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Luz Eneida Cotto
Exploring the Experiences of
Clinicians Treating Latino
Clients who Utilize Folk
Healing Practices

ABSTRACT

This study was undertaken to explore the opinions, knowledge, and experiences of clinicians treating a Latino client who utilizes folk healing practices in conjunction to psychotherapeutic treatment. This study paid particular attention to how the concurrent utilization of healing practices effect the therapeutic process. The study intended to deepen and expand upon existing literature on the need to integrate traditional folk healing approaches into mainstream psychotherapeutic modalities by offering a closer look at how the clinicians, who are working with Latino populations, interpret the use of indigenous healing beliefs and practices. A number of questions were posed inviting clinicians to think about folk healing approaches as having their own wisdom and effectiveness, and how blending these elements into mainstream modalities could potentially create a more meaningful and culturally congruent treatment. One of its objectives is for the participants, other clinicians, and readers of this thesis to recognize that as the Latino population continues to grow, it is important that the values, practices, experiences, history, and beliefs of this group inform our clinical practice wisdom.

This project provides a rare opportunity to read the stories, views, and thoughts of those who the field entrusts to practice within the Latino population. The findings of this research study suggests that among those who are currently providing treatment to the Latino population, the dilemma of introducing cultural, racial, and spiritual diversity into therapy, although a necessary task, continues to be extremely difficult, and are not being

prioritized by professionals in the field. Furthermore, this project reveals the real practices of real clinicians and this provides the opportunity to understand the need to improve services and expand research to better serve the Latino population.

EXPLORING THE EXPERIENCES OF CLINICIANS TREATING LATINO CLIENTS
WHO UTILIZE FOLK HEALING PRACTICES

A project based upon an independent investigation,
submitted in partial fulfillment of the requirements
for the degree of Master of Social Work.

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2008

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CHAPTER I

INTRODUCTION

I am a Latina woman who has been heavily influenced by culture, race, religion, spirituality, and the stories of my ancestors. I have begun to understand how the beliefs and practices of my family have provided me with a deeper understanding of the need to hold on to past traditions. Traditional psychotherapy and the way that it divides the mind, body, and spirit, works in contrast to my cultural beliefs which understands these things as interconnected and essential for personal growth. It is with this understanding that I have been able to acknowledge that within the world of mainstream psychotherapy there continues to be a gap of integrating racial and spiritual diversity.

Many Latinos maintain a dual system of beliefs which include mainstream medical and psychotherapy approaches as well as traditional folk oriented approaches (Falicov, 1998). Folk oriented healing methods are based in culture, wisdom and health beliefs that are deeply embedded in the Latino culture. Folk rituals provide comfort and continuity of past traditions. Within my own family the utilization of traditional folk practices have been a part of our everyday lives. As a child, adolescent, and now as an adult, my mother has continuously provided me with guidance on the importance of praying and respecting the saints of the Catholic religion. During my childhood, my mother attempted to explain the meaning of specific rituals which included lighting of candles, placing flowers next to the figures that represented specific saints, and at times providing offerings such as apples or custards, and also insisted that these rituals should

be conducted on a regular basis for my “protection” and as a form of “respect” and “appreciation” for the guidance of the saints. Years later I discovered that these rituals, sanctioned and tolerated by the Catholic religion, are forms of the religion practiced by my African ancestors.

For many Latinos, the utilization of folk healing practices and beliefs is a part of everyday life (Falicov, 1998). Despite the fact that Latinos are generally members of the Catholic Church, when stress becomes unbearable, many Latino individuals will often seek out a range of social networks that provide access to the system of folk healing as a solution. Creating and maintaining meaningful and close-knit relationships provides the Latino with much needed socio-emotional support systems (Gilestra, 1981). The use of folk healing practices and beliefs provide a connection to ones primary ethnicity that reinforces community belonging and reaffirms past ties.

It was during my first year placement at a community mental health facility that provided services to the Latino community where I began to recognize the difficulties that were being experienced by the Latino client when s/he attempted to incorporate their folk healing beliefs into their therapeutic process. I found that the interaction between mainstream psychotherapy and the “taboo” of folk healing were continuously being challenged. This experience provided me the opportunity to research how important it is for mental health practitioners to become familiar with alternative types of healing and how gaining knowledge of this underground culture can be advantageous to the field of mental health.

The purpose of this research is to explore the integration of a commonly used method of mental health treatment that is utilized by the Latino population, known as folk

healing into traditional psychotherapeutic treatment. Many Latinos incorporate the blending of religion, spiritualism, and folkloric traditions, (Falicov, 1998) and incorporating these same elements into mainstream psychotherapy can create an alternative modality that encourages the therapeutic relationship to develop into its fullest potential. The research question for this study is: *How do the clinician's experiences, opinions, and knowledge about traditional folk healing beliefs and practices effect the therapeutic process, specifically when treating the Latino client?*

There is sufficient literature available on folk healing practices within the Latino culture in therapy but, unfortunately little has been documented on the opinions, experience, and knowledge of clinicians about traditional folk healing beliefs and practices and how the integration of these methods into mainstream psychotherapeutic modalities effect the therapeutic process, specifically when treating a Latino client. The absence of this information has left me with questions about how clinicians are interpreting their reactions. As the population of the United States continues to change, in particular the Latino population, psychotherapists will provide services to a wide range of clients of diverse ethnicities, races, socioeconomic levels, nationalities, and religions. With this knowledge, it is important to identify how the values, practices, experiences, history, and beliefs of this group inform clinical practice wisdom.

Some of the questions that this study hopes to provide answers for will be: Do the clinicians interviewed believe that traditional Euro-American therapy should be altered to incorporate a culturally inclusive form of therapy? If not, why not? If yes, how is this being accomplished? Does the clinician feel that their knowledge and experience with alternative forms of healing, specifically Santeria, Espiritismo, etc., has been adequate?

Does the clinician interpret alternative forms of healing as important and rich with wisdom and effectiveness? Do they seek out dialogue on how to incorporate them alongside conventional methods for a more “culturally matching” form of treatment?

This research project is designed to seek out the answers to these questions, and provide a space of dialogue and reflection, through interviews with experienced clinicians. I am assuming that clinicians can benefit from recognizing the ways that the therapeutic process is being affected by their experiences, opinions, and knowledge about folkloric beliefs and practices utilized by their Latino clients. It is my hope that this research project will encourage clinicians to seek out and incorporate different approaches in their work with Latino clients, especially those who incorporate their spiritual and cultural beliefs into their everyday lives. Furthermore, the more we, as clinicians, know, the more respectful we will be of our clients and their spiritual and cultural beliefs.

CHAPTER II

LITERATURE REVIEW

Introduction

The Latino population has been recognized by the U.S. Census Bureau (2004) as the fastest growing segment of the population in the United States. Therefore, it is likely that many mental health professionals currently work with Latinos in their practice. As the Latino population grows, it is important that the values, practices, experiences, history, and beliefs of this group inform clinical practice wisdom. To engage this population in treatment it is imperative to utilize culturally sensitive approaches including the use of non-traditional forms of healing in treatment. For the mental health professional, having a lens of understanding of the Latino cultural values, specifically the use of non-traditional forms of healing, is necessary and can enhance a clinician's understanding of Latino culture and their values. To be effective, Falicov (1998) notes "therapist trained and practicing in the United States need to incorporate specific information about cultural differences and take into account the connections between the social strains suffered by Latino minorities and psychological distress" (p. 44). This research project will focus on how the clinician's experiences, opinions, and knowledge about traditional folk healing beliefs and practices (e.g., Santeria, Espiritismo, etc.) effect the therapeutic process, specifically when providing treatment to the Latino client. Ultimately, this study is being undertaken to understand the blending of religion, spiritualism, and folklore that many Latino cultures offer, and how the combination of

these elements into mainstream psychotherapy might impact the therapeutic alliance. For this study, the research question being asked is: *How do the clinician's experiences, opinions, and knowledge about traditional folk healing beliefs and practices effect the therapeutic process, specifically when treating the Latino client?*

To provide a framework for this study, this chapter will include a literature review that will be organized as follows: The first section will provide a brief introduction to the terminology used throughout this research paper, such as "Hispanic" and "Latino", as well as general terms such as "experience", "knowledge", and "opinion." I then introduce the alternative-resource theory, which establishes an explanation on the utilization of more familiar support systems, specifically traditional folk healing practices, which for the Latino client provides as a familiar way to facilitate their emotional problems. The next section will address identity and culture, specifically Latino identity and culture. The fourth section will be a brief introduction to the current and historical situations of Latinos in the United States. The fifth section will provide a description and brief historical background information on the three most commonly used folkloric belief systems (e.g., Santeria, Espiritismo, Curanderismo) utilized by many Latinos as traditional and cultural healing methods. Next, I will provide general information about the demography and statistical data on Latinos living in the United States as well as the mental health issues which, historically and currently, affect them. Lastly, I look at the similarities between folk healing methods and mainstream psychotherapy and the importance of including "alternative" belief systems in conjunction with mainstream modalities, which ultimately enhance a more meaningful form of healing.

Use and Definition of Terms

Latino vs. Hispanic

The terms Hispanic and Latino are often utilized interchangeably. Borrowing from Falicov's (1998) terminology, this researcher has used the term Latino instead of Hispanic throughout this study because it reaffirms the native, pre-Hispanic identity. The term Latino also represents a cultural category that has no precise racial signification. It has been noted by Santiago-Rivera, Arredondo, & Gallardo-Cooper (2002) that the term Hispanic was created by the Census as a way to categorize people, not by specific country of origin, but by a common language. It was also noted by Falicov (1998) that the term Latino is more representative of people from Latin America who have indigenous roots, whereas the term Hispanic excludes such influences. It has been determined by this researcher that the term Latino will be utilized throughout this project. The term Latino is more appropriate, as the participating clinicians do not provide identifying cultural or racial information of the people they treat.

Experience

The term experience, within the context of this research project, is defined as the clinicians' exposure to their clients utilizing mainstream psychotherapeutic treatment and alternative healing systems, specifically folk healing beliefs and practices. Included in this definition, will be their ability to adjust clinical techniques necessary for better cultural responsiveness to their Latino clients while providing therapy.

Knowledge

Within this research project the term knowledge has been utilize to reflect on the amount of understanding clinicians have acquired throughout their work with Latinos,

specifically within the realm of indigenous folk healing methods. Having knowledge is important because as stated by Baez & Hernandez (2001) “the successful provision of culturally sensitive and culturally inclusive mental health services depends in large part on the level of similarity between the client’s and the mental health practitioner’s perspective views of mental illness and its treatment” (p. 408). Therefore, it is necessary for clinicians to understand and gain relevant cultural knowledge that can contribute to the quality of treatment. Knowledge in traditional folk healing methods can assist the clinician to assess their impact on their clients’ views of mental illness.

Opinion

For this project the term opinion has been operationally defined as the thoughts, beliefs, and views of clinicians who have been exposed to the world of indigenous folk healing traditions while providing therapy, specifically to Latino clients. The opinions of clinicians are being measured to better understand how clinicians integrate spiritual belief systems and mainstream psychotherapeutic modalities, and if they believe the concurrent use of both systems is beneficial or not, in promoting culturally inclusive therapy.

Psychological Distress for Latinos

Latinos are by definition immigrants, and it is this migration that has historically and continues to cause tremendous psychological consequences. According Falicov (1998) “the remarkable dissonance between the cultural codes of the old and the new countries is disorienting” (p. 43). There has been a notable increase on the amount of literature written and published on Latinos; many reflect the increased changes in the United States population, yet very few address the emotional upheaval and family disruption experienced by these people (Falicov, 1998). In spite of the clear links

between migration and psychological distress, Latinos rarely seek mental health services. One of the reasons this could be occurring includes the fear of being misunderstood culturally or discriminated against racially (Snowden, Masland, Ma, & Ciemens, 2006).

This study will reveal the need for capturing ethnic variations in the mental health field specific to the treatment of the Latino client. The “alternative-resource” theory, utilized by Falicov (1998), provides an understanding that the Latino client wants and needs help but, more often than not, turn to their own conational support systems with their emotional problems. Many times this includes the use of traditional folk healing beliefs and practices specifically, Santeria, Espiritismo, etc. For the clinician to be effective in providing treating to their Latino client, Falicov (1998) notes that: “Therapists who have been trained and practice in the United States must incorporate specific information about cultural differences and take into account the connections between the social strains suffered by Latino minorities and psychological distress” (p. 44).

The utilization of traditional folk healing methods during times of distress provides the Latino client the opportunity to restore their sense of cultural belonging and to promote self-healing (Comas-Diaz, 2006). It also provides a communal and supportive environment in which the client is able to freely express their distress without incorporating the fear of being considered (*loco*) crazy (Ruiz, 1977). Traditional folk healing methods, as noted by Ruiz (1977), incorporate a “built-in ‘caretaker’ system that is capable of translating stressful events into acceptable explanations for their occurrence while also providing specific remedies for coping with them” (p. 26). The Latino client, who utilizes folk healing beliefs, may experience significant support especially when

undergoing emotional disturbance (Ruiz, 1977). Folk healing approaches have their own wisdom and effectiveness, which provide the comfort and continuity of past traditions.

Identity and Culture

“[Identity] is the imposing flow of reality with its hallucinating proposal of newer, furiously conquered spaces. It is the relentless flow of a people who float between two ports, licensed for the smuggling of human hopes” (Laguna Díaz, 1987; cited in Falicov, 1998, p. 33)

Latinos are a heterogeneous population of immigrants from many different countries and cultures. The reasons for migration vary widely, from escaping political change to searching for better economic opportunities (Reese, 2001). The diversity between the different Latino groups is truly unique. Within their Latin American homelands they share a blend of values and lifestyles with many variations of languages and culture (Falicov, 1998). According to Falicov (1998), it is important to understand this story of migration, and the hopes and values connected to these life changes.

For many Mexicans the complicated relationship of mutual and uneasy dependency between the United States and Mexico continues a relationship of exploitation. Falicov (1998) has noted that the unbalanced interaction between the two countries has gone on for centuries. The United States has been recognized by many as “the land of opportunity” and it is this exact recognition that has attracted Mexicans to the United States throughout this century. In Mexico, Falicov (1998) reports that more than one-third of Mexican people work very hard and still continue to live in extreme poverty. It is these impoverished conditions that cause these people to choose to leave

their homes, but more often than not, Falicov (1998) notes that they would prefer to stay within the emotional familiarity of their own country.

Another example of a group of Latinos that are trying to maintain continuity includes Puerto Ricans. The residents of the island are recognized as U.S. citizens and they are subject to military duty, yet they do not pay U.S. income taxes, are not full beneficiaries of federal social service programs, and are prohibited from voting (Falicov, 1998). This speaks to the reason why Puerto Ricans continue to be in limbo about their identity. It is as if the people of Puerto Rico are both residents of Puerto Rico and citizens of the United States but in actuality, it is as if they were neither. As a Commonwealth:

Puerto Rico is not a federal state, nor is it a colony or an incorporated territory – the reality is that in many ways it is autonomous, but subject to federal control in other ways that limit its ability to deal with internal sociopolitical problems (Falicov, 1998, p. 39).

It is also important to note that the influences of the United States are greater in Puerto Rico than in any other Latin American country. Ramos-McKay, Comas-Diaz, & Rivera (1998) note that Puerto Ricans have two languages, two cultures, two flags, and two national anthems – interestingly enough, the extent of this dichotomy did not exist when Spain was in possession of the island. The Americanized culture has significantly altered every aspect of the life on the island. Falicov (1998) describes this alteration as: “An oppressive relationship between colonizer and colonized developed quickly, and one of the first psychological consequences was the importation of a racist disdain for black people” (p. 40).

Similar to the motivations that propel Mexicans to travel back and forth across the border, periods of high unemployment in Puerto Rico cause islanders to move to the mainland to look for work. The difference between these two groups is that Puerto Ricans can legally and freely stay on the mainland and return to visit at their leisure. It is important to mention that Puerto Ricans “remain the poorest of Latinos and suffer even higher unemployment than Mexicans – most likely a result of a long history of pervasive exploitation, discrimination, and institutional racism” that, similar to African Americans have had to endure since the times of slavery (Falicov, 1998, p. 40). In addition, Falicov (1998) uses the word “transmigrants” to describe what Puerto Ricans represent. She defines this term as “sustaining multiple familial, economic, and social relations that span geographic and cultural borders, aligning their countries of origin with those of settlement” (p. 41). This culture represents a constant back and forth, a culture of transfer and of doubt – they are neither from here nor from there - *ní de aqui, ní de alla*.

For Mexicans and Puerto Ricans, as well as other Latino groups, the ruptures that have occurred as a result of their disconnection from their families and homelands have caused tremendous psychological setbacks for many – it is these setbacks that have led Latinos to seek and experience therapy.

