

TOWARDS CULTURAL DEMOCRACY IN MENTAL HEALTH: THE CASE OF THE MEXICAN-AMERICAN

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Mental health institutions and personnel in general have been insensitive to cultural differences. Cultural differences have been given little consideration in development of personality theories, psychotherapeutic strategies, and psychological tests. An outstanding example of this appeared in the *Los Angeles Times* a few months ago. A Chinese-American man was committed to a state hospital in California, and was kept there for ten years simply because no one of the staff could speak his Chinese dialect!

The behavior of people who are culturally different has often been interpreted as the product of poverty or disadvantage. Thus, value differences which should be respected are not given adequate consideration by the institution in theory or in practice.

Furthermore, it is becoming increasingly obvious that many Americans who are not ostensibly culturally different retain certain aspects of ethnicity. Although they may speak English with no accent and may be Anglo in appearance, their communication, incentive-motivational, human relational, and learning styles are products of socialization practices and cultural values of their ethnic parents. Hence, cultural indifference in mental health practices has affected many more individuals than is readily apparent.

We are now moving into an era of cultural democracy in the United States. Differences in cultural values are being recognized as legitimate and important. The right of individuals to be bicultural, their right to be treated in a manner consonant with their own communication, human relational, incentive-motivational and learning styles, is being acknowledged.

Cultural democracy is critical to the mental health needs of Mexican-Americans. By looking at Mexican-American cultural values and their implications for mental health practices, some interesting conclusions may be reached.

Identification with Family, Community, and Ethnic Group

The traditional¹ Chicano has a strong sense of identification with his family. He feels that he is an integral part of his family and that his behavior reflects upon the family. In contrast to the mainstream Anglo-American, who generally demonstrates strong motivation for personal accomplishment, the Chicano is influenced by a

need to achieve for his family (Ramriez, Price-Williams, Beman, 1971). This attitude magnifies in the Chicano any feeling that he has disappointed or failed his family, or hurt them in some way by his actions. Thus, behavior disorders of many Chicanos are intimately tied to feelings about their families. Family therapy may be the answer here.

Furthermore, a series of 444 interviews of Mexican-Americans by Edgerton and Karno (March, 1971), showed that not only do traditional Mexican-Americans prefer to solve emotional problems within a family context, but also that they feel recovery is best accomplished when the disturbed individual remains with the family.

There is also need for great sensitivity on the part of the therapist when discussing family relationships with Chicano patients. Traditional Chicano culture emphasizes strong respect for parents and the marriage partner. Hence, psychotherapeutic practices which require the patient to discuss negative feelings toward these people in group situations, or before a trust relationship between patient and therapist is firmly established, are inappropriate. In many cases of this type, therapists have misinterpreted behavior of Chicano patients as uncooperative and overly defensive.

Identification with the family blends into identification with the community, which, in turn, merges into identification with the ethnic group. The individual feels that his actions reflect on his ethnic group and that he has a responsibility to help others in that group. This group identification is not reflected in treatment practices of most mental health institutions, though the resources of the ethnic group could be most helpful. Young Chicanos in the throes of an identity crisis could benefit from the guidance of other Chicanos who have already successfully coped with such problems. The same is true for Chicanos facing drug problems, alcoholism, divorces, conflicts with parents, and other crises.

An important expression of ethnic group identification is the Chicano Civil Rights Movement. Through this movement, strengths of Chicano culture which can provide a definite boost to Chicano self-esteem have been brought to light. The humanism and legends of Benito Juarez, Emiliano Zapata and Joaquin Murrieta give renewed hope to Chicanos as they face the insensitivity and racism of the society in which they live.

The spirit of La Raza, which has evolved from the Chicano Civil Rights Movement, has given hope to Chicanos in prisons, to adolescents who are failing academically, to drug addicts and alcoholics; it has given Chicanos a definite psychological strength. The spirit of La Raza, the feeling of obligation to help others of one's ethnic group, can be a very effective force in community mental health.

Identification with the Ideology of the Mexican Catholic Church

Catholic ideology requires continual self-examination concerning past sins, as well as contrition and penance for transgressions. This aspect of the religion is more rigorous and demanding in Mexican Catholic ideology, which has been influenced by pre-Columbian religions. The gods of these religions demanded great sacrifices from the individual, and penance often took the form of self-mutilation. To this is also added the ascetic influence of the conservative Spanish Catholic Church.

This tradition is intimately related to behavior pathology in Chicanos. The individual is constantly reminded of man's weaknesses and faults. He is encouraged to blame only himself. There are no excuses. Hostility, therefore, is often directed inward, causing depression and self-hatred. The result in this situation is often a tendency to turn to drugs or alcohol.

Through Mexican Catholic ideology, the Chicano develops a fear of God's displeasure; this fear may increase in intensity as he concentrates upon his transgressions. The magnitude of the sin seems greater; the punishment more awesome. It is believed that transgressions against God may result in physical illness.

