

BREAST CANCER AND DEPRESSION IN LATINAS: Traditional and Biomedical Approaches to Treatment

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Cancer and Mental Health Disorders in the United States

Cancer is a chronic disease that broadly describes abnormal and uncontrolled cell growth leading to a serious disruption of physiological processes. In the United States, cancer has become especially prevalent, where more than an estimated 17 million people are living with the disease (National Cancer Institute, 2019), with just under 2 million new diagnoses in 2023 alone. This

means that about one in twenty people in the U.S. are living with some form of cancer. Cancer, however, is not the only condition impacting health on a grand scale; the National Institute of Mental Health estimates that one in five adults in the U.S. are living with mental illness (2021). Furthermore, both the terms ‘cancer’ and ‘mental health disorder’ encompass a large number of more specific conditions which pose significant threats to health. The alarming statistics regarding the prevalence of cancer and mental health disorders across the general U.S. population necessitate an in-depth investigation into the two conditions and the inevitable links between them.

The Latinx population presents one subgroup of individuals living in the United States that has been measurably affected by both cancer and mental health disorders. For both men and women, about one of every three Hispanic persons can be expected to develop one type of cancer (excluding squamous and basal cell) during their lifetime (American Cancer Society, 2021); these rates differ little from those for non-Hispanic Whites (NHWs). Perhaps more concerning than the prevalence of the disease in Latinx people, however, is its progression, where most cancers in this minority group are more likely to be advanced-stage diagnoses (Martínez and Scott Rhodes, 2020). This finding has been reached even when socioeconomic status has been removed as a confounding factor (Miller et al., 2021). These studies thus illustrate that education and awareness regarding cancer risk factors, diagnosis, and treatment options vary across different races and ethnicities in the United States.

In a similar vein, the Substance Abuse and Mental Health Services Administration (SAMHSA) found that 21% of the Latinx population struggles with mental illness (2021). However, only 36% of Hispanic and Latinx Americans reported receiving mental health services in comparison to 52% for NHWs and 47% for the total U.S. population (Figure 1).

Mental Health Services Received in Past Year Among U.S. Adults with Any Mental Illness (2021)

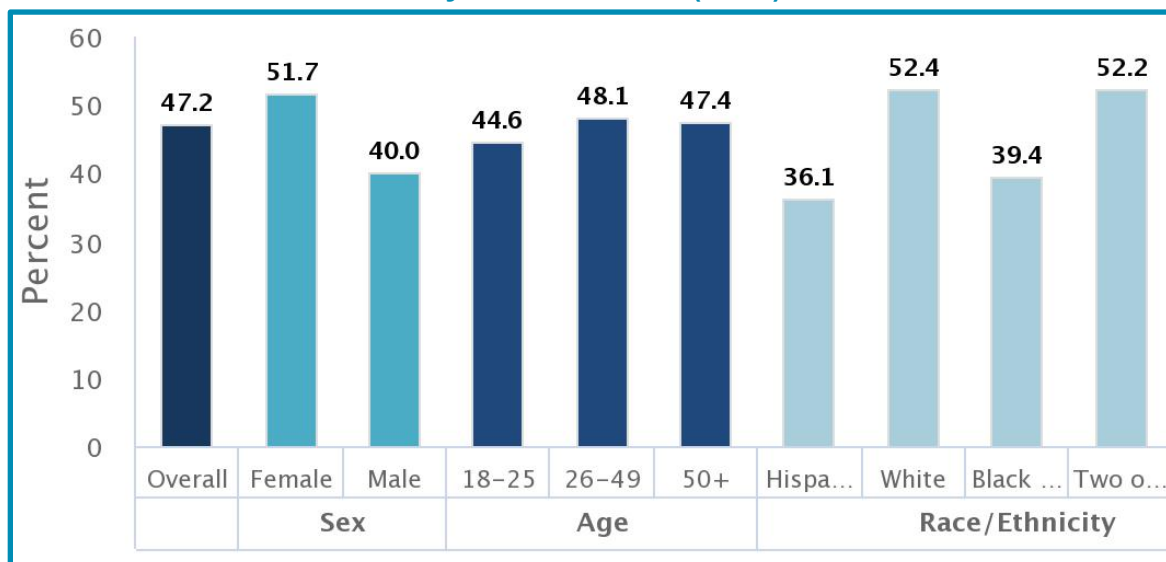


Figure 1. Disparity in mental health services received by Hispanic of Latinx Individuals in comparison to other races and ethnicities. SAMHSA clarifies that individuals qualifying as Hispanic or Latinx could be any race if of Hispanic origin. Graphic courtesy of SAMHSA.

Fortunately, in concordance with the growing prevalence of cancer and mental health disorders in the U.S., efforts to simultaneously treat these conditions have increased. The fields of psycho-oncology and medical anthropology present the opportunity for a multidisciplinary approach to addressing the disparities in cancer and mental health disorders diagnosis and treatment in the U.S. Latinx population, consequently laying the foundation for a healthier future society.

