

Mothering and Mental Health Among Mexican American Mothers

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Abstract

This article explores the experiences of Mexican American mothers who, confronted with the troubled emotions and behaviors of their adolescent children, felt compelled to seek help from mental health clinicians. Their experience is situated in the context of both psychiatrization, or the tendency to treat social problems as mental illness, and the landscape of contemporary mothering in the U.S., where maternal determinism, mother-blame, and the demand for intensive parenting hold sway. In this context, the moral crisis of mental health care-seeking for their children forces mothers to reconcile multiple competing stakes as they navigate the overlapping, and sometimes conflicting, moral-cultural worlds constituted by family and community, as well as mental health care providers. At the same time, it allows them an opportunity to creatively “re-envision” their ways of being mothers and persons. Their stories and struggles shed new light on contemporary conversations about psychiatrization, everyday morality, and mothering.

Introduction

“It’s really hard. Just to soak it all in and think about like ‘what am I doing wrong?’ [...] When she tried to do that, I took her to the hospital, the emergency room, I had her there for uhh five days. She stayed there for five days. She didn’t want to. I convinced her to stay. I-I-I cried, and I told her, ‘I just don’t know what to do.’ I’m like, ‘I’m trying. I tried being supportive, I tried being angry. It’s like, nothing I do is enough. Nothing—I can’t make you happy. I can’t—my hands are tied. I-I’m stuck between a rock and a hard place. - Yolanda

This paper explores the experiences of Mexican American mothersⁱⁱⁱ who have found themselves seeking mental health care for their adolescent children. The preceding quote, from the mother of a teen who had attempted suicide, vividly captures the moral and emotional complexities faced by mothers in this situation. Confronted with the troubled emotions and behaviors of their adolescent children, these mothers felt compelled to seek help from mental health clinicians as they reached what they experienced as a crisis point—both in their children’s well-being and their own ability to provide adequate care. Their help-seeking was undertaken often without support from family or community and in the face of both overt and covert stigma and blame. Many of them struggled with the sense that whatever problems their children faced must at the least be their responsibility and possibly their fault. Most were the first within their families to engage in any manner with the mental health care system and the first to begin to incorporate a psychiatric model of the causes and remedies for the problems of their children. Despite the ambivalence experienced by many, these mothers reached beyond themselves, beyond their taken for granted social and moral ways of ‘being in the world,’ in an effort to help their children. In doing so, many of them also reshaped, in important ways, their own modes of being mothers, wives, and Mexican American women.

This reshaping took place as mothers grappled with their own larger sense of self and personhood in their efforts to make sense of their child’s situation. That is, their process of sense-making with regard to their child’s mental health constituted a crucial part of these women’s own ongoing process of self-making. Mothers’ sense- and self-making processes, moreover, are laden with moral content, as they try to understand *why* their children are struggling, what it means to seek outside help for their problems, and how to incorporate expert discourses into their own practices of maternal care. Unsurprisingly, these mothers’ own emotional lives and moral selfhood are fundamentally intertwined with their children’s moral and emotional well-being in ways that are often quite complex.

At the same time, expert discourses, including those of child and adolescent mental health services, promote a particular brand of maternal care to which mothers are expected to conform. Mothers thus must often reconcile competing stakes as they navigate the overlapping, and sometimes conflicting, moral-cultural worlds constituted by family and community, as well as mental health care providers. (Zigon 2007). In exploring the stories and struggles of these women, this paper brings together contemporary conversations about psychiatrization, everyday morality, and mothering (Mattingly 2014; Duncan 2018). Ultimately, I find that the seemingly oppressive ideologies of neoliberalism, mothering, and psychiatrization are used as sources of meaning and narrative possibility by mothers, yielding narratives of maternal expertise and valor and allowing forms of identity negotiation related to ethnicity and class.

1. Methods and Study Participants

The analyses presented here are drawn from a larger study of Mexican American adolescents in mental health care. The study aimed to explore how these adolescents and their families understand mental health, their experiences with mental health help-seeking and whether and how Mexican American identity and culture come to matter in the clinical setting. As part of the study, we interviewed adolescents, their mothers, and clinicians who provide care at the clinical site where the adolescents were recruited.

Data were collected during more than eighteen cumulative months of fieldwork at an outpatient psychiatry clinic in a large urban center. Ethnographic methods in the clinical setting included over 80 hours of observation in case conferences, staffings, and clinical trainings, as well as extensive review of clinical materials (i.e. manuals, psychoeducation materials, etc.). In addition, we conducted qualitative interviews with 37 adolescent patients (12-18 yrs. old), the mothersⁱⁱⁱ of 21 adolescents, and 17 clinicians. Interviews were conducted in Spanish or English depending on participant preference. Interviews were analyzed using a two-pronged coding process beginning with *a priori* coding based on the literature, followed by inductive coding using a grounded theory approach. Institutional Review Board approval was granted by both the research site and the principal investigator's home institution.

Families in the study were predominantly working class, with the majority earning under \$45,000 a year. Mothers were evenly split between first-generation (immigrated when they were children or teens) and second-generation (born in the U.S. to parents who immigrated from Mexico). Among second-generation mothers, all had been in the United States for at least 18 years, and the vast majority had come to the U.S. as children or teens. Women were relatively well-educated (almost three-quarters had at least some college or technical school), and two-thirds were employed--mostly in service sector jobs. A large portion of participants talked about experiencing economic pressures and related problems of inadequate housing and poor neighborhood quality.

