I. Jose B. Cuellar “Introductory Comments on ‘La Psicologia Chicana/Latina’ .a.k.a. the Psychology of Hispanics”

1. Definitions:
   - Chicano (Chicana) & Mexican (Mexicana) American = US residents of Mexican origin (native and long term immigrant)
   - Latin (Latina/o) & Hispanic (Hispana/o) & La Raza = generic term for all people of Spanish-speaking origins.
     - Hispana/o = Spanish origins (Does not include Brazilians who speak Portuguese)
     - Latina/o = Latin America (Central & South America) origins
     - Mexicana/o = Mexican origins
     - Chicana/o = Mexican origins in US

2. Demographic Data
   - US Census 1990 =
     - 22.4 million Hispanics in US (53% increase from 1980: US pop increased by only 10%) 10% of pop is Hispanic.
   - US Census 2000 = (based on estimates)
     - 32.4 million (13% of population is Hispana/o or Latina/o).
     - 13.5 million Chicana/o (½ of all Latina in US) (54% increase from 1980)
     - Fastest Growing group is “Other Latina”
       - 1.3 million from Central America
       - 1 million from South America
       - .5 million from the Dominican Republic
     - 2.7 million Puerto Ricans (35% growth)
     - 1 million Cubans (30% growth)
   - 1998 26 % live in poverty (comparable with African American %)

II. Amado M. Padilla “Synopsis of the History of Chicano Psychology”

A Intro to Chicano Psychology
   - Part of the larger area of “Ethnopsychology” = the influence of ethnicity on behavior.
   - Area is about 30 years old
   - Begins as a reaction to the stereotypes that were dominant in mainstream psych which ignored the complexity of Chicano/a culture and biculturalism (having a Chicano and American Orientation).
   - Started with 3 Main areas of Focus
     1) Intelligence & Academic Achievement
     2) Family life style and influence on Personality
     3) The mental health status of Chicanos
   - Roots are traced to Spain and Mexico

B. Psychology in Spain
   1. Spain is the Cradle of Psychology
   - Psychology and Medicine were intertwined
   - Medical Belief system influenced by Celts, Phoenicians, Visigoths, Romans, Jews, & Moors. (The best/worst of Middle East, North Africa, and Europe).
   - 1409 - first hospital for the mentally ill is established in Valencia.
     -Hospital de Nuestra Dona Santa Maria de los Inocentes.
- Leads to establishing new mental hospitals
- Still in operation today
- Focused on humane care for the mentally ill.

2. Juan Luis Vives (1492-1540)
   - The Father of modern psychology
   - Called for an empirical approach to the study of mental activity, memory, and emotions (forerunner of Descarte & Francis Bacon).

3. Spain’s focus on humane treatment of the mentally ill preceded the same movements in France (Phillipe Pinel), England (William Tuke, a Quaker), and Italy (Vincenzo Chiarugi) by nearly 400 years (circa 1790's).

C. Psychology in the New World
   1. Prior to conquest.
      - Extensive medical and psychological knowledge was accumulated by the Aztecs, Mayas, and Incas.

2. The Aztecs at the time of conquest.
   - Cortez arrives in Tenochtitlan in 1519
     - Finds well developed systems of astronomy, mathematics, architecture, farming, botany, public sanitation, sewage disposal and medicine.
     - Mistaken for a god (quetzecue) white god whose head separates from his body (Cortez rode in on an armored horse)
   - Two types of insanity
     - Passive Insanity (tlahuiliscayotl)
     - Active Insanity (xolopeyotl) result of use of jimson weed, peyote buttons, and psilocybin mushrooms.
   - Recognized mania, schizophrenia, hysteria, and depression.

   - View Insanity as result of either demonic possession or punishment for sinful behavior (same as most of Europe until 1800's).
     - Treatment focused on psychological, physical, and social factors.
     - **social** – Community was responsible for helping individual attain health (much like our current focus on Community Mental Health practices).
     - **psychological** – Treated by specialists called Tonalpouhiqui. Who used dream interpretation and psychotherapy similar to Freud’s later work.
     - **physical** – heart is seat of the mind (feelings and motivation). Wear a flower to protect the heart (keeps one from “losing his heart”).

   - Spanish Destroyed the medical records of most of the native civilizations they came in contact with.
     - Some have been recovered.
     - Most of our knowledge comes from current day practices of the curanderos.
       - e.g. use of haba de San Ignacio to treat alcoholism (same effects as antibuse) - Uses a Conditioned Taste Aversion paradigm.
Rats given flavored water that has been mixed with LiCl (lithium chloride) will become very ill within 2-3 hrs. From that point on the rat will not drink water with that flavor (similar to classically conditioned response).

3. Psychology in Mexico after the conquest.
   - 1567 – First Mental Health facility in the Americas, established in Mexico. *Hospital y Asilo de Convalesientes de San Hipolito.* (First US facility established in 1751)
   - Benito Díaz de Gamarra - *Elemanta Recipientis Philosophiae* (1774) - book on topics of consciousness, self knowledge, biological aspects of the mind, and treatment of mental problems.
   - Jose Ignacio Bartolache - first study of Hysteria one hundred years before Charcot, Jenet, and Freud’s work on the same topic.
   - 1916 – First Psych lab in Mexico Established by Enrique O. Aragon
   - 1936 – psychology first taught as a discipline in Mexico by Ezequiel Chavez.
   - 1942 – First Department of Psychology in Mexico Established.

