

1995

Issues related to counseling Mexican Americans

Garrin D. Prather
University of Northern Iowa

Let us know how access to this document benefits you

Copyright ©1995 Garrin D. Prather

Follow this and additional works at: <https://scholarworks.uni.edu/grp>



Part of the [Education Commons](#)

Recommended Citation

Prather, Garrin D., "Issues related to counseling Mexican Americans" (1995). *Graduate Research Papers*. 3133.

<https://scholarworks.uni.edu/grp/3133>

This Open Access Graduate Research Paper is brought to you for free and open access by the Student Work at UNI ScholarWorks. It has been accepted for inclusion in Graduate Research Papers by an authorized administrator of UNI ScholarWorks. For more information, please contact scholarworks@uni.edu.

Offensive Materials Statement: Materials located in UNI ScholarWorks come from a broad range of sources and time periods. Some of these materials may contain offensive stereotypes, ideas, visuals, or language.

Issues related to counseling Mexican Americans

Abstract

The unique psychological problems plaguing Mexican Americans have led to a barrage of articles about how to counsel this population. However, few of these articles have addressed some of the reasons Mexican Americans have historically underutilized mental health counseling services (Keefe & Casas, 1980; Keefe, Padilla, & Carlos, 1978; Padilla & Ruiz, 1973; Padilla, Ruiz, & Alvarez, 1975; Ponterotto, 1987; Sue, 1977). Even fewer articles have addressed the issue of acculturation and its major role in causing psychological stress in the lives of many Mexican Americans (Montgomery, 1992; Padilla, Alvarez, & Lindholm, 1986).

ISSUES RELATED TO COUNSELING MEXICAN AMERICANS

A Research Paper

Presented to

The Department of Educational Administration

and Counseling

University of Northern Iowa

In Partial Fulfillment

of the Requirements for the Degree

Master of Arts

by

Garrin D. Prather

May 1995

This Research Paper by: Garrin D. Prather

Entitled: ISSUES RELATED TO COUNSELING MEXICAN AMERICANS

has been approved as meeting the research paper requirements
for the Degree of Master of Arts.

Terry Kottman

3-30-95

Date Approved

Adviser/Director of Research Paper

Jeffrey S. Ashby

3-30-95

Date Approved

~~Jeffrey S. Ashby~~
Second Reader of Research Paper

Michael D. Waggoner

3.30.95

Date Received

~~Michael D. Waggoner~~
Head, Department of Educational
Administration and Counseling

Introduction

The unique psychological problems plaguing Mexican Americans have led to a barrage of articles about how to counsel this population. However, few of these articles have addressed some of the reasons Mexican Americans have historically underutilized mental health counseling services (Keefe & Casas, 1980; Keefe, Padilla, & Carlos, 1978; Padilla & Ruiz, 1973; Padilla, Ruiz, & Alvarez, 1975; Ponterotto, 1987; Sue, 1977). Even fewer articles have addressed the issue of acculturation and its major role in causing psychological stress in the lives of many Mexican Americans (Montgomery, 1992; Padilla, Alvarez, & Lindholm, 1986).

This paper serves as an attempt to raise the level of awareness in the minds of mental health counselors about the plight of Mexican Americans. It is hoped that upon completion of reading this text that the counselor will have gained an understanding of three main areas: (a) why Mexican Americans are underutilizing counseling services; (b) the psychological and family impact acculturation has in the lives of Mexican Americans and (c) how to use the recommendations that will be offered for counseling with Mexican Americans.

Client Population

In order to begin counseling Mexican Americans clients, one must first gain a perspective of the client population. Locke (1992) stated that the Mexican American culture is at best a blending of many different cultures, one being Spanish, another being Indian, and the last being American. The actual phrase "Mexican American" implies that those who identify with this particular population have origins in Mexico. However, the criteria for identifying a person as being Mexican American has changed over the years. For example, census reports define Mexican Americans as being either being born in Mexico, having parents born in Mexico, speaking Spanish, or having a Spanish surname (Locke, 1992).

Regardless of how one decides to define this population, one should take into consideration Mexican Americans' language, nativity, and social and economic integration into the United States (Hurtado & Arce, 1987; Locke, 1992). Furthermore, one should also attempt to understand how Mexican Americans view their own ethnicity (Hurtado & Arce, 1987; Locke, 1992).

Although definition agreement about what constitutes a Mexican American may be difficult, perhaps agreement can be made on some statistical data about this population. For example, Mexican Americans

account for about 60% of the Hispanic population in the entire United States and are projected to become the largest minority group by the year 2,000 (Church, 1985; Locke, 1992). As the largest minority group, by the year 2,000 Mexican Americans will account for 11-12% of the entire population of the United States (Church, 1985; Locke, 1992).

Despite the large size of this population, Mexican Americans are underrepresented in counseling services, even though they are exposed to more stressors than most European Americans (Atkinson, Casas, & Aberu, 1992). Mexican Americans who do seek counseling drop out at a rate of 40%, as compared to 30% for Anglo Americans (Atkinson, Casas, & Aberu, 1992; Sue, 1977). Several reasons for these trends will briefly be discussed in the following paragraphs.

