CHAPTER 8

A CULTURAL PERSPECTIVE FOR SERVING THE HISPANIC CLIENT

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Hispanic Presence in the U.S.A.

RECORDED HISTORY in the U.S.A. dawns in Spanish. The first Europeans to set foot and write about continental U.S.A. were Spanish-speakers. The Hispanic impact as explorers and settlers is widely reflected in the geographic names of vast areas, ranging from the Atlantic to the Pacific (Boca Raton, San Francisco); and from the Gulf of Mexico to Canada's frontiers (Pensacola, Mobile, Colorado, San Louis). Hispanics not only discovered, settled and founded the first cities in continental U.S.A. (St. Augustine and Sante Fe) but brought alongside the basic elements or foundations of western civilization. Thus, they greatly contributed to the economic (grain cultivation, livestock, metallurgy), social (acceptance of integrated relationships between Spaniards and Indians and greater assimilation of the latter), legal (Roman Law), and a multitude of other aspects of the so-called American experience. However, the contribution of Hispanics has been at best ignored. As voiced by Walt Whitman: "I have an idea that there is much of importance to the Latin contribution to the American nationality that will never be put in sympathetic understanding and tact on the record." Maybe this omission (official and unofficial) was at first caused by the legacy of centuries old rivalries between Spain and England; between Catholics and Protestants. This might have been exacerbated by Anglo racial supremacy ideation contrasted with Hispanic overt racial and cultural blending with American Indians and Blacks. The oversight undoubtedly was later fueled by American aggressive

by differences in national origins. The largest nucleus, practically 60% of this population, is of either Mexican origin or descent. The U.S. Department of Commerce Bureau of the Census regards as persons of Hispanic origin or descent those who identify themselves as being Cuban, Chicano, Mexican, Mexican American, Puerto Rican or other Spanish/ Hispanic.

Cubans number well over 1,000,000 and are primarily concentrated in Dade County, Florida, New Jersey and New York. Other Hispanics are either descendants or originally from Central and South America as well as Spain. The diversity manifested by Hispanics due to differences in national origin entails different cultural and historical experiences, stressors and resources, resulting in different adaptive strategies.

Hispanics also manifest great heterogeneity due to variation in racial background and mixture. The Hispanic color spectrum includes mixtures of Mediterranean Caucosoids with Amerindian and African genes which have produced a highly colorful palette. The great diversity to be found among Hispanics is also accentuated by the differences caused by socioeconomic background, and by the fact that many are from rural extraction while others came to the U.S.A. well equipped with urban skills.

Yet another variable which has affected the status, self-concept and success of Hispanics in the U.S.A. and which has contributed to heterogeneity, has been the conditions in which they found themselves when they encountered mainstream America. There are great differences in the types of acculturative shock experienced by those early displaced Mexicans, victims of the great expansionary policies of the U.S.A. during the last century; the shock of conquered Puerto Ricans; and the reactions of the officially welcomed Cubans who were fleeing communist tyranny. Again, there are also great differences in the chances for positive acculturation between an immigrant of professional background and an illegal migrant.

Common Characteristics

It is very difficult to identify the various cultural traits that make up the elusive and complex concept of being Hispanic. The most obvious and salient of those common denominators is the use of the Spanish language. Spanish is today by far the most commonly spoken language outside of English in the U.S.A. There are at least 13 T.V. and 18 radio stations as well as many newspaper networks catering to the Spanish audience. The tenacity with which Spanish clings in the American expe-

Closely related to the personalistic orientation is humanism. This is a condition, mode of thought or action in which human interests, value and dignity predominate as factors determining human behavior, at the expense of institutions, legalities, and the like.

Individualism, Spanish style, is the manifestation of the assertion and acceptance of one's Being, of one's self-worth, of one's uniqueness. Individualism entails the perception that one is special to either a mother, father, wife, children, household, friends, etc. Individualism means that, at least in certain grounds, one has no substitute, one is unique and important. This strong value orientation is very early enculturated in the young by the parents who repeatedly tell their offspring about the unique place they occupy in their lives. Individualism claims that others, if they love you, should accept you the way you are. Individualism, however, does not necessarily entail strong self-interest as directive of behavior. On the contrary, the acceptance and advocacy of one's Being is an unconditional manner surprisingly causes tolerance towards others' self-assertiveness.

