# Cognition and Mental Health in Aging Latino Americans

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Becoming older is one of life's most inevitable factors. Regardless of sex, gender, or race, most people will experience old age depending on lifespan. Negative stigmas attached to aging become instilled in individuals starting at birth, throughout childhood, and continue into adulthood (Levy, 2003). Individuals fear losing their minds, their freedom, and their ability to live without assistance. As we age, cognition can slow down and even begin to diminish after a certain age if mental health is not properly cared for. Physical aging is a factor that humans strive to postpone, but cognition and mental health is often overlooked. One group that is often underrepresented and lacking research in mental health is the Latino American population. With the many discriminatory and migration controversies taking place in the United States, Latinos are at risk of suffering more than one stigma and falling short of assistance. Although Latinos have the highest life expectancy compared to other American populations, they are at a higher risk of suffering from certain diseases and/or mental disabilities such as diabetes and arthritis (Angel, 2009). Apart from the physical downfalls, these diseases can have a drastic impact on the mental health of these individuals which can negatively impact their overall quality of life. This research will focus on mental health and cognition among Latino Americans and will conclude by proposing a social program in order to increase assistance and mental health knowledge among this community, because it is growing more rapidly than many other racial groups in the United States.

What researchers refer to as "The Hispanic Paradox" is the idea that Latino Americans maintain the same, or even better, health status as non-Latino whites despite their low levels of income and education (Alley, Crimmins, Karlamangla, Kim, & Seeman, 2007). According to the Centers for Disease Control and Prevention (CDC) (2010), life

expectancy of an American born today averages 78.2 years, which is a rather large jump from the 1950's, where the average life expectancy of an American was 68.2 years. The Latino population has a lower mortality rate than non-Latino whites from almost all of the top ten leading causes of death with only three exceptions; those exceptions are diabetes, chronic liver disease, and kidney diseases (CDC, 2015). Although Latinos are at a higher risk of these types of diseases, their lower mortality rates are baffling researchers. According to Blanchard, DeTurk, and Gutmann (1998), the paradox was first suggested by Teller and Clyburn in 1974 when they studied infant mortality rates in Texas and found that the rates of non-Latino whites were very similar to individuals who possessed a Spanish surname; the phenomena was originally referred to as "the epidemiologic paradox". After their findings were presented, more research was done on the topic and eventually escalated to the entire Latino American population. Much like current research, there was confusion as to how infant mortality rates among Latino families were so similar to non-Latino whites despite the drastic difference in economics and education. To this day, there has been continuous speculation as to whether or not the paradox even exists. According to Alley et al. (2007), the paradox is most prominent among men, individuals of advanced age, and those who migrated from Mexico.

Once migrants make it to the United States, they are often categorized as low income or are considered below the poverty line. There are many potential factors that impact the low economical standing of Latino Americans but there seem to be two major factors that stand out among the rest: discrimination and stigma. These are issues the Latino community are still experiencing every day. The United States is still in a battle with immigration laws and antidiscrimination campaigns. The impact on the Latino community can only be described as a domino effect. According to Angel (2009), most Latino Americans are being set up for failure as far as employment and education go. They are being forced into poor neighborhoods due low economic status which then leads to poor education, as well as inadequate employment. The United States Census Bureau (2013) found that 27.4 percent of the Latino population in Indiana were below the poverty level between 2007 and 2011. According to the Joint Economic Committee (JEC) (2015), Latino households are twice as likely to live in poverty as non-Latino white households. In 2013, the median net worth of an average Latino household was $14,000 in comparison



to roughly $142,000 for white households, which is a difference of over $100,000 (JEC, 2015). Because Latinos are at a high risk of poverty, they may not be able to acquire the proper health care they need. Even when minimal health care is provided, it is mostly used to treat physical problems rather than mental health issues. Latino Americans are living longer lives but they are at a much higher risk of encountering cognitive and mental health issues due to this lack of available care.

Although cognitive decline can happen naturally based on age and environment, diversity plays a large part in the aging process. Many cultures have different traditions and beliefs about the aging process and what it entails. Nursing homes and assisted living are rare in certain cultures and more common in others. The elderly are viewed as incompetent and frail in some parts of the world, while they are seen as wise and important parts of the community in others. Unfortunately, much like with Latino Americans, a negative stigma is usually attached to the elderly in the United States. From the time an individual is born, negative stereotypes about aging begin to surround their environment. Parents dread the day their children will get older and leave home to begin their own lives. As a person grows older, a negative self-stigma begins to develop. Growing older is perceived to mean becoming less independent and needing more assistance in everyday life. These stereotypes begin during childhood and carry a risk of becoming internalized by adulthood. For example, children ranging from preschool to sixth grade were shown drawings of a man during four different stages of his life, and even the youngest children were able to point out the oldest man; 67 percent of the participants described the man as "helpless and incapable of caring for himself" (Seefeldt, Jantz, Galper, & Serock, 1977, p. 507). Also, 60 percent of the participants gave negative responses in regard to becoming old (Seefeldt et al., 1977). Once an individual has reached a certain age, the aging stereotypes that were internalized during childhood become self-stereotypes (Levy, 2003). Interestingly, even after an individual has become a part of the stigmatized group, they tend to still express negative attitudes toward this group (Levy, 2003). According to a sample, older participants were more likely to oppose federal programs that would benefit the elderly than younger participants (Levy, 2003). These results could explain the reasoning behind Latino Americans who support President Trump, despite his multiple threats to the Latino community. If these negative stereotypes are being internalized,