Belief Systems

Folk Healing

Folk healing is a term that describes a series of prominent beliefs systems specific to the Caribbean that are considered alternative healing practices. Folk healing traditions have been noted as indigenous mental health support systems for the Latino community (Comas-Diaz, 1981). These traditions provide healing practices that incorporate coping

strategies that are particularly important for psychological survival. Through the process of folk healing, the inner self is validated and events in one's life are interpreted in terms of the groups "assumptive world", which incorporates the need to make sense of world (Frank & Frank, 1991). It is a folk system of psychotherapy and a means of coping with psychiatric illness and lesser distress; it is both an alternative and supplement to seeking help from professional mental health services (Lefley, 1981). For the Latino client, when stress becomes untenable, the social network of the Latino community will often provide access to the system of folk healing as a suitable solution (Ruiz, 1977). Folk healing beliefs and practices provide different strategies for overcoming the challenges of life's worst experiences. Traditions that incorporate the healing power of folkloric beliefs and methods have long been noted as indigenous mental health support systems in for the Latino community.

In keeping with the framework, next I will provide a brief explanation on the three primary expressions of folk healing as a religion and as a spiritual belief system utilized by many Latinos as traditional and cultural healing methods, which are identified as Santeria, Espiritismo, and Curanderismo.

Santeria

This form of folk healing system is a religion that is prevalent among Cubans and some Puerto Ricans, as well as other Caribbean people (Falicov, 1998). Santeria combines deities of the Yoruban or Orichas (African from South Nigeria) with Catholic saints (Sandoval, 1977). As noted by Falicov (1998) it is not uncommon for a person to create a belief system which incorporates the Catholicism of Spain, and the spiritual beliefs of African cults blended with Haitian voodoo and in European spiritism with a

touch of American Protestantism. In this context, religion serves as a mediator, bridging cultural beliefs and healing practices. This type of folk healing is utilized by the Latino client as a form of psychotherapy and one which promises unharnessed potentiality (Gilestra, 1981). Kaptchuk and Eisenberg (1998) describe folk healing as an “underlying assumption of spirituality that provides sufferers with a participatory experience of empowerment, authenticity, and enlarged self-identity when illness threatens their sense of intactness and connection to the world” (p. 446).

Santeria is a religion based on the ancient West African religion, *Ifá*, originally practiced by the Yoruba tribe of what is now southern Nigeria (Baez & Hernandez, 2001). For the Yoruba people, *Ifá* is the god of wisdom; it is the traditional body of knowledge that embodies the deep-wisdom of our fore-fathers (Abimbola, 1976). Baez & Hernandez (2001) note that this religion “features extensive rituals for spiritual progress, healing, and a vibrant musicality based on Yoruban drumming and chanting” (p. 410).

Enslaved Africans who practiced *Ifá* and were brought to the Caribbean were forced into Catholicism and forbidden to practice their own African religions. Throughout this process, instead of losing their religion to ensure cultural survival, the enslaved Africans utilized and engaged in syncretism, “a popular combination of different religious beliefs” (Baez & Hernandez, 2001). Their spirit of resistance protected the attributes and characteristics of the various African deities (Martinez and Wetli, 1982). Therefore, the Yoruban deities were given corresponding Catholic saint names. For example, the major deity, *Obatala*, became identified as Our Lady of Mercy (Baez & Hernandez, 2001). For many Latinos, Roman Catholicism is the predominant

religion – it provides a common denominator of beliefs and values (Falicov, 1998). On the other hand, the use of traditional folk healing beliefs and practices are understood, respected, and sometimes the religious concepts and/or practices are embraced by many Latinos, especially when experiencing unattainable stress. Within the Latino culture a blending of religion, spiritualism, and folklore is common. For the clinician, blending these elements into mainstream modalities could develop a more meaningful and culturally congruent treatment (Falicov, 1998).

Espiritismo

As noted by Garrison (1977, 1978) Espiritismo is a more benevolent system of folk healing practices and is widely practiced in Puerto Rico. This form of folk healing refers to an invisible world of good and evil spirits who can attach themselves to human beings and thus influence behavior (Falicov, 1998). The beliefs in Espiritismo are deeply embedded in history. For some Puerto Ricans a belief in spirits has been traced to the Taino Indians, who felt that everything had a spirit (Falicov, 1998). Espiritismo is utilized as an adaptive stress-reducing mechanism among Puerto Ricans in the United States (Perez y Mena, 1998). Espiritismo is not a religion as such; it is a spiritual belief system which is based on: “beliefs in spirits, regulation of spiritual influences through the intervention of mediums...and performance of certain rituals at home” (Harwood, 1977, p. 34). This belief system ultimately creates a balanced life that connects the spirit world into the lives of its followers that assist in the elimination of negative spirits and energy. Espiritismo is not a religion per se (Baez & Hernandez, 2001), but a spiritual healing belief system based, according to Nuñez-Molina (1996) on: “belief that human beings

can communicate with the spirit world, the use of mediums as intermediaries between the spirit world and the material world, and performance of certain rituals” (p. 228-229).

The development of Espiritismo was influenced by the ideas of Allan Kardec (1804-1969), a French philosopher and educator who wrote on what he called ‘*Spiritisme*’ (Nuñez-Molina, 1996). Puerto Rican intellectuals who returned to the Island after studying in Europe introduced Kardec and Spiritisme to the island during the second half of the nineteenth century (Nuñez-Molina, 1996). Baez & Hernandez (2001) note that Allan Kardec: “believed that spirits are reincarnated many times in order to achieve spiritual progress, and that each living person has a group of guardian angels and protecting spirits who guide him or her through life’s demands (*pruebas*)” (p. 411).

Puerto Ricans, who were generally from the lower-class, became interested in Spiritisme “because it offered them a framework for understanding, healing and treating illness” (Nuñez-Molina, 1996, p. 228). In addition, Baez & Hernandez (2001) note that people also encounter, “untranquil, unevolved, or evil spirits, sometimes by happenstance, sometimes because of spells (*brujeria*); and that spirits of various types can exert a profound influence on human life, causing either good or harm of all types” (p. 411).

Curanderismo

Curanderismo is a system of folk healing that uses medicinal herbs and potions. It is a practice of spiritual folk medicine, generally used in indigenous and Mexican-American communities (Del Castillo, 1999). Falicov (1998) describes Curanderismo as the indigenous method of cure for many natural folk illnesses such as *susto* (fright), *empacho* (gastrointestinal infection), or *mal de ojo* (evil eye). It is also believed that

Curanderismo can be consulted for impotence, depression, or alcoholism, even by those who do not profess to believe in folk illnesses or cures (Falicov, 1998). Within the system of Curanderismo a range of treatments are utilized, such as herbal remedies, inhalation, sweating, massage, incantations, and a variety of ritual cleansing treatments (Trotter, 2001). In addition, the uses of *limpias* (cleansing rituals) are frequently performed with plants, perfumed waters, religious images, and candles (Bermudez & Bermudez, 2002). Perrone, et. al. (1988), and others define Curanderismo:

As consisting of a set of folk medical beliefs, rituals and practices that seem to address the psychological, spiritual, and social needs of ...people. It is a complex system of folk medicine with its own theoretical, diagnostic, and therapeutic aspects. Curanderismo is conceptually holistic in nature; no separation is made between the mind and the body, as in western medicine and psychology.

Curanderismo, is simply [categorized as] the art of [Latino] healing (cited in Del Castillo, 1999, p. 26).

Curanderismo has been described as a syncretism between Aztec medicinal beliefs and European medical theories of the 16th and 17th centuries (Del Castillo, 1999). In addition, Trotter (2001) notes that Curanderismo follows three main healing practices. The first is material approaches to healing, which include physical treatments and supernatural healing practice; the second is spiritual healing and spiritualism; and the third is psychic healing (Trotter, 2001). He reports that traditional healers state that health and illness contain a duality of “naturally” and “supernaturally” caused illness (p. 130). Historically, the philosophy of Curanderismo is taken from Greek and Roman

theories and practice, incorporated with indigenous scientific concepts and rituals of Mexican people (Del Castillo, 1999). This system of folk healing has proven to be useful and insightful while providing culturally competent strategies to identify key cultural problems the Latino client could be experiencing. Curanderismo allows, as stated by Trotter (2001) the sufferer to have “contact with the past while guiding change to accommodate the present and future” (p. 131).

Latinos in the United States

Demographics

Human migration has reached an all-time high and Spanish-speaking people rank the most mobile group of all (Falicov, 1998). The U.S. Census Bureau (2004) reports that between 1990 and 2000 Latinos’ presence increased by 57.9% and the total U.S. population of Latinos was 13.2%. Marotta & Garcia (2003) note that it is projected that Latinos would represent 15% of the total U.S. population by the year 2020; however, this projection was underestimated, as Latinos have reached nearly 13% by the year 2000. They have predicted that if growth rates continue this pattern, Latinos will represent 20% of the U.S. population by 2010 (Marotta & Garcia, 2003). The U.S. Bureau of the Census has estimated that the Latino population of the United States as of July 1, 2005 is 42.7 million, making people of Latino origin the nation’s fastest growing ethnic or race minority. The Latino population will reach 55 million and will constitute the largest minority group by the year 2025 (Falicov, 1998). The growth in the Latino population will continue, as Latinos tend to be young and have high birth rates (Comas-Diaz, 2006). The estimates by the U.S. Census Bureau are transforming society. By 2050, it has been

projected that the Latino population of the United States will be 102.6 million; which will comprise about 25% of the entire U.S. population (U.S. Census Bureau, 2004).

The following specific Latino groups are accounted for by the U.S. Census Bureau (2003): Puerto Rican, Mexican, Cuban, Central American, South American, Dominican, Spanish, and all other general Latino origin respondents. In 2000, Mexicans were the largest Latino group with approximately 20.9 million people. Other Latino groups (>5.5 million) were second, and Puerto Ricans (>3.4 million) were the third largest Latino group (U.S. Census Bureau, 2000). The Latino population described as “other” has doubled its representation from 2% to 4% of the total population (Marotta & Garcia, 2003). This category includes individuals from Central America, mostly from El Salvador, and South America, mostly from Columbia.

As our society continues to experience these demographic changes, and as the Latino/a client continues to seek mental health services, it is important that the values, practices, experiences, history, and beliefs of the Latino population inform the therapeutic realm. Kouyoumdjian, Zamboanga, and Hansen (2003) note that the underutilization of mental health services by Latinos continues to be a growing concern in clinical practice. One potential way to integrate elements of Latino culture with traditional psychotherapy would be to acknowledge the potential possibility of concurrent folk treatment during the traditional therapeutic process. This could begin to build the necessary bridges, between traditional and folk healing practices, which ultimately may provide Latinos’ the services they need. For many Latinos, having numerous sources of comfort (mainstream religious and spiritual practices and indigenous traditional folk-healing beliefs) can be useful in supporting their own cultural strengths, especially in the event of untenable stress (Ruiz,

1977). The therapist who allows these different and meaningful systems to inform their clinical practice wisdom can provide access to the internal endurance of their client, in turn providing a way to questioning instrumental theories of therapeutic change. Aponte (1994) describes this process with simplicity:

When it comes to our work, however, spirituality is an area where we need our clients. It will require that we see ourselves not as proprietary experts on the subject, but as companions on a journey, *their journey*. We do not own the expertise about the spirit. As therapists, we are not the new priesthood. We all have our own personal philosophical, social, and spiritual perspectives. We have varying degrees of commitment to our values. We have, in effect, our respective “religions.” However, the poor come to us sometimes clothed only with their ethnicity, culture, and spirituality. It is not for us to dress them with our apparel (p. 246).

As described above, “it is not for us [clinicians] to dress them [our clients] with our apparel” (Aponte, 1994, p. 246), but it is up to the clinicians who work with Latino clients to challenge themselves to broaden their range of therapeutic options by adopting and incorporating a client-centered perspective regardless of the clinicians personal perspectives on the clients system of belief.

Historical Background

Within this next section, I will introduce the current and historical situations of Latinos in the United States, specifically the relevant factors that have been shown to influence the perceptions of many Latinos about mental health and their underutilization

of mental health services. The specific factors that will be presented include: cultural variables, particularly perceptions of mental health and fatalism, and psychotherapeutic challenges, which include a brief explanation of some of the barriers to mental health services.

Cultural Variables

Perceptions of Mental Health

Culture can have a significant amount of influence on how one's view of mental illness is shaped. For many Latinos, Kouyoumdjian et al. (2003) report that, "the perception of mental illness may play an influential role in their underutilization of community services" (p. 400). For example, many Latinos view physical symptoms more seriously than problems associated with mental health. It is this reason that Latinos are more likely to seek a physician's help for symptoms clearly related to psychological problems (Snowden et al., 2006). The development of depression and anxiety symptoms could develop as a result of immigration and culture shock and, in turn, many Latinos are likely to perceive these symptoms as a physical problem (Kouyoumdjian et al., 2003). More importantly, for many Latinos, avoiding the need to seek out psychological treatment for symptoms of depression or anxiety in an effort to avoid being stigmatized as *loco* (crazy) is very common. Comas-Diaz and Griffith (1988) indicated that the stigma attached to psychiatric disorders seems to be more prevalent in Latinos than in any other ethnic group.

Fatalism

Another factor that may be contributing to the underutilization of mental health services in the Latino community includes – "*fatalism*." Frevert & Miranda (1998)

define fatalism as the belief that individuals have minimal control over their environment – instead, the environment controls the individual’s life outcomes despite any efforts made. Many Latinos accept this notion of fatalism and they believe that events occur only as a result of luck, God’s will, or harmful wishes made by their enemies (Frevert & Miranda, 1998). Therefore, Latinos who experience mental illness and believe in fatalism may be less inclined to seek help for their psychological needs. Fatalism is thought to be more prevalent among poor people, as Falicov (1999) notes, because they learn through recurrent experiences that powerful others and unpredictable forces control their lives. In addition, limited opportunities to get ahead and change life circumstances fuel feelings of helplessness, a sense of failure, and futility about pursuing an active orientation (Falicov, 1999). The strength of cultural commitment shared by many Latinos may influence their preferences for treatment and willingness to seek community mental health services (Kouyoumdjian et. al., 2003). The commitment to culture could explain the reasons why many Latinos, during times of extreme distress, utilize their traditional folk healing beliefs and practices as their psychotherapeutic process.

Psychotherapeutic Challenges

Researchers have reported that ethno-culturally diverse clients can encounter a variety of challenges in community mental health settings (Ibrahim & Arredondo, 1986). Many Latinos may feel that the services available in mainstream mental health are not capable of addressing their specific needs, and therapists who have not experienced their disparities will be insensitive to their struggles (La Roche, 2002). The reality is that most psychotherapeutic strategies have been designed for non-Latinos and tend to overlook the cultural differences of many Latinos (La Roche, 2002). La Roche (2002) notes that this

oversight has created a “cultural mismatch” between mental health services and minority clients, which in turn, results in underutilization of mental health services.

In addition, the lack of culturally responsive assessment methods and treatment approaches may also play a vital role in explaining the challenges in the delivery of services (Kouyoumdjian et. al., 2003). Additionally, this deficiency could result in the unfortunate result of a misdiagnosis. Kouyoumdjian, et. al. (2003) state that more often than not the mental health field does not adequately address diverse individuals. As a result, many Latinos are uncomfortable with traditional assessment techniques and may experience difficulty completing the necessary measures (Kouyoumdjian et. al., 2003). An example provided by Velasquez & Gonzales (1997) explains that clients who are recent immigrants and Spanish monolinguals, who have low levels of education, and who have limited experiences interacting with a mental health system are likely to experience difficulties understanding the purpose of the assessment measures and accurately completing the measures. The views endorsed on mental health for many Latinos works in contrast to the majority, having to experience an awkward assessment will only contribute to increased skepticism of mental health services which ultimately contributes to premature termination or not to accept treatment at all (Velasquez & Gonzales, 1997). For many Latinos these challenges represent a never ending cycle and for many, as stated by Kouyoumdjian et. al., 2003:

The dissatisfaction with assessment techniques coupled with their varying view of mental illness and skepticism of mainstream mental health services may influence many of them to terminate prematurely from treatment or even influence some to not accept treatment services at all (p. 406).

Increased awareness about Latino culture and how to provide services to Latinos with culturally competent mental health services may help to minimize errors and ultimately end the underutilization of services among the Latino population.

Barriers

As the Latino population continues to grow and the need for mental health services accumulates, the growing concern of underutilization of mental health services within the Latino community has not changed. In an attempt to better understand the notable discrepancy between Latinos' needs for services and their underutilization of mental health services it is important to point out a number of potential risk factors that are linked to this status. These include cultural misunderstanding and culture-based alienation; economic barriers; mistrust; stigma; and clinician bias (Snowden et. al., 2006). Language differences between clinician and client are important obstacles that should also be recognized.

Research reveals that socioeconomic factors contribute to the underutilization of mental health services for Latinos. Sandoval & De La Roza (1986) have reported that many Latinos obtain temporary employment positions without any health benefits and it may be too costly and difficult for them to take time off from work to attend their treatment sessions. National statistics on annual income indicated that 22.8% of Latinos were living in poverty in 1999 (U. S. Census Bureau, 2001b). In addition, it has also been recognized by Santiago & Wilder (1991) that many Latinos with comparable skills relative to Whites often earn less pay for their work, which has resulted in many Latino families being considered as the "working poor." Subsequently, it is noted by Sandoval & De La Roza (1986) that one of the most important cultural barriers to consider is

language – it represents a number of challenges in the utilization of mental health. Language may limit Latinos' awareness to available services, utilization of public transportation, and/or understanding the required paperwork at clinics (Colon, 1996). Language barriers also limit Latinos' ability to communicate with their monolingual (English speaking) therapist. Kouyoumdjian et. al. (2003) state that, "this ultimately contributes to the dissatisfaction with services which in turn results in early termination" (p. 403).