Reasons For Underutilization

In order for one to begin to understand why Mexican Americans are underutilizing counseling services, one must first discover who is providing the services. This step has particular importance because Ponce and Atkinson (1989) stated that Mexican Americans prefer counselors who are ethnically the same as they are, despite their level of acculturation. Sanchez and Atkinson (1983) reported that Mexican Americans often

underutilize mental health facilities because the representation of Mexican American counselors is low.

Other researchers (Atkinson, Poston, Furlong, & Mercado, 1989; Lopez & Lopez, 1993; Ponce & Atkinson, 1989) have come to similar conclusions about why Mexican Americans underutilize services. These researchers point to the lack of counselors who are ethnically similar to Mexican Americans. Sanchez and Atkinson (1983) found that participants in their study with a strong commitment to the Mexican American culture and a weak commitment to the Anglo culture had a strong preference for ethnically similar counselors.

Another reason that Mexican Americans are underutilizing counseling services is because many Mexican Americans view counseling as not being culturally sensitive (Kunkel, 1990). For example, many therapeutic approaches are based on intrapsychic variables, which suggest that the individual's problems(s) arise from within. However, numerous Mexican Americans' conflicts lie outside of themselves and inside the social system, an actuality that many therapists do not realize, and which may ultimately contribute to Mexican Americans dropping out of the counseling relationship (Casas, 1976; Ponterotto, 1987).

Further research on this topic of cultural insensitivity has been done by (Atkinson, Casas, & Aberu, 1992; Ruiz, Casas, & Padilla, 1977) who stated that there are two sources of stress that motivate Mexican Americans to self-refer: intrapsychic concerns and extrapsychic sources. Intrapsychic concerns are defined as problems of personal or individual nature that arise independent of ethnicity or cultural group. Extrapsychic concerns, on the other hand, are viewed as coming from outside the person and are basically societal and environmental. Interestingly, Mexican Americans often view their problems as being of extrapsychic in nature and do not pursue counseling because they view counseling as being for intrapsychic concerns.

Furthermore, Mexican Americans have historically received bad services because of a lack of cultural sensitivity about this population on the part of counselors (Atkinson, Casas, & Aberu, 1992; Ruiz, Casas, & Padilla, 1977). Because of the lack of counselors who are ethnically similar, Mexican Americans may fail to see counselors as being credible and subsequently drop out (Atkinson, Casas, & Aberu, 1992; Atkinson, Ponce, & Martinez, 1984; Atkinson, Winzelberg, & Holland, 1985).

Another reason has been given for Mexican Americans continued underutilization of counseling services has been offered by Lopez & Lopez, (1993) and Sue, Fujino, Hu, Takeuchi and Zane, (1991) who stated that high premature termination rates were affected by the lack of employment of more bilingual and bicultural mental health workers. Keefe and Casas (1980) and Ponterotto (1987) also spoke of a language barrier between the therapist and the client, resulting in high termination rates. In addition, Espin (1987) pointed out that if the Mexican American is unable to speak in English, all the emotions he or she is feeling are put into Spanish, which loses its meaning during the encoding period. The English speaking therapist may not have the ability to fully empathize with the client because the Spanish is not understood.

In summary, the reasons for the underutilization of mental health counseling are many. One reason is that there is a lack of ethnically similar counselors for Mexican American clients. A second reason is the fact that Mexican Americans may view counseling as being culturally insensitive. Finally, high termination rates also stem from the fact that there are so few bilingual and bicultural counselors available to Mexican Americans.

Acculturation

In addition to the problems of underutilization, acculturation is another important factor that affects the lives of Mexican Americans and their experiences in counseling. The process of acculturation is often underemphasized by the dominant culture, but acculturation causes a great deal of psychological and physical stress for many Mexican Americans. Some of the psychological responses to acculturation are distress, depression, adjustment, reaction, withdrawal and somatization. Equally important is how the process of acculturation impacts Mexican Americans' family functioning and family dynamics.

The term acculturation has been defined by many authors, in many different fields (Domino & Acosta, 1987; Gordon, 1964; Knight & Kagan, 1977) but the most helpful definition was offered by Padilla (1980) who defined acculturation as:

Culture change that is initiated by the conjunction of two or more autonomous cultural systems. Acculturative change may be the consequence of direct cultural transmission; it may be derived from non-cultural causes, such as ecological or demographic modification induced by an improving culture; it may be delayed, as with internal adjustments following upon the

acceptance of alien traits or patterns; or it may be a reactive adaptation of traditional modes of life. It's dynamics can be seen as the selective adaptation of value systems, the process of integration and differentiation, the generation of developmental sequence, and the operation of role determinants and personality factors. (p. 974)

Distress

Kaplan and Marks (1990) have looked at how various levels of acculturation are linked to psychological distress. They reported that the lower the level of acculturation, the more distress the Mexican American will feel. This happens because the less acculturated individuals are still tied in with Mexican culture. For example, when the Mexican American first arrives in the United States, often he or she brings the values, the beliefs, and the attitudes, practiced in Mexico, which often conflict with the dominant United States culture (Kaplan & Marks, 1990).