it can have more than twice the negative effect on Latino Americans. Financial stability, minimal education, and internalized stigmas are just a small example of the many issues this community has working against their mental health.

Although elderly individuals tend to identify with their stigmatized group at different points in time, stereotypes still have a tendency to affect their performance during certain tasks. In a study done by Levy (1996), "positive age-stereotype" words, such as wisdom, or "negative age-stereotype" words, such as decrepit, were quickly shown on a computer monitor at speeds deliberately intended to allow participants to perceive them without awareness. Each word was matched on different dimensions such as word length, frequency with which they appear in the English language, and how typical of aging they were—as rated by an intergenerational panel (Levy, 1996). Older individuals who were exposed to negative-age-stereotype primes tended to perform worse than those exposed to positive-age-stereotype primes on four memory tasks (Levy, 1996). These results show that aging stereotypes can influence the cognitive process in aging individuals, and that the process occurs without awareness (Levy, 2003). The disadvantage to unawareness is that it allows elderly individuals to assume their declining cognition is due to aging rather than to their environment which could potentially reinforce their negative self-stereotypes of aging (Levy, 2003). These findings are especially important for members of the Latino community. They may not only be battling internalized stigmas about their age, but about their race as well. This type of subconscious doubt could potentially lead to long-term health risks, both mental and physical.

Levy also examined whether or not aging self-stereotypes have the potential to influence the will to live (Levy, Ashman, & Dror, 1999–2000). After subliminally exposing a group of young and old participants to either a positive or negative age-stereotype-prime, they were presented with a series of hypothetical medical situations; each situation involved a life-threatening condition and an intervention that could keep them alive (Levy et al., 1999–2000). The hypothetical situations included disadvantages such as the financial cost or the time that the family would need to spend administering and monitoring the intervention (Levy et al., 1999–2000). The results showed that older individuals exposed to the positive aging stereotypes tended to accept the life-prolonging medical interventions, regardless of financial or familial cost; those exposed to the negative aging stereotypes tended to reject the life-prolonging interventions (Levy et al., 1999–2000). Research focused on the internalization of stereotypes is important for future research. If stereotypes are internalized during childhood, then further steps need to be taken to either slow or prevent further psychological damage during later adulthood. Since members of the Latino community are battling more than one stigma, damage prevention is particularly important among this population.

Socially developed stigmas and discrimination can have tremendously negative effects on mental health. The United States is considered a "melting pot" of individuals from all over the world yet different cultural beliefs and religions are not always easily accepted. There is not much research that focuses solely on discrimination and the mental health of Latinos but there has been some insinuation that poor mental health is negatively correlated with the length of time in which an individual is a resident of the United States (Gee, Holt, Laflamme, & Ryan, 2006). Although discrimination itself can have a cognitive reaction, Latinos who have migrated to the United States are less likely than Latinos who were born in the United States to suffer from mental health disorders (Gee et al., 2006). These findings further push the notion of the negative effects of racial discrimination and stereotypes applied to Latinos in the United States. If an individual does not migrate to the United States until they become an adult, they may maintain their self-confidence and independence that could help shield them from the emotional impact that can be associated with racial discrimination. In 2014 and 2015, Latino Americans experienced a higher rate of violent hate crimes than non-Latino whites at 1.3 per 1,000 (Langton & Masucci, 2017). This statistic shows the discrimination and hate that still exists against minorities within the United States which can potentially put these individuals at risk of mental health issues. This creates unnecessary stress that can negatively affect the individual, and shows that lifespan expectancy is not the only indicator of satisfactory quality of life.

Although Latino Americans are living longer than most populations within the United States, populations in other parts of the world are living even longer. The Blue Zones are pockets of people that have the highest life expectancy or have the highest proportions of people who reach 100 years of age (Buettner, 2016). The areas include: Barbagia region of Sardinia, Ikaria, Greece, Okinawa, Japan, Nicoya Peninsula, Costa Rica, and

Seventh Day Adventists (Buettner, 2016). Once these areas were identified, groups of medical researchers, anthropologists, demographers, and epidemiologists searched for common factors among the groups of individuals in order to better understand what aided in their prolonged lifespan (Buettner, 2016). Interestingly, the Latino culture has multiple similar lifestyle characteristics as those who inhabit the Blue Zones.