The client's relationship with the therapist and the qualities of a positive relationship, such as trust and support, may play crucial roles in effective psychotherapy outcomes (Colon, 1996). For some Latino clients, specifically the most vulnerable, may experience some clinician biases when reaching out for services. Kouyoumdjian et al. (2003) have noted that some of "the stereotypes held about Latinos include poor hygiene and lack of motivation and intelligence" (p. 404). It has also been reported that it is important to recognize the reality of clinician biases and that "therapists who hold negative views for their clients may hinder treatment progress by inadvertently using words and displaying behaviors that express negative perceptions" (Lorion & Felner, 1986). The development of the therapeutic alliance and/or therapeutic relationship is an essential one to establish and since it is the exact thing that strongly influences the effectiveness of psychotherapy, (Kouyoumdjian et. al., 2003) it is the most important relationship to examine.

Folk Healing Methods and Psychotherapy

The therapist's task is to treat spirituality as a facilitator of the therapeutic outcome.

Harry J. Aponte (1999)

Many Latinos share deeply embedded belief and cultural meaning systems that speak to their existence. Latinos are known to maintain a dual system of beliefs and practices concerning mental and physical problems (Falicov, 1998). For the Latino client, mainstream medical, psychotherapy approaches, and traditional folk-oriented approaches share the stage in treatment. The familiarity of folk healing and/or traditional methods of healing have been noted as a mental health support system in the Latino community (Falicov, 1998). It has been noted by Baez & Hernandez (2001) that: "the successful provision of culturally sensitive and culturally inclusive mental health services depends in large part on the level of congruence between the client's and the mental health practitioners respective views of mental illness and its treatment" (p. 408).

Falicov (1998) asserts that the clinician treating the Latino client may benefit to acknowledge the wisdom and effectiveness of folk oriented approaches and utilize them alongside "conventional" methods. The development and existence of psychodynamic theories have paved a path to help us understand the internal world of our clients (Walsh, 1999). However, the dilemma of including spiritual beliefs into treatment continues to be in the forefront. Aponte (1999) notes:

Spirituality speaks to the very heart of people's existence, the essential meaning, purpose, and value to life itself...for the disadvantaged, spirituality is a resource that can transcend their personal discouragement, the deprivation of poverty, and

oppression by society – in an impersonal environment it can enhance identity and self-worth by giving meaning to a person's struggles (p. 77).

It is important to remember that for the client whose spirituality/belief systems are a fundamental life resource, these systems can be utilized as a source of strength and connection into the internal world of their client. Within the therapeutic realm, specifically treatment of Latinos, there is a need for therapist to understand and develop respect for the belief systems the client brings into the therapeutic process. Falicov (1999) has advocated:

Psychotherapists trained in the Euro-American cultural set need to become sensitive to the enduring presence of religion and spirituality, and folk healing beliefs and develop respectful curiosity as to the possible uses of those resources in psychotherapeutic work rather than privileging only dominant, First World cultural views (p. 105).

The need to include folk healing beliefs and practices into the therapeutic process has also been encouraged by the American Psychological Association. When deemed appropriate, The Multicultural Guideline 5 encourages psychologists to recognize and enlist the assistance of recognized indigenous folk healers (APA, 2003). In addition, the Surgeon General (U.S. Department of Health and Human Services, 2000) suggested that mainstream psychological interventions could benefit from incorporating core assumptions and practices of indigenous healing. Reverting to cultural beliefs and rituals as a way to find comfort in past traditions continues to be a resource for many Latinos. They influence how people define problems, view causes and solutions, and make

meaning of adversity and suffering (Walsh, 1999). When the need to nourish cultural ties is significant, folk healing traditions influence coping, acceptance, and change, and a place where members turn for help (Walsh, 1999). Including alternative healing systems in conjunction with mainstream psychotherapeutic methods can enhance the possibility of healing and help to understand the persistent hardships or trauma that has caused such significant distress in the lives of those who seek answers. The avoidance of the significance of concurrent healing practices can contribute to the distress and block healing (Walsh, 1999).

Within the world of folk healing traditions utilized by Latinos, there are many similarities shared within the world of psychotherapy. Frank (1973) has identified the similarities between folk healing and psychotherapy as:

The existence of a trained healer whose healing powers are accepted by the sufferer and the sufferer's network, a sufferer who seeks relief from the healer, and systematic contacts between the healer and sufferer in which the healer attempts to reduce distress by changing the sufferer's behavior (as cited in Comas-Diaz, 2006, p. 446).

It has also been recognized by Torrey (1986) that the common element behind psychotherapy and folk healing is the acknowledgement of the role of the unconscious motivation, the need for relief of tension and anxiety through the expression of repressed thoughts and feelings, and most importantly, the therapeutic power of working through (as cited in Comas-Diaz, 2006, p. 446). In addition, Latino folk healing practices also resemble psychoanalysis, group psychotherapy, family therapy, and crisis intervention

(Comas-Diaz, 1981). The utilization of folk healing practices usually incorporates the guidance of a folk healer as the facilitator. It is understood that Latino healers seek and call upon the help of the spirits (*espíritus*), saints (*santos*), and/or the Yoruba deities, also known as Orichas (Comas-Diaz, 2006). This could easily be interpreted as treatment teams helping the folk healer develop different strategies to assist in the healing process. Capturing ethnic variations, such as traditional folk healing methods, in the mental health field can begin to resemble a collectivist society which will assist the client to restore his/her sense of cultural belonging, and to promote self healing by maintaining balance between the sufferer, family, and community.

It is imperative that clinicians understand that the key ingredient to successful engagement and treatment strategies with Latino clients who are involved with the ideologies of their folk healing beliefs and practices is “a respectful attitude toward the belief systems – on the part of the clinician” (Baez & Hernandez, 2001). Falicov (1999) has explained:

...with Latino clients, accepting the “complementary” – a better term than ‘alternative’ – nature of folk healing resources in the community, such as *curanderos*, *santeros*, and *espiritistas*, can lead to open and mutual discussion and even fruitful collaboration between clients and therapists as opposed to the client’s parallel, guarded used of these services. For this conversation to take place, therapists need to conceive their exploration of clients’ belief systems as a form of tapping the ancient healing mechanisms that their cultures provide, rather than as a form of feeding useless magic and superstition (pp. 117-118).

Considering folk healing beliefs and practices as a complementary to mainstream psychotherapy can open the doors for the therapeutic alliance to become firmly established, which, in turn, will allow the clinician to explore this realm of cultural beliefs and practices and examine if and how their clients have been able to use these as potential supportive resources.

In contrast, it is equally important to also provide some alternative views on how the uses of folk healing methods could be considered as problematic to the beliefs and practices of traditional psychotherapy. According to Wing (1998), “there is a certain enigma about folk healing cultures in the Western-oriented [and the current] scientific-based health care system” and due to the “lack of empirical data [this] leaves [many] to question the legitimacy of folk healing” (p. 143). Religion and spirituality has never been based on empiricism. Northcut (2000) speaks to the views of the Protestant theologian, Paul Tillich, which included his thoughts on how “spirituality is filled with unknown and unexplainable ideas and experiences, [and] has been a source of difficulty in articulating a coherent framework for the inclusion of religion and spirituality in clinical work” (p. 155-156).

For many health care practitioners the transition towards evidence base practice as the required form of treatment could be diminishing the attention to individuals and their spiritual beliefs in the therapeutic encounter. Lefley (1981) asks the question: “Is the destiny of psychotherapy linked to the socio-economical development of a specific society?” He continues to speak of the purposes of psychodynamic theories to include the promotion of change in the client from a “traditional worldview to a modern one – a process which will facilitate adaptation to the real world around him/her [while]

maximizing the benefits of psychotherapy” (p. 4). The use of psychotherapy could be understood as the necessary common denominator in helping the client “adjust in order to solve [their] problems, or conversion to modernization, thus achieving the client’s adjustment” (Lefley, 1981). One might wonder if the modernized “adjustment” requires a loss of cultural and spiritual examination.

Conclusion

May we see not only with our two eyes but with the one eye which is our heart.

Black Elk (cited in F. Walsh, 1999, p. 28)

As the Latino population continues to grow, it is important that the values, practices, experiences, history, and beliefs of this group inform clinical practice wisdom. In spite of increasing professional interest in and inquires into traditional folk healing methods, little has been documented on the opinions, experience, and knowledge of clinicians about traditional folk healing beliefs and practices and how the integration of these methods into mainstream psychotherapeutic modalities effect the therapeutic process, specifically when treating a Latino client. As therapist and human service professionals, attending to the beliefs and practices of our clients, while incorporating them into practice is critical, especially if we are to understand them and assist in their healing and growth.

Most of the pertinent literature, (Falicov, 1998) portrays Latinos as maintaining a dual system of beliefs and practices concerning their physical and psychological problems. For many Latinos, mainstream psychotherapy and traditional folk oriented approaches share the stage (Falicov, 1998). For those Latinos who utilize mental health

services it is not uncommon that for comfort and continuity of past traditions, they also resort to more familiar forms of folk healing methods for additional insurance.

This literature review has argued the importance of viewing folk oriented approaches as beneficial as well as the position that folk healing approaches have their own wisdom and effectiveness, and play a complimentary part to conventional methods (Falicov, 1998). The literature review highlighted the voices in the professional arena that advocated for the importance of culturally sensitive and culturally inclusive therapeutic modalities. In addition, preference was given to authors who address and advocated for modifications to the Euro-American therapeutic approaches to resemble the belief system of the client therefore creating forms of culturally harmonious treatment.

As mental health practices embrace an evidence-based approach, it is hoped that clinicians who typically treat Latino clients who utilize folk healing practices, will continue to respect and explore how the benefits of cultural beliefs and practices could ultimately be used as a therapeutic resource that will provide guidance in the discovery of alternative practices and enhance continuity in their lives. An excerpt from Walsh (1999) illuminates the relevance of spirituality in regards to mental health treatment:

Spiritual beliefs influence way of coping with adversity, the experience of pain and suffering, what is labeled as a problem, and the meaning of symptoms – they influence how people communicate about their pain; their beliefs about its causes and future course; their attitudes towards helpers - ...therapist; the treatment they seek; and their preferred approaches to acceptance or change (p. 3).

CHAPTER III
METHODOLOGY
Research Design

The purpose of this research was to explore the integration of folk healing into traditional psychotherapeutic treatment. Folk healing is a method of mental health treatment that is commonly utilized by the Latino population. The experiences, opinions, and knowledge of the clinician treating a Latino/a client who utilizes folk healing beliefs and practices were measured while paying particular attention to how the concurrent utilization of healing practices effect the therapeutic process. This research provides a closer look into the different interpretations of the clinician when the subject includes folk healing practices as an alternative or in addition to traditional psychotherapeutic practices. The study utilized an exploratory qualitative research design. Twelve face-to-face interviews with clinicians were conducted.

This research relied on the use of a semi-structured, open-ended question interview guide. During the interview process it was also important to also provide space for a flexible format as a way to allow for open-ended discussions. This flexible format was chosen to allow participants to share their experiences in as extensive a manner as they chose. In addition, participants completed a brief demographic questionnaire with questions including: age, race and ethnicity, religious doctrine, years in practice, languages spoken, years in practice, years of working with Latino clients, knowledge base on different folk healing practices and beliefs (e.g., Santeria, Espiritismo, etc.),

degree and professional training, and whether or not the therapist discusses folk healing beliefs and practices during supervision (see Appendix G).

Recruitment Process

Potential participants were required to have the title of social worker/clinician and/or psychologist, to have at least one year of experience of working within the Latino community, and to have obtained a masters degree or higher. Participants for this study were recruited by word of mouth, through snowball sampling, and advertising. Within the recruitment process this researcher also directly approached colleagues working in the mental health field in Western Massachusetts, as well as reaching out to santeros and/or espiritistas, who met the study criteria, in the community as a way to obtain a broader representation of different perspectives. As potential participants expressed their interest in this research project an introductory letter was provided (see Appendix H). Upon expression of interest, the researcher conducted a brief initial informal conversation with potential subjects to ensure that they met eligibility requirements. The researcher reiterated the topic of exploration during this brief interview as a way to ensure that the participant had indeed been exposed to folk healing practices in the clinical encounter.

Sample

As mentioned above, inclusion criteria for this research study required that participants self-identify as social worker/clinician and/or psychologist; have provided services in the Latino community for at least one year; have obtained a masters degree or higher; and who have witnessed the need of their clients to utilize folk healing practices. Prior to recruiting potential participants, a Human Subject Review Board application (see Appendix A) was submitted to the Smith College School for Social Work Human

Subjects Review Committee, which included specific measures and consents that were used for this study. This information was first reviewed and approved by the researcher's thesis advisor and then the Smith's School for Social Work's Human Subject Review Board Committee (see Appendix I).

In this study, the twelve participants included two social workers, one marriage and family therapist, one MA in counseling, three PhDs in psychology, and five PsyDs in clinical psychology. The participants had practical experience within this area of interest, and all worked with a variety of Latino clients of various ages in Western Massachusetts. Six of the participants were women and six were male. Although limited, racial and ethnic diversity was possible to achieve within the agency setting where recruitment took place. All twelve of the participants worked in outpatient mental health clinics throughout their careers that mainly provided services to the Latino population.

Participants' self-identified race and ethnicity included: seven Puerto Rican/Latino/a (of these Puerto Rican participants one identified as Hispanic/Puerto Rican), one identified as Hispanic/Mestiza, which is a mixture of Indian and Spaniard; two White/Caucasian Jewish, one of which identified as Ashkenazi/Jewish American; one White/Spaniard, and one White/French Canadian. In addition, all participants acknowledged their religious doctrine which included: eight Catholics (of these, one participant also disclosed his religious belief to include Espiritismo), one Atheist (who disclosed believing in the teachings of Buddhism), one Episcopal (with a background in utilizing Espiritismo), and two Jewish religious backgrounds.

Participants' were also asked to disclose their knowledge base on folk healing beliefs and practices. All twelve of the participants revealed having different levels of

knowledge on folk healing beliefs and practices. Six of the participants described having knowledge of both Santeria and Espiritismo. One had some knowledge; another had an extensive knowledge base, which included the years of providing services to the Cuban/Latino community and also attending numerous cultural competency trainings, specifically to include Santeria. Two participants were exposed to the teachings and practices of Espiritismo since childhood and continue to utilize aspects of the teachings when deemed appropriate; one as a child was taught pieces of Curanderismo and continues to make use of when necessary. Lastly, one had general knowledge of folk healing practices, mainly Curanderismo, which included a range of family heritage/teachings and/or exposure while treating the Latino client that commonly utilized folk healing practices.

Eleven of the twelve participants have worked with Latino clients for as long as they have worked in the field. Most of the participants reported having language proficiency in Spanish and English (of these eleven one reported a proficiency in Gallego, which is a language spoken in Northeastern Spain, one reported a proficiency in Hebrew, and one in Italian) and one reported having proficiency in English and French.

Data Collection

Keeping with the requirements of the Smith College School for Social Work Human Subjects Review Committee's approval (see Appendix I) this researcher participated in informal conversations as a way to ensure that the requirements were met and that the participant had indeed been exposed to traditional folk healing beliefs and practices in the clinical encounter. As a means of convenience, interviews were took place in a mutually agreed upon place or in the researcher or participant's office (ten

interviews took place in the participant's office, one took place in the participant's home, and one in the researcher's office). The interview was based on a semi-structured, open-ended questions interview guide developed by this researcher (see Appendix F). The questions explored the opinions, experiences, and knowledge base on folk healing methods and whether or not it would be beneficial to incorporate folk healing practices as an addition to traditional psychotherapy modalities. All twelve participants interviewed were given an Informed Consent Agreement prior to being interviewed (see Appendix B). The Informed Consent Agreement form provided pertinent information on the Federal research guidelines and reviewed the topic of exploration for the study. It also notified participants of their rights, including the right not to answer particular questions and to withdraw from the study prior to January 31, 2008. Participants were given a copy of the consent form for their personal records. During the interview participants were asked to complete a demographic data sheet that pertained to their age, race and ethnicity, professional background, theoretical orientation, religious doctrine, years working with Latino clients and knowledge base on different folk healing practices and beliefs in the Latino culture (see Appendix G).

All interviews were conducted using a tape-recorder and ranged between 45-50 minutes. After each interview this researcher also took written notes as a way to reflect on non-verbal observations during the interview process. Assigned code numbers provided were utilized to distinguish the participants identifying information and for the purpose of labeling equipment such as minidisks and demographic questionnaires.

