care are neither necessary nor possible, as the process, by its very definition, is both individual and mercurial. As for my study participants, resistance to oppression intersected with emotional dialogue that offered support in developing and attaining goals outside of motherhood. With Luz, simply walking away from a potentially violent situation “to get some air” constituted a way to transform her mental health.

Confidence and self-esteem are important factors that measure progress in one’s mental health. Numerous treatment interventions use self-esteem-building exercises as tools to improve mental illness. For example, in The Child Psychotherapy Treatment Planner (Jongsma et al., 2014), a clinician can find intervention exercises: “develop with the client a list of three positive affirmations about himself/herself and ask that it be read three times daily” (p. 5, 2014). A positive affirmation is healing because it challenges negative messages or controlling images that a person is exposed to over the course of adolescent development (Jongsma et al., 2014). As for Luz, we have to see her behaviors toward her children in the context in which she was raised. Luz found a way to end the cycle of violence with herself and her children. She reported, however, that she felt guilty about her former behavior, saying, “Antes, quizás, si estaba muy enojada podía pegarle a alguien, así fuera un mismo adulto, si alguien me hiciera enojar, yo podría golpearla y
entonces, ahora, ese enojo yo no lo transfiero para golpes.” (Before, maybe, if I was very angry I could hit someone’ even an adult, if someone made me angry, I could hit them, and now that anger I do not transfer it for blows).

Yet for Luz, she is a hero because she found a way to end the circumstance she was given, and in the process, she learned mental health promotion tools that a person might find in a therapy session. She learned how to affirm her self-worth and ability to herself, “a elevarme, a decir tu puedes Luz yo confío en ti y yo sé que lo puedes hacer y fue una persona que me dio mucha confianza.” (To stand up and say you can do it, Luz, I trust you, and I know you can do it, and it was a person that gave me a lot of confidence a lot of emotional support.)

Luz experienced physical aggression while growing up and she left Juarez, Mexico, due to violence. She told me that her childhood was shaped by fear, and as a result, she often used violence as punishment for her children, especially her oldest child. During our interview and focus groups, she shared with me the ways that CEA taught her new parenting skills that allowed her to parent from a compassionate place. As a result of the Abriendo Puertas curriculum taught by CEA, she let go of old patterns of yelling and spanking her children. This process was emotional, and she often felt guilty about her former parenting. Luz also said during her interview the way that she worked to build her self-esteem was by engaging in a positive internal dialogue that was encouraging and loving (see Pate, 2014). Luz’s movement toward compassion and self-esteem represented important factors that measure progress in one’s mental well-being. She illuminated a perspective that is not addressed in Walby’s (1997) model, which is the idea of internalized patriarchy. It is often portrayed that women are victims and men are perpetrators; however,
with Luz, we can see that her socialization shaped how she parented. Internalized violent behaviors are necessary to note, as women also uphold patriarchy (hooks, 1984).

**Ari the lobo**

**Introduction**

Ari was the youngest member of the group, in her mid-20s. She had light skin, blond highlights, and a big smile. She was intelligent, eager to learn, and helped suggest curriculum topics the summer before the research started. She was involved with CEA and particularly interested in issues related to mental health. She also was very active in the organization and was excited to learn English. She had two small boys who she loved but felt torn between her work as a mother and her career.

Even though we often spoke in English, she decided to conduct the interview in Spanish. Ari was one of the first participants to sign up for an interview and chose to do so after the final focus group. As the women left the last focus group discussion, I gave them hugs and thanked them for their participation. Ari grabbed a glass of water from the kitchen, and then we started the interview. I turned on the recorder and asked her to tell me about herself.

*Mi historia personal ha sido difícil en el sentido del principio como siempre lo he visto, como que nacer en México, específicamente en ciudad Juárez, siendo güerita de ojos verdes, con piel clara, con ojos verdes, es bien difícil porque no hay mucha gente así allá. Entonces, como siempre eres como una forma observada porque eres diferente. Entonces, eso ya es difícil, en veces es algo bueno porque ser*
diferente es algo bueno, entonces siempre tuve una infancia y adolescencia muy difícil.

(My personal history has been difficult in the sense of the beginning, as I have always seen it of being born in Mexico, specifically in Ciudad Juarez, being light skinned.... It is very difficult because there are not many people like that there. Then you are always observed because you are different. So then that is difficult, sometimes it is a good thing because being different is a good thing, so then I always had a very difficult childhood and adolescence.)

Her white skin and light eyes were a place of status in her Mexican culture. Whiteness amongst women from mixed racial heritage is held in esteem and privilege as they were seen to have better blood and be connected with Spanish European ancestor (Lacy, 1959). Figueroa explained, “Mestizaje enables whiteness to be experienced as both normalized and ambiguous, not consistently attached to the (potentially) whiter body, but as a site of legitimacy and privilege (Coleman, & Figueroa, 2010, p. 1). Though her lighter phenotype mestizaje identity gave her privilege, it left her feeling isolated throughout her childhood and adolescent years. Often, she believed, other women were jealous of her, and men would whistle to catch her attention.

Siempre tuve muchas envidias alrededor de mujeres, siempre me juzgaban como, no sé, en Juárez, México, es diferente de aquí; por ejemplo, los hombres, tu pasas por un lugar [y] te chiflan, te gritan, te dicen que bonita, que esto, que el otro, yo no miro eso tanto aquí.

(I always had many envy women around, they always judged me. Like I do not know in Juarez, Mexico, is different from here; for example, when you go through
a place, men whistle at you, they scream that you are pretty, this, and that. I do not see much of that here.)

Even though she often had many offers for dates, she said she married early. This unexpected marriage was difficult because it conflicted with her dreams to also have a career.

*Sí, so, esa es parte de mi historia tengo, pues cuando yo crecí no me quería casar, quería tener una carrera, eso estaba muy puesto en mi mente pero no sé, pues conocí a mi esposo, me casé como a los dieciséis años. Entonces, me salí de la preparatoria, aquí es la high school, me salí y me casé. Mi vida con mi esposo ha sido difícil, muy difícil. Entonces, ya tengo diez años con él y pues, él tiene muchos problemas emocionales y obviamente eso afecta a todo su alrededor y a mí.*

(Yes, so that is part of my story I have well when I grew up, I didn’t want to get married. I wanted to have a career; that was implanted in my mind, but I don’t know, when I met my husband, I got married at 16. Then I got out of high school and got married; my life with my husband has been difficult, very difficult. I have been with him 10 years and well, he has many emotional problems, and obviously that affects everything around him and me.)

Despite her passion for learning, she said she put her “dreams in the trash,” blaming it on a jealous partner and being consigned to the stereotypical role of homemaker. Her relationship was not strong with her husband, but she continued to stay with him. She told me that she felt bad for her husband because she knew he had a tough upbringing, and she understood the circumstances that led to anger and jealousy.
Aquí, porque en realidad mi esposo nunca, la relación con mi esposo nunca ha sido buena, pues casi siempre estamos enojados. Ahora no tanto, pero todo el tiempo pasado sí. Sola a veces pienso, no sé por qué no volví, o sea, pienso que una de las cosas que me ayudó fue cuando Ciudad Juárez se puso muy peligroso. Entonces, también decía ‘yo que voy hacer, por qué están las cosas así’ y es mejor aquí estoy más como safe. Yo no pensaría en irme, pero ahora yo sé que si me divorciara de él, puedo quedarme.

(Here, because in reality my husband never, the relation with my husband has never been good; we are almost always mad. Now not so much, but all the time in the past. Sometimes I wonder why I didn’t go back. I think that one of the things that helped me is when Juarez became very dangerous. So then I would think, what am I going to do, why are things that way, and I’m better off here; I am safe. I didn’t think about leaving, but now I know that if I get a divorce, I can stay.)

She noted that she was thankful for her two young children but believed she could accomplish more. I asked her about the stress in her life, before she became active in CEA.

No sé, creo que estaba, yo recuerdo esa etapa como que estaba como sedada, como que fue mucho el estrés emocional. Como que iban pasando los días y no me daba cuenta [de] gran parte de mi vida, la miro así cuando estuve casada hasta que nacieron, por lo menos el primer año.

(I don’t know, I think that I was, I remember that stage, it was like I was sedated, like the stress was too much emotionally, like the days passed by without me knowing. I see a big part of my life that way when I was married until they were born, at least the first year.)
Que empecé a tener a mis hijos porque ya tus hijos te mantienen un poquito más ocupada, pero, de todos modos, sí fue muy difícil y también empezar a hacer las cosas fue muy difícil, porque mi esposo pues es, era muy machista y él no aprobaba que yo estudiara y que trabajara, ni siquiera que saliera sola.

(That I started to have my children because your children keep you occupied, but regardless, it was very hard, and to start doing things again, it was difficult because my husband is very machista, and he didn’t allow me to study or to work, or let alone, go outside by myself.)

She said her partner attempted to control her life by not allowing her to study or work. This created a sense of isolation and emotional strain. Though Ari did not report physical violence as an issue, the National Center for Domestic Violence would still consider these acts as violent behavior. Domestic violence is the “willful intimidation, physical assault, battery, sexual assault, and/or other abusive behavior as part of a systematic pattern of power and control perpetrated by one intimate partner against another.” These types of behaviors include “consistent efforts to maintain power and control over the other” (2017, p. 1). Because Ari was constricted in her ability to develop an identity beyond her role as a housewife, mental health experts would postulate that she was in a violent and controlling relationship. Research demonstrates that anxiety disorders, post-traumatic stress, self-harm, and depression are connected to persistent domestic violence, especially for women (Humphreys & Thiara, 2003). Often, women who experience domestic violence report that the most helpful interventions include helping women name domestic violence, probing about the type of abuse, obtaining a safety plan, and support with their children (Humphreys & Thiara, 2003). Ineffective mental health interventions include an overfocus
on the diagnosis, blaming the victim, and offering medication instead of counseling (Humphreys & Thiara, 2003).

**Gender Performance**

In Baumgardner and Richards’s book, (2010) *Manifesta: Young women, feminism, and the future*, the authors suggested that physical appearance matters in how a woman is portrayed and valued within a society. There are social pressures for women to not only be smart but also to be attractive. The social pressures played out for Ari, who reported that she struggled trying to find a balance between these two societal expectations. On one hand, she felt empowered, yet on the other, she feared that if she left the house looking too made-up, her husband would become upset. In her case, she had to downplay her attractive nature to go to work (Baumgardner & Richards, 2010). Though all women struggle with expectations imposed by their need to be smart and beautiful, Chicana women contend with unique cultural factors. Ari suggested a desire to get ready and made up, but she felt shamed when she did. Some women in Mexican and Chicana cultures contend with being hypersexualized or seen as a traitor (Elenes, 2011). Elenes’ work brings context to historical events that offer a genealogy of cultural binaries such as the Malinche/ Malintzin and deconstruct binaries of gender behaviors for women.

During our interview, Ari explained the multidimensional aspect of the machista culture; she described a lack of general emotional education among men and jealousy and gender expectations as primary attributes to this phenomenon. She also exposed the ways that beauty standards and performance affected her relationship with her partner.

*PCA tiene mucha gente latina, mexicanos más que nada. Entonces, nuestra cultura es así, o sea, nuestra cultura se puede decir que no tiene mucha educación porque, en verdad, las personas que tienen educación no son así en México, tampoco que*
son más educadas, me refiero tanto escolarmente como emocionalmente, pero en general, así es la cultura.

(PCSA has a lot of Latino people, Mexicans more than anything. Then our culture, it’s like that, our culture, you could say, does not have a lot of education because people that have education are not really like that in Mexico either, nor that they are more schooled but I mean emotionally; but in general, that’s how the men are in culture.)

Trabaja la mujer, se queda en la casa, cuida los niños y cuando la mujer trata de trabajar, pues primero sí son celosos, porque trabajas y en la organización tenemos mucho eso. De que son amas de casa, entonces, tal vez no cuidaban su arreglo personal entonces y cuando sabes que vas a dar una presentación en frente de gente pues, tal vez vas a arreglar tu cabello, te vas a poner bonita y es algo que su esposo antes no miraba, entonces empieza el celo ‘adónde vas’ o ‘por qué te alistas’, ‘por qué quieres verte bonita’, que no debería de ser un problema, pero en nuestra cultura lo es.

(The woman works, she stays home, takes care of the kids, and when the women try to work, well, at first they get jealous because you are working, and in the organization we have a lot of that. They are stay at home moms, then perhaps they don’t worry about their appearance, and when you know you are giving a presentation in front of other people, then maybe you will try and fix your hair, you will make yourself look pretty, and it’s something that your husband didn’t see before so then he begins getting jealous, asking where are you going or why did you get ready, why do you want to look pretty, something that shouldn’t be a problem, but in our culture it is.)
Ari implied that many Mexican men in her culture are not educated “nor that they are more schooled . . . emotionally.” It is important to tease her comments apart and not leave with the impression that Mexican men are uneducated or that all men in Mexico have issues with jealousy. Overgeneralizations toward men occur within White and upper middle class classrooms that discuss patriarchy. In the text, American Families: A Multicultural Reader Messner (1999), described stereotypes that students generate in their classrooms toward working and immigrant men of color. “Consistently, these men are portrayed as ‘out there,’ not in the room with us. Although it usually remains an unspoken subtext, at times a student will actually speak it; those men who are still stuck in ‘traditional,’ sexist, and macho styles of masculinity are black men, Latino men, immigrant men and working-class men. They are not us; we are the New Men, the Modern, Educated, and Enlightened Men” (1999, p. 342). Gender relationships are shaped by economic power and social privilege. Rather, what Ari referred to was the notion that men (like women) are not encouraged to show their emotions and do not have access to educational environments that teach men about the language of their emotions. Messner (1999) suggested that men in recent decades have begun to embrace public displays of emotions, such as Ronald Reagan crying at a funeral or basketball player Michael Jordan crying after winning a championship; however, these are exceptions and not the rule for gender emotional displays among other men.

It is crucial to note that men of color have to respond to various layers of oppression. This oppression is not simply men oppressing women but also operates on a spectrum of men oppressing men. For instance, Major and Billison (1992) suggested that Black men often appear expressive in public and sexually aggressive in public spaces as a form of resistance toward racism. When looking at the ways that men oppress men, it
illuminates the potential for misogyny and gender aggression to be responses to class and racial oppression.

Ari’s narrative above also illuminates the ways in which gender enforcement is performed by women: “Then maybe you will try and fix your hair, you will make yourself look pretty.” Although Ari’s comments are subtle, she said that when you are giving a presentation, you try to make yourself look “pretty.” The constructs of beauty ideals, the purchasing of make-up and products to look good are ways in which women upload gender performance and patriarchal values of capitalism. Brown (2007) suggested that these standards of beauty are myths promoted by profit industries: “That’s a whole bunch of folks depending on us to see and believe messages that sell the social-community expectations of appearance. If we don’t believe we’re too fat, ugly, and old, then they don’t sell their products. If they don’t sell their products, they don’t make their house payments. The pressure is on!...” (p.33). The cosmetic industry is one example of the ways that patriarchy makes women conform to social-community expectations of appearance. The pressures to get ready for oneself as well as for the public is a real pressure. Women are often upholding capitalism; $38 billion in the hair industry, $33 billion in the diet industry, and on the $18 billion in the makeup industry in 2006 (Brown, 2008, p. 32).

Ari again referenced the pressures and contradictions of beauty standards—“to look pretty; it’s so men will look at you”--that exist in both global and Mexican cultural frameworks.

Porque todo lo relacionado con si te quieres ver bonita es porque los hombres te vean, así se ve. Esos son los ojos del machismo, ellos no entienden que te quieres ver bonita para tú verte bonita en el espejo. Ellos siempre piensan que es porque tú quieres que los hombres te vean, entonces ya es un problema y si estás ocupada
porque volviste a la escuela o porque te estás preparando para una presentación, no hiciste de comer, ese es un problema en nuestra comunidad de nuestra cultura porque la mujer tiene que tener la casa limpia y la comida hecha siempre.

(Because everything is related that if you want to look pretty, it’s so men will look at you. Those are the eyes of machismo; they don’t understand that you want to look good for yourself to look pretty in the mirror. They always think that it’s because you want other men to notice you; then that is a problem, and if you are busy because you went back to school or because you are getting ready for a presentation, you didn’t make anything for dinner, that is a problem in our community of our culture because the women have to keep the house clean and have dinner always ready.)

It is a woman’s responsibility to interrogate the level to which she engages and adopts beauty standards that support hegemonic ideals of beauty norms within a patriarchal framework.

Goodey (1997) suggested that men often do not show and explore their emotions because of hegemonic masculinity that is enforced throughout the life course of men. This is seen through the controlling image that men are fearless and strong, when in reality no individual is fearless because fear is a natural human emotion (Goodey, 1997). Equally important, Goodey suggested that racism forms the “ugliest expression of exaggerated masculinity.” Connell (2005) suggested that men are often limited in displaying emotions due to the possibility of retaliation by male peers. In this way, Ari accurately pointed out that men, especially men who are racialized, tend not to talk about their feelings or to seek out mental health education and self-help groups.
Additionally, Ari noted, she believed her husband was jealous of her “getting too ready,” implying a hypersexual act. Yet, Elenes (2011) suggested that the controlling images that Ari referenced are historic images in Mexican and mestiza cultures; some of these stereotypes of female sexuality emerge from colonial history. Elenes (2011) included the image of Malintzin, an indigenous woman who acted as an interpreter, adviser, and sexual consort during the Spanish conquest. Elenes (2011) suggested that Malintzin’s actions portrayed her as a treacherous and sinful woman for helping the enemy and herself rather than her community at large. Elenes (2011) challenged that narrative by pointing out that Malintzin did not betray any group; rather, she was a slave who did not belong to a group. As a slave, she survived using the resources that she had available to her, including her body. La Malintzin was portrayed as a trader and hypersexual consort to Cortez (Elenes, 2011).

The stereotypes of Malintzin continue to play out in unrealistic stereotypes that Ari contended with; by getting too ready, she somehow was betraying her husband and family. Jealously was a common struggle for her, she said, saying, “Siempre ha sido un poquito difícil, siempre he tenido que luchar por envidias de las mujeres especialmente” (It has always been a little difficult. I’ve always had to fight against jealousy, from women specially.) Ari pointed out that women in her community were expected to stay home and take care of domestic obligations. Yet, despite this tension, gender roles for Mexican American women are changing. Additionally, a woman’s career continuity, including interpartner attitudes toward income, household responsibilities, and personality type impact her ability to exist within a gender role (Stoltz-Loike, 1992). Yet many women from Mexican-American backgrounds have to contend with unique gender inequalities that are reinforced by the expectations of mothering in a patriarchal context; this is especially
true for women who are left behind in Mexico due to spousal migration patterns (Trinidad-Galván, 2015).

Ari pointed out that women in her community were expected to stay home and take care of domestic obligations. Yet, despite this tension, gender roles for Mexican American women are changing, as more women have entered the workforce in the Mexican economy (Valdés, 1995). Several factors shape a woman’s career continuity, including interpartner attitudes toward income, household responsibilities, and personality type (Stoltz-Loike, 1992). Yet women from Mexican-American backgrounds must contend with unique gender inequalities that are reinforced by the expectations of mothering in a patriarchal context. Ari explained that she desired to work or continue her education, but she felt stifled as a result of not having any social connections or resources.

During the interview, I asked Ari to tell me about her perceived mental health. She reflected on the mental health of her husband and herself:

_**Yo considero que mi bien emocional está ¿del 1 al 10? 7, porque creo que soy bastante buena para reconocer mis emociones, regularlas y ser feliz, a pesar de las adversidades de la vida, pero el 3 que tengo más es básicamente por mi esposo, porque siento que vivo esta situación pero no me puedo alejar, y siento que hay algo que me detiene. Yo, a veces, me pongo a pensar y yo digo si yo estuviera bien emocionalmente no permitiría que me hagan este daño y cuando permities que te hagan ese daño es porque no te quieres lo suficiente y yo siento que sí me quiero, o sea, siento que sí estoy bien, pero en esta área, mi esposo, siento que es algo mal, porque no entiendo, porque no puedo salir de un lugar donde no soy feliz y donde me están lastimando pero es algo difícil._
I think that my emotional well-being is from 1 to 10: 7 because I think I am good at recognizing my emotions and regulating them, to be happy even through the adversities of life, but the 3 that I have is more is basically because of my husband because I feel that I live this situation, but I can’t get away, and I feel that something is holding me back. Sometimes I start to think if I was good emotionally, I wouldn’t permit him to cause me damage, and when you allow them to hurt you, it’s because you don’t love yourself enough, and I feel that if I loved myself, I feel like I am OK, but in this area, my husband is somewhat bad because I don’t understand why I can’t get out of a place where I am not happy, and where they are causing me harm it’s difficult.

