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Counseling Hispanics: Cross-Cultural and Christian Perspectives

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ABSTRACT

Cross-cultural and Christian factors are examined in working with Hispanics in therapy. Cross-cultural concerns involve language difficulties, acculturation assessment, family dynamics, gender issues, attitudes toward authority figures, and expectations in therapy. Christian mental health professionals are in a unique position to increase adequate mental health care to this underserved population. Sensitive treatment can reduce the resistance many Hispanic evangelicals have to psychotherapy. In addition, the training of paraprofessional counselors in Hispanic churches would enable many Hispanics to obtain therapy who could not otherwise afford it.

According to census figures, Hispanics are the most rapidly growing minority population in the United States. In 1980, the population was 14.6 million with an annual growth rate of 6.1% since 1970. Hispanics are generally younger, poorer, less educated and more likely to live in the inner city than the general population (Rogler, Malgady, Costantino, & Blumenthal, 1987). Major stressors on Hispanic immigrants include obtaining employment, financial difficulties, the language barrier and acculturation problems (Padilla, Cervantes, Maldonado, & Garcia, 1988). Although the Hispanic population is at great risk for mental health problems, it is clear that Hispanics do not use mental health services nearly as much as non-Hispanic whites. In the Los Angeles area, for instance, Mexican Americans who had a recently diagnosed mental disorder were only half as likely as non-Hispanic whites to make a mental health visit (Hough, Landsverk, Karno, Burnam, Timbers, Escobar, & Regier, 1987). In addition, Hispanics were found more likely than whites to drop out of psychotherapy after the first session (Sue & Zane, 1987).

Several theories have been proposed to explain these patterns of Hispanic usage of mental health services. Some theorists suggest that indigenous Hispanic social organizations serve as therapeutic alternatives to mental health agencies (Padilla & Salgado de Snyder, 1985). Others propose that institutional and structural impediments (such as high costs, the impersonal atmosphere of many treatment centers and the necessity of punctual appointments) in the mental health delivery system explain the low usage (Padilla & Salgado de Snyder, 1985).

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This article will address cultural and Christian considerations in working with lower income Hispanics. Several areas of cultural concern will be addressed, including gender considerations, plurality within the Hispanic culture, language usage, assessment of acculturation, family dynamics, adult male and female treatment considerations, authority figure attitudes and expectations in therapy and, finally, special considerations in different treatment modalities (psychotherapy, family therapy, and group psychotherapy). We will then examine the role of religion in the lives of many lower income Hispanics, demonstrating the need for sensitivity to religious issues from mental health professionals working with this population. It is argued that Christian mental health professionals sensitive to the cultural characteristics of Hispanics are in a unique position to increase adequate mental health service care to this population.

CULTURAL CONSIDERATIONS

Inherent Plurality in the Hispanic Culture

At least one common myth decreases the quality of mental health service the Hispanic receives. It states that ethnic matches of client and therapist increase the likelihood of good treatment outcome. This myth is based on the assumption that there is a generic culture common to all Hispanics.

Available research has not shown consistently that ethnic or racial match between therapist and client improves treatment outcome; rather, a *cultural* match appears to be more important than ethnic match (Sue, 1988). Several areas encompass this cultural match. Some of them include recognizing the attitudes and values of the ethnic culture, understanding the ethnic client's conceptualization of his or her problem, understanding ethnic common means for solving problems and establishing common therapist-client goals for therapy outcome (Sue & Zane, 1987). Clearly, the clinician who is thoroughly acquainted with important cultural characteristics of the particular ethnic population he or she works with will be better able to serve them.

Given that the term "Hispanic" encompasses a wide variety of subcultural groups, any generalizations presented in this article must be taken as tentative hypotheses to be confirmed or refuted by the clinician's actual encounter with the particular Hispanic client. The cultural considerations discussed in this paper, if used properly, would merely serve to orient the practitioner to be observant of and sensitive to certain issues which may have an impact on the efficacy of therapy with Hispanic clients.

Unless otherwise specified, the word "Hispanic" in this article will represent the lower income class of Caribbean, Central, and South American Hispanics, since these are the most common immigrants to the United States. Where comments refer to a specific subculture only, that subculture will be named.

The Language Factor

Linguistic accessibility is perhaps the single most important aspect of any mental health program's attempt to deliver services in a culturally sensitive manner (Rogler et al., 1987). Several methods have been employed to help overcome communication and cultural obstacles. Acosta and Cristo (1981) creatively used paraprofessionals from the same neighborhoods as their Hispanic clients to serve

as translators and cultural consultants to therapists who were neither bicultural nor bilingual. To increase their usefulness, these paraprofessionals were trained in the nomenclature and key concepts used in psychotherapy. Although third-party involvement complicated the therapeutic situation, the program doubled the number of Hispanic clients seen at the mental health clinic. Acosta and Cristo (1981) advocate further empirical research to investigate the efficacy of their program.