As the interviewing process began to take shape, the beginning stages of this process proved to be more challenging than expected by this researcher. As mentioned

above, all interviews were recorded using an audio tape recording device. Later the audio tapes were to be transcribed by a professional transcriber who signed a confidentiality pledge. Once the transcriber returned the transcriptions, this researcher reviewed them for accuracy as well as filled in the sections in which the transcriber had difficulty understanding terms utilized by the participants, since the transcriber was not familiar. Four interviews were recorded on the first audio tape. Upon completion of the first four interviews the audio tape was mailed to the transcriber. Throughout this process this researcher was constantly being reminded on the importance of backing-up all recorded material, but unbeknownst to this researcher mailing the audio tape with no insurance or proper packaging ultimately resulted in a crisis. The audio tape was destroyed in the process of being mailed to the transcriber and all material was unsalvageable. Losing this data was an unexpected dilemma that resulted in a set-back that ultimately delayed the progression of the investigation. After consulting this researcher's thesis advisor and then the Smith's School for Social Work Thesis Advisor, Jean LaTerz, it was determined that the participants should be informed of the events that followed after mailing the audio tapes and then attempt to reschedule another interview. To this researcher's surprise all four participants were extremely empathetic to the situation and immediately offered another day and time to conduct the interview a second time. This experience, although traumatic and painful, was an extremely important lesson this researcher learned. For the remainder of the interview process all material was backed-up and all tapes were properly packaged and stamped "FRAGILE" in an attempt to avoid this experience from happening again.

Potential Risks and Benefits

The primary risk of participation included experiencing distress or discomfort when reexamining aspects of the therapeutic relationship with Latino clients, specifically those who utilize folk healing beliefs and practices. As participants take part in this research project, it was possible that this was the first time they have formally reflected on their thoughts and opinions on this topic, and a range of feelings or thoughts may have emerged as a result.

Potential benefits included having a space to discuss their struggles and insights in managing their own reactions as well as advancing the fields of Social Work and Psychology. This study had the possibility to improve the care and quality provided to the Latino population and support cultural needs of incorporating folk healing practices as part of their mental health needs.

Precautions to Safeguard Identifiable Information

The identities of all participants, agencies affiliations, and clients discussed were kept confidential by this researcher. Identifying numbers to each participant at the time of the interview were assigned as a way to keep track of the information provided and all Informed Consent forms were kept separate from completed instruments or tapes obtained during this process. No names appeared on any interview notes or other interview materials. A new name was randomly selected by the researcher and was assigned to each interview for the purpose of discussion.

Data was stored in a secure place. The data gathered during these interviews will be kept locked for three years and later destroyed according to Federal guidelines. After

three years the data will either be destroyed or continued to be kept secure as long as needed for further investigation. When data is no longer needed, it will be destroyed.

Data Analysis

All interviews were tape-recorded during the interview process through the use of audio recording equipment. After the interviews, all material was transcribed by a professional transcriber who previously signed a confidentiality pledge. When the transcription of the data was completed, this researcher consulted with colleagues and thesis advisor regarding the process of coding and analyzing the data. The material was analyzed for emergent themes. Content and thematic analyses were used to describe the data according to the common themes that emerged within preliminary observations in order to generate ideas and theories based on those patterns. This researcher first used content analysis to record the overlapping words and concepts mentioned by the participants. Then the analysis was expanded into grouping the specific themes that emerged, which ultimately created the thematic analysis. The utilization of the “grounded theory method” provided a framework to interpret the material in order to form the necessary theory. It is noted by Anastas (1999) that “the goal of the method is to ensure that theory is adequately grounded in ‘reality’ or empirical data, particularly in the complex, contextual data that are generated by flexible method research” as such in this study (p. 423). This theory has also been termed the “constant comparison” especially when it applies to analyzing data, (Anastas, 1999) therefore the categories that materialized guided the interpretations of this study, which resulted in the formulation of the theory.

Research Study Strengths and Limitations

The strengths of this study include this researcher's access to clinicians who conduct individual therapy with Latino clients who utilize folk healing beliefs and practices. Data was collected in person, in an interactive way, which allowed for participants and researcher to ask for clarification during the process.

Limitations of the study include the convenience used in recruitment of participants. Those individuals who showed interest in participating in the study may have experiences that differ from those individuals who showed no interest or refused to participate, which may indicate a bias in the study. Finally, since the majority of the clinicians who participated in this study were recruited from a relatively small agency in Western Massachusetts, it was important to mention that if a fellow staff member were to read my thesis upon completion, it would be somewhat easy to figure out who was quoted. Although all attempts for confidentiality have been applied, for these individuals this will need to be recognized as a limited arena.

The findings from the interviews with the participants will be described in the following chapter.

CHAPTER IV

FINDINGS

The purpose of this study is to explore the opinions, knowledge, and experiences of the clinician treating Latino clients who utilize folk healing practices. This study utilizes a qualitative research design as a way to investigate how the concurrent utilization of alternative healing practices and traditional psychotherapeutic methods may effect the therapeutic process, specifically when treating Latino clients.

The following section describes the findings from the twelve interviews that were conducted with clinicians who have provided services in the Latino community for at least one year, and have witnessed the need of their clients to utilize folkloric healing traditions in addition to traditional psychotherapeutic treatment. For the purpose of discussion, new names were randomly selected by the researcher to ensure confidentiality. In this chapter, the findings will present multifaceted categories and factors that impact the therapeutic relationship when alternative belief systems are introduced.

In order to provide a framework, the findings in this chapter will be organized as follows: The first section will provide a brief explanation on the clinical make-up of the participant's caseload. The next section will introduce the theoretical frameworks typically utilized by the participants in treatment, also included in this section will be the related rewards and challenges. The third section will address the opinions of the participants on the benefits of alternative healing systems, specifically folk healing (e.g.,

Santeria, Espiritismo, etc.). The fourth section will discuss the experiences of the participants when witnessing their clients utilize folk healing methods; examples of those experiences; and modalities introduced as an adjunct during this process will be included. Subsequently, the different ways participants were able to integrate folk healing beliefs and practices into the therapeutic encounter will be presented. The next section will speak to the importance or usefulness of having knowledge on folk healing beliefs and practices as well as the personal beliefs of the participants on folk healing beliefs and practices. The last section will also include a discussion of particular client population or diagnosis/presenting issues where incorporating folk healing practices would be most beneficial.

Caseload Description

In the beginning of the interview participants were asked to provide some basic information on the clinical make-up of their current case load and the reasons why their clients were seeking treatment. All of the participants reported the vast majority of their caseload included Latino clients. Also, the majority of their clients were described as monolingual Spanish speaking, although a few participants also reported having some bilingual (*English/Spanish*) clients. Additionally, all participants also provided a variety of reasons their clients were seeking treatment that mainly included: trauma related issues, mood disorders, and psychotic disorders. A few of the participants also included working with individuals who seek treatment for general medical conditions, immigration related issues, poverty, and domestic violence matters.

Theoretical Frameworks

In this section participants were asked to provide information on how they typically work with their clients in treatment and what are the related rewards and challenges they have encountered. It is important to mention that participants provided a variety of frameworks utilized in treatment and for the purpose of categorization, the data is arranged by the preferred frameworks, as reported by the participants, to include: Cognitive Behavioral Therapy; Relational and Family Systems; and Wellness Approach. In addition, although this question was asked together, all of the participants separated the two topics in their responses. Therefore, these responses will be separated into two different sections to assist in categorizing.

Preferred Frameworks

Cognitive Behavioral Therapy

Six (50%) out of the twelve participants reported their work typically involves the use of Cognitive Behavioral Therapy (CBT), largely due to working with the Latino population. In this section, the participants discussed how they felt that the use of CBT is effective in “reducing depression and anxiety” as well as “decreasing psychotic and/or panic symptoms” among their Latino clients. The participants also reported their belief that many of their Latino clients only respond to “direct” forms of treatment because “this is the only way they learn.” An example illustrated by Jennifer explains:

I have to say that I mostly work with CBT...this population really needs to be given instructions on how to deal with their symptoms...we have a lot of clients that don't understand, or maybe don't want to understand, so we have to be able to break things down – down to their level.

In fact, three (50%) out of these six participants also reported how their choice to utilize CBT in treatment with their Latino clients was influenced by the client's "low educational level." All three of these participants felt that this was "the only possible way to conduct interventions because it seems to be the only way they [Latinos] understand" as well as "they have a difficult time with change, they want you to do all the work." Overall, this percentage of participants felt that the utilization of CBT was the most useful framework and that their Latino clients could not benefit from other forms of treatment due to the limited ability to understand alternative psychotherapeutic orientations.

Relational and Family Systems

Another theoretical framework utilized by the participants was identified as the relational and family systems mode. Five (42%) out of the twelve participants referred to their choice as a "way to connect [the client's] inner world [to] their concrete needs in the world around them" in addition to "creating an environment that encourages confidence, trust, and intimacy." Gabriel stated:

I work within the relationship, mostly thinking about the larger sort of systems at work. Always using the relationship as my mode for change – intervening and I do that in the service of helping people to find their way of relating to experiences other ways that help them to feel less burden and give them more options for feeling better, for achieving whatever personal goals they might have – enjoying life.

These participants strongly felt that working within the relationship allows them to guide their clients to “see the possibilities for themselves” and “understand [which] past experiences are interfering with their understanding of what is happening to them in the present.” One participant, Jesus, reported that creating a powerful relationship “allows space to witness a person’s pain, challenges, and past experiences” that have formed the make-up of this person and that in itself is a “privilege.” All of these participants agreed that their goal in treatment with their clients is facilitate “hope for the future” and recognized that without a “relationship” their work would be incomplete.

Wellness Approach

One participant, Harold, offered a twist to the type of framework he drew upon in treatment. He illustrates the following:

I very often utilize the wellness approach. I use the wellness wheel and teach my clients the importance of physical health. This helps encourage the person to do exercise, to have healthy nutrition habits, and within that I also work with interpersonal relationships. I work with each dimension, including spirituality, to try to encourage the client in their development and to become stronger.

Interestingly enough Harold also explains his reasons why he chooses this framework as “before becoming a psychologist I was a chef...my passion for psychology and cooking is equal therefore I draw upon them both to help my clients.” For this participant the use of his knowledge in the arena of nutrition allows him to translate mainstream psychotherapy into the cultural piece that is necessary to create a meaningful encounter.

Rewards and Challenges

As mentioned above, participants were also asked to identify some of the rewards and challenges they have witnessed in treatment with their clients. Within this section a subsection has been added that will address: economic challenges and systemic issues, since these were viewed by the participants as the most common and difficult challenges they encounter.

When asked this question, the majority of the participants easily identified the challenges and replied with more feelings as opposed to identifying the rewards as “limited” and when probed, provided a more politically correct response. Six (50%) out of the twelve participants provided their perceptions of challenges to include: the client to be “too attached to their irrational thoughts,” “having no incentive to change,” and as “not able to approach therapy appropriately.” In addition, all of these participants also perceived the dependence of medication as problematic, such as Eva when she reported:

People rely too much on medication and that is one of the main problems that we have with this population [Latino] – they think that they are going to solve their problems with medication and they don’t understand that behind those symptoms are a lot of problems that they have to deal with.

In contrast to the views shared by the majority of the participants, four (33%) out of the twelve participants responded positively when referring to both the rewards and challenges they have witnessed with their clients. It is important to mention that these participants clearly and eagerly responded with strong feelings and thoughts. Some of the responses included: “anytime you save someone’s life and being able to share

poignant and deep things with people – that’s a great reward” and “when my clients discover in the process that they are much more than what they originally thought they were – that is the best.” These participants also addressed the challenges they have witnessed as: “having to bear witness to such pain and suffering and realizing ones capacity to inflict pain and suffering upon clients” and “figuring out how to keep a balance between work and one’s home life.” Overall all of these four participants agreed that their own experience with managing their frustrations was extremely difficult and responded in a similar matter, such as: “change comes very slow and in small amounts and that can be frustrating and difficult to witness.”

Economic Challenges & Systemic Issues

An interesting topic that emerged as participants provided their responses to this question included economic challenges and systemic issues. As these issues were discussed the participants explained their perceptions of the current transition towards evidence based practices as the required form of treatment as a system that induces “desperate actions.” An example of these issues has been provided by Jennifer: “the majority of the people depend on a fixed income from the government and for them to become better means they will lose their income.” In addition, systemic issues that were addressed include the individual’s ability to obtain necessary health care coverage. One participant, Alex, expressed his frustration:

I have to say that one of the major challenges is when people come to therapy pretending to be mentally ill when in actuality there is nothing wrong with them. It really irritates me when they are coming in only for secondary gains.

Participants also pointed out the different ways these issues are played out in treatment as “either the symptoms become exaggerated or after they start showing any kind of progress they come up with another problem” which ultimately keeps them “above water” and surviving.

Benefits of Utilizing Alternative Healing Practices

Participants were asked to provide their opinion of the benefits of alternative healing systems, specifically folk healing (e.g., Santeria, Espiritismo, etc) utilized by their Latino clients. The majority of the information provided by the respondents reflected a positive opinion. It is important to mention that at times some of the participants were hesitant to state their opinions and responded in a negative manner. Within some of the statements it was apparent that the participants felt the need to separate themselves from the beliefs and practices of their clients, but then described the positive aspects of utilizing alternative healing practices as an additional resource.

The responses were as follows: Seven (58%) of the participants had a positive reaction to this question and utilized the word “encouragement,” as this symbolized an additional resource for their clients. Four (33%) of the participants responded to this question along the lines of: “it should be taken into consideration and respected.” In addition, all four of these responses reflected aspects of ambiguity, as they discussed their responses. One (8%) participant stated “utilization of folk healing is a fanatic interest for people who are not ready to deal with their problems.” Due to the differentiating responses provided by the participants, the examples illustrated in the following summary will be categorized into two different components, to include: folk healing as an “additional resource” and the clinicians reflections on the need to “acknowledge and

respect” the clients belief system. A final “other” category was added as one response did not fit into the above mentioned categories.

Folk Healing as an Additional Resource

When asked this question the majority of the participants regarded the use of folk healing beliefs and practices as a “wonderful resource” and “extremely important” as this “builds confidence” where it is so desperately needed. When answering this question, David shared his opinion as, “its self examination and reliance on the inner self.”

Another response that also relates to the benefits of folk healing was shared by Eva, “the belief in a bigger force or energy helps increase the hope.” For these participants who shared similar feelings to the utilization of folk healing practices they also felt that “the more resources somebody has to feel well, to feel secure with who they are in this life – the better.”

Acknowledgment & Respect

Another way the participants in this study responded to the benefits of alternative healing practices included: “this needs to be taken into consideration” and “respected.” Many believed that “clinicians should acknowledge and become aware of the different ways we could help our clients improve.” These participants also regarded the use of folk healing as a “coping mechanism” that allows their clients continuity of their cultural resilience. One participant, Milagros stated “this must be taken into consideration and always respected...because this is part of the culture.” Interestingly, the responses provided by these participants also reflected their attempts to separate the client’s belief system from the therapeutic process. An example that reflects the participant’s beliefs in how she felt folk healing should be utilized was provided by Jennifer when she

responded: “I do see the value [of my clients believing and using folk healing methods]...I encourage and validate them but when the therapy and folk healing beliefs become entangled I intervene because then they become confused.” Participants shared their thoughts and reflected, “for many clients, when they come to therapy it’s because their beliefs are no longer working for them...so giving them a better explanation works, but in the beginning of the process, their beliefs have to be respected” as a way to include space for “all parts of the client.” Participants believed that for many of their clients “incorporating what they learn in therapy into their spiritual lives” is beneficial and allows clients the opportunity to overcome many challenges.

Other

On the other hand, another participant, Sarah offered her thoughts on the utilization of folk healing practices as “some kind of displacement,” yet also included the need to acknowledge the clients beliefs when they are introduced, and stated the following:

It’s some kind of psychological difference in terms of the way the client is using this...as a way to express conflict or things they are not aware of...people use this so they can put the blame of all their problems in that area...but also it’s important to remember that the therapy is about the client and we must acknowledge the client’s beliefs.

Finally, to end this section, one participant, Jesus, made a heartfelt comment on his opinion on the benefits of alternative healing systems and how he has witnessed his clients utilizing these systems that was worth noting.

I have felt that the times when my clients have turned to Santeria for answers about what has happened – it has been very helpful. It has been helpful because it has given some meaning, some story; it has been helpful in defining their challenges in their lives. They are being offered a system of things they can use to make their lives better while also encouraging the person to do something about their situation – they have the strength.

Experience with Clients Utilizing Folk Healing

This next question had two parts. The first part asked the participants whether they have experienced their clients utilizing alternative healing systems, specifically folk healing. If so, participants were also asked to share some examples of those experiences. The second part asked the participants if there was anything they added as an adjunct during this process. All twelve participants disclosed having experienced their clients utilizing folk healing beliefs and practices as part of their healing regimen. When participants responded to the second part of this question there was a vast array of responses. These responses ranged from; introducing alternative hypothesis, psychopharmacological, “empowerment”, reality testing, teaching “distress tolerance skills” to “EMDR (Eye Movement Desensitization and Reprocessing), specifically when treating traumatized individuals.” Due to the differentiating examples provided by the participants, a few examples will be illustrated in the following summary.