Kaplan and Marks (1990) also reported that Mexican Americans who are more acculturated may experience higher levels of psychological distress as compared with less acculturated Mexican Americans. Furthermore, increased levels of acculturation may make Mexican Americans place greater expectations on themselves,

regarding achievement of social and economic status in the dominant society. However, far too often the Mexican American is confronted with institutional racism, prejudice, and exclusion, all of which add to the amount of distress already felt by the Mexican American (Kaplan & Marks, 1990).

Depression

Another psychological problem Mexican Americans often face in the difficult acculturation process is depression. Moscicki, Locke, Rae, and Boyd (1989) stated that "depression is generally characterized by a state of dysphoria. It can range from mild changes in mood to severe clinical disorder, depending on the number and severity of accompanying symptoms that are associated with the dysphoric mood" (p. 348).

In addition to these studies on the psychological effects of acculturation and its relationship to acculturation, Golding and Burnam (1990) stated that Mexican Americans may experience depression as the result of arguments or problematic interactions with friends. For example, if there are two Mexican Americans having a discussion on religion, often times, the person who is more acculturated may have a more relaxed attitude about such a topic, as compared to a less acculturated individual, who has just recently arrived from Mexico. As a result of these types of

interactions Mexican Americans experience decreased psychological well-being (Abbey, Abramis, & Caplan, 1985; Billings, Cronkite, & Moos, 1983; Golding & Burnam, 1990). Because Mexican American culture places more value on social relationships than the Anglo culture, social conflict may be a big predictor for depression in the lives of Mexican Americans.

As a result of becoming acculturated to the host culture, some Mexican Americans become motivated to obtain occupational prestige and status, achievement, competition, self-reliance, and individualism, all of which may be the opposite of traditional Mexican values, which emphasize family and community relations. Unfortunately, these new goals frequently divorce Mexican Americans from their families and ethnic group and cause them to have interpersonal problems and alienate them from valuable support (Kaplan & Marks, 1990).

Adjustment, Reaction, Withdrawal

Padilla (1980) stated that Mexican Americans adapt to the new culture primarily by using three strategies in the acculturation process: adjustment, reaction, or withdrawal. The first strategy, adjustment, means that the individual basically gives up his or her culture or behavior and melts into the dominant culture.

The second strategy, reaction takes place when the individual retaliates against a source of conflict. An example would be a person who uses aggression in response to a threat from the environment. Finally, withdrawal means the Mexican American will remove himself or herself from the dominant culture. An example of this would be a self-sufficient Mexican American business community, that only purchases and distributes products of Mexican origin and limits its social interaction with others of Mexican heritage.

Somatization

Somatization is the process of one's emotional problems having a significant negative effect on one's physical state (Atkinson, Morten, & Sue, 1993). Espin (1987) stated that high levels of somatization could be the result of Mexican Americans feeling uncomfortable emotions, but being unable to actually find out the source of their feelings. Many Mexican Americans believe that strong emotions may cause physical illness (Atkinson, Morten, & Sue, 1993). Therefore, Mexican American see mental state affecting their physical condition and their physical state affecting their mental state. Finally, there is evidence that many Mexican Americans seek out professional mental health

services as a last resort, while using other health services first (Atkinson, Morten, & Sue, 1993; Keefe, Padilla, & Carlos, 1978).

As a result of many Mexican Americans' poor ability to verbalize their feelings and unwillingness to talk with others, physicians often prescribe tranquilizers and other kinds of medications to these patients. This may reinforce in some Mexican Americans the idea that they really must have a physical problem, while in actuality what the patients need is psychotherapy (Espin, 1987; Kleinman, 1980).

Family Functioning

The process of acculturation impacts the entire Mexican American family unit. For example, as Mexican Americans spend more and more time in the new culture, they may begin to utilize English more than Spanish and possibly stop using Spanish all together. In this event, Mexican Americans report distress in their homes, because parents are not as schooled in English as their children. As a consequence of the parents not being able to speak English and the children forgetting Spanish, parents feel as if their children are losing their sense of identity (Cuellar, Harris, & Jasso, 1980; Padilla, 1980).

The concept of language loss has particularly strong implications for the young Mexican American.

For example, the young Mexican American adult may feel compelled to speak English with his or her friends, but at the same time feels pushed to keep his or her Mexican heritage and speak Spanish only by his or her family (Dennedy-Frank, 1982; Knight, Bernal, Garza, Cota, & Ocampo, 1983).

Anglo American Beliefs

Burma (1970) discussed how Anglo Americans live their lives morally and lawfully right and also identified the attempt on the part of Anglo Americans to "live by contrasting rules of the game" (p. 384). He went on to talk about how Mexican Americans have been perceived by Anglo Americans and how these perceptions have affected Mexican Americans' acculturation process.