Although this solution has potential, the use of paraprofessionals may be problematic. Marcos (1979) notes that without psychiatric training, translators can minimize or normalize a client's complaints and therefore mislead the clinician. The interpreter also may omit, condense, or change the focus of what was said. Finally, if the interpreter is a family member, he or she may deliberately attempt to minimize the psychopathology present in the client. Ho (1987) notes that when children are used as translators for their parents, the hierarchical nature of many Hispanic families is inverted, with the parent becoming dependent on the children in a culturally threatening way that can greatly impede any sort of therapy.

Clearly with the problems presented in the language barrier, the need for more Hispanics in clinical psychology programs is evident. Furthermore, clinical programs should actively promote bilingual training among their students to overcome this barrier.

Assessment of Acculturation

Accurate assessment of the client's need for bicultural services is essential to appropriate delivery of services. Many Hispanic clients are put into bicultural treatments solely on the basis of their Spanish surname, or simply by asking the client which would be preferred (Ruiz, 1981). With extant acculturation measures becoming available for several Hispanic subcultural populations, Rogler et al. (1987) and Ruiz (1981) note that erroneous acculturation assessment through surname or stated preference need not occur.

Some extant instruments include Cuellar, Harris, and Jasso's (1980) acculturation scale for Mexican Americans, and Szapocznik, Scopetta, and King's (1978) scale for Cubans. These instruments can greatly aid the clinician in acculturation assessment with these populations. Some promising work on a short 12-item scale for the general Hispanic population has also been done (Marin, Sabogal, Marin, Otero-Sabogal, & Perez-Stable, 1987).

Furthermore, acculturation and assimilation are complex processes (Ruiz, 1981). One can conceptualize acculturation as a continuum with totally Hispanic on one extreme end and totally Anglo on the other. Often, a client may behave in a more Anglo fashion in certain circumstances, and a more Hispanic way in others. For instance, a Hispanic may behave in a more Anglo manner at work or school, yet at home behave in a more Hispanic way. Such behaviors complicate the assessment of acculturation and obscures the focus of therapy. This implies that the therapist may have to determine whether a particular Hispanic with a particular given set of problems will respond better to a bicultural approach or a more Anglo one, or whether a given individual will need both types of treatment, varying from situation to situation.

Dynamics of the Hispanic Family

In addition to the language and acculturation factors, the extended family dynamics of some more traditional Hispanics are relevant to counseling members of this population. Traditionally, Hispanics operate in an extended, hierarchical

family structure (Carillo, 1982; Ho, 1987; Martinez, 1988). The husband is expected to be the economic provider and family protector. He acts as the final disciplinarian of the children, but does not play an active part in their daily care. The mother acts as homemaker and caretaker of the children, providing nurturance and support. It is this mother-child bond that keeps the wife committed to the family greater than the husband-wife bond. Grandparents, uncles, aunts, and cousins take on important family roles. The individual derives much esteem directly from his or her relationship with the extended family. For this reason, the needs of the individual are subordinate to the needs of the family. In times of nuclear family crisis, the extended family network frequently acts as a mediator (Ho, 1987; Ramos-McKay, Comas-Diaz, & Rivera, 1988).

One must be careful to detect family dynamics that are not explicitly expressed. Given the wife's central role in the daily life of the family, she often may have more covert power than assumed, while overtly adhering to her husband's authority. In addition, Hispanic families also may have husbands who are submissive or egalitarian in relation to their wives (Ho, 1987).

As Hispanics move up the socioeconomic ladder and assimilate Anglo values, adherence to traditional familial norms decreases (Carillo, 1982; Ho, 1987). In addition, the women's rights movement continues to produce changes in the sex roles of Hispanics. Urbanization gives women more economic independence; nevertheless, Hispanic families do tend to exhibit a more rigid adherence to traditional sex roles than non-Hispanic groups (Carillo, 1982; Martinez, 1988). With these factors in mind, the mental health professional needs to exercise caution in the assessment of the Hispanic family. Information on Hispanic family tendencies must be used without stereotyping all Hispanic families seen.

In the immigration process to the United States, a major stressor for the Hispanic family is the loss or reduction of extended family contact (Ho, 1987; Ramos-McKay et al., 1988). One of the chief preventive psychological interventions for recently immigrated Hispanics is the formation of surrogate extended families, i.e., the development of close relationships with individuals who would assume the roles of lost uncles, aunts, cousins, etc. (Padilla et al., 1988). The therapist could greatly facilitate the client in problem-solving around the development of this social network.

Another typical problem is that children frequently acculturate faster than their parents (Bernal & Gutierrez, 1988; Martinez, 1988). Parents often react to this with increased restrictiveness as their children grow, particularly with their daughters in terms of dating practices (Ho, 1987). Renegotiation in these areas can be a complex and delicate task.