Researchers found a total of nine common factors that varied in terms of category. The first factor is to move naturally. This discourages people from doing strenuous workouts or taking part in intense exercise regimens. It encourages more natural exercise such as growing gardens and not using mechanical conveniences for home and yard work such as vacuums, electrical dusters, or snow blowers (Buettner, 2016). Research has shown that physical exercise seems to increase the body's ability to protect against cardiovascular disease but can cause sudden cardiac death if the exercise regimen is too strenuous (Chen, Hsiue, Jen, Kung, Lin, & Wang, 1994). According to Allison, Balfour, Rodriguez, Ruiz, and Talavera (2016), cardiovascular diseases are the second highest cause of death for Latino Americans, behind cancer. Encouraging these types of natural exercise routines could help in the reduction of cardiovascular disease among the Latino community. Minimizing this risk can also help shield the population from the strenuous mental health issues that can be associated with major physical health problems.

The second factor is being aware of one's specific purpose in life. People who live in the Blue Zones have a clear idea of what their purpose is and why they wake up in the morning (Buettner, 2016). Individuals who possessed higher levels of purpose in life were associated with a number of positive factors including better physical health, improved everyday competence, better social integration, and higher socioeconomic status; a higher level of purpose in life also showed a strong positive correlation with subjective well-being, and a strong negative correlation with depression (Pinquart, 2002). The Latino community is very family and peer oriented. They are known to work together to accomplish goals, complete everyday tasks, and share resources. Each person within the social unit plays an important part in the functionality of the group,



which could potentially be improving the overall quality of life within the community.

The third factor is to down shift. This factor resembles mindfulness meditation and reflection. It includes routines to help rid the body of stress (Buettner, 2016). Okinawans take a few moments out of each day to remember their ancestors and history, Seventh Day Adventists pray regularly, Ikarians take regular naps, and Sardinians participate in happy hour (Buettner, 2016). Mindfulness meditation has been scientifically proven to improve overall physical, cognitive, and mental health. Benefits of mindfulness meditation include boosts to working memory, improved focus, more cognitive flexibility, increased immune functioning, improvement to well-being, reduction in psychological distress, and many other positive health benefits (Hayes & Davis, 2012). In one study, thirty Latino participants were asked to enroll in a Mindfulness-Based Stress Reduction (MBSR) course, specifically geared toward increasing the retention and effectiveness of these types of interventions among the Latino population (Ortiz, 2015). The study found that the mindfulness based intervention was strongly associated with improvement in health and functioning as well as mindfulness changes from baseline, overall (Ortiz, 2015). The results also showed that retention among Latinos increased from around sixty percent to almost ninety percent (Ortiz, 2015). Mindfulness meditation is not very common in the Latino community, but most Latino Americans attend regular religious services which can be considered a form of meditation. This could potentially be linked to the community's unexplained prolonged lifespan.

The fourth factor is associated with eating habits. Individuals who reside in the Blue Zones consume their smallest meal in the late afternoon/early evening and will not eat for the remainder of the day (Buettner, 2016). A 2500-year old Confucian mantra named "Hara Hachi Bu" believed if a person stops eating when their stomachs are 80 percent full, the small gap between not being hungry and feeling full could be the difference between losing and gaining weight (Buettner, 2016). Although it may be difficult to determine when one is 80 percent full, adapting some type of method to prevent over-eating would help reduce the obesity threat to not only the Latino community, but to all Americans. Portion control among healthy food is one of the most important factors in weight loss and maintaining a healthy weight. Ebbert, Harris, Kesman, and Schroeder (2011), conducted a study in order to find whether or not a

counseling intervention conducted by a dietitian, including a portion control plate, would result in weight loss. The results showed that half of the patients who took part in the intervention group and completed the study claimed that the intervention was helpful and most of them would recommend it to others (Ebbert et al., 2011). Although this method was partnered with support from a trained dietician, it shows that portion control can be helpful in maintaining a healthy weight. If this information was stressed among the Latino community, this could potentially help with the increased amount of obese individuals in the United States. According to the U.S. Department of Health and Human Services Office of Minority Health (2017), 77 percent of Mexican American women are considered overweight or obese. Also, Latino Americans were 1.2 times more likely to be overweight than non-Latino whites (U.S. Department of Health and Human Services Office of Minority Health, 2017). These findings give insight as to why Latino Americans are more likely to suffer from diabetes than any other population. Being overweight can create serious stress issues, and also cause negative effects on mental health.

