LATINO FAMILIES IN THERAPY: ENGAGEMENT AND EVALUATION*

Guillermo Bernal
University of California/ San Francisco General Hospital

Yvette Flores-Ortiz
University of California-Berkeley

General guidelines are offered for the successful engagement of Latino families in family therapy. It is suggested that a therapist's involvement of Latinos in therapy requires both skills in family therapy and sensitivity to cultural issues. Factors found to be useful in the family assessment are presented. Furthermore, issues in the engagement and evaluation phases of family therapy with Latino families are discussed, and illustrative clinical material is presented.

The Latino family in the United States is beset with a number of pressures to acculturate and to survive economically. Due to historical, social, political, and economic factors, these pressures are compounded by the low social status of Latinos who are generally poor and undereducated. As noted in the President's Commission on Mental Health, Latinos "have been found to suffer the full impact of the 'culture of poverty' . . . low income, unemployment, underemployment, undereducation, poor housing, prejudice, discrimination, and cultural/linguistic barriers . . ." (President's Commission on Mental Health, 1978, p. 905). Dieppa and Montiel (1978) argue that the most serious problems facing Latino families today are poverty and its resulting problems of poor health, undereducation, high birth rate and unemployment. These social conditions may in turn tend to perpetuate the cycle of poverty across generations. Where the genesis of dysfunction with Black families may be traced to the legacy of slavery, the genesis of dysfunction with Latino families (particularly Puerto Rican and Mexican-American families) may be connected to a legacy of colonialism and neocolonialism (Bernal & Flores-Ortiz, 1981).

The stressful economic conditions and the stress inherent in the acculturation process facing the Latino family can result in mental health problems (Ruiz, 1977). Yet available data on mental health utilization (Casas & Keefe, 1980) indicate that Latinos do not seek counseling or therapy, including family therapy, in rates commensurate to their needs. A number of investigations have attempted to elucidate the reasons for this problem (Casas & Keefe, 1980) and have identified institutional barriers that prevent the acquisition of culturally sensitive and relevant services. In addition, Latino cultures view the family as the primary source of support for its members; a recognition

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Guillermo Bernal, PhD, is an Assistant Professor, University of California, Department of Psychiatry at San Francisco General Hospital, 1001 Potrero St., San Francisco, CA 94110.

Yvette Flores-Ortiz, MS, is a doctoral candidate in Clinical Psychology at the University of California, Berkeley, CA.

mother and subsequently the children should be asked to define the problem or express how they view the difficulties at home. If the father is reluctant to speak, we have found it helpful to thank him for the "sacrifice" of coming, a clear sign that he cares deeply for his family. In addition, a request for his help in our understanding of the difficulties often reduces his anxiety and allows father to speak. Such a procedure usually conveys the message that father is the expert on his family and an essential member of it.

Once the problem has been identified, the therapist proceeds to obtain the essential information needed to understand the family system and their context. The goal here is to determine who comprises the family. Due to the extended system of Latinos, it is important to inquire about the spouses' own families of origin. Where are the grandparents? Who takes care of them? Is contact with other family members maintained? How frequent is this contact made? In this manner, the therapist begins to understand the role other family members may have in the family seeking or referred for therapy. Furthermore, the therapist should express curiosity as to how this family developed, how the spouses met, married, and whether their parents supported the union. If the family migrated to the United States, the therapist should learn about their origins. How long ago did they leave? Who was responsible for the migration? It is equally important to ascertain whether any family members remained behind as well as whether plans exist to bring that person to the U.S. in the future.