One tenet that many Anglo Americans hold is that each individual has a right to freedom, justice, and equal opportunity. However, many Mexican Americans actually experience overt and covert forms of racism, along with prejudices, all of which run contrary to these ideals (Burma, 1970). In addition, many Anglo Americans believe that Mexican Americans should be totally accepted into society and have equal status. This, too, is a concept that does not hold true in the "real world" because many Mexican Americans are ostracized for not being Anglo American. Finally, many

Anglo Americans believe that full assimilation of Mexican Americans into the Anglo American lifestyle is only a matter of time. However, in many instances Mexican Americans have not expressed interest in this ideal. Furthermore, with assimilation may come loss of Mexican Americans' sense of heritage (Burma, 1970).

Furthermore, many Anglo Americans view Mexicans as intellectually inferior (Burma, 1970). This can be reinforced by the fact that many Mexican Americans work in factories or in other low paying jobs which Anglo Americans may believe stems from Mexican Americans not having many skills and a low level of education. Anglo American prejudices may also be the result of the type of jobs some Mexican Americans perform, often in unsanitary, unsterile environments, which may cause them to smell and look dirty. Undeniably, the type of jobs many Mexican Americans perform reinforce the prejudiced beliefs that Mexican Americans are unable to perform other, less laborious tasks, in more sanitary conditions (Burma, 1970).

In addition to the many Anglo American beliefs about Mexican Americans, Ford (1987) stated that:

The Mexican Marginal Man sold out and became Anglicized, assimilated like the Anglo in almost every respect. These "sellouts" were often the same ones who accepted those educational, economic

and prestige opportunities that the mainstream offered. He said that if you're light-skinned enough, willing to pass as European or White, change your name, lose your accent, if you deny your parents, your people and yourself, then you're on your way in the Anglo world. The Anglicized Mexican student suffers from loss of identity, shame and guilt. They appear to be caught literally between two cultures: No longer Mexican and not quite White." (Ford 1987 p. 73)

Another aspect of acculturation that makes the adjustment into the United States particularly hard for Mexican Americans is that many Mexican Americans pledge their allegiance to the culture of Mexico (Padilla, 1980). This allegiance by Mexican Americans towards the culture of Mexico can be seen as Mexican Americans retaining their native language, values, and religious beliefs, all of which may run opposite to the dominant culture. Padilla (1980) described this as individuals' preference of one cultural orientation over the other. An example would be the Mexican American nuclear family all living in the same house, despite their ages and stages of successes in their lives, which Anglo Americans view as enmeshment or insecurity on the part of Mexican Americans.

When looking at acculturation from the perspective of an Anglo American, one can not fully appreciate the many dynamics at work in this vast, all-consuming process. However, the hope is that the reader has gained a better understanding about the fascinating process of acculturation and has a better knowledge about what it is and how it affects Mexican Americans. The author's aim is to now discuss effective, comprehensive counseling strategies to help Mexican Americans deal with this unique process.

Recommendations For Therapists

Before the therapist begins working with a Mexican American client, Kunkel (1990) suggested that he or she obtain knowledge about expectations of counseling that Mexican Americans have and use this knowledge in an heuristic role, one that helps guide the therapist in delivering services to this population. This becomes particularly important because, as members of a minority group living in the United States, Mexican Americans possess complex cultural meanings, along with attitudes, values and behavior patterns that vary with their degree of acculturation to the mainstream society, and therapists should adjust their psychological services accordingly.

Atkinson, Morten, and Sue (1993) and Rogler, Malgady, Costantino, and Blumenthal (1987) stated that treatment decisions need to be based on a client's level of acculturation. Therefore, therapists may need to address issues pertaining to clients' traditional culture, the culture of the host society or a mixture of both cultures in the session. Regardless of how therapists go about doing this, the goal should be to individualize the treatment process. One way therapists could get this information would be by asking the client particular questions about their culture and other related cultural issues.

Secondly, Atkinson, Morten, and Sue (1993) and Rogler, Malgady, Costantino and Blumenthal (1987) stated that in order to deliver culturally responsive mental health services, therapists need to distinguish between those accultured Mexican Americans who can be treated as Anglos and those who require some kind of special treatment delivery that reflects their Mexican American background. Flaskerud (1986) and Sue, Fujino, Hu, Takeuchi, and Zane (1991) stated that cultural responsiveness is "among many factors of the extent to which therapists can communicate in the language of clients and understand the cultural background of clients" (p. 544).

Ponterotto (1987) suggested that before entering into the psychotherapeutic relationship, the counselor may want to administer a scale that measures the Mexican American's level of acculturation. Three such scales that exist are the: Acculturation Rating Scale for the Mexican American normal and clinical populations (ARSMA) (Cuellar, Harris, & Jasso, 1980; Ponterotto, 1987); the Behavioral Acculturation Scale (BAS) (Ponterotto, 1987; Szapocznik, Scopetta, Kurtines, & Arnalde, 1978); and the Bicultural Inventory (BI) (Ponterotto, 1987; Ramirez, Cox, & Casteneda, 1977).

