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## **Puerto Rican client expectations of therapists and folkloric healers.**

Josefina Zeda Batista  
*University of Massachusetts Amherst*

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PUERTO RICAN CLIENT EXPECTATIONS  
OF THERAPISTS AND FOLKLORIC HEALERS

A Dissertation Presented

by

JOSEFINA ZEDA BATISTA

Submitted to the Graduate School of the  
University of Massachusetts Amherst in partial fulfillment  
of the requirements for the degree of

DOCTOR OF PHILOSOPHY

February 1998

School of Education

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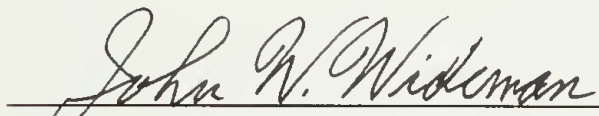
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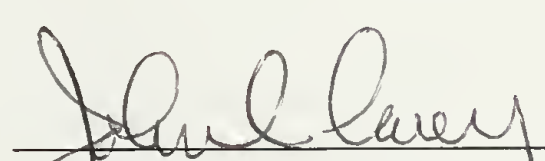
JOSEFINA ZEDA BATISTA

Approved as to style and content by:

  
John W. Wideman, Chair

  
Brunilda DeLeon, Member

  
Theodore Slovin, Member

  
Bailey W. Jackson, Dean  
School of Education

## DEDICATION

To my parents, Emilio Zeda Martinez and Cecilia Batista, who brought me life, and showed me the importance of setting and achieving high goals.

To my aunt, Ana Batista Colon, who taught me how to live and how to die as a Puerto Rican woman. She taught me to fight to the end for what I believe without regard to the popularity of the cause. With little formal education, she taught me the history of my family and their cultural heritage. This dissertation is in her memory.

## ACKNOWLEDGMENTS

There are many people whom I must thank for all the support they gave me in this project.

Dr. John W. Wideman, my faculty advisor, for his help and guidance both in discussing the organization of the material and preparation of the dissertation and in locating other resources which would be helpful. In the most difficult times, he helped me find meaning in the process through which I was going. His understanding of me, across cultures, especially when I was sad about the death of family members, showed me that an American man could understand the feelings of a Puerto Rican.

Dr. Brunilda DeLeon for her understanding of what I wanted to accomplish in this project and her assistance in reaching that goal. She always extended herself more than she had to. She has consistently helped minority students. I am particularly grateful for the letter which she wrote for me when I needed it for my internship at a time of personal tragedy for herself. She has been a great friend, teacher and colleague, with her patience and understanding.

Dr. Theodore Slovin graciously agreed on short notice to be on the dissertation committee, and I appreciate his extraordinary efforts in familiarizing himself with this unusual topic in such a short time.

Dr. Jose Pons has been my mentor and my intellectual father since my studies for the Master's degree in Puerto Rico. He has been there at all my difficult times, a

friend and brother. His wife, Dr. Nydia Pons, whom I met recently, has been a great support and friend. She was one of the interviewers who helped me complete my survey. My thanks to both of them for the encouragement and support they gave me during this project.

Efrain Iglesias, my friend and colleague, assisted me in the survey. He has been my right hand in this project, going repeatedly above and beyond the call of duty.

The owners of the botanicas who permitted me to interview their customers and assisted me in getting subjects to be interviewed. They constantly gave with no expectation of reward or profit, but for the simple sake of helping their fellow Hispanics. This Hispanic solidarity is one of our greatest strengths.

All the people who voluntarily gave their time to answer the questions in the survey, at no benefit to themselves, but out of simple good will and helpfulness.

My companion, Ken Howes, for his encouragement and support in the preparation of this dissertation, especially in editorial assistance and in organizing the survey results and entering them into his computer for analysis. He has been my sternest critic and has pushed me to achieve the best, because he has always believed in me with no sense of competition between us. In moments when I have been confused or discouraged, he has always been there with his patience and encouragement.



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My daughter, Mayna Quiles Zeda, who has been my reason to keep going, my inspiration. At times when I thought I would never do it, just the thought of her, the next generation, kept me going.

My sister, Iraida Zeda, the teacher of our family, who taught me to feel proud of being a Puerto Rican and proud of being a Zeda. She planted the seeds of the desire for learning in me.

My beloved brother in law, Felipe Basco, who set an example for me with his learning, his energy and his achievement.

My nephew and niece, Omar and Yomari Basco, of whom I am proud. They have, with their struggles and their successes, shown in a new generation, the Zeda tradition of never giving up and overcoming adversity to achieve success.

## ABSTRACT

### PUERTO RICAN CLIENT EXPECTATIONS OF THERAPISTS AND FOLKLORIC HEALERS

FEBRUARY 1998

JOSEFINA ZEDA, B.A., UNIVERSITY OF PUERTO RICO

M.S., CARIBBEAN CENTER FOR GRADUATE STUDIES

Ph.D, UNIVERSITY OF MASSACHUSETTS AMHERST

Directed by: Professor John W. Wideman

Many Puerto Ricans living in the United States have underused mental health facilities. Addressing the problem requires knowledge of the clients' perspective, which has not been obtained. This writer studied clients' perspectives on mental health and their expectations of those who help them. Included in the study was a view of Espiritistas and Santeros, practitioners of traditional religions in Puerto Rico, the former religion of French, the latter of African origin. They have functioned as therapists among Puerto Ricans, so the reason for clients' choice of help was important to a study of the problem as a whole.

A survey of 100 Puerto Rican subjects in Springfield and Holyoke, Massachusetts, and Hartford, Connecticut, showed that while many clients liked the opportunity to talk about their problems and be understood at a mental health facility, the folkloric practitioners' concentration on and promise of concrete results and delivery of those results,

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## CHAPTER 1

### INTRODUCTION

Before proceeding with the usual formalities of an introduction, this rather unusual subject matter warrants a personal note. My research for this dissertation really began when I was four years old. At that age, I was living with my mother in Chicago. I was having trouble sleeping. My mother went to the nearest Catholic church, and brought a small container of holy water home. That night, she sprinkled the holy water around the house, beginning with my room. Thereafter, as if magically, I slept very well.

About the same time, my mother took me to a seance with a male friend of hers. I can still see myself in the middle, between my mother and her friend. The medium said to the friend, "In your left pocket, you have a knife. Would you please place it on the window sill?" These experiences made a lasting impression on me, and, in my graduate studies, I tried to reconcile those experiences with psychological theories. I wanted to understand what really happened then, so that I would be able to help those who were unable to sleep. The experience at the seance made me aware of the range of nonverbal communication.

When I was in my thirties, I had a client who was reluctant to come to therapy. Her mother had recently died. Then, one night, she had a dream, in which her mother told her, "Go and listen to that woman (me). She will help

you." I never had any further problem getting that client to come in. I understood that dreams meant something quite different to her from what they would mean to me. They were not something to analyze--they were, for her, direct messages from the spirit world.

Another client had a boyfriend who was a cocaine addict. He shot her and himself. He died, but she survived. Thereafter, she began romanticizing the relationship and blaming herself for the incident--"If I hadn't been thinking of leaving him, that wouldn't have happened." Everything in the house reminded her of him. She spent her days kissing his photos and thinking about him. I talked to her often about moving, but she would not or could not move. I then suggested that she move the furniture around and clean it and the apartment. She should then take the photo album to her mother. She looked at me with astonishment and said, "That is exactly what the Espiritista told me to do." I had come in direct contact with Espiritismo as a form of psychotherapy.

#### Statement of the Problem and Purpose of the Study

This dissertation examines why Puerto Ricans choose therapists or traditional healers for help with their personal problems. The traditional healers are practitioners of Espiritismo and Santeria, long-standing folk religions among Caribbean people, derived from African folk religions, Spanish hagiolatry and 19th century French



spiritualism. Many Puerto Ricans underuse the mental health system, either not going to mental health facilities or beginning treatment only to discontinue it prematurely, some visiting instead the traditional practitioners (Rogler and Hollingshead, 1991). What are the assumptive sets, expectations and procedures which determine Puerto Ricans' choice and successful use of these different support systems?

The dissertation reviews the history and cultural background of Puerto Ricans arriving and growing in the United States, specifically those in the area of Holyoke and Springfield, Massachusetts, and Hartford, Connecticut. There are several different cultural strains in Puerto Rican history which have contributed to the present state of Puerto Rican culture and conduct. The dissertation examines each of the major ones in the second chapter.

The dissertation reviews the literature on the mental health needs of the Puerto Rican community in this country, and on how services have been provided to that community. The existing literature reflects the views and opinions of therapists and scholars who have worked with Puerto Ricans and who have attempted to understand why they make such sparse use of conventional clinical services. There are no studies which explore directly the thinking of the clients themselves.

To explore the Puerto Rican consumer's needs this writer will examine the folkloric healing practices of

Santeria and Espiritismo. Harwood (1977) views both Santeria and Espiritismo, in their day to day practices, as a form of psychotherapy and states that they satisfy many criteria necessary to be considered as such. (See also Koss (1986); Berthold (1989); Delgado (1979)). These healing practices have a huge hold on Puerto Ricans (Harwood; Berthold, 1989), and will be explained with some relevant psychosocial historical background and its impact on the Puerto Rican's assumptive world. The concept of psychotherapy will be examined, and therapist-patient relationships in western psychotherapy will be compared with the analogous relationships in Santeria and Espiritismo. This writer will investigate the etiology of mental illness and client and therapist variables in psychotherapy as they appear in conventional treatment and in Santeria and Espiritismo.

Mental health professionals really do not know what determines the choice and use of therapy or traditional healers. To provide more effective outreach and service, it is essential that they know. This study attempts to provide that knowledge and understanding.

### Background and Conceptual Context

Many Puerto Ricans in the Springfield/Holyoke/Hartford area who receive mental health services also frequently contact folkloric practitioners before, while, and after visiting mental health professionals. (Rogler and

Hollingshead, 1991). Others refuse to visit mental health professionals because they do not feel satisfied with their services, for reasons explored in this study. Some of them seek help from ministers of Protestant churches. Many of these ministers, especially in Pentecostal sects, are completely untrained in counseling or therapy.

Puerto Ricans tend not only to underutilize mental health facilities but also to terminate prematurely after only one session. (President's Commission on Mental Health, 1978; Sue and Sue, 1990). Major problems in providing psychiatric services include the cultural difference in the definition of problems, the expectation of treatment and the way the mental health service is delivered. For example, Puerto Ricans divide mental illness into two categories, roughly described as *loco* (crazy) and *nervios malos* (bad nerves), the former referring to aggressive or bizarre behavior, including homicidal and suicidal tendencies, the latter to symptoms of anxiety, and to a lesser degree, of depression. Puerto Ricans ascribe the former to biological factors such as alcohol and drug abuse, malnutrition, head traumas, a biopsychological disorder called *desgaste* (weakness of the brain) and hereditary causes. *Desgaste*, in turn, is sometimes ascribed to *Espiritismo*, witchcraft, bad luck, fate and envy. (Gaviria & Wintrob (1976)). Puerto Ricans generally ascribe *nervios malos* to evil spirits,



witchcraft, problems at home or with the family, illness or envy.

Puerto Ricans believe that when someone envies another, the feelings of hate and envy are transmitted as a spiritual force. This force travels to the object of the envy and hurts him or her. It will then manifest itself in depression or other dysfunctional conditions in the object. There is a saying that "Envy is worse than witchcraft".

The Puerto Rican assumptive world (frame of reference) has specific characteristics that shape beliefs about a person's mental health needs and psycho-social functioning, especially for those who believe in spirits. (Frank & Frank, 1991). Puerto Ricans are Christians who practice folkloric healing practices. Although the Spaniards brought Catholic Christianity to Puerto Rico, they also brought with them their own folkloric beliefs and a healing practice known as hagiolatry, the worship of saints and their identification with various healing abilities. (Gali, 1975).

Although American and Puerto Rican Christianity share a common basis, there are many Puerto Rican beliefs underlying the folkloric healing practices, described in the second chapter of this dissertation which are not shared with the American culture. This research focuses on two of the main folkloric healing practices, Espiritismo and Santeria.

## Research Questions

This dissertation therefore explores the experiences, assumptions, beliefs, expectations and preferences which generate the reasoning of Puerto Rican clients in making their selection of help with personal problems. The study addresses the following research questions:

1. What are the criteria by which Puerto Rican clients decide whether they will seek help from a therapist or from an Espiritista or Santero?

2. What are the social background factors which influence that choice?

3. What factors affect the level of satisfaction which clients have in their treatment, whether conventional or through an Espiritista or Santero?

## Significance

The information generated by this study will offer new, more effective approaches to therapy in today's multicultural environment. It can enhance the education of therapists preparing to work with Puerto Ricans, and provide additional options and resources for social services workers. The method may also be applicable to the study of other non-western populations.

## Limitations

The limitations of this study are several. First, there are no quantitative studies done on Puerto Rican

mental health consumers and as a result the data obtained from the present have no baseline with which they can be compared.

A second limitation is that folkloric healing practices in the Puerto Rican culture have an underground mystical tone which may affect reaching members of these groups and, as a result, the consumers of folkloric practice. Because Santeros had to hide from Spanish persecution for centuries and still face disapproval from most religions, they may be reticent about their beliefs.

A third limitation may be the so called "guinea-pig effect" based on the interviewees consciousness that they are being studied (Isaac and Michael, 1979).

The fourth limitation is that the subjects are from the area of Springfield, Holyoke and Hartford, and the findings may be difficult to generalize to Puerto Ricans elsewhere in America. The findings of this study may not be universally applicable.

The fifth limitation is that Puerto Ricans who consult neither therapist nor folkloric healers will not be reached by this inquiry. There will remain a gap in our knowledge as to those people, who will remain an open subject for further study.

### Definitions

The two most important folkloric healing practices are Santeria and Espiritismo. Santeria, essentially a fusion



of the veneration of Catholic saints with worship of pagan African deities, originated with the arrival on the island by African slaves in the late 16th century (Gonzalez-Wippler, 1990). Espiritismo is a set of beliefs which attempt to explain and reveal the existence of a spirit world and its effects on humans, developed and codified by a 19th century French writer, Allan Kardec. Both religions will be explained in greater detail in the next chapter.

Puerto Ricans who practice these folkloric healing practices buy their paraphernalia in stores called botanicas. Such paraphernalia typically includes candles, statues, oils and incense. These places also serve Puerto Ricans as an informational source to seek healers and to buy medicinal or magical herbs.

## CHAPTER TWO

### PUERTO RICANS' PSYCHOSOCIAL AND HISTORICAL BACKGROUND

This section describes the early natives of Puerto Rico. It is important to understand these natives because folkloric healing practices are part of the collective unconscious. (Carl Jung, quoted by Comas-Diaz, 1988). Folkloric healing practices are a collection of latent memory traces that human beings inherit from their ancestral past. In the collective unconscious, human evolutionary development leaves residual effects that can accumulate through the repetition of experience through many generations. The collective unconscious in turn is the foundation for the ego, the personal unconscious, and other individual development processes (Comas-Diaz, 1988). To understand and treat Puerto Ricans effectively requires understanding of this collective unconscious.

#### The Taino Belief System

Before Puerto Rico was "rediscovered" by Christopher Columbus there were natives who were living on the island, called Tainos. Many Puerto Rican folkloric healing practices started with the Taino natives. The Tainos had their own healing practices (Perez-Memen, 1987; Fernandez, 1981), which revolved around shamans responsible for the health of the communities and for handling evil. These shamans were called buhuitihu. The buhuitihu could be

## CHAPTER 2

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called if there was any illness in the family. The buhuitihu would go to the house of the ill person and perform certain rituals with herbs to reestablish the health of that family member.

The buhuituhus' healing ritual practiced would begin when the buhuitihu was called to heal anyone. The buhuitihu would eat the same things that the ill person ate, put on the sick face of the ill person, and vomit as the ill person vomited. In order for the buhuitihu to vomit as the ill person did, the buhuitihu would snort a powder called cohoba and drink an herbal tea brewed from an herb called gueyo. This made him drunk and on many occasions produced a trance which allowed him to speak with the cemi (deities). The cemi told the buhuitihu the cause of the illness. The buhuitihu would chant, and while touching and pulling the patient's extremities would say "March to the mountains, to the ocean or where you prefer to go". The buhuitihu would then suck the patient on the neck and blow out whatever he extracted. After that, she or he made faces and vomited, as if expelling the illness from the patient. Many of these rituals were similar to those performed today in Santeria and Espiritismo.

The coming of the Spaniards at the end of the 15th century to the New World brought in new influences to the psyche of the inhabitants of the island. Some elements of the Taino religion and healing practices were kept, while



new influences were incorporated, adding new aspects to the beliefs and practices of the people.

### The Spanish Influence: Catholicism and Hagiolatry

When the Spaniards came to Borinquen, now called Puerto Rico, in their second voyage in 1493, they brought with them a belief system which included Roman Catholicism and hagiolatry. The Spanish and Taino cultures slowly mixed during the years before the Africans were introduced to the island. Even though the Spaniards were the predominant culture, many Taino religious and healing practices, as well as other characteristics, were also incorporated into what is now the Puerto Rican culture. The Spaniards brought with them Catholicism with their folkloric beliefs and healing practice.

The Spanish folkloric beliefs included a phenomenon known as hagiolatry. Hagiolatry is the worship of patron saints, including those saints who cure various parts of the body. For example, Santa Lucia is the patron of the eyes, so prayers about any eye ailment are directed towards her. Hagiolatry also includes worship of the Virgin Mary and of local religious images, which are thought to have special powers. There is also Saint Jude who is responsible for impossible causes. Any problems which are impossible to overcome are directed to him. This practice is very important in Spanish curing practice. (Teichner, Cadden & Berry, 1981). Prayers and spells are critical in

the treatment process. The Spaniards had their folkloric healers, called *saludadores*, to whom special powers were ascribed.

The Spanish were not gentle in their conquest of Puerto Rico. They enslaved the Tainos, took their property, raped the women, and exploited them in every conceivable way. Many Tainos died of overwork. Others committed suicide, unable to endure the pain and humiliation of their enslavement. Still others were assimilated into the Spanish culture. The result was that few Tainos remained as slaves, and a third cultural influence came to the island.

#### The African Influence: Santeria

After the initial period of exploitation of the Tainos, the economy of Puerto Rico changed from gold mining to agriculture. African slaves were brought to the island to do manual labor in the fields. The Africans came mostly from what is now Nigeria, and were mostly of the Yoruba tribe. They brought with them their own cultural, religious and healing practices, which were gradually incorporated into the evolving Puerto Rican culture. A major African contribution to that culture is now known as the Santeria religion, including its healing practices.

The word Santeria is derived from the Spanish word *santo* (saint) and literally means the worship of saints (Gonzalez-Wippler, 1990). Gonzalez-Wippler (1990) observes

that Santeria is a case of syncretism, defined in Webster's Seventh New Collegiate Dictionary (1976) as "the attempted reconciliation or union of different or opposing principles, practices, or parties, as in philosophy or religion." In this case, Spanish hagiolatry was reconciled with African pagan beliefs.

The spiritual Tainos had already incorporated into their belief systems the hagiolatry of Catholicism. The arrival of the African belief system with its deities and spirits could have created a competition or conflict with Catholic beliefs and practices.

However, the native Puerto Ricans generated a syncretic alternative which enabled them to maintain both the Spanish hagiolatry as affected by Taino practices and the African (principally Yoruban) beliefs. They reconciled the differences by honoring the similarities, with the effect that their worship could include both systems. The Africans took the Catholic saints and gave them all the characteristics which their own deities manifested.

An example of this syncretism was the fusion of the African deity Chango with the Catholic Santa Barbara. There is an apparent paradox here, as Chango represents male energy, intense and powerful, even fierce in battle with his double headed ax. But Santa Barbara, in hagiolatry, represents a female version of the same attributes. She is also fierce, the Amazon who goes to battle. She is represented in a red dress, symbolizing



life and passion, holding a sword in her left hand and a cup in her right. In some Puerto Rican myths, the cup contains her right breast, cut off when she fought with her sister. Both entities are also believed to be forces of fertility and procreation. In Santeria, each entity rules for six months of the year.

There are six other African deities which are identified with objects of Catholic veneration. Eleggua, who controls opportunities in life, is identified with the guardian angel in Catholicism. Obatala, controlling peace and harmony among people, is identified with Our Lady of Mercy. Ochun, controlling marriage, the goddess of love, marriage and gold, the Venus of Africa, is identified with Our Lady of La Caridad del Cobre. Oggun, the god of war, the hunt, and work for the unemployed, and having powers over difficult illnesses, including tumors, is identified with St. Peter. Orunla, master of past, present and future, with the power of divination, is identified with St. Francis of Assisi. He is said to own the Table of Ifa, the ABC of Santeria by which the priests of that religion (Babalawos), foretell the future. Yemaya, the goddess of fertility and maternity, the protector of women, and the one by whom "women's problems" are solved, is syncretized as Our Lady of Regla.

Each of these deities, known as the Orisha, has representation in his or her own materials, in shells, roots, candles, stones, precious metals, and herbs. Those



who perform rituals to a specific Orisha play out some characteristic of that Orisha. The Orisha are not always a benevolent influence. Santeros ascribe many mental illnesses to one or another Orisha's wrath against the afflicted person, perhaps for something as minor as having omitted something from a worship ritual.

These three basic influences, Taino, Spanish and African, provided fertile ground in which Espiritismo grew. This practice will be described in the next section.

### The Kardecian Influence

In 1864, a Frenchman writing under the pseudonym of Allan Kardec began writing about Espiritismo. (Kardec, 17th ed., 1986) (Harber, 1980). His writings were brought to Puerto Rico during the 19th century at a time when the island was still a colony of Spain. Puerto Rico was not allowed to trade with any country except Spain. Therefore, many goods were brought in by pirates and sold on the Black Market. It is in this fashion that, in addition to Kardec's writing, other collections of spiritual books were brought to the island (Perez y Mena, 1977). Kardec's ideas spread through the island like wildfire, consistent as they were with traditional Taino concepts.

Espiritismo attempts to explain and reveal to mankind the existence and nature of the spirit world. It also explains how spirits in the spirit world act on humans. It holds that the world is inhabited by both good and evil

spirits. The former are responsible for good health and good luck, and the latter are associated with illness and misfortune (Delgado,1979) .

Espiritistas have classified spiritually-connected symptoms as illustrated in Table 1.

Table 1

Espiritista Classifications of Etiology of Symptoms	
Etiological Category	Implied Spiritual Cause
Envidia (Envy)	the unexpressed envy of incarnate spirits in close association with the victim
Brujeria (sorcery)	a disembodied spirit sent to harm the victim by an enemy working in league with spirits
Mala influencia (bad influence) or Mala corriente (bad current)	a disembodied spirit of low rank seeking to be "given light"
Facultades (faculties)	spirits of various ranks who possess the body of a person insufficiently trained in controlling such seizures a. protective spirits who test a person while he or she is developing faculties b. God-predestined trials in life
Prueba (test or trial)	the spirit of a deceased relative or other associate from the past who has done some misdeed
Cadena (chain)	misguided spirits allowed to beset a victim who has neglected his relationship with his spiritual protectors
Castigo (punishment)	
(Harwood, 1987)	

Espiritismo has had a huge impact on Puerto Ricans. First, the belief in spirits is part of a healing system which has been practiced in Puerto Rico since its settlement. It is rooted in the history and belief system of Puerto Ricans.

A second reason is the power that the Church held in Puerto Rican society (Delgado, 1979). Delgado calls Espiritismo "the valiant unorthodox gesture of rebellion against the monolithic power of the Church". By permitting the people to take control of their own spiritual life and make contact with the noumenal world without depending on the clergy, it is an outlet from the clerical grasp on the spiritual life of the Puerto Rican.

The process of cultural transformation and evolution from the three ethnic groups, Taino, Spanish and Yoruban, to a single Puerto Rican people took about three centuries, and the culture, by the 19th century, was distinctively Puerto Rican. Espiritismo and Santeria, to this day, remain discrete systems of belief, although many Puerto Ricans believe in both.

