

MESTIZO SPIRITUALITY: TOWARD AN INTEGRATED APPROACH TO PSYCHOTHERAPY FOR LATINA/OS

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Development of culturally syntonetic models for treatment that are consistent with belief systems of ethnically diverse populations is at a beginning stage of evolution. This paper is a step toward laying a new conceptual and psychotherapeutic approach with Latina/o clients, specifically those of Mexican American and Mexican backgrounds. It is argued that a psychospiritual belief system is at the base of these populations, and that a culturally consistent framework must appropriately address theory, skills, and practice. Mestizo spirituality is presented and described, and a review of those forces that have impacted this understanding is offered. Key concepts, therapeutic goals, and relationship assumptions of the model, two case examples, application, and limitations of this framework are provided. Lastly, implications for professional practice are given.

Keywords: Mestizo spirituality, Mexican American spirituality, Mestizo identity, Latina/o spiritual beliefs, psychotherapy with Latina/os

Culturally and linguistically diverse populations and communities across the country have been a prominent influence in the development of multicultural competencies over the past decade (American Psychological Association, 2003; Casas, 1995; Sue & Sue, 2007). The challenge has been to develop meaningful conceptual frameworks and therapeutic principles that accurately reflect the cultural lifestyles, belief systems, and healing paradigms of non-White, non-European populations (Hall, 1997; Ponteratto, Casas, Suzuki, & Alexander, 1995; Sue, 1998). This issue has become more complex as evidence-based practice adds to the dialogue of how competent psychotherapy is being defined (American Psychological Association, 2006; Levante & Hassan, 2008). An even more complex issue is delineating an evidence-based practice with ethnic minority populations where issues of diversity, socioeconomic status, and experiences of racism and oppression are critical aspects of everyday functioning (Bernal & Sharron-del-Rio, 2001; Gallardo & McNeill, 2009; Hall, 2001).

This writing is intended to advance a coherent and culturally syntonetic framework that addresses a relevant psychotherapeutic approach for Latina/o populations. Although there has been significant writing on Latina/os over the past two decades, specific discussion still remains elusive and nonintegrated about unique and culturally appropriate models of psychotherapy for this ethnic grouping (Zea, Mason, & Murguía, 2000). A central issue in this regard is that while there are some existing models of psychotherapy for Latina/os (Santiago-Rivera, Arredondo, & Gallardo-Cooper, 2002), there are no models that integrate the role of spirituality, a salient cultural and historical dimension for Latina/os (Cervantes, 2004; Matovina & Riebe-Estrella, 2002; McNeill & Cervantes, 2008). This paper is the foundation to building a psychotherapeutic model that highlights spirituality as an integral process toward effective treatment with Latino cultural

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groups, specifically with Mexican and Mexican Americans.

A Mesoamerican belief systems is a reference point for Mexican, Mexican Americans, and those related communities who share similar psychohistorical and sociocultural backgrounds incorporating a relevant spiritual base (Carrasco, 1990; Duran & Duran, 1995; Fukuyama & Sevig, 1999; Kiev, 1968; Matheson, 1996; Paz, 1961; Ramirez, 1983, 1998). As such, this writing presents a psychospiritual framework for psychotherapy with Latina/os that incorporates psychological concepts and nontraditional ideas of healing and spirituality.

Mestizo spirituality, a term initially coined by Cervantes and Ramirez (1992), highlights a spiritual base with Mexican and Mexican American cultural groups and also illuminates a philosophical approach toward understanding the clinical process. The cultural backdrop of this spiritual base refers to a 500 year history of forced colonization, genocide, geographic relocations, and disease (Duran & Duran, 1995; Leon-Portilla, 1972), which led to the disempowerment of families, the denial of one's spiritual heritage other than Catholicism (Duran, 2006), and ultimately the loss of a more inclusive cultural identity. Anzaldúa (1987) refers to this cultural status as being in the borderlands of multiple identities amid adversity and violation.

The development of a therapeutic model that highlights meaningful clinical practice with Latina/os is significant because of three distinct factors: (a) an indigenous history that underscores a prominent spiritual base; (b) a history of subjugation and cultural elimination of relevant symbols, spiritual beliefs; (c) religious practices that were systematically challenged and destroyed by the Spanish Conquest of Mesoamerica (Carrasco, 1990; Matovina & Riebe-Estrella, 2002). In addition, issues of psychological and cultural disempowerment (Duran & Duran, 1995; McNeill & Cervantes, 2008; Ramirez, 1983) and historical trauma (Dass-Brailsford, 2007; Duran, 2006) have been evident with these ethnic populations.

This paper will provide an introduction to an integrative psychotherapy model that embraces an indigenous and spiritual reference point specific to Mexican and Mexican American individuals. The concepts of indigenous, *Mestizo*, and spirituality will be highlighted as well as the description of a therapeutic model. Two case

examples which integrate spirituality, ethnic background, and indigenous heritage will help illustrate this relevant, culturally syntonetic, therapeutic understanding.