While study families came from a variety of different neighborhoods and suburbs that make up the urban metropolitan area, many of these neighborhoods shared in common a relatively high population of Mexican origin families. As such, the moms in the study had access or exposure to both the dominant culture and a robust ethnic community. However, as I discuss further in what follows, they varied in the degree to which they embraced ways of being that they associated either with dominant Usonian culture or Mexican American ethnic identity. Moreover, what constituted Mexican American identity for participants varied considerably. Far from homogeneous, mothers in the study differed along a number of lines, including whether they grew up in Mexico or the U.S., if they came to the U.S. as children or as young adults, whether their husband/partner was 1st or 2nd generation, and their relative fluency in English and Spanish. Thus, "Mexican Americanness" looked different for different women, even as they occupied similar social-structural positions in other ways.

Youth in the study had diagnoses that included Deliberate Self-harm, Generalized Anxiety Disorder, Major Depressive Disorder, ADHD, and Oppositional Defiant Disorder. Several of the teens in the study had attempted suicide. There is no question that many of these youth were dealing with significant distress and/or exhibiting non-normative emotions and behaviors that became intolerable either for themselves or for those around them. Study youth received a

variety of treatments, including medication and psychotherapy. Elsewhere, I write about the experiences of youth themselves, their emotional and social worlds, and their experiences with treatment (Seligman 2022).

Here I choose to focus on the stories and experiences of the mothers of these youth, for several reasons. As a mother myself, I empathized deeply with the emotional and practical toll that dealing with their children's struggles took on these mothers. Mothers bear the burden of both care and help-seeking and I was struck by the way that so many of their stories were about overcoming multiple kinds of barriers and the perceived lack of support or models for help-seeking within their community. These moms often had to act as help-seeking pioneers, and they did so both in response to perceived crisis, and when their chronic struggles ultimately made continuing to care for a child, without more help, untenable. Mothers appeared both determined and strong, but also scared and desperate in ways that demanded to be explored. They seemed at once certain of their choices, and deeply ambivalent. All of this compelled an effort to think through their stories and to theorize the moral, social and political ambiguities of both help-seeking and mothering.

2. Theoretical Background

2.1 Moral dynamics of psychiatrization

In the contemporary U.S., problems of the sort experienced by the youth and families in our study have overwhelmingly come to be conceptualized, both by lay people and “experts,” in terms of mental ill health. The tendency to conceptualize emotional and behavioral problems in terms of mental health and illness—rather than in social or spiritual terms—has been referred to by social scientists with the clunky term “psychiatrization” (Conrad 2005). A substantial body of research has convincingly demonstrated that psychiatrization, and medicalization more generally, are key parts of the process through which notions of risk and harm, health and illness have replaced more explicit forms of moralizing and come to play a crucial role in contemporary discourses and practices of moral regulation (Lupton 1993; Furedi 2011).

Psychiatric illnesses, because they are understood to put at risk the achievement of normative standards of individual success, pose a significant threat to moral personhood. Being diagnosed with a mental illness thus poses a direct threat to what Myers and Yarris (2019:4) describe as “the shared and culturally derived sense that one is a good and valued person”. This threat is often thought of in terms of stigma--a fundamentally moral phenomenon in which actors' social status, or moral standing, is undermined by a condition that threatens “what is most at stake” in their social worlds (Yang et al. 2007). The moral logic of engagement with psychotherapeutic interventions, then, is that they are necessary to restore mental health and access to successful personhood and the ‘good life’ (Myers 2016; Mattingly 2012). Yet critiques of such interventions view them as a form of neoliberal indoctrination through which individuals are socialized to internalize self-disciplinary practices and the management of their own (moral) risk (Foucault 1988; Lupton 2013; Rose 1998).^{iv}

At the same time, however, an increasing body of research has demonstrated that the effects of medicalization and psychiatrization are more complex than these critiques imply. Studies of people's lived experiences have demonstrated a variety of adaptive purposes that medicalization

and psychiatrization may serve.^v In addition to scaffolding interventions that help some people facing crises (Jenkins and Csordas 2020), diagnoses and treatments may also offer a means to scaffold personal identity (Dew et al. 2016; Dumit 2003), form communities, (Chattoo and Ahmad 2004; Petersen et al. 2019), make political claims (Diamon and Lewis 2015; Conrad and Barker 2010), gain legitimacy, and escape moral blame (Scholl 2017; Campbell 2012; Runswick-Cole 2014)^{vi}. Several recent studies have demonstrated that peoples' engagements with psychotherapeutic interventions can be used to promote not just individual self-interest and goals of personal well-being, but social goals of investing in and repairing relationships (Matza 2012, 2018; Pritzker and Duncan 2019). In other words, psychiatrization can provide meaningful tools for promoting or enhancing what is most at stake in people's local moral worlds.