These three basic spiritual influences are still widely operating among the Puerto Rican people. The final ingredient in Puerto Rican culture was added in 1898 by the United States' defeat of Spain and annexation of Puerto Rico.



## Puerto Rico and the United States

Healing practices in Puerto Rico have been influenced, since its connection to the United States in 1898, by American and European theories, both by contact with European intellectuals and by Puerto Rican students who have returned from American universities with an exposure to Western medicine and developing psychological theories. Freudian psychoanalysis became very influential in Puerto Rico between 1930 and 1943. These students, returning to the island as mental health workers, have attempted to use Western theories with the general population, which has tended to see those theories as foreign. A cultural division has thus emerged between a Western-influenced mental health profession and a populace influenced by spiritual beliefs and resistant to American and European practices.

For example, in a study of Puerto Ricans who migrate to the mainland United States, Gali (1975) found that eighty to ninety percent had been formally baptized as Catholics during their childhood, but only twenty percent have actually attended church in the United States. Gali asserts that Puerto Ricans have a strong spiritualistic background, which greatly influences their perception of health, and that this tradition, seen in the mystic beliefs of Espiritismo, Santeria and hagiolatry, is still found among segments of Puerto Rican communities in the USA (1975).

In addition, the number of Protestant and Pentecostal churches has been increasing on the island since its connection with the United States. Some Pentecostal sects believe that some forms of mental illness are caused by evil and, therefore, it is the church which is empowered to treat, not the mental health professional (Comas-Diaz & Griffith, 1988).

The United States are the final major influence in the creation of the assumptive world of Puerto Ricans today, by adding the Western theories of mental illness and the Protestant and Pentecostal religious influences. The composite has something from each of these influences.

#### The Puerto Rican Assumptive World Today

View and Perception of Self. According to Rosenberg (1965), self image is central to the subjective life of the individual because it largely determines thought, feeling and behavior. An individual's identity is made up of several sub-identities, including his or her religious sub-identity (Beit-Hallahmi, B, 1986). Religious identity seems to provide a bridge between the personal belief system and public manifestation of the belief. This personal manifestation of religious identity is an appropriate locus for connecting the individual personality with the cultural matrix.

Puerto Rican spiritualistic beliefs maintain that the person is a spirit which has reincarnated, and that he or

she is surrounded by spirits. Puerto Ricans celebrate life, they emphasize spiritual values, and they are willing to sacrifice material satisfaction for spiritual goals (Garcias-Prieto, N, 1982). For the average Puerto Rican, it is more important to be than it is to do or to have. Self-worth is defined in terms of those inner qualities related to a person's self-respect and the respect earned from others. This focusing on inner qualities is in clear contrast to the American tradition of individualism which values achievement above all, and is a characteristic which makes the Puerto Rican client and his or her needs distinct from those of Northern European background.

In relationships with others, the concept of *confianza* arises as an important Puerto Rican value. *Confianza* is an intimate relation in which unconditional mutual respect and acceptance exist. It allows for affectionate bonds of closeness and intimacy. It implies that one's social self is placed in the realm of the other. *Confianza* emerges when the initial relational barriers between two people break down and they begin to see each other in a more familiar way. These barriers break down with or without any verbal agreement, but the agreement exists at a nonverbal level. The trust which results becomes the basis for deep relationships among Puerto Ricans (Badillo, S, 1977) and understanding it is fundamental to understanding how Puerto Ricans view others.



This concept of *confianza* is significant in professional relationships. The professional who is used to the idea of being correctly distant from his or her clients in the Anglo-American culture may find himself viewed as arrogant or aloof by the Puerto Rican client who seeks a close relationship of personal trust. An Anglo-American attorney told me that as his clientele became increasingly Puerto Rican he found himself going to baptisms, weddings and all manner of family celebrations of his clients in a way which would have been unheard-of in relation to his Anglo-American clients.

View and Perception of Others. The Puerto Rican vision of others is broader than what is ordinarily the case in American society. A Puerto Rican includes among "others" not only living persons but also spirits. Puerto Ricans believe that God, who is eternal, all-powerful, and all good, has created the universe, which encompasses all beings. Material beings are the visible or corporeal world, and the non-material world is comprised of the invisible and spiritual worlds.

In this world view, propounded by Kardec in the 19th century and now widespread among Puerto Ricans, the corporeal world is secondary. It might cease to exist or have never existed without changing the essentials of the spiritual world. Spirits assume temporarily a perishable material envelope, the body, the destruction of which, by death, restores their liberty. Human beings have been

chosen for the incarnation of spirits who have achieved a certain degree of development.

To the Puerto Rican, a spirit is not an abstract, undefined being, only conceived of by our thoughts. It is more than a Jungian archetype. Spirits are tangible and recognizable by the senses of sight, hearing, touch and smell. The spirits belong to different classes, and are not equal to one another in power, intelligence, knowledge or morality. The highest spirits are different from those below because of their superior purity, knowledge, nearness to God and love of goodness. Those of lower rank are more inclined to passion, hatred, envy, jealousy and pride, and are more likely to take pleasure in evil. There are others that are not good or bad, but like to tease, and are more bothersome than evil.

In this view, living humans are similar to spirits who lived in the past. Both incarnate and unincarnate beings are spirits (Kardec, 1850). Spirits are incessantly in contact with humans. Deceased family members still come when most needed and sometimes give protection. Enemies from past lives will try to harm a person in the same way they did when they were incarnate. The belief in reincarnation predicates that we will once again return to the spiritual world, but only to reincarnate.

Because it includes the dead, the Puerto Rican perception of others is broader in some respects than the typical American view. This in turn is relevant to the

view of health among Puerto Ricans as derived from the Espiritista and Santeria beliefs, which is very important, because it may determine treatment alternatives.

For example, in one case, I had a client who was severely depressed, and expressed the wish to die. A psychiatrist had prescribed several different medications for her, but there was no improvement. I discovered in the course of talking to her that, shortly before her father's death, she had refused to co-sign for him on a loan, and they had an argument about it. When he died soon thereafter, she was devastated, especially because she never had a chance to tell him that she was sorry that she had not helped him.

Although she did not describe herself as a believer in espiritismo, I learned that she felt that he was still near her. I then asked her, since he was still near her, whether she was still able to ask his forgiveness. We talked about ways in which she could do this. She agreed to set up a place in her room where she could place a white candle, white flowers and anything else which would be meaningful for her and her father. I made no reference to Allan Kardec or suggestion of anything which would require her to go to a botanica, where others might see her, because she did not acknowledge a belief in Espiritismo. She could perform the ritual using things familiar to her and consistent with her beliefs.



The white candle and white flowers symbolized purity and cleansing. In Espiritismo, the candle is used for spirits that need to "look for the light" (buscar la luz), in this case, for the light of reconciliation. She added to her ritual appeals to Mary, the mother of Jesus, for intercession, a very Catholic response.

Soon thereafter, I saw her again. She was cheerful as she returned to the clinic for reevaluation. She was able to make eye contact, which she had not been able to do before. I asked her if she had been doing the ritual. She responded that she had, and that since then she felt greatly relieved. Working with her belief system had relieved her depression in a way that medication and more conventional approaches to therapy had not.

Views of Health. The health beliefs of a culture can explain phenomena associated with the maintenance of a state of well-being. They can also explain the illnesses with which people cope and the traditional ways in which they cope with them within their own social network (Scott, 1974). For example, some Puerto Ricans believe that if you wash dishes in hot water and then rinse them in cold water, you will get arthritis in your hands--yet that is exactly how many Americans wash dishes. The Puerto Rican, whatever most Americans do, will continue to rinse them in hot water. Health beliefs and behavior are among the basic functions of society; hence, society must teach its members how to think about health and how to stay healthy.

Attribution is the process through which others' motives and intentions are inferred by observing their overt behavior. It explains the diagnostic categories utilized by Espiritista. Mental health practitioners generally see attribution variables as fundamental in understanding a client's construction of his or her problems and in the development of a healthier attitude toward life. According to Sue (1990), a person's locus of responsibility is related to his or her attribution of responsibility for the outcome of events. Americans generally view themselves as responsible for most of their own fortunes.

In the traditional Puerto Rican culture, however, causality appears to be attributed to various "syndromes" (Harwood, 1977). Through research done in two Connecticut cities, Gaviria and Wintrob (1976) found two broad categories of mental illness among Puerto Ricans. The first category is *loco* (crazy). The person who is *loco* exhibits aggressive or bizarre behavior, including homicidal tendencies. The second category of mental illness is described as *nervios malos* (bad nerves, nervousness). This category is generally related to symptoms of anxiety or, to a lesser extent, of depression.

Puerto Ricans ascribe craziness to biological and chemical factors. Alcohol and drug abuse, malnutrition, head traumas and heredity are all etiological factors thought of as determinants of craziness. There is a

biopsychological disorder called *desgaste* (weakness of the brain) which is also considered to cause craziness. The syndrome of *desgaste* is believed to be acquired through excessive worrying and rumination, or through chronic and intense turmoil in the family. Social factors such as poverty or excessive or unduly stressful work are also contributing factors to the development of the syndrome. Gaviria and Wintrob (1976) also found that the subjects of the research believe that Espiritismo, witchcraft, bad luck, fate and envy are also causes of *desgaste*. *Nervios malos* are generally ascribed to the same causes as is *desgaste*. This would tend to indicate that supernatural explanations are carried to the continental USA by Puerto Ricans despite the process of acculturation into the mainstream of American society.

The data obtained by Gaviria and Wintrob (1976) also reveal that 80% of the community subjects and 90% of the patients interviewed were convinced that there was a correlation between Espiritismo and mental illness. The beliefs of Espiritismo and Santeria as to the cause of mental illness follow.

Etiology of Mental Illness According to Espiritismo and Santeria. Several etiological categories are used by Espiritistas for the diagnosis of mental illness. They see mental illness as the result of envy, sorcery, or the acts of various spirits as set forth in Table 1. Central to



these is an important concept, which may be described as the locus of control. It is necessary to understand the locus of control in order to be able to understand the basis of the Puerto Rican's assumptive world.

Unlike most middle class Anglo clients, Puerto Ricans see the cause of mental and physical illness in terms of external factors or supernatural forces (Rosado, 1980), in particular, *envidia* and *brujeria*, the working of evil spirits which want to harm the victim. By contrast, many Anglo clients see mental and sometimes physical illness as a symptom of an internal conflict with a parental figure, or as a learned behavior or thought pattern.

The western and Puerto Rican belief systems are not entirely different. There are some shared beliefs, and therapists should build on those similarities when treating Puerto Rican clients. In both cultures, the Judaeo-Christian and Western philosophical traditions are strong, built on the Roman heritage which, principally through the Church, informed all of Western Europe in the Middle Ages (notwithstanding the Moorish period in Spain; that country was Christian and Western in its dominant culture before the late seventh century and after the twelfth century when the Moors retreated into Andalusia, and during the Moorish rule Jewish influence in Spain was strong).

There is a shared belief in redemption--one is not irrevocably lost. In working with a client, that shared cultural tradition is a powerful weapon in fighting the



black, hopeless gloom of depression. This is especially so where the client has done something which causes him or her to believe that he deserves no hope and no future.

The distinctive Puerto Rican religious and cultural perceptions must, however, be examined more closely in order to serve the Puerto Rican client. Comparing the two systems, Puerto Rican folkloric healing practices and Western healing practices, will clarify their influence on therapy, client and therapist. The two systems share an emphasis on the relationship between therapist and client. The elements of that relationship have been called non-specific psychotherapeutic factors. (Strupp & Hadley, 1979).

#### Non-Specific Psychotherapeutic Factors

Jerome Frank (1991) has explored in depth various issues related to non-specific psychotherapeutic factors. One of these factors is the clarity of patients' perception of their own problems. Puerto Ricans who go to Espiritistas and Santeros manifest that they are clear about their own problems. This happens because the healers and the patient share the same assumptive world which includes their beliefs about health, mental illness and etiology of mental illness. Espiritistas and Santeros are looked upon in the Puerto Rican community as socially sanctioned healers.

Clients in both systems have certain types of expectations. The first is the client's expectation as to how he or she should be treated. The second is an expectation of what the outcome or process of the intervention should be. The third is confidence in the healing process. Fourth is the client's expectation of what the relationship between the client and the therapist or healer should be, including the behavior of the therapist or healer during the session. (Teichner & Cadden, 1983).

The client needs some idea of how the session will be conducted and of what the possible outcome is. Expectations in this regard are learned through socialization in any culture. Once the individual consults a socially sanctioned healer, there is the issue of hope or confidence in the healing process. The client comes to the healer in the first place because, through socialization, he or she has learned that this healer is able to relieve the symptoms.

Rosado (1980) writes that Puerto Rican clients are more passive and dependent in their expectations than are others. These clients look to the therapist for direction, advice and reassurance. They expect therapists to be active, directive and oriented toward formulating solutions. Therapy is generally expected to be short in duration, with concrete major objectives, involving resolution of immediate personal and social stress.

Clients have many of the same objectives in going to an Espiritista or Santero. In this context, the client frequently expects the Espiritista or Santero to provide information to the client without the client first providing background to the Espiritista or Santero. The expectation is that the spirits will provide background information, which will be evidence that the Espiritista or Santero is connected to the spirit world. If the folkloric healer provides the proper information as the client expects, this will develop empathy and trust with the client. The therapist who does not share this assumptive world will have difficulty developing the same connection with the Puerto Rican client.

The relationship between therapist and client requires the therapist's understanding of what brought the client to therapy. Frank (1991) states that all of our healing practices are based on therapeutic myth, which in turn stems from our cultural beliefs. He says that the theories underlying therapy are not really scientifically proven in the sense that theories of chemistry or physics are. The therapeutic myth, based in the writings first of Freud, then of others, provides etiological explanations and possible treatments for various illnesses as do folkloric beliefs. This is at the same time related to the rationale or myth of mental illness learned by the client from his or her social group, including an explanation of the cause of



distress, affecting the patient's confidence in the therapist.

The outcome of psychotherapy depends on the client's capacity and willingness to profit from the experience obtained in the therapeutic relationship. The structure of Puerto Rican Espiritismo is bidirectional (Koss, 1975), with the healer in the middle. From one direction, there is the client and the healer. From the other, at a higher level, there is the healer and the spirit. These relationships between the healer and the client have three important characteristics: 1) the healer has a superior position and is the one in control; the relationship operates in an authoritarian style; 2) the client is subordinate to and dependent on the healer; 3) the relationship between the parties is intimate.

An additional factor in folkloric practice is the new information which the Espiritista or Santero is believed to receive from the spirits concerning the nature and source of the patient's problem and how to deal with it. Folkloric healers are the information center for many Puerto Ricans, who are often isolated from the larger community. Rosado (1980) writes that the client's problems are dealt with through symbolic and meaningful reeducation.

Another factor is the success experience which a person may have after implementing some suggestion which further heightens the patient's hope and sense of mastery and of interpersonal competency. When adopting the



suggestions of the healer has led to overcoming a problem, the client thereafter has far more confidence both in the healer and in himself. This effect can be observed on many occasions, and is enhanced when the folkloric healing sessions are held in the company of family members or groups.

Last but not least of the factors in folkloric practice is the facilitation of emotional arousal through prayers, herbs, candles or other paraphernalia at the healer's convenience. Emotional arousal is the main function of many of the rituals and practices.

According to Strupp (1973), there are important therapist-related variables that also affect the outcome of psychotherapeutic interventions. The therapist has to create and maintain a helping relationship, patterned after the parent-child relationship, characterized by respect, interest and understanding.

The verbal communication in the Espiritista or Santero and client relationship is from an authority perspective (Rosado, 1980). The client assumes a posture of respect as it occurs in the parent-child relationship. The Espiritista, however, needs little verbal interaction to assess the presenting problem and to develop a treatment plan, given the reliance of Espiritistas on mediums to reach an understanding of the problem (or causa) (Delgado, 1977).

The therapist must have emotional maturity and a firm belief in his or her ability to help (Strupp, 1973). In the folkloric healing practices, this is also true. These beliefs are an intrinsic part of the medium's assumptive world. Mediums' training comes from higher authorities, and these individuals were chosen by the spirit world to help humanity.

Strupp (1973) also refers to the capacity of the therapist to influence the patient in one or many ways through the use of suggestion, encouragement for openness of communication, self-scrutiny and honesty. Interpreting unconscious material, setting an example of maturity, and providing a model are also tasks performed by the therapist. Likewise, the therapist manipulates rewards during the therapeutic process. Many of these variables are present in the folkloric healing practices.

We can find some difference in the etiology of mental illness between the conventional Western concept and that of those Puerto Ricans who consult folkloric healers. For example, interpreting unconscious material in psychoanalytical terms is alien to Puerto Rican culture. Espiritistas and Santeros treat relationship problems, psychosomatic concerns, nervous conditions and psychotic behavior largely by externalizing the problem, giving it an energy of its own. Among Puerto Ricans, psychological symptoms are often expressed as somatic illness. It is not rare to see many depressed men complaining of lower back

problems or having gastrointestinal difficulties (Delgado, 1977).

### Western Therapeutic Techniques and Puerto Ricans

According to Rivera-Ramos (1991) and others (Albizu-Miranda, 1958; Matlin, 1976), many of the theories used in the mainland United States to treat Puerto Ricans are based on concepts which fail to consider the cultural idiosyncrasies, the mental health needs and the psychosocial functioning of Puerto Rican clients. We must incorporate relevant cultural factors into psychotherapy for Puerto Ricans to improve its validity and effectiveness. It is not sufficient to provide a similar ethnic staff, as pointed out by Windle Wu (1980), who found that blacks and Asian Americans increased their use if the therapist was from the same ethnicity or race, but Latino and Native American clients did not.

Mental health practitioners need to bridge the gap to both the Puerto Rican believers in Espiritismo and Santeria in order to be more effective in psychotherapy (Comas-Diaz, 1981; Comas-Diaz & Griffith, 1988). Since the 1960's, many conscientious Puerto Rican psychotherapists and psychologists have attempted to modify existing theories of psychotherapy to address their clients' assumptive world in more specifically Puerto Rican terms. They have rejected many Western theoretical constructs of human behavior

because they understand that those concepts do not fit the Puerto Rican experience or assumptive world.

The literature has overlooked the possible in therapy in the difference in social class. Facundo, America (1992) concluded in her doctoral dissertation that there were significant differences between the therapists and the Puerto Rican migrant clients related to social class, including differences in values, belief systems and general lifestyles. She pointed out further that the differences identified by these interviews indicate that the therapeutic situation is a cross-cultural one for all practical purposes, although the therapist and client are from the same place of origin.

This raises an important issue. We have some understanding of Puerto Rican clients from the therapist's point of view. Many mental health researchers and therapists have reported an understanding of what they considered to be the needs of consumers when receiving therapeutic services, but the consumer's perspective has not been taken into account.

At least one researcher, Rosado (1980), attempted to address the question of consumers' needs. In his paper, however, he does not mention whether his information was obtained directly from consumers in the mental health field. Many researchers and therapists report an understanding of clients' needs without taking into account the consumer's perspective.



Acculturation levels should be examined.

Acculturation is a force which obscures the traditional cultural perspectives of most ethnic groups. This is especially true of Latinos, who are absorbing the English-based mainstream American culture. As cultures mix, expectations may change. Many of the assumptions of clients' needs and expectations are from an American middle-class perspective and hence from a different culture from that of the clients, even when the researcher or therapist comes of an Hispanic background.

Mental health researchers do not know what therapeutic needs could be addressed by a therapist for people who do not come to the clinic or, if they come, drop out of treatment before they have worked through their issues. A culturally skilled mental health practitioner must possess specific knowledge and information about the clients with whom he is working (Sue & Sue, 1990). It is this writer's belief that this knowledge is best obtained directly from the possible consumer of the mental health system and that it is essential for effective service.

## CHAPTER 3

### METHODOLOGY

#### Approach

Since, as a review of the literature makes clear, efforts to understand the problem of Puerto Rican nonutilization or underutilization of mental health resources have apparently been from the therapist's or scholar's perspective rather than that of the clients, it appears that there is only one way to gain a clear view of that perspective, namely, to ask the clients. For such information to be more than anecdotal, this questioning must be systematic, which means a survey questionnaire administered uniformly to a sufficient number of clients for clear patterns and correlations to develop.

To that end, this writer has designed such a questionnaire focussing on several possible factors and largely consisting of multiple choice questions which can readily be quantified.

This data is not, however, merely numbers. It cannot be only quantitative. A deeper, qualitative understanding of the problem is possible by obtaining more detailed answers in which the individual subject of the study states specifically why he or she does or does not obtain either psychological or folkloric assistance. The combined approach provides a multidimensional perspective.

### Form of Survey

The questionnaire consists of 50 questions. Most of these are multiple-answer. Twelve, however, call for narrative answers. A final, catch-all question at the end asks if there is anything important to the interviewee which the interviewer has not asked.

Some of the questions have subparts which make the actual number of questions closer to 80. These are multiple-answer questions which have been grouped together to permit their being asked in a manner less time consuming than if they were to be set up as completely separate questions. While the survey requires a considerable number of questions in order to explore as many as possible of the relevant factors, there are several reasons why it should not be too time-consuming.

The interviewees were volunteers, receiving nothing for their participation. Half of them were recruited at botanicas, and were likely to be skeptical about conventional Western practices and procedures. If their interest began to wane because of boredom or suspicion of the interviewer, their answers were likely to be less reliable, as they just gave any answer in order to be done. Consequently, that level of good will which induced them to participate in the first place had to be used while it existed and not jeopardized by taking too much of the interviewee's time. It took about twenty minutes to go through all the questions.

The survey was prepared in an English and a Spanish form, the two being the same except for language. The two languages are necessary because not all Puerto Ricans speak Spanish well, or at all. Acculturation into the mainstream American culture has meant that many Puerto Ricans, especially younger ones, speak English as their first or even only language. For many of them, Spanish is the language used only to speak to their parents or to recent arrivals from the island. For them, the survey must be in English, and they are too numerous a part of the Puerto Rican population to be excluded from the survey, if it is to have any validity.

Likewise, there are many Puerto Ricans, especially those recently arrived from the island, those who have lived in Hispanic barrios, and older people, who speak little or no English, and the Spanish form is essential to reach them, especially given the nature of the problem we are examining, the underuse of conventional mental health facilities, with the language factor being one of the possible reasons for such underuse.

This writer prepared the survey in English first, and translated it into Spanish. The English was reviewed by a native English-speaking professional for its editorial correctness, and the Spanish by a group of bilingual professionals for accuracy, both literal and idiomatic.

The survey examines first basic demographics--age, sex, occupation, income, etc.. The next area is that of



religious upbringing, practices and beliefs. Obviously, given the religious nature of the folkloric practices, we need to understand what the religious background of the subjects is. This information can be correlated with other information to determine its effect on the choice of assistance.

An examination of the subjects' level of acculturation follows. The questionnaire addresses this by asking whether the subject was born in Puerto Rico, in a Latin barrio in the United States or in the United States outside a barrio. It also asks what the subject's native language and present language preferences are, including which language is now principally spoken in the subject's family.

The geographical origins of the subject are significant to any measure of acculturation because those who were born in the United States have inherently absorbed much of the majority American culture, though markedly less if living in the little cultural islands of the barrios where Spanish is the dominant language and Hispanic customs prevail. The significance of language in acculturation is obvious. While there are certainly other aspects of acculturation, time constraints limited this area of examination to the questions asked.

Acculturation's role is important. We need to know to what extent the folkloric practices of the Caribbean, which have little role in mainstream American culture, have persisted in those Puerto Ricans who are more highly

acculturated, and to what extent these practices have substituted for conventional mental health treatment even when the island has become culturally remote in most respects.

The next set of questions asks the subjects first which resources they use for their personal problems. This question (number 21) is one of those which is structured in terms of several multiple-choice subquestions. They are asked how often they consult family, friends, conventional mental health professionals, folkloric healers, clergy or herbalists. With that information in hand, we then asked the subjects narrative questions as to which problems they took to which resources, and their reasons for doing so.