Authoritarianism, the condition that favors compliance to that authority which is legitimized by the family and the personal context, is also found among Hispanics. Authoritarianism fosters the acceptance of advice and directives by parents, teachers, relatives and significant others. However, authoritarianism Hispanic style does not include the acceptance of or submission to directives of official authorities (police, government officials). On the contrary, impersonal authoritarian figures and directives can and are challenged by Hispanics. This is due to what can be described as Hispanic selective compliance with the law, which viewed as impersonal, is not deemed as essentially respectable or acceptable. This orientation is linked to Hispanics' perception of rules as general guidelines which can and should be changed, and to which exceptions are expected, when other more important priorities like family or an individual's self-worth are at stake.

Paternalism is also a very prominent cultural characteristic of Hispanics. It is a condition which entails the perception that people in authority should manage and deal with subordinates in a manner similar to that of a father dealing with his children. Paternalism can be manifested in authoritarian yet caring and committed directives, which are accepted in those terms.

Another cultural trait characteristic of Hispanics is machismo. Traditionally machismo could be translated as a superlative of masculinity.

and limitations. Concurrent with fatalism and complementing it is the prevalent belief in the manifestation of luck as an unpredictable force which actively interferes in human life. The fatalistic stance and unabashed belief in luck are but manifestations of a mystical personalistic worldview which is prevalent in the Hispanic culture. This mysticism presupposes the existence of supernatural forces which willingly interfere in human affairs. In many instances, mysticism among Hispanics has not been appropriately channeled through the Catholic religion—to which officially most Hispanics are affiliated—or through other Protestant denominations, which many of them are increasingly joining. On the contrary, and probably due to the fact that the Hispanic experience in the Americas has been one of merging, syncretizing and amalgamating with other cultural experiences, Hispanics generally do not hesitate to deal, worship and communicate with other unworldly entities and forces, even when such transactions are not sanctioned by the church of their preference. The mystical view of the universe fosters the attempts to engage these forces in an active fashion on behalf of the individual.

Finally, a thorough consideration of value orientation is needed before emphasis is placed on the unique characteristics of Hispanics in relation to mental health services. There are great differences in value orientation between mainstream America and the Hispanic population of the U.S.A. Values affect a society's worldview, existential philosophy and meanings as well as life expectations. Kluckhohn and Strodtbeck (1961) developed a theory on how value orientations influence normative behavior. They identified five universal problems which confront all societies and people and for which solutions need to be provided within a limited range of variations. A society's preference for a given solution—dominant value orientation—does not however, preclude the presence of variant solutions of values seen as essential to well-being. The problems identified by Kluckhohn and Strodtbeck are: (a) the temporal focus of life, (b) the relations of man to nature and supernature, (c) the form of man's relations to other men, (d) the modality of human activity, and (e) the character of innate human nature.[6]

In reference to the **Time orientation** or the temporal focus of life, societies appraise the importance of behavior in terms of either maintaining Past traditions, considering Future repercussions, or resolving Present problems.

Mainstream White America is generally Future oriented. This society is characterized by a youth, change, and long-range planning orientation. Experience and living for today is neglected at the expense

The **Relational orientation** deals with the nature of a person's relations with other people. In societies which are Lineal oriented, authority is highly valued and it is conceptualized as flowing in a vertical hierarchical scheme. In those societies with a Collateral orientation people relate to others following a horizontal network and on a basis of inter-dependency. The Individualistic orientation leads people to relate to others according to the priorities of their own interests in an autonomous fashion disregarding vertical and lateral frames.

In most Hispanic societies, the lineal orientation is preferred; **"donde manda capitan, no manda marinero"** (where there is a captain the sailor has no voice). However, this orientation is tempered by strong collateral support systems and network. In White-American middle class society the individualistic orientation prevails. This entails the individual's reponsibility for its own life which should be realized in an independent fashion.

The **Activity orientation** deals with the way a society evaluates and perceives behavior according to the manner in which it is manifested. Those societies which are Doing oriented value the use of time engaged in activities with measurable outcomes. On the other hand, societies which are Being oriented highly value behavior which is expressive of an individual's existential yearnings. Hispanic societies generally have shown a preference towards the Being orientation. This is a reflection of Hispanic-style individualism and inner self-assertiveness: **"Yo soy el rey di mi casa"** (I am the king in my house), **"Yo soy como soy"** (I am the way I am—also meaning I'm not going to change). This orientation impacts Hispanic perception of personality as fixed, practically immutable, and deserving of acceptance and respect, unless manifesting blatant anti-social behavior.