The advantage of administering the ARSMA is that it contains twenty questions and is easy to administer and score. In addition, there are cross-validated Spanish and English versions for this test. Upon completion of scoring, the counselor could then place his or her client into 5 basic levels along an acculturation continuum: (a) very Mexican, (b) Mexican-oriented bicultural, (c) "true" bicultural, (d) Anglo-oriented bicultural or (e) very anglicized (Ponterotto, 1987).

Having this type of information would be very valuable to the counselor and Mexican American client, because they could both begin to evaluate if the counseling interventions need to be internally

(intrapsychically) geared or externally (community) based (Ponterotto, 1987). Mexican Americans of low acculturation will need culturally sensitive and relevant case conceptualization and intervention, while those with high levels of acculturation may do just as well with the more traditional approaches (Ponterotto, 1987).

Upon completion of one of these scales and an agreed-upon conceptualization and intervention strategy, Ponterotto (1987) suggested that therapists would provide the most effective counseling services by using Arnold Lazarus's Multimodal Modality Profile. This model uses seven modalities which are the following: (a) Behavior; (b) Affect; (c) Sensations; (d) Imagery; (e) Cognitions; (f) Interpersonal Relations, including Interactions with Oppressive Environment and (g) Drug/Biology. These modalities can be used by the counselor as a cognitive map to provide direction in the counseling process (Ponterotto, 1987).

This method seems to be so effective for working with the Mexican American population because it allows them to report on a wide range of areas. More specifically, it could aid the Mexican American in understanding how external (environmental) factors affect his or her psychological well being. This

approach sends a message to Mexican Americans that it is acceptable to report on environmental factors, something which previous research has shown Mexican Americans do not usually report in counseling (Ponterotto, 1987).

The teamwork perspective is emphasized in this approach because it is a culturally important component that allows the client to express his or her views about the cultural relevance of the plans that are to be set. Ponterotto (1987) went on to state that "the Multimodal framework is ideal in conceptualizing the Mexican American client's difficulties because it is comprehensive and can include factors that are external (i.e. social, environmental, institutional) to the client's control" (p. 310).

In a culturally sensitive multimodal counseling session, one which can be followed by therapist working with Mexican Americans, the therapist follows several steps (Ponterotto, 1987). First, counselors explore with clients their reasons for coming into the counseling sessions and any referral agencies involved, along with providing one of the acculturation scales previously mentioned.

Next, Ponterotto (1987) recommended that therapists and clients draw a modality profile that reflects the seven modalities, and the modalities be

placed in a "firing order." For example, if a client presents with lack of assertion, followed by reports of feeling guilty as a result, the modality would be Behavior followed by Affect (B-A). As more and more data emerge about the client's case, a completed modality profile will result.

After the modalities have been arranged in a specific firing order, counseling interventions can then take place, with the most urgent modalities given the earliest treatment. As the therapist and client work together on the problem, they can begin to see how they can affect or modify the environmentally racist and oppressive conditions in which many Mexican Americans live (Ponterotto, 1987).

Another strategy for counseling with Mexican Americans was devised by Cervantes and Castro (1985). They proposed that in order to promote quality, comprehensive mental health services to Mexican Americans, therapists must look at the individual client's: (a) potential stressors, (b) appraisal practices, (c) internal mediators, and (d) coping responses.

For example, a Mexican American client loses his or her job, and this event is viewed by the Mexican American as a potential stressor. Next, the counselor needs to examine the Mexican American's stress level as

she or he appraises the situation. From this appraisal procedure arises the individual's internal mediators, which are such things as beliefs and values, which are frequently cultural in nature. Finally, the linkage among all of these variables can be examined to highlight the individual's coping response (Cervantes & Castro, 1985).

The next step in therapy involves the therapist reviewing each of the four possible reactions on the part of the clients to aversive stimuli. They are the following: (a) potential stressors; (b) appraisal; (c) internal mediators; (d) coping responses. This becomes important because potential stressors can be either chronic or acute in nature and may surface in culturally specific clusters (Acosta, 1979; Cervantes & Castro, 1985; Opler, 1976). Once the potential stressors have been identified, the counselor needs to clearly understand the Mexican American's appraisal or evaluation of the pluses and minuses to himself or herself, and see if/how she or he is able to effectively deal with the potential stressors.

The appraisal process is also influenced by the mediation of external and internal factors (Cervantes & Castro, 1985; Lazarus & Folkman, 1984). External variables could be the presence or absence of a

supportive extended family-kinship, some type of spirituality or religious affiliation, and/or supportive or non-supportive work relationship. If there are accessible social support services available, this may also affect the person's initial appraisal of a potential stressor (Cervantes & Castro, 1985).