Treatment Considerations for Hispanic Men and Women

On the individual level, a few common attitudes and gender roles that characterize some Hispanic people may influence their behavior in the counseling setting. *Macho* attitudes can interfere with therapy with Hispanic males. *Macho* clients frequently deny feelings, illness and pain. They may remain silent in therapy and attempt to divert feelings as they surface. To cry in front of a therapist is a sign of weakness; sharing feelings is construed as giving the therapist power. The therapist must give the client explicit permission to express feelings and must keep in mind that this may be a new and unfamiliar relationship for the client (Bach-y-Rita, 1982).

Among the Hispanic male's issues, unemployment may be a particularly strong crisis because of the *macho* client's need to be provider, especially if his wife is employed. In addition, passive aggressive behavior, hallucinations, and alcoholism

with related violence may be themes found in therapy with males. Meadow (1982) notes passivity may be more culturally engrained in some Hispanic subcultures, such as the Mexican subculture, than the Anglo. Males may drink to overcome this passivity and become more aggressive, sometimes resulting in violent acts. It is not uncommon for the Mexican male to believe he can express his true feelings only when he's drunk.

Hispanic women are more frequently seen in therapy than Hispanic men (Espin, 1985). As mentioned, the traditional Hispanic role of the submissive wife is changing, yet strong cultural mores continue to encourage this behavior (Carillo, 1982; Espin, 1985). Having a husband is seen as an important part of the enculturated Hispanic women's esteem.

Acculturation to western culture, sex roles, and the possibility of employment may create conflicts for the Hispanic woman and challenge the traditional Hispanic family framework (Canino, 1982; Espin, 1985). While more research on effective treatment interventions with Hispanic women needs to be done, Espin (1985) espouses active family involvement in treatment to address these issues. Further amplification on these issues may be found in a recent issue of the *Psychology-of-Women-Quarterly* (1987).

Attitudes Toward Authority Figures and Expectations for Therapy

There is some evidence that Hispanic clients' attitudes towards authority figures and expectations of therapy influence their behavior in the counseling setting as well as their satisfaction with the services they receive. For example, in some subcultures, Hispanics engage in little eye contact and remain relatively quiet as an attitudinal sign of respect for the therapist (Rosado, 1980).

External causation of emotional distress is frequently emphasized over internal, intrapsychic causation. Such causation might be of a religious nature (Bach-y-Rita, 1982). During the initial phase of therapy, a tone of acceptance rather than confrontation of these attitudes is advised. In addition, Hispanics frequently conceptualize symptoms in *somatic* terms rather than *emotional* ones (Malgady, Rogler, & Constantino, 1987). This may be due to the stigma associated with seeking treatment for a psychological illness, as opposed to neutrally evaluated physical illnesses. Meadow (1982) recommends that the therapist not attack this defense, especially with males because of their macho concept. The medical context provides a mitigating circumstance for complaining.

The expectations of Hispanics often differ from those of Anglos. For example, the Hispanic frequently expects the therapist to be active and directive, providing advice and concrete suggestions. Often, therapy is expected to be short term (Rosado, 1980). The Hispanic frequently considers it impolite to disagree with the therapist (Meadow, 1982).

Such expectations and attitudes may seriously clash with those of the Anglo therapist who expects the client to have a more internal orientation to causation, the willingness to introspect, and a cultural mind-set more open to disagreement with authority figures. These clear differences may explain why unmet role expectations are a major reason for the discontinuation of psychotherapy by Hispanics (Acosta, Yamamoto, & Evans, 1982). Unless such expectations are known, serious therapeutic errors can occur. "Resistance" may actually be a lack of cultural sensitivity on the therapist's part.

With these considerations in mind, the importance of pre-therapy orientation before actual psychological intervention with the Hispanic cannot be overemphasized. The Hispanic's expectations must be explicitly solicited, not assumed to be the same as the therapist. In addition, the therapist must monitor for nonverbal signs of disagreement or confusion on the part of the Hispanic in the therapy process, encouraging verbalization of these feelings so that issues can be clarified. Acosta et al. (1982) have developed an orientation program which may help Hispanics be more self-disclosing and expressive of feelings, needs, and their expectations of therapy.

Therapy Mode Considerations—Individual, Family and Group

Most researchers agree that traditional insight-oriented psychotherapy for the lower income, inner city Hispanic is a grossly inappropriate modality (Rogler et al., 1987; Ruiz, 1981), although some attempts have been made to make it more suitable (e.g., Bluestone & Vela, 1982). More present time-oriented approaches show greater promise. For example, Arce and Torres-Matrullo (1982) suggest that the cognitive-behavioral approach has features that make it amenable to therapy with Hispanics. When applied in a culturally sensitive manner, they note its structured, goal-oriented, problem-solving approach may fall more in line with the Hispanic's expectations for therapy.

Because the Hispanic client is frequently embedded within an extended family network, family therapy is often necessary and may be the treatment of choice in many instances over individual therapy (Espin, 1985; Ruiz, 1981). Ho (1987) has described modifications to family therapy techniques to enhance their cultural relevance and effectiveness with the Hispanic population. For example, such treatment should be modified to utilize the strength of the mother-child bond over the husband-wife bond. Otherwise, marital therapy or a premature focus on the marital relationship as the source of family problems may lead to quick termination of treatment.

