

# ***Sobremesa: Healing, Identity, and Connection Through Community Conversations in Latine Spaces***

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**ABSTRACT:**

*Sobremesa* is a community-based initiative centered on emotional well-being, cultural connection, and collective care. Created by first-generation, bilingual Latine social workers in partnership with SOMOSLOUD, this Chicago-based series brings Latine adults together for monthly gatherings grounded in food, conversation, and cultural traditions. Rather than replicating clinical spaces, *Sobremesa* offers an informal yet intentional setting where participants can reflect, listen, and connect across English, Spanish, and Spanglish. Each gathering includes a grounding or healing activity, small-group dialogue guided by culturally relevant prompts, and a closing ritual. Across 10 gatherings, post-event surveys (n = 91) reflected strong engagement and sustained interest. Discussion themes included stigma, immigration stress, political hostility, cultural erasure, and the central role of relationships in fostering resilience and belonging. While limited in scale and not designed to assess clinical outcomes, *Sobremesa* demonstrates how culturally rooted, informal spaces can support community emotional well-being, buffer stigma, and foster connection and advocacy beyond traditional service models.

**KEYWORDS:** Community Healing, Social Work, Cultural Resilience, Chicago, Informal Support, Stigma Reduction, Community-Based Intervention, Latine Emotional Well-Being

**Introduction** In our Latine community, healing does not always happen in an office. It happens at kitchen tables, over *cafecito*, in laughter and in shared stories. In many Latine cultures, *Sobremesa* is the time after a meal when people linger to talk and connect. That spirit guided *Sobre Mesa*, a series of gatherings where Latine adults discuss emotional wellness, identity, culture, and healing.

For many bilingual and bicultural Latine individuals, stigma, cultural values around privacy, and lack of culturally grounded spaces can create barriers to seeking support. Recent studies show that even when Latines want help, they often can't access it, only 11.7% of people in one large urban study who wanted formal emotional support were able to connect with services.<sup>1</sup> Barriers included fear of appearing weak, uncertainty about what treatment entails, and not knowing where to go. *Sobremesa* responds with something informal but intentional: a culturally rooted space for open conversation and mutual support.

As first-generation, bilingual Latine social workers raised in Chicago, rooted in practice and research, we bring both lived experience and professional knowledge to this work. Our positionality shaped the design and facilitation of *Sobre Mesa*, and we present this as a community perspective grounded in cultural knowledge and practice wisdom rather than traditional research models. In our prior community work ranging from mental health practice, to Latine health research, to community organizing, we saw the absence of culturally grounded spaces for dialogue. Those experiences informed the creation of *Sobremesa* as a practice-based, community-rooted response.

This work documents a culturally rooted, practice-based approach to Latine community support that is not often described. By centering informal dialogue, food, and shared cultural traditions, *Sobremesa* offers an approach distinct from clinical or programmatic work. The purpose of this article is to document the creation and implementation of *Sobremesa*, reflect on participant experiences, and identify lessons for practitioners seeking to create culturally grounded spaces for mental health conversations. Although *Sobremesa* was developed in a context of access barriers, our primary aim is to promote dialogue, resilience, and cultural affirmation; secondarily, it serves as a community response to mental health stigma and language barriers.

**Conceptual Framing** Our work is grounded in community-based practice, Latino Critical Theory (LatCrit), and the belief that healing is relational. We draw on values like *familismo* (family-centered), *personalismo* (emphasis on personal relationships), and *respeto* (respect), while questioning messages like *sufre pero calla* (suffer in silence) and *échale ganas* (push through), which can discourage open conversations about emotional pain.

Rather than retrofit a clinical model, *Sobremesa* starts with community and culture, mirroring the Healing Ethno and Racial Trauma (HEART) framework, which views healing as collective, rooted in dignity, story, and resistance.<sup>2,3</sup> By centering culture, *Sobremesa* builds resilience and protective cultural supports like solidarity and affirmation of identity that support emotional wellbeing outside of formal care.

**Background and Rationale** Latine communities face persistent disparities in access to mental health care; nearly 70% of Latines with a diagnosis receive no treatment.<sup>1</sup> Cost, language, limited access to bilingual/bicultural providers, fear of being misunderstood, stigma, and low

mental health literacy are common barriers to care.<sup>4 5</sup> Social media shapes how many learn about health, especially when the content is culturally affirming<sup>6</sup>

*Sobremesa* was not designed to replace clinical care. It functions as a culturally grounded health-promotion space that fosters resilience and connection through dialogue, affirmation, and shared practices. Our goal was simple: create a place where people can talk and receive support, and built upon how people naturally connect, through food, culture, and shared experience.