We know less, however, about the implications of psychiatrization for the sociomoral standing of those who are most intimately socially connected to the diagnosed. What are the implications, in particular, for the mothers of children diagnosed with psychiatric disorders? Do mothers experience the psychiatrization of their children as a moral crisis, a legitimization, a source of support, or an opportunity for personal growth? The goal of this article is to explore these questions with specific reference to the Mexican American mothers in this study and to further illuminate what we might think of as the "moral-relational" dynamics of psychiatrization. First, however, we must spend a little time exploring contexts of mothering in the contemporary U.S.

2.2 Contexts of mothering

Much like the literature on psychiatrization, critical analyses of contemporary US parenting culture trace normative models for parental behavior to neoliberalism. Intensive investment in children is viewed as necessary for promoting (economic) success, and responsibility for this intensive investment is privatized and individualized within the nuclear family. As feminist critiques have pointed out, this responsibility falls particularly within the domain of women's reproductive labor (Ribbens 1994; Gillies 2020; Hays 1996). A model of "parental determinism,"—or more aptly, "maternal determinism" has thus become a staple of parenting culture as well as policy discourse. In a nutshell, this model holds that "children's present wellbeing and future destiny" depend "exclusively and radically" on what their mothers do (Vergara et al. 2020).

Mothers are therefore expected to prioritize children's needs at almost any cost, by engaging in intensive mothering behaviors. Intensive mothering varies in practice, but typically features what has been termed "concerted cultivation," or maternal behaviors directed at maximizing children's potentials (Lee 2014). These include a high level of attention to everything children do, and the provision of "enriching" activities both within and outside the home. Wrapped into this intensive mothering is the demand to be ever available to one's children, in both practical and emotional terms. Good mothering is thus increasingly measured by the emotional connectedness of mothers and their children, which is understood in turn to be the foundation of children's emotional and psychological wellbeing (Faircloth 2014; Hamilton 2020; Crittendon 2013).

At the same time, "bad" parenting has emerged as an explanation for a variety of social and psychological problems, with policy makers pointing to parenting as "both the cause of, and

solution to” many social ills (Lee 2014:16). Thus, mothers are viewed as ultimately responsible for children’s outcomes, both good and bad. Not surprisingly, “good” mothering is not something that women are trusted to do on their own, but rather represents a ‘skillset’ that must be learned from experts. Moreover, good mothering is notably racialized, with middle-class women of European ancestry distinguished as more capable (Litt 2000; Hamilton 2020; Hamilton 2016), and their children as more appropriate targets, of concerted cultivation (Lareau 2011). Poor, working-class and minority mothers are viewed as particularly at risk of “bad parenting” and are especially likely to be the targets of parenting interventions (Elliott and Bowen 2018; Gillies 2020).

The embeddedness of expert models of parenting within U.S. policies and institutions, such as schools and health care systems, means that Mexican origin mothers in the U.S. are inevitably faced with these models and must reconcile them with their own practices and, as I will discuss further below, with those of their families and communities of origin. Moreover, the practices of Mexican origin mothers in the US have often been viewed through a deficit model (Waterman 2008; Taylor and Bloch 2018). These mothers have been seen variously as too punitive, too inconsistent, and insufficiently warm (Gonzales et al. 2011; Manongdo and Ramirez Garcia 2011; Frias-Armenta et al. 2004). Such expert discourses create a context of implicit moral judgement for Mexican origin mothers parenting in the US.

Critical feminist analyses of contemporary parenting culture highlight its function as a way in which women and families are governed and come to govern themselves through the internalization of these morally laden ideologies (Rosen and Faircloth 2020; Faircloth and Rosen 2020). However, as with critiques of psychiatrization, there is inevitably more complexity to the way that mothers from all backgrounds take up and experience normative expectations, demands and practices of care for their children. To reduce the phenomenon simply to another form of neoliberal social control misses this nuance and complexity.

Women at different social locations may engage the “individualizing, responsabilizing impulses of neoliberal ideology” embedded in mothering culture in ways that center what is most at stake for themselves and their children, and ways that “creatively resist” some of the oppressions they face (Hamilton 2020:4)). Research has shown, for example, that some mothers may focus on the micro-practices of parenting as a way to counteract broader, macro-level insecurities around things like underemployment and political disenfranchisement (Villalobos 2014, 2015). In other words, even as these models of mothering may be experienced as burdensome, engagement in intensive mothering practices may simultaneously represent an important source of meaning for some women.

2.3 Moral sense- and self-making

A wealth of scholarship has documented how people engage in a variety of self-making practices through which they discern and represent who they are in relation to themselves and others (Lester 2017). Narrative is a primary tool of self-making through which people reflexively make sense of themselves and their worlds, and through which they strive to position themselves intersubjectively (Ochs and Capps 1996). Efforts at self-making often become most visible in the context of unexpected events and crises, when narrative re-scripting or “re-envisioning” is used to make sense of and often to transform the self in response to such experiences (Mattingly

2014; Becker 1997; Seligman 2005, 2014). As scholars of the “moral turn” in anthropology have demonstrated, self-making is also a fundamentally ethical process in which people respond dynamically to perceived standards and judgements and engage in processes of everyday moral reasoning as they shore up what is most at stake for them (Zigon 2007; Mattingly 2013, 2014; Faubion 2010, 2011; Taylor 1989). As such, self-making must be understood as a continuous process and one that is often filled with ambiguities and contradictions (Ochs and Capps 1996; Ochs and Capps 2009).