Breast Cancer Facts and Figures

Trends in Cancer Incidence Rates, 1975-2017

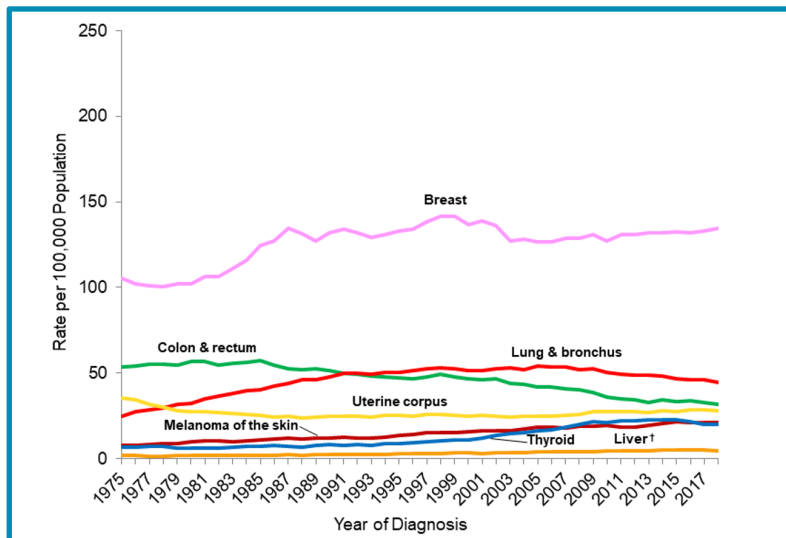


Figure 2. The prevalence of breast cancer across women in the United States. Graphic courtesy of American Cancer Society (2023).

Breast cancer is the most common form of cancer in women in the United States, and the incidence rates of breast cancer are unparalleled in comparison to those of other types of cancer (Figure 2). Based on this knowledge, breast cancer is unsurprisingly the most common form of cancer in U.S.-born Latina women (Martínez and Scott Rhodes, 2020). However, the mortality rate for breast cancer in the Latina population is decreasing at a slower rate than those for NHW and Black women (Figure 3); this trend could be reasonably attributed to the increased likelihood of advanced-stage diagnoses in Latina women compared to NHWs (Serrano-

Gomez et al., 2020), given that late-stage cancers are more difficult to treat and pose a greater threat to health. These disparities across race and ethnicity allude to a lack of awareness of risk factors for the disease and highlight cultural barriers to healthcare access and proper treatment. Furthermore, data regarding cancer incidence and mortality in Hispanic individuals have only been available for the past 3 decades (Miller et al., 2021). These knowledge gaps point towards a lack of research within the field and the need to increase efforts to specifically aid the Latinx population.

Trends in Female Breast Cancer Death Rates by Race/Ethnicity, US, 1975-2020

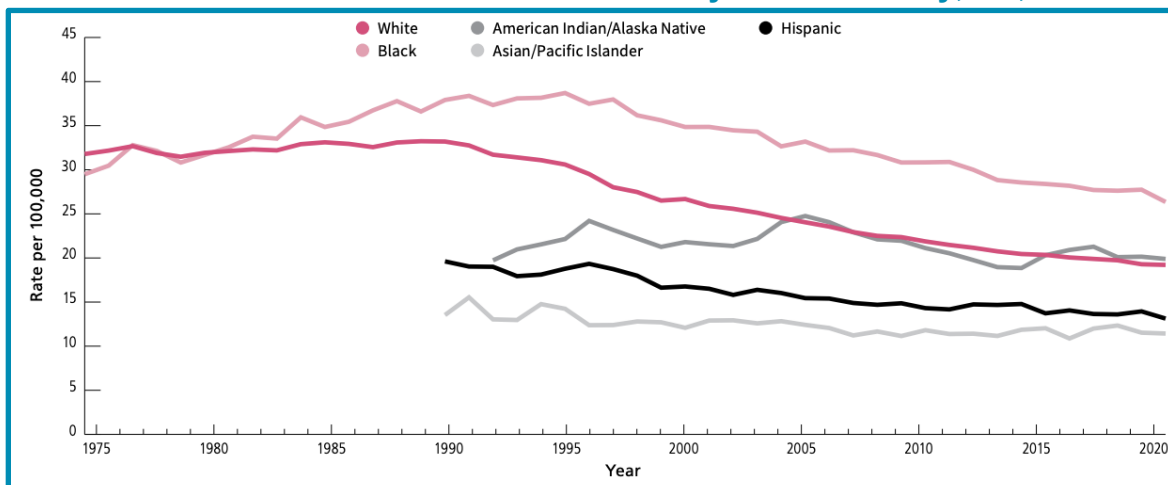


Figure 3. Disparity in data collected for breast cancer death rates across race/ethnicity in the United States. Decline in mortality rates for breast cancer is steadier in White or Black populations compared to Hispanic population. Graphic courtesy of American Cancer Society (2023).

Major Depressive Disorder Facts and Figures

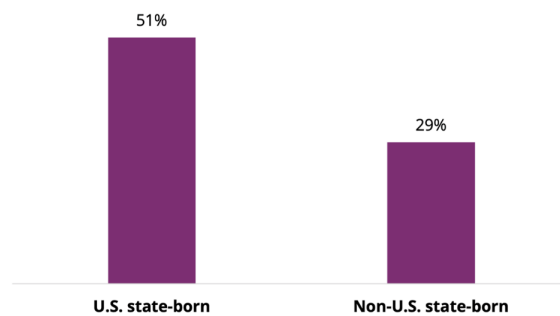
Within the realm of mental health, depression is a disorder which can be divided into many subtypes. Clinical depression, or major depressive disorder (MDD), is one of the most severe and most common forms of depression (Cleveland Clinic, 2023). The principal characteristic of MDD is the presence of a major depressive episodes (MDE): a persistent loss of interest in addition to a depressive mood over a two-week time period (National Institute of Mental Health, 2023). The percent of Hispanic or Latinx individuals who have experienced at least one MDE in their life (7.9) is comparable to the overall percent of the U.S. population who have suffered from one MDE (8.3)

(National Institute of Mental Health). However, certain studies have found that Latina women today are both more likely to battle against depression and less likely to receive support for this illness than White or African American women (Shattell et al., 2008). This illustrates a lack of culturally competent resources that efficiently inform the Latinx population about mental health disorders and their risk factors.