By inquiring about names,[1] family migration, country of origin, etc., the therapist communicates to the family that s/he is interested in their story. The focus of attention is shifted away from the "problem" or the "identified patient" and to the context; this has been found to be useful in the engagement of families (e.g., Bernal & Baker, 1980). Also, by moving the content of the discussion to the context, the therapist can let family members know that their uniqueness is important and appreciated. As Bernal and Flores-Ortiz (1981) have noted, few Hispanics give themselves the label of Latino or Hispanic. This is the time to inquire about country of origin and issues that may be specific to a particular group. In our experience, when given the opportunity, family members often will be glad to teach therapists about the uniqueness of their cultural context. Additionally, a change in focus to the context can bring to light other areas, such as conflict brought about by the migration, the pressures to acculturate, and/or to reintegrate the family after the migration. Questions such as those mentioned above may shed light on generational conflicts, legacies, debits and merits that may need to be examined.

In the process of seeking information, the therapist can begin to "intervene" in the family system by facilitating, relabeling, mimicking, and joining when appropriate (Wells, 1980). In seeking information, the therapist respects the hierarchy of the family by addressing the parents and asking permission, if needed, to address the children. In our work, we encourage therapists to address the parents with the polite form of the pronoun "you" (Usted). The children are addressed in the familiar form (tu). In this manner, language becomes a vehicle through which generational boundaries are reinforced, as well as cultural norms and expectations. Once the therapist has some knowledge of the family's origin and socio-economic status, s/he should inquire about their problem-solving orientation: who does what, when, for what reasons. How individuals respond to crisis in the family, as well as how the family as a whole dealt with migration (if it occurred) is most important (Sluzki, 1979).

At the close of the session, it is appropriate for the therapist to comment on his/her observations and give positive feedback about the family's efforts to remain together in spite of difficulties. The therapist's acknowledgement of important contributions made by various family members is an important step during the first session. The family will very likely expect the therapist to give advice. The therapist should present some hypothesis about the cause of the family's difficulties and state that more information

will be needed. The therapist can then discuss ways of working together with the family. We have found it useful to set a limited number of sessions for further evaluation of the family and offer recommendations at the close of that evaluation (Zuk, 1971). At the end of the visit, the therapist should thank all the members for attending and offer a handshake to each of them.

We have found various aspects of Latino culture to be a major vehicle with which to engage the family. Part of such engagement occurs through respect of the family's values, therapist receptivity to differences between Latinos, and attributes of both client and therapist.

The following clinical examples are offered in illustration of different modes of engaging Latino families in family therapy. We highlight our work with examples of families from Mexico, Puerto Rico, and Cuba, since these are the predominant Latino groups in the United States.

In engaging Cuban families in therapy, we have noted that many families maintain a certain image of Cuba fixed at the time they left. These images have a tendency to develop into myths which dictate how family members are to behave. These myths have an organizing function, particularly when families go through major disruptive experiences such as migration. With Cubans in the U.S., these myths in some instances have been shared by large sectors of the community. For example, returning to Cuba when the present government is overthrown is one such myth shared by many Cubans. In light of the reality that returning to Cuba was not possible and that visits were next to impossible for 18 years (these visits began in 1978), the defensive nature of such a myth is understandable given the "cut-off" from culture and country. As therapists, it is important to acknowledge such concerns and appreciate the defensive elements myths have vis-à-vis the anxiety of migrations, acculturation, loss of country of origin, etc.

The following case example will illustrate some of these issues as they relate to engaging Cuban families in family therapy.

The Diaz family migrated from Cuba in 1970. They have lived in San Franciso since. The family consists of four sisters and one brother. All were from a working-class family and were in their late 50's or well into their 60's. None had ever married or had children, and all lived together in the same apartment.

The presenting problem was the bizarre behavior of the second oldest sister, who was eventually hospitalized in a pscyhiatric unit when she became disruptive at home. The identified patient was labeled as delusional and agitated. However, she had not been a problem earlier except shortly after the migration from Cuba.