The fifth factor also pertains to diet in terms of eating more naturally grown foods. People who live in the Blue Zones eat mostly beans and lentils and only eat meat an average of five times per month; when consuming meat, they try to keep their serving sizes small (Buettner, 2016). According to Curran, Hartman, Lawrence and Mitchell (2009), high intake levels of dry beans and peas could lead to a higher consumption of fiber, folate, zinc, iron, and magnesium while decreasing consumption levels of both fat and saturated fat. There are many positive benefits attached to increasing a person's intake of dry beans and lentils but there is a very low intake among Americans (Curran et al., 2009). Although only about eight percent of adults in the United States are consuming beans and lentils, Latinos are more likely to include these items in their diet (Curran et al., 2009). This could potentially be a supporting factor as to why Latino Americans tend to live longer than most racial groups despite their rising rates of obesity.

The sixth factor is associated with alcohol intake. This factor consists of drinking alcohol in moderation and regularly because of the claim that moderate drinkers live longer than non-drinkers (Buettner, 2016). They drink 1-2 glasses of alcohol per day, preferably wine, with a friend and/or with food (Buettner, 2016). According to the Mayo Clinic (2016), moderate consumption of alcohol may potentially lead to positive health benefits including a lower risk of heart disease, reduced risk of ischemic stroke, or a lower risk of diabetes. According to Grobbee, Klatsky, Rimm, and Stampfer (1996), most ecological studies suggest wine is more effective in terms of reducing heart related mortality risks than beer or spirits. Although there is still some skepticism surrounding the health benefits of wine, some believe there are antioxidants that may help prevent coronary artery disease. Resveratrol is also present in wine, which acts as an antioxidant and can help prevent damage to the blood vessels (Mayo Clinic, 2016). Healthy moderation is still highly recommended in consumption of alcohol. The CDC (2016) states that excessive consumption can lead to a variety of health concerns such as cancer, stroke, high blood pressure, heart disease, and digestive problems. Unfortunately, Latino Americans are currently at a slightly higher risk of alcoholism than most racial groups. 41 percent of Latino adults are current regular drinkers (Blackwell, Clarke, & Lucas, 2014). On the contrary, Latino adults are twice as more likely than non-Latino whites to be lifetime abstainers (Blackwell, Clarke, & Lucas, 2014). This is only a slight difference but this could be a supporting factor of the high risk of disease and disability the Latino community faces.

The seventh factor is to belong. The majority of centenarians interviewed belonged to some type of faith-based community (Buettner, 2016). Although research on the connection of religion and mental health are usually controversial, it has been shown that a positive, religious routine can potentially have some positive health benefits. Some of these positive benefits include lower rates of heart disease, stroke, kidney failure, emphysema, and cancer mortality (Seybold & Hill, 2001). Between 75 and 90 percent of Latinos identify as Catholic despite the fact that religious diversity is beginning to rise (Campesino & Schwartz, 2006). Latinos tend to have an active, intimate relationship with whatever their perception may be of a higher power (Campesino & Schwartz, 2006). The dedication to religion and spirituality among the Latino culture may be partly aiding in their extended lifespan but this cannot be said for sure.

The eighth factor includes putting loved ones before anything else, which is a very common belief among many different cultures and groups. Blue Zone populations keep their parents and grandparents nearby or in their own home as they continue to age lowering mortality rates for both adults and children (Buettner, 2016). They also commit to a life

partner and invest time with their children adding up to three years on to life expectancy increasing the likelihood of their children taking care of them as they age (Buettner, 2016). Similar to this, the last factor is concerned with finding the right tribe. The world's longest-lived people chose-or were born into-social circles that supported healthy behaviors (Buettner, 2016). This is strongly due to social influence. If your peer group and the people you surround yourself with are living healthy lifestyles, you are more likely to want to mimic that lifestyle and will, in turn, benefit from the decision. The Latino culture is very family based, and they are expected to care for aging family members with little to no assistance. According to Alegria, Mulvaney-Day and Sribney (2007), positive mental and physical health among the Latino community seems to be frequently related to a higher degree of family support.

Throughout this research, social relationships have shown to be an important aspect of living a long healthy life as well as maintaining positive mental health. The top two strongest factors that will help increase lifespan are close relationships and social integration (Pinker, 2017). Face-to-face interactions release neurotransmitters that foster trust, reduce stress, kill pain, and induce pleasure; at least three face-to-face relationships or friends can increase your lifespan (Pinker, 2017). Technology is creating a negative effect on "both the quality and quantity of face-to-face communication" (Drago, 2015, p. 13). Individuals are increasingly relying on technological communication and are neglecting to engage personally with family and peers, even when they are in presence of other people (Drago, 2015). This reliance on tablets, computers, and smart phones could potentially lead to a long-term negative affect on socialization and personal communication. Like previously stated, the Latino population is well known for its social support and close relationships, although they are no exception to the technological takeover. Even so, there seems to be no drastic change in the social support and family unity that takes place within the culture. Because there is so much research supporting the importance of social relationships, many researchers believe the emphasis that the Latino community puts on family and socialization is what is driving their extended lifespans.