As the participants disclosed their experiences with their clients utilizing different forms of folk healing practices, they all shared similar feeling and thoughts. Over half of the participants stated “when clients provide us with a history of their experiences it

allows for a better understanding to how clients utilize them [folk healing practices]” as supportive avenues. Others believed that these experiences “overall have been very positive and helpful” in the treatment and have been useful in many ways including “giving meaning, a story to life’s challenges” while “helping to make life better.”

The introduction of an alternative hypothesis was exemplified by Milagros, as she shares an instance where she felt it was necessary with a particular client.

I have this one client who has diabetes and he shows many somatic symptoms...during the session he tells me “yeah there must be an ex-partner I left back in Puerto-Rico; she’s doing something to me.” What is really happening is the signs and symptoms from his disease are exacerbated by his feelings and trust in Santeria and *brujeria* (witchcraft)...and because of his beliefs it is really important that I acknowledge because I cannot pretend that this isn’t real – it’s real for him.

She then explains the process of the treatment as “first I use very simple examples like ‘what about this’...I put him in a situation to help him think differently, like – there is this person who has this condition – do you think this is just like you?”

The most commonly reported opinion among the participants included the utilization of “empowerment” as an adjunct to treatment. All of the participants regarded the experiences shared by their clients as expressions of social strains and “psychological distress” which are difficult to articulate. Isaiah shares his experience of a client, who recently migrated to the United States from Puerto Rico,

My client was very depressed...she had no family and was able to find the support she needed in her belief in Espiritismo...she was able to communicate with the spirits of her parents who passed away many years ago...they provided her with words of comfort and support.

Throughout this experience, he was able to utilize the client's belief as a "therapeutic tool" and reports "inspiring the client to write down the messages her parents were providing her so that she would continue to feel supported through this difficult process."

Ability to Integrate Traditional Psychotherapy

When asked how they were able or not able to integrate traditional psychotherapeutic methods when treating the Latino client who incorporated their folk healing practices and beliefs into the therapeutic encounter, the responses seemed to fall into three different categories. The first category reflected on the importance of "making it part of the relationship" and using it as an "additional resource." The second spoke to the clinician's responsibility to "respect" and "acknowledge" the clients beliefs. Lastly, the third category will reflect on an unexpected finding that includes the impacts of racism.

Overall, the majority of the participants acknowledged their ability to integrate folk healing beliefs into treatment, while some were more reserved in their responses to this question. However, some of the responses stood out from others in that some participants replied with more of their feelings as opposed to relying on answering the question in terms of its political or social context.

Of those individuals who responded to this question, six (50%) believed that their ability to integrate their clients beliefs into the therapeutic encounter enhanced the relationship, while four (33%) felt that integration was possible but with limitations, and two (16%) clearly stated their ability to integrate the two modalities, although both of these final responses vastly differed from any other participants.

Enhancing the Relationship

When asked this question half of the participants believed that their ability to integrate folk healing beliefs and practices into treatment has enhanced the therapeutic relationship, making the process that much more powerful. Such as Gabriel when he states:

I integrate it by making it a part of our relationship and bringing it in and being serious about it or being excited by it at times or helping the person to think critically about it...I demonstrate my interest in it...my helping them to use this resource in the service of getting a sense of who they are – who their spiritual self is through questions, through exploring their use of it with relationships with others who are a part of their spirituality.

All of these participants also share the belief that “reframing it [clients’ beliefs] in terms of Eurocentric theoretical perspectives” would not be helpful in these instances, since these perspectives “rarely adapt” to the Latino relational orientation. In addition, using American ethnocentric perspectives are “dismissive to the existence and relevance of the spiritual belief systems.” Jesus speaks to the importance of developing a powerful relationship and states “it’s not enough that they are experiencing something – someone

has to know because if the story is not told then no one will know their reality and they will disappear.” The use of the relationship provides “the necessary space” to include “all parts of the client to enter into the process.” In addition, the relationship between treatment and the social structure of the client’s belief system is also introduced. As the clinician begins to “draw from both worlds” what becomes evident in the process are the “social challenges, fears and wishes, and hopes and frustrations” as experienced in a persons life.

Managing Tensions Between Different Elements

As mentioned above, four (33%) out of the twelve participants believed that the integration of folkloric healing systems and mainstream psychotherapy was possible, while also establishing the limitations of this process. Within the responses provided by these participants, their ability to manage the tension between the integration of these two elements was also demonstrated. This was exemplified by Rosa, when she shared,

I understand that I have to be very open, especially if I want to respect the client’s beliefs, but I also try as much as possible to integrate my approaches, my strategies, because my role is to increase their ability to cope with daily life stressors.

All of these participants believed that the “best” way to integrate folk healing beliefs into the treatment process revolved around the clinician’s ability to “accept these beliefs as part of the client” and showing “respect for the power of these beliefs.” Also, including “validation” and the ability “to meet the client where they are” are included in this category. Equally as important was the participants need to “be very attentive and

careful...continue to reinforce boundaries and focus on the traditional aspects of therapy...if not you could be dragged into the clients beliefs.” Others believed that the ability to integrate “comes with practice” because in the beginning of this process it is extremely difficult to “remove your personal and professional point of view.” For these participants who shared these views, it is also important to mention that the factors of “believing or not believing” overlooked the clients need for integration.

Racism/Internalized Racism

An unexpected and powerful finding, in this discussion was raised by Alex, who stated “there is an ability to integrate these two elements but I never put it in writing.” Contrary to the rest of the participants, Alex provided his experience with racism in the workplace.

Many years ago when I first started my career, I presented a case in which my client reported seeing shadows...she was very depressed...the diagnosis I chose was Major Depressive Disorder without Psychotic features. The psychiatrist then stated ‘she is psychotic – you just said that she was seeing shadows’...so I responded; as a Latino we see shadows, that doesn’t always mean psychosis is present – and then the psychiatrist was very disrespectful and said ‘okay then if you see shadows let me know and I’ll prescribe some antipsychotic medication for you too’ – that was 19 years ago and that experience taught me to be very careful what I discuss in the presence of people who don’t understand the culture.

Usefulness of Knowledge of Folk Healing Beliefs and Practices

The question regarding the usefulness of being knowledgeable on alternative healing systems was raised during this process. In addition, all participants were also asked to share their personal beliefs on the topic of folk healing practices and beliefs. To assist in the ability to categorize the responses, these categories will be separated into two different sections.

Is Knowledge Useful?

First, participants were asked their opinions on the usefulness of having knowledge on alternative healing systems utilized by the Latino population. As participants provided their responses to this question it was apparent all of them believed it was useful to be knowledgeable but for different reasons. Nine (75%) of the twelve participants clearly stated that they believe it is useful to be knowledgeable on folk healing beliefs and practices, especially when treating the Latino client who utilizes these systems. While three (25%) of the twelve participants, although believed it is useful also revealed “it not really necessary” since the possibility of “knowing” could be a “dangerous” factor to consider.

Of those participants that clearly stated their opinions as a definite usefulness in having knowledge, felt it was imperative that the clinician acquire sufficient understanding of these folkloric healing systems, especially if the need to assess their impact on their clients view of emotional stresses and/or mental illness. Eva provides a statement that speaks to this factor.

If you don't know about this you shouldn't be working with this population. We have people from Puerto Rico, Cuba, and the Dominican Republic that believe in

Espiritismo and Santeria...we have a of people in our clinic that believe and practice these systems an if you are not able to understand then you won't be able to establish an appropriate therapeutic relationship...you won't be able to understand the symptoms and you won't be able to help the client.

The next group of participants also shared their thoughts on the “dangers” of having knowledge that qualifies as relevant information and worth mentioning in detail. This view was perfectly articulated by Jesus as he shared his thoughts.

To a certain extent I believe it is useful but I don't believe it is necessary. Knowing too much can be dangerous because you might very quickly assume that you know and actually miss something that is specific to the person...but yes I think it can be beneficial – I don't think it's really that important – what is important is the attitude you have toward the issue – towards the piece in your client's life you know nothing about – it becomes dangerous when we assume.

Do You Believe?

The second part of this question asked the participants to share their personal beliefs on the topic of folk healing practices and beliefs. Four (33%) of the participants acknowledged their beliefs in folk healing beliefs, while an additional four (33%) participants reported they “did not believe but this was because they were not raised to believe,” but believe this is “real” for their clients, and four (33%) clearly stated they did not believe in these systems.

The responses of those participants who acknowledged their beliefs in folk healing were excited about sharing their thoughts on this topic. For these participants,

experiences in their childhood molded the way they explore the similarities and difference in alternative forms of healing. For many of these individuals growing up in families that “blended religion, spirituality, and folkloric systems” has provided them with a deeper understanding that allows “the client’s cultural strengths” to become part of the entire process. Several of these participants shared their personal stories, such as with David when he responded:

I believe in folk healing. I was born and brought up learning rituals. Believing in the power of folk healing is one of my strongest beliefs. These rituals really helped me in my life...I experienced a very severe loss – my best friend was murdered in 1999, and it was a very difficult time in my life. During that time I utilized different things like candles with his name, his picture, and staying close to family that involved the memory of my friend...this helped me get through all that...my belief was my guiding light. I’ve realized that there is a peace and a feeling of warmth that comes out of that part of my life – its part of life, death, even after death.

For some of the participants acknowledging the differences in beliefs systems between themselves and their clients was done in a very respectful manner, while focusing on the strengths these spiritualities provided. Participants shared their thoughts and opinions on how the quality of understanding between clinicians efforts to conceptualize and clients beliefs and practices work in a similar manner “belief in the process has to be held in a secure place, especially if the goal for treatment is hope for the future” and “it becomes the clinicians purpose when the client is having a hard time

believing so, certainly understanding that they [folk healing beliefs] are very real for anybody who practices them” is exactly what is needed.

Contrary to the first set of respondents, four (33%) out of the twelve participants responded they did not believe in these systems, and characterized these beliefs as a different way to displace “negative behaviors.” This was demonstrated by Sarah who disclosed the following:

Although I was raised Roman Catholic currently I don't practice...I do however try to follow my clients stories and try to make some kind of mapping about their beliefs...especially how the client is using these beliefs to protect themselves from their true feelings...an example could be a person who is having inappropriate sexual impulses and they try to blame their actions or thoughts on their belief in *brujeria* (witchcraft)...I believe it's more of a displacement than anything else.

Benefits of Incorporating Folk Healing Beliefs and Practices

Participants were asked their opinion on the benefits of incorporating folk healing practices as an addition to traditional psychotherapeutic modalities. If participants believed it to be beneficial they were then asked if there would be a particular client population or diagnosis/presenting issue that the integration would suit. The latter part of this question has been separated into a sub-section to assist in categorizing the responses. The majority of the participants reported the incorporation as being an “absolute” necessity, especially when the client introduces this part of themselves into the therapeutic encounter. Some of the positive responses ranged from having an

understanding of the culture; the struggles and successes; “the incorporation of important pieces;” and developing the therapeutic relationship. In addition, of the participants that illustrated positive responses, three (30%) also recognized the possible negative results the incorporation of concurrent healing practices could have in treatment, in terms of misunderstanding or possibly imposing limitations in the incorporation of spiritual beliefs. Finally, two (16%) of the twelve participants described their thoughts on the possible dangers in utilizing folkloric beliefs and practice and mainstream psychotherapy simultaneously.

Ten (83%) of the twelve participants recognized the benefits of incorporating folk healing practices as “incorporating an important piece of the client’s life” as a way of developing a strong therapeutic relationship; relating to their clients; and understanding the culture. Milagros was able to share a particular experience when she provided the following example:

I was treating a client who was from Puerto Rico and during her treatment her mother passed away. My client felt extremely guilty because there was no closure in their relationship. Previously she had disclosed that she practiced Santeria...so I saw the opportunity to help her through her grieving process and incorporated her beliefs... in the session we lit a candle and we used that during our whole session...and it really worked for her...this really relaxed her.

Another major similarity in the responses provided by these participants included significant aspects of their Latino clients’ spiritual world views, such as “hearing voices” and how these voices may consciously or unconsciously influence the expectations of the

therapeutic encounter. Participants viewed this aspect as “a connection with stressful life events” that speaks to the challenges of “poverty and immigration” and become too difficult to articulate and therefore “getting back to the basics of grief and loss”, while incorporating the clients “cultural practices” provides a congruent form of healing.

In addition, as mentioned above three (30%) of the participants who responded positively to the incorporation of folk healing practices also spoke to the possible negative results, such as imposing limitations. This was exemplified by Sarah, who stated:

If you don't include the client's belief then the client is going to think that you are against them – the client begins to think that they are less than you – especially working with this population [Latino]...you have to go below or work with the client's level of thinking.

In a similar manner other participants viewed the incorporation of folk healing beliefs and practices as beneficial, while also stating “for those participants yes, it's a benefit...that doesn't mean I'm going to go and devote the entire session on that subject.” Several of these participants also reflected on the importance of “immersing yourself in their belief system to understand what their daily lives are like” while always thinking about “how these beliefs impact the pathology” and listening for themes “to help them move on.”

In contrast to the positive responses, two (16%) of the twelve participants clearly disagreed with the incorporation of folk healing practices into the traditional

psychotherapeutic modalities, and described their thoughts on the possible dangers. Such was the case with Harold when he responded:

That could be a very controversial question because for many psychotherapy is a science and if something is going to be a science then things must have the ability to be measured and they also have to be part of a theory – then you have faith healing practices that people may believe in and these, of course, can not be measured – I definitely believe these two things should be separate. I am a psychologist...in my profession there has to be scientific proof and in the use of folk healing there isn't any scientific proof – it is because of this that I believe both of these things should not be integrated. The belief of these systems is very complex...I would prefer for the psychologist to stay in a different branch and the folk healing in another – not together.

Lastly, there was a strong response among the individuals that felt that bringing folk healing beliefs and practices into the therapeutic process was “irrational” and they did not understand “how that would benefit the client.” One particular participant, Bella shared her thoughts and stated “I believe that the power of folk healing is not knowing, not having an explanation...that's where the power comes from...nothing is going to change [their] mind...if the person believes that this thing has more power than they do then that's not helpful.”

Likely to Benefit from Integration

The second part of this question addressed those participants who responded positively to the benefits of concurrent healing methods. The participants were asked if

they believed there was a particular client population or diagnosis/presenting issue that the integration of folk healing practices may be suited for integration.

Most of the responses to this question centered on the presentation of Post Traumatic Disorder, Adjustment Disorder, Borderline Personality Disorder and other psychotic or mood disorders, rather than solely based on the client being Latino. This was demonstrated by Jennifer when she responded:

I would be very careful with psychosis. Individuals who believe or have been exposed to some of these teachings have also been victims of trauma. For these individuals when the topic of folkloric meanings enters the room I purposely move them away from that because I could only be feeding the trauma, which also feeds the psychosis.

Another issue that light was shed upon included the possibility of misdiagnosis, when the elements of folkloric healing beliefs and practices were included in the therapeutic process. In addition, the issue of managed care is also introduced as another element that influences the choices of diagnosis as the “only possible way” clients are able to receive necessary treatment. An example was shared by Eva as she illustrates:

I really believe that many people have been misdiagnosed with Schizophrenia just because of their spiritual beliefs. Within my professional career I can remember being forced to diagnose a client as Schizoaffective – obviously I gave him that diagnosis because of managed care...that diagnosis allows him to continue to receive mental health services and the necessary medication that helps him function in his daily life.

Once again, there are a few participants that also offered a slight variation in their responses that were worth mentioning, such as with Gabriel when he responded:

I think it's really on a person-by-person basis. I think part of treatment is helping people to have a less limited perspective of the world and to see that there are perhaps more options and choices than they thought – so part of treatment might be helping to expand some of these possibilities in terms of the help they need.

Final Comments

Through this process there was a variety of attitudes on the topic of folk healing beliefs and practices. The findings in this chapter suggest that there are a multitude of components in the utilization of folkloric methods of healing, especially when these elements are introduced into the therapeutic process. The categories in this chapter reflected the complexities in differentiating themes and the participants responses tended to indicate a severe degree of cultural and racial biases. Of those participants that fell into this end of the spectrum, which reflects about one third of the responses, expressions of the following sentiments were provided, including; believing that the use of theoretical frameworks are limited when treating the Latino client due to lower levels of education; focusing on the negative challenges in treatment and stating “rewards are limited;” believing that Latino clients are not serious about treatment or have no incentive to change; and precluding clients from introducing their spiritual elements or categorizing clients as psychotic.

It is equally important to mention that the narratives provided by the majority of the participants revealed the individual understands that many Latinos find comfort and

continuity in past traditions, especially during times of distress and therefore, the use of more familiar forms of healing are considered beneficial. Most of the participants engaged in the interview process with eagerness and expressed a willingness to share their experiences. Throughout the interview process most of these participants acknowledged that they have experienced many moments of frustration and were able to recognize their biases.

The remaining participants indicated a strong desire to develop a powerful therapeutic relationship and spoke to their dedication to enhance more meaningful forms of healing. For example, they put forth the ideas that working closely with the relationship while thinking about larger systems, in the service of helping people find their way is a continuous process. Furthermore, participants also believed that working towards confidence, trust, and intimacy, while recognizing one's limits and developing an awareness of one's biases towards oneself and others are key elements in this process. While it is understood that these statements are not necessarily definitive signifiers of developing a therapeutic alliance, they do offer the ideas or aspects of beliefs that help clients discover their own best use of cultural practices.