Internal mediators that influence Mexican Americans appraisal process are such things as "language, level of acculturation, personality traits, adherence to traditional Mexican versus non-traditional values (e.g., in beliefs about healthy, mental illness, help seeking). In addition to those, Cervantes & Castro (1985) offered socioeconomic status, intelligence, and emotional states" (p. 10).

If the Mexican American, based upon his or her internal and external mediators, appraises a potentially stressful situation as stressful, he or she will need to devise some type of coping response, in order to adjust to the stressor or to make it less stressful (Cervantes & Castro, 1985; Cox, 1978). As the therapist begins to look at these internal and external mediators, he or she will realize that "coping responses are influenced by internal and external variables and that a person's present coping response can influence the characteristics of future internal or external mediators" (Cervantes & Castro, 1985 p. 12).

Upon completion of the previous steps, counselors need to evaluate the effectiveness of a particular coping response exhibited by the Mexican American as he or she deals with the stressor(s). If the coping response is effective, a positive outcome will result. However, if the results of the coping responses are not positive or neutral to the degree the client is unsatisfied, the client and therapist can formulate better coping strategies.

Counseling Mexican Americans

Counseling Mexican Americans is a complex process that can be aided by a tool called the Ethnocultural Assessment (Jacobsen, 1984; Diaz & Jacobsen, 1987). This assessment instrument is "designed to aid the clinician in exploring the multiplicity of influences that may contribute to the formation of ethnocultural identity" (Diaz & Jacobsen, 1987, p. 233). It can be made from the account given by the client, and by other Mexican Americans' perspectives on particular questions. Furthermore, additional information may be provided by the clients family members, and by conducting a literature review (Diaz & Jacobsen, 1987).

The first stage of the ethnocultural assessment involves gathering information about the client's history of ethnocultural heritage. This involves gathering information about the client's country of

origin, and exploring the client's mother's culture of origin and the client's father's culture of origin, along with both parents' ethnicities. Although this may seem simplistic, a simple statement from the therapist to the client, such as, "Where are your parents from"? does not provide enough information to do an adequate job with the first stage of the ethnocultural assessment (Diaz & Jacobsen, 1987).

The second stage of the ethnocultural assessment deals with what event or events led the client (and his or her family) to ethnoculturally translocate. In this stage, the client examines how he or she understands the event or events that lead his or her family to make the transition from the culture of origin. Along with an exploration of the thoughts and feelings he or she has about the event or events that lead him or her to make the transition from the culture of origin, a descriptive summary is often utilized. This offers invaluable information in understanding the family myths, no matter if the client has just arrived or the client's family has been in the new society for many generations (Diaz & Jacobsen, 1987).

The third stage of assessment looks at the client's intellectual and emotional perceptions about his or her family's ethnocultural identity. This information could be obtained by having the client talk

about how he or she views his or her family within the new environment. In addition, the client also needs to provide information about how he or she intellectually and emotionally perceives his or her family's ethnocultural identity since the translocation. When this process is completed, often times the patient's perception of his or her family's identity varies from that described in the culture or cultures of origin, which have undergone a process of evolution in the new, host society (Diaz & Jacobsen, 1987).

Diaz and Jacobsen (1987) provided some suggestions for counselors when administering the Ethnocultural Assessment and stated that "whenever possible, it may be helpful to interview other family members of the identified patient in an attempt to obtain information regarding stages I-III of the ethnocultural assessment. Such interviews may be particularly revealing with regard to the role that the individual plays in the family system" (p. 233).

Diaz and Jacobsen (1987) went on to report that much of the information needed can only be obtained non-verbally by observing the client's interaction with his or her family members. In the case of Mexican Americans, this is particularly true because sometimes the family's identity overpowers the individual's.

The fourth stage of assessment focuses on the patient's own perceived ethnocultural adjustment in the host culture as an individual, distinct from the rest of the family. This self-perception is said to have significant implications for psychotherapy with Mexican Americans (Diaz & Jacobsen, 1987).

Gehrie (1979) and Diaz & Jacobsen (1987) went on to state that the clients may have feelings regarding ethnocultural integration that are different from those of other family members. Moreover, these feelings may lead to increased generational distance between the client and family and may contribute to depression in some clients.

The last stage in the ethnocultural assessment focuses much attention on the counselor. Here, the counselor is asked to focus on his or her ethnocultural background that may have real or some potential overlap with the client's (Diaz & Jacobsen, 1987). "This stage is of paramount importance to the therapeutic process as the patient's conscious or unconscious ethnocultural identification with the therapist provides an important backdrop for cross-cultural psychotherapy" (Diaz & Jacobsen, 1987, p. 234).

Ethnocultural assessment is an excellent tool to use because it allows Mexican Americans to verbalize their own feelings towards their new situation, instead

of having counselors judge how clients are feeling. However, this is just one of many tools that counselors can utilize when working with Mexican American clients. Some problems with this particular tool are that it could create countertransference and overidentification with Mexican American clients because of culture and or ethnicity, with terrible results (Devereux, 1953; Diaz & Jacobsen, 1987).