I asked Ari to explain how she perceived her mental health before she was involved in CEA.

No tenía pues, porque estaba sola, me sentía sola porque no tenía amigos, no tenía familia, no tenía conexiones, no conocía a nadie. O sea, no podía cumplir mis metas porque no sabía dónde, dónde termino mi high school, o sea no sabes dónde hacer nada. Entonces mis metas están estancadas, entonces de tu nivel emocional también, so yo creo que si fuera [sería] tres.

(I didn’t have, well, because I was alone, I felt alone because I didn’t have any friends, nor family, I didn’t have any connections, I didn’t know anyone. I couldn’t meet my goals because I didn’t know where, where do I finish my high school; you don’t know where to do anything. Then my goals are stuck so then of your emotional level also I think I would be a level 3 (on mental wellbeing scale).)

Her participation in CEA, she said, had inspired her to return to school in early childhood education. CEA also illuminated parts about herself and her culture that she was not aware
of: She said she used to yell at her children and become easily upset, but through the parenting classes at CEA, she learned the negative effects of spanking and aggressive behaviors.

*Mi mamá, ¿por qué mi mamá era así? Entonces, sin darme cuenta, cuando estoy muy enojada, que es muy difícil hacerme enojar, vamos a suponer con mis hijos o mi esposo, que son las personas que te hacen enojar más. Hablo con mis hijos y hacen algo y cuando ya estoy cansada porque ya estoy estresada, en ese caso grito. Esa es mi forma de sacar el estrés y no soy de pegarles, porque también en nuestra cultura se usa mucho pegarles a los niños cuando se portan mal. Grito y yo siempre he sabido que está mal y es como parte de mí y sabes que me di cuenta cuando vi en Abriendo Puertas que los dañan emocionalmente, que los gritos dañan emocionalmente y que al contrario de que logres, se cierran, porque entran en pánico, porque les da miedo y que se desrama el cortisol, es que se cierran y yo decía es que tiene sentido pero cuando.*

(My mother, why was my mother that way? Then, without me realizing, when I am very mad, which it’s hard to get me mad, let’s pretend it is with my children or my husband, they are the ones that make me mad the most. I talk with my kids, and they do something, and when I am tired, because I am stressed, in that case, I yell. That’s my way of letting out my stress, and I’m not the hitting type because also in our culture, to hit the kids when they misbehave is used a lot. I yell, and I’ve always known it is wrong, and it’s like a part of me, and I realized that when I saw in *Abriendo Puertas* that you are damaging them, that screaming damages children emotionally, and instead, you cause them to shut down because they enter into
panic mode, because they get scared, and that breaks cortisol, they shut down, and I thought that makes sense.)

Yelling and getting emotionally worked up is not good for her emotional health and the health of her children, Ari said she has realized. She shared a bit of neuroscience with me:

“Al contrario de que logres se cierran porque entran en pánico, porque les da miedo y que se desrama el cortisol es que se cierran y yo decía es que tiene sentido pero cuando.”

(Instead, you cause them to shut down because they enter into panic mode because they get scared, and that breaks cortisol; they shut down, and I thought that makes sense.) Ari also said that CEA was a place where women’s eyes were opened to a stance of empowerment and the cultivation of a self-esteem and worth. She told me she believed that CEA battled machismo:

*Bueno, sí combatimos el machismo, porque pienso que con la información les abres los ojos a las mamás en Abriendo Puertas. Hay una sección, que es una de mis favoritas, que habla de salud emocional casi al final y recuerdo yo siempre les digo una cosa, que nosotras como mamás siempre quieres poner a tus hijos primero que nada, porque los amas tanto, los pones primero que nada, siempre decimos, es como un dicho mexicano que dice: primero son mis hijos, después mis hijos y al último mis hijos como diciendo mis hijos son toda mi vida, pero cuando hablamos de salud emocional les hablo acerca de la autoestima saludable, también les digo nadie puede dar lo que no tiene.

(Well, we do combat machismo because I think that with information, we are opening the mothers’ eyes in *Abriendo Puertas*. There is a section, it’s one of my favorites, that was about emotional health almost at the end, and I remember I always tell them one thing that us, as mothers, always want to put our children
before everything because you love them so much that you put them before anything; it’s like a Mexican saying that says ‘first my children, then my children, and lastly my children,’ like saying my children are my whole life, but when we talk about emotional health, I talk to them about healthy self-esteem, I also tell them no one can give what they don’t have.)

Entonces si tú quieres que tus hijos tengan una salud emocional y tú quieres que tus hijos tengan una autoestima saludable, pero si tu pensamiento es primero mis hijos, después mis hijos y al final mis hijos, no tienes autoestima, entonces cómo les enseñas a ellos a tener una autoestima saludable si tú no la tienes.

(So then, if you want your children to have emotional health and you want your children to have a healthy self-esteem, but if in your thinking, your children are first, then your children and lastly your children, you don’t have self-esteem, then how can you teach them to have a good self-esteem if you don’t have it.)

Her participation in CEA changed her life, she said. What she learned taught her about her importance and her responsibility as a mother.

Entonces eso cambia, la vida cambia todo porque Abriendo Puertas toca todos los temas, salud física, qué les das de comer, salud emocional, la importancia de la lectura, todos los temas, la salud integral de [la] mamá, y pues, [estar] de facilitadora te ayuda si estás dando estas clases. Obviamente, es más responsabilidad. Como de pues, por lo menos, mis hijos tienen que reflejar si estoy haciendo lo que digo y una de las cosas que a mí me ayudó mucho [es cuando] hay una parte que habla de la educación de la disciplina positiva y la importancia de la disciplina positiva y a mí me ayudó mucho porque yo siempre he sido bien gritona, me enojo, grito, porque así me enseñaron.
(Then that changes, life changes everything because *Abriendo Puertas* discusses every topic about physical health: what you give them to eat, emotional health, the importance of reading, all the topics about the mothers health, as well as facilitator, it helps you if you are giving classes; obviously it’s more responsibility. Like how at least your children need to reflect that I am doing what I am saying and something that helped me a lot; there is a part where it talks about the education of positive discipline and the importance of positive discipline, and it helped me a lot because I have always been a yeller; when I get mad, I scream, because that is what I was taught.)

Ari’s discussion of the *Abriendo Puertas* curriculum and her experiences with CEA illustrated the ways that community learning spaces have the potential to support one’s emotional well-being outside of formal education and healthcare settings. Feminine ways of healing, emotional dialogue, and traditional circles fall outside of the Western gaze. Traditional ways of knowing and learning informally have much to offer in reminding women of their dormant power. It is unlikely that Ari, or other women in the sample population, would attribute patriarchy as the cause of unhealthy parenting behaviors or poor perceived mental health. It is also likely that the women may not even consider that they have an illness, yet from a bio-medical model perspective, Ari could meet criteria for parent-child relational problems (*Z*62.820). Because she displayed violent behaviors, such as yelling and corporal punishment as in childhood, that decreases mental health and makes some groups more susceptible to diagnosable disorders (Jongsma et al., 2014). An explanatory model, however, would suggest that Ari was equipped to self-define (Gaines, 2016). The difference of interpretations between an individual’s communities’ social norms need to be taken into account when defining and understanding behaviors
(Boruchovitch & Mednick, 2002). In Ari’s case, her explanation was simple: She did not know better, and she could not give away what she did not have within herself.

“No tienes este conocimiento más lo haces porque quieres sacar tu estrés.
Entonces, eso lo he cambiado mucho, no el 100% porque, de repente, grito sin querer, pero sí lo he cambiado mucho, no lo hago ya casi pero cuando lo hago les pido una disculpa y les digo que no es lo correcto porque yo no quiero que ellos piensen que es correcto o que es una forma correcta de sacar el estrés. Yo les digo estoy estresada, te grité porque así aprendí pero no está bien hacer.”

(You don’t have that knowledge; you only do it because you want to get your stress out. Then, that is what I have changed a lot, not 100%, because all of a sudden I scream without wanting to, but I have changed it a lot; I don’t do it often, but when I do, I ask them forgiveness, and I tell them that it’s not right because I don’t want them to think that it is correct nor that is the right way to let out stress. I tell them I am very stressed, I yelled because that’s what I learned, but it is not right.)

Ari concluded her interview with an important note: You can’t give away what you do not have. Many mothers do not have a strong self-esteem or a healthy level of self-confidence, she said. In such cases, how can we expect mothers to share these concepts with their children? Ari’s perspective illuminated an important connection in parent-child mental health. If the parent lacks emotional stability, compassion, and self-esteem, then they are incapable of modeling these attributes for their children. In this way, mother-child mental health is interconnected. To bring about mental health changes in children, we first must address the emotional needs of adults. Therapy treatment goals for children suggest that emotional interventions are best suited when they are utilized in tandem with the parents. Engaging parents in emotional interventions does not include just attending therapy
sessions but also participating in treatment sessions for children, completing therapy assignments, and talking about emotions outside of the session (Cunningham & Henggerler, 1999). In this way, CEA engages all parents who are interested in learning to better their parenting skills, and they are indirectly improving the emotional and behavioral skills for children. Because Latina women are not likely to use mental health services, indirect programs that build resiliency and behavioral health are key for this population.

Summary

Ari’s white skin and light eyes in Mexican culture left her feeling isolated throughout her childhood and adolescent years. Her husband was jealous of her for “getting too ready” for work, she said, implying a hypersexual act. Elenes (2011) suggested that the controlling images that Ari referenced are historic images in Mexican and mestiza cultures that emerge from colonial history. Ari pointed out that women in her community were expected to stay home and take care of domestic obligations, and getting dressed up and having a career contradicted this gender role. Yet, despite this tension, her participation in CEA inspired her to return to school and continue her career. She said that being a facilitator of the Abriendo Puertas curriculum with CEA taught her new parts about herself and her culture. Ari learned better parenting strategies and learned the negative effects of spanking and aggressive behaviors. She concluded her interview with a valuable insight, “You can’t give away what you do not have,” and many mothers do not have a strong self-esteem or a healthy level of self-confidence, she said. In such cases, how can we expect mothers to share these concepts with their children? Ari’s perspective highlights the tensions of career and mother roles as well as pressures to conform to beauty myths that are racially and economically driven.

Cross Comparison of the women
The four case studies referenced machismo as each woman had a unique experience with patriarchy. Several of the women also believed that patriarchy negatively affected their own self-worth as well as their husband’s. The key themes that women independently spoke to were:

- Violence
- Domestic work
- Internalized violence
- Nonbinary

In the four cases above, it is clear that patriarchy influenced the mental health, self-esteem, and family lives of immigrant women. CEA supports mental health for mothers by (a) exposing machismo to build stronger emotional resiliency in a place where women can discuss their feelings in a safe place outside of their home, by (b) validating the lived experiences of other women through normalizing feelings of low self-esteem and confidence to build a stronger self-image, and by (c) offering solutions that will lead to action and change, which I discuss in greater depth in Chapter 5. CEA is a unique organization whose genesis can be traced to the *Abriendo Puertas* curriculum. Mothers and community organizers were inspired by Paulo Freire’s model of popular education or “education for the people,” the pedagogical basis of their own “train the trainer” model. It was evident that facilitators saw education as part of a practice in freedom and advocacy. Parents, once they had taken the class, would recruit other parents. The organization is predominantly female in character but is supported by invaluable male allies who advocate
for legislation to curtail predatory lending in poor communities as well as who promote early childhood education campaigns.\footnote{It is important to note that the study’s focus on women does not reflect any exclusionary attitude toward men but rather on the unfortunate fact that no men chose to participate. Because men represent an important aspect of liberatory praxis, more work is needed in this area. Specifically, because men are potential allies in the cause of gender justice, significant effort is warranted in validating the opinions and attitudes of men as they relate to the issues of patriarchy and racial power relations.}

**Exposing machismo**

Machismo was a common thread characterizing both physical violence and gender control that also created feelings of tension and fear, feelings that often result in poor mental health. Because mental health is how we feel and behave, when people are physically abused, they undoubtedly have a poor level of mental health. Measures of mental health include a sense of safety, self-worth, and a positive self-image. When women are beaten as children by their father or older siblings, they develop insecure feelings of safety, self-worth, and psychological well-being (Jogma et al., 2014). Additionally, women who experience domestic violence in the form of gender control are exposed to greater psychological stress. For women in the study, stress related to gender control and violence was further compounded by their status as immigrant women.

Luz, Maria, and Sonia explicitly cited physical violence as a cause of emotional stress in both their childhood homes and in the context of previous relationships. In Sonia’s case, self-confidence was routinely deprecated through controlling messages such as “You are not worth it” or “You are stupid.” Further, when they fear they are losing control, individuals embodying male chauvinist ideologies and behaviors often use physical force to maintain power, as seen in the case of Luz’s brother, who beat her with a stick. Ari attributed her poor mental and emotional well-being to isolation and to her failure to follow her career goals. The control and physical violence that women in the study experienced is
connected to a larger web of patriarchy that seeks to maintain control women’s bodies, promote violence toward women, and maintain a sexual division of labor (see Hennessy, 2000). Unfortunate stereotypes persist with respect to the Latina woman as being the caretaker, the housewife, or, as in the case of one interview participant, Sonia, the “punching bag.” This issue was of considerable relevance in Chicano literature that worked to demystify the gendered position of Latinas (Anzaldúa, 1987; Anzaldúa, 2002; Elenes, 2011; Sandoval, 2000).

In the case of Sonia, she desired to obtain mental health services but was prevented from accessing them by her status as undocumented and by stereotypes of being seen as crazy for asking for help. In the case of Maria, she was explicit in saying that isolation resulted from her inability to rely on her family of origin—no longer present—for emotional support. The multiple intersects of gender, immigration status, and cultural stereotypes against the mentally ill create an “iron cage.” Max Weber (2009) cautioned that Western society was moving toward an iron cage dominated by rational thinking and logic. Weber worried that in a future society, people would make decisions only on quantitatively driven calculations that attempted to take the “human” out of humanity. Collins and others (Briscoe & Khalifa, 2013) have built on the concept of the iron cage and demonstrated that it intersects an individual identity. This identity includes racial, economic, and gendered categories. Participant narratives of machismo as physical and domestic violence offer supporting evidence of Weber and Collins’ concept of the iron cage.

B. Validating their experiences and offering support

These outer structures of oppression for Latina mothers include gender roles that are enforced through violence and are further exacerbated by linguistic isolation and political fear. In essence, women’s mental health is defined by an outside system. In the
United States, mental health is an industry as well as often a business for profit. However, such power structures are challenged by critical education and supportive networks offered through community organizations such as CEA. The supportive networks of women in CEA validated their lived experiences, gave them new ways to ask for help, and helped them find resources from each other and the community at large. In New Mexico, the Community for Education and Action supports Latino parents who live in low-income neighborhoods by cultivating parenting skills, emotional literacy, and leadership. The organization emerged from a neighborhood effort, the Collective Learning and Action Project, hosted by the Partnership for Community Action and designed to improve educational outcomes in three neighborhoods of New Mexico’s Bernalillo County.

Since 2015, CEA has operated as an independent community educational organization run by parent activists. Members of CEA continue to work in partnership with other groups in New Mexico that support community education but are unique in that they represent a grassroots effort by parents ascribing to the “train the trainer” educational model to advocate specific Latino needs. CEA originally used the Abriendo Puertas 10-week curriculum, but this has since been augmented with other curriculums created for finances and parenting.

Based on interview responses, it appears that CEA has brought forth resistance to machismo and created life-changing experiences that improved women’s self-esteem and invited alterations in how they parent and influence their families.

Summary

This chapter summarized findings with four immigrant women in my sample. It outlined the ways that patriarchy is a social system where men hold social privilege and power in various ways that affect the lives of women (Boler, 1997; Collins, 1989; Ferguson
& Folbre, 1981; Walby, 1997). Patriarchy is harmful to both men and women, and women are capable of upholding negative ideologies, and it is important to note that to be sexist is to hold the power at a macro-level, which women do not (hooks, 2014). Patriarchy is a system that shapes one’s mental health. I defined mental health as “the way your thoughts, feelings, and behaviors affect your life” (APA, 2017) and remind the reader that mental health is not just an isolated mind but operates in tandem with the social environment of the individual. This is important to remember because only 5% of mental illnesses have a neurological origin. Contributors to poor mental health include trauma, poverty, and context (McLoyd & Wilson, 1991).

Three of the women—Maria, Luz, and Sonia—in this study experienced physical violence. This violence against women is an extension of a sick society where one in three women has experienced domestic violence (National Coalition against Domestic Violence, 2017). I focused specifically on two aspects of Walby’s (1997) six attributes of patriarchy, including (a) violence against women and (b) unequal domestic obligation, but each woman had a unique narrative.

Maria experienced domestic violence during her childhood but married a “loving” Mexican man with whom she had a healthy rapport. Maria pointed out that she still noticed that her husband was “poquito machista,” and she felt pressure from domestic obligations, despite missing her family in Mexico and feeling unwanted by the larger U.S. culture. Maria said that CEA became a mechanism that gave her support in feeling connected with Mexican peers.

Sonia experienced domestic abuse from her former husband as well as economic domination (her former husband would steal her paychecks). Despite these hardships, Sonia felt that her religious beliefs and her participation in CEA gave her the strength to
leave her husband. She talked specifically about what she learned in Week 7 as a facilitator of the *Abriendo Puertas* curriculum.

Luz shared with me that her childhood was difficult due to violence she witnessed and experienced. As a mother, she began to implement similar parenting skills that used violence (yelling, spanking). It was CEA’s curriculum, she said, that taught her new parenting skills that allowed her to parent from a compassionate place, where she no longer used violence to parent.

Ari felt pressure because in her culture, women were expected to stay home and take care of domestic obligations and not “getting too dressed up.” Yet, despite the stress of domestic obligations and building a career, her participation in CEA inspired her to return to school. Throughout the chapter, I reflected on ways that unhealthy family loyalty, self-sacrificing (Anderson, 1996), and stigma of mental health deter individuals for seeking mental health services for domestic violence.

In Chapter 5, I focus on Collins’ (1989) steps of resistance, including intrapersonal stances of ideological resistance against patriarchy. I review the storybooks that each of the four women in the study created. Through their narratives, I focus on ways that they individually and collectively resisted patriarchy and gender stereotypes. I focus on the work within critical family literacy and suggest that mothers are able to cultivate stances of empowerment and forgiveness when engaged in an emotionally centered learning environment. I discuss the value of emotional literacy and align with other feminist research that suggests power is negated in emotional literacy curriculums.
Chapter Five: Stories of resistance

In response to power relations found in patriarchy (Walby, 1997; Collins, 1989; Crenshaw, 1993), family literacy programs that provide opportunities to parents and children to co-learn in the areas of early childhood skills and cultural knowledge (Taylor, 1983; Morrow, 1995) help cultivate tools for critical thinking. Ira Shor insists that critical literacy skills should include learning a deeper meaning, root cause, and an investigation of the social context in which an individual exists (Shor, 1992). Much of the existing feminist research is situated in the context of formal academic classrooms in university settings (Luke & Gore, 1992; Ellsworth, 1989), while fewer studies focus on alternative space beyond the classroom (Trinidad Galván, 2016). Critical family literacy breaks the model of teaching inside formal classroom settings and reaches out to community settings to work with diverse families. Critical family literacy is the development of reading and writing skills that resist the deficit stance that parents and family programs lack by acknowledging
existing funds of knowledge (Moll, Amanti, Neff, & González, 1992) and that work to empower communities through knowledge.

The Community for Education and Action is an organization that teaches parent facilitators to train other parents about early childhood learning skills and social and emotional ways to parent. In the past year, as a result of several child suicides in New Mexico, CEA focused on mental health promotion. The organization is in the process of developing parent engagement models that intersect emotional literacy with critical family education. In years past, this was done through the *Abriendo Puertas* curriculum, which taught leadership skills to parents, and through a focus on the legal and language rights of immigrants, has begun to focus on talking about one’s feelings and discussing health emotional outlets for depression and hardship.