The White American middle class generally has shown a preference for the Doing orientation. People are assessed according to what they accomplish rather than what they are in essence.

The **Human Nature orientation** expresses how society perceives human qualities in terms of essential goodness, evilness or a combination of both. Those societies which perceive human beings as innately Good have a positivistic, optimistic view of human nature, in spite of its being susceptible to corruption triggered by society's forces. Those societies which are Evil oriented see man as essentially Evil-but-perfectible. In societies which are Neutral oriented man is perceived as neither Good nor Evil but as highly susceptible to good and evil according to the circumstances. Hispanics and many of the Mediterranean societies have

terviewed in English they are placed in situations of greater stress by cross-cultural, cross-language factors which can affect the therapist's perception of the client's mental status (Marcos & Alpert, 1976). Furthermore, as the patient is expected to communicate in the language in which he feels less competent, the therapist will be missing the full impact of the verbal communication and also the patient's non-verbal cues.

Cultural differences in perceptions of health and illness, etiology and treatment, are also reasons why Hispanics do not adequately use mental health services. Cultural interpretations of symptoms can lead a Hispanic to seek help from a medical doctor instead of a mental health professional. This might result in inadequate treatment or no treatment at all (psychosomatic illness). In many other instances, and within their cultural context, a Hispanic might attribute his symptoms to supernatural causation and will seek relief from indigenous healers (see Garrison, 1977; Ruiz & Langrod, 1976; Sandoval, 1977, 1979). Yet in other instances the potential client's unfamiliarity with mental health services will render him incapable of seeking appropriate help.

Cultural differences in personality perceptions might render therapeutic modalities as useless. Hispanic perception of personality in general is that of a fixed entity. This leaves little room for therapeutic modalities that solely deal in intrapsychic process and are aimed at promoting personality change, growth and awareness. Cultural differences which affect expectations concerning therapeutic outcome may render the services as irrelevant (Acosta, Yamamoto, & Evans, 1982). The therapist might be seeking to assist the client in effecting a great change in his life while the client is only seeking help to alleviate and adjust to the surrounding conditions affecting him.

The Ethnic Team Approach

There is a scarcity of mental health services available to Hispanics and great cultural barriers which impede the utilization of such services even when available and accessible to Hispanics and to other ethnic clients. For these reasons, there is a need to design models and strategies which would overcome barriers and facilitate the cultural appropriateness as well as accessibility of mental health services. One very successful model was designed by the Department of Psychiatry of the University of Miami (Lefley & Bestman, 1984; Weidman, 1983). This model was based on ethnic teams directed by a behavioral scientist or "culture broker" (Weidman, 1973), clinicians, psychiatrists and mental

from this treatment modality; for in-service training; and for clinical supervision of the paraprofessional staff. In turn these paraprofessional cultural specialists functioned as the front-line therapeutic team who offered clients support and assistance but did not become embroiled with clients' intrapsychic processes. This psychosocial model delivered cost effective services particularly to the chronically mentally ill, while also meeting the needs of less severe cases. The author feels that the ethnic team approach is an excellent model for the delivery of mental health services, not only to Hispanics, but to other ethnic minorities, since services are rendered within the ethnic enclave and are delivered in a culturally consonant fashion. The ethnic team services include mediation, interpretation, brokerage, and training, as well as treatment. On the other hand, the ethnic team is capable of designing specific clinical strategies which respond to the cultural characteristics and value orientation of the client.

The author observed that the Cuban ethnic team incorporated several clinical strategies which responded to Hispanic cultural characteristics and value orientation and which, in some instances, would not have been considered acceptable by White American mental health professionals. Some of these strategies were not purposely adopted but emerged as commonsensical and most effective, even when causing the trained mental health professional some discomfort and dissonance with their disciplinary training. In many cases what seemed the "natural" (culturally consonant) way of dealing with a client escaped conceptualization or open verbalization. Trained Hispanic therapists often were not aware of their deviation from standard clinical procedures. However, consciousness of this denial occurred when they were confronted with the cultural values which had elicited the change in clinical practices.