The idea of the immigrant paradox is important in the discussion of Latinx mental health as it refers to the trend in which children and following generations of Latinx immigrants to the U.S. are more likely to experience mental health problems than the immigrants themselves (Figure 4). This means that first-generation Mexican immigrants to the United States were found to have lower incidences of mood disorders and substance use than their subsequent-generation counterparts (Burnam et al., 2018). The process of acculturation, which involves the assimilation of an individual to their foreign community over time, therefore may be responsible for both mental health disorders in the Latinx population and the lack of clinical research in the field for this minority group (Fuller Torrey et al., 2021). Social constructs like discrimination and racism in the public and private spheres further hinder access to proper mental health care. These stress-inducing factors, among others like cancer treatment, heighten Latinas' risk for developing depression. The current situation of mental health research and attention towards Latinas, especially in regard to those struggling with cancer, is a pertinent call for action.

Hispanic parents born outside of the United States are less likely to have experienced a mental health disorder than those born in the United States

Percentage of parents ever experiencing a mental health disorder,* by place of birth



Source: National Epidemiological Survey on Alcohol and Related Conditions-III (NESARC-III), 2012-2013. U.S. state-born individuals include those born in the 50 states and the District of Columbia. Differences between groups were significant at the $p < .001$ level. Rates are adjusted for age and gender. *Includes ever experiencing depression, anxiety, substance use disorder, or PTSD.

Figure 4. The immigrant paradox describes the disparity in likelihood to experience mental health struggles between immigrants and their subsequent generations. U.S. state-born Latinx individuals are more likely to be faced with a mental health disorder than their foreign-born parents (Ramos-Olazagasti et al., 2022).

Biomedical Approach to Treatment

Breast Cancer

In the United States, biomedicine is the healthcare approach that most people are familiar with, especially when they imagine their doctor's office where they complete routine check-ups. The biomedical approach to treatment arose from the belief that a given disease is based in biological, chemical, and physical phenomena (Valles, 2020). The treatments designed to address disease in biomedicine are furthermore most often based on results of clinical, randomized trials performed under strict laboratory protocol.

In terms of cancer, the biomedical approach does not rely upon a singular method or medication. Rather, the majority of oncologists today design a treatment plan that incorporates multiple methods, such as surgery and chemotherapy, which seek to eliminate

cancer cells and slow their growth (Information Box 1). However, despite the extensive development in cancer treatments over the course of past decades, there exists a variety of concerns regarding each modern method. There are clear biological concerns with treatments like surgery, for example, where metastasis (migration of cancer cells from their origin tissue) can hinder or prevent the complete removal of tumor cells, leading to more complicated procedures and time spent receiving treatment. Other complications can arise in regard to treatment even after a patient is deemed cancer free: in a study published by *JAMA surgery*, women who received more aggressive treatment experienced negative impacts on quality of life in comparison to patients who received less aggressive treatment (Table 1). This is evidenced by lower scores for psychosocial well-being for patients who underwent both a mastectomy (removal of breast tissue) and radiation treatment (Winstead, 2021). This finding further highlights the risk that current cancer treatments pose for mental health. Chemotherapy and hormone therapy, moreover, involve the repeated ingestion of medication which has serious side effects; the negative changes in the body, which range from joint pain to skin rashes to nausea, not only inflame patients' nonadherence to their medication but stimulate the development of mental health disorders like depression (de Souza et al., 2014). The associated risk of mental health disorders during cancer treatment thus calls for interventions which seek to address both of these health complications.

The National Breast Cancer Foundation, Inc.: Five Categories of Treatment

1) Surgery

Intervention technique that serves to remove malignant cell tissue from the breast, ranging from a lumpectomy to a full mastectomy and breast reconstruction.

2) Radiation

The external or internal use of radioactive rays or chemicals which destroy undetectable cancer cells and reduce the risk of recurrent breast cancer.

3) Chemotherapy

Repeated injection of a regimen of drugs that travel throughout the bloodstream to destroy cancer cells or reduce their growth.

4) Hormone Therapy

Use of prescribed medication to diminish the supply of nutrients to cancer cells in the body, thereby slowing their growth and increasing their vulnerability.

5) Targeted Therapies

An area of ongoing development which seeks to deploy drugs that selectively seek out and attack cancer cells in the body while avoiding healthy cells.

Information Box 1. The five major biomedical treatments for cancer (National Breast Cancer Foundation Inc., 2023).

The same study which found the associated risk of depression during chemotherapy treatment, for example, concluded that the majority of patients who took antidepressants in conjunction with their cancer medication did not experience depressive symptoms (de Souza et al., 2014). Still yet, exogenous medication is not always the answer for mental health disorders, and certain medications cannot be taken together. These findings, in addition to the understanding that no biomedical treatment is a surefire ‘cure’, therefore demonstrate that efforts must be made to cultivate long-term, holistic healing methods for breast cancer patients that recognize the deep impact of the disease on the human body.