In what follows, I use the stories and words of mothers who participated in our study to illustrate the process of sense- and self-making in which they engaged in response to their experiences with mental health help-seeking on behalf of their children. I argue that this process is ultimately one of moral becoming. The suffering or distress of those for whom we care always represents a kind of moral threat, of which people must struggle to make sense (Mattingly 2014). But on top of that, the moral loadedness of both psychiatrization and mothering in the U.S. further incites mothers of children in mental health care to make sense of their situations and to grapple with the moral meaning of what has happened (Singh 2004). This incitement is also an opportunity to incrementally shift their “moral-cultural ways of being” (Zigon 2009). In so doing, they may re-envision themselves as Mexican American parents and persons.

3. Moral sense- and self-making in maternal narratives

3.1 Stuck Between a Rock and a Hard Place: Care, blame, and moral threat

The notion of “being stuck between a rock and hard place,” introduced in Yolanda’s quote at the opening of the article, aptly captures the moral contradictions, tensions and ambivalences that mothers struggled to reconcile in their narratives of mental health help-seeking. In particular, mothers worked to make sense of the implications of their child’s illness in relation to their own efforts as mothers. How could this have happened, they asked themselves? Was it my fault? What should I have done differently? Yolanda, a 43 year-old, divorced mother of three, struggled to understand how her youngest daughter could have become depressed and suicidal.

And my youngest, which is in therapy right now...she’s 16. Um, and she’s the one that, she’s the one giving me the most problems of all three, which is...is really hard to take sometimes because of the fact, it’s like ‘I never had these problems with the other two.’... it’s really hard. Just to soak it all in and think about like ‘what am I doing wrong?’ ‘what did I do wrong with this one?’ Right, and it’s like I, I showed extra love, I, you know, I had more time...well I thought I did, but maybe I didn’t. I don’t know.

Yolanda expresses doubt about her own parenting in light of her daughter’s struggles and introduces the idea that her child’s problems might be the result of something she has done wrong – a theme that was exceedingly common among mothers’ narratives. Her struggle to reconcile her youngest daughter’s problems with the well-being of her other children suggests that, like most of the other moms in the study, Yolanda has accepted the idea that the well-being and success of her children comes down almost exclusively to what *she* does: to her ability to be a “good” mother. Thus, Yolanda seems to have internalized the circulating ideals of maternal determinism and intensive mothering, including the notion that to be a good mother entails a very specific kind of care—a set of behaviors and practices that include the open and abundant expression of particular emotions (in this case love) and investing, as she puts it, “more” time.

Yolanda puzzles over the emergence of mental ill health in her youngest daughter given her efforts to follow such normative standards of maternal care.

Yolanda's story also demonstrates the common explicit or implicit acknowledgement among mothers in the study, that their child's struggles have pushed them to the limits of their maternal abilities. Having her daughter become so distressed despite her efforts at intensive parenting left Yolanda feeling that there was no choice but to engage with the medical establishment when her daughter attempted suicide.

When she tried to do that, I took her to the hospital, the emergency room. I had her there for uhh five days. She stayed there for five days. She didn't want to. I convinced her to stay. I-I-I cried, and I told her, "I just don't know what to do." I'm like, "I'm trying. I tried being supportive, I tried being angry. It's like, nothing I do is enough. Nothing—I can't make you happy. I can't—my hands are tied. I-I'm stuck between a rock and a hard place. I can't help you." I go, "You need, you need some help yourself." I go, "and they might give you the tools to help yourself." And, she started crying, she was like, "ok." I told her, "Just for one day, just stay here and maybe they'll help you in one day." And I wasn't aware it was a five-day minimum [laughs].

In the face of her daughter's ongoing struggles, culminating in a suicide attempt, Yolanda's narrative positions her help-seeking as an act of desperation. The "rock" Yolanda and others encountered can thus be thought of in terms of the moral threat represented by their child's distress. Striking in her narrative is the sense that Yolanda is at a loss for the right tools to address her daughter's problems. She describes feeling forced to seek outside help for her daughter because none of her own efforts have succeeded. Yolanda and the other mothers in the study, managing a child struggling with disruptive behavior, debilitating worry, or difficult emotions created an urgent sense of fear and concern for their children's immediate and long-term well-being that was heightened by the apparent failure of their efforts at caregiving.

Yolanda and mothers like her were moved to seek help by this sense of desperation, yet for many, the presumption that they must be responsible for either causing, or at the very least not fixing, whatever was wrong with their child was acutely felt. Yolanda's narrative makes clear that she felt caught between the notion that, as a mother, she *should* be able to fix whatever was wrong with her daughter, and her lived experience of being completely at a loss for how to help. The sense of responsibility and blame for children's problems, coupled with the inability to solve many of them, is the catch-22 of contemporary mothering. Feeling forced to help-seek can thus be thought of as the "hard place" that lays bare the possibility for moms like Yolanda that they are, or could at least be viewed as, "bad moms." While Yolanda was born in the U.S. to immigrant parents, internalization of the ideology of maternal determinism was shared by most moms in the study, U.S.-born and first-generation alike.