The Meaning of Indigenous

Indigenous refers to the identification of First People, whose cultural histories, languages, and healing traditions are specific to the inhabitants of a particular area or territory (Cervantes, 2008; Duran & Duran, 1995). In their study on indigenous healing, Yeh, Hunter, Madan-Bahel, Chang, and Arora (2004) highlight that traditional belief systems are synonymous with unique healing protocols specific to a cultural group. As such, they propose that indigenous curative methods refers to beliefs and practices that are designated to treat communities that share these particular values and whose members are socialized within a select religious and spiritual mindset.

Relevant to this writing, a meaningful link is being made between the understanding of indigenous and the similarity in consciousness about religious and spiritual beliefs specifically with Mexican and Mexican American populations (Morones & Mikawa, 1992; Matovina & Riebe-Estrella, 2002). Further, values and traditions are linked and fused within old Catholic ideology that offers a deeper archetypal structure to the meaning of indigenous with this cultural group (Carrasco, 1990; Padilla & Salgado de Synder, 1988; Ramirez, 1983). As a result, beliefs in deities or saints, devotional offerings, vows of penance, intercessory prayer, pilgrimages to sacred sites, and shrines are a typical meeting ground for these practices. As noted by Cohen (1998), indigenous similarly refers to a strong belief in spirit energy and cosmic forces that impact and influence individuals through personal reflection, prayer, and increasing awareness of who we are becoming in our respective communities. In addition, Cohen (1998) and other writers (Leon-Portilla, 1963; Matheson, 1996; Trujillo, 2000) each report that illness and/or imbalance in an individual is viewed as an interpersonal story that provides meaning and understanding for the person. In brief, the unfolding of personal and relational awareness enhances the experience of life as a journey of lessons and the immersion of a spiritual consciousness (Ramirez, 1983; Ruiz, 1997). Similarly, White (1995, 1997)

in his description of narrative therapy, indicates that this therapeutic approach opens up conversations about clients' values, beliefs, and purposes to create opportunities to view a wide range of choice and attach new meanings to these experiences. Learning about what is sacred in one's personhood and community becomes a meaningful, cultural understanding in the developmental life span for the individual. This awareness similarly opens other psychospiritual portals that could introduce a more positive mental state and a mindfulness attitude contributing to feelings of balance and wellbeing (Mace, 2007).

An abbreviated summary of a proposed indigenous epistemology for Latina/os of Mexican and Mexican American background is noted in Table 1. The list, developed by the author, was influenced by the writings of Carrillo and Tello (2008), Duran (2006), and Ramirez (1983, 1998). The table provides an overview that frames an indigenous understanding of spiritual principles and introduces a conceptual organization toward a therapeutic approach.

Mestizo Perspective

The concept of mestizo as a dynamic, synergistic process was developed from the amalgamation of peoples, philosophies, and cultures

bridging the European continent and the Americas during the conquest dating back several centuries (Josephy, 1991; Ramirez, 1983). The intermingling of physical, psychological, cultural, and spiritual ties occurred between the Spaniards and the Indian. This pressure forged a congruence of two unique cultural perspectives that developed a mixture of indigenous, Christian, and Spanish world elements. Falicov (1999) reports on the complex interplay of health, illness, and folk beliefs for large cultural groups of Latinos who have their origins in the indigenous/Indian worldview. She argues that these factors need to be considered in the treatment of families. It is this intermingling and interplay of forged energy that contributed to the development of the character of the *Mestizo*.

The Chicano/Mexican American identity is a product of a multiethnic heritage that has incorporated a mindset of struggle and vacillation over recognition of one's indigenous, cultural background space (Anzaldúa, 1987; Paz, 1961). This conflict is highlighted in Montoya's (1992) poetry that references the dynamic, internal challenges with reconciling one's historical past and the demands of becoming acculturated. Consequently, the pressure to endure experiences of oppression, poverty, and racism and accept a majority culture identity often becomes a characteristic outcome (Tello, 1998; Vigil, 1998). In brief, the colonization of one's psyche, namely the discarding of ethnic/cultural history, has served to undermine indigenous beliefs and traditions, and subsequently challenge a more authentic unity to one's ethnicity (Duran & Duran, 1995; Ramirez, 1998; Vigil, 1998).