The narratives of Mexican women participating in CEA’s critical family literacy program reveal several key attributes of feminist critical pedagogy: inclusion (hooks, 2014), vulnerability (Brown, 2007), nonconformity (Lourde, 1984), and unstable identity (Luke & Gore, 1992). Critical pedagogy is an approach to teaching that emerged from the work of many individuals (Freire & Macedo, 2005; Giroux & McLaren, 1989; Lankshear, 1997, 1993; Shor, 1992, 1993; McLaren, 2000, 2001) who resist social, racial, economic, and political power within education. The purpose of critical theory/action is to critique power in society and bring forth educational justice rooted in transformation. This social transformation is created through problem-posing dialogues that question systems of power within educational spaces. Paulo Freire’s *A Critical Encounter* (edited by Leonard & McLaren, 2002) cited many key scholars who are instrumental in shaping critical literacy and pedagogical practices, including but not limited to Henry Giroux, Peter McLaren, Colin Lankshear, Donald Macedo, Ira Shor, Cornel West, and bell hooks. In my
investigation of the topic of critical pedagogy, I have situated my work with those authors who take an interest in critical family literacy (Freire & Macedo, 2005; Lankshear, 1997, 1993; Shor, 1992, 1993) as well as with theorists who center the work of literacy and pedagogy at the heart of feminist inquiry (Jaggar, 1989; hooks, 1989, 2014; Luke & Gore, 1992; Trinidad Galvan, 2016). In Shor’s writing, he stated that a critical pedagogy demands multiple viewpoints and a deep interrogation of language, context, culture, and various facets that de-construct the world in which we live. He defined critical pedagogy as the following:

Habits of thought, reading, writing, and speaking which go beneath surface meaning, first impressions, dominant myths, official pronouncements, traditional clichés, received wisdom, and mere opinions, to understand the deep meaning, root causes, social context, ideology, and personal consequences of any action, event, object, process, organization, experience, text, subject matter, policy, mass media, or discourse. (Shor, 1992, p. 192)

Shor (1992) also called for a stance of empowerment where the educator inspires a change within the learner to question and interrogate all knowledge, as knowledge is not neutral (Apple, 2014). The terms resistance and empowerment are embedded at the heart of critical literacy and teaching (Luke & Gore, 1992). Systems of oppression require counter positions that stand against structural racism, capitalism, and patriarchy; otherwise, these systems of power will continue to prevail in social and educational spaces. For example, the work of Peter McLaren (2001, 2000) confronted capitalism (Sandlin & McLaren, 2009) and stood in support of the Zapatista movement in Mexico, comparing it to Che’s revolutionary politics stating that all educators should fight for a revolutionary class struggle (McLaren, 2000, 2001). The work of Audre Lorde argued that patriarchy is fought
by not separating the “spiritual (psychic and emotional) from the political” (1984, p. 110).

In the above examples, one can see that resistance takes many forms.

Simple definitions of the term resistance include “the act of opposing, withstanding” or “opposition of some force” (Collins dictionary, 2017). Yet, these definitions fall short of defining resistance within a critical pedagogy context; resistance does not operate as a binary, as one force against another; rather, it occurs on a gradient that requires multiple levels of investigation that create nonhegemonic spaces. Resistance “. . . forges a space for alternative cultural production and alternative epistemologies—different ways to thinking and knowing that were crucial to creating a counter-hegemonic worldview” (hooks, 2014, p. 171). Resistance takes many forms: how we educate future generations (hooks, 1989), how we remember and recover subjugated knowledge (hooks, 2014; Harding, 2004; Collins, 1989) as well as the women-centered space that we create to survive (Trinidad Galván, 2006).

Collins (1989) aligned with other feminists such as Audre Lorde (1984) and Toni Cade Bambara (1970) to suggest that resistance to oppression starts at the intrapersonal level. This is especially true when resisting social atrocities, such as domestic violence and domestic labor, which are aspects of patriarchy (Walby, 1997). This type of violence rooted in the values of patriarchy seeps into the psychology of women, especially groups that contend with various intersecting layers of oppression, including controlling negative media images, histories of colonization, and political barriers in U.S. life (Crenshaw, 1991) i.e., immigrant voting and policy. Thus, resistance to oppression requires a stance of empowerment; education for empowerment “means teaching students how to effectively advocate for themselves as well as collectively” (Sleeter, 1991, p. 5), which is especially true for populations that also have to negotiate racial power dynamics within society
Empowerment is achieved through advocacy and resistance to domains of societal power and unnatural control.

Patricia Hill Collins’ work on Black women’s experience and Afrocentric thought is key to defining resistance because it considers multiple domains. Collins stated (1989, 2000) that domains of resistance are intrapersonal, interpersonal, and social. The work of other scholars within Black feminist thought has risen to the challenge and begun to articulate attributes of resistance for women (and men). Collins defined the interpersonal domain of power as resistance in the day-to-day practices that characterize personal interactions. Lorde (1984) suggested that this internal place of self-care and love is a place where we should begin. The intrapersonal space of resistance is key in shaping a movement toward liberation, as “personal biography made up of concrete experiences, values, motivations and emotions.” Collins reminds us that no two people can “occupy the same social space” (Collins, 1990, p. 256).

For Collins (1989), women of color and other marginalized groups form individual domains of power by relying on their own experiences and social interactions of support and resisting negative narratives. Collins further argued that oppression and power operate at an intermediate (i.e., meso) level that limits the impact of radical feminist ideas. This limitation stems principally from bureaucratic domains of education that aim to maintain the status quo. Collins also suggested that women and other subordinate groups have to contend with institutional norms and policies that deny knowledge produced outside of the institution. This study is situated outside of the university and focuses on the narratives of mothers who are community educators. In collaboration with a nonprofit organization, CEA, that focuses on education and family well-being, I developed an emotional literacy
curriculum. In partnership, we held learning circles and produced storybooks that reflected stories of empowerment and resistance.

The study participants who engaged in these critical learning circles each brought forth a unique attribute of critical education (Jaggar, 1989; Boler, 1997; K. McLaren, 2010; Brown, 2007, 2008). Each woman’s story delved into feelings of anger, fear, jealousy, and grief. The narratives of these women remind us that critical learning is not only an intellectual pursuit but also one that requires emotional literacy and an awareness of what our emotions are trying to tell us (Jaggar, 1989; McLaren, 2010). Stories of oppression and healing within a broader land space are not simply narratives or texts but are feelings that are experienced in our bodies, minds, hearts, and spirits. Upon listening to their comments, documenting their interviews, and reading these narratives, I felt the visceral response of the stories of violence. I know the feelings of patriarchy; it is constrictive and painful and creates grief that I feel in my shoulders, stomach, and fists.

**Critical Learning as Resistance**

When I analyzed the interview transcripts and stories, I found that participants’ accounts suggested that CEA offered a network of support that allowed mothers to challenge structures of patriarchy through critical education, by altering “habits of thought, reading, writing, and speaking which go beneath surface meaning, first impressions” as well as understanding “the deep meaning, root causes, social context, ideology, and personal consequences of any action (Shor, 1992, p. 129) via family education. A stance of resistance permitted new epistemological vistas through emotional support. Specifically, empowerment for community educators was supported by attitudes of inclusion, an outsider stance, and emotional vulnerability. Education for empowerment inspires attitudes
of advocacy for the self and collective (Sleeter, 1991,) especially for groups that live within
domains of societal power and unnatural control.

Throughout the interviews, focus group meetings, and participant storybook
narratives, I found four attributes: inclusion, vulnerability, nonconformity, and unstable
identity. I discuss these attributes through a case study of each woman. The CEA program
and its adapted parent trainings were influenced by Paulo Freire’s popular education model
designed to educate “the people” (1970). The “people” Freire referenced were Brazilians
who lacked political and cultural power and were at the mercy of a Brazilian government
controlled by elites interested in keeping the lower classes essentially uneducated, if not
altogether illiterate. Freire’s work on community education, however, has found wider
application to groups outside of Brazil that are the survivors of oppressive political and
cultural structures rooted in patriarchy, and his work has influenced a vast amount of work
within critical family literacy, pedagogy (Freire & Macedo, 2005; Giroux & McLaren,

In the case of Latina immigrant mothers in New Mexico, oppressive factors for
women included interpartner violence, child physical abuse, and controlling partner
behaviors. These personal encounters with violence (child abuse, partner control, etc.) for
the women took place in a larger social sphere in the United States that features negative
images toward individuals of Mexican heritage (Stephan, Diaz-Loving, & Duran,
2000). Collins (2000) referred to the multifaceted aspects of oppression as domains that
work in tandem to exert control on a given group of people, a group that often is racially
stereotyped and excluded by the dominant culture. In response, mothers cope with the
matrix of oppression by grouping into convivencias (gatherings) where women support
each other in their struggle (Trinidad Galvan, 2010). I analyzed all participant data to examine the relationship of emotional support within critical learning spaces, and I focused on instances of resistance.

**Organization**

Emotional support is key to women facilitators who teach and learn within critical education frameworks. I used the stories produced in the learning circles (focus groups) as artifacts that speak to struggle and empowerment. During the four learning circles, I used popular education pedagogic tools: group dialog, writing activities, and self-reflexivity to teach emotional literacy. In these sessions, the four women participants were invited to write reflections of their personal stories. I focused on suggestions by Clandinin and Connelly (2000) that stories capture time, place, plot, and scene within a contextualized space. In each learning circle, I gave each woman verbal writing prompts, asking each to tell me about their character and background as they were growing up. I asked participants to write about the following:

- A meaningful life event and emotion
- A resolution to a stressful event
- Lessons learned from struggle
- A message that lives beyond the story

I used the handouts in Appendix 3 as a loose guide to the focus group sessions. I purchased stencils that participants could use to draw images of their story reflections for their books and invited them to take these stencils home. The group objected in a playful way and complained they were not artists, so I made the drawings optional. At the end of

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24 In the handouts each week, we discussed questions such as “Do I embrace all of my emotions as valuable and equal?” and “How do I process my emotions?” and “How do you define emotional support?” These discussion topics and readings on emotions prompted the participants to reflect on their personal story.
the four-week session, only four of the seven participants chose to email their storybooks to me. Based on their stories, I worked individually with each participant to remove identifying data; I asked that they omit their date of birth, location of birth, and name, and I invited them to delete any other data that might link them to their storybook narrative.

The storybooks took several months to produce. The women did not draw their own images; the images and character representation were chosen from the publishing and children’s storybook artist at Leigh Ink (®); the artist and I consulted on character representation and images. As a group, we decided that child-friendly images for all storybooks would allow the mothers to share their stories with their families and a larger audience. We (participants and me) gave creative license to Leigh Ink (®) to illustrate, translate, and publish the storybooks. Participants were shown their storybooks and case studies during individual member checks. The women liked the images: Luz responded, “I love my drawings!” Participants approved their books; they were printed and published under the authorship of the CEA. Each participant received a copy of their storybook. In the next section, I look deeper at the text presented in the story to understand attributes of critical family literacy. The chart below shows the order in which we will look at each woman’s story of resistance.

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25 The stories presented in this section are shorter versions of the work that the participants initially submitted. I worked with participants to edit their storybooks, removed personal details, and recommended a condensed narrative to each participant. The publishing firm had a 20-page limit for all stories, including pictures. Participants who chose not to turn in a storybook were given a blank copy of a book, with their chosen character on the cover. The researcher obtained participant permission to give an additional copy of anonymous narratives to the University of New Mexico’s bilingual children’s book collection.
Chapter Five Resistance

Storybooks: Resistance

Maria
Sonia
Luz
Ari
Maria

*Inclusion*

Inclusion of diverse experiences is a key thread across feminist pedagogy (Boler, 1997; hooks, 2014; Richer & Weir, 1995; Gore, 1992). Inclusion is necessary to collaboratively decoding text and social behaviors of oneself and social context (Green, 1993). Maria’s story and interview demonstrated inclusion, which is a key aspect of critical education. When I first met Maria in the fall of 2014, she told me that she was not sure if she was a feminist; she explained that she resisted feminism because it seemed to be a movement against men and for White women. Yet, as time passed, as we discussed women’s issues, I noticed a shift in her thoughts. To my study’s findings, Maria responded with a gasp in our circle of participants: “Ladies, I guess we really are feminists!” This moment stood out to me because it reflected what many other feminists of color have labored to reclaim: Feminism can be a space that does not exclude men and women of diverse backgrounds; rather *Feminism is for Everybody* (hooks, 2000). Bell hooks reminded educators that feminism is a movement to end sexism, sexist exploitation, and oppression (viii, 2000). She argued that the movement is not anti-male, for females can be just as sexist as men, but all people need to focus on working together to end patriarchy. Additionally, hooks reminded feminist scholars that solutions to relationships marked by dominance are relationships that embody partnership. She believed that “. . . in future feminist movements we will spend less time critiquing patriarchal marriage bonds and expend more effort showing alternatives, showing the value of peer relationships which are founded on principles of equality, respect, and the belief that mutual satisfaction and growth are needed for partnerships to be fulfilling and lasting” (p. 84). Maria was the
embodiment of alternative solutions to patriarchy—as seen in her value of equality and inclusion.

In Maria’s story, she told of a mother with two little monkeys. In the story, Maria is a hard worker. She wakes up before the sun rises. She also is a monkey and has gratitude for her husband. She always tells her husband “Thank you” and “I love you.” Her relationship with her family gets turned upside down when one of her small children is injured in a fall from a horse. Both of his arms are placed in a cast; at the same time, her husband is injured, and he also has both arms in a cast.

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<th>María, el Mono</th>
<th>Mica, Caly, Sabi y Papá</th>
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<td>Mica es un changuito muy curioso y muy valiente. Todos los días se levanta apenas el primer rayo de sol toca su cara. Siempre se despierta de buen humor y lo primero que hace es estirar sus manos y sus pies, despertar a Papá y dar un salto hasta el río para lavar su cara y sacarle brillo a su sonrisa. Mica tiene muchas cosas que hacer cada día antes de que baje el sol. Así que, apenas está de pie, empieza a brincar de rama en rama sin parar. Mica tiene dos pequeños hijos que alegran su vida y son la razón por la que ella es muy feliz. Aunque no hay nada más importante para Mica que sus pequeños, tiene que dividir su tiempo y su energía entre el trabajo diario y sus pequeños. Caly es el mayor de sus crías, es un mono muy inteligente al que le encanta leer trepado en la rama más alta de su árbol favorito; el cual le encanta porque es muy alto y le permite ver hasta la orilla del río. Sabi es el más pequeño, es un monito travieso lleno de energía que se aferra a las ramas de los árboles con mucha fuerza. Él siempre está buscando algo nuevo que hacer y siempre está buscando cómo hacer reír a Caly. Un día, Sabi estaba brincando como siempre de rama en rama, pero esta vez dio un salto muy temerario pensando en que lograría llegar a lo más...</td>
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alto del árbol y alcanzaría a Caly sin ningún problema. Así que, respiró profundo y saltó con todas sus fuerzas. En ese justo momento, un elefante que pasaba por ahí barritó tan fuerte que desconcentró al pobre de Sabi quien, al voltear a verlo, perdió de vista la rama en la que debía de aterrizar, perdiendo el equilibrio y cuando menos lo pensó venía cayendo desde lo más alto del árbol, golpeándose en cada rama sin que pudiera hacer nada para evitarlo.

La caída fue tan brusca que el pobre de Sabi se rompió sus dos manitas y lloraba tan fuerte que Caly vino muy asustado a ver qué le había pasado. Cuando Caly vio las manitas de Sabi se dio cuenta de que las cosas estaban muy mal y después de ayudarle a levantarse lo llevó hasta donde estaba Mica, su mamá.

Mica curó a Sabi, le enredó las manos en hojas de palma para que no las moviera y no se lastimara más, pero sabía que debían pasar algunas semanas antes de que pudiera quitale las hojas de palma.

Caly estaba muy triste y empezó a llorar porque Sabi ya no podría colgarse de los árboles y eso era lo que a él más le gustaba.

Mica también estaba muy triste y preocupada por el pobre de Sabi pero no dejó que su tristeza ni su preocupación le impidiera crear un plan para resolver la situación. Así que llamó a Caly y le dijo:

Mica: Sabi está muy triste porque no puede colgarse de las ramas

Caly: Sí

Mica: ¿Quieres ayudarlo a sentirse mejor?

Caly: Sí

Mica: Se me ocurrió un plan para que Sabi pueda subirse al árbol. ¿Me quieres ayudar a construir un elevador para que Sabi lo use mientras se curan sus manitas y así pueda llegar a lo más alto del árbol sin problemas?

Caly estaba muy contento con la idea de Mica, porque Sabi ya no estaría tan triste así que, sin pensarlo dos veces, empezó a juntar ramas y lianas para que Mica pudiera construir un elevador para Sabi.

Mica y Caly trabajaron tan duro que terminaron de construir el elevador ese mismo día!

Caly le tapó los ojos a Sabi para darle la sorpresa del elevador. Cuando Sabi vio el elevador y se dio
cuenta de que podría subirse a lo más alto del árbol y estar con Caly mientras leía y que no tendría que quedarse a ras del suelo hasta que sanaran sus manitas ¡brincó a pata coja de la emoción!

Mica y Caly jalaron las lianas para que el elevador subiera a Sabi hasta lo alto del árbol, pero estaba muy pesado y mientras ellos jalaran las lianas con todas sus fuerzas sin lograr moverlo, Papá llegó y les ayudó a subir el elevador. Después, ellos también subieron para acompañar a Sabi. Mica llevó fruta y jugo para festejar y Caly le leyó a Sabi su libro favorito.

Después, los cuatro se quedaron en silencio contemplando el horizonte y pensando en que, aunque las cosas se vean muy mal, no debemos dejar que el miedo ni el dolor nos detengan y siempre debemos confiar en que podemos crear un plan para salir de cualquier problema.

**María, el Mono**  
Mica, Caly, Sabi y Papá

Mica is a curious and brave little monkey. Every day, at dawn, she gets up to feel the caresses of the sun. She always gets up with a positive humor. The first thing she does is stretch out her hands and feet, then she wakes up Dad and hops to the river to wash his face and to shine his smile.

Mica has many things to do every day before the sun sets. So, as soon as she is up, she starts jumping from branch to branch without stopping.

Mica has two small children who brighten her life, and they are the reason she is very happy. Even though there is nothing more important for Mica than her children, she has to divide her time and energy between her daily job and her little ones.

Caly is the oldest of her offspring, an intelligent monkey who loves to read on top of his favorite tallest tree branch, which overlooks the river.

Sabi is the youngest, a mischievous little monkey full of energy that clings to the branches of the trees with great force. He is always looking for something new to do and is always thinking about how to make Caly laugh.

One day, Sabi was jumping, as always, from branch to branch, but this time he took a very bold leap, thinking he would reach the top of the tree and reach Caly without any problem. So he took a deep breath and jumped with all his might. At that moment, an elephant that passed by was so loud that he distracted poor Sabi, who turned to see him and lost sight of the branch where he should have landed, losing his balance and, without even realizing, fell from the top of the tree, hitting each branch on the way down.

The fall was so abrupt that poor Sabi broke both hands and cried so hard that Caly arrived very frightened to see what had happened to him.

When Caly saw the hands of Sabi, she realized that things were very bad, and after helping
him up, he took him to where his mother was.
Mica healed Saby; she tangled her hands in palm leaves so he would not move them and he would not hurt himself anymore, but she knew some weeks would pass before she could take the palm leaves off.
Caly was very sad and began to cry because Sabi could no longer hang from the trees, and that was what he liked the most.
Mica was also very sad and worried about poor Saby but did not let her sadness or concern prevent her from creating a plan to solve the situation. So he called Caly, and this is what they said:
Mica: Sabi is very sad because she cannot hang from the branches.
Caly: Yes.
Mica: Do you want to help him feel better?
Caly: Yes.
Mica: I came up with a plan so that Sabi can climb the tree. Do you want to help me build an elevator so Sabi will use it while his little hands heal so he can reach the top of the tree without any problem?
Caly was very happy with Mica’s idea, because Sabi would not be so sad. So, without even thinking twice about it, he began to gather branches so that Mica could build an elevator for Sabi.
Caly covered Sabi’s eyes to surprise him. When Sabi saw the elevator and realized that he could climb to the top of the tree and be with Caly while he read and that he would not have to stay down until his little hand would heal, he jumped of emotion on one leg!
Mica and Caly pulled the branches so the elevator would take Sabi to the top of the tree, but it was very heavy, and while they were pulling the branches with all their might without being able to move them, Daddy came and helped them move the elevator up. After that, they also went up to be with Sabi. Mica brought fruit and juice to celebrate, and Caly read his favorite book to Sabi.
Then, the four of them stood silently, contemplating the horizon and thinking that, although sometimes things looked very bad, we should not let fear or pain stop us and that we must always trust that we can conceive a plan to get out of any problem.
In the case of Maria’s husband, it is clear that gender socializations and expectations shaped his feelings of self-worth within social constructions of maleness in a Mexican migrant culture. Maria told me that she was able to be emotionally supportive of her husband. According to psychologist Bent Burleson (2003), emotional support is a term that refers to expressions of “care, concern, love or interest especially during times of stress or upset” (Burleson, 2003, p. 1). Often, emotional interactions are verbal in nature, building relationships that help maintain a positive sense of self (Burleson, Albrecht, & Sarason, 1994). Social worker Brene Brown (2007, 2010, 2012) added that emotional support requires nonjudgment, validation, and trust as a means to create personal
empowerment. Maria was emotionally supportive to the people in her life, including her peers, parents, students, and husband. Maria’s experiences working in a family literacy program as an educator overlapped with her life as a wife; throughout her story, she emphasized the theme of partnership. Maria explained in her interview that her work was domestic and that she was the breadwinner, but in her narrative she told a story of partnership where she stepped outside of her domestic role. At the end of the story, Maria wrote that she worked with her husband to build a structure that would support their child. “Mica and Caly worked so hard they finished building the elevator,” she wrote. In Maria’s narrative, she reported that she felt that she did most of the domestic work—“I do more work than him in the house”—but that shifted when she began to adopt a focus on the ways that gender stereotypes harm men and women. Maria’s story shows how partnership can work in the family to cultivate a new family literacy that works to question gender dynamics (Connell, 2005, p. 1).