Upon examining responses in conjunction with this researchers observation notes, certain trends became apparent. Although the research was not designed to focus on these characteristics and there is not enough sufficient information to qualify, it appeared that cultural and racial background seemed to inform the responses provided by the participants. For instance, participants that identified as Latino, which was three-quarters of the sample, appeared to be more likely to have been exposed to teachings or aspects of folkloric traditions in greater depths, and also exhibited traits of internalized racism.

These participants constantly attempted to separate themselves from their clients and made statements such as: “that’s their belief.” Throughout these interviews this researcher witnessed these participants recall personal experiences that contradict the responses provided, which included participating in certain rituals and/or experiencing unexplainable spiritual encounters, while in the presence of their clients. The implications of these findings will be discussed in detail in the following chapter.

CHAPTER V

DISCUSSION

Introduction

The purpose of this research project was to explore how the integration of folkloric healing systems, a common method of mental health treatment utilized by the Latino population, into mainstream psychotherapeutic modalities, and how the therapeutic process is effected. This project investigated how the clinician, treating the Latino client that utilizes folk healing beliefs and practices, interprets these practices; what kind of experiences the clinician has had with folk healing beliefs and practices; and the opinions of the clinician on alternative healing practices entering the realm of psychotherapeutic treatment. In addition, this paper will address questions such as: Is the wisdom and effectiveness of folkloric healing practices being considered as pertinent to inform clinical practice wisdom? If not, what is holding back this process? What elements of mainstream psychotherapy are in need of implementing multicultural awareness and culture-specific strategies? It is the hope of this researcher, that by posing these questions we can begin to look closely at the importance of translating mainstream psychotherapy into a Latino cultural language.

After conducting interviews with twelve experienced clinicians within this area of interest, an examination of the findings produced a multitude of themes around the relationship between therapy, culture and race, as well as the integration of religion and

spirituality, and the degree to which many Latinos adhere to systems of folkloric healing systems to find meaning in their lives.

The chapter draws information from previous chapters, comparing the opinions, knowledge, and experience of these twelve participants to spiritual and cultural proficiency standards as outlined in the existing literature. The findings have been grouped under the categories of: application of mainstream psychotherapy to Latinos; psychotherapeutic challenges, and maintaining duality in treatment. This chapter also provides a discussion on the strengths and limitations of this particular study and closes with implications for clinical practice; and opportunities for future research.

The majority of the respondents that participated in this study displayed difficulty with introducing a more culturally sensitive and culturally inclusive treatment modality, especially when the elements of folk healing beliefs and practices were introduced into the therapeutic realm. However, it is worth noting that some participants were grateful for the opportunity to have the space to discuss their struggles and insights in managing their own reactions and that the interview had sparked new ideas and thoughts about their work. Months later, following the interviewing process, one participant approached the researcher and stated that since the interview she has begun to seek out reading materials and openly discuss the realms of these folkloric healing systems in her work.

Summary of Findings

The personal narratives shared by the participants in this study represented an array of differentiating views. Condensing the material was not an easy task and therefore in order to present a simplified overview of the responses, corresponding views have been clustered together and later broken down into more detail. Throughout this

process it was evident that about half of the participants displayed a significant degree of cultural and racial biases, with regards to the introduction of folkloric healing systems in conjunction with mainstream psychotherapy treatment. About forty-two percent of the participants clearly demonstrated a more sufficient degree of comprehension of the deep connection their Latino clients have to their cultural roots, and how these connections strengthen their resources. These participants openly and eagerly engaged in the interview process and often acknowledged their perceptions of folkloric healing systems while also taking the opportunity to reflect upon their biases during the interview. In addition, while not demonstrating the same severity of biases, a minority of participants, one sixth, exhibited sufficient ability to implement a more culturally focused form of treatment, while simultaneously imposing limitations on their clients.

The findings also suggest that among those who are currently providing treatment to the Latino population, the dilemma of introducing cultural, racial, and spiritual diversity into therapy, although a necessary task, continues to be extremely difficult, and are not being prioritized by professionals in the field. Instead, the majority of the clinicians reverted to providing Eurocentric-based services that are insensitive to their client's cultural and spiritual experiences. This study also reveals the attitudes towards indigenous mental health support systems, utilized by the Latino community, that indicate a lack of motivation to acquire sufficient understanding and continued learning by clinicians; a tendency to dismiss the existence of spiritual belief systems in the therapeutic encounter; and an absence of quality trainings available within the field of psychotherapy.

Application of Mainstream Psychotherapy to Latinos

Theoretical Frameworks

As this study began to take shape, one of the most significant findings was the lack of discretion of the participants when asked about their views and understandings of which psychotherapeutic orientations they felt best suited their Latino clients. The majority of the participants believed that the use of Cognitive Behavioral Therapy (CBT) was the preferred framework, largely due to working with the Latino population. Also, these participants did not hesitate to include their preconceptions on this generalization. For instance, participants freely suggested that Latino clients are limited in their ability to understand other psychotherapeutic frameworks; that using direct forms of treatment have been validated as effective for the Latino population; and low education levels interfere with the clinician's ability to attempt other forms of treatment. This can be seen in the statement made by the therapist who felt that Latino clients could not benefit from psycho-analysis or insight oriented therapy because they [Latinos] do not want to understand; therefore things must be broken down to their level. These opinions contradict the literature which argues that it is important not to undermine the capacity of the client to think and be understood intra-psychically (Hamilton-Mason, 2004).

The participants that shared this view also seemed to have difficulty finding other theoretical frameworks that could be utilized in treatment with their Latino clients without appearing to generalize or overemphasize the significance of these factors.

In accordance with the literature, many psychotherapeutic strategies have been designed for non-Latinos and tend to overlook the cultural differences of many Latinos (La Roche, 2002). With this information there is a question that remains a mystery: Is it

possible that it is easier not to think of different ways to modify and adapt Western psychological intervention to the lives of Latino people? Interestingly, authors in the literature recommended the addition of multicultural awareness and culture-specific strategies to person-centered and psychodynamic forms of psychotherapy (Bernal and Scharron del Rio, 2001). Moreover, it has also been suggested by Altman (1995) that incorporating clients' diverse spiritual, social, and communal orientations into their practices will reflect a culturally inclusive practice. Through continued discussion on this topic the majority of the participants categorized their clients as having a lack of motivation to attend therapy. There was virtually no mention of the importance of cultural variables, which include perceptions of mental health; fatalism; and psychotherapeutic challenges, specifically within the client-therapist interaction.

Although the majority of the participants shared the views stated above, it is equally important to also mention the responses of participants that offered a slight variation to the majority. A number of participants recognized their ability to implement a relational family systems mode to their treatment practices. The literature suggests that most Latinos adhere to a relational worldview that is central to their sense of identity, wellbeing, and healing (Falicov, 1998). Comas-Diaz (2006) reports that the utilization of a collectivistic framework provides the Latino client an opportunity to have a holistic orientation, value connectedness, and harmony, which supports the findings that providing treatment within the realms of the relationship is necessary.

Cultural Adaptation

Collectivistic clients, a characteristic for many Latinos, require therapeutic techniques that honor and address the mind-body connection (Chen & Davenport, 2005).

As participants provided their reasons for choosing a specific theoretical framework, it was apparent that the risk of the client feeling neglected or loss in the process was not recognized or understood by the participants in the study. The majority of the clinicians were often confident in their ability to understand their client needs, or they did not recognize it as a significant enough issue to justify an adjustment of their treatment methods. The responses of those who expressed the opinion that “this is the only way they learn” and “they want you to do all the work,” or that spirituality was understood as their clients need for displacement; and did not play into their thinking about their treatment of Latino clients, further confirmed this premise.

In contrast to the majority, other participants recognized the importance of the relationship between oppression and wellbeing as paramount to their Latino clients as well as the need to include empowerment approaches to address their trauma-related experiences. This practice relates to the literature which suggests, becoming a culturally competent psychotherapist one must include an empowerment component when working with Latinos (Comas-Diaz, 2006). Participants who shared this view revealed their beliefs that the use of empowerment in their treatment allows their clients to understand themselves and identify stressors and community resources. As stated by La Roche (2002) the utilization of empowerment not only results in a more comprehensive understanding of our clients but also in a less-pathologized and a more-empowered client.

Additionally, the views of Falicov (1998) are equally important to consider, as she states that there is no such thing as “Latino Therapy,” but that one should utilize empathic listening skills and concentrate on building a strong therapeutic alliance regardless of the client’s background. Similarly, Altman (1995) illustrates that therapy should focus on

examining [the] clients' progress by their ability to use relationships to grow rather than by the insights gained. Through continued discussion of their work with Latino clients, many of these themes were touched upon by some of the participants. These included an awareness of how the adaptation to a relational orientation is consistent with the Latino client's worldview. There was also mention of the importance of respect and how significant this aspect is for their Latino clients.

An example of a psychotherapeutic orientation that can be culturally adaptive to meet the needs of collectivistic Latinos, as supported by the literature, includes the use of: Interpersonal Psychotherapy (IPT). Comas-Diaz (2006) reports on the development of this treatment as therapy for depression. Its focus was on the interpersonal and attachment factors in mental distress, and targets grief, interpersonal disputes, role transition, and interpersonal deficits (Klerman, Weissman, Rounsaville, & Chevron, 1984). As many know, most if not all of these areas are relevant to Latinos who experience losses, relational difficulties, and cultural adaptation.

As the interviewing process continued it seemed that the majority of the participants were not readily aware of the presumptions and assumptions they implemented on their clients ability to utilize psychotherapy. In addition, it was often difficult to determine whether or not this was the result of reluctance or their discomfiture around discussing the inclusion of folk healing traditions. When asked directly about their opinions or views on the integration of folk healing practices into mainstream psychotherapy, almost half of the participants reported that they were able to implement the client's belief systems but making sure that limitations to this process were introduced. On the other hand, when providing their statements some of the participants'

responses were blatantly and unapologetically stated. Several of these descriptions were expressed with what seemed to be a lack of empathetic understanding, respect, and interest in learning about the experiences and world views of their clients. This can be seen by the therapist who felt that reinforcing boundaries and focusing on the traditional aspects of therapy are necessary to avoid being dragged in to the clients beliefs and joining them in their psychosis. While it is acknowledged in the literature that classical orientations need to be adjusted to fit people from different cultures, Lefley (1981) reminds mental health professionals that *we* are the alternatives to traditional therapists and their practices in a system which is historically an outgrowth of cultural beliefs and values specific to an ethnic population. Therefore, the question of the effectiveness of adapting mainstream psychotherapy to Latinos naturally emerges.

It has been suggested that perhaps the alternative to modifying traditional psychotherapy approaches to best fit the needs of Latino clients is to develop an entirely new psychotherapy approach that is consistent with the norms, values, and beliefs of the Latino culture (Rogler, Malgady et al., 1987). Although developing these new approaches could be considered risky, one thing is certain, and that is that culturally sensitive and empirically supported psychotherapies for Latinos are urgently needed.

Psychotherapeutic Challenges

Economic and Systemic Issues

As participants were asked to identify significant challenges they witnessed in treatment many were able to acknowledge the effects of external systemic issues at play such as poverty and access to needed health insurance. This is in accordance with the literature, which states that of all ethnic groups in the United States, Latinos may be the

least likely to have health insurance (Berk, Albers, & Schur, 1996). However, this was often discussed in the context of their own justification for the lack of discretion utilized when approached with clients request for assistance accessing social services such as welfare or disability insurance. This can be seen in the statement made by the participant who felt that Latino people pretend they are mentally ill as a means to seek out secondary gains. A question that arises for this researcher is if a client is identified as only seeking assistance for social services or as being less motivated toward upward mobility, as described by participants, then how might this affect treatment? In addition, the literature also suggests that when individuals without health insurance need health services, they often seek services from community centers (Guendelman & Wagner, 2000). Consequently what results is an overrepresentation of Latinos in public mental health centers that cater to low-income populations and not surprisingly, providing low-quality care (Snowden et al., 2006). As these participants provided their thoughts to these significant challenges, not one indicated what efforts need to be put into place to reduce the existing socioeconomic and systemic barriers their clients are faced with everyday.

Barriers

Another area explored within this process included participants views of rewards and challenges they have witnessed with their clients. As the findings were carefully examined, it was determined that the majority of the participants easily identified the challenges they have encountered. Of these participants, which represent the majority, many identified rewards as limited and only when probed, provided a more politically correct explanation. This finding evoked concern about the high levels of racism; lack of cultural awareness; and failure to recognize biases; which are all factors which have

predicted to lead to decreased therapeutic effectiveness. Lorion & Felner (1986) recognize that therapists who hold negative views towards their clients may hinder treatment progress by inadvertently using words and displaying behaviors that express negative perceptions. On the whole, the majority of participants stated that although they might be aware of the different dimensions of their client's experiences including experiences of injustice (e.g., poverty, discrimination, immigration, etc.) they did not necessarily see these experiences as the underlying issues in treatment. Instead, participants blatantly referred to these experiences as excuses their clients used not to change. If we are to recognize the critical link between social influences and interactions within the host environment, then there is a clear inconsistency. This view conflicts with those who suggest that "sociocultural blindness" leads people to ignore the effects of institutional and intracultural racism; unemployment; and subsistence living on self-esteem and achievement motivation for Latinos (Martinez, 1994), which inadvertently works against the client. For instance, the literature suggests that with disempowered clients, their vulnerabilities to be treated as "the other" are greater than with mainstream clients (Falicov, 1998). Therefore, instead of neglecting the client's description of the presenting problems/challenges, or relying on what is perceived, Falicov (1998) insists that therapists help their clients critically examine the nature of their interactions, which begins the process of empowerment.

In contrast, it is also important to mention that a few of the participants were able to recognize the importance of the client-therapist interaction and how the client's perception of the therapeutic alliance is a strong predictor of treatment effectiveness. For instance, when referring to the challenges and rewards these few participants responded

positively when referring to both. Participants believed that within the process they have become companions on a journey, their clients journey, and that constantly reminding themselves that their clients are unique individuals has allowed them to take a devoted interest in learning about their clients culture and spirituality, since this is where their strength lies. When referring to the challenges, the responses provided seemed to reflect a creative approach in which participants recognized their presence in the relationship and reflected on their own challenges instead of focusing on the obvious challenges their clients' experience. Overall these participants responded with strong feelings and thoughts and were able to recognize the presence of their own frustrations and biases throughout the interview process.

An unexpected and powerful finding was related to the emphasis of racism; discrimination; and prejudice as part of the culture and social experience of many Latinos. For instance, one participant, who identified as Latino and shares the belief system of Espiritismo, shared a very personal experience in which during a presentation of a client who was hearing voices he attempted to explain that his client was not psychotic. This participant attempted to explain that hearing voices for many Latinos is a cultural characteristic of the many forms of depression and not a justification for a diagnosis that included psychosis. As a result this participant was placed in a position of inferiority by his peers; offered anti-psychotic medication; and ultimately silenced. This experience proved to be a horrifying and shocking awareness to the multitude levels of racism one might encounter when culture is introduced. This coincides with the research of Fiske (1993), who suggests that those who pay less attention to culture are in a position of power and are more vulnerable to stereotyping others. Therefore, one might

begin to question if this situation is the reality of *our* modernized society, then how can the experiences of unfairness in this society better guide *us* [therapists] to providing a more culturally sensitive treatment?

Maintaining Duality in Treatment

Usefulness of Knowledge

Folk healing traditions have long been noted as an indigenous mental health support system in the Latino community. In addition, the literature portrays Latinos as maintaining a dual system of beliefs and practices concerning physical and mental problems; mainstream and psychotherapy approaches; and traditional folk oriented approaches; all sharing the stage (Falicov, 1998). The findings suggest that the majority of the participants, seventy-five percent, agreed that it is useful to be knowledgeable on folk healing practices as this form of healing is relevant to many of their Latino clients finding comfort during stressful situations. Several descriptions were conveyed with what seemed to be a need to be aware of the importance of obtaining cultural and spiritual knowledge that can contribute to the quality of understanding between the clinician and the client. According to the literature, it behooves the clinician to acquire sufficient understanding of Santeria, Espiritismo, etc. so that they can assess their impact on their clients' view of mental illness (Baez & Hernandez, 2001). In addition, the findings also suggest a slight variation in participants' responses to this question in that, twenty-five percent, agree that obtaining knowledge is useful but not necessary. These participants' came to a consensus that too much knowledge can also be considered a dangerous factor since this could potentially interfere with the therapeutic process. Although this is a relevant fact to consider, Baez & Hernandez (2001) illustrate that the

benefit of the clinician obtaining knowledge on significant aspects of Latino clients' spiritual world views, aspects which may consciously or unconsciously influence clients' expectations for Euro-American mental health interventions, can help the clinician incorporate a more culturally-inclusive form of therapy.

A specific question was not posed regarding the possibility of misdiagnosis, in the event that the clinician is unaware of the representations and verbalizations of the client's culturally normative behavior (Lefley, 1981). However, it was raised by a number of participants as a phenomenon which they found to commonly adhere, specifically among their Latino clients, with regards to the ubiquitous diagnosis of paranoid schizophrenia.