Group therapy also shows much promise. Acosta (1982) notes that this therapy mode is both resource and cost effective. After negotiating the initial characteristic fear of gossip in most Hispanic groups, McKinley (1987) points out several factors that favor group therapy. She notes the therapists are less threatening as authority figures for the Hispanic because they are shared. The relatively silent Hispanic clients can still benefit from group discussions. The therapists' roles in defining, setting, and protecting the norms of the group come close to the client's expectations. In addition, the client's expectations for advice are not frustrated. Common group themes include acculturation stress, family breakdown, impact of discrimination, and somatization of psychological problems (Acosta, 1982).

CHRISTIAN PERSPECTIVES

Religion plays an important part in the lives of many lower income Hispanics. Religious orientations of the population include Roman Catholicism and evangelical Protestantism.

The Catholic faith has had definite effects on the lives of the people of Central and South America for over four centuries. It is of primary importance to note the way many poor Hispanics use their Catholic faith to address suffering. Catholicism gives suffering meaning. A rich history of saints and martyrs enduring suffering for good causes, combined with religious rituals (such as Lent) that emphasize the role of suffering, elevate suffering to a dignified place, worthy of high esteem and admiration (Bach-y-Rita, 1982). Thus, a form of altruism similar to martyrism on the behalf of others receives much more cultural-religious sanction than emphasis

on meeting individual needs. Such a pattern has been noted already in relation to the extended Hispanic family; however, without knowledge of the deep cultural-religious dimensions of this behavior, serious clinical misinterpretation can occur. What may appear as masochism can actually be the culturally sanctioned role of the suffering wife.

Bach-y-Rita (1982) emphasizes this point in working with Mexican American women:

> The constantly reappearing theme in the course of therapy ... is the issue of suffering as exemplified by the often repeated statement of how the family, children, and husband have made her suffer, and what abnegation has been endured. These statements can easily be misinterpreted as masochism. A second look will often reveal the woman to be saying that she is a good, strong woman who has done her womanly duties very well and has fulfilled her culturally sanctioned role. The phenomenon is particularly evident in group or family sessions when the older women may vie for the most suffering of all. (p. 33)

When seen in this light of cultural reinforcement combined with the Catholic prohibition against divorce, one may better understand why the Hispanic woman may remain with a severely abusive husband for an extraordinary amount of time. Indeed, despite lower socioeconomic conditions, high unemployment, and the stresses of immigration and acculturation, national statistics have consistently reported the divorce rate among Hispanics lower than that for Anglo populations, with urban common law marriages being the only exception to this rule (Ho, 1987). The Christian therapist may be able to better empathize with the religious dimensions of the Hispanic woman's family commitment, and help her take steps consistent with her faith that insure her safety and that of her children if an abusive environment does exist. As previously noted, unlike the Anglo culture, the strength of the wife's family commitment often lies in the mother-child bond, and not the husband-wife bond. Thus, interventions framed in a way that addresses her religious concerns, while focusing on the wife's commitment to her children, may increase the likelihood of treatment compliance.

The Catholic faith may be mixed with local folk religions. It is not uncommon for the devout Catholic to practice a form of local spiritualism (Bach-y-Rita, 1982; Martinez, 1988; Rosado, 1980). Presently, the amount of such practices among Hispanic evangelical Protestants is unclear. *Curanderismo, santeria,* and *espiritismo* are some subcultural terms describing this practice. Generally these folk religions emphasize the presence of numerous spirits which can impact one's life for good or evil. At times of crisis or ill health, these spiritualists may be consulted in addition to, or instead of, doctors or Catholic priests (Martinez, 1988). Although subcultural variations in folk healing prevalence exist (see Padilla & Salgado de Snyder, 1985), the clinician should keep in mind the possibility of such practices with most lower income Hispanic clients.

Some Christians believe that certain folk healing practices may involve demonic activity. Recently, more Christian mental health professionals have been examining the possibility of demonic spiritual involvement in addition to biopsychosocial variables in the etiology of mental illness, and have expressed a variety of views (Beck & Lewis, 1989; Bufford, 1988; Page, 1989a, 1989b; Wilson, 1989). It is the authors'

belief that such demonic involvement can occur, and that some Hispanic subcultural folk healing practices may leave the individual open to such influence. The Christian therapist should assess this possibility carefully and consider culturally appropriate Christian interventions if necessary.