Questions 22 to 26 are asked twice, first as to any resource used frequently, then as to any resource used occasionally. Question 27 asks why a subject does not use a resource, either the conventional help or the folkloric healers. We used these questions to focus on use or nonuse of those resources. We did not focus on any of the other resources, which, other than to identify their use, are outside the scope of this study.

The questions then focus on the expectations of the client as to therapists, with parallel questions as to the folkloric practitioners. Obviously, to define what will satisfy the Puerto Rican clientele requires first a knowledge, hitherto not ascertained from them, of what they want. The questions go into areas of what the interviewee



thinks a therapist, or, by contrast, a Santero or Espiritista, should do when first contacted by the client, and then of the characteristics such as age and cultural background, which are important to the interviewees. The survey ends with a series of questions as to the interviewee's actual experience with therapists, folkloric practitioners or both, structured as said before in the form of a pair of questions with several multiple-answer subparts. The interviewee is then asked the question whether there is anything else important which has not been asked.

#### Characteristics and Training of Interviewers

The interviewers were all Hispanic with at least a year's experience as clinicians. Part of their background and training included familiarity or familiarization with practices of Santeria and Espiritismo. Training included three hours of instruction in the psychosocial history of Puerto Ricans, and two hours reviewing the questionnaire. They were then trained by supervised administration of the survey to each other. This assured uniform administration of the questionnaire.

#### Sample

The sample consisted of one hundred Puerto Ricans in Springfield, Holyoke and Hartford, selected by their availability and the availability of interviewers. Fifty



interviewees were clients at a mental health facility in Springfield. They were asked if they would be willing to be asked a number of questions for research purposes, under strict confidentiality. In no case was the subject's own therapist the interviewer. We explained that the research concerned the use of mental health facilities and the use of folkloric practices as an alternative source of help with personal problems.

The other fifty were obtained through cooperation with five botanicas in the Springfield/Holyoke area, one botanica in Hartford, Connecticut, and three known espiritistas from the community. The operators of those botanicas and the espiritistas asked their customers/clients if they would be willing to participate. The same explanation of the purpose of the study and the same assurances of confidentiality were given to those participants.

It was noteworthy that those asked uniformly agreed to participate, with no refusals. The interviewees at the botanicas were more concerned about maintaining confidentiality than were those at the clinic, and they refused to sign anything. They could only be advised orally of their rights and of the promise to maintain confidentiality.

All the subjects were at least 18 years old. There were subjects of both sexes. They included persons born in Puerto Rico and Americans of Puerto Rican descent. Most of

the interviewees were principally Spanish-speaking, while a few, generally younger, American-born interviewees preferred English.

### Limitations of Sample and Interview

There are acknowledged limitations to this sample. This survey reaches only those who are going either to clinics or to folkloric healers to deal with their personal problems. It does not answer the question of those who are going nowhere at all or who seek help from churches or other venues. That will necessarily have to be the subject for further study.

Another limitation is that this is the first study of its kind. It is therefore exploratory in nature with no previous studies to form a basis for comparison. Given the local nature of the sample and the relatively homogeneous nature of the population studied, the relatively low number of subjects was felt by this writer and those consulted to be sufficient to establish significant data, especially given the exploratory nature of this study.

Before the survey was administered to the entire sample, it was done on a pilot basis with four subjects. The pilot study showed no substantive difficulties, and only minor mechanical changes were required, notably that the questionnaire form became more usable once it was double spaced.

### Assembly and Analysis of Data

With those mechanical changes, we proceeded. Once the survey had been administered to all the subjects, the data was compiled with a computer and analyzed to see what correlations existed and what factors appeared to be most significant. Those data and conclusions follow.



## CHAPTER 4

### RESULTS

The results of the survey were organized into two broad categories. Multiple choice questions provided quantifiable data. The rest required narrative answers, and provided a perspective on the numbers and their meaning. This chapter will present the statistical data, a view of the narrative answers, and conclusions.

#### Demographic Data

The first necessary analysis was simply to answer the question of who is seeking help where. Demographic differences could explain in part of why Puerto Ricans seek help where they do. I analyzed the data first by correlating demographic data with the answers to four questions, Questions 15, 21c, 21d, and 51. Although the subquestions of Question 21 appear on the form as 1,2,3, etc., they were analyzed as a,b,c, and will be referred to in that manner in this chapter.

Question 15 asked the subjects whether they practiced Santeria or Espiritismo. Question 21c asked how often the subjects sought help from a conventional mental health therapist. Question 21d asked how often they sought help from a Santero or an Espiritista. Question 51 was answered by the interviewer--whether the interview had been obtained through a clinic or through one of the botanicas.

Question 51 does not appear in the text of the questionnaire. Rather, interviewers were required to note whether the interview had been carried out at the clinic or at a botanica, an answer of 1 being at the clinic and 2 at a botanica. It provided an unusually objective answer as to where the subject goes for help. The answers to the other questions were essentially unverifiable, depending on the subject's frankness. There was no question of where they had gone for the interview. It provided a benchmark for the question of where they went.

Certain factors did not appear to be significant. The Pearson correlation of  $-.100$  and Spearman correlation of  $-.092$  of age (Question 3) with frequency of consultation of a therapist (Question 21c) showed a slight, but likely insignificant, tendency for younger respondents to be more likely to consult a therapist (fig. 1, 2). The relation between marital status (Question 4) and choice of help (Questions 21c and 21d) likewise appeared insignificant except for a slight tendency of divorced people to be more likely to consult a therapist (fig. 3, 4). The correlation between place of birth (Question 5) and seeking help from a therapist was a very weak, possibly insignificant, tie between birth in America and seeking help from a therapist, a Pearson correlation of  $.134$  and a Spearman correlation of  $.102$  (fig. 5).

Count		VAR0021C				Total
		1.00	2.00	3.00	4.00	
VAR00003	1.00	6		1	6	13
	2.00	14	8	13	11	46
	3.00	14	9	6	9	38
	4.00	1	1	1		3
Total		35	18	21	26	100

#### Symmetric Measures

		Value	Asymp. Std. Error	Approx. T	Approx. Sig.
Other	Pearson's R	-.100	.104	-.991	.324 <sup>a</sup>
	Spearman Correlation	-.092	.105	-.910	.365 <sup>a</sup>
N of Valid Cases		100			

a. Based on normal approximation

Figure 1. Age (Var. 3) and Use of Mental Health Facility

Count		VAR0021D				Total
		1.00	2.00	3.00	4.00	
VAR00003	1.00	4	1	2	6	13
	2.00	22	8	5	11	46
	3.00	10	8	3	17	38
	4.00	1	1	1		3
Total		37	18	11	34	100

#### Symmetric Measures

		Value	Asymp. Std. Error	Approx. T	Approx. Sig.
Other	Pearson's R	.042	.099	.418	.677 <sup>a</sup>
	Spearman Correlation	.084	.101	.835	.406 <sup>a</sup>
N of Valid Cases		100			

a. Based on normal approximation

Figure 2. Age (Var. 3) and Use of Folkloric Practitioner



Count		VAR0021C				Total
		1.00	2.00	3.00	4.00	
VAR00004	1.00	16	2	8	8	34
	2.00	11	11	6	7	35
	3.00	5	2	5	9	21
	4.00	3	3		2	8
	5.00			2		2
Total		35	18	21	26	100

#### Symmetric Measures

		Value	Asymp. Std. Error	Approx. T	Approx. Sig.
Other	Pearson's R	.118	.096	1.180	.241 <sup>a</sup>
	Spearman Correlation	.134	.101	1.343	.182 <sup>a</sup>
N of Valid Cases		100			

a. Based on normal approximation

Figure 3. Marital Status (Var. 4) and Use of Mental Health Facility (Var. 21)

Count		VAR0021D				Total
		1.00	2.00	3.00	4.00	
VAR00004	1.00	10	7	4	13	34
	2.00	15	4	5	11	35
	3.00	8	6	2	5	21
	4.00	3	1		4	8
	5.00	1			1	2
Total		37	18	11	34	100

#### Symmetric Measures

		Value	Asymp. Std. Error	Approx. T	Approx. Sig.
Other	Pearson's R	-.051	.104	-.510	.611 <sup>a</sup>
	Spearman Correlation	-.072	.101	-.716	.476 <sup>a</sup>
N of Valid Cases		100			

a. Based on normal approximation

Figure 4. Marital Status (Var. 4) and Use of Folkloric Practitioners (Var. 21D)

Count		VAR0021C				Total
		1.00	2.00	3.00	4.00	
VAR00005	1.00	30	17	15	21	83
	2.00	5	1	3	4	13
	3.00			3	1	4
Total		35	18	21	26	100

#### Symmetric Measures

		Value	Asymp. Std. Error	Approx. T	Approx. Sig.
Other	Pearson's R	.134	.084	1.339	.184 <sup>a</sup>
	Spearman Correlation	.102	.097	1.016	.312 <sup>a</sup>
N of Valid Cases		100			

a. Based on normal approximation

Figure 5. Place of Birth (Var. 5) and Use of Mental Health Facilities (Var. 21C)

One factor explored was the question of knowledge of and belief in Espiritismo and Santeria (Questions 13 and 14). Knowledge of those religions was virtually universal, and could not be considered to be a distinguishing factor, with both correlation scores near zero (fig. 6).

Belief in those religions (Question 14), however, was a factor. All of those who never sought help from a therapist believed in the folkloric religions. An important caveat is that these persons, not going to clinics, were interviewed at botanicas and would by definition believe in the folkloric religions. It should also be noted that 80% of the sample believed in the folkloric religions, a figure high enough to mean that even

Count		VAR0021C				Total
		1.00	2.00	3.00	4.00	
VAR00013	1.00	34	17	20	25	96
	2.00	1	1	1	1	4
Total		35	18	21	26	100

#### Symmetric Measures

		Value	Asymp. Std. Error	Approx. T	Approx. Sig.
Other	Pearson's R	.020	.093	.201	.841 <sup>a</sup>
	Spearman Correlation	.022	.093	.218	.828 <sup>a</sup>
N of Valid Cases		100			

a. Based on normal approximation

Figure 6. Knowledge of Folkloric Religions (Var. 13) and Use of Mental Health Facilities (Var. 21C)

a significant majority of the sample at the clinic believed (fig. 7).

Language did not appear to be a significant factor. There was no correlation (indeed the figures were startlingly neutral) between present language preference (Question 19) and seeking assistance from a therapist (fig. 8). There was a very slight, marginally significant, correlation between the native language being English (Question 18) and seeking help from a therapist, with a Pearson score of .193 and a Spearman score of .144 (fig. 9). An apparent contradiction was a significant correlation (Pearson .283, Spearman .281) showing recent

Count		VAR00051		Total
		1.00	2.00	
VAR00014	1.00	30	50	80
	2.00	20		20
Total		50	50	100

#### Symmetric Measures

		Value	Asymp. Std. Error	Approx. T	Approx. Sig.
Other	Pearson's R	-.500	.057	-5.715	.000 <sup>a</sup>
	Spearman Correlation	-.500	.057	-5.715	.000 <sup>a</sup>
N of Valid Cases		100			

a. Based on normal approximation

Figure 7. Belief in Folkloric Religions (Var. 14) and Source of Interview (Var. 51)

Count		VAR0021C				Total
		1.00	2.00	3.00	4.00	
VAR00019	1.00	24	16	16	18	74
	2.00	8	1	3	6	18
	3.00	3	1	2	2	8
Total		35	18	21	26	100

#### Symmetric Measures

		Value	Asymp. Std. Error	Approx. T	Approx. Sig.
Other	Pearson's R	.001	.102	.011	.992 <sup>a</sup>
	Spearman Correlation	-.005	.105	-.050	.960 <sup>a</sup>
N of Valid Cases		100			

a. Based on normal approximation

Figure 8. Present Language Preference (Var. 19) and Use of Mental Health Facilities (Var. 21C)



Count		VAR0021C				Total
		1.00	2.00	3.00	4.00	
VAR00018	1.00	30	17	18	19	84
	2.00	5	1	1	4	11
	3.00			2	3	5
Total		35	18	21	26	100

#### Symmetric Measures

		Value	Asymp. Std. Error	Approx. T	Approx. Sig.
Other	Pearson's R	.193	.091	1.949	.054 <sup>a</sup>
	Spearman Correlation	.144	.105	1.436	.154 <sup>a</sup>
N of Valid Cases		100			

a. Based on normal approximation

Figure 9. Native Language (Var. 18) and Use of Mental Health Facilities (Var. 21C)

arrivals (Question 16) being more likely to obtain help from a therapist (fig. 10).

The apparent reason for this apparently anomalous correlation seems to be set forth in some of the narrative answers. Some of the respondents, when asked why they never went to Santeros or Espiritistas, answered that they did not know where to find one. Since the botanicas function openly, and many are on major streets. For example, Holyoke's two botanicas are both on High Street, the main street of Holyoke; Springfield has one on Main Street, one on Dwight Street, one on Worthington Street and two on Walnut Street, all major streets; it is almost impossible to be in Springfield's North End, where most of

Count		VAR0021C				Total
		1.00	2.00	3.00	4.00	
VAR00016	1.00	1	1	1	3	6
	2.00	2	4	7	7	20
	3.00	7	3		6	16
	4.00	8	4	4	5	21
	5.00	17	6	9	5	37
Total		35	18	21	26	100

#### Symmetric Measures

		Value	Asymp. Std. Error	Approx. T	Approx. Sig.
Other	Pearson's R	-.283	.090	-2.920	.004 <sup>a</sup>
	Spearman Correlation	-.281	.091	-2.894	.005 <sup>a</sup>
N of Valid Cases		100			

a. Based on normal approximation

Figure 10. Time in the United States (Var. 16) and Use of Mental Health Facilities (Var. 21C)

the city's Hispanics live, and not see the one on Main Street. Those giving this answer are likely to be new arrivals. As Puerto Ricans come to know Springfield, Holyoke and Hartford, and as they make friends in the community, they come to know where the botanicas, and some practitioners who do not own botanicas, are.

Social status issues appeared significant in the survey. There were three questions which essentially addressed the respondent's social status. Question 6 asked the respondent's income, Question 7, occupational status and Question 8, education. One might have expected low-income, low-status respondents to be suspicious of the formal structures which might be identified as part of the "gringo" system and to seek support and assistance from an

Hispanic structure with which they had been familiar on the island. This was not the case. It was the poorest, least-educated, lowest status respondents who were most likely to seek help from the therapist and least likely to consult the folkloric healers.

Conversely, affluent, educated respondents in business or the professions might have been expected to seek help from other professionals and to disdain what might be thought to be the residue of a primitive or superstitious tradition. Disdain for the location of the botanicas (mostly in marginal to bad neighborhoods) might also have been thought likely to keep middle-class Puerto Ricans away from the botanicas. This again was not the case. High status respondents were the most likely to consult the folkloric healers (fig. 11-16).

It was noteworthy that while the direction of the correlation was the same for all three status factors, it was strongest for occupational status (Pearson  $-.403$ , Spearman  $-.432$  for consulting a therapist, Pearson  $.317$ , Spearman  $.322$  for consulting an espiritista or Santero--a very strong degree of significance) and weakest for educational level (Pearson  $-.192$ , Spearman  $-.161$  for consulting a therapist and Pearson  $.138$ , Spearman  $.156$  for consulting a folkloric healer--a marginal correlation, but combined with the other status/consultation correlations, forming a clear tendency).

Count		VAR0021C				Total
		1.00	2.00	3.00	4.00	
VAR00006	1.00	18	12	14	17	61
	2.00	10	6	7	8	31
	3.00	5				5
	4.00	1			1	2
	5.00	1				1
Total		35	18	21	26	100

#### Symmetric Measures

		Value	Asymp. Std. Error	Approx. T	Approx. Sig.
Other	Pearson's R	-.188	.100	-1.890	.062 <sup>a</sup>
	Spearman Correlation	-.159	.102	-1.594	.114 <sup>a</sup>
N of Valid Cases		100			

a. Based on normal approximation

Figure 11. Income (Var. 6) and Use of Mental Health Facilities (Var. 21C)

Count		VAR0021C				Total
		1.00	2.00	3.00	4.00	
VAR00007	1.00	9	12	16	20	57
	2.00		1		2	3
	3.00	11	1	3		15
	4.00	2	2	2	1	7
	5.00	5	1		1	7
	6.00	7	1		1	9
	7.00	1			1	2
Total		35	18	21	26	100

		Value	Asymp. Std. Error	Approx. T	Approx. Sig.
Other	Pearson's R	-.403	.094	-4.355	.000 <sup>a</sup>
	Spearman Correlation	-.432	.091	-4.743	.000 <sup>a</sup>
N of Valid Cases		100			

a. Based on normal approximation

Figure 12. Occupation (Var. 7) and Use of Mental Health Facilities (Var. 21C)



Count		VAR0021C				Total
		1.00	2.00	3.00	4.00	
VAR00008	1.00	7	8	9	8	32
	2.00	7	3	2	7	19
	3.00	9	5	5	5	24
	4.00	4	1	5	5	15
	5.00	2				2
	6.00	6	1		1	8
Total		35	18	21	26	100

#### Symmetric Measures

		Value	Asymp. Std. Error	Approx. T	Approx. Sig.
Other	Pearson's R	-.192	.095	-1.935	.056 <sup>a</sup>
	Spearman Correlation	-.161	.098	-1.612	.110 <sup>a</sup>
N of Valid Cases		100			

a. Based on normal approximation

Figure 13. Education (Var. 8) and Use of Mental Health Facilities (Var. 21C)

Count		VAR0021D				Total
		1.00	2.00	3.00	4.00	
VAR00006	1.00	26	12	7	16	61
	2.00	10	5	2	14	31
	3.00		1	1	3	5
	4.00	1			1	2
	5.00			1		1
Total		37	18	11	34	100

#### Symmetric Measures

		Value	Asymp. Std. Error	Approx. T	Approx. Sig.
Other	Pearson's R	.198	.090	1.996	.049 <sup>a</sup>
	Spearman Correlation	.211	.096	2.134	.035 <sup>a</sup>
N of Valid Cases		100			

a. Based on normal approximation

Figure 14. Income (Var. 6) and Use of Folkloric Practitioners (Var. 21D)

Count		VAR0021D				Total
		1.00	2.00	3.00	4.00	
VAR00007	1.00	28	11	4	14	57
	2.00	2	1			3
	3.00	2	4	2	7	15
	4.00	2	1	1	3	7
	5.00			1	6	7
	6.00	2	1	3	3	9
	7.00	1			1	2
Total		37	18	11	34	100

#### Symmetric Measures

		Value	Asymp. Std. Error	Approx. T	Approx. Sig.
Other	Pearson's R	.317	.095	3.310	.001 <sup>a</sup>
	Spearman Correlation	.322	.093	3.372	.001 <sup>a</sup>
N of Valid Cases		100			

a. Based on normal approximation

Figure 15. Occupation (Var. 7) and Use of Folkloric Practitioners (Var. 21D)

Count		VAR0021D				Total
		1.00	2.00	3.00	4.00	
VAR00008	1.00	17	3	2	10	32
	2.00	6	7	2	4	19
	3.00	6	3	3	12	24
	4.00	6	3	1	5	15
	5.00			2		2
	6.00	2	2	1	3	8
Total		37	18	11	34	100

#### Symmetric Measures

		Value	Asymp. Std. Error	Approx. T	Approx. Sig.
Other	Pearson's R	.138	.097	1.382	.170 <sup>a</sup>
	Spearman Correlation	.156	.100	1.561	.122 <sup>a</sup>
N of Valid Cases		100			

a. Based on normal approximation

Figure 16. Education (Var. 8) and Use of Folkloric Practitioners (Var. 21D)

When checked against where the interview was held (Question 51), the correlation was particularly strong (Pearson .471) (fig. 17).

Religion played, as might be expected, a significant part in the respondents' choice of help. Those who had been raised in Protestant homes or in secular homes were distinctly more likely to go to a therapist than those who had been raised Catholic or in the folkloric religions, Santeria and Espiritismo. All three respondents who had been raised as orthodox Protestants and eight of the thirteen who had been raised as Pentecostals without the folkloric religions went frequently to therapists.

Four respondents had been raised with both orthodox Protestantism and the folkloric religions. They did not generally consult therapists. A single respondent who had been raised with both Pentecostalism and the folkloric religions went to a therapist regularly.

Those who had been raised Catholic without the folkloric religions divided about evenly, thirty-four of the sixty-four going rarely or never to therapy, and thirty going frequently. Those raised with the folkloric religions generally, like their Protestant counterparts, did not seek assistance from therapists (fig. 18, 19).

Those raised Protestant overwhelmingly did not consult folkloric healers, at least not with any frequency. Of the

Count		VAR00051		Total
		1.00	2.00	
VAR00007	1.00	40	17	57
	2.00	3		3
	3.00	3	12	15
	4.00	2	5	7
	5.00		7	7
	6.00	1	8	9
	7.00	1	1	2
Total		50	50	100

#### Symmetric Measures

		Value	Asymp. Std. Error	Approx. T	Approx. Sig.
Other	Pearson's R	.471	.083	5.280	.000 <sup>a</sup>
	Spearman Correlation	.487	.083	5.518	.000 <sup>a</sup>
N of Valid Cases		100			

a. Based on normal approximation

Figure 17. Occupation (Var. 7) and Place of Interview (Var. 51)

Count		VAR00009							Total
		1.00	2.00	3.00	6.00	7.00	8.00	9.00	
VAR0021C	1.00	19		3	10	3			35
	2.00	15		2		1			18
	3.00	13	1	3	2			2	21
	4.00	17	2	5	1		1		26
Total		64	3	13	13	4	1	2	100

Figure 18. Use of Mental Health Facilities and Religion in Which Respondent Was Raised (Var. 9)

Count		VAR0021D				Total
		1.00	2.00	3.00	4.00	
VAR00009	1.00	26	12	4	22	64
	2.00	1	2			3
	3.00	6	3	3	1	13
	6.00		1	3	9	13
	7.00	2		1	1	4
	8.00	1				1
	9.00	1			1	2
Total		37	18	11	34	100

Figure 19. Religious Background (Var. 9) and Use of Folkloric Practitioners (Var. 21D)



16 respondents who had been raised in Protestant religions, either orthodox or Pentecostal, only four answered that they sought help from folkloric healers often or very often. Interestingly enough, three of the five respondents who had been raised both with Protestantism and the folkloric religions did not seek help from folkloric healers.

Catholics presented a very different picture. Almost half of those who had been raised as Catholics without the folkloric religions visited folkloric healers, and all of those who had been raised with both Catholicism and the folkloric religions sought help at least occasionally from folkloric healers.

Only two respondents, both of whom had answered that they often sought help from therapists, were from secular homes. One of them did not seek help from folkloric healers at all while the other went very often. Obviously, from only two respondents, who split radically, it is impossible to generalize.

We also measured religious background in terms of present religious preference, the religion with which the respondent identifies now. The most noticeable finding about the answer to this question (question 10) was the radical shift out of the Catholic church and toward the folkloric religions. Sixty-four respondents had been raised Roman Catholics without the folkloric religions, but only twenty-five remained so by present preference. While

Protestant figures remained fairly constant, showing only a minuscule drop, there has been an obvious flood of former Catholics largely into the folkloric religions (fig. 20, 21) .

Count		VAR00010								Total
		1.00	2.00	3.00	4.00	5.00	6.00	9.00	10.00	
VAR0021C	1.00	3	1		17		12	2		35
	2.00	6	1	1	2	1	4	3		18
	3.00	7		2	1		2	8	1	21
	4.00	9	2	5	2		2	6		26
Total		25	4	8	22	1	20	19	1	100

Figure 20. Use of Mental Health Facilities (Var. 21C) and Present Religious Preference (Var. 10)

Count		VAR0021D				Total
		1.00	2.00	3.00	4.00	
VAR00010	1.00	15	6		4	25
	2.00	3	1			4
	3.00	6	2			8
	4.00	1		7	14	22
	5.00				1	1
	6.00		3	4	13	20
	9.00	11	6		2	19
	10.00	1				1
Total		37	18	11	34	100

Figure 21. Use of Folkloric Healers (Var. 21D) and Present Religion (Var. 10)

No respondents had answered that they were raised only in one or the other folkloric religion, but 22 considered themselves now to be exclusively Espiritistas and one was exclusively a Santero. The number of Catholics also practicing folkloric religions increased from thirteen who had been raised practicing both to 20 now doing so, while the number of Protestants also practicing those religions dropped to zero. In the meantime, while only two had been raised without a religion, the number of those without a religion now soared to 19. Only two of these visited folkloric healers frequently.