This identity formation has permitted little emotional and conscious opportunity for an integration of bicultural/multiracial development. Further, there is limited writing that relates ethnic identity to this concept of the *Mestizo*, in particular, the connectedness with one's Indian heritage (Anzaldúa, 1987). Paz (1961) describes the *Mestizo* character of the Mexican American as marginalized and lost, and comments on his view of this identity, labeled *el pachuco*, as a rebel who refused to belong to either one's Mexican roots or to the American mainstream. Thus, this psychological and spiritual vacillation of where to belong and the historical oppression with indigenous people of the Americas has incurred personal disruption and the disowning of one's

TABLE 1. Indigenous Latina/o Spiritual Principles

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1. One experiences the earth as a living system in which responsibility for caretaking, protection, and interrelationship are essential elements.
 2. There is a shift from a dissociated self to a unifying, relational self where life is viewed more holistically.
 3. An understanding of systemic causality permits the acceptance of the interconnectedness of events.
 4. Life is viewed as a great mystery that embraces sacred stories, ancestral teachings, and visionary experience.
 5. Understanding and knowledge are holistic and nonlinear and recognize that every aspect of nature contains knowingness that can be revealed, and where one's truth may be spoken.
 6. Songs, prayer, meditation, dance, and ceremony are all methods to know and discover indigenous knowledge and wisdom, and permit reverence for the sacredness of the earth to be fundamentally recognized.
 7. The development of respect for the natural world opens a portal for dialogue and knowledge that can be understood in dreams, synchronistic events, intuition, and through meaningful communication with the physical world and related nonhuman entities.
 8. A Creative Life Force, spirits and cosmic energies are central to indigenous and Mestizo understanding, and significantly impact life span development.
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identity (Barreiro, 1992; Dass-Brailsford, 2007; Duran & Duran, 1995; Montoya, 1992).

Spirituality

In recent years, spirituality has been viewed as a prominent theme in clinical practice (Richards & Bergin, 2000; Shafranske, 1996; Walsh, 1999). While religion is often described as an organized belief system that characteristically includes shared, institutionalized moral values about God or a higher power and involvement in a faith community, spirituality is a more difficult construct to define given the typically observed unique meaning for individuals and cultural groups (Fukuyama & Sevig, 1999; Saint-Laurent, 2000). Walsh (1999) described spirituality as the primary energy center at which the transcendent or divine dimension of existence is encountered, and as a set of beliefs and practices relative to transformation of self. A related definition is provided by Armstrong (1994) who views this construct as the presence of a higher power that affects the way in which one operates in the world. Vaughan (1991) described spirituality as a subjective experience of the sacred. Given the limitations of empirical description in the literature and the personal and experiential understanding for individuals, the concept of spirituality is understood as a person's efforts toward reaching existential or sacred goals in life. An example would include securing of meaning, inner potential, and initiating a state of healing under the guidance, direction, and inspiration of an affirming Life Force or Divine Creator.

Professional literature on Latina/o spirituality is not well developed and there is minimal writing on this relationship to clinical practice. Matovina and Riebe-Estrada (2002) provide one of the earliest introductions to the role of indigenous spirituality in the religious practices of Mexican and Mexican Americans. Comas-Diaz (2006) offers a comprehensive article on the integration of spiritual concepts, psychotherapy, and Latinos. In her writing, she comments on several prominent themes including contextual interdependence, magical realism, and healing through spiritual entities as significant for developing a relevant theory of spirituality for Latina/o groups.

In a recently edited book by McNeill and Cervantes (2008), the writings present a deeper integration of spiritual practices for effective clinical work with Latina/o populations. Articles from

this publication suggest that spirituality forms a core aspect of the Latina/o psyche, and that failure to incorporate this understanding is to overlook a relevant dimension to ethical practice with Latina/o communities. These writings begin to suggest an important linkage that unites cultural history with the *Mestizo* experience as its fundamental connection to spirituality.

Mestizo Spirituality

The crafting of the *Mestizo* perspective originated with Gambio (1931), a Mexican anthropologist and culture relativist, who advocated for a broad cultural nationalism that recognized the Indian as the heart of the Mexican nation. More specific development in the conceptual understanding of the *Mestizo* personality and its interrelationship with spirituality was presented by Ramirez (1983, 1998). He describes the *Mestizo* perspective as including the following characteristics:

1. Philosophy that every person has a valuable life story to tell and a lesson to learn.
2. Harmony with the physical and social environment is crucial to psychological adjustment and reflects recognition of balance and respect for all living things.
3. Openness to diversity that fosters a multicultural attitude of mutual respect and acceptance of all peoples.
4. Willingness to learn from diversity, and thus advance a humanistic agenda.

Cervantes and Ramirez (1992) who revisited the model by Ramirez (1983), added a fifth characteristic that included the construct of a protective God-entity who influences, engages, and affirms all of the life. These authors defined *Mestizo spirituality* as both a philosophical model of healing and a prescription for psychological intervention that underscored an introspective, spiritual understanding of one's life journey. Inherent in this perspective was a holistic model of healing with an emphasis on balance in one's relationship with self, family, and community that is overseen by a higher creative force or spirit. This perspective is similarly consistent within a framework of psychological consciousness that embraces and incorporates indigenous history, diversity, and multicultural struggle

(Ramirez, 1983, 1998). Cervantes and Parham (2005) comment on this struggle, reaffirming the primacy of a social justice agenda with ethnic minority populations within the context of a meaningful spirituality.