Facilitators such as Maria are both educators in their families and agents of social change (Bridges et al., 2012; Reyes & Torres, 2007). While the Merriam-Webster Dictionary (2016) states that a facilitator is nothing more than one who “helps to bring about an outcome,” critical-education scholars take a more elevated opinion, suggesting that facilitators are cultural workers who act as conduits of empathy and resisters of dominant ideology (Freire, 1970; Horton, Freire, Bell, & Gaventa, 1990; Shor & Freire, 1987). The role of a true educator embodies love (hooks, 2004) as well as receptivity and open-mindedness toward the views of others, which in turn support the co-creation of knowledge based on experience (Lankshear, 1993).

Maria’s story was the hardest for me to code. Even though I read it several times, I could not tell if it was about her having to take care of everyone in her family or if it was
about how everyone grouped together. So, over coffee, I asked her to elaborate. It was about partnership and inclusion, she said, because everyone in the family was injured, which meant she and her husband had to become a stronger team. In the interview, she spoke about the accident:

“He had an accident; a horse hit him; he fell off the horse and broke his elbow and, obviously, he couldn’t work. It took him at least six months to move his arm. So, he was very frustrated; he couldn’t do anything at home; he couldn’t work. I was out; I was the breadwinner. All this was difficult for him. I think that all this made him go into panic mode by feeling like he wasn’t doing what he was supposed to be doing, and to hear this from his family and friends was a bad thing for him, because I was supporting him, because I was doing that for him—all that culture shock. I think that it wasn’t what he was thinking, but people fed him those ideas into his mind, so then, for him, it was very difficult.”
Maria’s story made it clear that her husband also had emotional struggles that we discussed. “There are men that do not like to feel that fear, that terror, and they prefer to keep the armor on because when they start to take it off, it hurts and it’s easier to keep it on, she said. Maria’s statement demonstrated that her husband was fearful of breaking out of the domestic role of breadwinner. In her narrative, she said that due to an injury with a horse, she had to work and bring home more of the income. “He lasted like that for almost six months before being able to move his arm. . . . He couldn’t work. I was out. I was the one bringing home the money.” Maria shared her experiences of having to work outside the home and dealing with her husband’s broken arms as well as her son’s injury. These circumstances demanded that they step outside of their typical gender roles.

Maria’s husband felt shame for not upholding what he believed the man of the household was expected to be and do. Brown (2008) stated: “Shame is the feeling you get when you believe that you’re not worthy of anyone caring about you or loving you. That you’re such a bad person that you can’t even blame other people for not caring about you” (p. 27). Dominant ideology operates at various levels in society but is most dangerous when it is internalized. According to counselor Karla McLaren (2010), fear illuminates the gift of asking us to pay attention and focus because we may be in danger. As for Maria’s husband, he had to navigate machista constructions that tied being a breadwinner to being a man (Anderson, 1996).

She also talked about the ways men struggle with their own positions of feeling inferior. Maria’s attitude was always one of inclusion. In this way, she looked for solutions for what otherwise was a difficult battle to end patriarchy. She explained that when her son was hurt, she and her husband had to swap gender roles because it took two people to take
care of him and to prepare dinner. Working in a partnership and a team was not easy, she said:

“No es cierto, ellos también están pasando por luchas, también el que ellos entiendan, como mi esposo [lo entendió] anteriormente, él entiende como deben de ser las cosas. Somos iguales como hombre y mujer, tenemos los mismos derechos. Él lo entiende pero no puede quitarse el traje completo que se le ha sido puesto que somos diferentes, que hay cosas que puedo hacer y cosas que no puedo hacer. Entonces, para él ha sido una lucha muy fuerte, pero pienso que él está ganando la batalla y es doloroso, [es] difícil para ellos. Hay hombres que no les gusta sentir ese miedo, ese temor y prefieren quedarse con el traje puesto porque cuando empiezan a quitárselo les duele y mejor me lo quedo.”

(That’s not true; they are also going through battles. For them to understand, like my husband previously understood. He understands how things have to be. We are equals; like man and woman, we have the same rights. He understands it, but he can’t take the whole armor off that has been placed on him, that idea that we are different, that there are things I can and cannot do. So for him, it has been a very difficult fight, but I think he is winning the battle, and it is burdensome for them. There are men who do not like to feel that fear, that terror, and they prefer to keep the armor on because when they start to take it off, it hurts, and it’s easier to keep it on).

Maria took an inclusive perspective that it also was painful for men to discuss how they felt and to face their expected gender roles. Men also struggle with living in rigid gender roles. The fight for equity and partnership was not easy; she and her husband struggled to not play into gender normativity.
These responses echoed the perspectives of other women of color who believed it was a feminist social movement that was not suitable for or attractive to all women (Irigaray, 1985). Maria’s story made it clear that her husband also had emotional struggles that were a result of gender stereotypes. “They (men) prefer to keep the armor on because when they start to take it off, it hurts, and it’s easier to keep it on.”

Critically family literacy works to encourage community advocacy and social change by becoming the agent of change. According a national Child Trends report (2013), the Abriendo Puertas critical family literacy curriculum successfully enhances the following areas of parent knowledge and behavior: knowledge about aspects of quality child-care, such as the importance of child-care providers reading to children every day; teaching children how to play with others; and providing healthy snacks, as well as family organization and planning, including the development of plans to reach family goals for children and allocation of time to address children’s behavior. Also included is parent role-modeling, emphasizing cognizance of how parental behavior sets an example for children (p. 4, 2014). CEA’s focus on social and emotional learning in the family has opened larger dialogs on gender dynamics within a family and domestic labor among the women (see Ari’s interview notes, Chapter 4). With Maria, it was clear that she was gaining skills to look deeper at the behavior of men “the armor” . . . “when they start to take it off, it hurts.” Maria was able to take her critical thinking skills to “go beneath surface meaning” to examine her own social context. This skill of critical interrogation is necessary in the classroom and in a woman’s home life.

**Summary**

Maria’s narrative aligns with the attribute of inclusion, which is a key thread across feminist pedagogy (Boler, 1997; hooks, 2014; Richer & Weir, 1995; Gore, 1992). Maria’s
story and interview demonstrated inclusion through her questioning of the gender socializations and expectations of her husband, who worked in a Mexican migrant culture. Maria was emotionally supportive of her husband and her educator peers. She aimed to include men in feminist struggles by looking underneath the tough armor of being macho and strong. Maria is a facilitator at CEA who uses the *Abriendo Puertas* critical-family literacy curriculum that successfully enhances parent knowledge and behavior, yet the curriculum and grassroots organization of CEA has fostered Maria’s stance of resistance against hegemonic worldviews, and she has developed a sense of critical skills that are found in feminist pedagogy (hooks, 2014) and in critical literacy (Shor, 1991).

**Sonia**

**Vulnerability**

Social worker and feminist scholar Brown defined vulnerability as “uncertainty, risk and emotional exposure” (p. 3, 2007). Brown explained that love in a similar way is defined with uncertainties and risks that one takes, as we can love a person and they might not reciprocate the same feelings. She claimed that vulnerability is essential for women to cultivate shame resiliency and to build connection. Despite the necessity for vulnerability, many women resist being vulnerable. Sonia’s interview and storybook narrative revealed that she believed vulnerability was an important aspect of critical learning and healing. Sonia and I did not know each other prior to the research, and I was surprised by her tendency to show vulnerability.

Brown (2008) postulated that a fear of being vulnerable is due to three false beliefs, the first that vulnerability is a sign of weakness. For the women in Brown’s counseling studies, vulnerable moments included sharing topics such as a pregnancy after several
miscarriages, the loss of a child, or being awkward with a new challenge. The second false belief was that some women believed that not everyone “does vulnerability.” As a rebuttal, Brown stated, life is vulnerable by its very nature. Individuals have a choice only in how they choose to recognize this, she said. She also found that some people try to shield themselves from any vulnerability by always expecting the worst, even when presented with favorable outcomes, such as a job promotion or a new and healthy relationship. The third reason for hiding vulnerability that Brown discussed is its private nature. All of us have secrets we are not inclined to share. She suggested that women share only when they are within the confines of trusting relationships and safe boundaries.

As for Sonia, she showed courage and took the risk of “emotional exposure.” During her interview and in her storybook, she shared intimate life experiences that included interpartner violence. In her story, she chose the butterfly as a symbol of liberty and transformation. She grew up as a hard worker, toiling in a “clothing factory 12 hours a day,” she said. The butterfly dreamed about a better life for herself; she got married and migrated to a new place of hope. But when she arrived, it was not what she thought it might be. She was “beaten and scared,” she said, and her husband drank a lot of alcohol. She did not know where to turn and found a parenting class offered by other women. She began to read books and gained confidence until she morphed into a new butterfly. After that, she returned to school and earned a GED. In her narrative, it is clear that Sonia’s process of transformation was built upon learning her self-worth by telling her story to women who might also live with interpartner violence. Sonia used vulnerability as an ingredient to cultivate love and to develop an empowering network with other women in CEA, as is evident in her story.
Mariposa: Yo soy valiosa

La mariposa es un símbolo de libertad. 
Una mariposa de una familia grande. 
Una mariposa que trabajó en una fábrica de ropa 12 horas al día.

Una mariposa que está triste y que busca esperanza. 
Una mariposa que viaja a un nuevo lugar y sueña con su hogar. 
Una mariposa que tiene miedo de un marido alcohólico. 
Una mariposa abusada y con miedo. 
Una mariposa que obtiene su bachillerato. 
Una mariposa que encuentra una red de otras mariposas llamada “abriendo puertas.” 
Una mariposa que deja a su tenebrosa pareja. 
Una mariposa que lee libros. 
Una mariposa con valentía. 
La mariposa es un símbolo de transformación. 
Una mariposa con miedo y celos de los demás. 
Una mariposa que se levanta con respeto por toda la vida.
Una mariposa criada en la religión católica. 
La mariposa tuvo que mudarse lejos de su familia. 
La mariposa lloró y lloró. 
La mariposa se sintió fuerte escuchando las historias de otras mariposas que también estaban luchando. 
La mariposa encontró una nueva familia en un lugar nuevo. 
La mariposa se convirtió en un líder de las otras mariposas. 26

Butterfly: I am valued

Butterfly as a symbol of liberty.

26
A butterfly from a large family.
A butterfly that worked in a clothing factory 12 hours a day.
A butterfly that is sad and looking for hope.
A butterfly that travels to a new place and dreams about home.
A butterfly that is fearful of an alcoholic husband.
A butterfly that is abused and scared.
A butterfly that obtains her GED.
A butterfly that finds a network of other butterflies called “opening doors.”
A butterfly that leaves her scary partner.
A butterfly that reads books.
A butterfly with courage.

Butterfly as a symbol of transformation.
A fearful butterfly who is jealous of others.
A butterfly who gets up and respects all forms of life.
A butterfly raised as a catholic.
The butterfly had to move far away from her family.
The butterfly cried a lot.
The butterfly felt stronger hearing the stories of the other butterflies who were also fighting.
The butterfly found a new family in a new place.
The butterfly became a leader of the butterflies.

Sonia’s storybook narrative revealed that she gained self-assurance during her time at CEA. This was achieved by cultivating self-confidence and learning to talk about her emotions. In her story, she was vulnerable and said she was “beaten and scared.” But she found a network of other butterflies at CEA. Networks of support are invaluable for women who are isolated by domestic violence, and they help to demystify the victim mentality. This is because they aim to teach women tools for reclaiming agency in a relationship where there is abuse. Reclaiming self-agency is possible when women realize that behaviours of control, physical abuse, and emotional control are not normal or acceptable (Fuchsel, 2012). Because isolation is a component of domestic abuse, the abuser often uses isolation as a manipulation tool. “Isolation is a pivotal tactic that controlling partners use in order to weaken their victims, prevent them from hearing others’ perspectives, and bring them into line with his own beliefs and requirements” (Murphy,
A network is the opposite of isolation. Furthermore, in Sonia’s interview, she alluded to her excitement to be part of a teaching network that promoted connectivity through emotional vulnerability. In the interview when I asked her about her willingness to be vulnerable, she described her desire to share with other women what she had learned in overcoming her own abuse cycle.

“Se quedan calladitas, yo, esa vez, compartí, no con detalles, pero que, bueno, yo tuve una mala experiencia donde me decían [que] tú no sirves para nada, tú esto, tú el otro, y de ahí empezaron las madres. No sé si lo hice bien o no, pero lo he dicho porque yo era facilitadora, pero las madres empezaron a hablar. Teníamos seis madres, entonces empezaron hablar, entre Sara y yo pudimos hacer eso. Alguien que se está preparando para eso (salir un situación de violencia domestica) voy a ayudar más y [hará más] acá en el gueto [stated in English in interview] por las mamás.”

(They stay quiet, that night I shared, not with details, but that, well, [I shared that] I had a bad experience where they would tell me you are not worth anything, you this, you that, and from there, mothers started expressing themselves. I don’t know if I did it well or not, but I said it because I was a facilitator, but the mothers began to talk. We had six mothers, then they starting talking, between Sara and me, we were able to do that. Someone that is preparing (to leave a domestic violence situation) can help more and (I ) will do more for the mothers, especially here in the ghetto.)

“No, vamos hablar, miren, mi mamá tuvo muy mala vida y mi mamá es una mujer bonita, tiene unos ojos verdes esmeralda, era rubia, bueno no tenía que haber aguantado todo lo que aguantó y ahorita está con mi papá. Son unos ancianitos,
están juntos [y] viven aquí en Coors, entonces, están juntos y, en veces, mi papá quiere sacar su uña y le digo — “Hey cálmese, no le hable así, levántase y agarre lo que quiera, ella también está enferma,” ¿me explico? Sería muy bonito que cambiara eso.”

(No, let’s talk, look, my mother had a very bad life, and my mother is a pretty lady, she has green emerald eyes, she was blonde, well, she shouldn’t have put up with everything that she did, and she is still with my father. They are elderly, they are together and live here, on Coors, so they are together, and sometimes my dad wants to take out a claw and I tell him, “Hey, calm down, don’t talk to her that way, you get up and grab what you want, she is sick as well.” Do I make sense? It would be great for that to change.)

Sonia’s story and interviews revealed that she did not believe that vulnerability was a sign of weakness, and she understood that life is vulnerable. But what is most interesting about Sonia’s position of resistance or self-advocacy (see Sleeter, 1991) was that she did not see her abuse as a private matter; she was willing to discuss and share intimate details as a teaching tool for other women, and this allowed her to cultivate a collective attitude of social change. Sonia is the perfect example of how a critical pedagogy invites teachers to critically think about their surroundings and to make connections between individual issues and experiences of the collective. She said, “I had a bad experience where they [men] would tell me you are not worth anything; you this, you that, and from their mothers started expressing themselves. I don’t know if I did it well or not, but I said it because I was a facilitator, but the mothers began to talk.” Sonia’s domestic violence could be understood as a personal and private matter (Crenshaw, 1993), which it was, but she chose to give it a voice and to expose a larger pattern of social violence toward women, and she got other
women to also discuss their experiences of abuse at a collective level. Kimberly Crenshaw (1991) would assert that Sonia was engaging in social transformation because she was able to use her personal experiences to counter political structures. “For example, battering and rape, once seen as private (family matters) and aberrational (errant sexual aggression), are now largely recognized as part of a broad-scale system of domination that affects women as a class” (p. 1). Sonia was able to speak of her experiences with the intent to wake up other women to a reality different from what they were living. Sonia’s persona as a critical educator who taught her peers in school settings was that of an empowered individual who is resilient. I argue that Sonia is an example of how vulnerability is healing and part of learning. Freire’s (1998) letters, On the relationship between the educator and learners, argued that building community takes being OK with vulnerability and fear, as they are necessary attributes of an educator. Freire also suggested that truly liberatory educational experiences leave your knees knocking: “The more you recognize your fear as a consequence of your attempt to practice your dream, the more you learn how to put unto practice your dream” (p. 57). Sonia suggested that while women may desire a change in circumstances, they fear the emotional exposure this might include.

Sonia also believed that many women did not share stories of isolation and physical abuse out of fear of being shamed. Counselor and author Karla McLaren reminds us that shame comes from a person breaking their own moral code or from others imposing control upon another person in an attempt to establish power. For Sonia, her shame emerged from her former husband, who aimed to control her by shaming and beating her. McLaren states, “Shame is a form of anger that arises when your boundaries have been broken from the inside—by something you’ve done wrong, or have been convinced is wrong” (2007, p. 1). Brown (2007) also suggested that shame and fear are emotions that
can be used to manipulate people: “Fear of ridicule and belittling is used to manage people and/or to keep people in line” (2007, p. 28). For those involved in domestic violence, shame is often used to convince the victim they are in the wrong because they are undeserving (DM, 2017). In Sonia’s story, the butterfly goes back to school and obtains a GED. The butterfly also “leaves her scary partner” and finds courage.

The ability to leave her violent partner, while she had limited resources, was an act of courage and empowerment. Her resistance to oppression required a stance of empowerment, “to effectively advocate” for self and the collective (Sleeter, 1991, p. 5). This is especially important for women who live within the margins of society (hooks, 2014; Crenshaw, 1991, 1993). Yet, empowerment is not an end state and has problematic assumptions that need to be taken into consideration.

Luek and Gore (1992) reminded critical educators to be mindful of problematic assumptions with the term empowerment. She stated that power or empowerment should not be seen as property or as an end “desirable state” (1992, p. 56).

In very general terms, pedagogy seems to involve a teacher (an agent) who “gives” knowledge, responsibility, and more (as property) to students, and aims to produce a particular conception of the educated student (a vision, a desired end state); that is, pedagogy seems to hold the same presuppositions as empowerment. It is not surprising then, that it is the critical and feminist discourses which claim a focus on pedagogy that also emphasize empowerment. (p. 67)

Gore made it clear that a lack of self-reflectivity and focus on intellectual property exists within critical literacy discourses. She suggests that the construct empowerment does not presuppose there is an agent of power. Gore argues that these terms become dangerous when they essentialize and create a dichotomy within the classroom (Luke & Gore, 1992;
hooks, 1994). Using Foucault’s framework to assess power, Gore argues that empowerment has traces of dualism and dominant and subordinate aspects. Gore suggests that this power is found within the student/teacher relationship. Here, a deep investigation of the power of the educator needs examination (Luke & Gore, 1992). Because Sonia is not a licensed teacher in a school system, I argue that she does not occupy a space of power over her students. As a community educator in a train-the-trainer model, she does not maintain a formal power over her students, nor does she see empowerment as an end state of being. In her interview in Chapter 4, I discuss the ways she still has room to grow and to cultivate a stance of intrapersonal awareness.

**Summary**

Sonia’s narrative illuminates the gift of being vulnerable in pedagogical spaces. Brown defined vulnerability as “uncertainty, risk and emotional exposure” (2007, p. 3). Brown explained that love in a similar way is defined with uncertainties and risks that one takes, as we can love a person and they might not reciprocate the same feelings. Sonia, in her narrative, showed courage and took the risk of “emotional exposure” by sharing her intimate life experiences with interpartner violence to her peer students in CEA. In her story, she chose the butterfly as a symbol of liberty and transformation. Sonia took an empowered stance by reclaiming self-agency against behaviors of control and physical abuse, which are behaviors that are not acceptable, even though they have been normalized through the construct of machismo (Fuchsel et al., 2012). Though Sonia was empowered, Gore (1992) reminded us that critical educators must be mindful of problematic assumptions with the term empowerment, because it is not a property or an end state of being (1992, p. 56).
Luz

Questioning conformity

Maintaining an outsider stance of nonconformity is a key element of critical pedagogy because it allows an educator to critique mainstream power in society often found in structures of racism and capitalism (Freire & Macedo, 2005; Giroux & McLaren, 1989; Lankshear, 1997). Fighting power regimes is possible by questioning conformity and resisting stance of internalized colonization are key attributes of critical pedagogy and developing an integrational vista of trauma (Duran & Duran, 1995).