Patient Satisfaction and Well-Being Following Varying Levels of Biomedical Treatment for Breast Cancer

Treatment	Breast Satisfaction mean score (0-100)	Psychosocial well-being mean score (0-100)	Sexual well-being mean score (0-100)
Breast-Conserving Surgery	65.5	75.9	57.4
Unilateral Mastectomy	64.3	75.2	56.6
Bilateral Mastectomy	64.0	71.3	51.4
Unilateral Mastectomy and Radiation	54.6	66.1	50.4
Bilateral Mastectomy and Radiation	55.8	65.1	46.2

Table 1. As treatment for breast cancer becomes more aggressive, the quality of life for women decreases (determined by BREAST-Q questionnaire completed a median of 5.8 years after cancer diagnosis where higher scores represent more favorable outcomes). This highlights the need for treatment that holistically addresses all health complications in breast cancer patients. Table and data courtesy of the National Cancer Institute and the international peer-reviewed JAMA Surgery journal (Winstead, 2021).

Depression and Major Depressive Disorder (MDD)

Depression is diagnosed biomedically with the Diagnostic and Statistical Manual of Mental Disorders, known as the DSM-5. According to the DSM-5, the principal symptoms associated with MDD are depressed mood, diminished interest, changes in weight, insomnia, psychomotor agitation or retardation, fatigue, inappropriate guilt, difficulty concentrating, and recurrent thoughts of death (Figure 5). Other clinical tools, however, may also be used to identify major depression, such as the Patient Health Questionnaire-2, and Patient Health Questionnaire-9 (Ng et al., 2016). These surveys

provide information to healthcare providers about how their patients perceive themselves and their emotions. The principal form of treatment for MDD in the biomedical world is medication that moderates processes in the nervous system by influencing neurotransmitter concentrations. For example, Selective Serotonin Reuptake Inhibitors (SSRIs) are commonly used to treat depression given that they increase the concentration of serotonin in the synapses between nerves; this physiological change renders positive effects on mood and affect. Beyond medication, therapy is highly regarded as a mental health service given its capability to grow patients’ emotional intelligence levels. The general goal of therapy is to develop long-term habit changes that enhance patients’ coping mechanisms with stressful stimuli and past traumatic events so that they can lead a happier life. Unfortunately, there is a history of cost barriers to mental health services due to insurance coverage and the U.S. healthcare system. One study demonstrated that individuals with severe mental health disorders, or those with *both* serious psychological distress (SPD) and a functional limitation due to their mental illness, are more likely to face cost barriers in receiving treatment (Table 2).

However, on a positive note, more recent actions to combat this issue, such as the Affordable Care Act, have worked towards establishing a mentally healthy society by reducing treatment costs (Novak et al., 2018). It is imperative still that further efforts are made to inform all, especially minorities like the Latinx population, of their options regarding treatment of mental health disorders and cancer.

DSM-5 Criteria for Diagnosing a Major Depressive Episode

- At least five of the following symptoms are present nearly every day during the same two-week period, as reported by the patient or observed by others:
 1. Low mood
 2. Anhedonia (markedly diminished interest or pleasure in all, or almost all, activities)
 3. Insomnia or hypersomnia
 4. Fatigue or loss of energy
 5. Significant (e.g. 5% of body weight within a month) unexplained weight loss or gain, or change in appetite
 6. Psychomotor agitation or retardation
 7. Indecisiveness or poor concentration
 8. Feelings of worthlessness or inappropriate guilt
 9. Recurrent thoughts of death, recurrent suicidal ideation without a specific plan, a suicide attempt or a specific plan for suicide

Figure 5. Criteria included in the DSM-5 that works to diagnose major depressive disorder (Ng et al., 2016).

The Relationship Between the Severity of Mental Health Disorders and Cost Barriers

Insurance status (n)	1999–2000	2001–02	2003–04	2005–06	2007–08	2009–10
No mental health problem						
None (52,931) ***	3.8	4.1	4.8	4.7	5.4	5.0
Public (21,153)	2.2	2.2	2.2	3.2	2.7	2.4
Private (176,827) ****	0.7	0.8	0.8	1.0	0.9	1.2
SPD or limitation						
None (3,153) ****	28.0	30.0	26.9	33.8	36.4	35.3
Public (4,581)	8.7	8.8	9.3	12.7	14.2	10.8
Private (5,125) ***	8.6	9.3	10.0	12.0	13.3	12.6
SPD and limitation						
None (784)	61.1	55.1	53.6	56.0	57.1	64.0
Public (1,887)	20.0	18.8	23.2	24.1	26.5	18.2
Private (981)	24.3	17.3	29.7	18.8	32.9	30.3

Table 2. Percent Of People Ages 18–64 Who Experienced A Cost Barrier To Mental Health Care (Rowan et al., 2013).

Traditional Medicine Approach to Treatment

Breast Cancer

Traditional medicine, rather a broad term, encompasses any approach to healthcare and healing which do not adhere to the principles of biomedicine. Only a few examples of traditional medicine approaches to healing will be explored in this brief, so it is highly important to recognize that the general foundation of traditional medicine relies upon the ever-shifting understandings of disease, illness, and their causes (Information Box 2). For example, the biomedical approach tends to address the proximate cause of disease to explain its occurrence in an individual patient's life, but traditional medicine practices will often point towards an ultimate cause to contextualize disease within a person's life, their community, and their culture. This perspective elucidates a significant difference between biomedicine and traditional medicine as biomedicine typically aims to synthesize a treatment for the proximate cause of disease that should theoretically be sufficient for all patients with the disease. However, this approach may often fail to consider the relevant determinants of health, like race and ethnicity, culture, socioeconomic status, and others, which all influence an individual's perception of and accessibility to biomedical healthcare. Traditional medicine, in contrast, tends to incorporate these characteristics into treatment plans which enhances healthcare accessibility for the general population by ultimately presenting an alternative way to maintain one's health. In the pursuit of continued advancement in the field of medicine, a multifaceted treatment plan which incorporates both biomedical and traditional medicine practices may be the next step in defeating chronic diseases like cancer and mental health disorders.