Benefits of Utilization and Incorporation

As previously noted, many Latinos turn to folk healing traditions during times of uncertainty and stressful life events. The utilization of traditional folk healing methods during times of distress provides the Latino client the opportunity to restore their sense of cultural belonging and promote self-healing (Comas-Diaz, 2006). In reference to the participants' views and opinions towards the benefits of their clients utilizing folkloric healing systems, there was a consensus that these healing systems provide an additional resource which encourages healing. The literature suggest that the tendency of people to find meaning in life changes by revisiting cultural beliefs and rituals has been called "ideological ethnicity" (Harwood, 1977). For the clinician, drawing upon the client's ethnicity and cultural beliefs can be used as a therapeutic tool to help their client's discover and enhance continuity and belonging, while reaffirming past ties (Falicov, 1998). The findings propose that these participants agreed that the utilization folk

healing traditions, by their clients, promotes acceptance and internal endurance while reminding the client of their own cultural strengths.

Though concessions were made about the benefits of alternative healing practices, one third of the participants also reflected aspects of ambiguity in their responses and not one of these participants acknowledged their treatment methods as being culturally-inclusive. Rather, these participants reported that their way of working made room for conversation about the alternative healing systems if it should come up, and as a buffer, relied on acknowledgement and respect as the tool to accommodate this need. One might wonder if acknowledgement and respect are enough in this process or should the clinician take on a more active role in exploring this realm of these beliefs and bring this discussion into therapy? Additionally, the therapist might examine how their clients view their own ideas of cultural beliefs and help them discover the best use of cultural practices and let this understanding work its way into treatment.

Until the question is asked it is difficult to know, how it feels to the Latino client to receive encouragement or pressure from their therapist to separate themselves from their spiritual world. The participants in this study did not offer examples of clients who challenged this kind of thinking. One might wonder if this is an example of deference to the therapist, or real resonance on the part of the client, or perhaps a combination of both.

Another way elements of Latino folkloric healing traditions can be used as a therapeutic tool is by providing the necessary space to introduce these elements into the therapeutic encounter. The majority of the participants recognized the importance of incorporation, few provided responses regarding the possible negative results, in terms of misunderstanding or possible limitations imposed by the clinician. It has been noted that

if the therapist shows a lack of receptivity to the idea of spiritual consultations, and fails to interpret it as a culturally adaptive response (Comas-Diaz, 1981), an important opportunity to move the therapeutic alliance forward will be lost. Findings in the data also suggested that most participants were able to identify the strengths of incorporation as developing a strong therapeutic relationship; ability to relate to their clients; and understanding cultural practices. Referring back to the literature, it has been suggested by the Surgeon General that mainstream psychological interventions could benefit from incorporating core assumptions and practices of indigenous healing (U.S. Department of Health and Human Services, 2000) when treating Latino clients. Within the positive responses provided by the participants there was also a few who simultaneously reflected on the possible negative results. These few individuals reported that devoting an entire session to folk healing was not an option; how incorporation could also impact the pathology; and how the focus of the treatment should be assisting the client adapt towards a modernized worldview. Interestingly, these responses are representative of the literature which suggests that as psychotherapists consciously facilitate adaptation to the real world they also maximize their views on the benefits of psychotherapy (Lefley, 1981).

In contrast to the majority, other participants disagreed with utilizing concurrent healing methods, especially when the additional method has been identified as folk healing. Participants referred to the possible dangers in this treatment and their loyalty to scientific-based approaches, rather than enhancing a more meaningful form of healing. In addition, these participants accompanied their opinions by also reporting that the lack of empirical data allows them to question the legitimacy of folk healing beliefs and

practices. These responses create a level of concern with regards to the clinician who treats the Latino client who utilizes folk healing traditions as an alternative method of healing. This also contradicts the APA Multicultural Guidelines, which encourages psychologists to learn about helping practices and healing traditions used in non-Western cultures that may be suitably included psychological practice (APA, 2003). For those practicing clinicians in the field, when deemed appropriate, the Multicultural Guideline 5 also encourages psychologists to recognize and enlist the assistance of recognized indigenous folk healers. For these participants it was evident that they seemed to rely more on instincts and experience to guide their treatment methods rather than keeping up with related literature.

Lastly, though it is often recommended in the literature, participants did not speak to the importance of being aware of the similarities between folk healing and psychotherapy, cited in the literature as the acknowledgment of the role of unconscious motivation; the need for catharsis; and the therapeutic power of working through (Torrey, 1986). Participants also failed to mention the use and examination of cultural transference, which was clearly observed by this researcher, surprisingly more visible when the clinician belonged to the same cultural sub-group as their client. It is not uncommon, as illustrated by the literature, that Latinos project their experiences of racism and hurl national and ethnic stereotypes at each other (Falicov, 1998). Additionally, Shorris (1992) also adds, that discrimination from inside the same cultural group stems from a need to establish subgroup hierarchies for a variety of psychological reasons, including internalized racism; self-rejection; or the need to project onto others denigrated parts of the self. It is important to mention that there was no recognition of the cultural

implications of the clinician's subjective responses and this was not suggested by the researcher during the interviews. While some of the participant's attempts to implement a culturally-inclusive practice included the use of respect; acknowledgement; as well as awareness of the culture; they failed to consciously consider the implications of holding on to negative views towards their clients and their belief systems of healing, ultimately hinder the treatment progress and limits psychotherapy outcome. On occasions, for the participants who held negative views, specifically Latino clinicians, there were attempts to draw from their own cultural experiences as a way of relating to their clients. However, they often failed to include the impacts of racism and discrimination in the process, defeating the purpose of the original intent of this way of practicing.

Research Strengths & Limitations

Within this section, the strengths and limitations will be acknowledged as it is important to do with any piece of research. The research question in this study was: *How do the clinician's experiences, opinions, and knowledge about traditional folk healing beliefs and practices effect the therapeutic process, specifically when treating the Latino client?*

Throughout this study a number of strengths have been identified. First, this study relied on the use of a semi-structured, open-ended question interview guide. This flexible format allowed the participants to share as much as they desired about their opinions, knowledge and experiences, in as extensive a manner as they elected. Another strength of this study included this researcher's access to clinicians, santeros, espiritistas, and curanderos, who conduct individual therapy with Latino clients who utilize folk healing beliefs and practices. Third, the data was collected in person, in an interactive

way, which allowed for participants and researcher to ask for clarification during the process. More importantly, this research has shed light on the significant degree of cultural and racial biases, with regards to the introduction of folkloric healing systems in conjunction with mainstream psychotherapy treatment. Also, as it is likely that many mental health professionals in the field currently provide mental health care to Latinos, it is important to discuss the dilemma of sufficient cultural competence in the arena of indigenous healing practices within the Latino community and not let it be minimized or disregarded by the constructions and ideologies of mainstream American culture.

There were several limitations identified in the data of this study. In spite of the increasing amounts of related articles; books; and professional interest in and inquires into the benefits of traditional healing practices, there has been little empirical research conducted on the opinions, experience, and knowledge of clinicians about traditional folk healing beliefs and practices and how the integration of these methods into mainstream psychotherapeutic modalities effect the therapeutic process, specifically when treating a Latino client. Unfortunately, due to the small sample size of only twelve participants, the results of this study can not be generalized to the broad-spectrum population and therefore does not sufficiently fill this gap. Also limiting was narrowing the focus of the study to the exploring the reactions or interpretations of clinicians at the expense of excluding the important factor of clinician biases.

In addition, the validity of the study and reliability of measurement must also be taken into consideration as a potential limitation. Since the questions for this study were designed by this researcher, a degree of biases are likely to be involved, in both the questions themselves, along with how this researcher interpreted the manifest and latent

content of the responses provided by the participants. Reliability and validity would also have also increased had there been an opportunity to explore the reactions of clinicians who provide treatment to a more affluent Latino population. Furthermore, due to the nature of the questions, limitations arose as a result of self-reporting of the clinicians own interpretations. The inclusion of the clients interpretations would result in a more comprehensive study.

Limitations also arose by issues brought on by the inevitable subjectivity of qualitative research. First, and most importantly, this researcher is a Latina woman heavily influenced by her culture, race, religion, and spirituality. In addition, through experience in the field, this researcher has been exposed to working with the Latino population and also witnessing how important the utilization of concurrent healing methods provides comfort and continuity of past traditions for many Latinos seeking treatment. Also, traditional psychotherapy and the way that it divides the mind, body, and spirit, works in contrast to this researcher's cultural beliefs which understands these things as interconnected and essential for personal growth.

Second, qualitative research methods, although increasingly viewed as having a great utility for research in social work, rely on the judgment of the researcher and trust this person to dissect; highlight; and present the true meaning of each participant's response; to aim at generating in-depth understanding of the context as they naturally develop and occur; and to bring all of this information together in a way that does justice to the material. More importantly, this researcher has determined that she had no agenda when deciding to develop this research project, other than to bring to light the real

practices of real clinicians in the field in order to understand how to improve the effectiveness of mental health services for Latinos.

It should be mentioned that for numerous reasons on many levels, it is extremely difficult to assess participants' level of racism/internalized racism. Although the research was not designed to focus on this characteristic and furthermore, these interviews reveal only a part of how the participating clinicians interpret and perceive folkloric healing traditions within the lives of their clients.

Relying on hindsight biases, this researcher has determined that some of the interpretations of words and/or statements that were spoken in a specific context were not followed up or questioned for further clarification. However, the following information is added because of the way I was struck with the responses provided by the participants. An eye-opening and shocking example is how freely many of the participants were able to express their biases and, more often than not, recognizing them as biases while stating a justification in which they were entitled to have these biases. As the interview process continued to take shape, it also seemed that many felt they had reached a point that they no longer felt it necessary to continue seeking knowledge on the needs of the Latino population. It was this researcher's interpretation that for those participants who identified as Latino, or as part of the same sub-group as their client, they presented with a sense that they "know the culture because it is their culture," and they no longer needed to understand and/or explore the connections between the social strains suffered by their clients and how this contributes to the psychological distress they experience. The impressions given in these responses, it comes as no surprise that the Latino community underutilizes mental health services that are so desperately needed.

Implications for Clinical Social Work Practice

Numerous implications for the field of clinical social work have been identified in this study. This research study aimed to explore how the concurrent utilization of healing practices effect the therapeutic process. While previous studies have advocated for the inclusion of traditional folk oriented approaches into the arena of mainstream psychotherapy, the findings suggested that the majority of the participants were not in accordance with the suggestions presented in the literature. However, the majority of the responses proved to be consistently reflective of some aspects of the literature which solidifies the need for continued research and training around indigenous mental health support systems in the Latino community. For instance, prevalent throughout the findings was the oversight of the importance of developing a successful provision of a more culturally sensitive and culturally inclusive form of treatment and the ways this can open the way to questioning instrumental theories of therapeutic change.

The findings portrayed a need for continued efforts to provide clinicians with cultural sensitivity trainings and workshops geared towards examining one's own experiences with racism, prejudices toward other ethnic groups, and internalized racism towards their own cultural group. The questions raised throughout this process examined the benefits of concurrent healing practices and whether or not and how to incorporate alternative healing practices into mainstream modalities; whether or not clinicians should/could adjust their approaches to accommodate their clients belief systems; and whether or not the effectiveness of treatment depends on acquiring sufficient knowledge on indigenous healing systems. It is the hope of this researcher that these questions continually be explored through empirical research and ultimately fed back into practice.

Specifically, this researcher recommends that further investigations be conducted addressing the modification of therapeutic approaches, with a focus on resembling to the belief system of the client. In addition, the field could benefit from a more in-depth analysis and comparisons of clinicians varying degrees of knowledge on spiritual traditions and how this contributes to their ability to assess the impact of these traditions on their clients' view of mental illness.

In addition, for those working with minority groups there is a need for increased knowledge on the ramifications of racism in the therapeutic encounter. While a few of the participants appeared to be aware of the realization of the impacts of racism/discrimination in the therapeutic encounter, this researcher was disturbed by the majority of these professionals caught in a process of using their power in ways that perpetuated injustices when their clients did not fit an expected cultural stereotype. Apart from education and training, special studies of professional prejudices and internalized racism are recommended in order to address the complicated and insidious attribute that more often than not, makes its way into the therapeutic process.

Opportunities for Future Research

As the responses of the participants in this study were examined a natural question emerges. If these responses are representative of the opinions, perspectives, thoughts, and practices of other clinicians who are currently treating Latino clients, and continue struggling with incorporating these elements (folkloric healing systems) into their practice, then this study and its analysis presents an opportunity to strengthen the field. It is this researcher's opinion that the recognition and continued dialogue of these important issues continue to inform clinical practice wisdom. It is important as

practitioners consider how to avoid treatment impasses and early termination in which Latinos...are dependent on a profession dominated by [Euro-American trained] clinicians to receive mental health care (Cervantes, 2005).

Another area of exploration that naturally emerged through the dissection of narratives provided was the complicated factors of racism among Latinos and the existence of within-group segregation. Falicov (1998) reveals that one must be aware of the impact of race as well as the affects it has on intragroup relationships. Therefore, it is being suggested that the exploration of cross-group racism may be needed in the clinical practice arena. It is also being recommended by this researcher that *racismo*, a term utilized by Shorris (1992) and defined as discrimination from inside the same cultural group, be examined when the issue of whether or not ethnic/racial matching is a more viable alternative for Latino clients. In accordance with the literature, the findings in this project suggest that Latino mental health professionals are not immune to internalized racism or the need to project onto others denigrated parts of the self (Shorris, 1992). Therefore, it would benefit the field of clinical social work practice to continue to explore the impact these issues continue to have on the therapeutic process while encouraging therapists to focus on the interactions and the consequences that could stem from them.

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Appendix A

Human Subjects Review Board Application

Investigator Name: Luz Cotto

Project Title: Exploring the Experiences of Clinicians Treating Latino/a Clients who Utilize Folk Healing Practices

Contact Address: 33 School Street
Springfield, MA 01105

Contact Phone: (413) 846-4300 VM 328

E-mail Address: lcotto@email.smith.edu

Project Purpose and Design

This proposed project will explore the opinions, knowledge, and experiences of the clinician treating a Latino/a client who utilizes folk healing practices. The study will pay particular attention to how the concurrent utilization of healing practices effect the therapeutic process. The primary research question is as follows: How does the clinicians experiences, opinions, and knowledge about traditional folk healing beliefs and practices effect the therapeutic process when treating the Latino client? A qualitative research design will be utilized in this exploratory design.

As the Latino population continues to grow, it is important that the values, practices, experiences, history, and beliefs of this group inform clinical practice wisdom. Little has been documented on the opinions, experience, and knowledge of clinicians about traditional folk healing beliefs and practices and how the integration of these methods into mainstream psychotherapeutic modalities effect the therapeutic process, specifically when treating a Latino client. An example of this would be the Latino/a client seeking mental health services as a way to attempt to understand the reasons why he/she is experiencing symptoms of depression and states to the clinician *“I’m feeling so sad and I can’t seem to understand why – I talked to my mother and she told me that someone wants to harm me – they are using brujería (witchcraft) on me.”*

The potential usefulness or value of the findings of this study includes the opportunity to explore how the Latino/a client utilize folk healing practices while also seeking psychotherapy treatment. For the clinician, this study will attempt to explore their knowledge, opinions, and experiences with the Latino/a clients and their use of folk healing and psychotherapy.

This proposed research will be used as information for my thesis project, as well as for possible publication and presentation. It is hoped that the research will additionally contribute to the field of social work, particularly in the areas of cultural competency, and the exploration of the integration of non-traditional forms of healing in treatment.

The Characteristics of the Participants

The sample will include 12 social workers/clinicians and/or psychologists who have practical experience within this area of interest. The sample for this proposed project will be obtained by recruiting social workers/clinicians and/or psychologist, who have obtained a masters degree or higher, by word of mouth, snowball affect, and advertising. The interviews will take place in a mutually agreed upon public place, or in the office space of the researcher or participant if that is more convenient.

Specific criteria that will be included in this research includes: a social worker/clinician and/or psychologist who has provided services in the Latino community for at least one year, has witnessed the need of their clients to utilize of folk healing practices, and will be willing to be interviewed for 50 minutes by a social work student. The interviews will be conducted in either English or Spanish, depending on the comfort level of the clinician. Please see Appendix G & H for the interview schedule and demographic questionnaire.

The Recruitment Process

In order to participate in this research project, the potential participants must be social workers/clinicians and/or psychologists, who have at least one year of experience of working with the Latino community and who have obtained a masters degree or higher. Support from Brightside School Street Counseling Inc. has provided office space and a voicemail box to conduct interviews. Recruiting for this proposed project will incorporate posting flyers around local community mental health centers, having informal conversations with coworkers, and contacting santeros, espiritistas, curanderos, as well as clinicians in the community.

As the recruitment process begins and potential participants begin to express their interest in this research project an introductory letter will be provided (See Appendix I). The screening process will either be conducted during the initial informal conversation or over the phone in a 5-10 minute conversation, which will be constructed of specific questions regarding their exposure to folk healing practices in the clinical encounter and length of experience of working in the Latino community. If the participant meets the requirements of the study, an invitation to participate in the interview process will be extended and a formal interview will be scheduled.