In addition to Catholicism and folk religions, recent years have seen the rapid rise of conservative evangelical Protestantism in Central and South America, in particular, along Charismatic and Pentecostal lines (Rodriguez, 1989). Such conservative faith, with its strong emphasis on the spiritual world, appears to correspond with the Hispanic emphasis on the spiritual world in the same way as Catholicism does. However, Rodriguez (1989) hypothesizes that since Protestantism is associated with the economically successful West, it has become more appealing to Hispanics than Catholicism, which is associated with the poor third world. Indeed, while Catholic doctrine is designed to help the individual tolerate poverty, Protestant doctrines, such as the Protestant work ethic, encourage the Hispanic to actively attempt to overcome it. These factors may help account for why evangelical Protestantism is increasing in the Hispanic world. Estimates suggest that there are over 50 million such Protestants in Latin America at present (compared to less than 200,000 Protestants at the turn of the century). One in eight Latin Americans is now evangelical Protestant. Thus, the clinician may encounter more evangelical Protestants among the Hispanic population than once assumed.

To deal with the stresses of immigration to the United States, Catholicism and evangelical Protestantism may take on even more significance. As Bach-y-Rita (1982) describes it:

> It is the apparent chaos of the American society ... which among other issues poses enormous problems for the rural Mexican immigrant or the Mexican American. When his moral insights or analytical capacities or past experiences are insufficient to make sense out of this new chaos, suffering begins. It is at this point that either religion or psychiatry, or both, are needed to provide a new framework for order. (p. 32)

Thus, it seems that effective counseling should support and utilize the social support system inherent in the religious tradition of the Hispanic immigrant.

To address the spiritual concerns of the Hispanic, several modes of intervention have been used. Clergy consultations are common and useful (Ramos-McKay et al., 1988). Bach-y-Rita (1982) notes that behavior therapy can be applied in culturally relevant ways with the Christian Hispanic. Christian approaches to cognitive-behavioral therapy have recently been described (e.g., see Backus, 1985; Crabb, 1977; Craigie & Tan, 1989; Tan, 1987; Worthington, 1982; Wright, 1986). The limited research on these approaches provides conflicting results concerning any superiority over purely secular cognitive-behavioral approaches; yet the research also suggest that these approaches are equally effective as secular approaches (Johnson, 1990; Pecheur & Edwards, 1984; Propst, 1980). Such Christian approaches may be modified in culturally appropriate ways for the Hispanic client.

Clearly, the mental health professional working with the Hispanic population must be sensitive to the religious background of the client. Without knowledge of the religious dimensions of the Catholic Hispanic's view of suffering, inappropriate and ineffective interventions may be attempted. According to many evangelical Hispanic pastors in the Los Angeles area, most Hispanic evangelicals highly dis-

trust the use of psychological treatment for members of their congregations who are in emotional distress because they fear psychologists will promote unbiblical patterns of living. The threatening nature of therapy for the evangelical Protestant client must therefore be addressed with sensitivity.

The Harvest is Plentiful, but the Laborers are Few

The study of the Hispanic subculture clearly indicates a great need for bicultural, bilingual, religiously sensitive mental health professionals in providing mental health services to Hispanics. Given this evidence, we believe that the culturally sensitive, Christian mental health professional is in a unique position to address the spiritual concerns of many Hispanic clients. Such a therapist can be sensitive to the Hispanic evangelical's concern that therapy be conducted in a manner consistent with biblical principles. Such sensitivity could drastically lower the resistance of such Hispanics who need psychotherapy.

Unfortunately, one of the most important needs—for bilingual, bicultural therapists—is not being met. Christensen, Miller, and Munoz (1978) address this problem in detailing a plan for the use of bicultural, bilingual paraprofessionals in community mental health centers treating Hispanics. Munoz (1982) elaborates the need for the psychologist to develop the intervention procedures, educate, train and supervise these paraprofessionals, and evaluate the various levels of treatment empirically for effectiveness. He argues that the use of such paraprofessionals would be cost-efficient, resource-efficient, and more responsive to the immense need that is present. It should be noted that the research literature on the effectiveness of paraprofessional counselors in other contexts is favorable in many circumstances (Berman & Norton, 1985; Durlak, 1979; Hattie, Sharpley, & Rogers, 1984), although some methodological issues still remain unresolved (see Durlak, 1981; Nietzel & Fisher, 1981).

The present authors strongly agree with this position and would add the following considerations. In light of the frequent spiritual concerns of the Hispanic client, paraprofessionals sensitive to these concerns could be used with great therapeutic gain. The church is a well-spring of potential "lay counselors."

Tan (1991) has outlined three general models of lay counseling which may be incorporated into a local church body. In the "informal, spontaneous" model, the pastor uses the pulpit or classes to encourage the development of a caring therapeutic environment in the church. In the "informal, organized" model, a specific group of people is selected, trained, and supervised but the lay counseling ministry occurs informally in the church, homes, restaurants, hospitals, etc. In the "formal, organized" model, the counseling happens in a formal center. The director is usually a professional, but the majority of the counseling is done by lay members.

While we agree that paraprofessional services are definitely needed in community mental health center work, as Christensen et al. (1978) and Munoz (1982) espouse, we also believe that these three models, especially the "informal organized" model, modified in culturally sensitive ways, could reach even more needy Hispanics than a community mental health center alone. Granted, much work would be needed in cultivating a trusting relationship between mental health professionals and the clergy. In addition, the inherent structural nature of the Catholic church might pose great difficulties.