Hispanic Cultural Characteristics and Their Clinical Implications

The authors feel that a recollection of how the most salient characteristics of Hispanics affected treatment strategies at the Cuban team could give valuable cues to clinicians dealing with Hispanic clients. It is necessary to point out that these strategies responded to the needs of a specific Hispanic group: the Cubans in Dade County, who, in many ways, are unlike other Hispanics in the U.S.A. However, the examples given may be generalizable in terms of some of the modal characteristics previously discussed.

nuclear concept prevalent in mainstream America. Besides, very likely, the therapist might be faced with the refusal of some key members to participate, especially the males. On the other hand, since the client basically perceives and accepts himself as a person with an essential status and role within a family, the counselor needs to continuously assess and deal with the influence of family members on the client. The counselor has to assist the client in developing more appropriate ways to handle/interact with them. Moreover, the therapist should help the client maintain the collateral network of support (Escobar & Randolph, 1982). In other words the therapist needs to accept the family as both the most important support system of the client and probably also his greatest sources of stress. The therapist should turn into a family broker even when not exposed to all the family members, and should use his expertise to enhance the positive aspects and ameliorate the negative ones. The following is an example of such brokerage (or single person family therapy) in a clinical case history:

> Carmen is a 27-year-old Cuban female, married with no children, who came to therapy complaining of feelings of sadness and lack of fulfillment. She felt that her marital relationship was deteriorating. Carmen explained that she was an only child who had come to the U.S.A. when she was eleven with her divorced mother. Carmen met a 21-year-old man who later became her husband when she was 18. Unfortunately her mother died one year after Carmen got married. At the death of her mother, Carmen's husband and his family because "everything she had." However, Carmen felt very ambivalent. She really enjoyed her husband's relatives. She loved them, but she felt that she and her husband never had time for themselves. It was difficult for her to understand why her husband had to get involved as mediator in a father/son conflict when the teenage son of one of his cousins threatened to drop out of school. Yet, Carmen's husband felt that the role he played was part of his responsibilities toward his family. Confronting her husband regarding his assuming responsibilities she considered excessive and irrelevant would certainly damage their relationship. Besides, she did not want to risk breaking with them either. She viewed her mother-in-law as a great source of support for her. The most viable alternative for Carmen to deal with the situation was to "darle la vuelta" (go around it). In other words, to find a compromise. It was suggested by the therapist that Carmen and her husband arrange for short weekend trips as well as longer vacations alone. Thus, the pressure resulting from interacting with other family members would be regularly, though temporarily, alleviated. The therapist became a family broker. While maintaining the extended family ties, Carmen and her husband would secure some private time of their own.

whether leaving home might precipitate overdependency on alcohol, drugs, unworthy peers, mates, or counselors. On the contrary, Hispanics feel that the process of maturity is a lifelong process which cannot be fully arrived at in the early years of adulthood. Furthermore, they feel that the need for even more emotional support from parents is not necessarily a sign of immaturity. It is only natural for one to depend on those who care for you and it will only be natural for you to care for them when they need you. On the other hand, and maybe due to their neutral orientation, viewing the essence of Human Nature as neither Good or Evil but susceptible to circumstances, Hispanic parents always try to "avoid" situations which could be potentially dangerous (a young adult being by himself without the care of his parents). They feel that total independence is a folly since people who care for each other are always dependent on each other regardless of age. The Hispanic client, aware of the complexity of his social context, is willing to accept a multiplicity of roles as father, son, nephew, friend, with the multiple responsibilities it might entail.

Extended family and interdependent network orientation is behind the Hispanic father's often loud and obvious supervision of young children. In grocery stores and other public places the mother is not inhibited from shouting directives to the young children to constantly remind them—even when engaged in no mischief—that her inquiring but protective eyes are on them. These displays are meant to say **"Estoy arriba de ti"** (I am on top of you watching and protecting you constantly). By loudly verbalizing their directives they also mean to engage others in the social control of their children, seeking a sort of consensus protection. [If I (the mother) were to see other children getting into trouble I would tend to them as if they were my own.]

Personalism

Hispanic culture's pronounced personalistic orientation permeates the whole realm of interpersonal relations and, of necessity, greatly impacts mental health service delivery. From the very start, when choosing a therapist, Hispanics will generally select an individual with very good personal references, rather than one with impressive professional credentials and/or a display of expensive office furnishings. In other words, the human quality of the therapist normally will outweigh academic credentials because Hispanics do not fully trust the efficacy of psychological training or of psychotherapy.