The Grant Study supports that social relationships help to increase life expectancy. The Grant Study began in 1938 and tracked the health of nearly 268 male sophomores from Harvard University, including President John F. Kennedy (Mineo, 2017). There were three very important



lessons that came from the Grant Study (Waldinger, 2015). The first is that social connections are really good for us and loneliness kills us; the second is that the quality of our close relationships is what matters; the third is that good relationships protect both our bodies and our brains (Waldinger, 2015). Men in the study who were in unhealthy and unsupportive relationships showed earlier memory decline. The individuals who lived longer and who showed more positive health frequently avoided drinking excessive amounts of alcohol and smoking (Waldinger, 2015). The study also found that lower signs of mental deterioration correlated with strong social support during the aging process (Waldinger 2015). The study found that women who were in securely attached relationships showed fewer signs of depression, seemed happier in their relationships almost three years later, and had better memory function opposed to those who experienced frequent marital conflicts (Waldinger, 2015). Unfortunately, this study lacked in its diversity component. Although the Grant study eventually included results from the wives of the participants, it originally focused on white, male college students. The findings support the current hypothesis about the correlation of mental health and social relationships, but the limitations of the Grant Study cannot be generalized to different races and cultures.

According to the American Psychological Association (APA), loneliness and social isolation could potentially be a higher health risk than obesity, and its impact has only continued to grow (APA, 2017). A study was conducted in 2010 in order to better understand loneliness and social isolation using a national survey administered to individuals 45 and older. This study found that over one-third of the survey participants were classified as lonely (Anderson, 2010). The survey reached 3,012 participants and, according to 2010 Census population estimate, that corresponds to over 42.6 million older adults who could potentially be suffering from chronic loneliness (Anderson, 2010). The results display that adults who are classified as lonely are less likely to be involved in activities that could potentially help build a broader social network such as attending religious services, engaging in hobbies, volunteering, or belonging to a local community organization, club or group (Anderson, 2010).

The issue of nursing homes and assisted living may also play a role in terms of the vibrancy elderly individuals maintain. As previously stated, social interaction is extremely important throughout our lives in order

to maintain a healthy, cognitive state. Although individuals are continuously cared for in nursing homes and assisted living centers, the residents are at high risk of experiencing chronic loneliness. In order to reduce this risk, a select few nursing homes across the country have adapted a method that has shown increasing promise. Jansen (2016) wrote that a nursing home in Seattle has developed a nonprofit child-care facility and preschool on the same premises. The nursing home, Mount St. Vincent, is home to 125 children all under five years of age (Jansen, 2016). Research suggests that this method is not only beneficial for the residents but for the children as well. It can reduce future acts of ageism and prevent them from viewing older individuals as incompetent (Jansen, 2016). Unfortunately, there are not many nursing homes converting to this method. Although experimental, this program would be beneficial for not only ageism, but for racial bias as well. Much like this program, Latino Americans are likely to place grandparents in some type of parental role. This program shows that keeping aging Latinos active in the lives of their families can be beneficial for both older adults and children.

In the past, long-term care facilities were mostly populated by whites, but that has recently changed. Black Americans had a higher number of individuals in long-term facility among individuals 85 and younger (Pandya, 2005). A survey conducted by The Associated Press-NORC Center for Public Affairs Research (NORC) (2014) found that most Latino Americans feel they will need some type of long-term care when they are older, but not many typically make plans for the future. On the contrary, 60 percent of Latino Americans who participated in the survey, 40 years of age or older, had experience with long-term care either as a patient or a care giver; most of the participants who provided care claimed to feel positive about the experience (NORC, 2014). It is clear that Latino Americans will likely participate in some type of long-term care, but it will most likely be within their home by a certified homecare nurse or a family member. This could explain why the number of Latinos in nursing homes and assisted living facilities is low. It is also possible that staying in the home with one trusted individual and maintaining some kind of independence can positively affect cognitive aging.

Although many aspects of cognitive decline have to do with the natural aging process, there are some aspects that can be maintained and even improved with the proper lifestyle. With the majority of the aging population being Latino, other factors should be considered such as



bilingual employees in the medical field and even stronger anti-discrimination policies. Offering Spanish classes earlier on in children's academic careers may also help with the language barrier. If children start to learn and retain a new language at a younger age, they will possess more experience which will lead to a higher retention rate in advanced language classes offered later on in their education. Also, offering more information on ways to build and maintain positive mental health could benefit not only the Latino population, but Americans in general. Methods to decompress, control stress levels, and seeking out assistance when needed is being stressed in high schools and universities more so than anything else. If mental health strategies were being offered at a lower academic level, this could help slow down cognitive aging and even potentially increase life expectancy. In order to provide all of these benefits, a social program offering mental and cognitive health advice, information, and guidance, specifically for the Latino population, would be extremely beneficial.