Mexican Catholicism

The cultural and religious/spiritual fusion brought on by the Conquest of Mexico forged a unique blend of Catholicism and Mexican/indigenous spirituality (Carrasco, 1990; Castillo, 1996; Morones & Mikawa, 1992; Gonzalez-Swofford & Gutierrez, 1983). Catholicism proposes a Christian belief system in a Supreme Being, the existence of an immortal soul, the concept of sin as a motivator for good action, life after death, the existence of heaven and hell, intercession through prayer, the role of intercessory agents like angels and saints, and the use of sacraments to advance one's closeness with the Creator (Falicov, 1999; Saint-Laurent, 2000).

Teachings from respected native healers (i.e., Black Elk, in Neihandt, 1972) included beliefs that all life (animals, plants, minerals, natural forces) was sacred and interrelated through the spiritual dimension (Leon-Portilla, 1963, 1973; Matheson, 1996). Significant fusion with Catholicism took place despite the destruction of ancient writings, sacred sites and artifacts, and the loss of traditional beliefs, ceremonies, and spiritual teachings. Falicov (1999) discusses the fusion of indigenous Aztec and Catholic European elements which have become incorporated into cultural identity, health beliefs, and a prominent aspect of religious socialization.

A salient dimension of the religious and spiritual fusion of Catholicism with indigenous consciousness is the role of La Virgen de Guadalupe as a renewed archetypal figure and intercessory patroness of the Americas (Avila, 1999; Castillo, 1996). The belief in an earth mother is the core to many ancient and shamanic belief systems (Avila, 1999; Mandt, 2000; Perrone, Stockel, & Kruger, 1989; Walsh, 1990). A fervent belief in La Virgen has permeated the Mesoamerican consciousness for several centuries, and has held her primarily as a protectress who brings loving encouragement, guidance, an affirmation of the benefit of prayer and the caretaking of one's community. Castillo (1996) comments on the several Mexican/Indigenous subgroups who have claimed ownership of La Virgen including farm

worker labor groups, youth gang advocates, church congregants, and Mexican Indian freedom fighters. Metaphysical elements have been a significant aspect of this thinking including use of the image of La Virgen de Guadalupe as a talisman (medallion worn around the neck, images on T-shirts, business logos). This metaphysical tradition has added to the perspective that the earth is sacred (Elizondo, 1978; Rodriguez, 1994). Psychospiritual illnesses (i.e., *susto*, *empacho*, *mal de ojo*) treated by the indigenous healer or *curandero*, have been viewed as problems brought on by multiple causative forces like disharmony, strong emotions, or the will of God (Gonzalez-Swofford & Gutierrez, 1983). As such, La Virgen plays a prominent, curative role in the healing process for Mexican American and Mexican communities.

The fusion of Catholicism with indigenous history provides the backdrop toward the integration of ideologies, belief systems, and healing practices that continue to prevail in the consciousness of Mexican/Mexican American populations (Matovina & Riebe-Estrada, 2002; Montoya, 1992; Rodriguez, 1994; Tello, 1998). It is the rediscovery and reinterpretation of this healing tradition that underlies the concept of *Mestizo spirituality*.

An initial case example to illustrate how a Mestizo spirituality approach can be effective is provided in the following:

Maria is a 28-year-old Latina of Mexican background who presented with complaints of depression and sleep problems following the recent diagnosis of a serious neurological disorder. Maria had been married for seven years, has two young children, and presently remains employed despite her medical condition. This client professed profound Catholic beliefs, since her medical diagnosis and increasing progression of physical impairment has had her faith shaken. These medical problems have included blurred vision, problems with physical balance, chronic headaches, and orientation difficulties. Maria also reported confusion and anger over her relationship with God.

Initial treatment focused on the predominant theme of Maria's anger toward God and its implications for her life. Maria was asked about her prayer life which she indicated had been strong before her medical diagnosis but recently, her praying had significantly lessened given her disappointment and anger at God. She reported that she had a strong faith in La Virgen de Guadalupe which she had learned from her grandmother and her mother.

Maria reported that her diagnosed medical condition seemed to take hold recently as she struggled with the multiple demands on her life as an employed single parent of two small children. She indicated that her recent divorce a year ago and

her ex-husband's abandonment of their children left her with a limited family support system to assist her.