When dealing with the Hispanic client it is not uncommon that, in some instances, compliance with treatment is conditioned upon the established personal relationship between client and therapist. The client expects the therapist to have a personal commitment to him and, conversely, he feels that he should also reciprocate and be committed to the therapist. This is based on the acceptance, by both, of their human condition and that the therapeutic relationship is a contractual relationship in which both have an investment: a human commitment. It is understood that the therapist's regard for the client has limitations. Since the client values the therapist he cannot afford to let him down and risk losing his regard. Many times the authors have heard this situation voiced in the words of a therapist to a client: **"Tomate las medicinas; hazlo por mi"** (Take your medicine, do it on my account) and the response of the client: **"Yo no le voy a fallar"** (I won't fail you).

In the American clinical culture, generally, the motivation behind a client's offering a present to the therapist is highly questioned. The therapist is expected to assess whether the client's motivation is manipulation, which could negatively impact the therapeutic relationship. In the Hispanic cultural context, sharing is a manifestation of generosity which enhances networking and inter-dependence. In a normal, non-clinical situation, Hispanics are expected to offer other individuals, even when known only casually or not acquainted at all, cigarettes, coffee, etc. Consequently, they also learn to graciously accept other people's offerings even when not desired. A Hispanic client's present to a therapist doesn't necessarily have to be a manipulation, but more than likely, an expression of gratitude and generosity. If not accepted, the client's feelings of self worth may be hurt and distance would replace closeness. Thus, the refusal to accept the present, even though appropriate in mainstream America clinical practices, is outside the Hispanic cultural context. However, sensitivity to his manifestation of the personalistic orientation should not preclude a therapist from exploring possible manipulative motivation on the part of a particular client.

The personalistic orientation also enhances the value of emotional interaction and display vs. control and mastery of feelings. In the Hispanic cultural context, the expression of emotions is accepted, more so, therefore, in a therapeutic relationship. Moreover, expressions of empathy and compassion toward the client are expected, since the client perceives himself in a subordinated, needy position vis a vis the protective, authoritarian position of the therapist.

Julio, a 23-year-old male, was referred by the court to the community mental health center for residential treatment service. He had been picked up by the police because he was wandering on the streets. He had resisted arrest and was charged with assault and battery on a police officer. During the first therapy session, Julio volunteered that he had experienced a similar incident in Cuba which had also prompted referral for psychiatric treatment. Julio complained and claimed that he could not understand how he would be involved in an incident with the police in the U.S.A., a free country, just as he had been in Cuba. He said he felt despondent because he could not help being the way he was. He simply thought of himself as a person who could not stand "being bossed around or being taken advantage of" by anybody. These characteristics of his personality, he thought, were the reasons why he would get into trouble. Julio felt that neither the psychiatric treatment nor the medication would help him since basic personality traits are unchangeable. He expressed his feelings concerning the belief that the effects of "a few beers" didn't have much to do with his rebellious behavior.

Julio's situation, however, was desperate. He was unemployed; his wife had deserted him; his aunt didn't want him to stay at her home; he had no friends. He was very depressed and was bitterly complaining that nobody loved or cared for him; instead, people rejected him. He felt that if people really loved him they would accept him "the way he was."

The therapist's strategy was to sensitize the client to the fact that some of his antisocial behavior was not necessarily an intrinsic part of his personality. The therapist also assisted the client in realizing the consequences that erratic behavior could bring and had actually brought him, plus stressing that there were many aspects of his behavior that he could control. He was made aware of the ways in which, under the influence of alcohol, he would become verbally and physically abusive and the terrible consequences this brought to his family life. He was enabled to accept that, in many instances, his disruptive behavior was symptomatic of mental distress which could be ameliorated by medication. The client was able to internalize that the medication could assist him in controlling behavior that he had considered intrinsically idiosyncratic and unchangeable.

He realized that when he was anxious he became irritable and that without proper medication he could engage in behavior which brought him terrible consequences such as getting into a heated argument at work and quitting without giving a fair warning. The internalization by the client of the possibility of his gaining mastery of his behavior by controlling his use of alcohol and by taking his medication permitted Julio to realize that there were many aspects of his life that he could change. After several months Julio left the residential component and went to live on his own. He is still receiving therapy on an outpatient basis. Nowadays, he has a full time job and is involved in a satisfactory live-in relationship with a woman with whom he has a two-month-old daughter.

broker to bridge the gap between the Hispanic traditional culture of the father and the American cultural milieu in which Lourdes was participating.