In order for a specialized social program of this kind to be effective, it would need to be accessible in locations where the Latino population is high. Based on statistics previously provided in this research, most neighborhoods where the Latino population is prominent are high in poverty and low income. Members of the community who utilize this program need to feel safe and free of judgement, especially in terms of legal status. Sensitivity training will need to be implement in order to ensure a safe, care-free environment. Most illegal immigrants will do their best to stay out of public situations and away from places that may put them at risk for deportation; this is a large reason as to why it is so difficult to conduct research among these communities. Staff will need to do their best to make the members of the community utilizing this program feel minimal fear, and maximum trust.

Staff of this program would also need to be knowledgeable on the different cultural differences among Latinos Americans in order to establish maximum trust. There are multiple sub-groups among Latino Americans including Brazilians, Hondurans, Guatemalans, and Cubans. Because of this wide variety of cultures, it's important for staff to understand that each sub-group can largely differ in cultural traditions. According to Santos de Barona and Barona (2000), when conducting research with the Latino community, it's important to fully understand that no group is the same; the results from research with one group may not

be generalizable to the overall Latino population. This strategy would be beneficial if applied to a social program of this kind. A good example would be with language. Although language among many Latino cultures are similar, words may possess different meanings based on the individual's country of origin, so staff will need to not only be aware of these differences, but also be able to correctly communicate without confusion.

As previously stated, bilingualism is an important aspect of connecting and assisting members of the Latino community. Being able to communicate in a way that is comfortable is one of the key elements to creating a safe productive environment. Learning the culture is only one part of making members of the community utilizing this program feel comfortable. In order to ensure full cooperation, there has to be a mutual trust in place. Language is one of the reasons why many Latino families are so closely knitted. If English is not their first language, they may feel self-conscious about the way they speak. Apart from speaking, reading and writing levels may also be low. For example, an immigrant from Mexico may have worked all of his/her life and only finished his/her education up to a fourth grade level. Informational packets, forms, and pamphlets need to be in both English and Spanish and translators need to be on hand at all times in order to ensure comprehension. This is just another reason as to why it's important for staff to be bilingual; communication is key in the function and effectiveness of any social program. If members of the community that are utilizing this program are able to use Spanish with individuals who want to help, it can help them better understand the programs and information that the staff are trying to convey to them.

The information and services that should be provided in a program like this need to be specifically geared toward positive mental health. Informational packets and tips should be provided so individuals understand what they can do to improve their cognition and mental health, and why it is important. Some of these tips may include creative ways to exercise daily, cognitively challenging games, and family activities. As previously stated, mindfulness has also shown to be helpful with a number of things, including memory function and overall wellbeing. Offering information on the basics of mindfulness and tips on how to get started would also be beneficial. Apart from mindfulness, other tips on stress reduction, such as healthy eating, relaxation, self-expression, and breathing techniques, could encourage Latinos to take steps toward a healthier wellbeing.

Other resources such as English, reading, and health classes could not only be beneficial to overall cognitive health but may also encourage Latino Americans to further their education. Although there are a handful of organizations that offer classes such as these, they are very rare. Implementing more of these programs could have an endless amount of positive impact among Latino Americans including better mental health, increased education opportunities, increased employment options, and overall improvement in their quality of life.

In conclusion, the dire need for more research and mental health information among Latino Americans will only begin to grow if something is not done. This research has focused on the growing Latino population in the United States, and the minimal research and assistance in terms of their cognitive and mental health. It has also looked at the minimal attention being put on this community and factors that are encouraging it to continue. This research has proposed that a social program be implemented in order to better inform and assist Latino Americans. Sheading more light on this community is important, because they are not receiving the assistance that they need, despite the fact that they are one of the fastest growing populations in the United States today.

## REFERENCES


Alegria, M., Mulvaney-Day, N., & Sribney, W. (2007). Social cohesion, social support and health among Latinos in the United States. Soc Sci Med, 64(2), 477-95. Retrieved from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3518460/pdf/nihms16400.pdf

Alley, D., Crimmins, E., Karlamangla, A., Kim, J., & Seeman, T. (2007). Hispanic paradox in biological risk profiles. American Journal of Public Health, 97(7), 1305-1310. Retrieved from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1913070/pdf/0971305.pdf

Allison, M., Balfour, P., Rodriguez, C., Ruiz, J., & Talavera, G. (2016). Cardiovascular disease in Hispanics/Latinos in the United States.