Luz said in her interview and story that the CEA curriculum taught her how to question conformity. Conformity is a social influence that often shapes a person’s belief system and behavior to make a person believe they “fit in” or are normal (Hollander, 1975). Conformity often normalizes violent behaviors, as seen in the Stanford Prison experiment (1971). Psychologist Philip Zimbardo and colleagues found that students conformed to violent behaviors when asked to role-play a prison guard; they used aggressive behaviors and language because their peers did so (Zimbardo, Haney, Banks, & Jaffe, 1972). In this way, people conform to beliefs that parenting with violence results in behavioral change. Because respect and obedience are key values for Latino families, often parents in the Latino culture use physical violence as a way to instill key values (Tafoya, 2016). Based on Luz’s cultural background and socialization, she was an insurgent within a larger culture of corporal punishment conformity that questioned parenting habits of violence. Questioning conformity is a hallmark of critical education, because it implies that
one is engaged in learning about the world of power dynamics that operates on a deeper level. Freire states that people “learn from a position of agency to engage in a culture of questioning.” This type of deep learning allowed Luz to break patterns of conformity in how she was raised and to break a larger cultural pattern of violence. Her nonconformity is apparent in her story.

Luz wrote that her biggest struggle was motherhood in a new linguistic and cultural environment. She emigrated and found she was using the same patterns of violence that she was parented with by her older sibling. She said she felt like she was “failing” as a mother. She found “renovation” in her parenting class with other mothers at CEA. There, she learned about emotions. As a result of the class, she implemented new parenting strategies. She (the Eagle) sung with them (her children), read, interacted more with them, and spoke about emotions.

Luz, el águila

El águila es un símbolo de poder, valor, nobleza y excelencia.
El águila se llama Luz.
Mientras crecía, ella creía que si desobedecías, el maltrato físico era necesario para obtener una disciplina adecuada.
Eso le daba mucho miedo.
Luz comenzó la primaria y en la escuela ella pudo aprender varias cosas, como, por ejemplo, a jugar con otras niñas, a bailar y a volar sin miedo.
Luz comenzó a tener logros académicos en su vida.
Ahora, ella podía volar a otros cielos y decidió emigrar a un nuevo territorio. Ahí, creó su nido, el cual creció con el tiempo. Pero después, ella encontró nuevos miedos y tuvo que enfrentarse a un nuevo idioma,
A una nueva cultura . . .
Pero, sobre todo, encontró el reto más importante de su vida, convertirse en madre de tres hijos.
Cuando sus hijos nacieron y fueron creciendo, al momento de disciplinarlos, Luz se encontró repitiendo los mismos patrones de conducta que hicieron con ella. Luz temió no desarrollar bien su
papel de madre.
Ella tomó clases de educación para padres.
Descubrió el rol tan importante que tenía como madre en el desarrollo de sus hijos. Tanto, que comenzó por hacer cosas que antes no hacía con sus hijos, como cantar canciones con ellos, leer, interactuar más y, sobre todo, en el momento de disciplinar, hablaba con sus hijos de sus emociones.
El haber experimentado con el miedo en cada una de las etapas de su vida, le ayudó a ser más intuitiva como madre. El regalo de estar más alerta le permitió poder luchar por lo que quería.
Ahora, podía sobrevivir y podía renovarse como el águila. Pudo continuar con las batallas de la vida con una mente más clara.

**Luz, el águila**

The eagle is a symbol of power, courage, nobility, and excellence. The eagle, her name is Luz.
She grew up believing that if you disobeyed, physical abuse was necessary for a proper discipline.
That brought her a lot of fear.
Luz began elementary school, and at school she was able to learn from various things: how to play with other girls, dance, and even learn to fly without fear.
Luz began to have great academic achievements in her life.
She could now even fly through other skies. Deciding to migrate to a new territory, she built a nest that eventually grew bigger. But then she found new fears. Later, she confronted a new language.
A new culture . . .
Above all, she found the most important challenge of her life was becoming a mother of three children.
Her children were born, and they grew up. When the time came to discipline them, she realized she was repeating the same discipline patterns that she grew up with. Fear continued to creep into her life, and she thought that as a mother, she was failing.
She took educational parenting classes.
She realized that her role as a mother in her children’s life was a very important and influential one. Slowly, she changed the way she disciplined her kids by implementing new parenting strategies. She sung with them, read, interacted more with them, and spoke about emotion with them.
To have experimented with fear in each of these phases of her life has helped her be a more intuitive mother. The gift of being more alert enabled her to push on through with what she wanted.
Now, she can continue to survive and to renovate herself as an eagle. She was able to continue fighting life’s battle with a brighter mind.
In Luz’s story, it is evident that she used the parenting class as a tool to learn more about herself and to raise consciousness among her children. This awareness about self was most clearly understood in her behavioral change, to parent differently, because a change in behavior reflects a shift in established beliefs and attitudes. In *Pedagogy of the Oppressed*, Freire (1970) discussed freedom from controlling beliefs that are rooted in conformity. He suggested that critical consciousness in educational settings invites the person to question popular beliefs because these beliefs influence a person’s action or inaction toward oppression. Luz, like Freire (1970), asserted that one should critically question the societal roles people are assigned. The questioning of conformity for Luz could be seen in how she disciplined her children. “Slowly, she [the eagle] changed the way she disciplined her children.” This subtle yet powerful line in the storybook was also interwoven into her interview. “Antes, le pegaba al niño si me hacía enojar y en un principio también a mi esposo porque yo no a veces empezaba si me hacía enojar yo buscaba pegarle” (Before, I used to hit the child if he made me mad and at the beginning my husband as well because sometimes I would begin if he made me angry, I would hit him.) Luz emphasized the importance of reclaiming her anger and channeling it in a more positive direction.

To an untrained eye, it would be easy to judge Luz for poor parenting, but we must understand Luz in her context. Duran and Duran (1995) suggested that violence is an attribute that comes from generations of colonization. This colonization includes the values of patriarchy that value competition, violence, and aggression. Duran and Duran explained it like this: “Whenever a person or persons find it difficult to express frustration or anger due to living in an oppressive environment, the frustration or anger becomes internalized. . . . The oppressed group, by internalizing the oppression, may have a tendency to become
like the oppressor because the introjected oppression has no place for expression” (p. 159). This is clearly seen in the case of Luz. She was raised in a context of oppression and violence and as a result internalized similar behaviors.

In her life, Luz acted within a gradient of both the oppressed and the oppressor, which gave her great insight as a nonconformist. While it is true that often humans understand meaning through subject/object dualism or in relation to its counterpart (Haplin, 1989; Collins, 2000), the space of contradiction gives empowerment to the educator. It was Luz’s weakness that she had lived through violence and used violence to parent. But at the same time, these experiences served her strength: She is a teacher who works with other mothers who have lived a similar reality. In this way, these experiences were a source of authenticity, maturity, and strength. Learning is an emotional process because it exposes our contradictions and forces us to see the imperfection of our perfection as women and as mothers are the same. Learning is an emotional process (Boler, 1997). We do not learn without the emotional support that is found in nurturing environments. Luz made this clear in her interview when I asked her to tell me about emotional support; her response demonstrated a need to feel confident in our story and testimony.

Luz said:

“El programa también me ayudó a hablar, a dar mi testimonio, a sentirme más confiada en mí misma para hacer más cosas, porque, quizás, pues, llegué hasta la universidad y hago muchas cosas, escritos, todo lo relacionado con la escuela, pero al momento de hablar, yo no podía expresarme, [expresar] mis conocimientos, me temblaba mucho la voz y no podía hablar. Entonces, Luz me dio mucho apoyo, mucha confianza en mí misma, aumentó mi autoestima, a elevarme,
a decir ‘tú puedes Luz, yo confío en ti y yo sé que lo puedes hacer’ y fue una persona que me dio mucha confianza, mucho apoyo emocional.”

(The program also helped me to speak out, to provide my testimony, to feel more confident about myself to do more things, because, maybe, well, I made it to college and I can do many things, writings, everything in relation to school, but when I had to speak publicly, I couldn’t express my thoughts or my knowledge; my voice would shake, and I couldn’t speak. Then, Luz gave me a lot of support, a lot of confidence in myself, my self-esteem increased, I learned to stand up and to say to myself, “You can do it, Luz, I trust you, and I know you can do it,” and she was a person who gave me a lot of confidence, a lot of emotional support.)

Critical dialogues about one’s subjugated history, mothering, and racialized position demand not only safe spaces but also require compassion, nonjudgmental attitudes, and validation of both interpersonal and systemic realities. One can be critical intellectually but needs to adopt a nonjudgmental stance when offering emotional support. This stance of love and open-heartedness is key to discussing nonconformity. Luz’s attitudes demonstrated a form of thinking that countered the “banking” model of education.

Nonconformity and empowerment gushed from her statement on what she learned as a facilitator and student at CEA. When I asked her about what she learned there, she struggled to find one thing that was the best.

Luz:

“No, no, [lo] mejor es que . . . esta información que se proporciona en Abriendo Puertas, realmente nos concentraron en la nutrición de saber cómo está nuestra comunidad de hispanos, que no lleguemos al conformismo. A solo, que trabaje en un restauran, que trabaje en la construcción ¿por qué? Si nuestro hijo puede ser un
ingeniero, puede ser un científico, puede ser un maestro, entonces, por qué
conformarse, por qué llegar, aún si venimos a este país para una vida mejor, por
qué dejarlos [a] que nada más lleguen a un trabajo de construcción. No tiene nada
de malo, pero nuestros hijos pueden llegar aún más allá.”

(No, no, the best thing is that . . . this information that is provided in Abriendo
Puertas; they really educated us about nutrition, about knowing how our Hispanic
community is doing; we shouldn’t be conformists. Working only at a restaurant, or
in construction, why? If our son can become an engineer, a scientist or a teacher, so
why should we be resigned? Why come here? If we come to this country for a
better life, why just let them have a job in construction? There is nothing wrong
with that, but our children can reach much higher.)

Luz’s awareness of nonconformist thinking transferred into how she saw her children and
their future. She expressed hope for them to grow beyond the conformist and racialized
role of the construction worker. Schooling is not a neutral act and often pushes students
from low socioeconomic backgrounds into working class positions (Apple, 2014; Giroux &
McLaren, 1989). Luz noticed this pattern and did not conform to the models of class
expectations for her children. Freire (1970) argued that freedom is attained through critical
thinking and dialogue. By co-creating knowledge, students can build their own agency as
learners. Freire wrote, “. . . freedom is acquired by conquest, not by gift” (1970, p. 47).
Liberation education takes commitment to live outside in a culture that promotes
hegemonic values in the areas of class (Apple, 2014; Giroux & McLaren, 1989) and gender
norms (Lourde, 1984). Freire argued that liberation is achieved by allowing the learner to
commit to their internal motivation for learning and by reclaiming knowledge. As for Luz,
she was committed to her own deep learning because it impacted her children and their
future. Though I did not capture Luz’s future dreams in the interview, at one of the last CEA community events, she described her plan to take classes at a local community college.

It is important to note that learning is an emotional process (Boler, 1997). In Luz’s story, she shared that she was fearful of not being a good mother. Thus to dip deeper and question systemic injustice, educators need support to navigate our emotions. We do not learn without the emotional support that is found in nurturing environments. Asked what emotional support meant to her, Luz said it means that one must give a testimony to our own lived experience. This is an emotional process. CEA’s supportive environment offers an opportunity to shape the needs of each mother. Luz recounted how she practiced being a leader, first with her own family and then with other families that took part in CEA’s parenting classes.

**Summary**

Luz felt that the CEA curriculum taught her how to question conformity and break social models that maintained power and control within educational settings. She felt that the *Abriendo Puertas* curriculum inspired her to dream beyond the social roles of construction or domestic work. Her story also shows that she was fearful that she was “failing” as a mother. In Luz’s story, it is evident that she used the parenting class as a tool to learn more about herself and to raise consciousness among her children. In her life, Luz acted within a gradient of both the oppressed and the oppressor, which gave her great insight as a critical educator.

**Ari — Ever-shifting identity**
Feminist critical pedagogy and poststructural discourse have long debated identity and resisted the development of binary stances (Collins, 2000; Lather, 1987a; Luke & Gore, 1992). Resisting binary positions is a key attribute to deconstructing racial, gendered, and ethnic positions. Ari’s narrative illuminates a stance of resistance through denying the polarity of woman’s work and career and being an agent within both of these constructs that compete within her cultural framework as a Mexican-American woman (Anderson, 1996).

Critical feminist theorist Mimi Orner (1992) explained that a primary attribute of critical education pedagogy is the ability to contest identity in the classroom. She posed key questions to her readership, such as, “How do we speak as teachers and members of various social groups?” She also asked educators how they should question their own embodiment of privilege and oppression. Ari’s narrative illuminates the complex and shifting nature of identity in her story. Because minority groups are often defined as others by groups in power, critical discourse positions and Whiteness studies (Doane, 2003) emerge as a necessary discourse that gazes from the perspective of the privileged to the gaze of those who are marginalized (Collins, 1989). Though Ari’s narrative demonstrates that she has the privilege of passing for White, this privilege was also a source of isolation. It also illuminates how marginalized groups such as immigrant Mexican women still negotiate power within their social network.

In her narrative, Ari stated that she had endured much “suffering.” In her story, she referenced the way that her identity and phenotype shaped her experiences in her culture and with other women. “Being a green-eyed white wolf in a country of brown wolves with dark coats was somewhat difficult,” she wrote. Her her identity created binaries in her experiences with other women, she wrote. In her narrative, her voice worked to articulate
the ways in which White privilege (passing for White)—"Look, what a pretty girl"—was also harmful to her. "It isolates you since it is difficult to have friends," even though she received remarks of esteemed beauty. The racial hierarchy was illuminated in the ways that she operated in a nonbinary space as a White Mexican woman. Her story was an example of the reality that while being ostracized for being White, she felt more isolated by her position as a woman who felt she could not maintain domestic work and develop a career due to the pressures put forth by her husband. "I entered into the world of an insecure, possessive, jealous, macho person! That’s how my dreams went to the trash because obviously he wanted a housewife!" In her story, Ari positioned her husband as being "possessive" and "macho." Her husband and his values emerged from larger structures of patriarchy (Haywood & Mac an Ghaill, 2003) that are reinforced on multiple levels in a society (Collins, 1989) where men and women are socialized from a young age (Haywood & Mac an Ghaill, 2003).

Ari’s story of reclaiming her dreams and discovering her passion for education were key attributes of learning within feminist spaces. “I discovered my passion, thanks to my experiences and the organization (CEA) for which I now work” findings her passion represent a stance of self-advocacy. She was able to withstand the dominant hegemonic discourse that stated she should be only a housewife. Resisting this narrative forged a space where she could create an alternative epistemology (hooks, 2014) that she in turn shared with other women. She also shared a positive self-image as a result of working with and educating other mothers. “I have learned that I am very strong,” she wrote. Outside of her narrative, she also shared with me that it takes balance and democracy to make her career and home life flow in a healthy way.
**Lobo como líder**

El espíritu del Lobo será el Gran Maestro, el que nos enseñará cuál es el camino a seguir. Puede ser el guía ideal, el que conoce el camino espiritual y puede enseñarlo.

Como un lobo, ella era líder de su familia y comunidad, siempre dispuesta a protegerlos y también a guiarlos por el camino que yo sé que es el que les traerá más satisfacciones y menos sufrimiento.

Ser un lobo blanco de ojos verdes en un país de lobos castaños con piel oscura fue algo difícil.

Cuando ella estaba pequeña todo está bien, pues escuchas comentarios bonitos como: “mira qué bonita niña” pero, cuando creces, esto mismo te afilia, ya que es difícil tener amigas, fue muy difícil tener amigas en mi adolescencia.

Además, tenía una gran pasión por aprender, ¡me gustaba la escuela! Sacaba buenas notas y siempre tenía una relación excelente con los maestros.

Me enamoré perdidamente de él y también sentí una enorme necesidad de protegerlo y estar con él y es que él había tenido una niñez horrible y una vida en general nada agradable. Recuerdo que cuando lo miraba podía ver a ese niño desprotegido y maltratado que fue y todo lo que quería era abrazarlo.

Entré en el mundo de una persona insegura, posesiva, celosa, ¡machista! Fue así como mis sueños se fueron a la basura pues ¡obviamente él quería un ama de casa! Amarlo y enseñarlo a amar, ya que yo lo miraba que le costaba trabajo demostrar amor y [demostrar] sus sentimientos, porque, obviamente, nunca nadie se lo había
enseñado. . .
Dentro de todo el sufrimiento . . . tengo lo más maravilloso de él “dos hermosos hijos que son lo que más amo en la vida”.
También descubrí mi pasión, gracias a mis experiencias y a una organización para la cual hoy trabajo como Organizadora Comunitaria (Partership For Community Action).
He aprendido que soy muy fuerte.
El convertirme en facilitadora de la misma [organización] me permitió ver mi potencial otra vez, lo que me permitió volver a soñar otra vez, vuelvan a creer en sí mismas, dejen de ser solo la mamá de alguien o la esposa de alguien.
Retomen lo que en su juventud les hacía sentir maripositas en el estómago.

Lobo como líder
The spirit of the wolf will be the grand master, the one that will show us the way to go.
He can be the ideal guide, the one who knows the spiritual path and can teach it.
As a wolf, she was a leader of her family and community, always ready to protect them and also to guide them along the path that I know is the one that will bring them more satisfactions and less suffering.
Being a green-eyed, white wolf in a country of brown wolves with dark coats was somewhat difficult.
When she was little, everything was fine because you hear nice comments like: “Look, what a pretty girl,” but when you grow up this way, it isolates you because it is difficult to have friends. It was very hard to have friends during my adolescence.
I also had a great passion for learning, I liked school! I got good grades and always had an excellent relationship with teachers.
I fell madly in love with him and also felt a huge need to protect him and to be with him. This is because I knew he had a horrible childhood and not pleasant life. I remember when I looked at him, I could see an unprotected and abused boy, and all I wanted was to hug him.
I entered into the world of an insecure, possessive, jealous, macho person! That’s how my dreams went to the trash because obviously he wanted a housewife!
Love him and teach him how to love, because I knew it was hard work for him to show love and feelings because obviously nobody ever taught him. . .
Within all the suffering . . . I have the most wonderful thing from him: “two beautiful children who are what I most love in life.”
I also discovered my passion, thanks to my experiences and thanks to an organization for which I now work as a community coordinator (Partnership for Community Action).
I have learned that I am very strong. Becoming a facilitator in this organization made me see my potential again, what allowed me to dream again. Believe in yourself; stop only

28 There is an inconsistency with words such as ‘I’ and ‘you’ and ‘my’ . . . and I have left these based on how the story was written by the participant.
Freire (1998) stated that a teacher is a role model for society and should embody the values of a democratic society. Freire and others (Giroux & McLaren, 1989) argued that democracy is not a single struggle; rather, it is an ongoing struggle for educators who combine forces to produce an intersection of theory and practice. Freire argued that dialogue is central to how educators understand their own pedagogy and how they become role models for the people around them. Liberatory educators other critical educators have added to Freire’s definition (hooks, 2014; Lourde, 1984), asserting that educators have to put to question the ways that they still hold power over their students (Luke & Gore, 1992), especially if they ascribe to the philosophy that students are in need of being empowered, fixed, or mended (1992). Yet, to be an authentic educator who leads, Lorde (1984) reminded us that we have to connect with our own feeling of inadequacy and heal by maintaining a stance as an outsider to a hegemonic system. Ari embodied the counter position as an outsider educator who valued democracy by being a critical educator and mother.

Despite her multiple identities—as a White Mexican woman; a mother and an educator; a “spiritual guide” who has “suffered”—her position within multiple identities was not fixed; rather, it was “highly unstable” (essay in Luke & Gore, 1992, p. 74). Mimi Orner stated:

Since the culturally generated meaning and understandings articulated to these terms continually, undergo personal and social transformation. Instead of framing the slipperiness of identity as a problem to be solved or an obstacles to be avoided, feminist poststructuralist regard the inability to fix our identities and to be known
through them in any definitions way has a powerful means through which we can
“denaturalize” ourselves and embrace change (1992, p. 74).

