

**The Stigma That Follows**

By: Nekiyah Chester

Submitted to the Journalism Board of Study

School of Humanities

In partial fulfillment of the requirements

For the degree of Bachelor of Arts

Purchase College – State University of New York

May 2020

First Reader: Prof. Donna Cornachio

Second Reader: Prof. Cathryn Prince

Dreads dangle out of the scrunchied ponytail on the back of his neck. He sits, clasping his hands, interlocking his fingers, staring at his palms on the table in front of him. He stares at them as if they are a map of his life and seems oblivious to the bustling sounds of the restaurant around him.

“They never really acknowledged the home dynamic,” says Ionato Robinson, 26, a second-generation Caribbean American, says reflecting on his traumatic childhood from living with his grandparents. “It was always something external, like friends or some outside factor.”

Robinson’s mother was born in Jamaica, and father in Trinidad and Tobago. His mother migrated with her family to Philadelphia when she was 15-years-old; his father’s arrival in the states is unknown. When he was 4, Robinson moved to Wakefield, Bronx with his maternal grandmother and grandfather, who also came from Jamaica. His grandparents raised him because his mother was unable to care for him.

Robinson was a fighter, got into trouble at school, and, from an early age, struggled with anger management. Robinson’s family referred to his mental health struggles as “a manifestation of demons.”

According to Robinson, his grandmother was an alcoholic and had a struggling relationship with his grandfather; they fought often.

Despite their problems, Christianity and church were always prominent in their lives. “My family was heavy on church, we went every Sunday,” says Robinson. “I was an altar boy and even went to Boy Scouts through the church.”

Along with alcohol addiction, Robinson's grandmother had an explosive temper. Robinson laughed uncomfortably and went into a memory: "One day, I asked my grandmother how come dinosaurs weren't mentioned in the Bible; I got an ass whooping for that," Robinson says.

Whenever Robinson acted out in school or at home, a "whooping" was a common punishment.

Besides getting into fights and being disrespectful to the elders around him, Robinson would sometimes dabble in his grandmother's alcohol by adding water to it, drinking some, or pouring it down the sink. "I'd leave her to assume I was drinking all of it," Robinson says. He thought this would make her realize the source of his problems were at home and that he didn't like her drinking.

When Robinson was 12, his grandparents sought therapy for him because they feared Robinson's actions were getting out of hand. This surprised Robinson because it's unusual for people from the Caribbean to seek outside help.

"I was causing a lot of trouble before this," Robinson says. "I'm sure she put me into therapy because she wanted to protect herself, and so I wouldn't show up at school drunk one day."

Robinson never confessed to his family that he blames the household for his actions. Even today, he tries to be considerate of their upbringing in the islands, and his grandmother's personal traumas.

His "demonic" actions were actually a cry for help in disguise.

Robinson was embarrassed about his behavior; he began to feel as if he was the problem at some point. "I internalized a lot of this as I got older," Robinson says.

“Negative actions or past habits are seen as demons in many cultures; religion plays a big role in all of us, and how we view mental health,” says Robinson. “Especially in Caribbean culture.”

Robinson isn’t the only Caribbean struggling with the stigma of mental health.

According to the National Institute of Mental Health (NIMH), nearly one in five adults in the United States live with a mental illness—as many as 46.6 million as of 2017. Mental illnesses include many different conditions that vary in degree of severity. Suicide is one of, NIMH reported it as the second leading cause of death in the U.S., within that same time period among those ages 10 to 34.

Caribbean immigrants living in the United States account for 10 percent of the nation’s 44.5 million immigrants, according to a 2017 article about Caribbean immigrants in the U.S. by Jie Zong and Jeanne Batalova of the Migration Policy Institute. Treating or addressing one’s mental health is not something spoken or taught about in the Caribbean islands; many people learned about it here in America and refer to it as an ‘American thing’ or ‘American issue.’

Madwoman/man, doltish, mad, sick, or head nuh good, are just a few slang words used in the Caribbean to describe the mentally ill.

Akeera Peterkin, a first-generation Trinidadian immigrant and social worker at Purchase College, knows this well. “I’ve seen the whole gamut of what islanders think of mental health,” Peterkin says. Her best friend, Jamaican born, would always joke with Peterkin about how they would go about solving issues growing up. “Let’s just pray on it,” Peterkin says, laughing at the memory of her best friend’s response.