J Lat Psychology, 4(2), 98–113. Retrieved from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4943843/

Angel, R. J. (2009). Structural and cultural factors in successful aging among older Hispanics. Family & Community Health, 32(10), S46–S57. Retrieved from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4017599/

American Psychological Association. (2017). So lonely I could die. American Psychological Association. Retrieved from http://www.apa.org/news/press/releases/2017/08/lonely-die.aspx

Anderson, O. (2010). Loneliness among older adults: A national survey of adults 45+. American Association of Retired Persons. Retrieved from https://www.aarp.org/research/topics/life/info-2014/loneliness_2010.html

Buettner, D. (2016). Reverse engineering longevity. Blue Zones, LLC. Retrieved from https://bluezones.com/2016/11/power-9/

Center for Disease Control and Prevention. (2016). Facts sheet – Alcohol use and your health. Center for Disease Control and Prevention. Retrieved from https://www.cdc.gov/alcohol/fact-sheets/alcohol-use.htm

Center for Disease Control and Prevention. (2015). Hispanic health. Centers for Disease Control and Prevention, Office of Minority Health and Health Equity. Retrieved from https://www.cdc.gov/vitalsigns/hispanic-health/index.html

Center for Disease Control and Prevention. (2010). Life expectancy at birth, at 65 years of age, and at 75 years of age, by race and sex: United States, selected years 1900–2007. National Center for Health Statistics. Center for Disease Control and Prevention. Retrieved from https://www.cdc.gov/nchs/data/hus/2010/022.pdf

Chen, H., Hsiue, T., Jen, C., Kung, H., Lin, L., & Wang, J. (1994). Different effects of strenuous exercise and moderate exercise on platelet function in men. American Heart Association Inc.: Circulation, 90 (6), 2877-2885. Retrieved from https://www.ncbi.nlm.nih.gov/pubmed/7994833

Campesino, M. & Schwarts, G. (2006). Spirituality among Latinas/os implications of culture in conceptualization and measurement. ANS Adv Nurs Sci., 29(1), 69–81. Retrieved from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2758774/pdf/nihms119823.pdf

Curran, J., Hartman, T., Lawrence, F., & Mitchell D. (2009). Consumption of dry beans, peas, and lentils could improve diet quality in the US population. Journal of American Dietetic Association, 109(5), 909-913. Retrieved from https://www.sciencedirect.com/science/article/pii/S0002822309002582

David, P. & Gelfeld, V. (2014). Brain health and research study. Durham, NC: American Association of Retired Persons. Retrieved from http://www.aarp.org/content/dam/aarp/research/surveys_statistics/health/2015/2014-Brain-Health-Research-Study-AARP-res-gen.pdf

Davis, D. & Hayes, J. (2012). What are the benefits of mindfulness? American Psychological Association, 43(7). Retrieved from http://www.apa.org/monitor/2012/07-08/ce-corner.aspx

Drago, E. (2015). The effect of technology on face-to-face communication. The Elon Journal of Undergraduate Research in Communications, 6(1), 13-19. Retrieved from https://www.elon.edu/docs/e-web/academics/communications/research/vol6no1/02DragoEJSpring15.pdf

Ebbert, J., Harris, K., Kesman, R., & Schroeder, D. (2011). Portion control for the treatment of obesity in the primary care setting. BMC Research Notes, 4, 346-350. Retrieved from https://www.ncbi.nlm.nih.gov/pubmed/21906302

Gee, G., Holt, J., Laflamme, D., & Ryan, A. (2011). Self-reported discrimination and mental health status among African descendants, Mexican Americans, and other Latinos in the New Hampshire

REACH 2010 initiative: The added dimension of immigration. American Journal of Public Health, 96(10), 1821-1828. Retrieved from http://ajph.aphapublications.org/doi/full/10.2105/AJPH.2005.080085

Grobbee, D., Klatsky, A., Rimm, E., & Stampfer, M. (1996). Review of moderate alcohol consumption and reduced risk of coronary heart disease: Is the effect due to beer, wine, or spirits? BMJ, 312, 731-736. Retrieved from https://www.ncbi.nlm.nih.gov/pubmed/8605457

Hill, P. & Seybold, K. (2001). The role of religion and spirituality in mental and physical health. Current Directions in Psychological Science, 10(1), 21-24. Retrieved from http://journals.sagepub.com/doi/pdf/10.1111/1467-8721.00106

Jansen, T. (2016). The preschool inside a nursing home. The Atlantic. Retrieved from https://www.theatlantic.com/education/archive/2016/01/the-preschool-inside-a-nursing-home/424827/

Joint Economic Committee. (2015). The economic state of the Latino community in America. United States Congress. Retrieved from https://www.jec.senate.gov/public/_cache/files/2d162187-e1cc-4629-a39e-7f0853194280/jec-hispanic-report-final.pdf

Langton, L. & Masucci, M. (2017). Hate crime victimization, 2004-2015. The Bureau of Justice Statistics of the U.S. Department of Justice, 1-14. Retrieved from https://www.bjs.gov/content/pub/pdf/hcv0415.pdf

Levy, B. (1996). Improving memory in old age by implicit self-stereotyping. Journal of Personality and Social Psychology, 71(6), 1092-1107. Retrieved from https://www.ncbi.nlm.nih.gov/pubmed/8979380