The notion of the rock and the hard place thus aptly captures the moral ambivalences and ambiguities associated with psychiatric help seeking for many of the mothers in our study. Their narratives demonstrate the effort to work through these ambiguities, to make sense of their child's distress and its implications for their own sense of self. For Yolanda and mothers like her, the stories are clearly in process, as they continue to work through the felt contradictions of care and blame.

3.2 Maternal valor, expertise, and heroic acts of mothering

While many mothers expressed concerns about whether they might be to blame for their children's distress, at the same time, they also expressed the sense that help-seeking was the *right* thing to do--that it represented the act of a good mom. In fact, expert care was something that mothers reported instinctively or intuitively *knowing* their child needed, even when others in their lives disagreed. These moms highlighted their own resourcefulness and self-advocacy in finding and accessing care, researching their child's diagnosis, and dealing with resistance from their families.

For example, Mercedes narrated her initial help-seeking for her daughter Laura in such terms. Mercedes was a 38-year-old mother of 3 who had been in the U.S. since she was 2 years old. Her husband had been raised in Mexico and immigrated to the U.S. in his late teens. Mercedes had a college degree while her husband had not finished high school. Their daughter, Laura, was diagnosed with General Anxiety Disorder and Clinical Depression a little over a year before I met them and had a history of self-harm as well as multiple suicide attempts.

I felt like I was a bad mom. I mean it hurt, because like I said, I, I um, I was like, maybe, you know, with me I was like it's my fault for what she's going through, maybe I didn't teach her how to defend herself, I didn't teach her you know, um, (long pause). You know, they say that when you see a psychiatrist, you're crazy, you know, but I know, I know I was doing right because I was getting her help. As other [pause] other people that I know, they're like, oh it'll go away, oh it'll go away, or if she's just faking it, you know? *But I knew I had to do something about it.* So, I did research. And I took her.

Among those who had at first been skeptical about the seriousness of Laura's condition, was Mercedes' husband, Laura's father. Thus, seeking mental health care was a socially and morally complex choice for Mercedes, and one that was deeply self-implicating. Yet she describes *knowing* that she had to get help for Laura in a way that transcended her own self-judgments and those of others. Facing down both the threat of stigma (they say that when you see a psychiatrist, you're crazy) and the temptation of denial (it'll go away or maybe she's faking?!), Mercedes explains that she nevertheless pushed ahead, acceding to a deep sense that help-seeking was the right thing to do. By invoking this kind of deep knowledge Mercedes invokes a kind of naturalized maternal intuition associated with the iconic good mother (Smart 2013; Thurer 1994). Mercedes' practical efforts at help seeking--the research she undertook in order to find the right place to take her daughter--moreover, signal a kind of assertive, do-whatever-needs-to-be-done mothering that resonates with the contemporary models of intensive parenting and evokes a sense of what Blum (2007) calls "maternal valor." Moreover, knowing to seek expert care, what kind of care to seek, and making an effort to educate oneself about the diagnosis and its treatments, are constructed by Mercedes and other moms as a form *maternal expertise*. The fact of receiving a diagnosis was framed as a confirmation, via medical authority, of such maternal knowledge.

Mercedes' narrative illustrates how the re-envisioning of these mothers is catalyzed and contextualized by the moral normativities of both psychiatrization and mothering--the ambient stigma, blame and maternal determinism that made help-seeking so fraught for many. Yet, by tapping into larger ideologies about the value of expert intervention, knowing their own limitations becomes a moral good. Hence, these narratives illuminate the process through which

mothers navigate the rock and the hard place, and through which some of them become, at least partially, unstuck.

3.3 *Mothering and shifting moral-cultural ways of being*

Many mothers used their narratives of help-seeking as an opportunity to frame their own parenting style as consistent with the dominant, expert-endorsed model of good mothering. The intensive parenting style they saw themselves as enacting was held up by many as particularly virtuous. Yet mothers' narratives also highlighted the self-sacrifice this style of parenting entailed, especially in the face of the social and practical barriers that they encountered in enacting it. Narratives also revealed tensions between this style of parenting and the style they associated with their families and communities of origin, and they used their stories as a way to reconcile such tensions.

For Mercedes, for example, the model of intensive parenting had become deeply internalized, despite the many constraints she faced in practice. Foremost among these constraints was the family's living situation. Crammed into a too-small apartment in what she described as a "bad neighborhood," Mercedes' family had both witnessed and experienced first-hand violence (her husband was assaulted on their doorstep). Not surprisingly, Mercedes did not feel that it was safe for her children to go outside in their neighborhood. In order to provide them with the kinds of enriching activities and opportunities for play that she believed they should have, therefore, she had to drive them to safe spaces where they could engage in activities like soccer or skate boarding. In addition, the children had to be driven outside their neighborhood to access better quality schools. Mercedes and her husband thus felt immense pressure to earn more money so that they could move and buy a house somewhere else. But the need to earn more money was set up in poignant tension against the demands of intensive parenting, which Mercedes held as a moral imperative. She thus faced the near impossible task of full-time intensive mothering in the context of a working-class economic reality that meant she and her husband both had to work full time.

I leave. My kids are there with my husband, but my husband also takes Laura [to school] so then my mom comes around 6:30 to stay with my [other] kids, changes them, makes breakfast, and then she takes them to school.