As Orner points out, identity is not a fixed attribute; it changes based on geography, place, and context. Ari’s identities will continue to shift over time, but by embracing identity as unstable, ever shifting, she is better equipped to answer Orner’s (1992) questions: “How do we speak as teachers and as to members of various social groups? How do we question our own embodiment of privilege and oppression?” (p. 75)

Though Ari did not articulate in her story that being perceived as White was a privilege, she was able to articulate that the construct of masculinity was an unearned privilege harmful for woman and men but had more significant consequences for men. She said that she and other women who were part of the critical literacy program, Abriendo Puertas held at CEA, were able to make behavioral changes in their homes and to stand up for their agency against a hegemonic system.

“En el grupo, porque lo queríamos empezar y tuvimos junta hoy y desde entonces, y que siempre las facilitadoras de Abriendo Puertas se han visto como que te vuelves parte de la organización y te divorcias, es como. . . pero no es porque pasa algo, sino porque ellas empiezan a hacer cosas y en sus casas no les gusta, entonces la que no se divorcia combate el machismo.”

(In the group, because we wanted to start it and we had a meeting today and since that day, the facilitators of Abriendo Puertas have been always seen that way, [they think] that you become part of the organization and you get divorced, but it is not because of the program, but because they start doing things, and in their homes they don’t like it, so those ones that don’t get divorced, they stay and fight machismo.)
Ari also realized that it was not just women who needed support in parenting and critical thinking skills. It was also adolescent youth who needed support fighting against the unhealthy attributes of patriarchy. Inspired by the power of education, she and several other women are now engaged in developing new curriculums to support parents with adolescent children.

“Ese programa lo empezó por la necesidad, bueno, nos habló la escuela para involucrar a los papás, pero nosotros les dijimos [que] nosotros ofrecemos programas para niños de 5 años, no para adolescentes, pero vimos que había mucha necesidad para papás [para] que les ayudaran en la atención de sus hijos, porque es muy difícil. Empezamos a buscar opciones para ayudarlos y [para] hacer un taller que, al principio, iba a ser inspirado en Abriendo Puertas, pero adaptado para la adolescencia y después, yo leí un libro que se llama: ‘Tengo un hijo adolescente, no sé qué hacer’ y me encantó porque lo leí como para documentarme.”

(That program was started out of necessity. Well, the school came to us to get parents involved, but we told them that we only offered programs for 5-year-old children, not for teenagers. However, we saw there was a lot of need for parents to be helped with the care of their children, because it is very hard. We began looking for options to help them, and to create a workshop that it was going to be inspired in “Abriendo Puertas,” but adapted for teenagers. Then, I read a book titled, “I have a teenage son and I don’t know what to do,” and I loved it because I read it to learn).

Ari brought forth a unique position that she could advocate for her fellow Latina mothers and stand against a *machist* attitude. She also demonstrated how a woman has the right to
be many things: “smart” and “good looking,” White and Mexican. Ari’s story illuminates contradiction and brings the gift of looking deeper at the racial and gender categories that individuals are interpolated into unhealthy binaries that do not exist (Gore, 1992). Her status within a Mexican-American culture also illuminates the complexity of polarity; if you are against Mexican men, you are against the entire culture (Anderson, 1996). Moreover, the construction of a border facilitates those in power to position people, language, color, gender, and gender constructs as opposites in potential if not actual collision: American/Mexican, Spanish/English, white/brown, man/woman, machismo/feminism. While binary representation affords easy categorization of violent acts and histories in terms of those who are oppressed (victims) and those who are the oppressor (perpetrators), it fails to adequately address the various realities of women in these regions, realities that do not fit neatly into a box.

**Summary**

Ari’s narrative aligns with the concept of identity as an ever-changing attribute (Collins, 1989; Orner, 1992; Lather, 1987a). In her story, she denies the polarity of woman’s work and career and being an agent within both of these constructs that compete within her cultural framework (Anderson, 1996). Her narrative begins to deconstruct racial, gendered, and ethnic positions, as she alludes to the harmful extension of racial constructs of Whiteness as better or beautiful. In Ari’s story, she reclaims dreams: “I also discovered my passion, thanks to my experiences and an organization for which I now work.” She was able to withstand the dominant hegemonic discourse that stated she should be only a housewife. Ari brought forth a unique position that she could advocate for her fellow Latina mothers and stand against patriarchy by communicating with other women that they can have careers, if they desire.
Family literacy programs’ cultural knowledge help cultivate tools for critical thinking skills. Shor insists that critical literacy skills allow a person to find a deeper meaning, root cause, and investigate the social context in which an individual exists (Shor, 1992). Due to structural attributes of patriarchy (Walby, 1997; Collins, 1989; Crenshaw, 1993), mothers in CEA found stances of resistance against violence and domestic work that shaped their mental well-being and daily experiences as Latina educators.

The CEA is an organization that teaches parent facilitators to train other parents; as a result of several child suicides in New Mexico, they have taken a focus on mental health promotion, and this study aimed to help the organization by developing a focus group curriculum. As part of the curriculum, parents wrote stories that spoke to their emotions and experiences as educators. The narratives of Latinas’ participating in CEA’s critical family literacy program reveal several key attributes of feminist critical pedagogy, including inclusion (hooks, 2014), vulnerability (Brown, 2007), nonconformity (Lourde, 1984), and unstable identity (Orner, 1992). Critical pedagogy is an approach to teaching that emerged from the work of many individuals (Freire & Macedo, 2005; Giroux & McLaren, 1989; Lankshear, 1997, 1993; Shor, 1992, 1993; McLaren, 2000, 2001) who also espouse the notion that education can be an act of liberation against social oppression. Throughout the interviews, focus group meetings, and participant storybook narratives, I found four attributes: inclusion, vulnerability, nonconformity, and unstable identity, which I suggest are hallmarks of critical feminist pedagogy and are necessary emotional tools within developing women-centered spaces that provide emotional support and emotional literacy.

**Emotional Literacy within Critical education**

**Emotionality**
Emotion is “a complex psychological state that involves a subjective experience, a physiological response, and a behavioral response” (Hockenbury & Hockenbury, 2007). The physiological response of an emotion often prompts one into action. Emotions have the ability to change heartbeat, breath, and muscular constriction (Bechara, Damasio, & Damasio, 2000). When we are emotional, blood leaves the thinking mind and heads toward the muscles, preparing the human body to take action (Siegel, 2009; Bechara, Damasio, & Damasio, 2000; Damasio & Carvalho, 2013). For example, if we see a spider, we might feel the emotion of disgust and be prompted to move away from the insect. On a relational level, disgust or anger from being domestically abused may push the abused away from the perpetrator. While emotions have a subjective nature, facial recognition studies suggest there are seven basic emotions—anger, contempt (or jealousy), fear, disgust, happiness, sadness, and shock—that are experienced across cultures (Ekman & Rosenberg, 1997).

These categories emerged from Ekman’s facial recognition studies (1972-1997). Yet, emotions often emerge at the same time: One may feel angry and jealous, and each has a spectrum of emotionality (see Pultchik’s research). For example, one might say they are annoyed, bothered, or upset as a reference to degrees of feeling angry. While there are basic emotions, according to Ekman and Rosenberg (1997), counselor Karla McLaren (2010) has added to emotional research and theorizes that each emotion has a unique message crucial to how we relate to ourselves and others. She also included the emotions of shame and guilt that contemporary researchers have added (Brown, 2007).

- **Anger**: make a boundary
- **Fear**: intuition and focus
- **Shame**: external control/or I broke my values
- **Jealousy**: self-care
• **Joy**: move toward “it”

• **Disgust**: move away from “it”

• **Surprise**: pay attention (Karla McLaren, 2010)

McLaren (2010) suggested that all emotions are necessary to explore and unpack to develop an interconnected community of interpersonal skills. She stated, “I see each emotion as a distinct individual with its own message, its own strengths and challenges, its own relationships to its fellow emotions, and its own purpose in the psyche.” She also argued that people need to look at their emotions a non-binary, where anger and fear are also fruitful emotions, so people can discover “healthy anger, healthy fear, or healthy sadness in their emotional skill set” (Karla McLaren, 2017, p.1). Emotional interactions make up the fabric of daily interactions (Steiner, 2003) but are overlooked in academic spaces (Boler, 1999) and in society at large (Jaggar, 1989). Allison Jaggar argued that emotions are socially constructed: “Children are taught deliberately what their culture defines as appropriate responses to certain situations: to fear strangers, to enjoy spicy food, to like swimming in cold water” (p. 157). She also explained that children are also aware of how their culture defines what emotions are appropriate to publicly display. Although emotionality can be measured across cultures, she argued that these emotional expressions are divergent within a cultural context. Jaggar (1989) explained that emotions are interwoven with one’s values: “Emotions and evaluations are logically and conceptually connected” (p. 160). For example, a man would not feel ashamed that he was not a breadwinner if he did not believe this is how men in his culture should behave. Values, ideology, and emotionality are interconnected constructs that are an invaluable part of discourse in critical family literacy and critical feminist pedagogy.
The notion of a critical emotional literacy breeds a contradiction. One hand, women should be angry and feel their emotions and on the other hand should self-regulate. Lorde (1981) shared how she uses anger as a tool to bring forth equity; women responding to racism means women responding to anger, the anger of exclusion, of unquestioned privilege, of racial distortions, ill-use, stereotyping, defensiveness, misnaming, betrayal, and coping (p. 7). It is valuable, important, and necessary to connect with our feelings of power (Boler, 1997); yet, if women stay in an elevated state of emotional tension for prolonged time periods, they run the risk of toxic stress. Toxic stress harms the central nervous system, decreases blood flow to the brain and stomach; prolonged stress is detritus on the human body. Thus, women need to feel anger, rage, and grief and have the ability to self-regulate the body in order to discourse solutions rooted in power discourse and social change.

Given the large body of research on emotions within feminist inquiry (Boler, 1997; Boler, 1999; Brown, 2006; Brown, 2007; Jasper, 2011; Jaggar, 1989) and power relations that intersect economics, class, and race (Collins, 1989; Lorde, 1980; Lorde, 2003), I argue that emotional literacy is necessary to resist patriarchal structures. Because gender and power shape one’s ability to recognize emotions, it becomes necessary to study and access how power influences emotional awareness. According to Minnesota early-learning guidelines, key aspects of emotional development include the ability to recognize feelings; label emotions; use words instead of behaviors (e.g., manipulation, aggression, guilt trips); to communicate needs; and to develop emotional language within overlapping spheres of syntax, ancestry, history, culture, geography, and hegemony. Other social and emotional learning curriculums use the term “intelligence” to promote success in self-management (Goleman, Boyatzis, & McKee, 2013). Emotional intelligence measures originally were
created to study job performance and have since informed social and emotional learning curriculums in schools as well as on the New York Times bestseller list (See Emotional Intelligence by Daniel Goleman). The workplace performance-focused mission of emotional intelligence models led scholars to call emotional literacy “emotional intelligence with a heart” (Stiener, 1997). Power and gender are topics that are often negated within emotional literacy curriculums and educational settings (Boler, 1999).

Because mental health is “the way your thoughts, feelings, and behaviors affect your life” (APA, 2017), it is key to get in touch with one’s feelings to build emotional resiliency. In the storybook narratives and throughout the interviews, the participants were emotional.

The attributes of resistance the women in the study demonstrated—inclusion, vulnerability, outsider status, ever-shifting identities—operate in an emotional space. Maria’s narrative aligned with the attribute of inclusion, echoing the work of feminist scholars (Boler, 1997; hooks, 2014; Richer & Weir, 1995; Gore, 1992). She spoke to the “fear and terror” that men feel when they have to take off their emotional armor that has socialized them into the belief that men don’t cry or men have to be breadwinners. Sonia spoke about the technique of using vulnerability or “emotional exposure” (Brown, 2007, p. 3) in her classrooms. She said she also learned self-love and empowerment by returning to school and becoming a CEA community educator. These experiences of empowerment allowed her to move through her fear of her partner before she left him.

Luz’s story illuminated the gifts of self-love and forgiveness that are necessary when women unpack shame for how we mothered our children or did not mother them. Lastly, Ari’s narrative showed that identity is not fixed, it is ever changing (see Collins, 1989; Orner, 1992; Lather, 1987a). Although her husband was jealous, she was able to withstand the dominant hegemonic discourse and follow her dreams to have a career as a
teacher. The women who engaged in this research study cried during the focus groups and interviews. We even developed ongoing jokes about our emotionality “... I told you not to make me cry” (Maria). But our tears were important because they showed us (women, scholars, educators, mothers) where we had values and where we needed to take action in our lives. If we do not take action against domestic abuse, if we do not take action against sexist ideology, then we risk mental and emotional damage. And we become illiterate in what our emotions are communicating. Yet, this requires understanding power dynamics that operate at multiple spheres within our society (Collins, 1989).

Moreover, the World Health Organization (WHO) suggests that half of the mental disorders experienced by individuals begin before the age of 14. Mental health issues have been a serious concern globally since a 2001 WHO report that suggested that mental disorders represent four of the 10 leading “causes of disability worldwide” with 450 million individuals suffering mental health issues (p. 3). Emotional literacy may be a solution to educate those with mental health issues and serve as a preventative medicine for those who have not yet been driven crazy by the systems of oppression found in the human struggle. Additionally, CEA and their community educators had to deal with four suicides in the previous academic year; thus, the topic of emotional literacy offers prevention-based curriculums that address emotional resiliency with parents and youth. These community-centered and culturally relevant curriculums are necessary to gather more information about how we can engage immigrant women, who are the least likely to obtain mental health services and prevention tools (Sentell, Shumway, & Snowden, 2007).

Critical education that focuses on family learning is not a new concept. Parental engagement programs have been part of school-based learning for several decades. The “Epstein Model” is widely practiced to educate parents with respect to general parenting,
communication, learning in the home context, decision making, and community collaboration (Epstein, 1995). Further, current findings indicate that critical family literacy, when taught in a supportive environment that considers emotions, has the power to improve the mental health and physical safety of participants involved. This adds a new layer of contextual validity to interventions related to early childhood literacy. Whereas scholars have recommended that family literacy acquire a transformative approach (Caspe, 2003), it is rarely suggested that similar transformative approaches be applied with respect to emotional well-being or to issues of cultural power and gender. In the next chapter, I discuss key findings from the dissertation study.

Chapter conclusion

Participants resisted these roles by joining CEA and began to put themselves first, for “You can’t give away what you do not have.” In this case, many of the women who come to CEA cultivated emotional awareness and better tools within their personal lives, and this by extension transferred to their children and larger networks. Study participants resisted violence and “traditional” gender roles that encouraged them to only mother and home-make. Stances of resistance were seen in stories and in interviews. Maria focused on a partnership with her husband despite the battle of unequal gender roles. Sonia stood up against her abusive husband and left him. Luz shifted how she parented despite not being raised with other tools. Ari was passionate about teaching other women how to stand up for themselves and to identify their dreams and aspirations. These spaces of resistance were cultivated through critical learning in an emotional mujer-centered space. Brown (2007) suggested that women heal when they become accountable to themselves and recognize their vulnerability with respect to others. Recounting a personal struggle allows one to become vulnerable to others by sharing and developing connectivity with them (Brown,
2007). Such connectivity creates a buffer against shame and isolation (Brown, 2007). Yet, critical learning, pedagogy, and discourse are highly emotional processes. The women in the study said they felt fear to reclaim their power or felt vulnerable to share stories of abuse. However, when emotions are named within a critical context, healthy boundaries and empathy are discussed and educators are better prepared to take action in fighting structures of oppression.
Chapter Six: Conclusion

Image 6: A New Journey Forward
**Partnerships**

In partnership with the Community for Education and Action program, we developed an emotional literacy curriculum called *Critical Family Emotional Literacy*. The curriculum included learning circles that named one’s emotions, developed critical consciousness, and discussed boundaries and empathy. As researchers and community educators, we added to existing emotional literacy models by developing necessary features, such as promoting critical awareness (power discourse), identifying emotionally centered learning spaces for mothers, and challenging emotional literacy curriculums that do not involve parents as key advocates for their children. Mothers participating in this study named structures of oppression that were re-enforced through patriarchy and resisted them through critical learning in emotionally supportive contexts. We are currently piloting the curriculum with parents who were not part of the original research study and have plans to eventually use this curriculum in school settings where CEA members educate families.

In Chapter 2, I set the context for this study through a literature review that investigates structures of power through individual, social, and ideological lenses to understand interlocking structures of violence and attributes of patriarchy (Collins, 1989, 2009). I used Patricia Hill Collins’s *Matrix of Domination* as a guide to understanding the structures that influence immigrant Latina mental health, such as the “iron cage,” and I adapted Collins’s (2009) analytic techniques to assess ways that immigrant Latina mothers in the United States perceive and resist oppression. My discussion of Foucault’s writing offered the reader (1961) a history of mental health care mistreatment toward women, restricted populations, and populations that hold differing beliefs. Additionally, I offered
examples of the ways that the medical model has maintained power over women’s minds and health through the power to declare one as “insane” to gain profit or the practice of torture and scientific experimentation to benefit those in the upper echelons of society (Brooke, 1997; Minkowski, 1992; Washington, 2007).

Because Collins’ work reminds educators and scholars to understand layers of oppression that are both historical and contemporary (2002), I presented the reader with a basic overview of *machismo*. This extension of patriarchy holds a biological view of male dominance due to genetic origins (Ingoldsby, 1985) and is expressed culturally as the belief that men are *macho* because they display physical or verbal aggression toward women (Kaufman, 1987). These behaviors are both detrimental to Latina women and men and promote an unhealthy binary/generalization of all Latino men as “macho.” In these ways, the play of power occurs on structural (historic/social), intermediate (interpartner or family), and individual (in one’s own mind) levels (Collins, 1989, 2002). I explained that despite the documented benefits of talk therapy, there is an inherent contradiction in offering mental health services to Latino immigrants because many groups of color have been targeted, used as experimental test subjects, and excluded from participation in Western medical education. Moreover, groups of Latinos that are first generations are least likely to use mental health services due to distrust, stigma, and limited access.

Collins’ work also postulates that women of color have a *personal domain* of power from which to reframe violent ideology and behaviors. As such, it is necessary for marginalized groups to “work the cracks” and to resist narratives of disempowerment (Collins, 1990). Women must resist the violence that shapes their lives by understanding their own internal dialog and speaking with other women who have lived in the same context. This requires a pedagogy of liberation (Freire, 1970) and critical learning. Freire
(1970) reminded educators that education is not a neutral act. Education is political, and he suggested literacy as a way to teach reading and writing in order to critically understand the world around us.

Based on the widely utilized Epstein Model that represents parenting, communicating, and collaboration (Epstein, 1995), I offered readers an in-depth look at the ways that these spaces have a larger cultural relevance within family literacy (Ada, 1993; Bridges et al., 2012) and emotional dialogues. I described both the subjective nature of emotions and universal emotions—anger, contempt, fear, disgust, happiness, sadness, and shock—that are observed across cultures (Ekman & Rosenberg, 1997).

In Chapter 3, I described my research methods of using focus groups, storybooks, and interviews to triangulate data. During the (learning circles) focus groups, we spoke about emotional literacy.

In Chapter 4, I discussed the learning circles and the interviews where mothers in this study shared with me that despite fear of anti-immigration policy and English language acquisition stress, *machismo* was the primary form of oppression they dealt with daily. The mothers also wrote story narratives each week in their learning circles that illustrated how *machismo* takes many forms in their stories, including physical violence, such as being beaten by a father, male sibling, or husband, or verbal abuse, such as a partner telling you that you are “worthless.” In this way, study findings align with Collins’s (2009) theory that there are many levels of power that intersect with other systems of inequality, including those related to race, gender, class, ethnicity, and citizenship status that impact women of color and their perceived mental health. Intersections of power by their husbands, fathers, and larger cultural climate, varying language, and documentation stressors caused by local policy impacted the mental states of Latina women in the study.
In Chapter 5, I focused on the storybooks that participants developed. Narratives across the seven women revealed a need to focus on family emotional learning by identifying interpartner violence. Additionally, findings suggested that women who participate in grassroots community organizations have improved perceived mental health as a result of identifying interpartner violence and finding solutions through critical education, support networks, and emotional dialogue. The findings in Chapters 4 and 5 zoom in on four case studies and four storybook narratives as artifacts that demonstrate stances of empowerment. In the cases outlined in these chapters, it is clear that patriarchy influences the mental health of immigrant women. It also was evident through various types of data collected (artifact, interview, and focus group) that CEA supports mental health for mothers. It does so by (a) exposing machismo to build stronger emotional resiliency, (b) validating their experiences, and (c) offering solutions that will lead to action and change.