Conclusion

As one reflects on some of the many races of people who have attempted to make the dream of coming to America a reality, one must often face another reality: life is not as comfortable as one has hoped it could be in America. In addition, tensions exist that further make the translocation for Mexican Americans difficult as many of them become active participants in an economy and a society in which they may be uncomfortable and confused.

As the author begins to draw to a close on the topic of acculturation and its link to Mexican Americans, it is hoped that the reader can begin to see that the lives of Mexican Americans are more dynamic than what is often perceived. Furthermore, Mexican Americans are in a pivotal period because many new government regulations are not geared towards helping their plight. Therefore, this author has made a

concerted effort to provide health care professionals from all fields with some data, insight and suggestions into how counselors can continue to provide Mexican Americans with the tools, strength and encouragement they need to reach their full potential and fulfill their dreams.

References

Abbey, A., Abramis, D. J., & Caplan, R. D. (1985). Effects of different sources of social support and social conflict on emotional well-being. Basic Applied Social Psychology, 6, 111-129.

Acosta, F. X. (1979). Barriers between mental health services and Mexican Americans: An examination of a paradox. American Journal of Community Psychology, 7(5), 503-520.

Atkinson, D. R., Casas, A., & Aberu, J. (1992). Mexican American acculturation, counselor ethnicity and cultural sensitivity, and perceived counselor competence. Journal of Counseling Psychology, 39, 515-520.

Atkinson, D. R., Morten, G., & Sue, D. W. (1993). Counseling American minorities: A cross cultural perspective. Dubuque, IA: Wm. C. Brown.

Atkinson, D. R., Ponce, F. Q., & Martinez, F. M. (1984). Effects of ethnic, sex, and attitude similarity on counselor credibility. Journal of Counseling Psychology, 31, 588-590.

Atkinson, D. R., Poston, W. C., Furlong, M. J., & Mercado, P. (1989). Ethnic group preference for counselor characteristics. Journal of Counseling Psychology, 36, 68-72.

Atkinson, D. R., Winzelberg, A., & Holland, A. (1985). Ethnicity, locus of control for family planning and pregnancy counselor credibility. Journal of Counseling Psychology, 32, 417-421.

Billings, A. G., Cronkite, R. C., & Moos, R. H. (1983). Social-environmental factors in unipolar depression: Comparison of depressed patients and nondepressed controls. Journal of Abnormal Psychology, 92, 119-133.

Burma, J. H. (1970). Mexican-Americans in the United States: A reader. Cambridge, MA: Schenkum.

Casas, J. M. (1976). Applicability of a behavioral model in serving the mental health needs of the Mexican American. In M. Miranda (Ed.), Psychotherapy for the Spanish-speaking: Issues in research and service delivery (pp. 61-65). Los Angeles, CA: Spanish-Speaking Mental Health Research Center.

Cervantes, R. C., & Castro, F. G. (1985). Stress, coping, and Mexican American mental health: A systematic review. Hispanic Journal of Behavioral Sciences, 7(1), 1-73.

Church, G. (1985, July 8). Hispanics: A melting of cultures. Time, p. 36.

Cox, T. (1978). Stress. Baltimore, MD: University Park Press.

Cuellar, I., Harris, L. C., & Jasso, R. (1980). An acculturation scale for Mexican American normal and clinical populations. Hispanic Journal of Behavioral Sciences, 2(3), 199-217.

Dennedy-Frank, K. (1982, May). Mexican American parents: Agents of cultural change. Paper presented at the Fourth Annual Conference of the National Coalition of Hispanic Mental Health and Human Services Organizations, Denver, CO.

Devereux, G. (1953). Cultural factors in psychoanalytic therapy. Journal of the American Psychoanalytic Association, 1, 629-655.

Diaz, L. C., & Jacobsen, F. M. (1987). Ethnocultural identification in psychotherapy. Psychiatry, 50, 232-241.

Domino, G., & Acosta, A. (1987). The relation of acculturation and values in Mexican Americans. Hispanic Journal of Behavioral Sciences, 9(2), 131-150.

Flaskerud, J. H. (1986). The effects of culture-compatible intervention on the utilization of mental health services by minority clients. Community Mental Health Journal, 22, 127-141.

Espin, O. M. (1987). Psychological impact of migration on Latinas: Implications for psychotherapeutic practice. Psychology of Women Quarterly, 11, 489-503.

Ford, R. C. (1987). Cultural awareness and cross cultural counseling. International Journal for the Advancement of Counseling, 10, 71-78.

Gehrie, M. J. (1979). Culture as an internal representation. Psychiatry, 42, 165-170.

Golding, J. M., & Burnam, M. A. (1990). Immigration, stress, and depressive symptoms in a Mexican-American community. The Journal of Nervous and Mental Disease, 178(3), 161-171.

Gordon, M. M. (1964). Assimilation in american life. New York: Oxford University Press.