This family resisted meeting as a group. The other siblings would say that their sister needed help, that she was sick. However, they agreed to meet for several sessions to help in the evaluation. The primary avenue for engagement of the family was through focusing on the difficulties they had here, or on their life in Cuba. The youngest brother (mid-50's) told of the many hours of volunteer work he was required to do in order for the family to obtain a permit to leave the country. This was eventually granted and they left, while two other siblings chose to stay. In the United States, they had no family. They maintained little or no contact with their relatives in Cuba, who were described as "integrated" (i.e., siding with the revolutionary government). Recently, the family received a letter from an older sister in Cuba who was ill. At that time, the political situation between Cuba and the U.S. was such that visits could occur. However, the family had vowed never to return unless things changed politically. It was a month or two after receiving this letter that "psychotic" symptomatology began with the second oldest sister.

One of the key elements in engaging the Dias family was an appreciation for the delicate family and political conflicts affecting many Cubans in the United States. Engagement was facilitated by affirming numerous aspects of the conflict, e.g.,

acknowledging both the importance of and difficulty in connecting with family in Cuba. The question of who had contributed and in what form was important also (i.e., the brother who did volunteer work, etc.). It was important to respect the views of Cuba, though fixed in 1970. As the family began to reveal more about their struggles, their need to remain close could be appreciated. The degree of connectedness maintained by the family with other family members in Cuba was most significant in revealing the loyalty conflicts underlying the behavior of the symptomatic sister.

The therapist used knowledge about Latino culture and values to engage in therapy a third-generation Puerto Rican family from Northern California. The emphasis that Latino culture places on issues of "respect" and "disrespect" had not been diluted even in three generations of life in the United States. With this Puerto Rican family, "respeto" was a key notion which facilitated engagement as well as a shift from individual notions of illness toward relationship concerns. Consider the following case.

The Rivera family was of Puerto Rican origin and had migrated to San Francisco via Hawaii. This was a family of seven. Father and mother had been married for 29 years and the father had been employed as a skilled laborer.

The presenting problem was a 21-year-old second born daughter who had a history of multiple psychiatric hospitalizations since 15 years of age. The whole family was interviewed while the daughter was in a psychiatric unit during the most recent hospitalization.

Father was encouraged to explain the situation and he opened the discussion with concerns about how to handle Milagro's depression. He wondered whether he was doing the right thing. Father explained that Milagro always seemed worse upon returning home and shortly needed to be hospitalized again. The parents complained of not being told enough about their daughter's illness by the doctors. They were particularly critical of Milagro's private therapist of six years, and they were highly dissatisfied with the care she had received in hospitals.

The therapist sided with the parents in acknowledging the apparently disrespectful treatment and difficulties with "doctors." Reference was made to the plight of Latinos and particularly that of Puerto Ricans. Siding and acknowledgement with the family seemed to facilitate the flow of material not initially presented. For example, by the end of the first session it was clear that the mother, too, had had repeated illnesses and medical hospitalizations over the years. Other members would become "sick" at different points in time. By the end of meetings, a set of recommendations was presented to the family which emphasized lack of privacy at home, disrespect of father, and how various family members would have to be "sick" in order to help the family. These recommendations were embedded in the context of praise and understanding: praise for the courage to confront the difficult issues and understanding for the special problems Puerto Ricans face in an Anglo environment.

The Rivera family continued in family therapy for nearly a year and a half. The daughter labeled as "psychotic" remained asymptomatic, the parents began to deal with issues of trust and respect in their marriage, and the children began to make steps toward individuation.

Earlier it was noted that Latino clients often will come to therapy with the expectation that the "doctor" will give directives, advice, and provide a "cure" for the problem. This is particularly the case with Latinos from the working-class and/or with Latinos who are suffering economic difficulties. Often, if the therapist does not respond to requests that are reality oriented, the client is not likely to continue. We have found that utilizing the client's expectations of the therapist as advocate, friend, advice giver, etc., helps in the engagement of working-class Latinos in treatment. The following example with a single parent, Mexican-American mother is a case in point.

Mrs. Marino, originally from Tijuana, Mexico, is a 31-year-old divorced mother of

two. She came to a community mental health clinic at the request of her son's school principal, who insisted the 8-year-old boy was mentally retarded as evidenced by problems with "conduct" and an "inability" to learn. Mrs. Marino was certain the boy was not retarded.