The conflict was more accentuated by the great generational gap caused by the difference in age between Lourdes and her father. The therapist empathized with the father's concern but at the same time confronted him with the legal implications involved in forcing his daughter to drop out of school. The therapist and the father agreed on seeking another school for Lourdes as the best alternative. The therapist also prompted the mother to be more actively involved in the therapeutic process and to assist in facilitating the relationship between father and daughter. The therapist continuously acknowledged the father's concern, emphasizing to Lourdes her father's great love for her and his commitment to parental responsibility. During the second therapy session, a decision was made regarding registering Lourdes in another school. By the time the third therapy session took place, the lock had been removed from the door.

As therapy progressed, the parents and Lourdes began making small concessions to achieve a compromise that would benefit everyone involved. Lourdes began to gain more insight concerning her own feelings and behaviors, including awareness that her sexual encounter was prompted by curiosity and experimentation rather than by an actual need or wish to become involved in a meaningful relationship. Some therapy sessions focused on the need for a responsible stance when engaging in sexual relations. Lourdes began to understand her parents' attitudes better and to realize that their actions were primarily prompted by their love for her.

As therapy progressed, Lourdes became less rebellious and more understanding while the parents became more willing to make concessions to her. A healthier atmosphere of understanding and care became evident.

The therapist has to accept that some of the members of the extended family have a right to interfere in the lives of others, that it is very much their business to do so. Furthermore, even in those instances when the directives are seen as burdensome and inadequate and even unfair, the Hispanic client might express acknowledgement which does not necessarily entail compliance. The client might verbalize the conflict by saying: "I am not in agreement with what my grandmother wants me to do, but **ella puede** (she can); **tiene derecho** (has the right). What this actually means to the client is that he has to deal with how the grandmother feels about an issue since she can interfere because she cares. The therapist has to assist the client in dealing with the significant others in a fashion that will enable him to appropriately handle the conflict without breaking away from that person. Since paternalistic authorita-

losophical stance: **"Hacer la vida llevadera"** (make life bearable) or, in a situation of crisis, **"capear el temporal"** (weather the storm). The same way that clients seek small concessions out of life to live it adequately, or to carry through situations of crisis, they expect the therapist to assist them in managing and manipulating these concessions to be able to get by as best as possible. This is what is called **"vadear la situacion"** (wade through the situation). The therapist has to constantly **"tantear la situacion"** (get a feel of the situation) and, as the patient's coach, move with and assist him in the present situation, rather than insist on achieving former goals that in present circumstances might seem meaningless.

Acceptance of fatalism, which is very much related to the Subjugation to Nature orientation, greatly affects the religious overview and behavior. A mystical stance might entail great commitment to institutionalized religion. In many instances, however, participation in institutionalized religion is just socially cosmetic. While officially Catholic, many feel that in order to deal with supernatural forces, rituals other than Catholic ones will be effective. A more magical, manipulative approach to the supernatural. **(Santeria, Curanderismo)** might be preferred and perceived as obtaining better results than the impersonal, orthodox approach. There is a need for mental health professionals to understand the belief systems of their clients and to reach out to indigenous healers to seek out their cooperation with the treatment. In many instances, indigenous healers have been used with success in mental health settings, and in other instances, when contacted by the mental health professionals, they have cooperated effectively on behalf of their clients (Sandoval, 1977, 1979).

Cultural differences in value orientation between the therapist and the client greatly affect their perception of their respective roles as well as the therapeutic outcomes and processes (Szapocznik, Scopetta, Aranalde, & Kurtines, 1978). We are now going to discuss the clinical implications caused by the differences in value orientation between Hispanics and mainstream Americans.

In reference to the Time orientation, Hispanic preference for the Present clashes with the Future orientation or mainstream America. The preference towards the Present is apparently responsible for the fact that a majority of Hispanics who actively seek mental health services, are responding to a situation of crisis. In some instances, once the crisis is over, treatment is neglected. This is caused by a concern with solving the here and now, with little regard for the therapeutic outcome as it pertains to

The Lineal orientation among Hispanics influences counseling since in most instances clients expect the therapist to give them clear cut directives. On many occasions at the Cuban unit, clients bitterly complained about therapists who, after a long session, would confront them with several choices or courses of action as responses to a specific situation. Clients used to voice their grievances complaining that if the therapist knew his job, instead of offering choices he would directly tell them which was the best. "If he has a Ph.D., why doesn't he tell me which is the best choice?" Followed by, "What is the matter with him? Is he afraid of making a mistake? Is he afraid of committing himself?"