Next, I make recommendations for counselors and educators in public school settings. Based on the findings, current models of emotional literacy need to discuss power and gender as a way to improve the mental health of Latino parents. Emotional literacy curriculums should be designed to support community mental health and need to be developed in conjunction with parents, taught by parents, and focus on power and gender. Currently, gender and power are omitted from curricula within emotional literacy; based on the findings, these topics need to be included in school-based mental health promotion.

Current models for teaching about emotions in schools are based on psychologist Daniel Goleman’s concept of emotional intelligence, with a focus on “action and job performance” (Goleman, 1995). Under this model, the power dynamics such as machismo that govern emotional experiences among Latinas go unrecognized. Naming one’s
emotions and recognizing power dynamics and emotional manipulation is key when looking to improve mental health and circumstances of oppression.

Goleman’s (1995) models created and set standards for emotionally literate and intelligent people within the confines of academic institutions and are seen as the gold standard. To date, no models have worked to develop self-defined, parent-influenced approaches to engage in emotional dialogue. Part of this is due to the view that parents are incompetent and unable to coach their children (Goleman, 1995). Current emotional dialectic models based on Goleman’s work in job performance and, by extension, student performance in school settings lack a social awareness of how power intersects to form interlocking systems of oppression (Collins, 2009).

A critical family emotional literacy approach is necessary for groups that have been excluded from the definition of a personal and community ontology of mental health. The term emotional literacy as defined by psychologist Claude Steiner and his colleagues (1997) suggests that emotional literacy recognizes your emotions, names your emotions, and dialogues with others about your emotions, with the aim of improving social relationships. In alignment with other critical theorists, I argue that any type of emotional education must discuss power (Boler, 1995; Jaggar, 1997) as a key curricular aspect. Thus, I use the term critical family emotional literacy as a necessary term that encapsulates building literacy to read the world through family dialogue grounded in topics of emotions and power.

Parent engagement programs that take a necessary approach to teaching family literacy and emotional awareness to improve their parent-child mental health skills are key for mental health promotion. Further, developing networks of support for parents may improve a child’s psychological and emotional quality of life. School settings where
parents can come together to bring healing and self-care in turn foster the development of narratives of empowerment that validate existing funds of knowledge. Next, I contextualize my findings within local New Mexico mental health trends and give recommendations for improved cultural competence in school settings for counselors.

**A Letter to Those Who Dare Teach**

Across Freire’s (1998) work, he calls educators to take theory beyond the walls of the institution and speak to real-life contexts. In New Mexico, the current people who would benefit from learning about these researcher findings include educators who may intend to incorporate emotional literacy into their teaching. This teaching also may include school counselors or those in community settings who are looking for ways to engage parents outside of the traditional talk therapy relationship, or it might include local policymakers who aim to improve mental health. In each of these cases, I have written a brief letter to each population. I have drafted key study findings and application to their population.

I have modeled my findings on Freire’s (1998) *Teachers as Cultural Workers: Letters to Those Who Dare Teach*. In this format, Freire wrote six letters to educators, and in each letter he addressed a core concept of critical literacy, for it is often the case that research is obsolete and not applicable to those who need to hear its message. Freire reminded his readers that one’s talk should not be “just alienated and alienating rhetoric” (Freire, 1970, p. 77).

In alignment with Freire (1970), I take findings to audiences beyond academia, including counselors in the field and educators in low-income schools. It is my intention to communicate my findings in simple, concrete ways that are relevant to laypeople and counselors within the field of parent and child development and teachers. Please see my
letter addressed to counselors below.

A letter to those who dare to diagnose,

I worked as a counselor in both school and community settings for several years before starting a doctoral program in Language, Literacy, and Sociocultural Studies. It was my experience that many of the children I worked with in low-income school districts needed multiple levels of support that I could not adequately offer in one-on-one sessions. More to the point, I fell short of offering services that could reach into their daily lives, lives shaped by multiple social determinants of health, including poverty, access to food, and healthy emotional role models. Parent engagement was difficult as many “mothers” were grandmothers who worked full time or older siblings who did not have access to adequate training in parenting and emotional literacy. Working in a mental health system that treated and diagnosed the child who was a product of trauma and poverty demanded a deeper look into existing programs that offered emotional support for parents. During my time working as a researcher, I came across a grassroots parent program, The Community for Action and Education, which worked with mothers and children to develop healthy emotional parenting that intersected with nutrition, immigrant rights, emotional coaching, and leadership.

CEA is a team of 40 facilitators in Albuquerque’s South Valley. These facilitators have used Freire’s model for popular education and worked to develop critical literacy and leadership among Spanish-speaking parents. The group of community educators offers bilingual classes to all parents at several schools throughout the state. While they have been nationally recognized for parent engagement and leadership, the cultivation of emotional health and mental health has gone unnoticed.
This organization became the focus of my doctoral dissertation. I used a qualitative inquiry to document the experiences of seven Latina community educators/mothers through focus group, interview, and artifact data. Because there are disproportionately high rates of child mental health issues and academic gaps that affect Latino families (Child Trends report, 2013), I focused on understanding the organization’s critical literacy and emotional learning as characteristic to develop a parent-led emotional literacy curriculum. Working in conjunction, we held learning circles that invited parents to reflect and discuss their emotions.

Parents who engaged as educators of other parents reported improved mental health. Improvements in their mental health translated into how they parented and nourished their children through increased play, emotional discussions, and a decrease of raising their voice in anger when parenting. Additionally, the study participants reported a need to equip all parents with skills related to emotional vulnerability, critical thinking, and inclusive behaviors. Through the narratives that the mothers offered during the research, it was evident that they dealt with oppressive forces that resulted from patriarchy. Violent forces of verbal, physical, and domestic control were perpetuated by machismo. In this way, the study participants illuminated key topic areas that should be addressed in emotional literacy curriculum in populations with Spanish-speaking parents in New Mexico.

Because community-centered approaches are highlighted in the Mental Health in Schools Act of 2015, H.R.1211, as a tool to promote culturally relevant health interventions, policymakers need to focus on funding organizations that engage parents as advocates of family mental well-being. This is important, because many families that need mental health services do not access these resources due to stigma, and New Mexico youth
have high levels of susceptibility to mental health disorders. The 2015 New Mexico Regional Mental Health Report suggested that New Mexico had the fourth highest prevalence of “persistent feelings of sadness or hopelessness among youth out of the 42 states” (p. 1) based on findings from the Youth Risk and Resiliency Survey (YRRS) coordinated and designed by the federal Centers for Disease Control and Prevention. Each state, tribal, and urban school district participating in YRSS used a cluster sample design to create a representative sample of students across the state in grades 9-12. While the YRSS screens and measures students who are susceptible to mental illness, it does little for prevention-based services that target all youth. Services that use emotional literacy as a preventative measure are capable of offering services that are not attached to stigma. If all school-aged youth have access to curriculums that teach them about their emotions, such as anger, sadness, or persistent hopelessness, they will be better equipped to understand what their feelings are communicating. If parents involved in the facilitation of curriculum than there is a greater chance that the curriculum will be sustainable. If parents do not have investment and ownership in emotional literacy curriculums, it is likely that they will not be culturally relevant.

**Recommendation 1: Use parents as experts**

Emotional health interventions rely on school personnel or teachers as the experts. This view of educators and counselors who do not have buy-in from parents will not be sustainable and will lack contextual validity. The dynamic of educators or counselors as the experts reinforces a power hierarchy where parents are not invited to engage as leaders in their child’s life. Further, it omits important opportunities for community ownership and insight. Building on 40 years of parent engagement research and family literacy studies that suggest learning transfers from the parent to the child, several mothers in the study...
reported that parent literacy also affected the development of their children. Mothers yelled in anger less and found alternatives to corporal punishment. Current emotional literacy and emotional intelligence models (Stiener, 1997; Goleman, 2006) omit critical learning as a therapeutic tool to understanding the social determinants of mental health. In other words, our clients are not sick, but the society in which they were raised is making them sick.

Culturally, we are emotionally illiterate due to the fear of being viewed as overly emotional or irrational (Boler, 1997), despite the invaluable biological necessity of emotions. Trauma, sexual abuse, physical violence, and attitudes of domination toward women, children, and one another are symptoms of a culture that espouses patriarchy. I would like to clarify that patriarchy is not just violence against women; it also includes reaffirming capitalistic structures that value efficient behaviors and productivity over humanity. In the United States, healthcare is a for-profit industry; we have to find alternative support systems to allow individuals to heal and cultivate stances of empowerment. This is done through critical learning.

**Recommendation 2: Critically assess your role within a larger medical context and history**

Often, counselors are not adequately trained to identify the power dynamics that exist beyond the interpersonal level of professional/client. We have to interrogate our history as mental health workers operating within a medical model. We need to discuss the way that women of color have been used as guinea pigs for testing of the medical elite (Washington, 2007) or talk about 17th-century practices where women were declared as “insane” for capital gain. Given our position as mental health providers in the power-latent medical field, we must investigate colonization, especially in our own minds. Are we trying to save, fix, or better communities? I hope not! Communities do not need saving or
fixing; they need access to resources and access to critical education that teaches stances of empowerment. In the study, it was clear that mothers were capable of learning, healing, and role-modeling for their children. The study participants offered invaluable knowledge; narratives across the seven women revealed a need to focus family emotional learning by identifying interpartner violence. Additionally, findings suggest that women who participate in grassroots community organizations have improved perceived mental health as a result of identifying interpartner violence and finding solutions through critical education, support networks, and emotional dialogue.

Communities that are in poverty and have been racialized often need access to knowledge, critical learning, and emotional support. I invite our field of mental health workers to look at the competing messages in our field. How can we give a diagnosis if the culture, not the person, is ill? How do we reaffirm power dynamics by receiving payment for services and access to educational knowledge that should be free? How can we continue to envision an alternative structure that focuses the entire person’s health and context, not just their “mental” health? These are questions a counselor should ponder. I do not know that there is a right answer, but these questions merit dialogue. How we understand our positions as counselors shapes the quality of treatment we provide. Simply telling an individual about their issues and finding solutions without explaining the structural nature of a diagnosis perpetuates that something is wrong with this individual, not the collective. And this is a lie.

**Recommendation 3: Continue to envision alternative models of mental health**

An alternative position to seeing myself as the product and pawn of a mental health system that profits from diagnosing people for structural issues is by thinking of myself as an educator. I am here to educate people on their health, specifically their emotions and the
structure of manipulation that try to control people. These structures are often intangible and include negative attitudes toward females and breed entitlement, privilege, and power.

As counselor, I believe that we need to engage in work that promotes individual healing as well as critical consciousness. Because so much of mental health disorders come from trauma, we must be critical educators first and mental health workers second. We need to equip people with tools that allow them to name their emotions and understand the ways that societal power structures use emotional manipulation to build profit and breed complacency.

My current vision for erecting a new structure of mental health promotion and trauma resiliency in youth and families is what I refer to as emotional family literacy. It is my hope that instead of a reliance on diagnosing and treating mental illness, as a field, we can put equal effort into prevention. The culture in which we live lacks the ability to talk about our feelings openly for fear of being shamed, “girly,” or overemotional (Boler, 1995). It is time that we invite community members, parents, and children to reclaim the language of their emotions. New Mexico is a state that has a great need to talk about trauma, legacies of distrust, and solutions. I believe all families need to strengthen their emotional literacy. My community partners at CEA can offer training on emotional literacy and healthy parenting strategies. I believe that as counselors we should be focusing on prevention and treatment in equal amounts, but this is a task that cannot be achieved individually. Part of our role for envisioning a new structure for mental diagnosis that is not profit based or rooted in legacies of domination means we must invest in a parallel structure—a structure that shares the knowledge of emotions with all children, not only those who have access to a counselor or have been labeled with an illness that is often a symptom of a sick culture. If you recall, only 5% of mental illnesses are neurologically
created, which leaves the rest to environment and epigenetics; in other words, humans are hard-wired to have a healthy mind. Education that teachings families and children how to name their emotions, use critical thinking to identify inappropriate behaviors, cultivate healthy boundaries, and develop empathy is key for creating mental health in a world that so desperately needs emotional literacy. Critical family emotional literacy is a tool to promote mental health, increase parent engagement, and create culturally relevant programs for Latino families in the Southwest.

A letter to those who dare to teach: A Manifesto for Emotional Literacy

Even though we (academics) are skilled in reading, writing, teaching, and learning, we are often illiterate in how to manage our emotions and bring them into the classroom. The five basic attributes of emotional literacy for educators come from the curriculum used during the learning circles in my dissertation study. The areas presented next are ways for educators to develop emotional self-reflexivity on a personal level and in the classroom.

- **Naming my emotions**: I name my emotions when they arise (even in the classroom). I know that each emotion has a gift for me and my students.
  - As educators, we assign readings to our students and ask for intellectual responses. We can work to feel emotionality in the things we read and in the discussions we have. I suggest that educators take a deeper look into what their emotions are communicating:
    - **Anger**: make a boundary
    - **Fear**: intuition and focus
    - **Shame**: external control/or I broke my values
    - **Jealousy**: self-care
    - **Joy**: move toward “it”
- **Disgust**: move away from “it”
- **Surprise**: pay attention (Karla McLaren, 2010)
- Action step: To practice naming one’s emotions, you can invite students to reflect on their emotions while reading articles, watching a documentary, or having a class discussion.

- **Emotional reflection**: I am able to recognize emotions in my body and release them through movement or breathe until I am in a safe space to cry, yell, or have an ally listen to my position.
  - Studies show that focused breathing can reduce emotional tension. In your classroom, you can instruct breathing for 1 minute or just hold a minute of silence, giving students time to catch up with themselves before your lecture begins.
  - Action step: Bee’s Breath
  - “Sit comfortably, with the back tall and shoulders relaxed. Start by taking a few natural breaths, and close your eyes (as long as closing them doesn’t produce more anxiety). Then, keeping the lips lightly sealed, inhale through the nostrils. Exhaling, make the sound of the letter “M,” essentially a humming sound. Sustain the sound until you need to inhale. Then repeat: Inhale through the nose, then hum like a buzzing bee as you exhale. Continue by inhaling as needed and exhaling with this sound for several minutes. You can practice as long as it feels good.” (Yoga journal, 2017, p.1)

- **Healthy boundaries**: I avoid the discharge of emotions unto others (my students, family, colleagues) because it is a sign of disrespect for myself.
A good way to practice not discharging emotions on to others is to use an “I” statement. “I” statements allow us to take ownership for our feelings. Example: “I feel angry that students were sloppy in editing their assignment, and I feel tired at the end of the semester and it makes me feel angry” versus putting the blame on an external agent, such as, “Students are lazy, and they are making me tired and angry.” If you recall McLaren’s (2010) theoretical work, anger means that you need improved boundaries. Brown’s (2007) work on healthy emotional boundaries would ask you to look at your relationships and need to feel validated by other people. Maybe you need to make these expectations clear to your students, or perhaps you have put too much on your plate and your anger is reminding you about the need for self-care.

Action step: In emotional dialogues in your classroom, have students use “I” statements. Invite students to see the value of their emotions.

- Supporting safe learning environments that are nonjudgmental.

Brown (2008) referenced nursing scholar Theresa Wiseman’s four characteristics of empathy: “To be able to see the world as others see it.” This requires putting your own “stuff” aside to see the situation through the eyes of another. Often in learning communities, power and prestige are maintained through critiquing the work of others. How can you offer feedback that is effective and useful without being harsh in attitude and judgment?

To be nonjudgmental: Judgment of another person’s situation discounts the experience and is an attempt to protect ourselves from the pain of the situation.
To understand another person’s feelings: We have to be in touch with our own feelings in order to understand someone else’s. Again, this requires putting your own “stuff” aside to focus on your loved one.

Action step: Give student feedback that is nurturing in tone and works to improve the learning community, not to promote ego or one person’s attitude.

In conclusion, this narrative study documented the experiences of seven Latina community educators through focus groups, interviews, and artifact data. Due to the stigmas surrounding mental health (Bayer, 2005), a lack of culturally centered emotional curriculums (Boler, 1997; Boler & Zembylas, 2003) educators, parents, and communities are in dire need of mental health promotion tools (APA, 2015). Community-centered approaches that talk about topics within emotional literacy models (Steiner, 1997; Goleman, 2006) within a critical education framework (Freire & Macedo, 2005; Giroux & McLaren, 1989; Lankshear, 1997, 1993; Shor, 1992, 1993; McLaren, 2000, 2001) that focuses on feminist inquiry (hooks, 2014; Richer & Weir, 1995; Gore, 1992) are necessary to build emotional literacy. Findings suggest that women who participate in grassroots community organizations have improved perceived mental health as a result of identifying interpartner violence and resist oppression through critical education and emotional dialogue. Because current emotional literacy curriculums do not address power discourse alongside self-regulation techniques, I suggest that educators integrate emotionality and power discourse to develop emotional literacy.

The paradigm of community-centered research suggests study findings need to benefit the community and institution (Minkler & Wallerstein, 2008). This is done by continuing to work in communities even after the research is completed, as community research is intended to form lifelong networks. In alignment with a community-centered
research project, I aim to eventually modify, print, bind, and identify a formal family emotional literacy curriculum. CEA is currently piloting the emotional literacy curriculum used in the study to teach new parent-facilitators. I have plans to test the effectiveness of this curriculum in school settings.
Appendix 1. Abriendo Puertas Curriculum

“I Am My Child’s First Teacher; Our Home, My Child’s First School” “Soy el primer maestro de mi hijo, nuestro hogar su primera escuela”

“Chip off the old block” “De tal palo tal astilla”

This is the introduction to the Abriendo Puertas/Opening Doors curriculum, goals, and objectives. Parents are introduced to the concepts of being their child’s first teacher and the home as their child’s first school. The importance of parent engagement in their child’s education and parent leadership are also discussed.

“Reaching Family Success” “Alcanzando el éxito familiar”

“Actions speak louder than words” “Del dicho al hecho, hay un gran trecho”

This session focuses on how parents take on the role of leaders in the home by practicing family values, establishing good communication, employing positive discipline, goal setting, and achieving a family action plan. During this session, parents will be more willing to take advantage of everyday opportunities to cultivate the healthy growth of their children and families.

“My Child Grows” “Mi Niño Crece”

“What begins well, ends well” “Lo que bien empieza, bien acaba”

In this session, parents will understand their fundamental role in supporting their child’s holistic development. Parents will become familiar with the developmental milestones for children and increase their capacity to respond to their child’s needs. The facilitator will present existing resources and services in the local community for the early detection, intervention, and support of children with special needs.

“My Child Talks” “Mi niño habla”

“You never forget what you learn well” “Lo que bien se aprende, nunca se olvida”

In this session, parents will explore how language develops in children and will examine the different stages and appropriate expectations for each age and developmental stage. Emphasis is placed on a parent’s critical role in the language development of their child. The advantages of bilingualism will be also discussed.

In esta sesión los padres comprenderán que ellos tienen un rol fundamental en el desarrollo de sus hijos. Conociendo los estándares del desarrollo infantil incrementarán su capacidad para responder a las necesidades de los niños. El facilitador presentará los recursos y servicios existentes en la comunidad local para la detección temprana, intervención y/o tratamiento de necesidades especiales en los niños.

In esta sesión los padres explorarán cómo se desarrolla el lenguaje en los niños, conociendo las diferentes etapas y expectativas apropiadas para su edad. Se enfatiza que el...
rol de los padres es crucial para el desarrollo del lenguaje de sus hijos. También se discutirán las ventajas del bilingüismo.

**“Let’s Continue Opening Doors” “Sigamos abriendo puertas”**

**“Knowledge is power” “Saber es poder”**

In this session, parents will gain awareness on the importance of reading to their children at an early age. On a trip to the local library, parents will apply for library cards, become familiar with valuable resources in their community, discuss the importance of reading, and will collect information about filing for the Earned Income Tax Credit. En esta sesión, los padres tomarán conciencia de la importancia de la lectura en las edades tempranas de los niños. En un viaje a la biblioteca local, los padres podrán aplicar para obtener tarjetas de la biblioteca, se familiarizarán con valiosos recursos en su comunidad, discutirán la importancia de la lectura y se les informará sobre el Crédito por Ingreso de Trabajo, (Earned Income Tax Credit, EITC).

**“Our Health is First: Part I” “Nuestra salud es primero: Parte I”**

**“Better safe than sorry” “Más vale prevenir que lamentar”**

In this session, parents will discuss the importance of balanced nutrition and exercise. They will find out how to promote healthy habits at home and receive information about health programs available in their local community. En esta sesión los padres discutirán la importancia de la nutrición balanceada y el ejercicio. Ellos encontrarán la forma de promover hábitos saludables en su hogar. Asimismo, recibirán información acerca de los programas de salud disponibles en su comunidad local.