The dichotomy in use of therapists between Catholics and Protestants largely disappears once the religious question is formulated in terms of present belief rather than upbringing. Those who had remained solely Catholic tended, like the Protestant and secular respondents, to consult therapists. Sixteen of the 25 respondents who stated a present preference of Catholicism only went to a therapist frequently and 22 of the 25 went at least sometimes, while nine of the 12 Protestants went frequently and 11 of them at least sometimes. Similarly, of the 19 who expressed no present religious belief, 14 went to a therapist frequently and 17 at least sometimes.

On the other hand, those who embraced the folkloric religions tended to make little use of therapy. Of the 43 respondents who stated some attachment to the folkloric

religions, only seven went to a therapist frequently, and only 14 went at all.

The Protestants and the unchurched made little or no use of the folkloric healers. Of a total of 31 subjects who were either Protestant or secular, only two sought help from folkloric healers with any frequency, while nine went there occasionally, 20 staying away entirely.

Even among those who had remained strictly Catholic, use of folkloric healers was substantially higher than among Protestants and the unchurched. Of the 25 respondents who remained solely Catholic and did not list themselves as also adherents of the folkloric religions, four went frequently and six occasionally to folkloric healers. Needless to say, adherents of the folkloric religions made heavy use of their healers.

Religious background was also examined in terms of church attendance. Those who attended church, Catholic or Protestant, regularly were slightly less likely to seek aid from a therapist than those who attended infrequently or never (Pearson  $-.187$ , Spearman  $-.185$ ). They were much less likely to go to a folkloric healer--hardly a surprising discovery, given the essentially pagan nature of the folkloric beliefs (Pearson  $.303$ , Spearman  $.271$ ) (fig. 22, 23).



Count		VAR0021C				Total
		1.00	2.00	3.00	4.00	
VAR00011	1.00	2	1	3	8	14
	2.00	6	6	4	3	19
	3.00	3	1	1	3	8
	4.00	1	1	1		3
	5.00	8	2	5	4	19
	6.00	15	7	7	8	37
Total		35	18	21	26	100

#### Symmetric Measures

		Value	Asymp. Std. Error	Approx. T	Approx. Sig.
Other	Pearson's R	-.187	.098	-1.889	.062 <sup>a</sup>
	Spearman Correlation	-.185	.099	-1.866	.065 <sup>a</sup>
N of Valid Cases		100			

a. Based on normal approximation

Figure 22. Church Attendance (Var. 11) and Use of Mental Health Facilities (Var. 21C)

Count		VAR0021D				Total
		1.00	2.00	3.00	4.00	
VAR00011	1.00	11	1	1	1	14
	2.00	8	5	2	4	19
	3.00	3	1	1	3	8
	4.00	1			2	3
	5.00	4	3		12	19
	6.00	10	8	7	12	37
Total		37	18	11	34	100

#### Symmetric Measures

		Value	Asymp. Std. Error	Approx. T	Approx. Sig.
Other	Pearson's R	.303	.089	3.149	.002 <sup>a</sup>
	Spearman Correlation	.271	.093	2.786	.006 <sup>a</sup>
N of Valid Cases		100			

a. Based on normal approximation

Figure 23. Attendance at Church (Var. 11) and Use of Folkloric Practitioners (Var. 21D)

There was an interesting connection of religious practice to social and economic status. The various groupings, in terms of in which religion the subjects had been raised, were fairly equal. Sharp differences emerged, however, in relation to present religious preference. Whether or not they practiced folkloric religions, those who still adhered to the Catholic church, Pentecostals, and those who had no religion were much poorer and of lower occupational status than those who were either orthodox Protestants or non-Catholic practitioners of the folkloric religions. The non-Catholic practitioners of folkloric religions showed the highest status of all (fig. 24-26). Changing the measure to educational level, those with no religion were a little better educated than the Catholics, but not by much, while the orthodox Protestants were the most highly educated group (fig. 27).

In general, the profile of the clinic's clientele was of poor people who frequently believed but less frequently practiced the folkloric religions. They were more likely to have a Protestant or secular background than were the clients of the folkloric healers, who were almost exclusively of Catholic background but generally no longer orthodox Catholics, were frequently middle-class, and were likely to have been away from Puerto Rico for an extended period of time. These studies answered the "who" but not the "why" of the choice of healers, so the next focus was on expectations.

Count		VAR00009							Total
		1.00	2.00	3.00	6.00	7.00	8.00	9.00	
VAR00006	1.00	42	1	8	7	2		1	61
	2.00	18	2	4	4	2		1	31
	3.00	2		1	2				5
	4.00	1					1		2
	5.00	1							1
Total		64	3	13	13	4	1	2	100

Figure 24. Income (Var. 6) and Religious Background (Var. 9)

Count		VAR00010								Total
		1.00	2.00	3.00	4.00	5.00	6.00	9.00	10.00	
VAR00006	1.00	18	1	6	8		16	12		61
	2.00	7	2	2	9	1	2	7	1	31
	3.00		1		2		2			5
	4.00				2					2
	5.00				1					1
Total		25	4	8	22	1	20	19	1	100

Figure 25. Income (Var. 6) and Present Religion (Var. 10)

Count		VAR00010								Total
		1.00	2.00	3.00	4.00	5.00	6.00	9.00	10.00	
VAR00007	1.00	17	2	8	2		14	14		57
	2.00	3								3
	3.00	1			6		4	3	1	15
	4.00	2			1	1	1	2		7
	5.00				6		1			7
	6.00		2		7					9
	7.00	2								2
Total		25	4	8	22	1	20	19	1	100

Figure 26. Occupation (Var 7) and Present Religion (Var. 10)

Count		VAR00010								Total
		1.00	2.00	3.00	4.00	5.00	6.00	9.00	10.00	
VAR00008	1.00	13		4	3		7	5		32
	2.00	5	1	3	3		3	4		19
	3.00	3		1	7		6	6	1	24
	4.00	4	1		2	1	4	3		15
	5.00				2					2
	6.00		2		5			1		8
Total		25	4	8	22	1	20	19	1	100

Figure 27. Education (Var. 8) and Present Religion (Var. 10)

### Expectations

The survey asked the subjects a long series of questions about their expectations of therapists or folkloric healers. To a large part, the expectations about both were the same. There was no major difference between the client expectations of both as to experience, age, proficiency in Spanish, understanding of Puerto Rican culture, or religious background (Appendix D, fig. 1-10). Experience, proficiency in Spanish, and understanding of Puerto Rican culture were generally said to be important-- age and a shared religious background generally were not.

Differences arose in a few areas. One notable difference was in the expectation as to what the treating person would know at the beginning of the first interview. Subjects (67%) expected that a therapist would ask what the



client needed, but 63% deferred to the Santero or Espiritista (Appendix D, fig. 11, 12). The underlying factor here is an assumption that the Santero or Espiritista may have already found out from the spirits what the client needs--indeed, the ability to know the client's needs before asking can be something of a test of the folkloric healer's legitimacy.

There were also some minor differences in client expectations about the treating person's knowledge of the Puerto Rican culture. Respondents assigned this more importance in therapists (67% saying it was necessary or important) than in folkloric healers (55%)--perhaps on the assumption that the healer would know the culture (Appendix D, fig. 7, 8).

The same pattern emerged on the question of the importance of Hispanic origin. Respondents gave less importance to Hispanic origin in the case of folkloric healers (51%) than in the case of therapists (54%). Again, this would be consistent with an assumption that the folkloric healer will either be Hispanic or have a clear shared cultural heritage with the client, whereas the non-Hispanic therapist might not understand (Appendix D, fig. 13, 14). The same pattern was also evident in the question of the importance of the treating person being Puerto Rican (Appendix D, fig. 15, 16). Respondents gave very little importance to the folkloric healer being specifically

Puerto Rican (30%), but slightly more to the therapist being Puerto Rican (37%).

At the personal level, then, it is a question of what expectations the healer, whether conventional or folkloric, was supposed to fulfill. The demographics are clear, and the qualities expected in the treating person are likewise clear. There is too little difference in the expectations of personal qualities of the treating person to account for the difference in the preferred source of help. The answer to why one person went to the folkloric healer and another to the therapist, beyond demographics, could only be found in the subjects' narrative answers.

#### Qualitative Data

Questions 22-27 required narrative answers. 22-26 were asked twice to cover both conventional mental health resources and folkloric resources. 27 was a negative question as to why a resource was not used. Question 22 asked the reasons for the use of those resources identified by the respondent as used most often. The responses could be grouped logically and are presented in Tables 2 and 3, in order of the frequency of the response.

Respondents at the clinic, when asked why they went most often to a therapist, responded most often that they could trust a therapist. One respondent said, "After God, the one I trust most is my therapist." Other leading answers were that they looked to the therapist for help,

Table 2

Why Do You Choose to Go Most Often To a Therapist?  
(respondents at clinic)

Frequency of answer	Answer
15	I can trust the therapist most
10	I see the therapist for help
9	Talking to the therapist relieves my tension
7	I talk to the therapist about specific family matters
4	I get support from the therapist
3	I see the therapist about my depression
1	The therapist gives me advice

Table 3

Why Do You Choose to Go Most Often To an Espiritista or Santero? (respondents at clinic)

Frequency of Answer	Answer
25	Trust and familiarity
10	To help me understand myself
8	To confirm my ideas and intuition
4	Family tradition
3	Support

that speaking to the therapist relieved their tension ("When I visit the therapist I feel better"; "Sometimes it's good to talk"), that they talked to the therapist about specific family and interpersonal problems and that they received support from the therapist. One respondent

said, "The child I adopted needs help." Another said her child had "a very active behavior." Less frequent answers included that they saw the therapist about depression and that they looked to the therapist for advice.

Respondents at the clinic who answered that they went most often to a folkloric healer responded most often that they trusted the folkloric healers and found them familiar, and that the folkloric healers helped them understand themselves better. They also said that folkloric healers helped confirm and verify ideas and intuition which they had. One respondent, "When the Espiritista talks to me, I see that what she is saying is what I have in my mind."

Respondents also cited family tradition and said that they looked to the folkloric healers for support. One statement was, "My mother taught me, and that has given me the strength to continue my struggles."

Asked to identify what problems they took to the therapist, respondents at the clinic answered most often that they took family problems and symptoms such as anxiety and depression to the therapist. For example, one said, "I am overwhelmed with the trauma of my son's rape." They also cited problems of self-control and past traumas. One said she was abused and molested as a child. Another had problems with her boyfriend. Another respondent said she wanted to "control her character." (Table 4)



Table 4

What Problems Do You Take to a Therapist?  
(respondents at clinic)

Frequency of answer	Answer
19	Family problems
14	Symptoms such as anxiety or depression
8	Self-control
4	Trauma
3	Interpersonal problems outside the family
1	Understanding myself

The respondents at the clinic answered most often that they did not take problems to the folkloric healer--if they went to the folkloric healer it was to find out from the healer if they had problems. They took questions about the future and questions about family and marital problems to the folkloric healers. One response was that the folkloric healers gave subjects hope. (Table 5)

Respondents at the clinic answered the question about their expectations of a therapist most frequently that they expected help and advice from the therapist, with clarification of their problems. One respondent said, "The therapist helps me understand things clearly which I didn't understand." Other expectations were that a friendship would develop with the therapist, that the therapist would

Table 5

What Problems Do You Take to an Espiritista or Santero?  
(respondents at clinic)

Frequency of Answer	Answer
25	I don't go there with problems. I go there to find out if there are only problems
7	To find out about the future
6	Family and marital problems
4	Hopelessness

give them hope ("I want someone whom I can count on"), and that the therapist would relieve their tension. They expected that they could trust their therapist and receive special treatment. One said, "I don't want to be treated like a client." (Table 6)

Table 6

What Do You Expect From a Therapist?  
(respondents at clinic)

Frequency of Answer	Answer
13	Help
9	Advice
8	Clarification of my problems
8	Friendship
5	Hope
5	Relief of tension
2	Trust
1	Special treatment

The respondents at the clinic expected of folkloric healers that they could achieve material and spiritual progress, help, and hope. One said, "I want the Espiritista to give me good news." (Table 7)

Table 7

What Do You Expect From an Espiritista or Santero?  
(respondents at clinic)

Frequency of Answer	Answer
20	Progress in my situation
15	Help
11	Hope

The respondents at the clinic answered the question as to what they got from their therapist most often that they got help, advice, medication, tranquility, and friendship. Other answers included that they found hope and trust in the therapeutic relationship. A typical answer was, "I talked, and that helped. I came out more tranquil." One respondent said, "I was able to make decisions even if those decisions made others angry." Another said, "He helps me see life differently." The confidentiality of the relationship was important to them. They found help with specific issues. (Table 8)

The respondents at the clinic answered that what they had gotten from folkloric healers were feeling calm, better luck, help at home, help with their children, and faith. One response was, "Luck! I love to gamble." (Table 9).

Table 8

What Do You Get From a Therapist?  
(respondents at clinic)

Frequency of Answer	Answer
9	Help
8	Advice
7	Medication
6	Tranquility
6	Friendship
6	Hope
3	Trust
1	Confidentiality
1	Help with specific problems

Table 9

What Do You Get from an Espiritista or Santero?  
(respondents at clinic)

Frequency of Answer	Answer
19	Calm
13	Luck
9	Help at home
4	Help with my children
2	Faith

The respondents at the clinic were most satisfied with their therapist in the following respects. They valued how they had been treated, they trusted their therapist, and they appreciated the support, friendship, caring and patience of the therapist. Repeatedly, the response was,



"The way he treats me." They found it important and valuable to talk to their therapist (Table 10).

Table 10

In What Respects Did the Therapist Satisfy You Most?  
(respondents at clinic)

Frequency of Answer	Answer
15	I was well treated
9	I could trust the therapist
7	I received support from the therapist
5	Friendship
3	Caring
2	The therapist was patient
2	I could talk to the therapist

The respondents at the clinic expressed the most satisfaction with folkloric healers in that the statements of the folkloric healer to them had proven true ("He tells me it's going to happen and it happens". Other areas of satisfaction among these respondents were relief of tension and the vicarious experience of observing the help which folkloric healers had given others (Table 11).

At the botanicas, respondents said that they had consulted an Espiritista or Santero principally because of the folkloric healers' superior knowledge and ability to help and solve problems. One said, "There are things with

Table 11

In What Respects Did the Espiritista or Santero Satisfy  
You Most (respondents at clinic)

Frequency of Answer	Answer
20	The Espiritista or Santero proved correct
11	Relief of tension
8	The vicarious experience

which a therapist cannot help; only an Espiritista can help." Likewise, another said, "When I go to the therapists, they don't give me solutions; the Santero shows me the present, the past, the future and the solution." Other contributing factors were the respondents' faith in those practices ("I had an emptiness that was filled by Santeria") and family traditions.

They found the Espiritista or Santero community to be a supportive group. One respondent said, "I found a godfather and godmother who were better than my own parents." They also looked to the folkloric healers for guidance for the future (Table 12).

Those respondents at the botanicas who had consulted a therapist cited as their reasons for going for conventional mental health assistance principally the relief of tension and the need for alternative approaches to their problems. One response was, "I can open up to the therapist. I tell him what I don't tell others" Some respondents stated as their reason for going to a therapist the professionalism of therapists (Table 13).

Table 12

Why Do You Choose to Go to an Espiritista or Santero?  
(respondents from botanicas)

Frequency of Answer	Answer
13	The Espiritista or Santero has more knowledge than I
10	For help
10	For a solution to my problems
5	I have faith in the Espiritista or Santero
5	Family tradition
3	The Espiritistas or Santeros are a supportive group
3	The Espiritista or Santero provides guidance for the future

Table 13

Why Do You Choose to Go to a Therapist  
(respondents at botanicas)

Frequency of Answer	Answer
15	For relief of tension
10	I am looking for alternatives
9	They are professionals

Asked what problems they took to an espiritista or Santero, respondents at botanicas answered that they took family and employment problems, and other problems of interpersonal relationships to the folkloric healers. Other responses included protection against supernatural

evil, luck, health and financial problems. One response was, "I take everything there--sex, friends, girlfriends" (Table 14).

Table 14

What Problems Do You Take to an Espiritista or Santero?  
(respondents at botanicas)

Frequency of Answers	Answer
15	Family problems
12	Employment problems
10	Interpersonal relationships
5	Protection
3	Luck
1	Health
1	Financial problems

The respondents at botanicas listed only marriage and family problems as the kinds of things which they took to therapists. (Table 15)

Table 15

What Problems Do You Take to a Therapist?  
(respondents at botanicas)

Frequency of Answer	Answer
21	Marriage problems
19	Family problems



At the botanicas, the respondents' expectations of their Espiritista or Santero were advice, spiritual guidance, help, friendship, the unity and support of the Espiritista and Santero community (these communities are very tightly-knit social groups), and solutions to their problems. One commented, "He gave me what I asked for." At the same time, another said, "He gives me the solution, even if it isn't the solution I was looking for." Another answer was, "It isn't that he is to solve my problems; he is to be my guide so I can solve them." (Table 16)

Table 16

What Do You Expect from Your Espiritista or Santero?  
(respondents at botanicas)

Frequency of Answer	Answer
10	Advice and spiritual growth
8	Solutions to my problems
5	Friendship
4	Unity and support of the espiritista or Santero group

They expected of therapists aid in finding tranquility, the attention of the therapist and an alternative to the assistance they were receiving from the Espiritista or Santero. (Table 17)

Table 17

What Do You Expect from Your Therapist?  
(respondents at botanicas)

Frequency of Answer	Answer
13	To find tranquility
10	Attention
7	Alternatives

The respondents at botanicas stated that what they got from the Espiritista or Santero were principally advice, spiritual guidance and protection. They said they saw material progress in solving their problems and found spiritual development, stability, security and tranquility in the folkloric practices as well as the friendship and support of the groups of practitioners of the folkloric religions. One statement was, "Working with the spirits gave me the power to move my problems from the abstract to the concrete so I could solve them." One man said that he had wanted to commit suicide, but that the Santero had brought him tranquillity and control in his life. He said that the therapist had not been able to do this (Table 18).

Those who saw conventional therapists said that they got help and advice from the therapists and had more control over their lives (Table 19).

Table 18

What Did You Get From Your Espiritista or Santero?

Frequency of Answer	Answer
13	Advice and spiritual guidance
11	Protection
9	Material progress with my problems
8	Spiritual development
7	Stability
6	Tranquility
6	Security
5	Friendship
4	Support

Table 19

What Did You Get From Your Therapist?  
(respondents at botanicas)

Frequency of Answer	Answer
17	Help with my problems
11	Advice
9	Control of my life

The leading expression of satisfaction with the folkloric healers among respondents at botanicas was with the proof of the truth of things which the Espiritista or Santero had said. They also expressed satisfaction with the sincerity and supportiveness of the folkloric healers. Some respondents said that folkloric healers had helped them with their health. The opportunity to communicate

with spirits was cited by some respondents as a source of satisfaction, as were friendship and trust with the espiritista and Santero. One comment was, "I understand it, and it brings me satisfaction. It's beautiful." Another said, "I am able to connect with my saints" (Table 20).

Table 20

What Satisfied You the Most About Your Espiritista or Santero? (respondents at botanicas)

Order of Frequency of Answer	Answer
1	The statements of the espiritista or Santero proved true
2	Sincerity
3	Support of the espiritista or Santero group
4	Improvement in my health
5	Communication with spirits
6	Friendship and trust

The respondents at botanicas who had seen therapists cited satisfaction with the therapist's attentiveness and concern for their problems, as well as the therapist's understanding of the problems. (Table 21)

Those respondents at the botanicas who never saw a therapist mostly stated that they didn't need one. Other frequent answers were a lack of money and a bad previous



Table 21

What Satisfied You the Most About Your Therapist?  
(respondents at botanicas)

Frequency of Answer	Answer
20	The therapist was attentive and caring
9	The therapist understood my problems

experience with a therapist. One man, an English-speaker, said that the therapist "didn't listen to me, gave me medication, and, every time, sent me to a hospital."

Some negative views of therapists included a view that the therapist "plays with my mind, says things backwards" (evidently an averse reaction to paradox psychotherapy), a general fear of therapists and a sense that therapists would experiment with their clients. Some of the respondents commented that emotional problems were caused by spiritual things, and a response sometimes heard was simply that "I'm not crazy" (Table 22). This last, a not uncommon statement among non-Hispanic Americans, reflects the widespread misconception that mental health facilities are only for the psychotic.

A chilling story about therapists came not in response to the question as to why she did not go to a therapist but in the general catch-all question at the end of the survey (Question 50). This woman, who had taken her son to a

Table 22

## If You Never Go to a Therapist, Why Not?

Frequency of Answer	Answer
9	I don't need one
9	I can't afford one
7	Bad experience in the past
6	"Plays with my mind, saying things backwards"
5	I'm afraid of therapists
4	The therapist will experiment with me
2	Emotional problems have spiritual causes
2	I'm not crazy

therapist, told the story of how the therapist diagnosed her son hyperactive and wanted to give the boy medication and have her apply for SSI for him. Her response was, "This is what starts drug abuse. Because a child is hyper, they want to start medication. They don't let children develop differently. They cut them off because they are Hispanic. They label them with emotional problems. Then the children are not able to go through school. I did not want them to cut off my son just so that he could receive SSI."

She did not return with the child to the psychologist and raised him without SSI. Now the boy is at the university studying nuclear physics. Her chest swelled

with pride at her son's achievement. He succeeded despite, not with the help of, the mental health system.

Those respondents at the clinic who said they never consulted the folkloric healers mostly cited religious reasons--that they did not believe in the folkloric practices, that those practices were contrary to their religion, and fear of those practices, which, especially in espiritismo, involve the summoning of spirits, or in one cult related to but separate from Santeria, called *palo mayombe*, require some truly gruesome practices. Others were simply not interested. Some respondents said that they had no access to folkloric healers, and others expressed distrust of them. (Table 23)

Table 23

If You Never Go to an Espiritista or Santero, Why Not?

Frequency of Answer	Answer
17	I don't believe in them
10	It's against my religion
5	I'm afraid of them
3	I'm not interested in those practices
2	I have no access to one
1	I don't trust them

## CHAPTER 5

### DISCUSSION

Having compiled the results of the survey, both those of a statistical nature and the less quantifiable but equally important narrative responses, we now must extract from all this data its significance for the clinical therapist who treats Puerto Rican clients, and to the lesser extent that this study may at some point be used by Santeros or Espiritistas, the significance for the folkloric practitioner. The salient datum which must affect our view of all other data gathered in the survey is the belief of 80% of the respondents, even a majority of those who do seek conventional therapy, in the folkloric religions.

The importance of that fact cannot be overemphasized. These religions exert a powerful pull on a broad spectrum of Puerto Ricans, influence their choice of resources, and affect their responses to treatment. The breadth of that belief is the foundation of the strength of the folkloric practitioner. The therapist treating Puerto Ricans cannot afford to be ignorant of those religions and of their effect on Puerto Ricans' responses to life situations, because a majority of the clients believe in those religions. That belief has serious implications for therapists, if they want to maintain the confidence of clients.



The great strength of the Espiritistas and Santeros is the clients' belief that what the healers say proves to be true. The clients, at least in the short run, are seeing what appear to be concrete results. A therapist cannot speak in broad or vague generalities and remain effective for long, and his or her advice must be reliable at a concrete level.

Such reliability requires a thorough, almost intimate knowledge of the client and his or her problems. Therapists will frequently have a better knowledge than the folkloric practitioner of educational and health resources in the community. One therapist, who outside her practice befriended a Santera with a severe depression problem, has directed her to the educational resources that will enable her to become independent both financially and socially.