In Guatemala, the Maya healthcare system starkly contrasts the one with which so many are familiar in the United States. Differences begin immediately with definitions of health, illness, and disease, all of which seem to be more fluid than Western medicinal ideologies. With specific regard to cancer, the Maya healers have a complex set of terms based in their various native tongues which seek to describe many of the common symptoms seen with the disease, and only a few are seemingly related

Defining the Undefinable: Terms to Know

Disease: describes a problem with or disruption in physiological processes that has a direct, biological locus

Illness: encompasses the physiological problem incurred in the body by disease and incorporates elements of the patient's personal lifestyle and behaviors, thereby contextualizing the disease in terms of a specific life

Sickness: considers how the physiological problem of disease may be impacted or contributed to by social, cultural and economic factors in a population

Proximate Cause: attributes the root of a disease or condition to its most direct and specific proponent

Ultimate Cause: considers factors which expand beyond an individual to contextualize and understand the 'why' of a disease

Information Box 2. Description of terms which adopt varied meanings depending on the treatment approach.

to biomedical definitions (Table 3). Similarly, the Maya community recognizes an expansive list of signs and risk factors, ranging from misuse of the natural elements to noncompliance with social

Maya Terms and Descriptions for Inflammatory Processes, Tumors, and Cancer Types

Maya Term	Description
Q'aynaq Cha'aklaj	Rotting body part, internal or external skin (tissue) that changes color (usually to black) and deteriorates over time.
Q'eqimayil yajel	Some parts of the body where black-colored tissue appears.
Q'eqi xox sa' e'	This cancer is due to smoking, causing pain in the larynx and later moving to other body parts.
Q'eqi xox sa' ruuj li tu li ixq	A ball of flesh that grows in one place, either benign or malignant.
Q'eyik	Rotting flesh; it appears in many parts of the body, especially in the elderly.
Q'eynaqil	Putrefaction of a body part.
Q'eynaq ti'j	Rotten flesh.
Q'umetil yajel	Parts of the body in which tissue looks different, unhealthy, as if it were rotting.
Siipaj yajel	Inflammation throughout the entire body. When Ki q'eq'o' li xkik'el (the blood turns blackish), it cannot be cured anymore.
Sipojik (1)	Swelling, inflammation in the form of lumps that appear throughout the patient's body.
Sipojik (2)	A tumor or lump in the body that grows without stopping; some can be lethal.
Tuux	A hard ball on the tissue, like that on pigs. (Cisticercosis?)
Tx'ak	An inflammation that sometimes has infected matter inside or is a hard lump.
U bu'ul b'aalchee'	Tumors in the body, like pigs and chickens get. (Cisticercosis?)
Üxlen	Hard tumor in the ovaries of women.
Yoom...Ach'ali ...K'inam	(Describes a progression.) Small balls of tissue that can still be treated ... now the tissue is damaged and tumor continues to grow ... this is the advanced stage of cancer in which the tumor is aggressively damaging other organs.
Xibiri'ik Kik'	Weak blood, with no defenses; the cancer is in the blood.
Xlim	Cysts that spread all over the body; we see them mostly in women's wombs.

Table 3. Maya healers in Guatemala have a complex and intricate system of terms to describe physiological symptoms and signs related to cancer. Terms in **bold** indicate higher potential for correlations to biomedical definitions (Berger-González, 2016).

that define cancer, but one's culture, community, and background inevitably change the psychosocial experience associated with the disease. There is thus immeasurable value behind considering practices and ideas of traditional healers like the Maya given the common goal of developing efficient and personal healthcare for all individuals.

The integration of traditional medicine techniques into biomedicine is not as difficult as one may think. Medicinal plant use is one core pillar in many traditional medicine practices, and recent studies have found that certain herbs interfere directly with the cellular reproduction pathway of cancer cells (McGrowder, 2020). Other researchers concluded that certain herbs, such as *Arctium Lappa*, mediate the toxicity of current cancer treatments like chemotherapy (McGrowder, 2020). Both findings illustrate clear ways in which traditional medicine ideas can supplement biomedical actions. The major conclusion, therefore, is that accomplishing the necessary improvements to the biomedical world may be accelerated by studying and utilizing traditional medicine practices.

norms, that may be responsible for health conditions like cancer (Berger-González, 2016). As for the 67 healers who were incorporated into the study, fewer than 8% were educated beyond primary school (Berger-González, 2016). While the significant lack of formal education would be so foreign to U.S. healthcare professionals, Maya healers are trained through oral transmission of techniques and practices, passed on from generation to generation. These methods of treatment range from the use of medicinal plants in serums and teas to rituals related to spiritual beliefs. A seemingly strong overlap between biomedical and traditional treatments for cancer, however, is the recommendation of lifestyle changes to involve more exercise and less harmful activities like smoking; around 60% of healers in the Guatemalan study reported making such recommendations (Berger-González, 2016). It is insightfully concluded by authors of the study that a case could be made for the universality of the biological problem and physical effects

Depression and Major Depressive Disorder (MDD)

In the Latinx community, traditional treatments are the most common approach to care for those facing physical or mental illness. More specifically, *curanderismo* is an important aspect of traditional healing practices. Renaldo Maduro, a researcher in *curanderismo*, proposed that “While a person's culture is never the only determinant of his or her behavior, it often is the most crucial ingredient in intercultural interactions, especially between patient and healer”. According to Maduro, there are eight philosophical principles that follow an illness or disease in Latino individuals. Maduro said that the mind and the body are inseparable because Latinos present emotional problems in their somatic senses. Similarly, he says that the body and the soul are separable because *curanderismo* provides a general concept that the soul has a body, whereas biomedical approaches believe that a person is a body that may or may not have a soul. Maduro emphasizes the idea that balance and harmony are important for maintaining equilibrium within the body which is essential for health in