Mrs. Marino stated she did not need therapy. She needed advice about the school problem. The therapist agreed with the woman and requested information which could eventually prove useful to deal with the school. Mrs. Marino explained how she came to the United States 14 years ago, married, and worked to bring her family to this country. Her husband objected to her working; this led to the divorce, but she had no regrets because her mother was able to join her here.

The therapist offered considerable support for this woman who worked 14 hours a day below minimum wage. She was taking care of her two children, her mother, and two aunts. The therapist openly acknowledged Mrs. Marino's obligations to her family of origin and offered support. Exploration of the presenting problem disclosed that Mrs. Marino had little time to spend with her children. After work she cared for her mother's needs. Mrs. Marino viewed the problem primarily as a result of insensitive and racist school officials. The child was not mentally retarded but did have behavioral problems at school.

Mrs. Marino's request for advice was met directly by the therapist's recommendation that they meet for several sessions to deal with the school officials. This included a consultation with school personnel, and "advice" on how to change the boy's behavior at home and at school. Later she expressed satisfaction at being able to talk "de mujer a mujer" (woman to woman) about children and family problems. The therapist consciously presented herself as an advocate and ally to engage the family. Both short- and long-term goals were developed. The longer term goal was to intervene later on her conflicting obligation between her mother and her son which appeared to underlie the family's difficulty.

The Marino family illustrates some of the necessary issues which therapists may need to consider in working with Latinos. In the engagement phase of therapy it is critical to respond to the economic realities that Latino families face. At times the realities of basic survival outweigh ethnic differences. Other things being equal, sensitivity to cultural differences is critical in the engagement phase of family therapy.

FAMILY ASSESSMENT AND LATINO FAMILIES

A number of authors have written extensively about the theory and practice of family therapy (e.g., Howells, 1975; Boszormenyi-Nagy & Spark, 1973). A comprehensive approach to family evaluations (Strauss & Karpel, 1978) involves a thorough analysis of factors such as the stage of family development (Carter & McGoldrick, 1980), the relation the presenting problem may have to the family structure, and a differentiation between a chronic condition from an acute life-stress event.

In the family evaluation of Latinos, we have found two areas that add significantly to our understanding of issues in therapy. These factors include: 1) distinguishing migration and/or cultural conflicts from family development stage-specific conflicts; and, 2) examination of the degree of connectedness or re-connectedness to the Latino culture. To effectively investigate these two areas, an examination of relational accounts with their corresponding assets and debits is often necessary (Boszormenyi-Nagy & Krasner, 1980).

In working with Latino families, it is important to explore how long the family has been in the United States as an initial means of assessing the level of acculturation and the intergenerational conflicts that often accompany such acculturation (e.g., Padilla, 1980; Szapocznik, Scopetta, Arnalde & Kurtines, 1978). Length of time in the

United States is a critical question in the family evaluation. Other important questions related to migration are: Who initiated the move? Why did the family move? Was there family support for the move, or was the move a reaction to family difficulties at home? Were there family members in the States already? Was someone in the family delegated the role of serving as a bridge to bring the family little by little? What were the pressures (social, political, familial) in the country of origin that preceded the move?

While the migratory process is closely linked to cultural patterns and values, it may be helpful for the clinician to attempt a conceptual separation of cultural patterns and migratory behaviors from conflicts in the family developmental cycle. In our work, we often find a disruption of the family system because the migratory experience interfered with family developmental stages. Thus, migration related tasks such as finding work, providing for food, clothing, shelter, learning a new language, protecting the family from the new environment, etc., often preempt the completion of family developmental tasks. At times, interference with a particular stage of the family development results in a retardation of the whole developmental sequence. Subsequent disruption of the family system vis-à-vis symptomatic behavior may be expected later.