She showed the Santera where she could go to learn English, where she could complete her education, and the places and means for acquiring other skills which she needs to function in the general American society. The Santera had been completely isolated except for her little group of "godchildren", most of whom, for one reason or another, were unable to provide her help.

The clinics start with the advantage that new arrivals frequently do not know where the espiritistas or Santeros are. That early edge, however, is fragile, as the client, with time, will know where they are. These are institutions of the local Puerto Rican community.

Clinicians cannot be contemptuous of these strange competitors. As the survey results show, affluent and educated Puerto Ricans are more likely than others to go to the folkloric healers. American academics may view Espiritismo and Santeria as primitive African superstitions, but those with both the ethnic background to be familiar with them and the education to be discerning do not. They go to the Santeros and espiritistas because it appears to work.

Indeed, it was largely the poor and ill-educated respondents in the survey who did not go to the folkloric healers, in large part for religious reasons including a fear of the folkloric practitioners. That fear is based on a combination of Church denunciation of the folkloric religions as sinful, or even as witchcraft, and certain practices of those religions, such as Espiritista summoning of spirits or the casting of spells, which may in fact be a form of witchcraft.

Clients spoke favorably of the willingness of conventional therapists to listen, and of their professionalism and understanding. Talking to therapists relieved their tension or depression. However, that only lasts so long. If clinicians cannot get past the question of past traumas and come up with practical solutions for present problems and intelligent guidance for the future, they fail to meet the needs of their clients, who will then look for that help elsewhere. The common response that

respondents went to the folkloric healers because of their superior knowledge is a fair statement of where that elsewhere is.

This is especially true for men clients. In many cultures, men discuss problems to solve them, while women discuss their problems to find understanding. It is no accident that the sample at the botanicas, where clients felt they were receiving solutions and practical guidance, was almost evenly divided by gender, but that the sample at the clinic, where they found understanding and the opportunity to talk, be heard and be understood, but few mentioned any practical solutions to problems, was overwhelmingly women.

This tendency is reinforced, in Santeria, by that religion's conferral of a role of power and control on men (Gonzalez-Wippler, 1984). Men, coming to a conventional clinic with concrete problems in their lives, step into the female-dominated world of the clinic, where most of the staff, both clinical and administrative, are women, and the emphasis in therapy is on understanding the client and his or her problems and on giving him or her the chance to talk about them. In a male view, they are being asked by therapists to pay a great deal of money for no concrete benefit. They are looking for the hope of real improvement in their lives and find that hope at the botanica.

There are certain approaches in therapy which have been actually detrimental to therapists' effectiveness with

Puerto Rican clients. Paradox therapy and word and mind games anger clients. The client feels that he is being toyed with, that he is not respected, and resents that treatment. While such therapeutic techniques have their place and their uses, they are not helpful if they cause the client to discontinue therapy. Many have the sense that, rather than help them with their problems, therapists just medicate them, or lacking any real solution, experiment with them, to see what will work.

In the perspective of dealing with any other profession or business, the source of such a view is clear. They go to the auto mechanic, and expect their car to be fixed. Even with other learned professions, by and large they can usually expect that the doctor will heal their sickness, that the lawyer will solve or minimize their legal problem, and that the accountant will complete their tax return and give them some advice which saves them money the next year.

They understand from the doctor's and lawyer's offices that the services of professionals take time, but they also expect to be taken seriously. Indeed, lawyers preparing for trial explain exhaustively to the client before launching into a mock cross-examination that they are going to ask some hard and not very nice questions because "these are the questions that the other lawyer will be asking you tomorrow". Therapists entering into such a technique must



make clear in advance that they will be doing this. Failing to do so may lose the client.

The difficulty in reaching men through clinics is accentuated again by economics. The clinics are largely creatures of Medicaid. Most men are ineligible for Medicaid, because they are seldom custodial parents, and only through SSI and SSDI will they be eligible. The old General Relief program no longer exists. The men must therefore, as a general proposition, pay for their treatment. It can hardly be surprising, then, that the men at the botanicas were saying that therapists cost too much and that was a reason why they did not see a therapist. A low rate for a therapist is \$35.00 per hour. To many working Puerto Rican men, that is a whole day's pay. Struggling to make ends meet, there is no room in the budget for that cost. When a Santero or Espiritista at the botanica talks to him for a while, and sells him a candle, a couple of oils and a bath solution, for a cost which may be as low as \$10.00, the client may well believe that he has received help with his problem at the botanica, especially if he then overcomes the problem. Simple economics tell him to go to the botanica.

Another strength of the botanicas is social networking. The respondents frequently referred to the support and unity of the Espiritista or Santero community. In that tight-knit social network, not only is there the emotional support and friendship of fellow practitioners,

there are people there with jobs or knowledge of jobs. The Puerto Rican urgently seeking employment may find connections which will help him put food on his table--again, concrete results instead of vague reassurances. Therapists should be prepared to help the client find a job. Clinics might be well served to maintain an office specifically for that purpose.

Even at the level of understanding of self and of their problems, many respondents found their help at the botanicas. They said that the folkloric healers helped them understand themselves and their problems better--a degree of success for folkloric healers on what might be considered to be the home ground of therapists. The key to this success is validation. One of the responses in this nature was that the folkloric healers helped to confirm ideas which they had already had. The existence of a common belief system is no doubt a major factor in the ability of the folkloric healer to connect to the thinking of the client and help him to help himself.

### Conclusions

The therapist should be able to provide the kind of validation provided by the folkloric healers and to address the client's needs at a concrete level. It requires only that the therapist view the client not as a subject for experimentation, or an ill patient who must be treated, but as a thinking person. The client's thoughts are important

not only as a subjective expression of distress but as a source of ideas for the solution of problems. In short, this process requires respect for the client. Those respondents who were satisfied with their therapists frequently cited what they felt was a friendship between them and the therapist. These respondents felt that they had been treated not just as clients but as friends. They felt their treatment was special.

Receiving help needs not be an absolute either/or, exclusive selection for Puerto Rican clients. Many respondents received help from both therapists and folkloric healers. A common response at both the clinic and the botanicas was that they wanted to have alternatives. They can get both the emotional relief at the clinic and the aggressive attack on their problems at the botanica.

What the survey tells us loud and clear is that mental health facilities have to a considerable degree failed to address the problems of their Puerto Rican clients concretely and directly. The clinician cannot spin a soft, lovely cloud of generalities and succeed in keeping clients in any kind of useful therapy. The abysmally low number of men at clinics is almost certainly tied to the lack of a concrete and practical effort to work with clients to a real solution of their problems. Clinicians must work to provide that help and that hope which the respondents in

this survey clearly found to be better fulfilled by the folkloric healers.

### Recommendations

This was an exploratory study, with no base line against which results could be compared. There could be no expected distribution of answers, meaning that chi-square tests would have been useless. The survey's results, while providing some information on the failure of mental health facilities to reach Puerto Ricans, especially Puerto Rican men, are necessarily limited in their scope and conclusiveness.

The sample was small--only 100 respondents. Often subcategories consisted of fewer than 10 respondents. A larger sample would be useful to confirm what this exploratory study has found. An important area for further research would be those who seek help neither from clinics nor from the folkloric healers. A random sample of the population at large might disclose significant numbers of persons who get no help at all, or get it from clergy. The problem of Puerto Rican underuse of mental health facilities is greater than the alternative use of botanicas. There are many other aspects of Puerto Rican culture.

Still, despite the limitations of the survey, there are certain steps that appear appropriate for mental health professionals to take in improving services to Puerto Rican



clients. One is conservative. The mental health professional must not appear to be experimenting or playing with the client's mind. The client is seeking help and results. He does not want head games. This requires a direct and practical approach to the client's problems. The mental health professional must be fully informed about the client's life situation. When necessary to comply with confidentiality laws, the therapist should try to obtain from the client an authorization for release of any information which the therapist needs to understand thoroughly the client and his or her problems. With that information, the therapist should be prepared to help the client with a number of things that do not strictly relate to mental health but which have contributed to the mental state for which the therapist is treating him or her.

Another is a need for clinicians to be familiar with the practices of the folkloric religions. Again, 80% of the respondents believed in those religions, even a clear majority of those who were not interviewed at botanicas. Understanding those religions will enable the clinician to understand likely client perspectives of the cause of their problems and to deal more effectively with those problems.

It is not a bad idea for a therapist who treats substantial numbers of Puerto Rican (or, for that matter, Cuban or Dominican) clients to pay a visit to a local botanica and look around the store. The better botanicas will have a number of books, some in English, about

Santeria and Espiritismo. The books of Migene Gonzalez-Wippler, cited in this dissertation, are an excellent introduction to Santeria, and Kardec's book cited in this dissertation is the fundamental document on Espiritismo. They should be part of the therapist's library.

Another is clear analysis of the client's problems, including the overall life situation. The client's psychological situation did not develop in some abstract, academic exercise. The client has his or her problems in the context of many non-psychological problems. Lacking spirits to tell what the client ought to do, the therapist must be prepared to do some real thinking about those life situations which are distressing the client and apply practical common sense to their solution.

The therapist, when possible, should try to get as much information about the client as possible before the first interview. Clients like the folkloric healers because they are already knowledgeable about the client before the client says a word. Again, assuming that the therapist does not have recourse to spirits for this information, this requires homework, gathering as much information as possible from referring agencies or individuals, and an intake system which provides the therapist in advance with as much knowledge of the client as possible. If well prepared with information, the therapist can have as much understanding of the situation up front as the folkloric healer appears to have.

Another area for the system to address is the abject failure to reach Puerto Rican men. There is a need to recognize that men respond to problems differently from women. Patting a man on the shoulder, letting him know you understand him and letting him vent his feelings will not satisfy him. He wants to know--what does he do now, and how will it help him? There is also a need for some kind of payment system which will not bankrupt non-Medicaid clients. Even \$35.00 an hour, if demanded up front, can be prohibitive to the client who must pay the bill himself.

Another possible need is more male therapists. As said before, the world of the clinic is a woman's world, with mostly female clinical and administrative staff. A man, especially from the male-oriented Puerto Rican culture, could very well be uncomfortable with the proposition that he is to be dependent on and subordinate to a whole structure of women. While it will be a long time before men are available in any numbers as receptionists--the stereotype of that job as a woman's job is slow in fading, the presence of men in other clerical roles when possible could go a long way to dispel the all-female atmosphere.

The effectiveness of outreach depends to a great extent, as we have seen, on understanding and working with people's culture as it is, not as we might like it to be. Men's discomfort in all-female environments exists, and the client's right to have that perspective, except when it is

held to a pathological extent, must be respected.

Clinicians are not working for political change but for the improvement of the mental health of the client. Social, religious and political change are best left to those who have made those changes their life's work.

Folkloric healers might become more effective with a study of conventional psychology to supplement their own background. Overcoming fears of a large part of the Puerto Rican population in order to build their practice is not a realistic option. Those fears are religious in nature, and there is just enough truth to the accusation of witchcraft that those who fear practices which border on the occult will avoid the botanicas.

### Summary

The study shows that the greatest weaknesses of the mental health system are in a lack of practical approach to the client's life problems and in its costs to those who are not covered by Medicaid. The effect of these weaknesses has been particularly glaring in the extent of male underuse of the system. The folkloric healers, appearing both to understand the client better and to offer concrete solutions to problems, have indeed, as was postulated when this study began, been an alternative resource, often the resource of choice.

Therapists have an edge on the folkloric healers in their willingness and ability to listen and let the client



talk. The folkloric healer has to know, without asking, what the client's problem is. This edge can be the basis of effective outreach and followup. To succeed ultimately, it will require knowledge of Puerto Rican culture, including the folkloric religions and the attitudes which those religions engender. It will require a respect for Puerto Rican culture, and a genuine interest in the client sufficient to go past the presenting psychological problem to the life situations which are overwhelming the client.

The elements of success in getting Puerto Ricans to use mental health facilities are, then:

1. It is not enough to help the client feel a little better about his problems. The therapist must show a real interest in solving the client's problems. Remember, the clients at least think they are seeing concrete results from their folkloric practitioners. The client wants to see not only that the therapist is helping deal with past traumas and with present distress, but with shaping a coherent future.

2. The therapist must realize that Puerto Rican men may have certain attitudes about their role as men. It is not necessary to share those attitudes, but it is necessary to avoid condescension or preaching, and to respect their right to have those attitudes, except as they exhibit themselves in pathological or violent forms which require intervention. Remember that the folkloric healers reaffirm men as men, and that the survey showed clearly that it was men who do not come to the clinic.

3. Mental health professionals must recognize that society is not a pseudo-Marxian division of haves, who can afford anything, and have nots, who receive government assistance. The middle class, which does not have Medicaid, and may or may not have health insurance to pay for treatment, needs to be reassured that treatment is available at an affordable cost. The survey showed that many middle-class respondents were at least in part cost-driven in consulting the folkloric healers, and that the folkloric healers were not just a refuge of the poor and ignorant.

4. Therapists should be trained in and aware of the Puerto Rican folkloric beliefs. Those beliefs, as I have illustrated several times throughout this dissertation, shape clients' response to therapeutic approaches, and can sometimes be incorporated into treatment.

With such understanding and dedication, the Puerto Rican underuse of mental health facilities can be overcome.

APPENDIX A  
COMPUTER SURVEY

## I. Personal Data

1. Date Time
2. Sex
  1. Female
  2. Male
3. Age
  1. 18-25
  2. 26-40
  3. 41-60
  4. 60+
4. Marital Status
  1. Single
  2. Married
  3. Divorced
  4. Common-law marriage
5. Place of Birth
  1. Puerto Rico
  2. Latin Barrio in the United States
  3. United States outside Barrio

## II. Socioeconomic Status

6. Income
  1. \$0-12,000
  2. \$12,001-25,000
  3. \$25,001-50,000
  4. \$50,001-80,000
  5. \$80,001+
7. Occupation
  1. Receive AFDC or SSI
  2. Farm or domestic worker
  3. Industrial or sales worker
  4. Clerical or paraprofessional
  5. Business
  6. Professional
  7. Other



8. Education

1. 8th grade or less
2. Some high school
3. High school graduate
4. Some college, but less than bachelor's degree
5. Bachelor's degree
6. Graduate study

III. Religious Background

9. In what religion were you raised?

1. Catholic
2. Non-Pentecostal Protestant
3. Pentecostal
4. Espiritista
5. Santeria
6. Catholic and Espiritista or Santeria
7. Protestant and Espiritista or Santeria
8. Pentecostal and Espiritista or Santeria
9. None

10. What religion do you practice now?

1. Catholic
2. Non-Pentecostal Protestant
3. Pentecostal
4. Espiritista
5. Santeria
6. Catholic and Espiritista or Santeria
7. Protestant and Espiritista or Santeria
8. Pentecostal and Espiritista
9. None

11. How often do you go to church?

1. More than once a week
2. Once a week
3. Once or twice a month
4. Less than once a month
5. Major holidays and occasions
6. Never

12. How important is your religion in dealing with personal problems?

1. It is the first thing I consider
2. It is important
3. It is not very important
4. It is not important at all

13. Do you know what Espiritismo or Santeria is?
1. Yes
  2. No
14. Do you believe in Espiritismo or Santeria?
1. Yes
  2. No
15. Do you practice Espiritismo or Santeria?
1. Yes, often
  2. Yes, sometimes
  3. Yes, rarely
  4. No

#### IV. Acculturation

16. How long have you lived outside of Puerto Rico?
1. Less than a year
  2. 1-5 years
  3. 5-10 years
  4. 10-20 years
  5. 20+ years
17. What generation are you in the United States?
1. I was born outside the United States
  2. I am first generation
  3. Second generation
  4. Third generation
  5. Fourth or more generation
18. What is your first language?
1. Spanish
  2. English
  3. Both languages
19. Which language do you now speak better?
1. Spanish
  2. Spanish and English equally
  3. English

20. Which language do you speak at home with your family?

1. Spanish
2. Mostly Spanish
3. Spanish and English equally
4. Mostly English
5. English

V. Use of Counseling

21. When you want some help with a personal problem, who do you go to for help?

	Never	Sometimes	Often	Most Often
1. Family				
2. Friends				
3. Therapist				
4. Espiritista/Santero				
5. Priest				
6. Herbalist				

22. Why do you choose to go most often to \_\_\_\_\_? (narrative answer to "most often")

23. What problems do you take to the (most often) \_\_\_\_\_? (narrative answer related to question 23)

24. What do you expect from \_\_\_\_\_? (narrative answer related to question 24)

25. What did you get from \_\_\_\_\_? (narrative answer related to question 25)

26. What satisfied you the most from \_\_\_\_\_? (narrative answer related to question 26)

22b. Why do you choose to go sometimes to \_\_\_\_\_? (narrative answer to "sometimes")

23b. What problems do you take to the (sometimes) \_\_\_\_\_? (narrative answer related to question 23b)

- 24b. What do you expect sometimes from \_\_\_\_\_?  
(narrative answer related to question 24b)
- 25b. What did you get from \_\_\_\_\_?  
(narrative answer related to question 25b)
- 26b. What satisfied you from going sometimes to the  
\_\_\_\_\_? (narrative answer related to  
question 26 b)
27. If you never go to an \_\_\_\_\_ for  
help with your personal problems, why not?  
(narrative answer)



## VI. Expectations

28. Should a therapist ask you what you need?
1. Yes.
  2. I don't know. He or she is the professional.
  3. No. He or she should know without being told.
29. Should an espiritista or Santero ask you what you need?
1. Yes
  2. I don't know. He or she is the professional.
  3. No, he or she should know without being told.
30. Should a therapist ask you questions about your past problems?
1. Yes
  2. I don't know. He or she is the professional.
  3. No. That's over; this is now.
31. Should an espiritista or Santero ask you questions about your past problems?
1. Yes
  2. I don't know. He or she is the professional.
  3. No. That's over; this is now
32. Which of the following areas should a therapist focus on?
1. Physical
  2. Spiritual
  3. Emotional
  4. Physical and spiritual
  5. Physical and emotional
  6. Spiritual and emotional
  7. Physical, spiritual and emotional

33. Which of the following areas should an Espiritista or Santero focus on?

1. Physical
2. Spiritual
3. Emotional
4. Physical and spiritual
5. Physical and emotional
6. Spiritual and emotional
7. Physical, spiritual and emotional

VII. Desired characteristics of the therapist or espiritista/santeros.

34. How important is the amount of experience a therapist has?

1. Very important
2. Important
3. Not very important
4. Not important at all

35. How important is the amount of experience an espiritista or Santero has?

1. Very important
2. Important
3. Not very important
4. Not important at all

36. How important is the therapist's age?

1. Very important
2. Important
3. Not very important
4. Not important at all

37. How important is the espiritista or Santero's age?

1. Very important
2. Important
3. Not very important
4. Not important at all

38. How important to you is it that the therapist speaks Spanish?

1. It is necessary
2. It is important
3. It is not very important
4. It is not important at all

39. How important to you is it that the espiritista or Santero speaks Spanish?
1. It is necessary
  2. It is important
  3. It is not very important
  4. It is not important at all.
40. How important to you is it that the therapist understand the Puerto Rican culture?
1. It is necessary
  2. It is important
  3. It is not very important
  4. It is not important at all
41. How important to you is that the espiritista or Santero understand the Puerto Rican culture?
1. It is necessary
  2. It is important
  3. It is not important
  4. It is not important at all
42. How important to you is it that the therapist be Hispanic?
1. It is necessary
  2. It is important
  3. It is not very important
  4. It is not important at all
43. How important to you is it that the espiritista or Santero be Hispanic?
1. It is necessary
  2. It is important
  3. It is not important
  4. It is not important at all
44. How important to you is it that the therapist be Puerto Rican?
1. It is necessary
  2. It is important
  3. It is not very important
  4. It is not important at all

45. How important is it for you that the espiritista or Santero be Puerto Rican?

1. It is necessary
2. It is important
3. It is not very important
4. It is not important at all

46. How important to you is it that the therapist be of the same religion as you?

1. It is necessary
2. It is important
3. It is not very important
4. It is not important at all

47. How important to you is it that the espiritista or Santero be of the same religion as you?

1. It is necessary
2. It is important
3. It is not very important
4. It is not important at all



48. How do you feel about your therapist?

I felt that my therapist

	Not at all	a little	a lot
1. was likable .....	_____	_____	_____
2. understood me .....	_____	_____	_____
3. liked me .....	_____	_____	_____
4. could be trusted ..	_____	_____	_____
5. was encouraging ...	_____	_____	_____
6. respected me .....	_____	_____	_____
7. accepted me .....	_____	_____	_____
8. gave me good advice	_____	_____	_____
9. helped me understand myself	_____	_____	_____
10.gave me his/her attention	_____	_____	_____
11.was physically attractive	_____	_____	_____
12.knew what he/she was doing	_____	_____	_____
13.could be fooled .....	_____	_____	_____
14.was stubborn .....	_____	_____	_____
15.argued with me .....	_____	_____	_____
16.made me nervous .....	_____	_____	_____
17.was too quiet .....	_____	_____	_____
18.avoided certain topics .....	_____	_____	_____
19.other (specify below) .....	_____	_____	_____

49. I felt that the Santero or Espiritista

1. was likable ..... \_\_\_\_\_
2. understood me ..... \_\_\_\_\_
3. liked me ..... \_\_\_\_\_
4. could be trusted ..... \_\_\_\_\_
5. was encouraging ..... \_\_\_\_\_
6. respected me ..... \_\_\_\_\_
7. accepted me ..... \_\_\_\_\_
8. gave me good advice . \_\_\_\_\_
9. helped me understand  
myself ..... \_\_\_\_\_
- 10.gave me his/her  
attention ..... \_\_\_\_\_
- 11.was physically  
attractive ..... \_\_\_\_\_
- 12.knew what he/she  
was doing ..... \_\_\_\_\_
- 13.could be fooled ..... \_\_\_\_\_
- 14.was stubborn ..... \_\_\_\_\_
- 15.argued with me ..... \_\_\_\_\_
- 16.made me nervous ..... \_\_\_\_\_
- 17.was too quiet ..... \_\_\_\_\_
- 18.avoided certain  
topics ..... \_\_\_\_\_
- 19.other (specify  
below) ..... \_\_\_\_\_

narrative answers to "other"

50. Is there anything else important to you that I have not asked?

APPENDIX B  
SPANISH SURVEY



## I Datos Personales

1. Fecha Hora
2. Sexo
  1. Femenino
  2. Masculino
3. Edad
  1. 18- 25
  2. 26-40
  3. 41-60
  4. 60+
4. Estado Civil
  1. Soltero
  2. Casado (a)
  3. Divorciada (o)
  4. Concubinato
5. Lugar de Nacimiento
  1. Puerto Rico
  2. Barrio Latino de los Estados Unidos
  3. Estados Unidos fuera del Barrio Latino

## II. Nivel Socio Economico

6. Ingreso
  1. \$0- 12,000
  2. \$12,001-25,000
  3. \$25,000- 50,000
  4. \$50,000- 80,000
  5. \$80,000+
7. Ocupacion
  1. Recibe AFDC o SSI
  2. Finca o trabajo domestico
  3. Industria o vendedora
  4. Trabajo de Oficina o paraprofesional
  5. Negocios
  6. Profesional
  7. Otros

## 8. Educacion

1. 8tvo grado o menos
2. alguna escuela superior
3. graduado de escuela superior
4. Algun colegio, pero menos de bachillerato
5. Grado de Bachillerato
6. Estudios graduados

## III. Trasfondo religioso

### 9. En que religion te criaron?

1. Catolica
2. Protestante no Pentecostal
3. Pentecostal
4. Espiritista
5. Santeria
6. Catolico y Espiritista o Santeria
7. Protestante y Espiritista o Santeria
8. Pentecostal y Espiritista
9. Ninguna

### 10. Que religion practicas ahora?

1. Catolica
2. Protestante no pentecostal
3. Pentecostal
4. Espiritista
5. Santero
6. Catolico y Espiritista o Santeria
7. Protestante y Espiritista o Santeria
8. Pentecostal y Espiritista
9. Ninguna

### 11. Cuan a menudo asiste usted a la iglesia?

1. Mas de una vez por semana
2. Una vez por semana
3. Una o dos veces por semana
4. Menos de una vez por mes
5. Los dias de fiesta y en ocasiones especiales
6. Nunca

### 12. Cuan importante es tu religion cuando tratas con tus problemas personales?

1. Es lo primero que considero
2. Es importante
3. No es muy importante
4. No es importante en nada

13. Sabes lo que es Espiritismo y Santeria?

1. Si

2. No

14. Crees tu en Espiritismo y Santeria?

1. Si

2. No

15. Practicas Espiritismo y Santeria?

1. Si, a menudo

2. Si, aveces

3. Si, en raras ocasiones

4. No

#### IV Aculturacion

16. Cuanto tiempo llevas viviendo fuera de Puerto Rico?

1. Menos de un ano

2. 1-5 anos

3. 5-10 anos

4. 10 - 20 anos

5. 20 +anos

17. Que generacion eres tu en los Estados Unidos?

1. Naci fuera de los Estados Unidos

2. Soy primera generacion

3. Segunda generacion

4. Tercera generacion

5. Cuarta o mas generacion

18. Cual es tu idioma natal?

1. Espanol

2. Ingles

3. Ambos idiomas

19. Cual idioma hablas mejor?

1. Espanol

2. Espanol e ingles por igual

3. Ingles

20. Que lenguaje habla mejor tu familia?

1. Espanol
2. Mayormente en espanol
3. Espanol e ingles por igual
4. Mayormente ingles
5. Ingles

V. Uso de Consejeria

21. Cuando necesitas ayuda con tus problemas personales, a quien recurres para ayuda?

	Nunca	Algunas veces	A menudo	Muy amenudo
1. Familia				
2. Amigos				
3. Terapista				
4. Espiritista/Santero				
5. Sacerdote/Ministro				
6. Curandera				

algunas veces = una vez al ano

A menudo =seis veces al ano

Muy a menudo = mas de seis veces al ano

22. Porque decides ir muy a menudo a un/una \_\_\_\_\_?  
(contestacion narrativa para pregunta 22 "muy a menudo")

23. Que problema le llevas tu a (muy a menudo) un/una \_\_\_\_\_?  
(contestacion narrativa para 23 "muy a menudo"))

24. Que esperas tu de un/una \_\_\_\_\_?  
(contestacion narrativa para pregunta 24 "muy a menudo)

25. Que obtuviste de \_\_\_\_\_?  
(contestacion narrativa de pregunta 25 "muy a menudo")



26. Que fue lo que mas te satisfizo \_\_\_\_\_?  
(contestacion narrativa de pregunta 26 "muy a menudo")

22b. Porque decides ir muy algunas veces a un/una \_\_\_\_\_?  
(contestacion narrativa para pregunta 22b "algunas veces")

23b. Que problema le llevas tu a (algunas veces")  
un/una \_\_\_\_\_? (contestacion narrativa para 23b "algunas veces")

24b. Que esperas tu de un/una \_\_\_\_\_?  
(contestacion narrativa para pregunta 24b "algunas veces")

Utilize los verbos de acuerdo como se va hacer la pregunta.