Such an effort is worth the time. Perhaps the strongest argument for this effort is the fact that *the church is already a culturally accepted resource for receiving help and support.* Seeking the counsel of a Catholic priest or an evangelical pastor

involves little or no stigma. With the church's endorsement, activities that are essentially counseling in nature could be done without the resistance such activities might receive in other contexts. Therapeutic interventions would be enhanced because of the culturally acceptable environment to receive help.

It should be noted that a growing body of literature considering cross-cultural counseling from a Christian perspective is also now available (Augsburger, 1986; Ridley, 1986; Tan, 1989; Uomoto, 1986). The earlier lay counseling models can be developed sensitive to the spiritual concerns of many Hispanics, the sooner the great need of the Hispanic population may be more fully addressed. As with other lay counseling programs, the authors encourage thorough empirical evaluation of any models employed. Truly, the harvest is plentiful.

CONCLUSION

When arriving in this country, lower income Hispanics face numerous social, economic and emotional stressors. Despite their great need, they often do not seek the aid of mental health professionals. Cultural impediments inherent in the mental health system, as well as other Hispanic emotional support systems, may account for this behavior. This article has attempted to address special considerations necessary for the delivery of culturally sensitive services to the lower income Hispanic client. In addition to the language factor, treatment must consider such areas as acculturation level, expectations in treatment, male and female cultural roles, and extended family dynamics. Such considerations may alter interventions in individual, group and family therapy.

We have attempted to demonstrate the prominent role the Christian faith plays in the lives of many Hispanic immigrants. Therapists must be sensitive to this influence in order to provide sound treatment. Clergy consultations are often useful.

We further argue that an untapped gold mine awaits the culturally sensitive Christian mental health professional, one which these professionals are uniquely suited for. They can provide approaches integrating Christian and psychological principles which thoroughly address the spiritual concerns of many Hispanics.

Due to the lack of bicultural therapists and financial issues, paraprofessionals are frequently used in the treatment of Hispanics. Here again, the Christian clinician is in a unique position to help. Given that the church is already a culturally sanctioned place to receive help for emotional problems, such professionals can work with the clergy and train lay counselors inside the church itself. Several lay counseling models were presented as possibilities. Together the church and the Christian mental health professional have a unique opportunity to come together in response to the needs of a desperately underserved population. Let us pray to the Lord of the harvest, that he might send forth laborers into the field.

REFERENCES

Acosta, F. X. (1982). Group psychotherapy with Spanish-speaking patients. In R. M. Becerra, M. Karno, & J. Escobar (Eds.), *Mental health and Hispanic Americans: Clinical perspectives* (pp. 183-198). New York: Grune & Stratton.

Acosta, F., & Cristo, M. (1981). Development of a bilingual interpreter program: An alternative model for Spanish speaking services. *Professional Psychology, 12,* 474-482.

Acosta, F., Yamamoto, J., & Evans, L. (1982). *Effective psychotherapy for low income and minority patients.* New York: Plenum Press.