Alternative (non-biomedical) Treatments for Depression

- **Herbal Remedies:** Use of medicinal plants and herbs.
- **Acupuncture:** Traditional Chinese medicine involving the insertion of thin needles into specific points on the body.
- **Reflexology:** Therapy based on the belief that specific areas on the hands and feet correspond to organs and systems in the body.
- **Exercise:** Physical activity as a form of therapy.
- **Meditation:** Mindful practices to promote relaxation.
- **Massage:** Manipulation of the body's muscles and tissues for therapeutic purposes.
- **Guided Imagery:** Visualization techniques guided by a therapist.
- **Yoga:** Combining physical postures, breath control, and meditation.
- **Deep breathing:** Focusing on taking slow, deep breaths.

Information Box 3. Traditional medicine treatments to depression.

that Latinos respond better to an open interaction with their healer (Maduro, 1983). We have previously explored the idea that in the Latino community, the family is heavily involved in the lives of each individual. This creates a collectivist, rather than individualistic culture. In addition to *curanderismo*, Information Box 3 includes alternative therapies (some of which are used in *curanderismo*) that are useful for depression, and these are presented by the Cleveland Clinic. In conclusion, *curanderismo* is a significant factor in Latino healing practices and such ideology should be taken seriously because it may work as well as biomedical treatments.

Latino culture. He also mentions the concept of blame, and how the patient is seen as an innocent victim of their illness. The idea of fault in regard to illness is very important in the discussion of approaches to healthcare. In the context of biomedicine, given the focus of proximate causes of disease, the patient, and their past actions and choices, is often held responsible for the onset of their disease; this trend alone may reasonably discourage individuals from seeking biomedical care. Finally, Maduro notes that curing requires family participation, that the natural world is not always distinguishable from the supernatural, that sickness often serves the social function by resocializing the sick individual, and

Psycho-Oncology and Medical Anthropology

Medical Anthropology

The growing intersection of the spheres of cancer and mental health disorders culminates in psycho-oncology. This healthcare field, which may also be known as psychosocial or psychiatric oncology, employs a great variety of professionals, from certified psychiatrists to social workers, with the shared goal of aiding cancer patients with the mental distress that is associated with the disease (Maytal, 2020). From the initial diagnosis to years of recovery, cancer is an unforgettable condition which impacts the behavioral and psychosocial capabilities of both patients and their families.

Medical anthropology is a subfield which seeks to discern the simultaneous impact of biological and cultural factors on human health. In order to properly contextualize psycho-oncology within the Latinx population, medical anthropology offers appropriate methods and data to keep in mind. Scientific efforts in the field, for example, have found that an individual's culture alone can greatly influence one's perception of a disease like cancer (Hubbell et al., 1996). Other medical anthropologists have completed extensive fieldwork to garner a documented understanding of the beliefs underlying culture and lifestyle in certain communities that inevitably impact their health. Linda Hunt's findings in Southern Mexico demonstrated that many patients would adopt and develop illness narratives to formulate a reasonable understanding why they, or their family member, has contracted cancer (Hunt, 1998). Despite cancer and mental health disorders continuing to sweep across space and time universally, the field of medical anthropology insightfully demonstrates how approaches to addressing these conditions are far from 'one size fits all'. It instead points to the diversity already present in healthcare practices as a consideration for cultivating efforts that seek to effectively diminish cancer and mental health disorder rates in underserved, minority populations. In other words, the intersection of biomedicine with traditional medicine presents a potential sweet spot for future psycho-oncology work.

Psycho-oncology: The Solution

As mentioned previously in the brief, psycho-oncology focuses on the psychological, social, and emotional aspects of cancer and mental health. Psycho-oncology in the treatment of breast cancer and depression within the Latina population allows for a holistic approach that expresses the principles of medical pluralism. In the context of breast cancer and depression within the Latina population, the idea becomes significant due to cultural and biomedical factors. As a result, psycho-oncology is an important approach to care because it can help link conventional medical treatments and alternative therapies all while valuing cultural beliefs and traditions. Depression is a common challenge faced by Latinas diagnosed with breast cancer. Psycho-oncology addresses the psychological impact of cancer,

providing emotional support, coping strategies, and mental health interventions that are specific to the needs of Latina patients.

Medical pluralism recognizes the importance of collaborating traditional and biomedical treatments. In the case of psycho-oncology, this collaboration becomes evident as it connects biomedical treatments with alternative therapies, which value cultural beliefs and traditions within the Latina population. Psycho-oncologists can modify their approach to care in cultural ways, which involves taking into account beliefs and traditions within the Latina population. Having a psycho-oncological approach allows for trustful relationships between medical providers and patients, which is important in treating cancer and depression. Trust is a significant factor in healthcare, especially within culturally diverse populations. The holistic approach of psycho-oncology emphasizes the broader healthcare needs of Latina women. By considering the emotional and cultural factors, psycho-oncologists are able to provide a unique treatment for each Latina patient. Psycho-oncologists are also able to provide education about different treatments that are specific to the Latina population. This may include therapies that are effective and that align with cultural beliefs. This may also bridge the gap between *curanderismo* and a modern approach to care because psycho-oncologists are able to integrate both approaches of treatment. Ultimately, psycho-oncology contributes to the overall well-being of Latina women facing breast cancer and depression.