25b. Que obtienes de \_\_\_\_\_?  
(contestacion narrativa de pregunta 25b "algunas veces")

26b. Que fue lo que mas te satisfizo \_\_\_\_\_?  
(contestacion narrativa de pregunta 26b "algunas veces")

27. Porque nunca vas a un/una \_\_\_\_\_ para  
buscar ayuda con tus problemas personales?  
(Contestacion narrativa sobre pregunta 27)

## VI. Expectativas

28. Debe un terapeuta preguntarte sobre lo que necesitas?

1. Si
2. No, el terapeuta debe de saberlo sin que se lo diga.

29. Debe un espiritista/Santero preguntarte sobre lo que necesitas?

1. Si
2. No, el espiritista o santero debe de saberlo sin que se lo diga.

30. Debe un terapeuta preguntarte sobre tus problemas del pasado?
1. Si
  2. No se, el terapeuta es el profesional.
  3. No, eso ya se termino; ahora es ahora.
31. Debe un Espiritista o Santero preguntarte sobre tus problemas del pasado?
1. Si
  2. No se, el espiritista o santero es el profesional.
  3. No, eso ya se termino, ahora es ahora.
32. En cuales de las siguientes areas debe enfocarse un terapeuta?
1. Fisica
  2. Espiritual (alguna combinacion)
  3. Emocional
  4. Fisica y espiritual
  5. Fisica y emocional
  6. Espiritual y emocional
  7. Fisica,espiritual y emocional
33. En cuales de las siguientes areas debe enfocarse un espirit-ista/Santero?
1. Fisica
  2. Espiritual (alguna combinacion)
  3. Emocional
  4. Fisica y Espiritual
  5. Fisica y emocional
  6. Espiritual y emocional
  7. Fisico, espiritual y emocional

VII Caracteristicas deseadas de un terapeuta o Espiritista/Santero.

34. Cuan importante es que el terapeuta tenga experiencia?
1. Muy importante
  2. Importante
  3. No muy importante
  4. No es importante para nada.

35. Cuan importante es que el espiritista/santero tenga experiencia?
1. Muy importante
  2. Importante
  3. No muy importante
  4. No es importante para nada
36. Cuan importante es la edad del terapeuta?
1. Muy importante
  2. Importante
  3. No es muy importante
  4. No es importante para nada
37. Cuan importante es la edad del espiritista/Santero?
1. Muy importante
  2. Importante
  3. No es muy importante
  4. No es importante para nada
38. Cuan importante es para ti que el terapeuta hable Espanol?
1. Es necesario
  2. Es importante
  3. No es muy importante
  4. No es importante para nada
39. Cuan importante es para ti que el espiritista/Santero hable Espanol?
1. Es necesario
  2. Es importante
  3. No es muy importante
  4. No es importante para nada
40. Cuan importante es para ti que el terapeuta entienda la cultura Puertorriquena?
1. Es necesario
  2. Es importante
  3. No es muy importante
  4. No es importante para nada.

41. Cuan importante es para ti que el espiritista/Santero entienda la cultura Puertorriquena?
1. Es necesario
  2. Es importante
  3. No es muy importante
  4. No es importante para nada
42. Cuan importante es para ti que el terapeuta sea hispano?
1. Es necesario
  2. Es importante
  3. No es muy importante
  4. No es importante para nada.
43. Cuan importante es para ti que el espiritista/Santero sea hispano?
1. Es necesario
  2. Es importante
  3. No es muy importante
  4. No es importante para nada
44. Cuan importante es para ti que el terapeuta sea Puertorriqueno?
1. Es necesario
  2. Es importante
  3. No es muy importante
  4. No es importante para nada
45. Cuan importante es para ti que el espiritista/Santero sea Puertorriqueno?
1. Es necesario
  2. Es importante
  3. No es muy importante
  4. No es importante para nada
46. Cuan importante es para ti que el terapeuta tenga tu misma religion?
1. Es necesario
  2. Es importante
  3. No es muy importante
  4. No es importante para nada



47. Cuan importante es para ti que el  
espiritista/Santero tenga tu misma religion?

1. Es necesario
2. Es importante
3. No es muy importante
4. No es importante para nada

48. Indica como te sientes sobre tu terapeuta

Siento que mi terapeuta

	en nada	poco	mucho
1. es agradable .....	_____	_____	_____
2. me entiende .....	_____	_____	_____
3. Yo le agrado .....	_____	_____	_____
4. puedo confiar .....	_____	_____	_____
5. es alentador .....	_____	_____	_____
6. Me respeta .....	_____	_____	_____
7. me acepta .....	_____	_____	_____
8. Me dio buenos consejos	_____	_____	_____
9. me ayuda a entenderme	_____	_____	_____
10. Me da su atencion ...	_____	_____	_____
11. es atractivo/a .....	_____	_____	_____
12. Sabe lo que hace ....	_____	_____	_____
13. Puede ser enganado/a	_____	_____	_____
14. Es testarudo .....	_____	_____	_____
15. Discutimos (pelear) ..	_____	_____	_____
16. Me pone nervioso ....	_____	_____	_____
17. Es muy callado .....	_____	_____	_____
18. Evita ciertos topicos	_____	_____	_____
19. Otros .....	_____	_____	_____

Especifique

49. Indica como tu te sientes sobre tu espiritista o santero: (Si ha tenido experiencia con un espiritista o santero)

	en nada	poco	mucho
1. es agradable .....	_____	_____	_____
2. me entiende .....	_____	_____	_____
3. Yo le agrado .....	_____	_____	_____
4. puedo confiar .....	_____	_____	_____
5. es alentador .....	_____	_____	_____
6. Me respeta .....	_____	_____	_____
7. me acepta .....	_____	_____	_____
8. Me dio buenos consejos	_____	_____	_____
9. me ayuda a entenderme	_____	_____	_____
10. Me da su atencion ...	_____	_____	_____
11. es atractivo/a .....	_____	_____	_____
12. Sabe lo que hace ....	_____	_____	_____
13. Puede ser enganado/a	_____	_____	_____
14. Es testarudo .....	_____	_____	_____
15. Discutimos (pelear) ..	_____	_____	_____
16. Me pone nervioso ....	_____	_____	_____
17. Es muy callado .....	_____	_____	_____
18. Evita ciertos topicos	_____	_____	_____
19. Otros .....	_____	_____	_____

Especifique

50. Hay algo importante que no se te ha preguntado?

APPENDIX C  
AUTHORIZATION AND RELEASE

AUTHORIZATION AND RELEASE

I hereby affirm under penalty of perjury that **JOSEFINA ZEDA BATISTA** has explained to me that the questionnaire which I answered today will be used for research purposes in preparation of a doctoral dissertation on the subject of client expectations and satisfaction with psychotherapists and folkloric healers (specifically espiritistas and Santeros). I understand that it will be used for that purpose, and authorize that use. I further authorize reference to my responses, with the sole condition that my name not be used without my express written consent, in that dissertation or any subsequent published material of which she is the author. I know that the said **JOSEFINA ZEDA BATISTA** can be reached through the **SCHOOL STREET COUNSELING INSTITUTE**, 33 School Street, Springfield, Massachusetts, which I understand is not involved in this research.

I further affirm that I have been advised that I have at all times the right to cease participation in the said questionnaire, and that my answers are given voluntarily. I understand that I have the right to refuse to answer any or all of the questions and to cease participation in this questionnaire at any time. I hereby release the said **JOSEFINA ZEDA BATISTA**, the **SCHOOL STREET COUNSELING INSTITUTE**, and all other agencies of **SISTERS OF PROVIDENCE HEALTH SYSTEMS**, the **UNIVERSITY OF MASSACHUSETTS**, any person who may have introduced me to any of the same, any person who may have facilitated the interview, any interviewer and any person or entity which may publish the said dissertation or other publication from any liability for publication of any material including, referring to or based on my answers, again providing that my name not be disclosed.

**SUBSCRIBED AND AFFIRMED** this \_\_\_\_ day of \_\_\_\_\_,  
1996.

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APPENDIX D  
GRAPHS OF EXPECTATION DATA

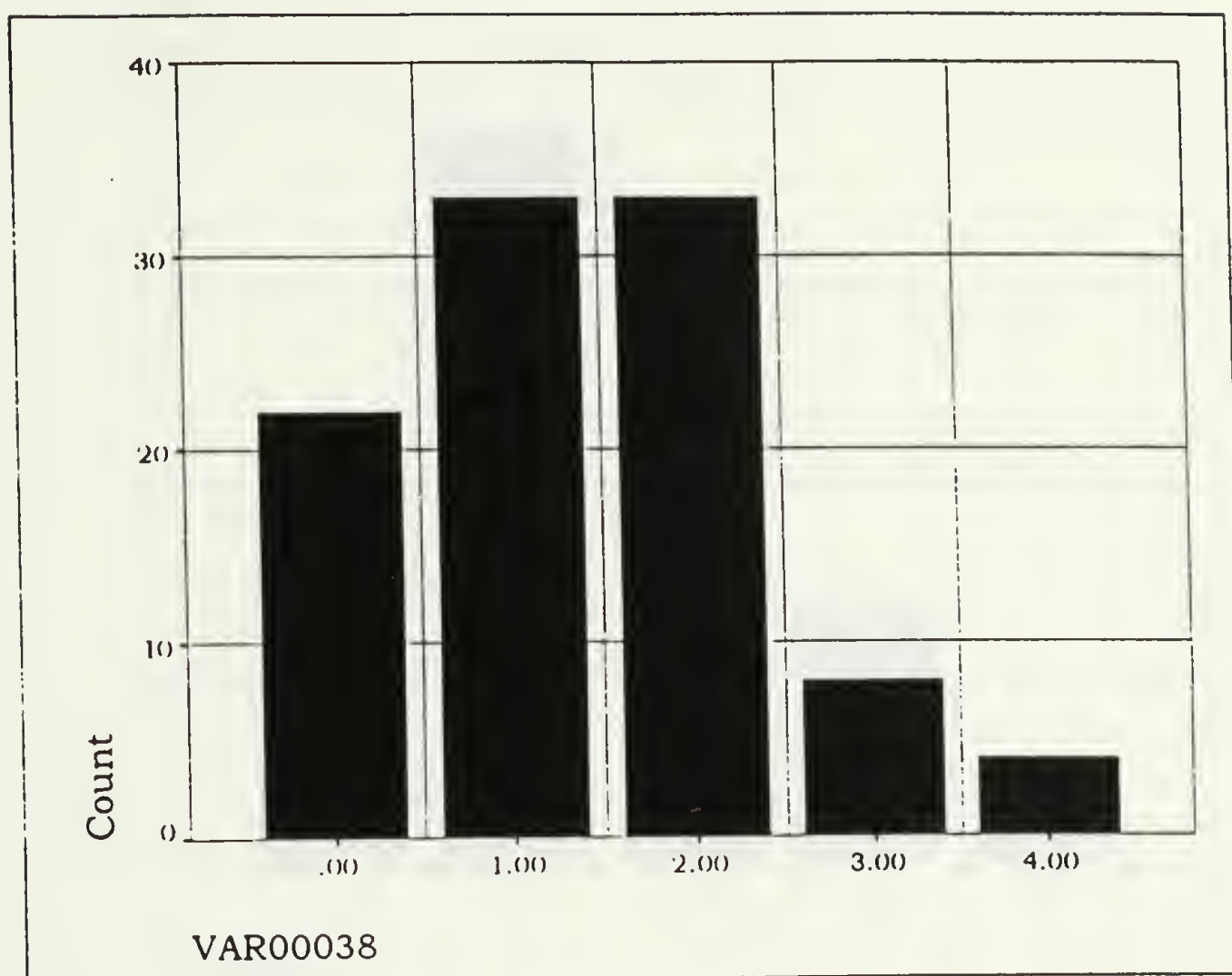


Figure D.1 Importance of Speaking Spanish (Therapist) (Var. 38)

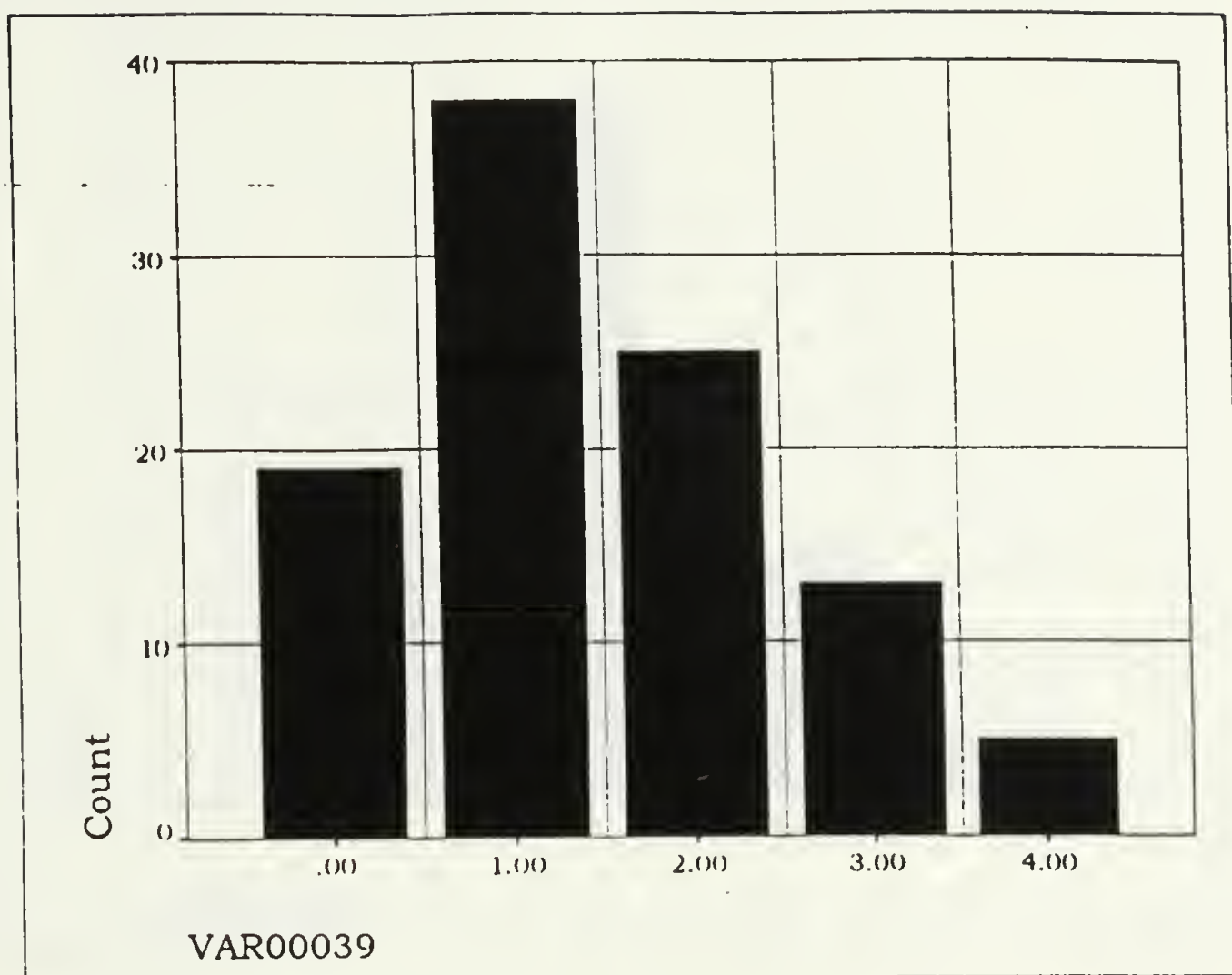


Figure D.2 Importance of Speaking Spanish (Folkloric Practitioner) (Var. 39)

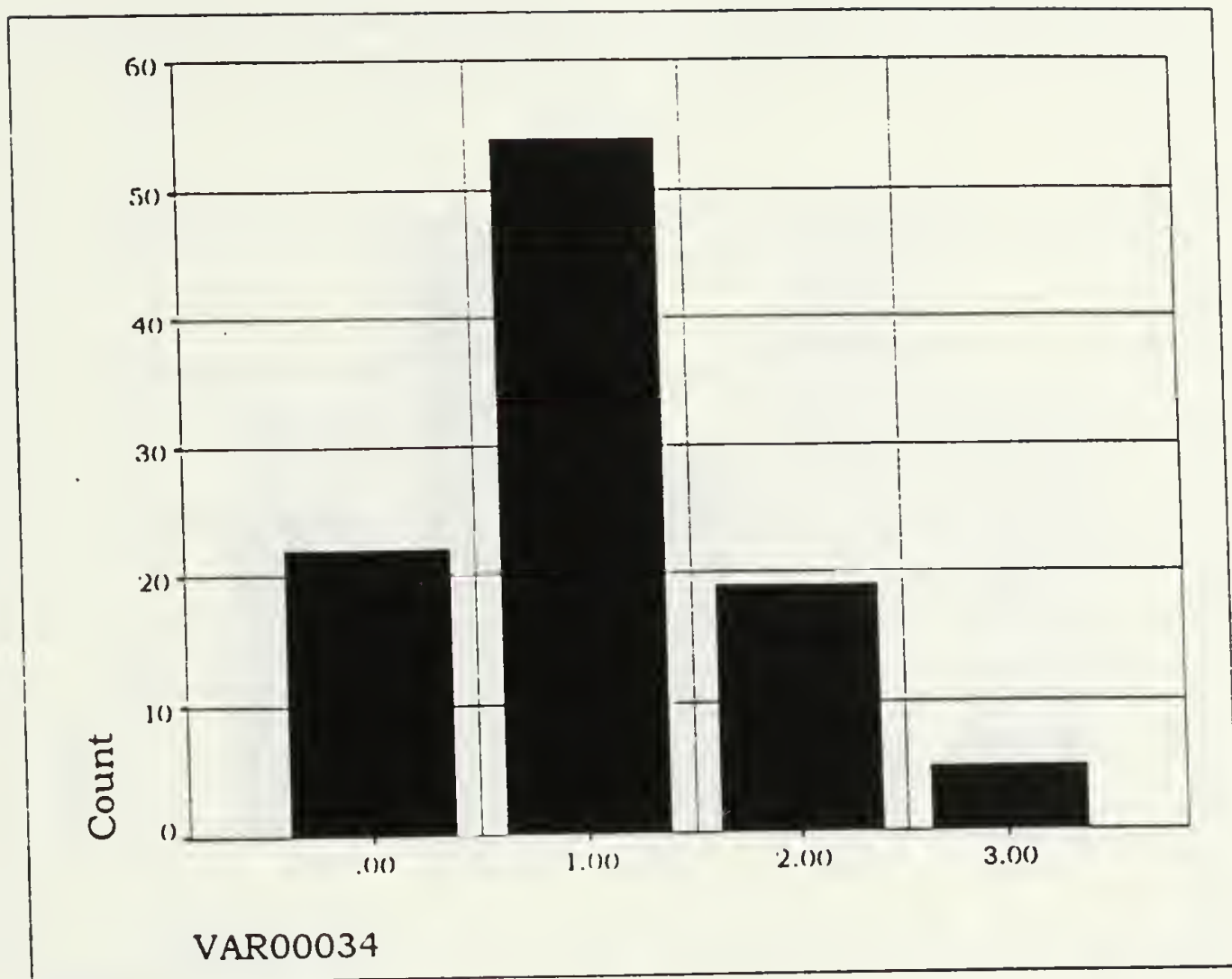


Figure D.3 Importance of Experience (Therapist) (Var. 34)