Arce, A., & Torres-Matrullo, C. (1982). Application of cognitive behavioral techniques in the treatment of Hispanic patients. *Psychiatric Quarterly, 54,* 230-236.
Augsburger, D. (1986). *Pastoral counseling across cultures.* Philadelphia: Westminster.
Bach-y-Rita, G. (1982). The Mexican American: Religious and cultural influences. In R. M. Becerra, M. Karno, & J. Escobar (Eds.), *Mental health and Hispanic Americans: Clinical perspectives* (pp. 29-40). New York: Grune & Stratton.
Backus, W. (1985). *Telling the truth to troubled people.* Minneapolis: Bethany.
Beck, J. R., & Lewis, G. R. (1989). Counseling and the demonic: A reaction to Page. *Journal of Psychology & Theology, 17,* 132-134.
Berman, J. S., & Norton, N. C. (1985). Does professional training make a therapist more effective? *Psychological Bulletin, 98,* 401-407.
Bernal, G., & Guttierrez, M. (1988). Cubans. In L. Comas-Diaz & E. Griffith (Eds.), *Clinical guidelines in cross-cultural mental health* (pp. 233-261). New York: Wiley.
Bluestone, H., & Vela, R. (1982). Transcultural aspects in the psychotherapy of the Puerto Rican poor in New York City. *Journal of the American Academy of Psychoanalysis, 10,* 269-283.
Bufford, R. (1988). *Counseling and the demonic.* Dallas, TX: Word Books.
Canino, G. (1982). The Hispanic woman: Sociocultural influences on diagnoses and treatment. In R. M. Becerra, M. Karno, & J. Escobar (Eds.), *Mental health and Hispanic Americans* (pp. 117-138).
Carillo, C. (1982). Changing norms of hispanic families: Implications for treatment. In E. Jones & S. Korchin (Eds.), *Minority mental health* (pp. 250-266). New York: CBS Educational & Professional Publishing.
Christensen, A., Miller, W., & Munoz, R. (1978). Paraprofessionals, partners, peers, paraphernalia, and print: Expanding mental health service delivery. *Professional Psychology, 9,* 249-270.
Crabb, L. (1977). *Effective biblical counseling.* Grand Rapids: Zondervan.
Craigie, F. C., & Tan, S. Y. (1989). Changing resistant assumptions in Christian cognitive-behavioral therapy. *Journal of Psychology & Theology, 17,* 93-100.
Cuellar, I., Harris, L., & Jasso, R. (1980). An acculturation scale for Mexican American normal and clinical populations. *Hispanic Journal of Behavioral Sciences, 2,* 199-217.
Durlak, J. A. (1979). Comparative effectiveness of paraprofessional and professional helpers. *Psychological Bulletin, 86,* 80-92.
Durlak, J. A. (1981). Evaluating comparative studies of paraprofessional and professional helpers: A reply to Nietzel and Fisher. *Psychological Bulletin, 89,* 566-569.
Espin, O. (1985). Psychotherapy with Hispanic women: Some considerations. In P. Pederson (Ed.) *Handbook of cross-cultural counseling* (pp. 165-172). Westport, Connecticut: Greenwood Press.
Hattie, J., Sharpley, C., & Rogers, H. (1984). Comparative effectiveness of professional and paraprofessional helpers. *Psychological Bulletin, 95,* 534-541
Ho, M. K. (1987). Family therapy with Hispanic Americans. *Family therapy with ethnic minorities* (pp. 123-177). Newbury Park, CA: Sage Publications.
Hough, R, Landsverk, J., Karno, M., Burnam, A., Timbers, D., Escobar, J., & Regier, D. (1987). Utilization of health and mental health services by Los Angeles Mexican Americans and Non-Hispanic whites. *Archives of General Psychiatry, 44,* 702-709.
Johnson, W. (1990). The comparative efficacy of religious and nonreligious Rational-Emotive Therapy with religious clients. Unpublished doctoral dissertation, Graduate School of Psychology, Fuller Theological Seminary, Pasadena, CA.
Malgady, R., Rogler, L., & Constantino, G. (1987). Ethnocultural and linguistic bias in mental health evaluation of Hispanics. *American Psychologist, 42,* 228-234.
Marcos, L. (1979). Effects of interpreters on the evaluation of psychopathology in non-English-speaking patients. *American Journal of Psychiatry, 136,* 171-174.
Marin, G., Sabogal, F., Marin, B., Otero-Sabogal, R., & Perez-Stable, E. (1987). Development of a short acculturation scale for Hispanics. *Hispanic Journal of Behavioral Sciences, 9,* 183-205.

Martinez, C., Jr. (1988). Mexican-Americans. In L. Comas-Diaz & E. Griffith (Eds.), *Clinical guidelines in cross-cultural mental health* (pp. 182-203). New York: Wiley.
McKinley, V. (1987). Group therapy as a treatment modality of special value for Hispanic patients. *International Journal of Group Psychotherapy, 37,* 255-265.
Meadow, A., (1982). Psychopathology, psychotherapy, and the Mexican-American patient. In E. Jones & S. Korchin (Eds.), *Minority mental health* (pp. 331-360). New York: CBS Educational & Professional Publishing.
Munoz, R., (1982). The Spanish-speaking consumer and the community mental health center. In E. Jones & S. Korchin (Eds.), *Minority mental health* (pp. 362-398). New York: CBS Educational & Professional Publishing.
Nietzel, N. T., & Fisher, S. G. (1981). Effectiveness of professional and paraprofessional helpers: A comment on Durlak. *Psychological Bulletin, 89,* 555-565.
Padilla, A., Cervantes, R., Maldonado, M., & Garcia, R. (1988). Coping responses to psychosocial stressors among Mexican and Central American immigrants. *Journal of Community Psychology, 16,* 418-424.
Padilla, A., & Salgado de Snyder, N. (1985). Counseling Hispanics: Strategies for effective intervention. In P. Pederson (Ed.), *Handbook of cross-cultural counseling and therapy.* Westport, CT: Greenwood Press.
Page, S. (1989a). Exorcism revisited: A response to Beck and Lewis and to Wilson. *Journal of Psychology & Theology, 17,* 140-143.
Page, S. (1989b). The role of exorcism in clinical practice and pastoral care. *Journal of Psychology & Theology, 17,* 121-131.
Pecheur, D., & Edwards, K. (1984). A comparison of secular and religious faith in psychotherapy. *Journal of Psychology and Theology, 12,* 45-54.
Propst, R. (1980). The comparative efficacy of religious and non-religious imagery for the treatment of mild depression in religious individuals. *Cognitive Therapy and Research, 4,* 167-178.
Psychology-of-Women-Quarterly, (1987). Special Issue: "Hispanic women and mental health," 11(4), 393-532.
Ramos-McKay, J., Comas-Diaz, L., & Rivera, L. (1988). Puerto Ricans. In L. Comas-Diaz & E. Griffith (Eds.), *Clinical guidelines in cross-cultural mental health* (pp. 204-232). New York: Wiley.
Ridley, C. R. (1986). Cross-cultural counseling in theological context. *Journal of Psychology and Theology, 14,* 288-297.
Rodriguez, R. (1989, August 13). A continental shift: Latin Americans convert from Catholicism to a more private Protestant belief. *The Los Angeles Times,* part V, pp. 1, 6.
Rogler, L., Malgady, R., Costantino, G., & Blumenthal, R. (1987). What do culturally sensitive mental health services mean? The case of Hispanics. *American Psychologist, 42,* 565-570.
Rosado, J. (1980). Important psychocultural factors in the delivery of mental health services to lower class Puerto Rican clients: A review of recent studies. *Journal of Community Psychology,* 215-226.
Ruiz, P. (1981). Cultural and historical perspectives in counseling Hispanics. In D. Sue (Ed.), *Counseling the Culturally Different.* New York: Wiley.
Sue, S. (1988). Psychotherapeutic services for ethnic minorities. Two decades of research findings. *American Psychologist, 43,* 301-308.
Sue, S., & Zane, N. (1987). The role of culture and cultural techniques in psychotherapy: A critique and reformulation. *American Psychologist, 42,* 37-45.
Szapocznik, J., Scopetta, M., & King, O. (1978). Theory in matching treatment to the special characteristics and problems of Cuban immigrants. *Journal of Community Psychology, 6,* 112-122.
Tan, S. Y. (1987). Cognitive-behavior therapy: A biblical approach and critique. *Journal of Psychology and Theology, 15,* 103-112.
Tan, S. Y. (1989). Psychopathology and culture: The Asian American context. *Journal of Psychology and Christianity, 8,* 61-75.