In the study mentioned above (Edgerton and Karno, 1971), 84% of the Mexican-Americans interviewed in Spanish agreed that prayer could "cure" mental illness. It is obvious, therefore, that a most effective role is that of the bilingual priest. Knowledge that one's name has been included in the prayers at celebration of the Mass, as well as home visits by the local parish priest, could be most beneficial. Even more efficacious results may be reached through the power of the confessional. Mexican Catholic ideology maintains that remission of sins may be obtained through the sacrament of penance. Thus, the bilingual priest, by hearing confessions and prescribing penance, has a most dramatic opportunity to relieve guilt and fear.

Curanderos, believed to have religious powers, have been most effective in dealing with the problems stemming from a sense of guilt or fear. By informing an individual what penance is necessary to atone for a sin, the curandero supplies an opportunity for the individual to relieve his sense of guilt. Curanderos have been especially successful in dealing with psychosomatic complaints, especially paralysis of the limbs, digestive disorders, headache and neck pain. In fact, an article which appeared in the *Los Angeles Times* last November noted that a curandero has been used effectively in one of the California state hospitals.

Some therapists who have had considerable experience in working with Chicanos have also found that older generation Chicano

patients are more amenable to therapy when the therapist expresses concern for their physical health. Some measure the patient's blood pressure and pulse, or give a cursory physical examination early in treatment. This would indicate that a behavior therapy approach such as that recommended by Joseph Wolpe (1958) would be very effective with traditional Chicanos. The Jacobsonian differential response exercises would give the patient something to practice and to use when experiencing anxiety. The critical point is that behavior disorders in Chicanos are intimately tied to religious beliefs and through this to physical illness.

Personalization of Interpersonal Relationships

The traditional Chicano has a highly developed social sensitivity demanded by experience in personalization of interpersonal relationships. Commitment to help a family member, a friend, a *compadre*, *comadre*, *primo*, *tocayo*, or *concuño* is strong, and the relationships are much more personal than those of mainstream Anglo-Americans. For this reason, in many cases, a member of the extended family can be very effective as an auxiliary therapist. It is also important to note that, since the human environment is extremely important in Mexican-American culture, many behavior disorders result from a feeling of having offended someone or from sense of rejection.

In conjunction with this, it has been found that, in general, Chicanos are more field-dependent in cognitive style than middle-class Anglo-Americans. This would imply that Chicanos prefer therapists who take an active role in therapy. Establishment of a close personal relationship makes the field-dependent patient more comfortable, while facilitating his ability to model himself after the therapist.

When the therapist is not bilingual, establishment of a comfortable relation is, at best, difficult. Spanish is the language of the family, the language of intimacy, of confidence. Attempts to communicate using an unfamiliar language not only lead to misunderstanding, but emphasize a cultural difference and may result in negative affective response from the patient.

Status and Role Definition: Sex and Age

The delineation of status according to sex, age, and experience is a result of the authoritarianism² found in Mexican-American culture. Mental health personnel, then, are viewed as experts and expected to assume a very directive and active role. Non-directive therapeutic approaches, therapists who are apparently aloof or passive, are culturally inappropriate.

Both Chicanos and Chicanas are experiencing conflicts due to the rapid changes occurring in sex role definition. Chicano males sometimes misinterpret Chicana demands for recognition as a threat to their masculinity. Similarly, Chicanas sometimes misinterpret

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statements and behavior of Chicano men as condescending or exploitive.

The role of the traditional Chicana is most difficult, and most subject to interpersonal conflict. In many cases, she is expected to set aside her own interests and needs for those of other family members. She is also subject to more demanding and strict child-rearing practices. This often results in resentment, especially toward males, who usually have more freedom. Conflicts between the young Mexican-American female and her family may become so intense that she finds it necessary to leave the home. This, of course, usually results in severe guilt feelings. The role of the Chicana is, moreover, becoming increasingly complex as educational opportunities and involvement in politics increase. Chicana therapists who have experienced these conflicts and who understand the dynamics of the Chicana family could be especially effective in these cases.

Conclusion

Critical to the success of mental health institutions and practices in treatment of Mexican-Americans is increased sensitivity to cultural pluralism, to biculturality and bilinguality. Traditional theories and assessment instruments must be evaluated and developed to suit the needs of Mexican-Americans. Psychotherapy must be made consonant with the communication, human relational, incentive-motivational and learning styles of Chicanos. There is need for training of Chicano professionals and paraprofessionals to become the therapists in the barrio. Furthermore, there is need to enlighten non-Chicano mental health personnel according to the philosophy of cultural democracy.

The Mexican-American Civil Rights Movement has long and actively sought acceptance of principles reflected in the philosophy of cultural democracy. The movement has been active in the endeavor to make mental health practices and institutions responsive to the communication, human relational, incentive-motivational and learning styles of the Chicano culture. Mental health institutions must become aware of the effectiveness of the spirit of *La Raza* in treatment of Chicanos. The strengths of Mexican-American culture must be emphasized and utilized for improved mental health treatment for Chicanos. The Chicano Civil Rights Movement will revolutionize mental health in the area of sensitivity and respect for individual differences.

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FOOTNOTES

¹Mexican-Americans may be described as traditional, dualistic, or atraditional. Traditional Chicanos are those who most identify themselves with Mexican culture and who have accepted and incorporated few mainstream Anglo-American values.

²The definition of authoritarianism as it is used here implies submission to authority, rather than the traditional social science definition which implies prejudice and aggression.