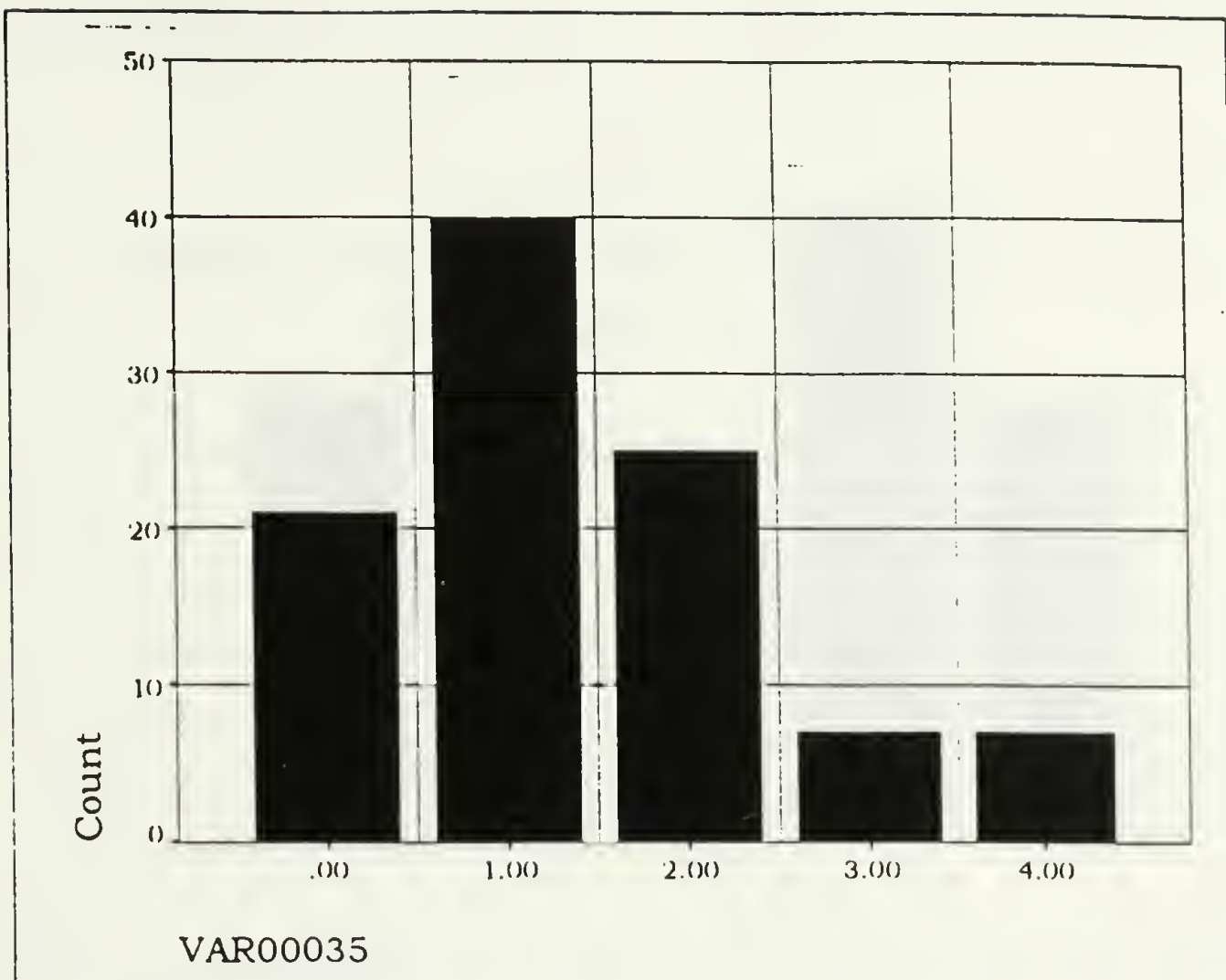


Figure D.4 Importance of Experience (Folkloric Practitioner) (Var. 35)

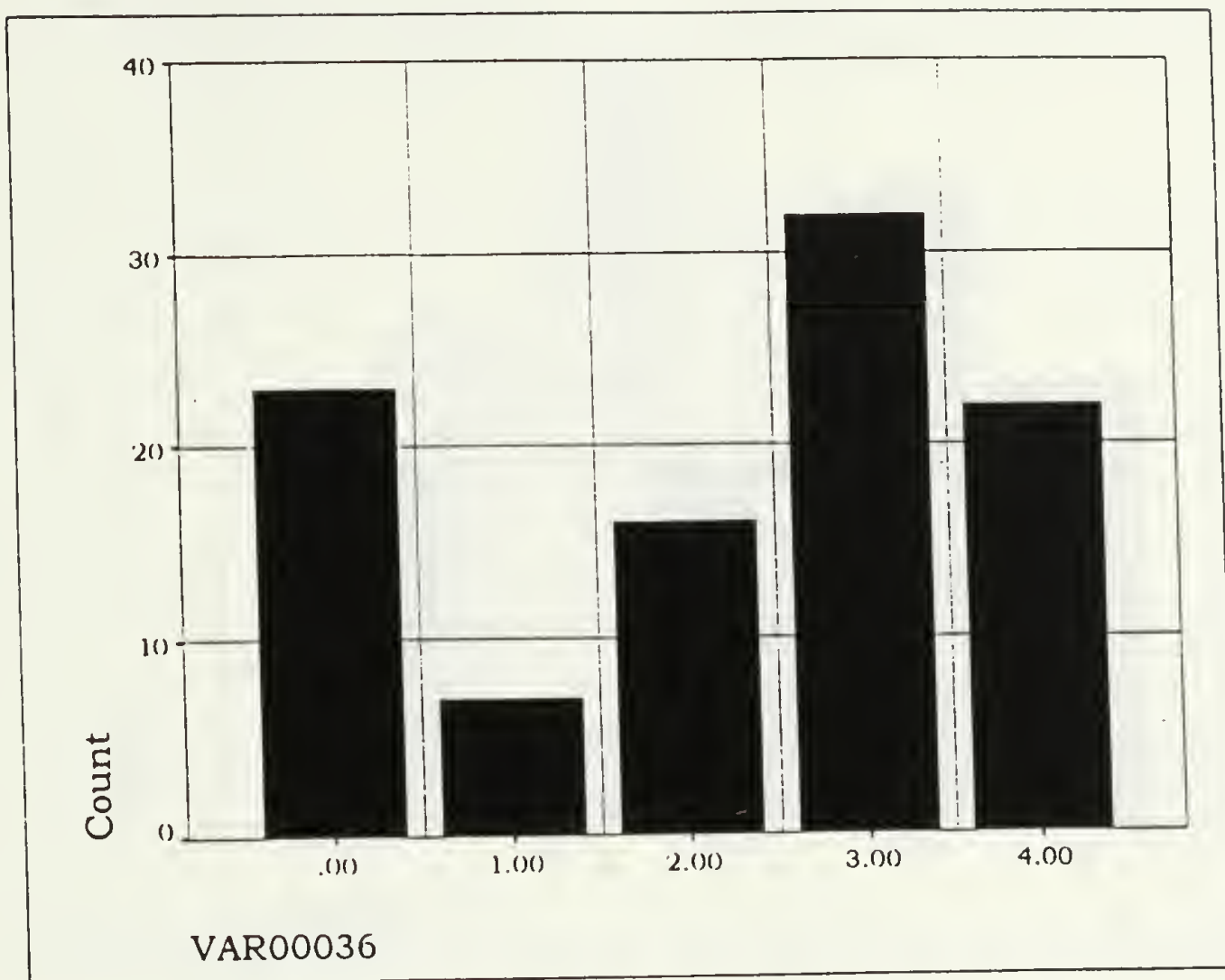


Figure D.5 Importance of Age (Therapist) (Var. 36)

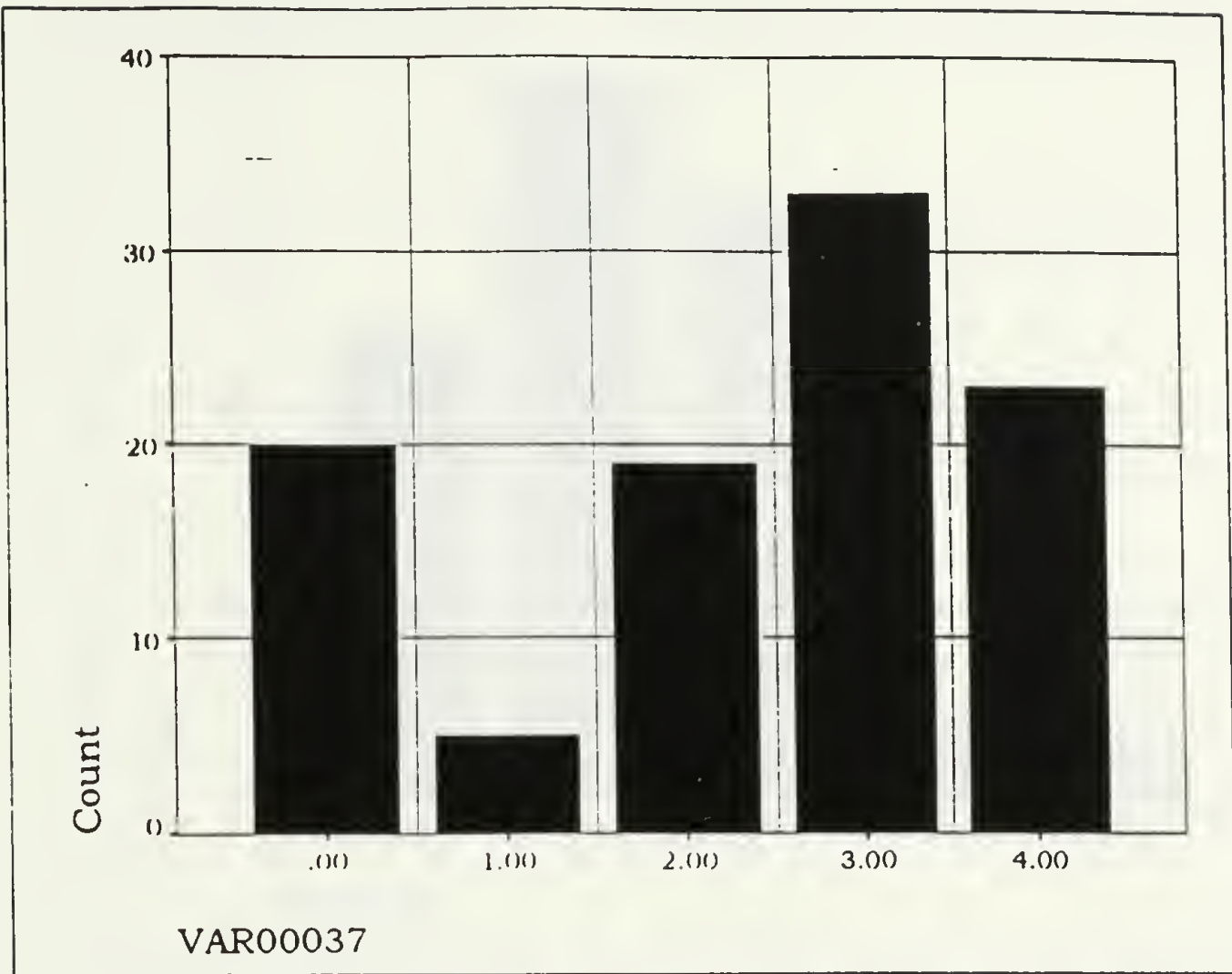


Figure D. 6 Importance of Age (Folkloric Practitioner)  
(Var. 37)

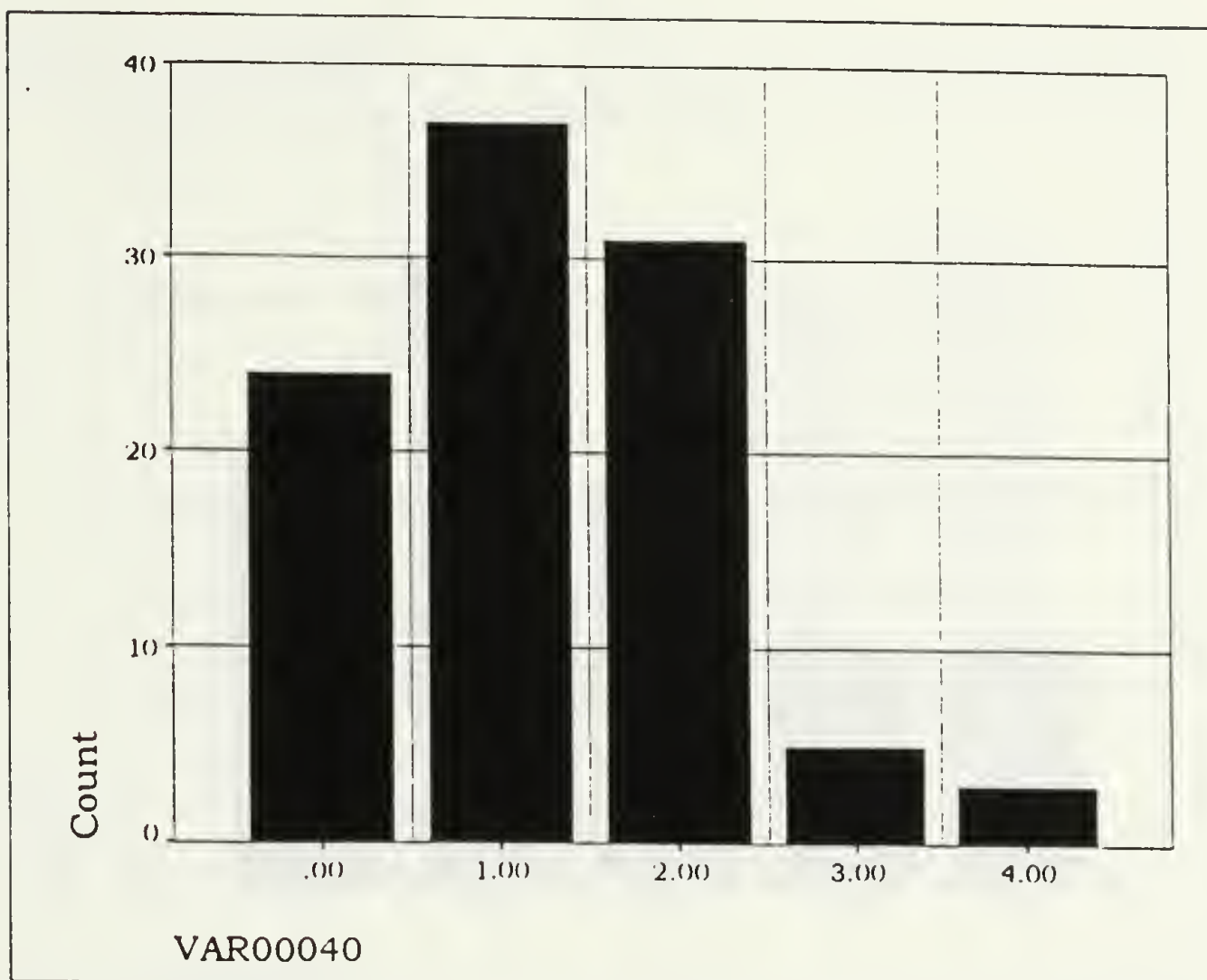


Figure D.7 Importance of Understanding Puerto Rican Culture (Therapist) (Var. 40)



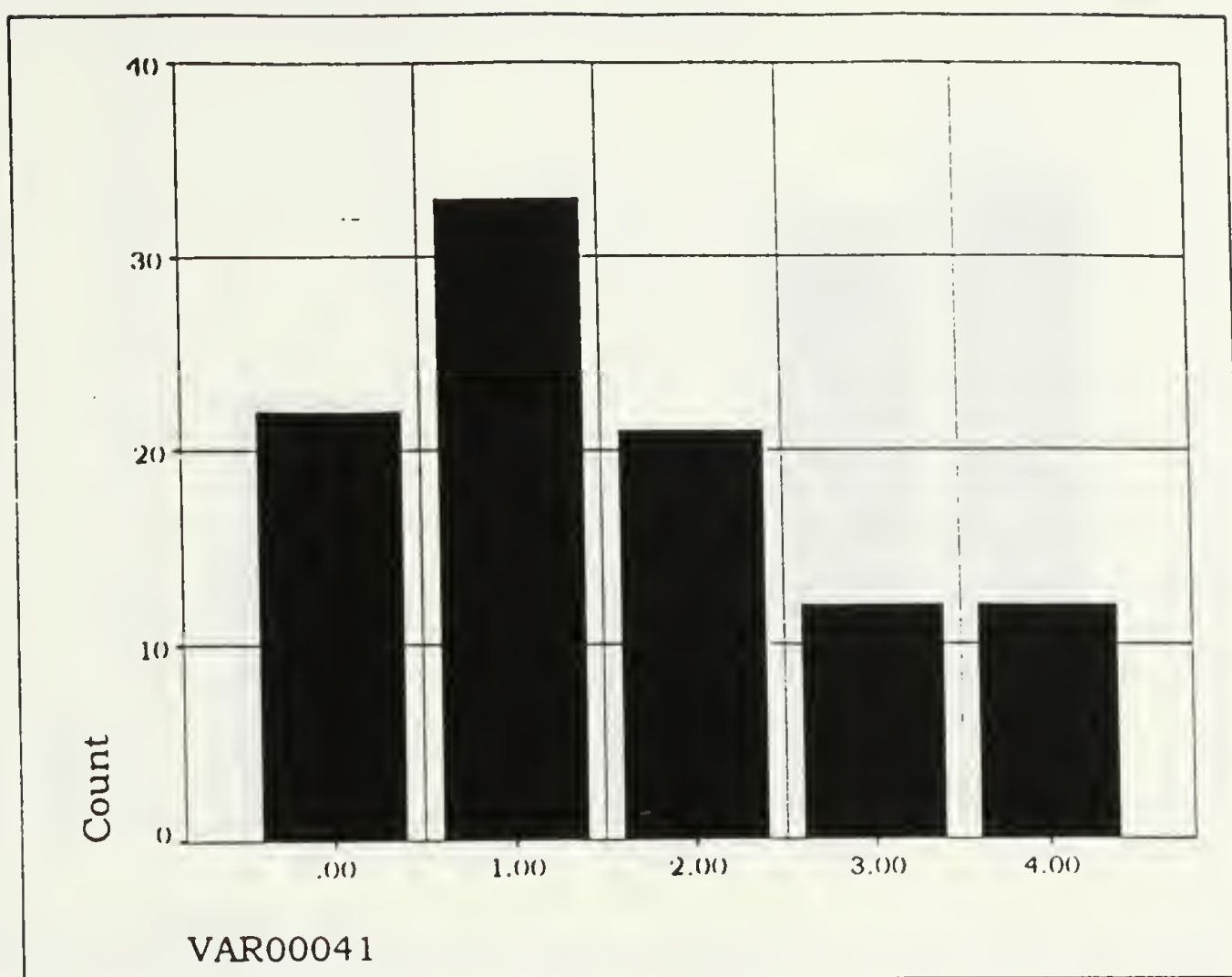


Figure D.8 Importance of Understanding Puerto Rican Culture (Folkloric Practitioner) (Var. 41)

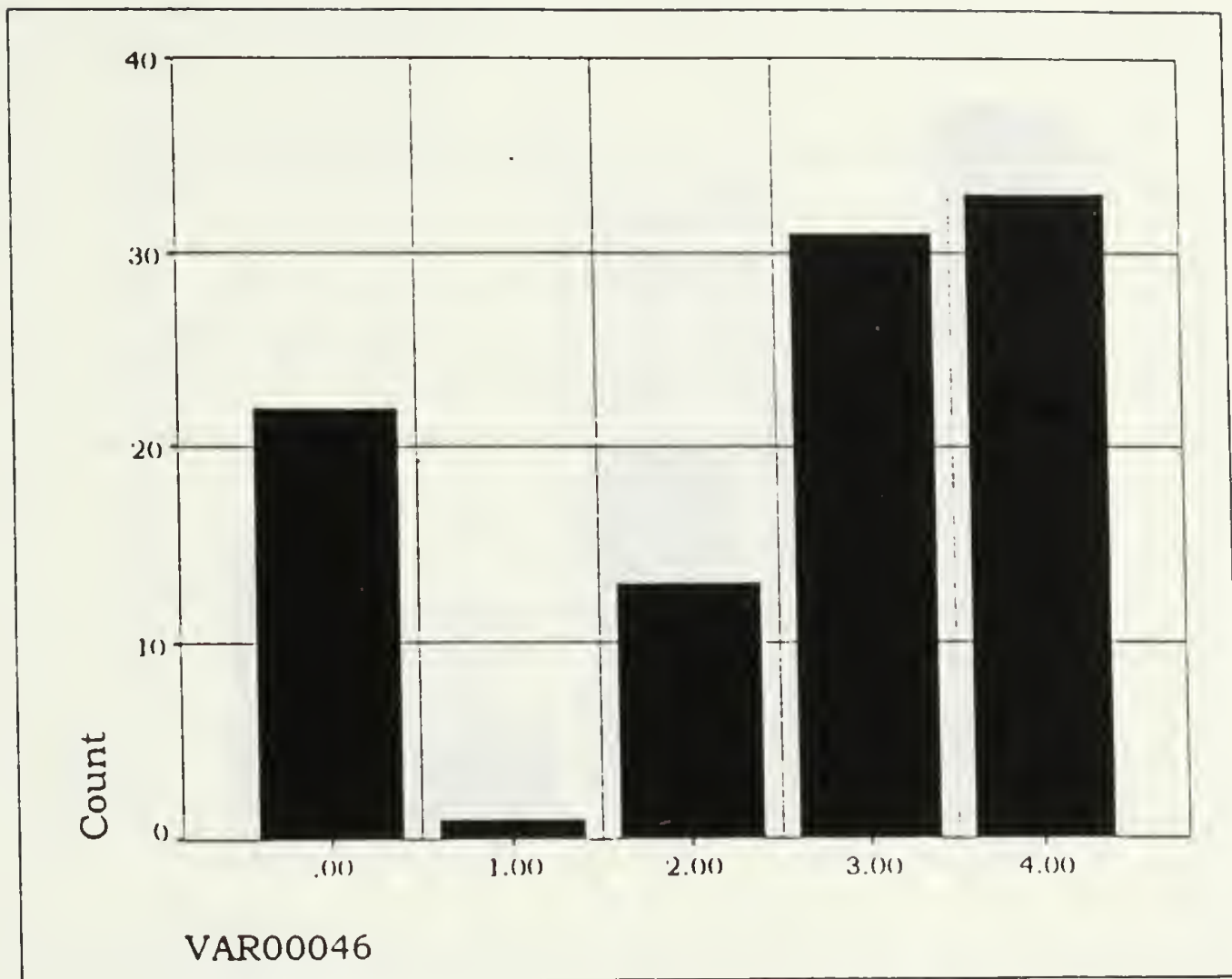


Figure D.9 Importance of Same Religion (Therapist) (Var. 46)

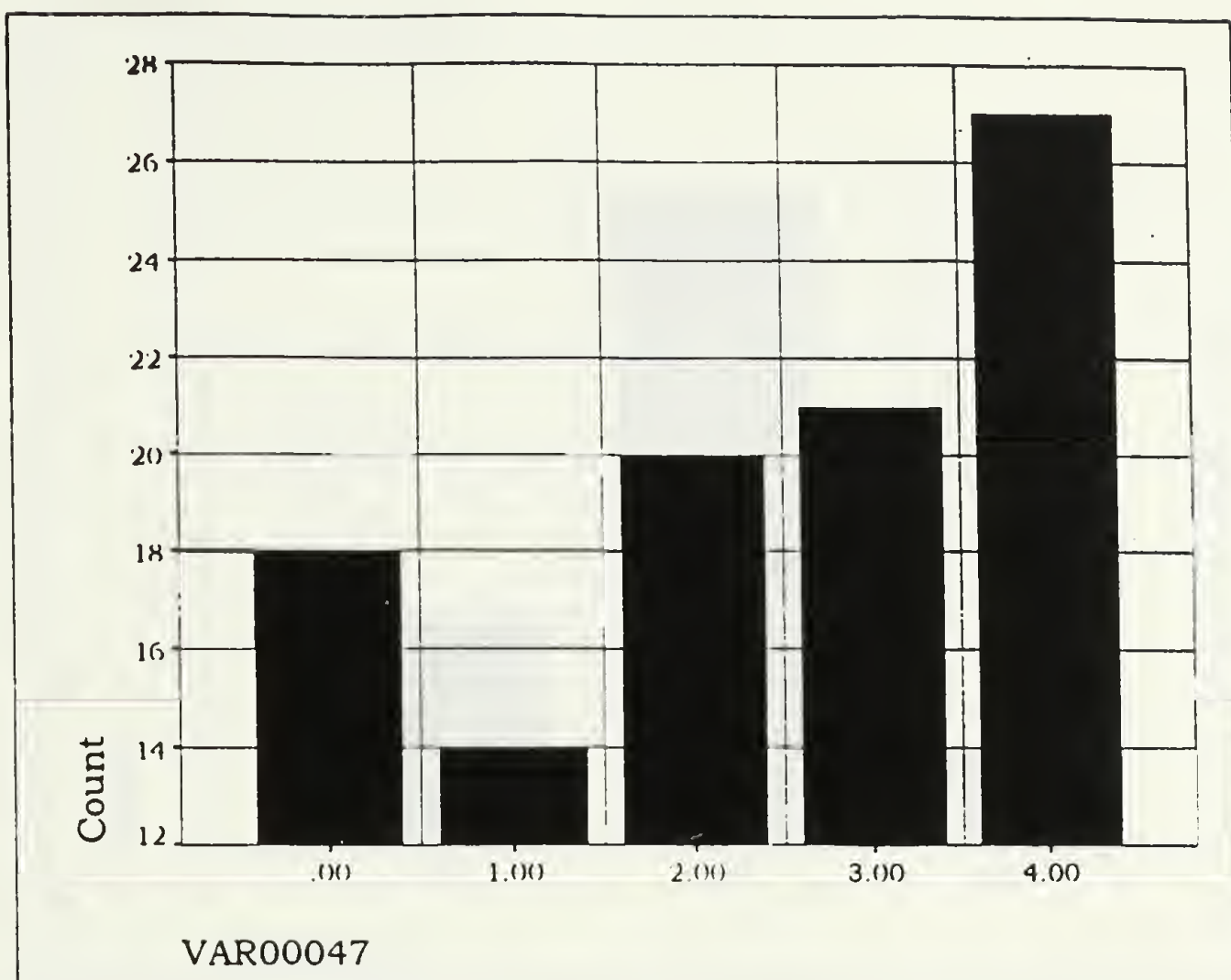


Figure D.10 Importance of Same Religion (Folkloric Practitioner) (Var. 47)