Psychological intervention focused on the anger that she had toward her divorce and the inadequacy that she felt as a single parent. The role of spiritual forces and prayer were consistent with her values and beliefs. Within a guided imagery procedure, Maria was encouraged to ask guidance from the Virgen of Guadalupe with respect to her anger and her medical condition, and petition for a restoration of her faith. This procedure encouraged the development of a prayer that could serve as a mantra to assist in her resolution of symptoms. Other relevant interventions included the installation of hope about her present life circumstances, the recollection and support of loved ones who had since passed away (mother, grandmother) and the use of sage, an indigenous plant used in healing ceremonies. The therapist's office filled with indigenous instruments, Mexican artifacts, and art work also added to the healing environment that helped define the professional identity of the therapist and therapeutic work that would follow. The unique smell of the dried sage plant typically initiated at the start of psychotherapy sessions, promoted an olfactory and perceptual awareness of emotional groundedness that permeated many of the visits. As such, this groundedness lent to further *sana-ción* (healing) that helped to promote courage in adversity (Ramirez, 1983), and an awareness of life as one filled with blessings (Comas-Diaz, 2006). In addition, this client was also given the assignment to recite a novena, a 9 day cycle of daily prayers, to assist with the healing of any past anger, and to ask for present and future health.

Maria was treated for ~4 months and during this time, was also placed on antidepressant medication. She elected to terminate the medication within the first 2 months from the start of psychotherapy. At the end of this period, some of Maria's primary physical symptoms (blurred vision, chronic tiredness, and loss of strength in arms) resumed more normal functioning and the depression lifted substantially. This client terminated treatment feeling that her belief in God had been restored and that she had regained a renewed commitment to her well being and to her family.

The case of Maria helps to illustrate the unique blend of attending to the psychological symptoms of depression after a medical condition, the re-

ported healing that took place as a result of the examination of her anger at God, and a restored belief in herself. The psychotherapist's (author) gender as a male and Latino ethnic background may have provided some influence in the healing process within the perceived image of priest and penitent given Maria's firm Catholic background. As noted from this illustration, the icon of the Virgen of Guadalupe assumes a significant role in the consciousness of many Mexican and Mexican American individuals, and that she appeared to play a meaningful part in the emotional stability of this client.

Basic Assumptions and Key Concepts

Mestizo spirituality starts with the premise that traumas, emotional/physical insults, joys, and sufferings of life are part of one's spiritual journey toward wholeness. Key concepts embedded in *Mestizo spirituality* and interwoven with the principles found in Table 1 are noted in the following:

- Awareness, responsibility, respect, and kindness for the sacredness of one's life journey.
- Review and renewal of one's religious/spiritual beliefs, traditions, and rituals.
- Forgiveness of one's past wrong doings and reaffirmation of one's connection to a larger cosmic reality.
- Learning to become a person of knowledge/ becoming impeccable, or ability to speak from one's heart.
- Realization that service to others is the natural order of things.

This perspective is not unique and has been described in related concepts by other authors (Cohen, 1998; Morones & Mikawa, 1992; Nobles, 1980a; Ruiz, 1997; Walsh, 2008). This view anticipates an existential, experiential, and psychospiritual path that leads and guides an individual's movements and promotes the view of life as sacred. The clarification and understanding of this psychospiritual journey serves as the essence of the psychotherapy process. Consequently, treatment reinforces the belief in the connectedness of life, the need for balance in relationships, honoring of family and community responsibilities, and bringing clarity of meaning in one's daily challenges (Ruiz, 1997; Tello, 1998). This view is similarly related to the indigenous, earth-based

spiritualities of Native Americans who value nature, cooperation, life, selflessness, and strong community affiliation (Duran & Duran, 1995; Matheson, 1996).

Disordered behavior is then seen as a nonharmonious spiritual/life journey and the consequence of having imbalance in one's psychosocial functioning. Thus, abnormal behavior refers to an individual who is out of balance with respect to life goals, existential purpose, and awareness of personal/social responsibility. The role of family, the meaning of a collectivistic culture, and the emphasis on interdependency are salient cultural dimensions among Mexican American and Mexican populations (Cervantes & Sweatt, 2004; Falicov, 1998). These related cultural expectations play a salient role in how personal stability/instability is navigated.

Therapeutic Relationship

Historically, the mainstream psychotherapy relationship has been defined within the scope of a patient-doctor agreement (Frank & Frank, 1991). In this framework, the patient or client has been viewed as an individual in emotional, mental, and/or behavioral pain who is seeking assistance from an acknowledged community expert in mental/psychological disorders (Torrey, 1986; Wampold, 2001). This expert is seen as imparting wisdom, understanding, compassion, and appropriate therapeutic rapport that enable the client to feel symptomatic relief and problem resolution.