“Historically, cultural norms have often associated mental illness with spiritual desecration, personal failing, and supernatural forces,” says Krim K. Lacey and others within their BMJ Open academic research journal, which looks directly into the relationship of social and economic factors, and their connection to mental health in Jamaican and Guyanese people. “This has resulted in a significant number of mental health problems that go undiagnosed, unreported, untreated and in turn, understudied.”

Peterkin was born and raised in Tobago, Trinidad, and moved to the U.S. when she was 7. Her parents decided to move here primarily for her older brother’s education, but also for other opportunities and options.

Peterkin began experiencing shortness of breath in her freshman year of college at Adelphi University. She was struggling with adjusting to college life and classes.

“I thought I was having an asthma attack,” Peterkin says. “I went to health services, and after three times, they said it wasn't asthma and sounded like panic attacks.”

The health services office referred Peterkin to the counseling center on her campus. “At first I was like, ‘Counseling? What the heck?’” Peterkin says. But after speaking with her best friend from Jamaica, Peterkin decided to give it a try. This experience changed her view of mental health and therapy.

“I didn’t know therapy was a thing to be honest. I didn’t realize people did things like this,” Peterkin says, referring to her views prior to talking with a therapist and becoming one herself.

Like Peterkin, Oshantay Waite, 20, a student at Purchase College and first-generation immigrant from Jamaica, didn't have much knowledge of therapy and mental health.

Waite's parents moved to the U.S. and she immigrated years after them at the age of 11 in 2011. She stayed with different family friends in Jamaica while her parents were making money so they could be reunited in the states.

Her life growing up on the island was traumatic and the mentality on the island was unforgiving. "I was extremely depressed as a kid and had no one to speak to about it," Waite says. "People understood I was sad, but we are taught to just be tough and brush shit off."

Waite's mother, who was a minister, had other solutions for her daughter's mental health issues. "I was told to pray about things that seemed like they were not of god, or just to stop thinking negatively." Waite did pray, to little avail: she still felt as if it wasn't a solution to her problems at the time.

"My classmates made fun of me and called me an orphan," Waite says. "I had to deal with not being with my parents around kids that saw their parents every day."

Separation from a parent on its own can cause trauma to a developing child and lead to feelings of anxiety, according to Alissa Jerud's, a licensed clinical psychologist's, article on [anxiety.org](http://anxiety.org) about parent-child separation. Waite says her mother tried to cheer her up from afar, singing gospel songs to her over the phone, reciting prayers, and Bible verses in hopes of making her feel better.

"She would pray over the phone with me and tell me everything would be okay," Waite says.

Although Waite doesn't turn to reject her mother's beliefs and follows religion herself, she feels it isn't the only solution to issues, especially mental health ones.

Having a strong faith is shown to help with depression in some people. And the church not only serves as a support group but also as a community asset for Caribbean immigrants to congress together. Many Caribbean Americans and islanders look to religion and the church for support, "for dealing with the challenges of everyday life, and with the particular struggles of immigrant life," according to the 2019 Caribbean Community in NYC, Edu website.

In the 1600s, the first settlers, mainly from Europe, came to the East coast of America. Slaves, who involuntarily came from Africa and the Caribbean were a major part of this migration. In fact, "all major Caribbean nations (Jamaica being an exception) were under direct U.S. political control at some point," according to a 2019 article by Migration Policy on Caribbean Immigrants in the U.S.

This movement of people was turbulent; there was struggle, racism, and trauma that they experienced the moment they arrived. From slavery to post-slavery movements, living in America has never been easy for Caribbean immigrants. The tight-knit communities they've created in the U.S. act as support groups for them and many other immigrant groups. The church, little shops, and restaurants are usually owned and run by other people of Caribbean descent, bringing familiarity and comfort.

This familiarity can make it hard for Caribbean immigrants to stray from their norms.

“Mental health doesn’t fit in the Caribbean agenda: it’s work, family, and church,” says Saraj Price, 22, a second-generation Panamanian who grew up in Flatbush, Brooklyn. “Caribbeans feel that those three things constitute a good life and a good mental status.”

Within the Caribbean community, Price says, there’s a deep-seated mistrust of outsiders. “I feel like they don’t trust anyone from the Western world and their influence, being that most of the psychologists and doctors are getting their degrees from the Western world,” he says. “Caribbeans deny them immediately.”

“Lack of trust in the system, the fear of being labeled/stigmatized, and the fear of the involvement of social services,” are just a few results from a 2010 qualitative research project that looked at the attitudes and understanding of mental health among Afro-Caribbean communities in the U.S.

Fear, plus the cultural norm to “soldier on, and not share their problems,” are some of the additional reasons Caribbean people do not seek outside help for mental health or even acknowledge the problem.