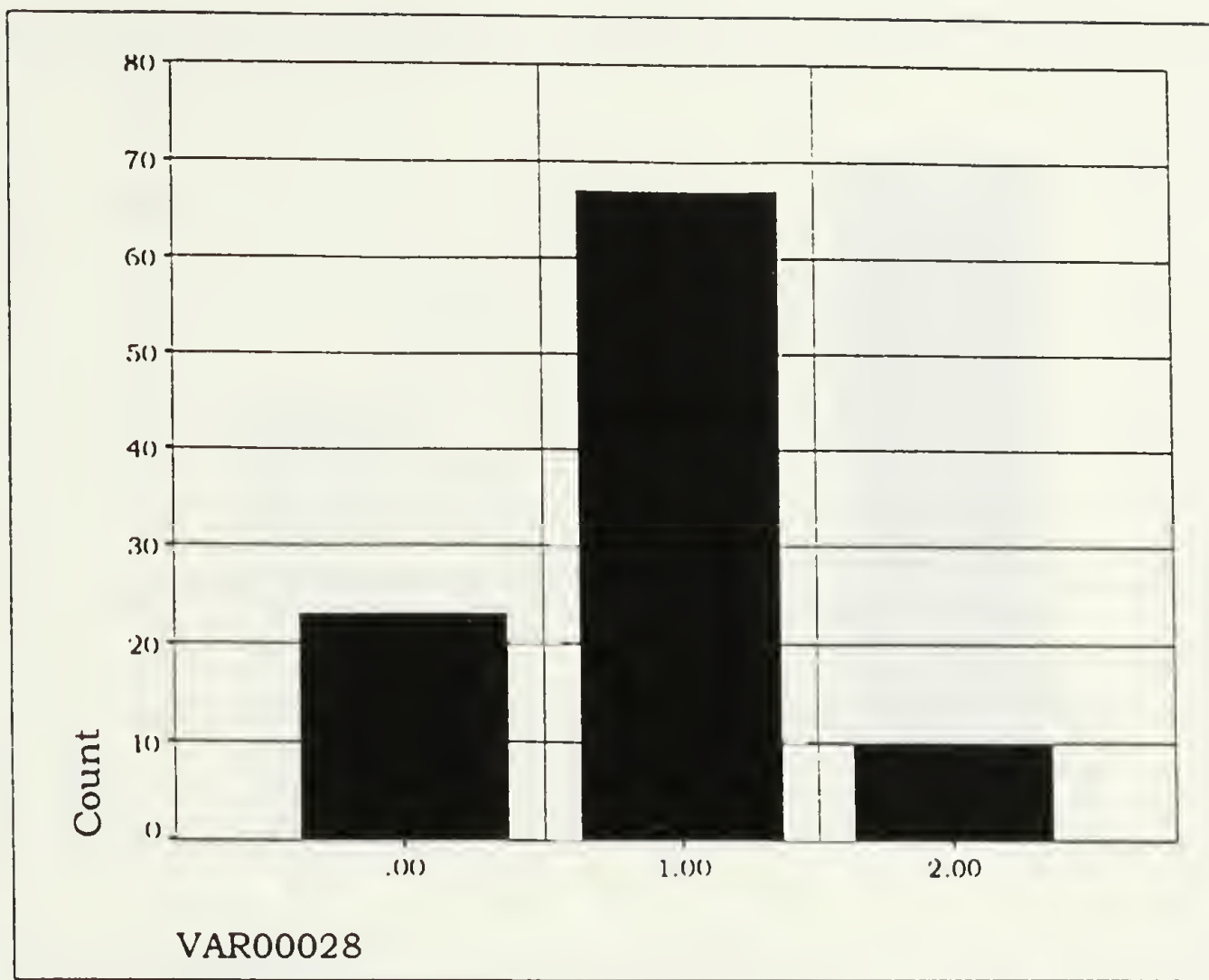


Figure D.11 Should a Therapist Ask What You Need? (Var. 28)



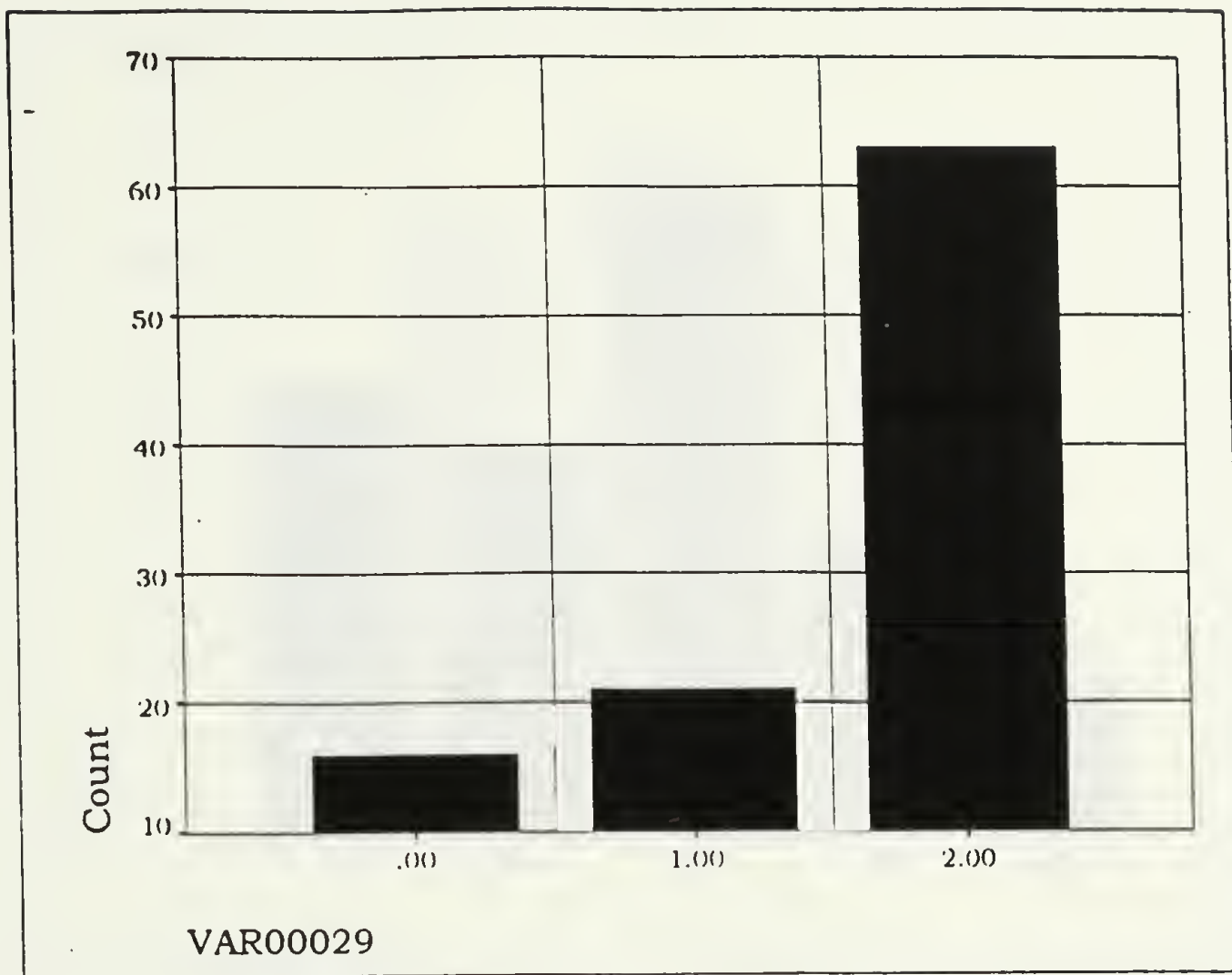


Figure D.12 Should an Espiritista or Santero Ask You What You Need? (Var. 29)

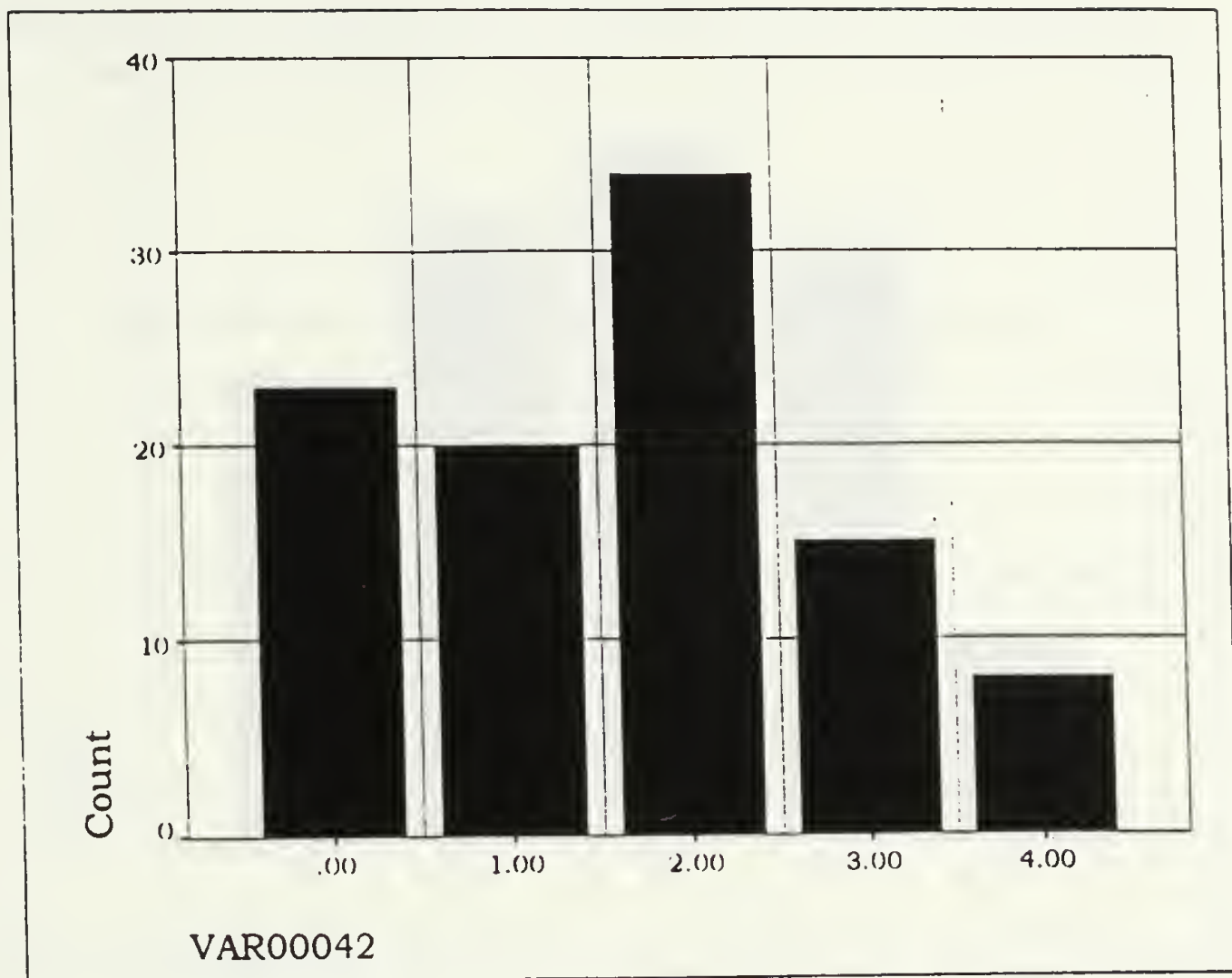


Figure D.13 How Important is it That the Therapist Be Hispanic? (Var. 42)

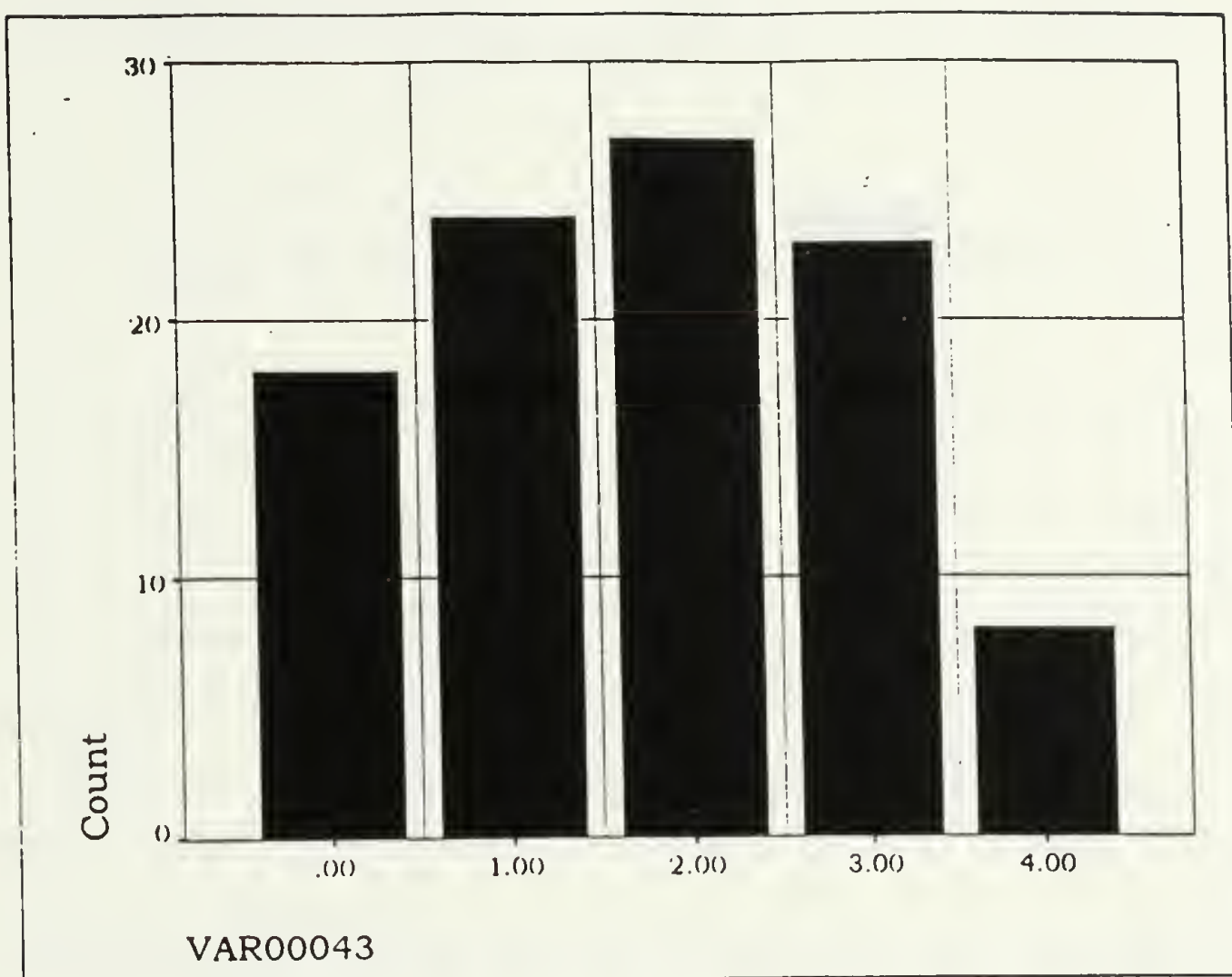


Figure D.14 How Important is it That the Espiritista or Santero be Hispanic? (Var. 43)

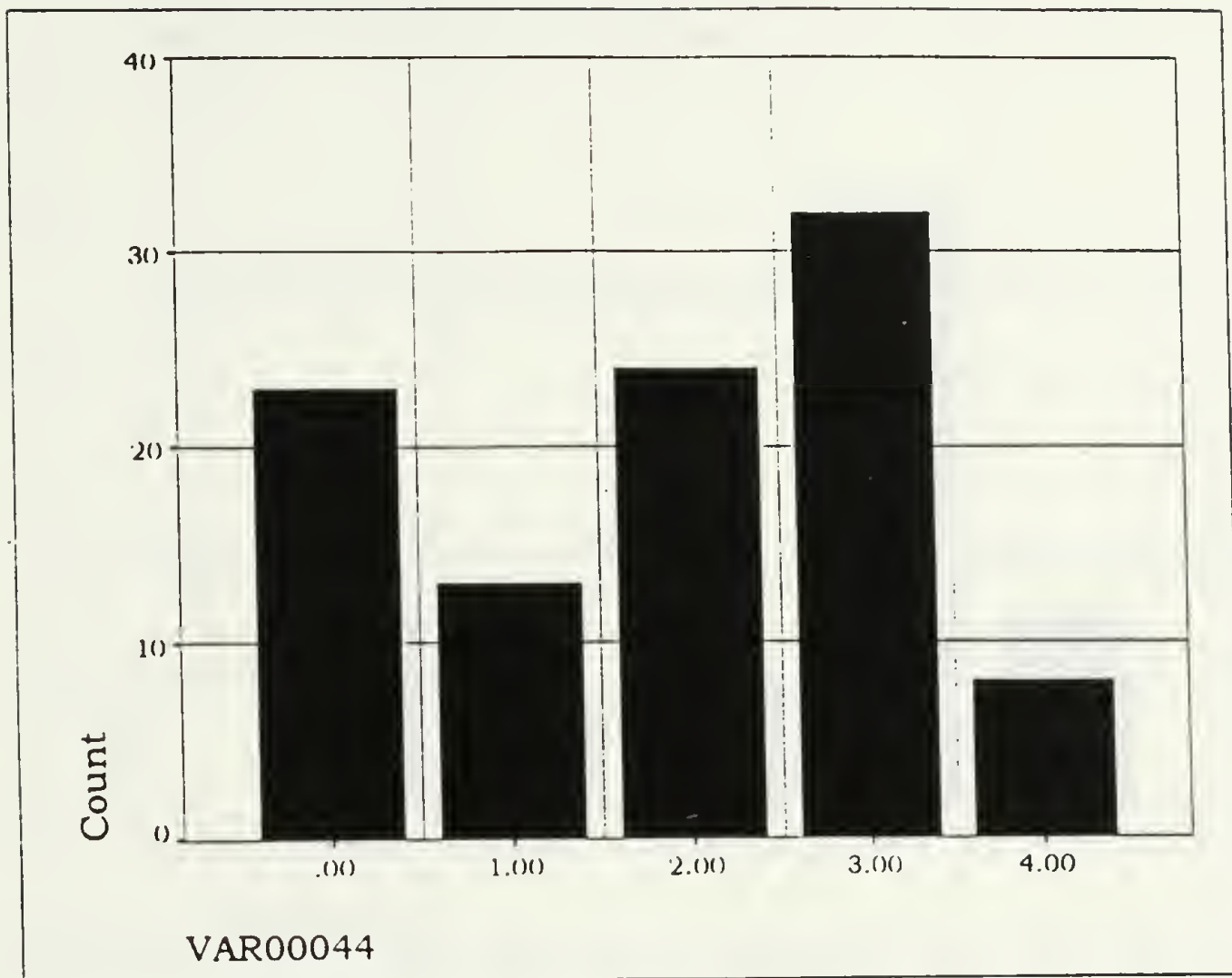


Figure D.15 How Important is it That the Therapist be Puerto Rican? (Var. 44)



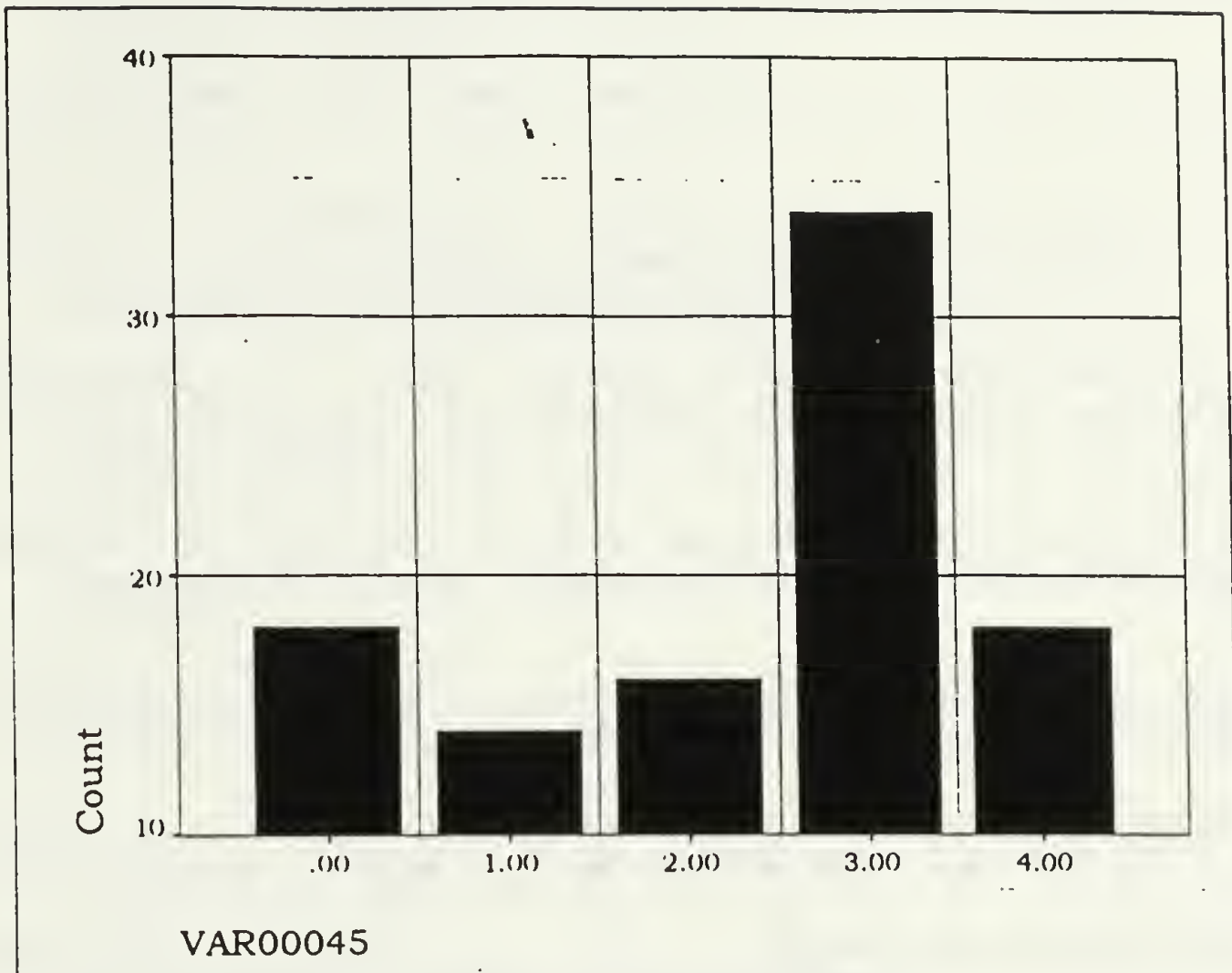


Figure D.16 How Important is it That the Espiritista or Santero be Puerto Rican? (Var. 45)

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