Mercedes works a shift from 6 to 2:30 pm and then rushes home to pick the kids up from school at 3.

So, once I pick them up, I have to rush and pick up Laura and then you know, sometimes she does come out late, so we have to stay there and then commute back too...I'm always up from 5 and mostly like 5:15, and I don't go back to sleep till about 11:30 pm. That's my daily, daily... It's exhausting.

Mental health help-seeking for Laura became a central feature of this grueling parenting routine, as it required Mercedes to drive Laura to therapy at first weekly, and then bi-weekly, 90-minutes each way, on top of everything else—a further enactment of the self-sacrificing, devoted mother who will do whatever it takes to ensure her children's success.

Yet as strongly as she felt that help-seeking for Laura was the right thing to do, and even as she framed it as an obvious “good,” and a natural extension of her style of intensive parenting, Mercedes nevertheless struggled to reconcile this framing with the moral threat she felt as a result of Laura’s condition. She admitted that she had not told her extended family about Laura’s suicide attempts or the mental health care she was receiving, out of fear that her kids, and by extension herself, would lose moral standing.

They see my kids as like, the respect of kids, the education of kids that I have, they’re um the good kids, that I have. You know, maybe if they knew what Laura was doing, it would change totally their mind, cuz right now, everybody from my husband’s side of the family, you know, kids are always clean, kids are always straight, they say excuse me and thank you, they use their magic words, and which you know, they do. In the family there is you know, the good kids, the bad kids, but right now everybody thinks my kids are like, are the tops.

Mercedes thus reveals how important it is to her to maintain the image of her kids as the good kids, and by extension herself as the good mother. It becomes clear that her need to maintain this moral positioning is closely connected to the intensive parenting labor in which she engages. This labor is intended to safeguard her children’s’ future potentials, to enable them to achieve the good life, but it comes at a huge cost to her. If her children lose moral standing, then Mercedes’ sacrifices are for nothing. She makes this connection explicitly, arguing that it is her intensive mothering that distinguishes her from other “Hispanics,” including her own parents.

For us Hispanics, you’re not getting the attention, unfortunately from their parents. They work, you know, 24-7 sometimes, they cook, they clean [...] I didn’t get enough [attention] because [my parents] were always working. I’m not saying I’m mad at my parents [...] But I really don’t want that for my kids.

The tensions between parenting styles are symbolic of larger dissonances within her family and community, over what kind of moral personhood is most desirable--both for herself and her children. Mercedes’ narrative, and those of mothers like her, thus represents a process of working-through differences in what Zigon refers to as “moral-cultural ways of being” (2007:137; Duncan 2018).

Sofia, whose daughter Beatriz was in treatment for severe anxiety and school refusal, was even more explicit and less ambivalent in her narration of the conflict she experienced between competing moral-cultural ways of being a Mexican American parent.

If I want a better school [for my kids], if I don’t wanna involve myself in certain things that I don’t feel like I have to, it was like, the tradition or whatever the case is, it’s, that’s the backlash of that, right? I think to some extent, like, they feel like, that I thought that I was better. But it wasn’t. I wanna move forward. I don’t wanna get, be in this place just because that’s what we are, or that’s what’s expected, or because you know, you’re not being a true Mexican if you’re not this. No, I’m trying to move forward, I’m not trying to be better than anybody, I’m trying to, like, succeed and by doing that, even you had to acclimate to where we’re at, we’re not in Mexico, we’re not, I’m not saying to lose anything, I’m not saying to lose your culture [...] You have to be able to acclimate to be able to educate yourself to be able to *be a better person*, or you know, to succeed more than we have [...] Like, when Jaime started school, which is our son, he went to a school that was not all-white, but mostly, and it was a preppy school, um, but his demeanor, the

way he acts, the way he, if you put him, like, next to some, I mean we have nephews and nieces that are you know, from public schools that are in the area, and you just, he's just not the same and I'm not saying just him...he has other friends that are also Hispanic that go to the school, and you could just see the difference...Even the way they speak, the way they carry themselves.

By enrolling her children in what she sees as “whiter” schools and exposing them to “different things,” Sofia positions herself against what she sees as a set of retrograde expectations associated with raising her children in a traditional Mexican or Hispanic style. She and her husband were both second generation, both had been college educated and were explicitly upwardly mobile. In her narrative, Sofia makes an association among class, ethnic identity and moral personhood, such that white middle-class ways of being are understood as “better.” Her process of moral-cultural becoming thus involves rejecting the demand to be “Mexican” in a particular way that she associates with her family. But beyond this, Sofia also seems determined to demonstrate to her family and community her capacity for concerted cultivation. As sociologist Annette Lareau (2011) has shown, concerted cultivation is uniformly taken up by middle class families as a parenting strategy, while working class and poor parents tend to allow children's development to unfold more spontaneously. Sofia's position can thus be understood as a response to the implicit notion that her children are somehow less deserving or less suited to concerted cultivation than other children. She is explicit, moreover, that her style of parenting has had a positive effect on her children's developing personhood, proudly describing how the difference is embodied in her son.