The interview process will require the participants to agree to individual interviews for approximately 50 minutes and these interviews will take place in a mutually agreed upon public place or in the researcher or participant's office if that is more convenient. Within the process of the interviews the participant will also be asked to fill out a demographic questionnaire (See Appendix H).

The recruitment for this project will begin at Brightside School Street Counseling Institute, Inc. Springfield; MA. This process will also include contacting santeros, espiritistas, and curanderos in the community. It will be equally useful to reach out to clinicians in the community as a way to obtain a broader representation of different perspectives.

This research project is looking at how the clinician's experiences, opinions, and knowledge about traditional folk healing beliefs and practices effect the therapeutic process when treating the Latino client. In addition, how the clinician interprets these

practices, what kind of experiences the clinician has had with folk healing beliefs and practices, and the opinions of the clinician on alternative healing practices, specifically folk healing will be explored. This project will provide a closer look into the different interpretations of the clinician when the subject includes folk healing practices as an alternative or addition to the use of traditional psychotherapy practices.

Please see attached recruitment flyer (Attachment F).

The Nature of Participation

The nature of the participation includes the social worker/clinician and/or psychologist's agreement to take part in a 50 minute interview. Before the interview begins the participants will be asked to fill out a basic demographic questionnaire. Once the participant indicates readiness to begin the interview an audio recorder will start recording the interview. Participants will be asked to answer open-ended questions contained in the semi-structured interview guide. During this interview process the participant will be asked to talk/reflect back on their experiences, specifically when treatment was provided to a Latino/a client who incorporated their folk healing practices and beliefs into the therapeutic encounter.

The interviews for this research project will take place in a mutually agreed upon public place or in the participant's office if that is more convenient. The interviews will be scheduled for a total of 50 minutes. This time format will provide the clinicians with enough time to discuss their personal experiences, opinions, and their knowledge on folk healing. These interviews will be recorded using an audio tape recording devices and later will be transcribed by a professional transcriber who will sign a confidentiality pledge.

Risks of Participation

The primary risk of the participation includes experiencing distress or discomfort when reexamining the different ways their clients utilize folk healing practices. It may be the first time that participants have formally reflected on their thoughts and opinions on this topic, and a range of feelings or thoughts may emerge as a result.

Confidentiality of all disclosures will be provided as a way to protect all data collected. In addition, only for those potential participants from Brightside School Street Counseling Inc., it is important to mention that since this is a relatively small agency, if a staff member were to read my thesis upon completion, it would be somewhat easy to figure out who is quoted, even though the quote is disguised. This information is added so that these potential participants are aware that confidentiality will be provided, but in a limited arena. In regards to the recording data, no identifying information of the participant, the agency affiliation, or the clients discussed will be recorded in the data analysis of the report. The researcher will endeavor to disguise all material utilized from the data as a way to protect the confidentiality of both the participants and their clients.

Benefits of Participation

The participation will be solely voluntary and there will be no monetary compensation for the participation efforts. However, the potential personal benefits of the participants' involvement in this research study include having a space to discuss their

struggles and insights in managing their own reactions as well as advancing the fields of Social Work and Psychology. This study has the possibility to improve the care and quality provided to the Latino population and support cultural needs of incorporating folk healing practices as part of their mental health needs.

Informed Consent Procedures

Once it has been determined that the participant meets the criteria to participate in this study and the meeting time has been scheduled, the participant will be informed that the Informed Consent form will be mailed or delivered into their personal mailboxes. The participants will also be asked to carefully read, sign, and date the Informed Consent form and any questions regarding the form can be answered during the interview process. All interviews will begin with a review of the Informed Consent form and a discussion of the risks, benefits, involvement, and withdrawal options. Each participant will be given a copy of their Informed Consent form for their records with the last date for possible withdrawal and the researcher contact information.

Precautions Taken to Safeguard Confidentiality and Identifiable Information

The specific steps that will be taken in order to safeguard identifiable information includes all identifying information about the participant, the agency affiliation, or the clients discussed will not be recorded in the data analysis or the reports. In addition, code numbers will be developed as a way to keep track of the information provided and all Informed Consent forms will be kept separate from completed instruments or tapes obtained during this process.

This research project is committed to providing confidentiality to all participants involved in this study. Therefore, all volunteer and professional transcribers for this project will be required to sign an agreement to keep all information confidential.

For this study it will be possible to provide confidentiality of all disclosures. The interaction between the researcher and the participants will be conducted in a mutually agreed upon public space, or in participant’s office if that is more convenient. After the identifying information has been removed my research advisor will have access to the data for reviewing purposes.

The data that is collected during this process will be used to fulfill the requirements of my master’s thesis, and potentially for future presentation and publication. All vignettes shared as well as quoted comments will be thoroughly disguised in an effort to continue with the guarantee of confidentiality.

The information gathered during these interviews will be kept locked for three (3) years and later destroyed according to federal guidelines. After three (3) years the data will either be destroyed or continued to be kept secure as long as needed for further investigation. When data is no longer needed, it will be destroyed.

Investigator's Signature:

Date:

Advisor’s Signature (if applicable):
(Required for all student)

Date:

Appendix B

Informed Consent Form

Dear potential participant,

My name is Luz Cotto. I am a MSW student at Smith College School for Social Work conducting a study researching how the clinician's experiences, opinions, and knowledge about traditional folk healing beliefs and practices effect the therapeutic encounter. This study will take a closer look at the experiences, opinions, and knowledge of the clinician regarding folk healing (e.g., Santeria, Espiritismo, etc.) as an alternative healing practice. This study is being conducted as an opportunity to further expand knowledge and literature in the field of Social Work, as well as for the completion of my MSW thesis, a requirement for the MSW degree at Smith College School for Social Work. Data collected may be used for future presentation and publication.

I am interested in exploring how the clinician's experiences, opinions, and knowledge on alternative healing methods, specifically folk healing (Santeria, Espiritismo, etc.) effect the therapeutic process, particularly when treating the Latino client. This study will also explore the experiences, opinions, and knowledge on alternative forms of healing, specifically, folk healing. An example of this would be the Latino/a client seeking mental health services as a way to attempt to understand the reasons why he/she is experiencing symptoms of depression and states to the clinician "*I'm feeling so sad and I can't seem to understand why – I talked to my mother and she told me that someone wants to harm me – they are using brujería (witchcraft) on me.*" You are being asked to participate in this study if you are a social worker/clinician and/or psychologist, who has had at least one year of experience of working with the Latino community and who has witnessed your client's utilization of folk healing practices in their client's everyday lives. Involvement with this population may include individual therapy, family therapy, or crisis intervention. As a clinician who has worked directly with the Latino/a population, you have a unique perspective and experience that is highly valuable in advancing the understanding on how alternative forms of healing, specifically folk healing can provide the Latino/a client with a meaningful socio-emotional support system.

Your participation would include a face-to-face interview that will last 50 minutes. The interview will be scheduled at a mutually convenient time and will take place in a mutually agreed upon public place or, if more convenient, in your office. This will provide a space that will be sensitive to your privacy needs. During the interview, you will initially be asked to complete a demographic data sheet that pertains to your ethnicity, professional background, theoretical orientation, and religious doctrine. Afterwards, you will be asked to respond to questions pertaining to your experiences with Latino/a clients who utilize folk healing practices and how the therapeutic process has been affected. You will also be asked to share your opinions and knowledge of folk healing as an alternative healing system. This interview will be recorded by an audio

recording device and then later transcribed by a professional transcriber who will sign an assurance of confidentiality document.

The primary risk of your participation may include experiencing distress related to the process of examining your responses toward Latino clients who utilize folk healing practices and who bring these themes into the therapeutic relationship. In addition, it is critical to mention that even though confidentiality of all disclosures will be provided; participants may recognize each other in the disguised material, as some participants will be recruited from a small population. Brightside School Street Counseling Inc. is a relatively small agency, and if a staff member were to read my thesis upon completion; it may be possible to figure out who was quoted, even though the quote is disguised.

Unfortunately, there will be no monetary compensation for your participation efforts. However there are other potential benefits that you may experience through your participation. These may include having a space for you to discuss your insights on this topic as well as in advancing the knowledge base within the fields of Social Work and Psychology. Your efforts will support the examination of the effects of alternative healing practices in service delivery. This could improve the quality of care provided to the Latino population and may advance professional knowledge regarding folk healing beliefs and practices.

Confidentiality of your disclosures will be provided by the researcher in protecting your data. In regards to the recorded data, no identifying information of you, your agency affiliation, or the clients discussed will be recorded in the data analysis or the report. Confidentiality will be maintained throughout this entire process. The audio tapes will be provided to a professional transcriber who will be required to sign a confidentiality pledge. In addition, once the identifying information has been removed my research advisor will have access to the data for reviewing purposes. All vignettes shared as well as quoted comments will be fully disguised in an effort to continue with the confidentiality agreement. The information gathered during these interviews will be kept locked for three years and later destroyed according to federal guidelines. Should materials be needed beyond the three year period, they will continue to be kept in a secured location and will be destroyed when no longer needed.

Your participation is solely voluntary. During the process of the interview you will be free to decline to answer any specific questions. You may withdraw from the study if you so choose, including before, during, or after the interview without penalty. If you decide to withdraw, any data related to your participation will be immediately destroyed. It is asked that if the decision to withdraw from the study is made simply contact the researcher and state that you are no longer interested in participating. The final withdrawal date will be January 31, 2008. I appreciate your commitment to research your contribution to the field in an attempt to better understand how the therapeutic process is affected with the Latino/a client incorporates folk healing practices into the therapeutic encounter.

YOUR SIGNATURE BELOW INDICATES THAT YOU HAVE READ AND UNDERSTAND THE ABOVE INFORMATION. IT ALSO CONFIRMS YOU HAVE HAD THE OPPORTUNITY TO INQUIRE ABOUT THE STUDY, YOUR PARTICIPATION, YOUR RIGHTS, AND THAT YOU AGREE TO PARTICIPATE IN THE STUDY.

Participant Signature

Date

Signature of Researcher

Date

IF YOU HAVE QUESTIONS OR WISH TO WITHDRAW FROM THE STUDY, PLEASE CONTACT:

Luz Cotto
Brightside for Families & Children **OR**
33 School Street
Springfield MA 01105
(413) 846-4300 VM 328

Human Subject Review Committee
Smith College School for Social Work
Northampton MA 01063
(413) 585-7974

Appendix C

Professional Transcriber's Assurance of Research Confidentiality Agreement

This thesis project is firmly committed to the principle that research confidentiality must be protected and to all of the ethics, values, and practical requirements for participant protection laid down by federal guidelines and by the Smith College School for Social Work Human Subjects Review Committee. In the service of this commitment:

- All professional transcribers for this project shall sign this assurance of confidentiality.
- A professional transcriber should be aware that the identity of participants in research studies is confidential information, as are identifying information about participants and individual responses to questions. The organizations participating in the study, the geographical location of the study, the method of participant recruitment, the subject matter of the study, and the hypotheses being tested are also be confidential information. Specific research findings and conclusions are also usually confidential until they have been published or presented in public.
- The researcher for this project, Luz Cotto shall be responsible for ensuring that all professional transcribers handling data are instructed on procedures for keeping the data secure and maintaining all of the information in and about the study in confidence, and that that they have signed this pledge. At the end of the project, all materials shall be returned to the investigator for secure storage in accordance with federal guidelines.

PLEDGE

I hereby certify that I will maintain the confidentiality of all of the information from all studies with which I have involvement. I will not discuss, disclose, disseminate, or provide access to such information, except directly to the researcher, Luz Cotto for this project. I understand that violation of this pledge is sufficient grounds for disciplinary action, including termination of professional services with this project, and may make me subject to criminal or civil penalties. I give my personal pledge that I shall abide by this assurance of confidentiality.

Signature of Transcriber

Date

Luz Cotto

Date

Appendix D

Agency Approval Letter

September 26, 2007

Smith College
School for Social Work
Lilly Hall
Northampton, MA 01063

To Whom It May Concern:

This letter is to inform that Brightside for Families & Children at 33 School Street, Springfield, MA 01105, gives permission for Luz Cotto to conduct interviews for her independent research study at this agency. In addition, Ms. Cotto has also been granted permission to use the School Street voicemail box, which has been assigned to her as her contact phone number, during this process. It is being requested that Smith College School for Social Work's (SSW) Human Subject Review Committee (HSR) perform a review of the research proposed by Ms. Cotto. Brightside for Families & Children will abide by the standards related to the protection of all participants in the research approved by SSW HSR Committee.

Sincerely,

Leticia Muñoz, Psy.D.
Clinical Director

Appendix E

Recruitment Flyer

Let Talk about
Santeria, Espiritismo
and
Folk Healing Practices!!

If you:

- Are a social worker/clinician and/or psychologist and have at least one year of experience working within the Latino Community
- Have experienced a Latino/a client incorporating folk healing practices and beliefs into the therapeutic encounter? Example: *“I’m feeling so sad and I can’t seem to understand why – I talked to my mother and she told me that someone wants to harm me – they are using brujería (witchcraft) on me.”*
- Are willing to be interviewed for 50 minutes by a social work student?
- If so, Please call 413-846-4300 VM# 328 and speak to Luz Cotto or leave a message with your name and phone number and when it is best to reach you.

This study is being conducted for a Master’s of Social Work Thesis project through Smith College School for Social Work.

Help me broaden the knowledge of the mental health field in understanding the benefits of incorporating alternative healing systems, specifically folk healing, in working with our Latino/a clients.

Appendix F

Interview Schedule

1. Can you provide some basic information on the clinical make-up of your current case load and the reasons why your clients are seeking treatment?
2. Tell me how you typically work with your clients in treatment and what are the rewards and challenges in treatment?
3. What is your opinion of the benefits of alternative healing systems, specifically folk healing (e.g., Santeria, Espiritismo, Curanderismo)?
4. Have you had experience with your clients utilizing alternative healing systems, specifically folk healing?
 - If so, could you give me some examples on those experiences?
 - Is there anything you add as an adjunct to your treatment with them; or currently to your treatment, etc.?
5. Reflecting back on your experiences, specifically when treating a Latino/a client, who incorporated their folk healing practices and beliefs into the therapeutic encounter, how were you able or not able to integrate traditional psychotherapy?
6. Do you believe that it is useful to be knowledgeable on alternative healing systems? Can you tell me a bit more about your beliefs on this?
7. Would you see any benefits in incorporating folk healing practices as an addition to traditional psychotherapy practices? Why or why not? If so, would there be particular client populations or diagnoses/presenting issues that integration may be well suited to integration.

Appendix G

Demographic Questionnaire

1. Age:
2. Ethnicity:
3. Race:
4. Religious Doctrine:
5. Languages:
6. Degree and professional training (e.g., social work, psychology):
7. Years in practice:
8. Years working with Latino clients:
9. Knowledge base on different folk healing practices and beliefs in the Latino culture: (e.g., Santeria, Espiritismo, Curanderismo):
10. Clinical and/or Theoretical Specialization:
11. Average number of hours in supervision each month? What percentage of this time is spent discussing folk healing beliefs and practices?

Appendix H

Introductory Letter

Dear potential participant,

My name is Luz Cotto. I am a MSW student at Smith College School for Social Work conducting a study researching how the therapeutic process is effected when the Latino/a client incorporates folk healing practices into the therapeutic encounter. This project will explore the clinician's experiences, opinions, and knowledge on alternative forms of healing, specifically, folk healing (Santeria, Espiritismo, Curanderismo).

The Latino/a population is growing, and this study seeks to explore this population's experiences, values, and needs. Your participation in this study may contribute to advancing the professional knowledge in working with these clients. It will also contribute to the field of social work, particularly in the areas of cultural competency, and the exploration of the integration of non-traditional forms of healing in treatment.

I appreciate your interest in participating in this research study and look forward to our meeting.

Sincerely,

Luz Cotto

Appendix I

Human Subjects Board Letter of Approval

December 30, 2007
Luz Cotto

Dear Luz,

Your revised materials have been reviewed. You have done an excellent job in clarifying and in adding more specific detail to your documents. You have focused the study very well and your decision to broaden your lens and not limit your interest to “counter-transference” really makes the study more useful and is much more likely to attract participants. We have only one question. You say you will conduct the interview in either Spanish or English, which is fine. I take it you don’t feel it would be necessary to translate the Informed Consent or the recruitment materials into Spanish.

We are glad at this time to give final approval to your study.
Please note the following requirements:

Consent Forms: All subjects should be given a copy of the consent form.

Maintaining Data: You must retain signed consent documents for at least three (3) years past completion of the research activity.

In addition, these requirements may also be applicable:

Amendments: If you wish to change any aspect of the study (such as design, procedures, consent forms or subject population), please submit these changes to the Committee.

Renewal: You are required to apply for renewal of approval every year for as long as the study is active.

Completion: You are required to notify the Chair of the Human Subjects Review Committee when your study is completed (data collection finished). This requirement is met by completion of the thesis project during the Third Summer.

Good luck with your project.
Sincerely,

Ann Hartman, D.S.W
Chair, Human Subjects Review Committee

CC: Beth Prullage, Research Advisor