In *Mestizo spirituality*, the therapist becomes a guide and cojourneyer. In a fundamental aspect, the therapeutic relationship is like the ancient cultural practice known as *curanderismo*, a multidimensional healing paradigm that integrates mind, body, emotions, soul, and spirit (Avila, 1999; Cervantes & Ramirez, 1992; Morones & Mikawa, 1992; Torrey, 1986). *Curanderismo's* strengths come from its practice of incorporating whatever is useful and available into the treatment in an intuitive and creative way. A comprehensive review of *curanderismo* or other shamanic related practices is not within the scope of this article and the interested reader is directed to other sources (Arenas, Cross, & Willard, 1980; Kiev, 1964; Martinez, 1977; Rubel, 1960; Torrey, 1986; Villoldo & Jendresen, 1990; Walsh, 1990).

The therapeutic relationship, similar to that of the *curandero*, interprets psychological problems

and behavioral impairment as spiritual maladies. The psychotherapist is open to learning from the client as this mutual learning forms a basis of equality and mutual respect for each other's life positions. The cojourney element places emphasis on the therapist acknowledging his or her coparticipant role in the healing process. In addition, the concept of wounded healer as found in both the Shamanic and Jungian literature is consistent with the therapist's own awareness of the emotional and spiritual woundedness that arises from the development of sacred/healing space within the therapeutic rapport (Kremer, 1995; Walsh, 1990, 1994). Consequently, the therapist's awareness of the client's faults, failings, and traumas can frequently prompt awareness of the therapist's own personal difficulties (Levenson, 1976; Tello, 1998). The therapeutic relationship becomes a mirror as in the Spanish translation *Tu eres mi otro yo* from the Nahuatl (Mayan) language, *En la' kesh*.

Therapeutic Techniques/Procedures

In *Mestizo spirituality*, technique is less important than the healing presence of the therapist. This presence is communicated through an accepting attitude, empathy, genuineness, the experience of mindfulness (Mace, 2007), and an openness to the diversity of human experience. The acknowledged view of the practitioner as a cojourneyer and wounded healer, however, is distinct as is the use of indigenous instruments (i.e., drum, wood flutes, bells, rattles) dried sage, and copal (resin from the bark of a tree) to facilitate a particular therapeutic philosophy and intent.

A mind-body-spirit paradigm invites the idea of an energy psychology. Therapeutic change is understood as the shifting/transfer/change in energy that occurs as a significant part of the healing paradigm (Gallo, 1999; Kurtz, 1990) and one acknowledged in many healing traditions (Fukayama & Sevig, 1999; Kremer, 1995; Lee, Oh, & Mountcastle, 1992; Perrone, Stockel, & Krueger, 1989; Walsh, 1990). A recent description of this interaction between healing principles and directing and gathering energy is commented on by Cole (2003) who suggests that counseling and psychotherapy are primarily about assisting clients to shift mental, emotional, and spiritual energy toward well-being.

The therapeutic relationship allows the client to establish an awareness and mindfulness about

his or her reactions, feelings, and behaviors while understanding the cultural themes inherent in the experience. Use of guided imagery, relaxation techniques, and/or clinical hypnotherapy serve as a bridge between client symptoms and problem areas, existential and spiritual meaning, and a recommitment to the client's community.

The following case provides an example of an individual who has responded to assistance from a now deceased family member highlighting the role of magical realism (Comas-Diaz, 2006). The acknowledged interaction with a deceased member of his family appeared to initiate a realization of this client's present circumstances and helped stimulate forgiveness of past behavior.

Fernando is a 51-year-old Latino of Guatemalan background who presented with complaints of anger over the loss of his marriage of 12 years, and over his work-related injuries that had kept him from being gainfully employed for many years. Referral of this case came from his primary care physician who had reported there were no obvious medical concerns. Fernando provided a history of chronic sleep problems, recurring nightmares, low back pain, and periodic headaches. This client's report of the failed marriage included a related history of a past sexual affair while he was married to his wife. This affair resulted in the birth of a male child whom this client had not seen since the ending of the relationship approximately five years ago. A review of his own life journey also revealed the trauma of molestation as a young boy by an uncle.

During psychotherapy, Fernando reported that his religious/spiritual orientation was Catholic, and affirmed a belief that individuals who had died could exert influence in one's daily life. This client identified his maternal grandmother as his primary caretaker who provided him continuous love and reassurance. This grandmother had passed away 30 years ago but Fernando reported often thinking about her and feeling her presence, particularly during times of crisis. In guided imagery work with this client, Fernando was prompted to ask for assistance from this grandmother, and help alleviate his nightmares and trauma caused by the early history of molest. On several occasions in treatment, he reported feeling the presence of his grandmother and her calming voice. This helped him to incorporate a spiritual presence that provided him reassurance and a belief in himself.

This client was seen for 1 1/2 years, during which his anger dissipated and his sleep problems and nightmares were less problematic. Fernando also reported that his headaches had disappeared, and the low back pain, while still present, was experienced with less intensity. By the end of treatment, Fernando had engaged in part-time volunteer work in a learning to read program for the local Boys and Girls Club.