Tasha Salmon, 21, a second-generation daughter of Jamaican-born parents, began struggling with depression and anxiety around the age of 13. She hid this from her family out of the fear that they wouldn’t understand her struggles.

The peak of her depression and anxiety was in her senior year of high school when a series of stressful events led Salmon to begin feeling as if her life was not worth it; for not the first, but the second time. Salmon’s first suicide attempt was something she kept from her family.



“My mother found me the second time I attempted to commit suicide,” Salmon recalls. “I was in and out of consciousness and my mother didn’t want to call the police or ambulance at first.”

Salmon’s mother feared what other people would think about her family, as word traveled quickly in their neighborhood of Rosedale, Queens, a close-knit Caribbean community. Her mother eventually realized the seriousness of the situation after speaking with a neighbor and close friend. They dialed 911.

The video call of our interview began pixelating and the wooden panel walls behind Salmon lost their symmetry. Salmon had to conduct this interview in her basement because she didn’t want her parents to hear her sharing “their business.”

Like many other Caribbean families, speaking about what goes on in the household is seen as disrespectful and is only something you’d do with people you trust.

“Since I was young, I always had to go to church with my grandmother,” Salmon says. “Any time I strayed away from church they would claim that’s why I was depressed or anxious; definitely that church-will-fix-everything-type shit.”

After Salmon’s second attempt at suicide, she began going back to church with her grandmother. “I don’t know if my mother and grandmother had no one else to turn to, but when I got back to church it was like all eyes were on me,” Salmon said, re-enacting their stares. “People who were tough on me before were coming up to me saying, ‘I was praying for you, I’m glad you’re back.’”

Salmon believes in god herself and doesn't doubt faith can help. "I truly believe God is the answer, but they do it wrong by pushing the institution on you," Salmon says. "I feel like the church is more for the fellowship."

Today Salmon practices meditation, yoga, and other mindful habits along with attending church to help her mental health. "I wish the Caribbean community in my church normalized other forms of therapy along with going to church," Salmon says.

Dr. Jenny Devenny, a former pediatrics psychotherapist at SUNY Downstate, has had experience working with clients from the Caribbean community, many of whom feel the stigma about seeking help for mental health. "I've had a client tell me he wasn't going to continue therapy because his mother and family decided the church will help," says Devenny. Although she wishes to help these clients, she says she will not overstep but will work on specializing a treatment plan for them specifically.

Upon entering Devenny's office, the aroma of essential oils wafts through your nostrils and fills the narrow room. "I like to make the space as welcoming as possible," Devenny says. "It's all a part of removing the stigma."

A dollhouse sits in one corner full of toys, a breathing techniques poster, and a rainbow flag cling to the wall in line with other posters and knickknacks to make the office feel more like a safe space. Against the right wall, a desk occupies most of the room, leaving just enough space for two chairs. One in front of the computer, and another to the right, in front of a box of tissues.

Her office is located within SUNY Downstate's pediatrics office. All of her patients see at least one of the doctors within the space and have been referred by them, to her. The location of Downstate's pediatrics office plays a big role: Flatbush, Brooklyn, a hub for the Caribbean community is home to many immigrant families and their children from the Islands. About 95 percent of Devenny's clients are of Caribbean descent.

Because families are referred by their pediatricians, they are more trusting of Devenny; trust is something she realized is very important in working with her Caribbean patients.

"Given, there are a lot of people I just don't meet!" Devenny says, referring to the clients who refuse mental health support. "Some people tell the doctors they aren't interested in seeing a therapist and seek other routes."

Devenny worked as a counselor through Thrive NYC, a program developed by Mayor Bill de Blasio's wife, Chirlane McCray. One of the specific goals of the program was to offer mental health services in neighborhoods of the city where there's either a stigma against seeking those services or an area where there is a lack of such services.

Due to funding cuts, Devenny was unexpectedly laid-off in November 2019 and is unable to continue serving many of her clients in this area. The lay-off left her frustrated and feeling as if she abandoned her clients on their mental health journey

Many therapists like Devenny see and interact with the children of immigrants in institutional settings like school, work, and doctors' offices and clinics to build that trust.

This allows many first and second-generation immigrants to have access and an option to seek out mental health for free or at a discounted price. Even if it has to be without their parents' knowledge.

Peterkin provides free services through SUNY Purchase's Counseling Center, where some of her clients are of Caribbean descent. Although their families may not understand mental illness fully, Peterkin says "pain is relative." She uses this quote to help make sense of therapy to her Caribbean clients who feel as if their issues are belittled by their elders: "My mom loves to tell me how she used to walk to the river to wash her clothes, or about not having shoes."