This narrative serves as a way not only to critique the “traditional” to make room for more “modern” forms of mothering and middle class aspirational strivings, but also as a way to make sense of and reconcile the moral implications of changing identities--of positioning oneself apart from expected ways of being within the extended family and community. Such narratives may also form part of a larger effort on the part of women to resist elements of ethnic and class-based oppressions that exclude them and their children from certain normative forms of personhood (Hamilton 2020).^{vii}

For many women in the study, this process entailed not only a re-envisioning of their moral-cultural ways of being mothers, but also an opportunity to re-envision and make sense of elements of their larger life histories. Indeed, women used their tales of moral fortitude as mothers as a means to reframe and resolve elements of their own upbringings. These mothers told stories of their experiences being raised by parents who were “too traditional,” unavailable to them physically and emotionally, or overly demanding, harsh or abusive, contrasting their experiences with the way that they now parent their own children. For instance, Mercedes told the story of how little attention she received from her parents in the context of explaining why she feels she must be continuously available to her children. Her narrative projects a sense of pride at her own resilience and her ability to do differently by her kids, but there is also a kind of wistfulness for what she imagines might have been, had she received the kind of care she is trying to provide for her own children. Her story thus gestures at a form of *repair* for her own upbringing, her relationship with her parents, and ultimately her own moral personhood, via her efforts on behalf of her children (Rubinstein 2021; Spelman 2003).

Similarly, Sara, whose son Daniel suffers from debilitating anxiety, told the story of the distressing aspects of her own upbringing as a way to distinguish and elevate her own parenting style.

My kids, they tell me, “mom, you’re so white.”...but then I tell ‘em, well what you want me to be, like them? ‘Cause Mexicans won’t sit here and have a full conversation with you about it, no, they will beat their kids, they will be really rough on them, they will make ‘em do what they say, if they have to do chores they—my kids don’t barely even do chores! I do it all for them, you know, so...I don’t know, I feel like they haven’t really seen how Mexicans really are, as far as how I grew up, with my mom and dad. It was so tough...you, you have, you literally have to grow up on your own. They don’t have their moms on top of them. They don’t help them be, get raised the right way. They don’t pressure them about school. To them, school is like whatever—work! “Drop school. Why would you need school? Go to work, go make money.” You know, “make a living!” That’s what they—that’s how they see it. Working is like making a living. [...] I don’t ever blame my mother for it, ever say anything—I had a rough life, like—and I sit down and talk to my kids but they don’t see it because they don’t live it... At the age of twelve I think, my mom left my father because my father was a very abusive person. He was, he used to be an alcoholic, he would hit my mom, he would hit us. It, it was a rough childhood, like, we couldn’t do anything that they didn’t want us to do. So, I never had you know, somebody to support me with school. As soon as my mom left my dad, I had to drop out of school, I had to drop out of seventh grade...

Sara thus saw her own parenting style in direct contrast to the way she was raised, which she understood as more typical of Mexican origin parents. Moreover, she equates what she thinks of as the Mexican American parenting style with the inability to achieve the kind of moral personhood she aspires to for her children—the kind of personhood that involves success at school and engaging in the kind of work that is not just to make a living—in other words, a non-working-class personhood. Like Sofia, Sara’s ideas about what is at stake in her mothering practices conflates ethnic and class-based sensibilities and involves the cultivation of what she views as a culturally “white,” middle-class personhood. In addition to justifying her shift in moral-cultural way of being, Sara articulates a deep drive and responsibility to protect her children from the harsher kind of up-bringing and the suffering to which she was exposed. Yet she also wants them to know about those experiences—to know the struggles she has overcome, and the privileges they enjoy. For Sara, this seems to represent both an important aspect of their moral education and of her own self-making and moral becoming. Thus, Sara narrates her distressing childhood in a way that works to resolve the harms of her own upbringing, via her efforts on behalf of her children.

The idea that mothers’ narratives act as a means to articulate a shift in the moral-cultural ways of being while also serving as a means of social-relational repair, is underscored by a number of women who used their narratives to raise issues of gender within the family. In particular, they questioned gendered divisions of labor around parenting and what they saw as a tendency for their children’s fathers not to be present or emotionally available to their kids.

For example, Brianna, a second-generation mom whose husband was first-generation, explained how she pushed back against her husband’s “mentality” after her daughter was diagnosed with anxiety.

I think it, it is cultural, the men in the family feel that they do need to work, that’s what they were meant to do. I will say my husband had that mentality, I’m gonna go to work, you’re gonna take

care of the kids in the house, you'll do all of this. And I was kind of like, no, we're gonna do it together, you know? It could be a cultural thing, there's a lot of pride in Hispanics for the roles that people do play, and uh, the men just, they do work, they do work to provide for their families.

In these stories the moral threat or crisis of their child's distress served as a catalyst for women to reflect not only on their own parenting and moral-cultural ways of being, but also on that of their husbands. It provided an opportunity for them to be critical of their husbands' parenting practices, and a basis upon which to push back against the normative expectations for parental division of labor, which they also associated with Mexican or Hispanic culture. Thus, the appeal to expert knowledge was a means through which mothers incrementally shifted the contours of their social-relational worlds.

Ultimately, the re-envisioning practiced by these mothers in response to their child's mental health crisis can be thought of as an *investment* in the relational--in a remaking or repair of the moral-relational fabric of their families. As Spelman argues, such repair is part of an ethics of care, which "emphasizes the embeddedness and specificity of moral agents in relationships with others" (2003:45).