Fernando's case illustrates the impact of early molest by a trusted family member and some potential negative outcome of unresolved anger and guilt. Treatment provided also by the author, followed the review of his autobiographical his-

tory and an understanding that he needed to forgive himself for his past behavior including the molestation that had been perpetrated by his immediate family member. Brown (2008) provides a conceptual framework toward effective resolution of trauma that integrates an understanding of oppressed and disempowered individuals relative to distress and post traumatic issues. This model was incorporated into the treatment of Fernando as an adjunct to the identification of a spirit guide (grandmother) that formed a salient part of his religious beliefs and helped him to reengage in the kindness and memories of this deceased grandparent. The fact that the treating psychotherapist was male did not appear to affect the emotional disclosure provided by the client. The reported feelings of shame and confusion over his sense of manhood were acknowledged which assisted in the development of therapeutic trust (Rabinowitz & Cochran, 2002). The cultural backdrop of this client's Catholic orientation and metaphysical belief system served as an effective bridge for his healing process.

Treatment interventions included the use of guided imagery, managing the emotional issues of trauma from his molest history, and providing instruction about the use of *palabra* (Carrillo & Tello, 1998; Ruiz, 1997), the set of distinct cultural guidelines that would help affirm his personal worth, dignity, and moral compass. In addition, the opportunity to forgive himself was also an important theme in this psychotherapy (Plante, 2009) and again consistent with the use of confession and subsequent absolution that would come through this self disclosed vulnerability and belief in the affirming vision of the creator (Matovina, & Riebe-Estrada, 2002; Tello, 1998). This last aspect of absolution was supported with a combination of expected prayer, provision of good works in the community, and personal forgiveness through living a more authentic life evidenced by his behavior and spoken words.

Therapeutic Goals

A primary therapeutic approach is centered on the therapist to assume responsibility for one's own psychospiritual awareness and development to be able to foster and stimulate a therapeutic/healing environment with the client (Bartoli, 2007; Morgan, 2007). It is the conscious intent of the therapist to facilitate a dialogue about the

sacredness in everyday life that is interwoven with the client's presenting complaints. Initial goals become revealed through the client's life journey and the related existential dilemmas and reported struggles with emotional/relational concerns.

Second, the therapist reviews client complaints in the context of evaluating the client's autobiographical history. Examples of these evaluative benchmarks include: life changes, developmental challenges, life cycle issues, acculturation difficulties, personal/cultural identity conflict, and social justice concerns. It is anticipated that this quality of therapeutic climate will lead the client toward increased introspection and awareness. Moreover, it is expected that a heightened knowledge of the larger life perspective illuminates a meaningful connection to one's spiritual path (Ruiz, 1997; Tello, 1998).

Third, the position of forgiveness forms a salient dimension in this therapeutic dialogue. Permission to let go of one's past faults and failings has been a hallmark of many healing traditions (Walsh, 1999). Confession and atonement as a means to relieve or release guilt has historically been a cathartic process among Mesoamerican indigenous groups (Carrasco, 1990; Leon-Portilla, 1963; Ortiz de Montellano, 1990; Ruiz, 1997). The recommitment to one's social and community network allows for a heightened awareness of involvement and reaffirmation in life purpose.

Fourth, the realized permission to let go of past retributions increases an ability to become more self-aware, self-informed, and self-intentioned. The Toltec concept of impeccability (Ruiz, 1997) necessitates taking responsibility for one's actions while not giving over to blame or judgment of oneself or others. Becoming impeccable in one's spiritual journey means to be a noble person with a humanistic agenda (Tello, 1998). The concept of *palabra* is used to underscore the language of the heart that ultimately is a reflection of one's spirit. Therapeutic expectations are: learning to be true to one's own word (*palabra*); developing a sense of responsibility for one's own well being and that of others in the community; rejection of any form of abuse-physical, emotional, mental, or sexual to oneself or others; inclusion of reflection, prayer, and ceremony to maintain harmony; developing an increase in awareness and intention as meaningful actions in the spiritual journey; being self aware of the

needs of others as captured by the phrase *Tu eres mi otro yo* [you are my other self]; living with honesty, with love, and with the authenticity of one's beliefs and spoken word.

Lastly, with increased emotional resolution and deepened awareness, the need to give back to the community becomes a salient dimension (Walsh, 1999). The act of returning one's positive energy and commitment to the larger circle affirms one's life journey and reinforces the cycle of community giving and sharing of resources. Service to others goes hand in hand with the action of personal healing (Perrone, Stockel & Krueger, 1989; Tello, 1998; Trujillo, 2000; Walsh, 1999, 2008).