Peterkin explains how a millionaire's pain at losing a large chunk of their money isn't the same pain someone who lives paycheck to paycheck would feel. "We can acknowledge what our parents and ancestors have been through, but everyone's pain is relative."

This is essentially the same for immigrant parents and their children. Empathy and understanding are critical when trying to relate the lifestyle of an immigrant parent to their child.

"How I go through breaking that belief system is helping people see 'yes I can acknowledge you've been through a lot, but that's not going to reduce my struggle, and shouldn't reduce my struggle,'" Peterkin says, referring to how she helps her Caribbean clients.

Janique Y. Rivera Aponte, 26, has a similar view to Peterkin when it comes to empathy and experience with mental health. Aponte was born in Carolina, Puerto Rico and moved to the mainland in 2010 with her family

"Caribbean people look down on mental health due to their whole view of 'we worked through our traumas to be successful' bullshit," Aponte says. She talks about how Caribbean immigrants are working toward the American Dream. "We come here, work hard, and get to that dream, no matter what we go through and face in the process," Aponte says.

Aponte's family is more understanding of mental health because they have had to face the repercussions of untreated mental illness.

“We’ve lost family members due to schizophrenia,” Aponte says. “A lot of my family members have been through experiences or illnesses in life where it messed their mental health.”

Aponte has been to therapy herself and thinks these experiences helped her family’s view of mental health evolve over time. “I’m glad my family members were able to overcome the stigma,” Aponte says. “Therapy allowed us to make a great support system for each other.”

## **SOURCE LIST**

Ionato Robinson, November 7, 2019; Second-generation Caribbean, cashier at Terra Ve;  
in-person interview on-campus

Oshantay Waite, November 15, 2019; First-Generation Caribbean, student at SUNY Purchase;  
oshantay.waite@purchase.edu

Dr. Jenny Devenny, July 10, 2019; Former Therapist at SUNY Downstate Pediatrics; no current  
contact; former office number: (718) 270-2957

Akeera Peterkin, February 6, 2020; Counselor at SUNY Purchase / First-Generation Caribbean;  
akeera.peterkin@purchase.edu

Tasha Salmon, February 10, 2020; Second-Generation Caribbean, a friend of friend;  
tasha.salmon@bcc.cuny.edu

Saraj Price, April 20, 2020; Second- Generation Caribbean, online source;  
I'msarajprice@gmail.com

Janique Y. Rivera Aponte; First-Generation Caribbean, former Purchase student; (646) 721-4844

## BIBLIOGRAPHY

<https://www.apa.org/topics/immigration/immigration-report-professionals.pdf>

Jerud, Alissa. "Parent-Child Separation, Trauma, PTSD And Recovery." *Anxiety.org*, 21 Aug. 2019, [www.anxiety.org/parent-child-separation-trauma-ptsd-and-recovery-in-children](http://www.anxiety.org/parent-child-separation-trauma-ptsd-and-recovery-in-children). Print.

Lacey, Krim K, et al. "Relationship of Social and Economic Factors to Mental Disorders among Population-Based Samples of Jamaicans and Guyanese." *BMJ Open*, BMJ Publishing Group, 16 Dec. 2016, [www.ncbi.nlm.nih.gov/pmc/articles/PMC5168609/](http://www.ncbi.nlm.nih.gov/pmc/articles/PMC5168609/). Print.

"Mental Illness." *National Institute of Mental Health*, U.S. Department of Health and Human Services, [www.nimh.nih.gov/health/statistics/mental-illness.shtml](http://www.nimh.nih.gov/health/statistics/mental-illness.shtml). Web.

"Religion." *Caribbean Community in New York City*, [eportfolios.macaulay.cuny.edu/caribbeancommunitynyc/religion/](http://eportfolios.macaulay.cuny.edu/caribbeancommunitynyc/religion/). Web.

US Census Bureau. "About the Foreign-Born Population." *The United States Census Bureau*, 22 Apr. 2020, [www.census.gov/topics/population/foreign-born/about.html#par\\_textimage](http://www.census.gov/topics/population/foreign-born/about.html#par_textimage). Web.

Zong, Jie, et al. "Caribbean Immigrants in the United States." *Migrationpolicy.org*, 28 Feb. 2019, [www.migrationpolicy.org/article/caribbean-immigrants-united-states](http://www.migrationpolicy.org/article/caribbean-immigrants-united-states). Web.