As Sluzki & Schnitman (1980) have noted, Latinos who migrate to the United States face the pressures of conflicting value orientations. Values of interdependence (Latino) in a context that values independence (Anglo) may lead to initial adaptation difficulties for the family as well as intergenerational conflicts (Szapocznik et al., 1978) years after the migration. This point is particularly important in evaluating families. Family therapists need to be sensitive to conflicting value orientations and particularly clear about the use of concepts such as "enmeshment," "fusion," "undifferentiated ego mass." Healthy interdependence in Latino families may appear as pathological fusion to the non-Latino observer.

The other dimension of assessment and treatment with Latino families concerns the degree of connectedness that the family maintains to their birthplace, culture, or roots, i.e., the extent to which families and individuals have common legacies and connections to the "racial, ethnic, and familial contexts [which] are nonsubstitutable configurations that contribute to an individual's uniqueness" (Boszormenyi-Nagy & Krasner, 1980, p. 768). We have found the positions taken by Boszormenyi-Nagy and Krasner (1980) to be most applicable in work with Latino families: "Having roots and legacies in common is a nonsubstitutive bond among people that not only outlasts physical and geographical separations from families of origin, but also influences the degree to which offspring can be free to commit themselves to relationships outside of the original ties, including marriage and parenthood of their own" (p. 768).

In assessment and therapy with Latino families, the therapist must continually assess what has been the degree of rejunctiveness with the culture. How connected or "cut off" the family is from the culture of origin often yields important data concerning how a family handled the migration and what the content was like initially. Most importantly, examination of degree of rejunctiveness would enable a thorough assessment of relational resources that potentially could be mobilized to enhance trust in family relationships. In summary, an assessment of the family's degree of connectedness to the Latino culture is critical because such an assessment often leads to: identifying cultural and relational resources; understanding of loyalty conflicts; obtaining a broader contextual view; and developing legacy-based therapeutic strategies.

At the risk of oversimplifying, a useful rule of thumb to follow is: A person cannot remain uninvolved with the culture of origin. What exists are degrees of involvement which change as a function of time and context. Puerto Ricans, Mexicans, Cubans, and other Central and South American families may or may not be able to remain directly connected to their cultural roots, depending on the context, the pressures toward

assimilation, and the lack of access to the country of origin. As the size of Latino communities increase, then the context for new arrivals is such that they can be accepted into the Latino American community, and these individuals will need specific skills with which to function in non-Latino contexts. Unlike their predecessors, many of whom arrived in a monolingual English context, some of the new arrivals may face pressures to function biculturally.

With each of the Latino groups there are trends toward reconnection with the culture of origin. However, not all Latinos have the same degree of access to their country of origin. For example, access to the cultural roots has been available to Puerto Ricans because of historical antecedents, relative proximity, cost of travel to the island, but most importantly the legal status of Puerto Ricans. In contrast, many Mexicans in the United States, while close to the frontier, have not had access to native roots because of the limitations and restrictions imposed on Mexican migrants. Cubans are perhaps the Latino groups most disconnected from their country of origin because of political pressures, the economic blockade of Cuba, etc. However, many Cubans searching for reaffirmation of their cultural identity and a reunification with family have visited Cuba despite political, social, and economic sanctions against such moves. A recent publication entitled, *Contra Viento y Marea* (Grupo Areito, 1978), provides excellent autobiographical descriptions of the struggles and conflicts of young Cubans who eventually reconnected themselves with their cultural roots.

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NOTE

[1]We have found it helpful to pay particular attention to the names given to various family members. In Latino families, it is not at all uncommon to encounter names such as Salvador (Savior), Milagro (Miracle), Esperanza (Hope), Amparo (Shelter), Amado (loved one), etc. At times it is essential to inquire about the origins of someone's name. Setting the context for such dialogues not only facilitates the engagement process, but also may reveal key dynamics that often operate transgenerationally. We are no longer surprised by children with names such as Milagro or Salvador who appear committed to a mission of either attempting to perform "miracles" or "saving" their family through some kind of symptomatic behavior.