Applications of the Mestizo Therapeutic Approach

Mestizo spirituality embodies a perspective that is holistic in nature and psycho-spiritual at its base. Thus, this approach is targeted specifically for individuals whose collective life histories have been intertwined with ethnic/racial conflict, spiritual crisis, and disbelief/confusion in cultural-linguistic identities. This approach would serve the following client populations: specifically those of Latina/o cultural backgrounds who have Mesoamerican histories; adolescents who are struggling with personal and collective identity problems; individuals in major life transitions (i.e., relationship separations, divorce, developmental life crisis); individuals who have suffered significant life traumas (i.e., physical, emotional, mental, sexual abuse, physical disease, work related accidents); individuals seeking clarity regarding personal, social, and/or cultural identities.

Limitations of the Model

Mestizo spirituality is an integrative approach that emphasizes a latent, and indigenous belief system and existential dialogue toward understanding the human condition. This dialogue is couched within an orientation that interrelates the relevance of one's spiritual journey as the basis for the healing process. This approach may likely not be appropriate for individuals who are interested only in symptom resolution or short-term treatment that emphasizes coping or adaptation to one's personal or work environments.

Those individuals who are more comfortable with an individualistic, less altruistic psychotherapy process may not benefit from this perspec-

tive. Further, those individuals who have difficulty in developing a commitment of service to others may equally not benefit from this approach.

Lastly, this therapeutic understanding emphasizes a focus on a specific ethnic/cultural/linguistic population that shares a similar psychohistorical, ethno-cultural background where issues of social justice may be prominent. It is not certain whether this approach would extend to client populations outside of these life and cultural experiences.

Implications for the Multicultural Practitioner

Professional practice in psychology continues to be challenged by the wide diversity of belief systems and cultural expectations (Cervantes & Parham, 2005; Hage et al., 2006). These increased demands on the profession are complemented by the need for responsive competency to provide culturally appropriate mental health care (American Psychological Association, 2003), while acknowledging that there are common and specific factors imbedded in most forms of therapy and healing traditions (Garfield, 1997; Kripner, 1995). In addition, these demands are impacted by the challenges of empirically validated treatment (Levant & Hasan, 2008). Hays (2001) comments on the changing United States population with regard to race, culture, gender, sexual orientation, and ableness that brings added challenges to evidenced based practice (American Psychological Association, 2006; Gallardo & McNeill, 2009). These dimensions will have profound effects on the health care delivery for families and the relevant interventions to assist with a range of sociopsychological issues associated with acculturation stress, life traumas, and clarification of personal/cultural identities (Hall, 2001).

Implications for practice involve a treatment model that houses life stories, truths realized from personal/family narratives, prayer, ritual and ceremony, belief in the earth as a vibrant and healing force, and one's vital connectedness to other humans as brothers and sisters. This perspective indicates that the developed spirituality of the practitioner is a critical element in this work (Bartoli, 2007). The therapist may be challenged to explore his or her own history and background specific to cultural diversity as the necessary portal toward utilizing a *Mestizo spir-*

itality framework with perspective Latina/o clients (Hall, 1997; Hays, 2001; Sue, 1998). It is significant to acknowledge that this therapeutic framework does not imply that as a practitioner, one should be Latina/o to effectively utilize this treatment approach. Rather, this conceptual framework suggests that the interested practitioner be familiar with Mexican/Mexican American populations and the related indigenous spiritual background, and incorporate an appreciation for the historical perspective that underlies this approach.

The second aspect refers to the history centuries long, of racism, genocide, exploitation, and oppression suffered by native/indigenous people including Mexican and Mexican American populations (Barreiro, 1992; Duran & Duran, 1995; Paz, 1961; Ramirez, 1983, 1998; Vigil, 1998). It is in acknowledging and bearing witness to one's personal, familial, and collective histories of community hatred, bigotry, colonialism, and ethnic/cultural oppression that a profound healing of the spirit begins (Brown, 2008; Dass-Braidsford, 2007; Duran, 2006). As Kremer (1997) and several other senior elders and healers have observed, the ability to speak one's deep truths, flings wide the caged doors that have imprisoned previously unspeakable traumatic memories, fears, and collective anxieties (Boyd-Franklin, 1989; Dass-Brailsford, 2007; Duran & Duran, 1995; Montoya, 1992; Parham, White, & Ajamu, 2000; Tello, 1998). A meaningful psychotherapy for Mexican and Mexican American populations is sculpted from the social justice issues that underlie the dreams and aspirations of all people to find resolution, peace, and harmony with one's community.

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Correction to Castonguay et al. (2010)

In the article “Psychotherapists, Researchers, or Both? A Qualitative Analysis of Psychotherapists’ Experiences in a Practice Research Network” by Louis G. Castonguay et al. (*Psychotherapy Theory, Research, Practice, Training*, Vol. 47, No. 3, pp. 345–354), the first sentence of the second paragraph of the author note on page 345 was incorrect. The corrected sentence is as follows: “The study was conducted with funding provided by the Pennsylvania Psychological Association and the Committee for the Advancement of Professional Practice of the American Psychological Association”.

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