**Program Description** *Sobremesa* is a monthly series of culturally grounded dinner gatherings held in Chicago, organized by SOMOSLOUD (a volunteer-led Latine health/advocacy group) and supported by Enthuse (an education-led marketing agency). Each gathering is co-facilitated by two bilingual and bicultural Latine social workers with experience in community-based practice. Gatherings are free, open to adults via community networks, word of mouth and Instagram, and held in Latine owned restaurants across the city.

Since the early part of 2024, we have hosted 10 gatherings, averaging 15–20 participants each. Meals are supported by SOMOSLOUD and Enthuse, keeping events no-cost. Participants come for culturally familiar connection and open conversation.

Each session centers on a theme (e.g., Latinidad & identity; stigma; healing traditions & self-care). The tone is light and honest; no one is pressured to share. Conversation flows in English, Spanish, and Spanglish, so people do not have to translate their thoughts. A sample of session themes, representative questions, and closing rituals is provided in Table 1.

Each gathering followed a common structure with varying themes: a brief check-in and a grounding or healing activity (such as deep breathing, drumming or guided imagery), small-group dialogue at tables of 4–5 using prompts drawn from a topic-specific “question box” to be discussed while sharing a meal, whole group reflections, and a closing ritual (e.g., altar-making, healing bags, coloring/painting). Three elements were constant: a check-in, a healing-focused activity or question, and a closing reflection. Facilitators also introduced simple community agreements that emphasized choice, respect, and care for example, that participants could listen without speaking, share only what felt comfortable, and pause if they needed. Question guides were developed collaboratively with SOMOSLOUD, drawing on collective cultural knowledge and revised based on participant feedback. Conversations freely and organically mixed languages in English, Spanish and Spanglish. No participants requested support in the first 10 sessions, but facilitators were prepared to respond if someone became distressed. Future iterations will add formal referral pathways.

**Participant Context and Community Dynamics** Participants were predominantly first and second-generation Latines from different Latin American backgrounds; most were bilingual and rooted in Chicago. Many worked in education, health, or advocacy. Recruitment happened via word of mouth and Instagram, reflecting how this demographic often seeks connection: digitally but grounded in trust.<sup>6</sup> Repeat attendance seemed common.

## **Partnership Context**

*Sobremesa* depends on collaboration. These gatherings grew from relationships built through shared organizing, trust, and collective care. They were co-created by Latine social workers in partnership with SOMOSLOUD and Enthuse. SOMOSLOUD led recruitment through Instagram and co-designed discussion guides, grounding them in community norms and refining them with participant feedback. SOMOSLOUD's role as an established advocacy group anchored the gatherings in community legitimacy and Enthuse provided financial and logistical support, helping host events in Latine-owned restaurants across different neighborhoods, which kept the series locally rooted and sustainable. Together, these partnerships show how community advocates and private sector allies can sustain culturally grounded community work.

**What We Learned Through Evaluation** From the start, *Sobremesa* was designed to listen and learn. We conducted post-event surveys at the end of each session, with Likert type items and two open-ended questions on desired topics and Latine community challenges. Quantitative data were summarized descriptively; open-ended responses were thematically grouped by facilitators. This evaluation emphasized generating feedback for guiding future gatherings.

We collected 91 responses. Because surveys were anonymous and distributed after each session, responses reflect instances of participation, not unique individuals; response rates varied by session and were not systematically tracked; facilitation notes indicated several repeat attendees. Responses reflected participation primarily from adult Latine community members, many of whom identified as first- or second-generation and described strong connections to their Latine heritage. Conversations and survey responses indicated frequent bilingual language use.

Findings showed cultural and systemic tension alongside strong sense of belonging. Many participants reported experiences of discrimination related to their Latine identity and feelings of

underrepresentation in media and politics, while also expressing connection and belonging within the Latine community. Patterns in responses suggested relationships between generational experiences, language use, and perceptions of belonging and discrimination. Open-ended responses echoed themes of immigration stress, stigma, trauma, political hostility, and cultural erasure; relationships surfaced as both sources of strain and support. Although verbatim quotes were not retained in evaluation notes, facilitator reflections and participant report-backs consistently highlighted relief at being understood and appreciation for sharing space with other Latine community members. Participants expressed interest in future conversations on emotional well-being, cultural identity, community building, healthy relationships, genderism/feminism, and intergenerational healing.

Together, these data suggest that culturally grounded spaces buffer stigma and strengthen belonging. Even brief, informal gatherings can reinforce support, resilience, and collective care.