Tan, S. Y. (1991). *Lay counseling: Equipping Christians for a helping ministry.* Grand Rapids, MI: Zondervan.
Uomoto, J. M. (1986). Delivering mental health services to ethnic minorities: Ethical considerations. *Journal of Psychology and Theology, 14,* 15-21.
Wilson, W. P. (1989). Demon possession and exorcism: A reaction to Page. *Journal of Psychology & Theology, 17,* 135-139.
Worthington, E. (1982). When someone asks for help: A practical guide for counseling. Downers Grove: InterVarsity Press.
Wright, H. N. (1986). *Self-talk, imagery, and prayer in counseling.* Waco: Word Books.

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An Annotated Bibliography on Multicultural Counseling

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Acosta, F.X., Yamamoto, J., & Evans, L.A. (Eds.). (1982). *Effective Psychotherapy for low-income and minority patients.* New York: Plenum Press.

This text is designed to explain low-income population characteristics and treatment issues. The book is outlined in a simple, straightforward fashion and might be useful as an introductory text for beginning therapists wanting to know more about multicultural populations. Self-assessment exercises are included throughout the text. Poor and working class patients are described in terms of their characteristics and perceived attitudes about psychotherapy. Barriers toward treatment and effective approaches are also discussed.

A series of chapters describe the sociocultural characteristics of Hispanics, Blacks, and Asian Americans and the ambivalent attitudes they often have toward mental health services. Case studies are used to demonstrate ways to work with clients from each culture. Common problems encountered by therapists and effective techniques needed are discussed. There is also a chapter describing a viewpoint of being Black and poor in the United States and another chapter devoted to reactions to psychoactive drugs by Asian Americans and Whites. The final chapter discusses a patient orientation program that would help reduce the negative misconceptions and stereotypes a minority person might have of psychotherapy by demystifying the process and empowering the client. This includes a therapist orientation program designed to increase sensitivity, knowledge, and effectiveness with low-income and minority patients.

This book is basic and gives a rudimentary understanding of working with low-income or culturally diverse clients.

Atkinson, D.R., Morten, G., & Sue, D.W. (Eds.). (1989). *Counseling American minorities: A cross cultural perspective* (3rd ed.). Dubuque, IA: Wm. C. Brown Publishers.

This book attempts to help counselors and mental health practitioners examine counseling from a cross-cultural perspective. The specific populations covered in this text include American Indian, Asian American, Black, and Latino clients. In addition, the authors include three introductory chapters which discuss terminology used in cross-cultural counseling, important issues to consider when counseling cross-culturally, and racial identity development.

The chapters concerning American Indians include issues related to American Indian children and families, individual and group counseling, and social work. The Asian American chapters feature discussions about ethnic identity, facilitating a therapeutic relationship, and a chapter devoted to Vietnamese clients. The Black client is considered in the next three chapters with an emphasis on diversity within the Black community, low-income families, and the psychological issues of having White therapists treat Black clients. And the final ethnic group covered in this text,