As has been pointed out before, the Collateral orientation among Hispanics is a strong second place choice. The Collateral orientation impacts positively the role of the despondent client, as a person who is in great need of support and care.

In reference to the modality of human activity orientation, again there is conflict between the Doing preferred by mainstream America vs. the Being orientation preferred by Hispanics. Generally, the Doing orientation negatively impacts the role of those members of society who can no longer engage in materialistic pursuits, such as the aged, the feeble, and the mentally ill. In Hispanic society their role is more socially acceptable since people are assessed according to who they are, and not for what they can do. The Doing orientation has also impacted clinical culture as reflected in generalized treatment outcome expectations geared to making the client more self sufficient and autonomous, and measuring progress according to this capacity to do measurable chores independently. In Being oriented societies the self-worth of a person doesn't suffer as much if he is dependent on others to do things for him. On the other hand, there is much more acceptance.

The Doing > < Being orientation can cause different assessment of when a person is perceived as having mental health problems. Generally, in the U.S.A., when a person is not functioning well in his job or cannot keep a job, this non-functionality is perceived as possibly caused by a mental health problem. In Hispanic society the assessment in many instances is done in a social context where that person's behavior becomes **"inaguantable"** or **"insoportable"** (unbearable) or **"insufrible"** (unsufferable) to others, mainly the family and friends.

In reference to the Human Nature orientation, again there is some conflict between the Good and Evil orientation which is preferred by most Hispanics, and the Evil-but-perfectible orientation preferred by mainstream America. The Evil-but-perfectible orientation's impact on

providers, in order to be effective in a therapeutic relationship, need to know Hispanic culture and cultures, and to understand the role that culture plays in the lives of clients of Hispanic origin.

Understanding Hispanic culture will enable counselors and therapists to have a better grasp of those personality traits which are patterned and rewarded by Hispanic culture. It is important for providers to have an understanding of the resources which Hispanic culture makes available to its members as well as those stressors which are more commonly found in that culture. This knowledge will enable them to better utilize the resources of the culture and also to more effectively ameliorate its stressors on behalf of the client. This understanding will allow mental health service providers to delve deeper into the Hispanic psyche, to respect its peculiarities and strengths, and thus develop better empathy and communication with their clients.

NOTES

1. In 1980 the U.S. Bureau of the Census reported 14.6 million Hispanics in the U.S.A. mainland. This is an increase of 61% from the 1970 census and represents approximately 6.48% of the total population. See U.S. Department of Commerce, Bureau of the Census, 1980 Census of Population, Volume I Reports, *Characteristics of the Population,* "General Population Characteristics," Series PC 80-1-B1.
2. According to the U.S. Bureau of the Census, the median age in the U.S. in 1980 was 31 while 23 was the median age for the Hispanic population. See U.S. Department of Commerce, Bureau of the Census, 1980 Census of Population, Volume I Reports.
3. In 1981, 36.4% of 18 and 19 year old Hispanics were high school dropouts, more than double the national figure (16%) and significantly higher than Blacks (19.3%). They also experienced a high rate of grade-level advancement problems. While fewer than one out of ten White American students 14 to 20 years old were two years or more behind their age group, one out of four students of Puerto Rican or Mexican origin lagged behind. Only 17% of Hispanics 18 to 20 years old were enrolled in college as compared to 20% of Blacks and 26% of Whites. See U.S. Department of Commerce, Bureau of the Census, "School Enrollment--Social and Economic Characteristics of Students: October, 1981," *Current Population Reports,* Population Characteristics Series P-20, No. 373, February, 1983.
4. Hispanics' income falls between that of Whites and Blacks. In 1982, the median family income of Whites was $24,603; Hispanic family income was $16,227; Blacks was $13,598. However, Puerto Rican median family income was lower than Blacks. See U.S. Department of Commerce, Bureau of the Census. *Money Income* and *Poverty Status of Families and Persons in the U.S.: 1982,* CPR Series P-60, No. 140, 1983.

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