Holland's History



Dr. Jimmie Holland is fondly remembered as the founder of the field of psycho-oncology. She worked tirelessly throughout her career as she primarily focused on how life-threatening diseases evoke emotional and psychological responses in patients. Her revolutionary efforts led to the founding of the International Psycho-oncology Society, American Psychosocial Oncology Society, and the international journal *Psycho-Oncology* (Breitbart 2018).

Information Box 4. Short biography of Dr. Jimmie Holland who is recognized as the founder of psycho-oncology.

Analysis

Defining efficacy and what seems to be working

Treating cancer and depression within the Latina population requires a cultural and holistic approach, which can be often overlooked by science. Cultural treatment involves an understanding of cultural-specific phenomena such as *familismo*, *personalismo*, and *respeto* (Martínez and Scott Rhodes, 2020). Holistic treatment would therefore incorporate ideas from both biomedicine and traditional medicine in order to develop the best treatment for Latinas. The relationship between traditional medicine and biomedicine is thus an important one in seeking an approach to treatment, and the stability of this relationship relies upon collaboration between biomedical physicians and traditional

healers and physicians. In terms of strategizing treatment, it is important to recognize that there is not a single solution for treating such conditions and individuals may have different needs. Meeting specific needs has been deemed to be working because it reduces the disparities between populations. In addition to this, physicians need to recognize the individualistic needs of the Latina population. In the Latina community, social support is important and so is being able to access care without the barriers that are often put up for Latina women. In conclusion, treatments that are multifaceted (traditional and biomedical) and specific have been demonstrated to work.

Identifying the knowledge gaps and room for improvement

Medical pluralism is necessary for optimal healthcare because it exposes that the singular approach to medicine, that arises from Western ideologies, is not an ideal response to the treatment of diverse cultures. Biomedicine draws a distinction separation between the human body and the larger social and cultural context. Due to this, it fails to deliver proper treatment to those cultures that do not fall into the single-fit care principles. The dominance of biomedicine in our society banishes alternative approaches to care practiced by minority groups. For Latinas, this may include going to a *Botánica*, a *curandera*, and practicing core familial values. Traditional medicine emphasizes the relationship between the physical, mental, and social aspects of well-being. Medical pluralism emphasizes the coexistence of multiple, diverse medical ideas and perspectives (Cant, 2020). Medical pluralism acknowledges cultural beliefs, values, and practices that maximize health and well-being. It promotes the idea that traditional medicine practices and biomedical practices can complement each other.

Traditional medicine practices can indeed be viewed as a way of circumventing iatrogenic causes of disease. Iatrogenesis refers to illnesses or injuries that result from medical treatment or care, and it can take various forms. One example is iatrogenic infection, which may occur due to inadequate sanitary protocols by healthcare providers. This is particularly relevant in settings where hygiene standards are not rigorously maintained. Traditional medicine can reduce the risk of iatrogenic harm associated with biomedical interventions. Traditional medicine relies on natural remedies which are less invasive and carry a lower risk of iatrogenic complications in comparison to biomedical or pharmaceutical interventions. Traditional medicine has a strong emphasis on lifestyle habits that can help maintain good health and integrating these habits can prevent the need for biomedical practices which carry iatrogenic risks. It may not always be the case that traditional medicine will help an individual because there are always cases in which biomedical intervention is necessary. The most important idea is to find a balance between both practices.

Conclusion

The Latina Population

Going forward, a holistic approach that involves cultural, social, and economic factors is essential in the improvement of outcomes and treatment of Latina women who deal with depression and breast cancer. Attending to the specific needs of the Latina women population is important in reducing the

disparities existent in healthcare and thereby providing the necessary support. In addition to this, healthcare providers should be culturally sensitive and competent in their approach to Latina patients. The importance of medical anthropology can help in providing the necessary care. Finally, engaging in conversations about depression and the stigmas around it in the Latina community is necessary for an effective approach to treatment. A push for counseling and therapy would help with the coping of emotional distress caused by the disease. Creating groups that are readily able to help, can provide a safe space for conversation which is effective in the approach to treatment. In the Latino population, this mostly comes from the family. There is a strong sense of family within the Latino population, and it is important to maintain it this cultural value as a strong support system can be essential for effective care.

The vague representation of Latinas in medical research is concerning and has implications for healthcare outcomes within the population. The lack of research limits the development of a unique and effective approach to care. The fact that cancer is the leading cause of death in the Latino population should highlight the urgent need for inclusive and culturally relevant studies. The scientific community does not fully understand genetic, environmental, and social factors that impact Latina women. Without diverse representation, the medical world assumes that there is one solution for everyone, and this is not the case. Not being able to provide unique approaches to care is a disadvantage for minorities. Making sure that Latina women have equal healthcare access and opportunity is necessary for effective treatment. It is important for Latina women to have regular breast cancer screenings. This is also useful in early detection and prevention because it can improve the outcomes. Funding is one of the biggest issues because researchers are not motivated to pursue investigations within the Latina community. Addressing these disparities requires raising awareness for the Latina population and challenging the funding of research laboratories.