D. Chicano Psychology

   - Fist psychologist to start writing about Chicano issues.
   - 1932-34 – writes several articles addressing cultural bias in IQ testing. (Focused on language bias and difference in cultural experiences for Chicano children).
   - His work is essentially ignored in the testing literature.
   - Also, pioneered work in teaching Bilingualism (a hot topic in urban schools today, e.g. California & New York).

2. Alfredo Castaneda - Child Experimental Psychologist
   - Published extensively in several areas of child psychology.
   - Major contributor to the development of Chicano Studies and Chicano psychology.
   - 1973 – helped bring together Chicano Psychologists in their first conference.
   - Continued to push for Bilingual Education.

3. Edward Casavantes - Educational Psychologist
   - Worked for the U.S. Civil Rights Commission.
   - Book = *Education of the Mexican Americans*
   - 1969 Founded ALPR = Association of Psychologists por la Raza.
   - Also, studied drug use and treatment among Chicano’s.

III. Cervantes & Ramirez “Spirituality and Family Dynamics in Psychotherapy with Latino Children”

A. Spirituality

Vaughan (1986) - sense of wholeness, interconnection, inner peace, and reverence for life.
Leon-Partilla (1980) - mystery, ultimate realities, contact with a supernatural process.

Authors Define spirituality as a transcendent level of consciousness that allows for existential purpose and mission, the search for harmony and wholeness, and a
fundamental belief in the existence of a greater, all-loving presence in the universe.

B. Mexicano Spirituality
1. Mestizos = people of Spanish and Native Central/South American descent.

2. Mestizo Perspective = includes physical, psychological, cultural, and spiritual aspects from both Spanish and native cultures.

3. Arises from:
   - the need for survival of the native people facing Spanish domination leading toward spiritual cooperation.
   - the amalgamation of two world views and orientations toward life.
   - Intersection of native and European religious practices.
   - Struggle to preserve Native ideologies in face of new European learning.

4. Process is viewed as a dynamic interaction because ultimately both cultures were changed.

5. Characteristics of the Mestizo Perspective.
   a. each person’s life experience is important (we all have stories to tell and lessons to learn).
   b. physical and social environment must be in harmony for psychological adjustment (e.g., respect for all living things)
   c. openness to diversity and acceptance of all peoples.
   d. learning from diversity to advance all people (humanism)
   e. theistic cosmology that protects, influences, and engages all life.

   - Family and Social Connectedness are dominant issues in the Mestizo Perspective.

C. Adolescent and Child Issues from a Mestizo Perspective
1. Therapy with adolescents and children should focus on ways of reestablishing feelings of connectedness.
   - Many of the delinquent behaviors seen in Latino Children are the result of feelings of a lack of connectedness
   - Gangs provide ready made families that emphasize loyalty and committedness.

2. Belief in metaphysical should not be confused with psychopathology.
   - e.g., Pelon’s “evil voices” do not reflect schizophrenia or delusional behavior. Rather, it reflects his feelings of inner turmoil and which feel unnatural and “ungodly”.
   - Conversations with the dead (two way in nature) are common practices which would traditionally be viewed as pathological.

   - Further, metaphysical practices can be viewed as paths to spiritual/psychological healing.
     - e.g. Virgen De Guadalupe = protective, all-loving mother who guides and watches over people.
     - Dia de los Muerto (day of the dead): honors the dead bringing the physical and spiritual world together.
     - Legend fo La Llorona = punished for all eternity to wail over the loss of here children whom she drowned. This story is told to children to emphasize responsibility to others which is enforced by an existential order.

   - Spirit world is made up of two forces: dark, including brujos or brujas (witches),
demons, and evil sprits; Light, including angels, saints, holy ones, and positive energy which maintains balance.

3. Therapy can make use of spiritual beliefs
   - teaching guided imagery
   - using therapeutic prayers (giving patients a way to vocalize underlying anxieties and related issues.

4. Traditional Family Therapy models (e.g. Minuchin’s Family Systems Theory) are only partially applicable to therapy from a Mestizo perspective.
   Traditional family therapy seeks to improve communication and connectedness in order to deal with some stressor the family is experiencing whether of internal or external origin.

   However, from a Mestizo Spirituality perspective the family is only the first level that can be addressed. Therapy should also focus on 4 other levels.
   1. the family
   2. Interconnection with extended family
   3. Harmony with social and interpersonal environment
   4. Connection, Responsibility, and Accountability to life
   5. Acknowledgment and Deference to God/Higher Power

D. Curanderismo
   1. Folk Healing practices of Central and South America
      - focuses on psychological, social, and spiritual needs.

   2. Four Views of Illness and Health
      1. Life is ordained by Divine will - disobeying this will results in illness
      2. Illness has spiritual, social & interpersonal aspects not a chance biological event.
      3. Metaphysical framework
         a. the mind can influence social, interpersonal, and spiritual events.
         b. wishes and ritual can cause good or bad fortune
         c. communication with the spirit world is real and can have healing outcomes.
      4. health is a naturalistic process, the goal is homeostasis between biology, social factors, psychological factors, and spiritual factors.

   3. Healing makes use of imagery through prayer, ritual, and directed thought sequences that provide patients with a context from which to view their problem (giving them feelings of control over the problem = e.g. half the cure is knowing what the problem is)

E. There is much variation in the spirituality of Chicano families and this needs to be taken into account when determining the course of therapy.