**Discussion** *Sobremesa* fills a gap. It is not therapy, but it creates a space for healing, understood here less as symptom reduction and more as the relief of being seen, heard, and connected within a culturally affirming environment. This aligns with calls for informal, culturally rooted mental health spaces.<sup>7 2</sup> We learned that structure can be simple and still effective: a welcoming tone, clear agreements, and gentle facilitation. Participants told us they returned because they felt understood. Language mattered: conversations flowed most naturally in Spanglish, signaling that people did not need to translate who they are to belong. Most participants reported benefit from attending a single session, though repeat attendance deepened connection. Thus, participation in all sessions was not required for impact. These insights reflect both participant reflections and facilitator observations.

Advocacy and community care emerged organically. In one gathering, discussion of workplace discrimination prompted resource sharing and informal advocacy planning. In another, immigration stress led to collective encouragement and plans to connect families with trusted community resources like Migra Watch trainings, rapid response groups and Know Your Rights information. Such moments show how dialogue can move toward practical, community-driven action.

Regarding sustainability, while *Sobremesa* has been facilitated by social workers, the approach could be adapted by other Latine groups. For replication, we recommend one co-facilitator or person to call with mental health training to identify and respond to distress, paired with referral options. The design is flexible and could be community-led, especially with attention to cultural framing, referral pathways, and basic group process skills.

**Limitations** This was a small, local project with self-selected participants; clinical outcomes were not tracked. As facilitators, we were part of the community and also designed and evaluated the gatherings; this dual role created trust but may have also influenced what participants shared. While this introduces potential bias, the depth and consistency of engagement suggest the value of spaces like this. Because most participants identified as female, findings may reflect gendered patterns of help-seeking; future iterations could intentionally engage in targeted recruitment of men and non-binary participants.

This project was not reviewed by an IRB because it was conducted as a community-based program evaluation of a practice initiative, not research intended to produce generalizable knowledge.

**Implications for Practice** *Sobremesa* offers practical lessons for replication. Informal gatherings, when intentionally framed, can normalize dialogue about emotional well-being and cultural identity. Central elements include: partnerships with trusted community organizations to sustain costs and recruitment; bilingual/bicultural Latine facilitation to build trust; and food and cultural traditions as natural connectors that help engage in supportive conversations.

Sustainability and dissemination depend on balancing professional expertise with community ownership. We see potential for *Sobremesa* to be adapted by local groups, faith-based organizations, or advocacy groups, with trained professionals serving in advisory or co-facilitator roles. Formal referral pathways (partnerships with local counseling centers or hotlines) can help when participants need support beyond the gathering.

Finally, because it relies on partnerships, bilingual facilitation, and low-cost shared meals, *Sobremesa* can be replicated in other city-based Latine contexts. People seeking to adapt this model might begin by identifying a trusted community partner, recruiting Latine facilitators (ideally with some mental health training), and choosing culturally familiar places.

**Conclusion** Looking ahead, *Sobremesa* can be adapted in other Latine communities with local variation in cultural practices and partnerships. Practitioners should consider both the informal, relational aspects and the links to broader systems of care. If starting again, we would incorporate formal referral pathways and train additional facilitators to strengthen sustainability. These adjustments, combined with continued community feedback, could make replication in other contexts more effective and reinforce *Sobremesa* as a bridge between community-based support and formal mental health systems. Ultimately, *Sobremesa* demonstrates how culturally

grounded dialogue can itself be a form of healing, reinforcing resilience and belonging even outside clinical settings.

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<b>Theme / Session Focus</b>	<b>Sample Healing / Reflection Questions</b>	<b>Example Closing Rituals</b>
Mental Health & Stigma	How comfortable would you feel sharing your struggles with family? How does the dicho, ‘échale ganas’ help and/or hurt? What makes it hard for Latine folks to reach out for support?”	Writing affirmations for a stranger; framing affirmations to gift each other
Identity & Cultural Pride	What does community mean to you in the context of Latine identity? What role does solidarity play in healing? How do you pass on your heritage to the next generation?	Vision boards; painting small canvases
Healthy Relationships	How do we break cycles of silence or stigma in families? What role do friends play in our healing journeys? How can relationships support resilience during stress?	Polaroid photos and selfies; group networking and reflection
Healing & Self-Care	How do you personally heal after a difficult experience? If healing was a traditional dish, what would it be? What practices restore your energy or sense of balance?	Healing bags (sage, candle, prayer cards); “Where I Am From” poems
Community Healing	What role does community play in healing? How can we encourage more open conversations in families and among friends? What shared traditions or rituals strengthen healing?	Día de los Muertos altar (photos/objects to honor loved ones)
Madres / Caregivers	How do cultural expectations shape the way mothers or caregivers care for themselves and others? What supports do mothers or caregivers need for their own healing? How can community ease the pressures on madres or other primary caregivers?	Group storytelling and reflection; collective affirmations written and shared

Table 1: Sample Session Themes, Representative Questions, and Closing Rituals