Comparison to Other Cultures

Leo Chavez, an anthropologist, conducted research that is about the beliefs of breast cancer risk factors among Latina women, Anglo women, and physicians. Table 4 highlights the different ranking of beliefs by group. The research highlights the connection between cultural perspectives, healthcare disparities, and the potential impact on survival rates. Chavez's research is important because it recognizes how cultural beliefs can have an effect on access to medical care. Some of the important statistics to highlight from the graph are risk factors of family history, diet, and poverty which stem from Latina perspectives often pointing to domestic violence. Latina women hold unique beliefs and perceptions about breast cancer risk factors that are different from those of Anglo women. These cultural models are rooted in traditions and community norms. These cultural ideas play a crucial role in shaping health-related behaviors, including preventive measures and seeking medical care. The research also points to the disparities in medical care between Latina women and Anglo women. As mentioned previously, understanding the disparities is essential because it exposes potential obstacles that Latina women may face in accessing healthcare. The disparities have implications for survival rates, as early detection is a key factor in cancer outcomes. Chavez's research displays the importance

of cultural competence in healthcare delivery. He emphasizes the need for healthcare professionals to be aware of cultural perspectives within the Latina population.

Cross-cultural connections regarding this topic can be made to Greek and German societies whose women have been found to hold values that are similar to those of Latinas. In Greek culture, for example, there is an emphasis on family support, which aligns with the core beliefs of *familismo* in Latinx communities. German studies moreover highlight the importance of

screening with a focus on psycho-oncological documentation (Ernstmann, 2020). The recognition of psycho-oncology in German studies shows the importance of treating emotional challenges individuals face. The universality of psycho-oncology shows that other countries are centering their attention to holistic approaches and patient-centered care. In conclusion, it is important to recognize cultural approaches to treatment because as seen in German and Greek cultures, facing cancer is not something to do alone. It is important to challenge the inclusiveness of Latinas, in the United States, in research and psycho-oncological approaches to treatment.

Risk Factors for Breast Cancer and Their Ranking by Group

Risk Factor	Rankings by Group				
	Physicians	Anglo-Americans	Chicanas	Mexicans	Salvadorans
Family history	1	1	1	7	20
Age	2	13	15	25	19
First child after age 30 years	3	19	20	21	18
No children	4	22	29	23	26
Obesity	5	15	19	17	22
Hormone supplements	6	2	7	16	11
Radiation	7	7	2	10	12
Early menses	8	21	27	29	25
High-fat diet	9	10	14	20	23
Smoking	10	5	6	3	7
Lack of medical care	11	12	8	2	5
Never breast-fed	12	18	25	19	16
Birth control pills	13	4	5	4	6
Chemicals in food	14	3	9	9	9
Breast implants	15	9	4	5	3
Excessive alcohol intake	16	16	12	13	15
Large breasts	17	23	18	27	24
Poverty	18	27	26	14	29
Medications	19	11	17	24	21
Polluted environment	20	6	10	18	14
Stressful life	21	8	23	26	28
Problems producing milk	22	17	13	15	13
Illegal drug use	23	14	11	8	4
Breast-feeding	24	25	28	28	27
Dirty work environment	25	24	21	22	17
Blows to the breast	26	20	3	1	2
Lack of hygiene	27	29	24	11	10
"Wild" lifestyle	28	26	22	12	8
Excessive breast fondling	29	28	16	6	1

Table 4. List of breast cancer factors and the level of risk they present as ranked by different healthcare professions and groups of people (Chavez, 1995).

Future Treatments

Increasing awareness of mental health screening within the Latina population is an important step toward addressing the challenges associated with limited healthcare access. Latinas face unique challenges that decrease their likelihood of seeking medical attention, which ultimately impacts their mental health and oncological outcomes. For example, demanding work schedules and financial concerns often limit their ability to seek help. These issues are often set in place from cultural values, such as hard work and dedication, which prioritize work over health. To attack these challenges, it is important to raise awareness about the importance of mental health and breast cancer screenings and highlight that seeking medical attention should not be a constraint from work or money.

In addition, the role of family and social support in treating both cancer and depression is crucial, and it is a unique characteristic within the Latino population. Culturally embedded values such as *familismo*, *personalismo*, and *respeto* contribute to a strong foundation for a supportive approach to care. *Familismo* stresses the importance of family and the collective well-being of everyone. *Personalismo* emphasizes the importance of relationship building and *respeto* emphasizes respect for and deference to authority figures (Martínez and Scott Rhodes, 2020). In times of illness, emotional support and a sense of belonging create a nurturing environment for those facing health conditions. *Personalismo* promotes vulnerability which results in warm interpersonal relationships. This characteristic promotes a safe environment for expressing feelings which makes individuals comfortable with their situations and enhances well-being. Finally, *respeto* acknowledges the dignity of the individual facing health issues, which is useful for decision-making, trust, and understanding. These characteristics serve as foundations for emotional care for Latinas dealing with mental health problems and breast cancer.

Psycho-oncology plays an important role in addressing the psychological aspects of cancer treatment. It recognizes the psychosocial factors influencing cancer prevention, risk, and survival. Dr. Jimmie C. Holland, an expert in psycho-oncology, has significantly contributed to advancing our understanding of the psychological aspects of cancer and has advocated for comprehensive, patient-centered care. Psycho-oncological interventions are made unique to the Latina population which consider the cultural norms, providing more targeted and effective support. Recognizing emotional responses and treating them is important because cancer diagnoses involve a range of emotions, such as anxiety, fear, and uncertainty. Psycho-oncology helps patients and families navigate these emotions. The holistic approach adjusts for the influence of mental and emotional health on overall well-being. For Latina women who face unique challenges, addressing these factors becomes important for ensuring an effective treatment.

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Image Credits

1. Image of Mental Health and Breast Cancer Ribbons - Google Images
2. Image of Dr. Jimmie Holland in "Holland's History" - Memorial Sloan Kettering Cancer Center in Manhattan

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