Conclusion

This article details the stories of Mexican American women who sought mental health care for their troubled adolescents. These stories deserve to be told in their own right, as they chronicle the experiences of everyday people navigating uncertainty, constraint, and crisis. They are accounts of women doing their best to sort out what is "right" for their children, in the face of numerous competing stakes and the felt urgency of their children's struggles. These narratives are good for thinking with because they also shed light on a number of critical issues surrounding the complexities of mothering and of mental health help-seeking—and especially the ambiguities and tensions at the intersection of these two morally laden arenas. The intersection of maternal care with mental health care is increasingly commonplace, yet we know little about the experience from the perspective of mothers in general and Mexican American mothers in particular.

The increasing commonality of mental health help-seeking for children and adolescents, it can be argued, is part of the larger trend toward medicalization and psychiatrization in the U.S. I situate the mental health help-seeking experiences of Mexican American mothers in this landscape, where there exist few other choices for dealing with overt distress. As a result, mothers like these are forced to navigate the implications of psychiatric diagnosis and care for both themselves and their children. Among those implications, the moral stakes of help-seeking stood out as particularly potent for mothers in our study, whose experiences need also to be understood within the ethically charged context of mothering itself, within the contemporary U.S. Both landscapes were navigated by the mothers in our study within the constraints of their own social-structural positioning. For many moms, this meant engaging in forms of extreme labor in an effort to safeguard what is most at stake for their children and themselves.

Our study also demonstrated, however, that psychiatrization served as a catalyst for a process of narrative re-envisioning and moral becoming among many mothers. This finding resonates with a growing literature in anthropology that has documented how individuals who are diagnosed

with mental and physical illnesses may come to make productive meaning of their experience and, at times, achieve valuable forms of social and political awareness and leveraging. This article adds to the literature by demonstrating how the process of psychiatrization affects those who are intimate with the diagnosed--the mothers who feel morally responsible for the care and development of their children. The narratives excerpted in this paper reveal how the moral crisis or breakdown of psychiatrization served as an invitation to engage in sense- and self-making processes that sometimes allowed a shift in their moral-cultural ways of being, in desired directions. In other words, help-seeking not only forced mothers to make sense of their situations, but gave them an opportunity to “re-envision,” in Mattingly’s (2014) words, their moral personhood, as well as other aspects of their social identities. In particular, mothers engaged in re-envisioning aspects of ethnic identity, gender roles, and class status--especially in relation to parenting, but with potentially broader reverberations as well.

It is crucial to note, however, that self-making and moral becoming are always in process—they happen in fits and starts and are neither unidirectional nor fixed. The self and sense-making efforts of mothers in our study were often complex, incomplete, and contradictory. Importantly, these complexities and contradictions could often be traced to the oppressive structural factors that constrained mothers as well as the unachievable, and sometimes competing, moral norms they faced. These factors are likely to play a particularly potent role in shaping the narratives of working-class Mexican American mothers faced with straddling parenting cultures, gender norms and economic and power differentials.

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On behalf of all authors, the corresponding author states that there is no conflict of interest.

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Notes:

ⁱ I choose the term “Mexican American” deliberately, as a way to capture the complex and overlapping identities of study participants. While there was considerable variability among participants, there was nevertheless both a shared sense of identification with Mexico as the source of important ethnic and cultural roots, as well as a strong sense of affiliation with the U.S. as their home and the place in which they were raising their children. Moreover, while participants did at times use the terms “hispanic” and “latina” to refer to themselves, these labels elide important variations in ethnic and national identity that Mexican American does a better, if still imperfect, job of capturing.

ⁱⁱ I mostly refer to the women in this study as “mothers” or “moms” because in the context of the study their role as mothers and their care for their troubled teens was the main focus of our conversations. However, I acknowledge that their role as mothers is but one aspect of their lives and identities, albeit a central one for all of those involved in the study.

ⁱⁱⁱ An initial effort to interview both parents was abandoned due to a consistent difficulty with recruiting fathers, who were rarely involved with the mental health seeking process.

^{iv} Whether we fully accept this critique or not, we might, at the very least, conceptualize participation in psychiatric and psychotherapeutic interventions as what Lakoff and Collier (2004) refer to as a “regime of living.” That is, a form of moral reasoning and practice that emerges in situations in which people struggle with the question of “how to live” in the context of particular biopolitical systems and structures.

^v Kleinman (2012) has argued that the positive and negative aspects of medicalization suggest we should abandon the concept and find some more precise way to think about the phenomena at hand. His argument notwithstanding, the concept still enjoys broad usage. From my point of view, the fact that medicalization is complex marks it as an interesting and robust concept, as opposed to one that is simplistic and reductive.

^{vi} Medicalization may relieve blame but can also lead to essentializing the condition as an inherent quality of the individual, which speaks to the complexity of the effects of medicalization (Conrad 2005).

^{vii} Such narratives also rehearse a familiar “I want my kids to have the opportunities I never had” trope common to intergenerational parenting discourses--especially in the context of immigration and middle-class aspirational strivings (Langenkam 2017; Hill and Torres 2010).