Hurtado, A., & Arce, C. H. (1987). Mexicans, Chicanos, Mexican Americans, or Pochos: Que somos? The impact of language and nativity on ethnic labeling. Aztlan, 17, 103-130.

Jacobsen, F. M. (1984). Ethnocultural assessment. In Syllabus & Scientific Proceedings, American Psychiatric Association 137th Annual Meeting.

Kaplan, M. S., & Marks, G. (1990). Adverse effects of acculturation: Psychological distress among Mexican American young adults. Social Science and Medicine, 31, 1313-1319.

Keefe, S. E., & Casas, J. M. (1980). Mexican Americans and mental health: A selected review and recommendations for mental health service delivery. American Journal of Community Psychology, 8, 303-326.

Keefe, S. E., Padilla, A. M., & Carlos, M. L. (1978). Emotional support systems in two cultures: A comparison of Mexican Americans and Anglo Americans. Los Angeles, CA: Spanish-Speaking Mental Health Center.

Kleinman, A. (1980). Patients and healers in the context of culture. Berkeley, CA: University of California Press.

Knight, G. P., & Kagan, S. (1977). Acculturation of prosocial and competitive behaviors among second- and third-generation Mexican-American children. Journal of Cross Cultural Psychology, 8, 273-284.

Knight, G. P., Bernal, M. E., Garza, C. A., Cota, M. K., & Ocampo, K. A. (1993). Family socialization and the ethnic identity of Mexican-American children. Journal of Cross-Cultural Psychology, 24(1), 99-114.

Kunkel, M. A. (1990). Expectations about counseling in relation to acculturation in Mexican-American and Anglo-American student samples. Journal of Counseling Psychology, 37(3), 286-292.

Lazarus, R. S., & Folkman, S. (1984). Stress, appraisal and coping. New York: McGraw-Hill.

Locke, D. C. (1992). Increasing multicultural understanding a comprehensive model. Newbury Park, CA: Sage.

Lopez, S. R., & Lopez, A. A. (1993). Mexican Americans' initial preference for counselors: Research methodologies or researcher's values? Reply to Atkinson and Wampold (1993). Journal of Counseling Psychology, 40(2), 249-251.

Montgomery, G. T. (1992). Acculturation, stressors, and somatization patterns among students from extreme south Texas. Hispanic Journal of Behavioral Sciences, 14, 434-454.

Moscicki, E. K., Locke, B. Z., Rae, D. S., & Boyd, J. H. (1989). Depressive symptoms among Mexican Americans: The Hispanic health and nutrition examination survey. American Journal of Epidemiology, 130, 348-360.

Opler, M. (1976). Cultural induction of stress. In M. Appley & R. Trumbull (Eds.), Psychological stress (pp. 209-240). New York: Meredith.

Padilla, A. M. (1980). Acculturation, theory, models and some new findings. Boulder, CO: Westview.

Padilla, A. M., & Ruiz, R. A. (1973). Latino mental health: A review of literature. Washington, DC: U.S. Government Printing Office.

Padilla, A. M., Alvarez, M., & Lindholm, K. J. (1986). Generational status and personality factors as predictors of stress in students. Hispanic Journal of Behavioral Sciences, 8, 275-288.

Padilla, A. M., Ruiz, R. A., & Alvarez, R. A. (1975). Community mental health services for the Spanish-speaking/surnamed population. American Psychologist, 30, 892-905.

Ponce, F. Q., & Atkinson, D. R. (1989). Mexican-American acculturation, counselor ethnicity, counseling style, and perceived counselor credibility. Journal of Counseling Psychology, 36(2), 203-208.

Ponterotto, J. G. (1987). Counseling Mexican Americans: A multimodal approach. Journal of Counseling and Development, 65, 308-312.

Ramirez, M., Cox, B., & Castaneda, A. (1977). The psychodynamics of biculturalism (Study prepared for Organizational Research Programs, Office of Naval Research, Arlington, Virginia). Santa Cruz, CA: Systems and Evaluations in Education.

Rogler, L. H., Malgady, R. J., Costantino, G., & Blumenthal, R. (1987). What do culturally sensitive mental health services mean? American Psychologist, 24, 565-570.

Ruiz, R. A., Casas, J. M., & Padilla, A. M. (1977). Culturally relevant behavioristic counseling. Los Angeles, CA: University of California.

Sanchez, A. R., & Atkinson, D. R. (1983). Mexican-American cultural commitment: Preference for counselor ethnicity, and willingness to use counseling. Journal of Counseling Psychology, 30(2), 215-220.

Sue, S. (1977). Community mental health services to minority groups: Some optimism, some pessimism. American Psychologist, 32, 616-624.

Sue, S., Fujino, D. C., Hu, L., Takeuchi, D. T., & Zane, N. W. (1991). Journal of Consulting and Clinical Psychology, 59, 533-540.

Szapocznik, J., Scopetta, M. H., Kurtines, W., & Arnalde, M. A. (1978). Theory and measurement of acculturation. Interamerican Journal of Psychology, 12, 113-120.