Levy, B. (2003). Mind matters: Cognitive and physical effects of aging self-stereotypes. The Journals of Gerontology, 58(4), 203–211. Retrieved from https://academic.oup.com/psychsocgerontology/article/58/4/P203/523293

Mayo Clinic Staff. (2016). Alcohol: If you drink, keep it moderate. Mayo Clinic. Retrieved from https://www.mayoclinic.org/healthy-lifestyle/nutrition-and-healthy-eating/in-depth/alcohol/art-20044551

Mineo, L. (2017). Good genes are nice, but joy is better. The President and Fellows of Harvard College. Retrieved from https://news.harvard.edu/gazette/story/2017/04/over-nearly-80-years-harvard-study-has-been-showing-how-to-live-a-healthy-and-happy-life/

National Hispanic Council on Aging. (2016). Status of Hispanic older adults: Insights from the field. National Hispanic Council on Aging, 1-33. Retrieved from http://www.nhcoa.org/wp-content/uploads/2016/09/2016-NHCOA-Status-of-Hispanic-Older-Adults-report-.pdf

Noakes, T. (1987). Heart disease in marathon runners: A review. American College of Sports Medicine, 19(3), 187-194. Retrieved from https://insights.ovid.com/pubmed?pmid=3298928

Ortiz, J. A. (2015). Bridging the gap: Adapting mindfulness-based stress reduction for Latino populations. University of New Mexico. Retrieved from http://digitalrepository.unm.edu/psy_etds/107/

Pandya, S. (2005). Racial and ethnic differences among older adults in long-term care service use. Association of Retired Persons. Retrieved from https://assets.aarp.org/rgcenter/il/fs119_ltc.pdf

Pinker, S. (2017). The secret to living longer may be your social life. TED. Retrieved from https://www.ted.com/talks/susan_pinker_the_secret_to_living_longer_may_be_your_social_life

Santos de Barona, M. & Barona, A. (2000). A model for conducting research with Hispanics. In Guidelines for research in ethnic

minority communities (pp. 9-11). Washington, DC: American Psychological Association.

Seefeldt, C., Jantz, R. K., Galper, A., & Serock, K. (1977). Using pictures to explore children's attitudes toward the elderly. The Gerontologist, 17(6), 506-512. Retrieved from https://academic.oup.com/gerontologist/article-abstract/17/6/506/667505

The Associated Press-NORC Center for Public Affairs Research. (2014). Long-term care: Experiences of Hispanics in the United States. The SCAN Foundation, 1-11. Retrieved from http://www.longtermcarepoll.org/PDFs/LTC%20Hispanics/LTC%20Hispanic%20Report.pdf

Waldinger, R. (2015). What makes a good life? Lessons from the longest study on happiness. TED. Retrieved from https://www.ted.com/talks/robert_waldinger_what_makes_a_good_life_lessons_from_the_longest_study_on_happiness

Davis, D. & Hayes, J. (2012). What are the benefits of mindfulness? American Psychological Association. Retrieved from http://www.apa.org/monitor/2012/07-08/ce-corner.aspx

Pinquart, M. (2002). Creating and maintaining purpose in life in old age: A meta-analysis. Ageing International, 27(2), 90-114. Retrieved from https://link.springer.com/article/10.1007/s12126-002-1004-2



# Autonomy and Control in Chester Himes' If He Hollers Let Him Go

*Adam Walz*

Have you ever taken the time to dissect your interactions throughout the day? When you meet with your supervisor, a co-worker, or your significant other, how do those situations typically play out? Unfortunately, most human interactions boil down to a simple equation of power. These interactions begin to define our identities and the things we believe attainable. Bob, the main character of our story, believes that he is on an upward climb towards his goal of "whiteness", however, we will see through several interactions between his boss Mac, a co-worker named Madge, his girlfriend Alice, and the police, that Bob really lives in a type of autonomous grey area where he is continuously equivocating about race and simultaneously getting further and further from his goal. We will see Bob realize that he isn't white, but that he believes he is also more than just "black" – as it's defined by whites in society. We will see that most of the outcomes within the world of "whiteness", Bob has no control over, even when he thinks he should or does. I argue that Chester Himes uses the character Bob in If He Hollers Let Him Go to show that autonomy is unattainable for the African American male while living within and chasing after this world of "whiteness": management, luxury cars, power, women. Bob believes he has upward mobility because of his position at work and his ability to purchase some symbols of "whiteness", but he learns throughout the novel that living within and chasing after these symbols makes him a slave to the definitions of a white world.

In the introduction of If He Hollers Let Him Go, we are given a quote about African American literature from Himes that gives the reader context about the way in which to approach the coming text. In the quote, Himes says, "I think the only function of the black writer in America now is just to produce works of literature about whatever he wants to write about ... At least the world will be informed about the black Americans' subconscious" (vii). This quote does two things, it addresses the unattainable goals by the publishers