**“Our Health is First: Part II” “Nuestra salud es primero: Parte II”**

**“Each mind is a universe onto itself” “Cada cabeza es un mundo”**

In this session, parents will explore ways of taking care of their own mental and emotional well-being, as well as that of their child. The facilitator will also introduce concepts and share ideas on how to promote a child’s healthy socio-emotional development. En esta sesión, los padres explorarán la forma de cuidar su propio bienestar mental y emocional, así como el de sus hijos. El facilitador compartirá conceptos e ideas de cómo los padres pueden promover el sano desarrollo socio emocional de sus hijos.

**“Let’s Go to School” “Vamos a la escuela”**

**“If you don’t look forward, you stay behind” “Quien adelante no mira, atrás se queda”**

In this session, parents will understand how choosing a childcare provider or an early education program is an important decision in their child’s life. Parents will not only examine how to choose a quality early education program in their community but also how to communicate with a child-care provider or an early education teacher. In addition, the value and benefits of a preschool education will be explored. In this session, parents will make a commitment to advocate for their child’s education and for high quality early learning programs. En esta sesión los padres discutirán sobre la elección del cuidado infantil o de un programa de educación temprana, como una importante decisión en la vida de sus hijos. Los padres conocerán cómo elegir un servicio de educación temprana de calidad en su comunidad y también la mejor manera de comunicarse con el proveedor de cuidado infantil o un maestro de educación temprana. Además, explorarán los beneficios de la educación preescolar.
“Advocating for Our Future” “Abogando por nuestro futuro”
“There is no worse struggle than the one never waged” “No hay peor lucha, que la que no se hace”

In this session, parents will discuss their rights and responsibilities in the public education system and the process to change policies. Parents will also become knowledgeable on how to strengthen their leadership and advocacy skills to problem-solve and face challenges in a variety of settings in their community.

En esta sesión los padres discutirán sobre sus derechos y obligaciones en el sistema de educación pública y el proceso de cambio de políticas. También fortalecerán sus habilidades de liderazgo y abogacía para resolver problemas y enfrentar retos en varios ambientes de su comunidad.

“Yes We Can!” “¡Sí se puede!”
“Success knows no bounds” “A la determinación de triunfar, el fracaso no la puede alcanzar”

This session is a very special celebration where parents will give testimony about the positive changes they are making in their homes, schools, and community. Abriendo Puertas/Opening Doors will honor each participant with a certificate for their participation, recognizing their commitment to lead and advocate on behalf of children.

Esta sesión es una celebración muy especial donde los padres darán testimonio acerca de los cambios positivos que están haciendo en sus hogares, escuelas y comunidad. Abriendo Puertas honrará a cada participante con un certificado por su participación, reconociendo su compromiso de líder de abogar a favor de los niños.
Appendix 2.
Interview Questions

Some examples of potential open-ended questions and prompts:

What are some things that you like about yourself?
What are some areas where you struggle?
Tell me about your family history.
Tell me about your family.
Tell me about your children.
Tell me about where you come from and how you were raised.
Tell me about what brought you to CEA.
Tell me about your experiences being a part of your child’s school.
Tell me about your experiences facilitating.
Tell me about the feelings that come up when you are facilitating.
Tell me about a time you felt supported by your peers.
What does emotional support look like to you?
Tell me about a time when you may have felt support in the organization.
Tell me your thoughts on parenting; did the curriculum shape your perspectives?
Tell me about your view of yourself as a parent.
Do you have a vision for your family?
Do you have a family plan for your future?
Do you feel that being part of CEA keeps your life sane?
What does healthy look like in your family?
What does mental health mean to you?
On a scale of 1 to 10, how is your emotional well-being?
On a scale of 1 to 10, how was your emotional well-being before your involvement in CEA?
Tell me more about your child(ren) (e.g., ages, hobbies, personality).
How does your child behave?
Have you noticed any changes in their behavior since you have developed your knowledge of family literacy?
What are some of the tools you like from the Abriendo Puertas curriculum? From the focus groups curriculum?

These are working questions only and as such are subject to development. I also plan to take these questions to the community advisory board for feedback. The interviews will be conducted in the preferred language (English or Spanish) of the participant.
Appendix 3. Focus Group Handouts

1. Naming my emotions

**Activity: Photo discourse (10 min)**
What do you see when you look at this image?

![Image of a black cat]

**Discussion:**
Did any feelings come up?
Have you ever felt like the cat?
What was going on in your life?

**Brief reading: (20 min)**
Karla McLaren’s Language of Emotions
What did you learn from the article?
How can you apply what you have learned to your family?

**Activity: (30 min)**
- ✓ Draw an animal.
- ✓ Think of a time when you felt like the cat above.
- ✓ Set the stage for your story; what made the cat feel that way? Write a few sentences.
- ✓ What emotions came up? Was there more than one emotion? Write a few sentences.

This will be a page in your storybook.

Do I encourage my children to speak about their emotions, even the negative ones? Do I embrace all of my emotions as valuable and equal? How do my children process emotions?

**Learning topics: naming emotions, developing emotional vocabulary, embracing all emotions**

**Materials: white paper, colored pencils, markers**

2. Emotional Hygiene

**Activity: Photo discourse (10 min)**
What do you see when you look at this image?
What other types of hygiene do we have?
Discussion:
Did any feelings come up?
Are there other areas of hygiene that you overlook when life gets busy?

Brief reading: (20 min)
Emotional Hygiene and Grief
What did you learn from the article?
How can you apply what you have learned to yourself?
How can you apply what you have learned to your family?

Activity: (30 min)
✓ Draw your animal from last week.
✓ What are some times in your life when you have avoided or neglected your feelings? Write a few sentences.
✓ What are some areas in your life where you have good emotional hygiene? Write a few sentences.
✓ What are my challenges as a parent? What are my strengths? Write a few sentences. This will be a page in your storybook.

Discussion: (20 min)
How do I process my emotions? Do I flee, fight others, or freeze when I am highly emotional?

Learning topics: identify positive parenting strengths, identify healthy habits to process emotions, identify coping strategies
Materials: white paper, colored pencils, markers

3. Blame and Boundaries

Activity: Video discourse (20 min)
https://www.youtube.com/watch?v=ecb6ExBaW80
https://www.youtube.com/watch?v=RZWf2_2L2v8

Discussion:
What did you think about the concept of blame? Did any feelings come up? Can you relate a personal story to the image? Do you have strong or porous boundaries with your children?

Brief reading: (20 min) Brene Brown’s I Thought It was Just Me (but it isn’t)
What did you learn from the article?
How can you apply what you have learned to yourself?
How can you apply what you have learned to your family?

Activity: (30 min)
✓ Draw your animal from last week
✓ What are some times in your life when you blamed others? Write a few sentences. (brackets?)
✓ What are some times when you had good boundaries with your children? Write a few sentences.
✓ What are some times when you had poor boundaries? Write a few sentences. This will be a page in your storybook.

Discussion:
Am I a blamer? What can I do to strengthen my boundaries?

Learning topics: healthy boundaries, nonblaming behaviors
Materials: white paper, colored pencils, markers, computer, projectors

Activity: Video discourse (15 min)

https://www.youtube.com/watch?v=ecb6ExBaW80

Discussion:
What did you think about empathy? Did any feelings come up? Can you relate a personal story to the video? Do you have empathy for yourself?

Brief reading: (30 min) Brene Brown’s I Thought It was Just Me (but it isn’t)
What did you learn from the article?
How can this help you build confidence?
Can this help you be patient with yourself?
How can you apply what you have learned to your family? Activity: (30 min)
✓ Draw your animal from last week.
✓ What are some times in your life when you felt validated? Write a few sentences.
✓ What are some times when you did not feel validated? Write a few sentences.
✓ Write a few sentences. This will be a page in your storybook.

Discussion: (20 min)
What are some ways you can validate your children? What are some ways you can make their positive behaviors bigger than the negative? How do you define emotional support?

Learning topics: validation, empathy, emotional support

Materials: white paper, colored pencils, markers, computer, projectors

The focus groups will be conducted in English with handouts available in both English and Spanish.
Appendix 4. Storybooks
Maria the monkey

Maria, el mono

Emotional Literacy in Action
April 2017

Education and Action

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April 2017

La educación y la acción

Desarrollado por las comunidades
without stopping. So just standing, he starts to jump from branch to branch.

Mica has many things to do every day before the sun goes down. So just standing, he starts to jump from branch to branch.

empieza a brincar de rama en rama sin parar.

de que bale el sol. Así que, apenas estás de pie, Mica tiene muchas cosas que hacer cada día antes
they are the reason why she is very happy.

Mica has two small children whom brighten her life and

vides y son la razón por la que ella es muy feliz.

Mica tiene dos hijos pequeños que alegran su
daily job and her little ones.

her children, she has to divide her time and energy between her

Even though there is nothing more important for Mica than

energía entre el trabajo diario y sus pequeños.

gue sus pequeños, tiene que dividir su tiempo y su

ningue no hay nada más importante para Mica
hacer nadar para evitarlo.

¡Arbol, golpeando en cada rama sin que pudiera
lo pensó, venía cayendo desde lo más alio del
arterizan, permaneciendo el equilibrio y cuando menos
verlo, perdió de vista la rama en la que debía de
desconcentrado al pobre de Sabi, quien al volver a
eléctrate, que pasaba por ahí berríando tan furio que
todos sus furorías. En ese instante, un

problemático. Aun que respiró profundamente sabía con
alio del arbol y alcanzándolo a Caly sin ningún
temerario pensando que lograba llegar a lo más
rama en rama, pero estaba vez dijo un salto más
Y en dios, Sabi estaba brincándo como siempre de

Un día, Sabi estaba brincando como siempre de
Each branch without being able to avoid it. He was falling from the top of the tree and hitting land, losing his balance and without even thinking. "Look here, Zebbi, this branch where he should see him, lost sight of the branch where he turned to that he mistook poor Zebbi who, when he turned to moment an elephant who passed by was so loud.

Breath and jumped with all his might. At that reach Gably without any problem. So he took a deep thinking that he would reach the top of the tree and to branch, but this time he took a very bold leap.

One day, Zebbi was jumping as always from branch.
Hadh happened to him.

and wept so hard that gdy came very frightened to see what

The fall was so abrupt that poor Shabi broke his two hands.

Caly vino muy astizado a ver que le habia pasado.

rompido sus dos manitos y Lordaba tan fuele que

La calda fue tan brusca que el pobrec de Shabi se
palm leaves off.

she knew they had to be weeks away before she could take the
would not move them and she would not hurt herself any more, but
Mića heeded Sabý, he tangled her hands in palm leaves so she

antes de que pudiera quitárselas hojas de palma.

mas, pero sabía que debían pasar algunas semanas

Mića curó a Sabý, le enredó las manos en hojas de
so that Mica could build an elevator for Sabi.

not be so sad so without thinking twice he began to gather branches

Caly was very happy with the idea of Mica because Sabi would

publicer construir un elevador para Sabi.

veces, empezó a intuir Ramos y lanzas para que Mica

ya no esté tan triste así que, sin pensarlo dos

Caly estíba muy contento con la idea de Mica porqué
his little hands he jumped in one leg of emotion that he would not have to stay flat to the ground until they hedled climb to the top of the tree and be with Caly while he read and realized that he could elevator. When Sachi saw the elevator and realized that he could Caly covered Sachi's eyes to give him the surprise of the manitas brincando sobre una pata de la emocion que descendió a ras del suelo hasta que se encontró y estar con Caly mientras unía y que no tendría que cuentas más del armario cuando Sachi vio el elevador y se dio cuenta de que podían subirse a lo más alto del armario. Cuando Sachi vio el elevador, se cogió los ojos de Sachi para darle la sorpresa.
plan para salir de cualquier problema.

siempre debemos contiuar en que podemos creer

y
delar que el miedo ni el dolor nos detenga

quiere las cosas se vean muy mal, no debemos

contemplando el horizonte y pensando en que,

Después, los cuatro se quedaron en silencio.
get out of any problem.

we must always trust that we can create a plan to
very bad we should not let fear or pain stop us and
the horizon and thinking that although things look
Then the four of them stood silently contemplating
Wolf as a Leader

El Lobo como Líder

Emotional Literacy in Action
April 2017

Education and Action

Developed by The Communities For

April 2017

La educación y la acción

Desarrollado por las comunidades para
wolves with dark skin was somewhat difficult.

Being a green-eyed white wolf in a country of brown

dificil...

pals de lobos castaños con piel oscura. En un

ser un lobo blanco de ojos verdes en un
adolescentes, fue muy difícil tener amigos.

Aislado y es difícil tener amigos. En mí
bonita nina pero cuando creces esto mismo te
escuchan comentarios bonitos como: “Mira que
Candela ella era pequeña todo estaba bien. Se
since it is difficult to have friends.

Girl" but when you grow up this isolates you

you hear nice comments like: "look what a pretty

When you are small everything is fine because
excellent relationship with teachers. I got good grades and always had an excellent can los maestros. 

buenas notas y siempre tenía una relaicion aprender, me gusta al escuela! Saca los Ademas tenía una gran pasiion por
Wanted, a chance to hug him.

Remember when I looked at him I could see that unprotected and mistreated boy. He was all I ever general not pleasant. I remember when I loved him, I could and to be with him. He had a horrible childhood and a life in I fell madly in love with him, I also felt a huge need to protect him.

Yo quería, además de la posibilidad de abrazarlo.

Recuerdo que cuando lo miraba podía ver a ese niño desprotegido y mutilado. Él era todo lo que

horrible, y no podía en general desagradable. protegido y estar con él. Él habría tenido una nínez el, también sentí un enorme necesidad de

Conocí a un lobo y me enamoré perdíamente de
because obviously he wanted a housewife.

macho persona. That's how my dreams went to waste.

Enter the world of an insecure, possessive, jealous,

¿El abogado tiene que vengar un amor de casualidad,

que como sueños se fueron a la basura,

inseguído, posesivo, celoso, y ¡machiavélico! Fue

En el en el mundo de una persona
What I love most in life...

Wonderful of the two beautiful children who are

Within all the suffering... I have the most

gue son lo que mas amo en la vida...

mas maravilloso de el: dos hermosos hijos

Dentro de todo el sufriimiento... Tengo lo
I have learned that I am very strong.

El aprendizaje que soy muy fuerte.
Just someone’s mother or someone’s wife.

allowed myself to dream again, believe in myself. I stop being

a creek en mi misma. Déjà de ser solo la mama de

potencial otra vez. Me permill volver a sonar, volvi

El convertirme en facilitadora me permill ver mi
sentir mariposas en el estómago...

Recuperé lo que en la juntud me hacía
...feel butterflies in the stomach.

Take back what in their youth made them
Emotional Literacy in Action

La mariposa, yo volgo

The butterfly, I am volving
April 2017

Education and Action

Developed by the Communities for

Para la Educación y la Acción

Desarrollado por las Comunidades
La mariposa es un símbolo de libertad.

Butterfly as a symbol of liberty.
A butterfly from a large family.

Una mariposa de una gran familia.
A butterfly that worked in a clothing factory 12 hours a day.

Una mariposa que trabajó en una fábrica de ropa 12 horas al día.
Una mariposa que está triste y que busca esperanza.

A butterfly that is looking for hope and is sad.
about home.

A butterfly that travels to a new place and dreams

Lugar y sueña con su hogar.

Una mariposa que vuela a un nuevo
Una mariposa abusada y con miedo.
A butterfly that is beaten and scared.

A butterfly that is fearful of a drunk husband.

Una mariposa que tiene miedo de un marido alcohólico.
called “opening doors.”

A butterfly that finds a network of other kind butterfly

mariposas llamas de abriendo puertas.

Una mariposa que encuentra un red de otras

A butterfly that gets a CED.

su bachillerato.

Una mariposa que obtiene
I am strong!
I am worth it!
A butterfly with courage.

Una mariposa con valentía.

A butterfly that reads books.

Una mariposa que lee libros.

A butterfly that leaves her scary partner.

Una mariposa que deja a su temeroso pareja.
A butterfly scared and jeolous of the others.

Una mariposa con miedo y celos de los demás.

The butterfly as a symbol of transformation.

La mariposa como un símbolo de transformación.
Butterfly raised with Catholic culture.

Religión católica.

Una mariposa criada en La Respeto por La Vida.

Una mariposa que se levanta sintiendo
The butterfly cried and cried.

La mariposa lloro y lloro.

The butterfly had to move away from her family.

La mariposa tuvo que mudarse lejos de su familia.
who also struggled. Butterfly felt strong hearing the stories of other butterflies.

estaban luchando.

Historias de otras mariposas que también

La mariposa se sintió fuerte escuchando las
The butterfly became a leader amongst the other butterflies.

La mariposa se convirtió en un líder de las otras mariposas.

The butterfly found a new family in a new place.

en un lugar nuevo.
noblility and excellicense.

The eagle is a symbol of power, courage,

valior, noblezad y excelencia.

El aguilca es un simbolo de poder, de
The eagle, her name is Luz.

El águila, se llama Luz.
was necessary for a proper discipline.

She grew up believing that if you disobeyed, physical abuse
discipline adecuada.
moral and físico era necesario para conseguir una
Mientras crecía, ella creía que si desobedecía, el
and to fly without fear.

From various things, she learned to play with other girls, to dance. Luz began elementary school, and at school she was able to learn a bailar, a volar sin miedo.

Aprendí a volar, aprendí variadas cosas. Aprendí a jugar con otras niñas, aprendí a bailar, a volar sin miedo.

Luz comenzó la primaria y en la escuela ella pudo.

That brought her a lot of fear.

Eso le daba mucho miedo.
she found new tears and later she confronted a new language.

new territory, she build a nest that eventually grew bigger! But then,

She could now even fly through other skies. Deciding to migrate to a

two que entrevista a un nuevo idioma.

el tiempo. Pero después, ella encuentra nuevos miedos y

un nuevo territorio y ahí creo su nido, el cual creció con

Ahora, ella podía volar a otros cielos. Decidió emigrar a

luz began to have academic achievements in her life.

luz comenzó a tener logros académicos en su vida.
Her life, becoming a mother of three children.

Above all, she found the most important challenge of de tres hijos.

Importante de su vida: conversar en madre

Pero sobre todo, encontrando reto más

A new culture...

Una nueva cultura...
thought that as a mother she was failing.

patterns that she grew up with. Fear continued to creep in her life and

in the beginning her children were born, later they grew up and in the
desarrollar bien su papel de madre.

patrones de conducta que hicieron con ella. Luz temió no
de disciplinarios, luz se encontró repitiendo los mismos
Cuando sus hijos nacieron y fueron creciendo, al momento
Ella tomó clases de educación para padres.

She took educational parenting classes.
Discovered the biggest role as a mother and the huge part in her children’s life. Slowly she changed the way she disciplined her kids.

Hijos de sus emociones.

Todo, en el momento de disciplinar, hablaba con sus canciones canciones con ellos, leer, interactuar mas y sobre por hacer cosas que anotes no hacias en sus hijos, como madre en el desarrollo de sus hijos. Tan to que comienza

Descubrió el rol tan importante que ella tenía como
luchar por lo que quería.

madre. El regalo de estar más alerta le permitió poder

etapas de su vida, le ayudó a ser más intuitiva como

El haber experimentado con el medio en cada una de las
she wanted.

being more alert enabled her to push on through with what
her life has helped her be more intuitive mother. The gift of
To have experimented with fear in each of these phases of
She continues with the battles of life with a brighter mind.

Now, she can continue to survive and renovate herself as an eagle.

menté más clara.

Pudo continuara con las batallas de la vida con una
Ahora, podria sobrevivir y podria renovarse como aguila.
The butterfly

La mariposa

Emotional Literacy in Action
April 2017

Education and Action

Developed by the Communities

April 2017

Para la Educación y la Acción

Desarrollado por las Comunidades
butterfly is an insect.
With beauty, peace, and strength the
mariposa es un insecto.
Con belleza, paz y fuerza la
Is born caterpillar and emerges from the chrysalis.

Nace oruga y emerge de la crisálida.
Have migrated to another country for survival.

Emigrar a otro país para poder sobrevivir.
The battle hasn't been easy.

La lucha no ha sido fácil.
I felt fear and anger to the unknown.

Senti miedo y coraje a lo desconocido.
Exhaustion, anxiety, and sadness.

To feel stress is a consequence of panic, de la tristeza.

El sentir estrés es una consecuencia del paroico, del agotamiento, de la ansiedad y de la ansiedad.
for my children.
Meet other places with better opportunities.

Conocer otros lugares con mejores oportunidades para mis hijos.
It is as I could see the path, the triumph in life

and a perfect transformation.

La vida y la perfecta transformación.

Es como si vieran el camino, el triunfo de
ABRIENDO PUERTAS
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